



West Dunbartonshire
Health & Social Care Partnership

Clydebank Health and Care Centre

Full Business Case



Transforming Care in Clydebank

September 2018

Contents

1	Executive Summary	2
2	Strategic Case	7
3	Economic Case	17
4	Commercial Case	20
5	Financial Case	32
6	Management Case	46
7	Conclusion	96

Appendices

- 1. OBC Approval Letter**
- 2. Planning Consent**
- 3. Schedule of Accommodation**
- 4. Membership of Design and Delivery Group**
- 5. Membership of Arts & Health Strategy**
- 6. Commercial Case Whole life Appraisal Dashboard**
- 7. BIM Execution Plan**
- 8. Combined Risk Register**
- 9. Outline Commissioning Programme**
- 10. Commissioning Requirements**
- 11. Project Monitoring Report**
- 12. Construction Programme**
- 13. Project Execution Plan**
- 14. Communication Plan**
- 15. Stage 2 HAI Scribe**
- 16. Art & Design Strategy**
- 17. Stakeholder Support Letter**

1 Executive Summary

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHSGGC) who seek approval for funding to provide a new Clydebank Health and Care Centre, replacing the current outmoded and unsuitable accommodation. The new centre is being planned, in partnership, to provide high quality accommodation to support the development of transformed primary care services and the further integration of health and social care, in line with national policy.

NHS Greater Glasgow & Clyde presented an Outline Business Case document relating to this development to the Scottish Government Capital Investment Group (CIG). It received approval on 16th October 2017. A copy of the approval letter is enclosed at Appendix 1. The final stage of the process is presenting a Full Business Case (FBC) outlining the preferred option in detail for approval by CIG.

The planning application was submitted to West Dunbartonshire Council planning department on 12th March 2018 and received approval on 30th May 2018 (Appendix 2).

The purpose of this report is to present the Full Business Case for the new Clydebank Health and Care Centre.

Specifically, the purpose of this FBC is to:

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

This FBC has been prepared in accordance with the requirements of the current Scottish Capital Investment Manual (SCIM) Business Case Guide, published on 1st February 2017.

1.1 Financial Case

Capital Expenditure (capex & development costs)	£19,349,875
Annual Service Payment	██████████

1.2 Changes since OBC:

There have been a number of changes from Stage 1/OBC. These include the following:

- Movement of site boundary to north to align with masterplan - £11.4k
- Inclusion of provisions to accommodate district heating system - £120k. This sum will be reduced once a final agreement has been put in place with regard the provision of district heating. At time of writing there is no network operator appointed.

The total costs have increased by £99,629 since Stage 1/OBC to Stage 2/FBC, but the unitary charge has reduced. Increases have arisen due to the items above, however these have been mitigated by:

- Improvement in management fees level by confirmation of bundling arrangements
- Inflation allowances at OBC stage not fully required
- Risk provisions at OBC stage not fully utilised
- Improved funding terms

The current Stage 2 is being reviewed by the Board's external advisers including Technical Advisers. Initial reviews have indicated the Stage 2 submission is compliant and represents value for money.

Hub's Stage 2 submission is based upon the assumption that all three projects will close at a single DBFM Financial Close. Delays to infrastructure works at Clydebank have led to a position where it will be instructed into the DBFM bundle, consisting of Greenock and Stobhill, during Q1/Q2 2019 when the Clydebank infrastructure works are sufficiently completed.

At that time, Clydebank pricing will be updated to reflect any change in market pricing conditions and an update to its business case produced. Pricing updates are within the margins indicated by the national BCIS inflation indexes the uplift will be covered by Scottish Government.

During the course of Stage 2 and developing the Final Business Case it became apparent that the infrastructure works being developed at Queens Quay, Clydebank by Clydebank Regeneration Limited (CRL) were being adversely effected by outside factors. Because the Clydebank H&CC project is dependent on these works in order to complete, a review was undertaken of the risk that the Board would be taking if it progressed to Financial Close in advance of there being certainty on the completion dates of these works. A solution has been developed which allows the project to take advantage of the benefits of bundling but allows flexibility to delay Financial Close until Infrastructure works are sufficiently completed.

1.3 Our Challenge and our Opportunity

West Dunbartonshire faces considerable challenges relating to its economy, population profile and deprivation. With a declining and ageing population, the residents of West Dunbartonshire have a general level of health that is lower than the Scottish average. This is also the picture in Clydebank, with high levels of poverty, an increasingly elderly population, and high levels of complex co-morbidity. This is driving growing demand for health and social care services. One response to this is the increasing imperative to co-locate teams, integrate services and deliver seamless care.

With changing demographics and increasing levels of need, over the next ten years the health and social care landscape will change significantly. Those changing demographics, an increase in demand for services and the likelihood of more people with complex co-morbidities alongside reduced public sector resources, means that the public sector has to work together with communities to deliver services in different ways and ensure full advantage is taken of the investment available.

The restructuring of the economy of West Dunbartonshire following the decline of heavy industry is well underway and the new Health and Care Centre, sitting on the location of the first foundry works in Clydebank, and framing a view of the Titan Crane, invites visitors to remember the past but to look forward, with improved health and wellbeing, to the future.

West Dunbartonshire has a history of successful joint working, and the development of the Health and Social Care Partnership (HSCP) in July 2015 built on these previous shared aims and successes. The HSCP's Strategic Plan sets out the key priorities and commitments for health and social care for the area, and states commitment and support for a replacement health and care centre to deliver improved outcomes for the people of Clydebank.

The national policies of Shifting the Balance of Care and the transformation of primary care, mean that this project is not about a simple replacement of an existing facility. It is about taking the opportunity to create a centre, where people can expect to be supported by a wide range of professionals, closer to their home, and be enabled to live healthier, more independent lives. The purpose-built centre, focused on wellbeing and recovery in its architecture, its art work and its green spaces, will form the ideal backdrop from which transformed primary and community care can be experienced to its full potential.

Alongside this, WDHSCP, in partnership with West Dunbartonshire Council, are building a purpose-built publicly funded residential home for older people with day care facilities, on the land adjacent to the new Health and Care Centre. The combination of these 2 developments has been termed 'the Health Quarter' and together, they form a crucial backbone to the Masterplan development of Queen's Quay. This combination allows for a degree of integration of service planning which previously, has rarely been possible and is rarely seen. This development is enabling housing, health care, leisure services and social care to work together to plan to meet the evolving needs of a community, within that community. This is a unique opportunity.

The current facilities at Clydebank Health Centre are out-dated, uninviting and of poor quality. The current building is not able to accommodate the new ways of working afforded by multidisciplinary team approaches in terms of layout, limitations of space to allow co-location and the general fabric of the building.

Because of limited space, patients under the care of Clydebank Health Centre will often be expected to attend other locations to access services that are part of their overall care package or approach. If patients have difficulties or choose not to attend another location, then their treatment plan cannot be delivered to support individuals in reaching their full potential.

To realise the full benefits of integrated health and care for the people of Clydebank, we need to ensure that services are delivered as seamlessly as possible, focusing on the hopes and assets of the individual, with professionals working together and recognising carers and third sector contributors as equal partners. We also need to ensure that our relationship with Acute Sector services is optimised to ensure care and treatment is being delivered from primary care settings whenever appropriate. This is in line with national policy, best practice and in the best interests of patients and staff alike.

We have considered the limiting factors of the current building alongside the positive joint working that has steadily grown over the years within the Clydebank Health Centre. There is much to celebrate, and any future change should aim to preserve the positives as well as address the negatives. Recognising this, we have considered various options including refurbishing, upgrading or expanding the existing facilities.

For various reasons that are noted, once all of our options had been reviewed, we concluded that the best option for Clydebank is a new purpose-built Health and Care Centre that brings together the key supports from a range of professions to tackle health inequalities, improve health and contribute to social regeneration. This is in line with the Community Planning aspirations of West Dunbartonshire.

This paper sets out a proposal and detailed costs for the development of a health and social care facility for Clydebank. The development will be led by the Health and Social Care Partnership, which is responsible for the provision of all community health and social care services in West Dunbartonshire.

The current Clydebank Health Centre is the base for six GP practices serving a population of 41,000 as well as providing a range of other services, and was designed almost 40 years ago. The population and expectations have changed significantly since it was built, and the centre is no longer fit for purpose. The current facilities at Clydebank Health Centre are out-dated, uninviting and poor quality and have significant asbestos issues.



West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Strategic Case

August 2018



2 Strategic Case

The main purpose of the Strategic Case at Full Business Case stage is to confirm that the background for selecting the preferred strategic / service solution(s) at OBC stage has not changed. It will do this by revisiting the Strategic Case set out in the OBC; and responding to the fundamental question:

2.1 Has the strategic case for investment altered?

Fundamentally, there have been no material changes to the strategic case since the Initial Agreement and subsequent OBC was prepared and approved. There has been no change in terms of the existing sites that were originally proposed at OBC stage as being rationalised through this project, and whilst there has been some change in terms of the policy landscape surrounding this development, this has served only to amplify the strategic case.

2.2 Have any stakeholders, or their needs /expectations altered?

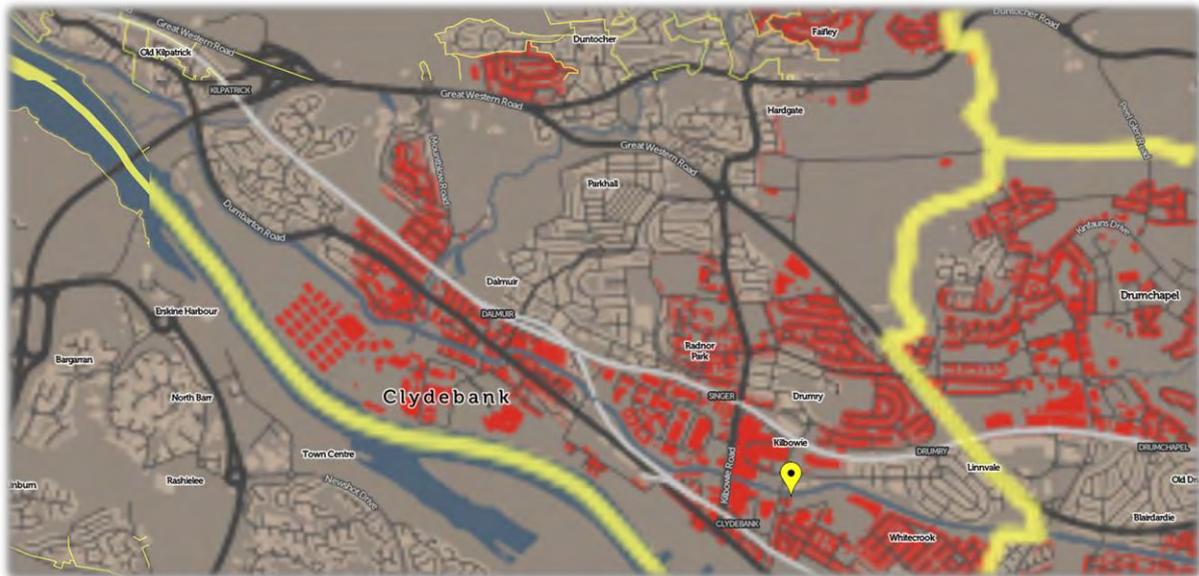
The population of West Dunbartonshire and that of Clydebank continues to face considerable challenges, as outlined in the OBC, in terms of deprivation, disease burden and an ageing profile. According to the most recent *Scottish Public Health Observatory Health and Wellbeing Profile* for the area (published 2016):

- Life expectancies in 2011, at 74.1 years for males and 78.7 years for females, were lower than the Scottish average of 76.6 years for males and lower than the Scottish female average of 80.8 years.
- Cancer registration in 2011– 2013 was, at 715, higher than Scotland's overall rate of 634.
- The rate for patients hospitalised with asthma in 2011– 2013, 117, was higher than the Scottish rate of 91.
- The rate for emergency hospitalisations in 2011– 2013, at 8650, was higher than the rate for Scotland (7500).
- In 2011–2013, the coronary heart disease rate was, at 554, higher than the Scottish level of 440.
- The percentage of people prescribed medication for anxiety, depression or psychosis in 2014/15 was, at 20%, higher than Scotland overall (17%).

2.2.1 Recent analysis of the changes within West Dunbartonshire's population, carried out for the HSCP's Strategic Needs Assessment, demonstrate that West Dunbartonshire, whilst only one of three Scottish Local Authority areas with a declining population, will also see a greater increase in the over 75 population than

many of its surrounding areas. It is anticipated that by 2037, this population will have increased by approximately 71%.

Clydebank – lowest 20% Scottish Index of Multiple Deprivation datazones in red (ISD)



2.2.2 Community health services in Clydebank serve 50,000 people and currently operate from five sites: Clydebank Health Centre; Hardgate Clinic; West Dunbartonshire Council owned premises at Kilbowie Road; Dumbarton Centre; and Goldenhill Clinic. Whilst all of these services are being developed as increasingly integrated health and care arrangements, the dispersed locations from which staff are based inhibits their ability to develop synergies in terms of new ways of joint working and support. The significant constraints of three facilities in particular – namely Clydebank Health Centre, Hardgate Clinic and the West Dunbartonshire Council owned premises at Kilbowie Road – significantly limit their scope to realise the benefits of integration for their patients and local people more broadly.

2.2.3 The focus of this FBC remains as detailed in the OBC, to address the inadequacies of Clydebank Health Centre, Hardgate Clinic and the West Dunbartonshire Council owned premises at Kilbowie Road.

2.2.4 The Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road facilities have been assessed as not meeting the basic needs nor being able to address the above investment objectives - so a “Do Nothing” option is not viable. The poor state and ongoing maintenance of the main Clydebank Health Centre in particular, mean that from a repairs perspective it is expensive to maintain. The asbestos that is integral to the building’s structure means that even relatively simple repairs are extremely costly; and that extension of that building is cost-prohibitive. The preferred solution then continues to be a fully integrated health & care service model for Clydebank based within a single new-build facility.

2.2.5 As detailed within the approved Initial Agreement, in September 2015 an AEDET (Achieving Excellence Design Evaluation Toolkit) assessment of the existing Clydebank Health Centre building was carried, facilitated by Health Facilities Scotland (HFS).

Existing Clydebank Health Centre – Exterior



2.2.6 That AEDET assessment highlighted only one area where the existing building worked well, namely that internal space has been well utilised. It also highlighted a variety of areas where the existing building was seen as being inadequate, notably lack of space; poor quality environment internally, both for staff and patients/service users; poor internal layout; poor access to the building; and poor sustainability. Importantly, this assessment has provided a benchmark against which these new proposals for change can and have been compared and tested.



Existing Clydebank Health Centre – Interior (Waiting Room)

2.3 Impact of policies, procedures or other factors

As acknowledged within the OBC, there have been a number of new policies and strategies that have reinforced the strategic case for this project. These include:

- The National Clinical Services Strategy (2016)
- The National Health & Social Care Delivery Plan (2016)
- Practising Realistic Medicine (2018)
- General Practice: Contract and Context (2016)
- Clinical Services Strategy (2015)
- Nursing 2030 Vision (2017)
- National Health & Social Care Standards (2017)
- West Dunbartonshire Health & Social Care Partnership Board Strategic Plan 2016-19:

In addition to these policies and local plans that remain relevant, two other subsequent policy and planning changes have emerged which reinforce the strategic case for this project. These are the Scottish Government's New Contract for General Practice (2018) and NHSGGC's Strategic Service Strategy: Moving Forward Together. Both developments cement the commitment to locally available extended primary care teams, working seamlessly with social care and the third and independent sector, and supporting people more effectively to live well at home, or in a homely setting.

2.4 Financial Case

As acknowledged in the Executive Summary, there have been a number of changes from Stage 1/OBC. These include the following:

- Movement of site boundary to north to align with masterplan - £11.4k
- Inclusion of provisions to accommodate district heating system - £120k. This sum will be reduced once a final agreement has been put in place with regard the provision of district heating.

Capital Expenditure (capex & development costs)	£19,349,875
Annual Service Payment	£1,673,904

The total costs have increased by £99,629 since Stage 1/OBC to Stage 2/FBC, but the unitary charge has reduced. Increases have arisen due to the items above, however these have been mitigated by:

- Improvement in management fees level by confirmation of bundling arrangements
- Inflation allowances at OBC stage not fully required
- Risk provisions at OBC stage not fully utilised
- Improved funding terms.

The current Stage 2 is being reviewed by the Board's external advisers including Technical Advisers. Initial reviews have indicated the Stage 2 submission is compliant and represents value for money.

Hub's Stage 2 submission is based upon the assumption that all three projects will close at a single DBFM Financial Close. Delays to infrastructure works at Clydebank have led to a position where it will be instructed into the DBFM bundle, consisting of Greenock and Stobhill, during Q1/Q2 2019 when the Clydebank infrastructure works are sufficiently completed. At that time, Clydebank pricing will be updated to reflect any change in market pricing conditions and an update to its business case produced. Pricing updates are within the margins indicated by the national BCIS inflation indexes the uplift will be covered by Scottish Government.

2.5 Need for Change

The case for change has not changed materially since the OBC was approved and has only been strengthened given the more recent policies and strategies summarised in 2.9 and 2.10 above. The table below summarises the updated case for change, building on the factors laid out in the OBC.

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
<i>Future service demand</i>	Existing capacity remains unable to cope with current or future projections of demand. There is no natural flow between clinical areas to maximise a multidisciplinary approach.	Multidisciplinary working is being impeded by the constraints of the layout. West Dunbartonshire's Primary Care Improvement Plan (July 2018) requires adequate space and facilities for MDT working. Patient demand cannot be met due to constraints of accommodation.
<i>Dispersed service locations</i>	Existing service arrangements affect service access and travel arrangements. Currently managing the upkeep and backlog maintenance of the building is expensive and ineffective.	Service access is currently fragmented for this locality when compared with other catchment areas and when considered against policy requirements.
<i>Ineffective service arrangements</i>	The current Clydebank Health Centre was built at a time when the NHS was more focused on less complex episodes of illness and treatment; and there existed less recognition of the need for privacy, respect and dignity as integral to the delivery of quality services. It is no longer acceptable to have key services on upper floors if the lifts are unreliable, for example and while we have this situation, some sections of our communities have poorer access to services.	More integrated approaches are not supported by dispersed teams, particularly when the patient has to navigate across a number of sites and locations to access the range of supports needed.
<i>Service arrangements not person centred</i>	As more people are living with multiple long term conditions and wishing to be active in the management of their own health, our existing service arrangements present more barriers than solutions.	People will be discouraged from engaging with our services as it can be complicated and expensive. This increases the risks of individuals coming to services late in their disease progression; treatment options being more limited, and outcomes being less favourable than they could

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
		have been.
<i>Accommodation with high levels of backlog maintenance and poor functionality</i>	Increased safety risk from outstanding maintenance. Clydebank Health Centre is now nearing the end of its useful life in terms of suitability for service provision. There has been a programme of works to address the need to remove asbestos, and therefore more routine works have had to be de-prioritised, further adding to the backlog (backlog maintenance is currently costed at £557,090).	There is currently no room to expand the facility due to footprint of the building and site constraints. As a result, the existing facility has failed to keep pace with the requirements of modern primary care health provision.

2.5.1 Neither the investment objectives nor the preferred strategic solution have changed materially since the OBC was agreed.

2.5.2 As described within the OBC, the development of a new and enhanced Health and Care Centre has already been identified as a key contribution that NHSGGC can make to the wider regeneration plans for Clydebank. The Queens Quay Regeneration Area is the preferred location for this new facility, as per the project's Site Options Appraisal process that was corroborated by Scottish Futures Trust and detailed within the Initial Agreement.

2.5.3 Queens Quay is West Dunbartonshire Council's key regeneration project. Its aim is to provide a better environment for the people of Clydebank and importantly to attract new residents and families to a regenerated riverside location. The wider Queens Quay site is subject to a planning permission in principle which was granted in September 2016 for mixed use development comprising a predominantly residential development to the west with a mix of retail, commercial and leisure uses around the basin and a health quarter to the north of the basin.



2.5.4 The proposed health quarter incorporates land for a new HSCP operated residential care-home and day facility (which secured planning permission in May 2017) and for the health and care centre proposed here. As such, the proposed new health and care centre is not just about the construction of a new asset, but more importantly how such a new facility will contribute to a transformation in the type of care provided with and for local people; and the economic and social transformation of the Clydebank area more broadly.

2.5.5 The overall objective of the project remains the provision of a fully integrated Health and Care Centre for Clydebank to enable the co-location of multi-disciplinary services; within an area which is undergoing significant investment as a health quarter including specialist housing, new care home and day centre facilities. The wider site will be a mix use site comprising of predominantly residential housing to the west with a mix of retail, commercial and leisure uses around the basin and health quarter to the north.

2.5.6 In the time that has passed since the submission of the OBC for this proposal, revisiting the principles of the strategic/ service solution identified, has confirmed that no change is required. A new integrated facility for Clydebank already has widespread stakeholder support, including from local politicians and the local Community Planning Partnership. Such a replacement health and care centre build would enable the co-location of multi-disciplinary services - including integrated health and social care teams - within a new facility giving one stop access and improved accessibility for patients to an increased range and improved quality of services (including additional acute outreach clinics); a considerably improved

working environment for staff; space for community and third sector partners and carer's organisations involved in the co-production of supported self-care; meeting and training space for all our staff (supported by a commitment to shared and agile technology for staff) and local community groups. Moreover, the development of a new and enhanced health and care centre within Clydebank has already been identified as a key contribution that NHSGGC could make to the wider regeneration plans for Clydebank.

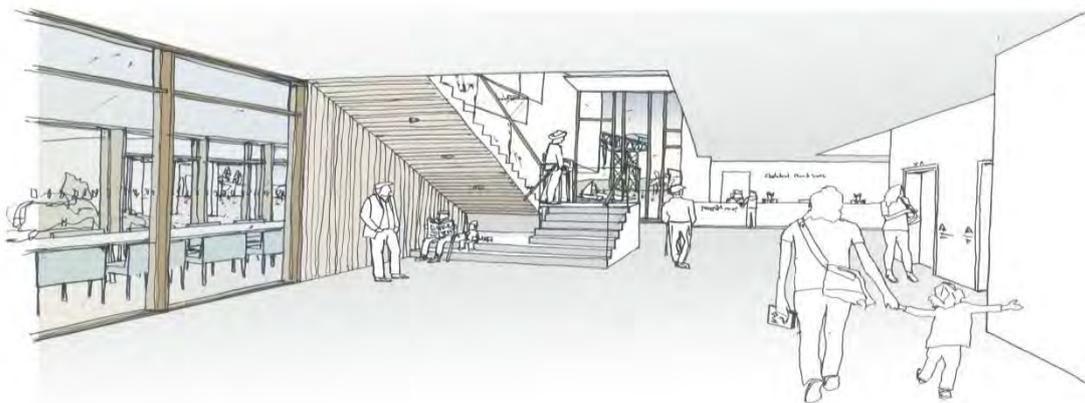


West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Economic Case

August 2018



3 Economic Case

The main purpose of the Economic Case at FBC stage is to review the costs, benefits and risks of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the Outline Business Case.

In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of integrated working required to make a more positive impact on reducing unequal health outcomes and supporting self-management, particularly in regard to multi-morbidities.

The current facilities have been assessed as not meeting the basic needs, so the “Do Nothing” option is not viable. The poor repair and ongoing maintenance of the building mean that from a repairs perspective it is expensive to maintain. There is a current maintenance backlog of £557k which will only grow in the future. The asbestos that is integral to the building’s structure means that even relatively simple repairs become extremely costly as measures need to be put in place to protect staff and the public from the dangers of displaced asbestos fibres or dust. The preferred solution is therefore a new-build facility, to be delivered within an overall funding envelope of £19,349,875.

3.1 Commercial, Financial & Management Cases

In discussions with the Scottish Government and Scottish Futures Trust this Project will be developed based on the hub revenue financed model.

A high level time line has been produced, see below:

OBC Consideration\Approval	October 2017
FBC Consideration\Approval	November 2018
Financial Close	November 2018 (subject to bundling strategy)
Completion date	May 2020 (subject to bundling strategy)
Services Commencement	July 2020 (subject to bundling strategy)

The Governance and Project Management arrangements are based on previous Hub approved schemes, and experience from the developments such as Eastwood and Maryhill will help us improve these areas.

3.2 Financial Case

As there has been very small change in cost the detailed analysis in the OBC still stands. The overall cost position has increased from £19,250,246 at OBC stage to £19,349,875. The main reason for the increase in cost is the introduction of a district heating system. There has also been a decrease in the unitary charge since OBC due to improved funding terms being provided.

The current Stage 2 is being reviewed by the Board's external advisors including Technical Advisors – Currie & Brown; Financial Advisors – Caledonian Economics, and Legal Advisors – CMS. Initial reviews have indicated the Stage 2 submission is compliant and represents value for money. Final reviews will be complete by 18th September 2018 when assurance can be provided to F&P.

3.3 Summary of Objectives

As described in the Strategic Case, the proposal for the new Health and Care Centre in Clydebank, as part of the health quarter of Queen's Quay, is pivotal in terms of growing the economy, tackling health inequalities, promoting supported self-management and enacting the core principles of the new GP contract in terms of multi-disciplinary working and anticipatory care planning.

Engagement with stakeholders over the past 2 years has sought to define the specific objectives that underpin this work. Engagement has involved members of the public, elected members, members of the Access Panel, GPs and primary care teams, and community staff. Specific engagement activity is set out in 6.2.

Emerging from this engagement activity, are a set of objectives that will be paramount in ensuring the full benefits of the new Health and Care centre are realised. These can be summarised as follows:

- Supporting multi-agency and multi-disciplinary working – by supporting staffing structures, protocols and team development with accommodation that is fit for purpose
- Ensuring patients and service users are supported to access the care they need, without the unnecessary complexity of multiple locations and different disciplines
- Utilising to the full, the assets of the individual and the community, ensuring individuals, groups and third sector organisations are involved and supported to make a full contribution.
- Our responsibilities to the environment have never been clearer, and so we will ensure that we are reducing our carbon footprint, utilising cleaner energy and reducing energy consumption with purpose built modern accommodation.



West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Commercial Case

August 2018

4 Commercial Case

4.1 Procurement Route

The replacement of Clydebank Health and Care Centre will be delivered using the hub procurement initiative, as procurement of NHS projects are mandated to be delivered through this Partnership arrangement. The project which is revenue funded accordingly will be delivered via a Design Build, Finance Maintain (DBFM) contract.

4.2 Procurement Plan

The hub initiative 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.

Clydebank Health and Care Centre is located within the West Territory. A Territory Partnering Agreement (TPA) was signed in 2012 to establish a framework for delivery of this programme and these benefits within the West Territory. The TPA was signed by a joint venture company, hub West Scotland Limited (hWS), local public sector Participants (which includes NHSGGC and WDC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The New Clydebank Health and Care Centre project will be bundled with the New Greenock Health & Care Centre, and the Stobhill Mental Health Facility – the purpose of this approach and the benefits are outlined in the stand-alone paper which accompanies this and the Greenock & Stobhill FBCs.

The TPA prescribes the stages of the procurement process including:

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

Since this project includes design, construction and certain elements of hard Facilities Management services, the TPA requires that DBFMco (a special purpose company) enters into SFT's standard form DBFM Agreement for hub projects.

The main Contractor appointed for this project by hWS is BAM Construction; this contractor is also appointed on the Greenock and Stobhill projects.

Stage 2 has been completed, and reviewed and challenged from an NHS perspective. The FBC is based upon Stage 2.

The Stage 2 is currently being reviewed by the Board's external advisors to confirm its compliance with the TPA. The reports can be provided if required once complete.

4.3 External Advisers

The External Advisers to support the HSCP/NHSGGC Capital Planning team for this project and the two other projects which are part of this bundled group i.e. Greenock Health & Care Centre and Stobhill Hospital Mental Health Projects, have been appointed, utilising the Public Contracts Scotland for procurement, and where applicable the OJEU (Official Journal of the European Union) process.

The Advisers appointed are:

- Technical Advisers – Currie & Brown
- Legal Advisers – CMS
- Financial Advisers – Caledonian Economics

Awareness of the need to clearly manage quality control during the construction phase of projects has been heightened by the recent publication of the Cole Report (Edinburgh Schools). In addition to the quality management responsibilities of DBFMco, a Building Monitor is being appointed by NHSGGC to provide an independent opinion of the quality of construction.

4.4 Proposed scope and services

Clydebank Health Centre is located on Kilbowie Road in Clydebank. The Health Centre accommodates 6 GP practices in addition to a range of community services. These are currently comprised of:

Speech & Language Therapy (SALT)

Currently this service uses ten sessions in the existing Health Centre for paediatric sessions

Ante-Natal Clinics

There are currently 7 sessions of antenatal clinics per week provided at CHC

Community Paediatric Clinics

Currently the community paediatric clinics require 2 sessions per fortnight. In addition the Board are seeking to provide an additional five sessions per fortnight - these are new sessions and not current located at CHC.

Enuresis Service

This service is planned to reduce from two to one session per week and requires to be timetabled at the same time as the Paediatric Clinic currently held on a Monday and co-located with that clinic

Learning Disability Services

The service was increased from one session per week to two sessions per week with effect from October 2015

Anti- Coagulant Clinics

There are currently five sessions of anti-coagulant clinic per week at CHC. Of these five sessions, three are provided in GP premises and charged back to the NHS. In the new build it is proposed that all five sessions per week will be provided in the bookable rooms consulting suite.

The Sandyford Sexual Health Services

Currently have eight sessions (four rooms to provide afternoon & evening sessions)

Dietician Services

Currently the CHC provides two sessions per week of dietetic clinics. It is proposed that this be increased to four sessions per week.

Glasgow Weight Management Service (GWMS)

Currently the CHC provides one session per week, with a possible plan to increase to two sessions per week to be provided by the Health Improvement Team.

Welfare Rights Service

The CHC provided one session per week – however due to staffing shortages within this service this session is not currently utilized.

The Blue Badge Clinic

Currently CHC provides one session per week and is seeking to increase this to two sessions per week, as full day clinic. This clinic requires good disabled access

Additional one session per week

Heart Failure Clinic

This service has reduced from three sessions per week at CHC now currently providing two sessions

Continence Clinics

This service currently provides six sessions per week at CHC.

Pain Clinics

This service has currently uses two sessions per week at CHC.

Diabetes Nurse Specialist Clinics

There are currently four sessions per week accommodated in NHS premises with an additional one session per week provided in GP premises and charged back to the NHS. In the new build it is proposed that all five sessions per week will be provided in the bookable rooms consulting suite.

Leg Ulcer Clinics

There are currently two sessions per week accommodated at CHC with an additional one session of Doppler scanning per week provided in the bookable rooms. In the new build it is proposed that all three sessions per week will be provided in the bookable rooms consulting suite.

Hep C Clinics

There is currently one session per week accommodated at CHC. The Board is seeking to provide one additional session per week in the bookable rooms.

Psychiatry Clinics

There is currently one session per week accommodated at CHC. This service is based at Goldenhill Resource Centre in Clydebank.

Podiatry Clinics

Podiatry Clinics will be relocated from their current provision in the bookable rooms suite to an Clinical Support Services area within the new development

Smoking Cessation Clinics

There are currently two sessions per week (one attached to antenatal) accommodated at CHC. The Board is seeking to provide one additional session per week smoking cessation clinics per week in the bookable rooms.

Health Visitor Clinics

There are currently three sessions per week accommodated in GP premises. The Board is seeking to provide two additional sessions within the bookable rooms suite, making a total of five sessions per week

Retinal Screening Clinics

There are currently four sessions per week accommodated at CHC in the bookable room

Primary Care Mental Health

There is currently 29 session per week accommodated at CHC.

Pharmacy

There are currently three sessions per week accommodated in CHC.

Oral Nutritional Support Dietitians

Currently the community paediatric clinics require two sessions per fortnight.

COPT Physio

There is currently one session per week accommodated in CHC.

4.5 The Site

The site is located at Queens Quay development, off Dumbarton Road. The site was formerly the John Brown shipyard which is currently subject of a masterplan redevelopment for residential, commercial and social use, all serviced by a District Heating System drawing energy from the Clyde. The Queens Quay development will become a significant focal point for Clydebank and the new Health Centre is to be at the centre of this new development.

The health centre and the adjacent WDHSCP care home form what is referred to as the health quarters. The health quarter site is being acquired from Clydeside Regeneration Limited (CRL) for nil consideration. West Dunbartonshire Council, NHS GGC and CRL have all approval to the transfer and the respective solicitors are engaged to document the transfer. It is anticipated that missives will be agreed by Q1 2019, with the projected date for site transfer comfortably in advance of Financial Close.

A Schedule of Accommodation (SOA) has been arrived at following a number of meetings with the users and project team and totals a floor area of 5,722m². A copy of the SOA is included as Appendix 3 which details all the services to located within the new facility. These include General Practitioners, bookable community rooms, Physiotherapy, Podiatry, Social Work and the HSCP open plan office accommodation with associated bookable meeting rooms.

4.6 Site Access, Constraints and Orientation

The site is essentially level. Therefore, it is not anticipated that there will be any access issues on to the site. To support the proposed design, site investigations and topographical surveys have been undertaken by hub West Scotland to determine the full extent of the ground conditions and any possible contaminants on the site. A site Remediation Plan has been developed, and has been agreed with the local Pollution Control Officer within West Dunbartonshire Council. The site transfers to the ownership of NHSGGC, having already undergone a series of agreed enabling works undertaken by the current owners, Clydeside Regeneration Limited (CRL).

4.7 Design Development

The design has been developed by using the new Eastwood Health and Care Centre as the reference point. 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.”

The outputs from Reference Designs delivered high quality design solutions that are sustainable, competitively priced and meet current healthcare design guidance. The Reference Designs are also consistent with the Policy on Design Quality for NHS Scotland and hubCo’s commitments to design quality.

The Reference Design process used the Eastwood site at Drumby Crescent and hubCo have arranged for both Architectural Practices for the Greenock & Clydebank Health & Care Centre DBFM projects to meet on a regular basis, to enable sharing of best practice, lessons learnt, commonality and consistency of approach.

4.8 NHS Scotland Design Assessment Process (NDAP)

During Stage 2, design review meetings have been held with Health Facilities Scotland (HFS) and Architecture & Design Scotland (A&DS) as part of the NDAP process and their comments have been addressed as part of the Stage 2 design development. The response to the design has been positive and it is anticipated the design will be endorsed (through the NDAP process) as part of the Stage 2 approval process. These reviews have also incorporated reviews of the Thermal Model developed and M&E strategy.

It is anticipated that confirmation of Supported Status will be achieved by October 2019, in advance of submission to the Capital Investment Group.

4.9 HAI-Scribe

A HAI-Scribe Stage 2 infection control assessment for these proposals was carried out on 20 July 2018 with NHSGC Infection Control. The stage 2 Strategy and Risk Assessment was completed at this meeting and is included in Appendix 15.

4.10 Clinical and Design Brief

The Health Planner for the project has attended the Delivery Group meetings and met with various stakeholders to look at the operational policy documents provided by NHSGGC and to review the accommodation requested. A full report was produced by the Health Care Planner and presented to the Project Board.

4.11 Staff to be accommodated in the new facility

The number of staff (including Social Care) to be accommodated in the new facility is summarised in the table below:

Department	Current Location	GP	Nurse/HCA	Admin	AHP	Total
Blue Wing	CHC	5	3	9		17
Green Wing	CHC	9	3	10		22
Orange Wing	CHC	5	3	8		16
Purple Wing	CHC	3	2	6		11
Red Wing	CHC	10	3	13		26
Yellow Wing	CHC	7	2	12		21

Community Admin	CHC			15		15
Continence Team	CHC		3			3
District Nursing	CHC		30			30
Dietetics	CHC			1	3	4
DSN	CHC				1	1
Health Visiting	CHC		43	3		46
Physiotherapy	CHC			1	6	7
Podiatry	CHC				5	5
PCMH	CHC				4	4
SLT					4	4
Outpatients Clinics(every day in bookable consulting rooms)					10	10
COPT team	Hardgate cl					37
Hospital Discharge team	Hardgate cl					22
Home Care team	Kilbowie road					31
Pharmacy team (agile)	CHC					4
Sub Total		39	92	78	33	336

Home Care Team has 305 staff that will access the building for one to one discussions and for patient supplies.

4.12 Surplus Estate

The OBC is predicated on the basis that the existing Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road, which are not fit for purpose, will be disposed of once the new facility becomes available. The properties owned by NHS GGC are currently on the Board's Property Disposal Programme to which Scottish Futures Trust are actively involved in. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

4.13 Commercial Arrangements

4.13.1 GP Practices

In respect of GP Practices, we have provided GPs with an estimate of what the costs are likely to be in the new facility. Using the agreed methodology for GP Charges, the practices have been provided with an estimate of their Rent & Other Charges for

their new accommodation within the new facility based on the approved Schedule of Accommodation. These costs will be confirmed/adjusted and agreed prior to completion of the building.

Historically, NHSGGC does not hold formal leases with GPs in its Health Centres. However the new programme of development has allowed all of the new centres to be occupied by GPs under the same terms and conditions and proportionate sharing of costs for all common and shared areas.

4.14 Risk Allocation

4.14.1 Transferred Risks

Inherent construction and operational risks are to be transferred to the Project Co. These can be summarised as follows:

4.14.2 Risk Allocation

	Risk Category	Potential Allocation		
		Public	Private	Shared
1	Design risk		Yes	
2	Construction and development risk		Yes	
3	Transitional and implementation risk		Yes	
4	Availability and performance risk		Yes	
5	Operating risk			Yes
6	Variability of revenue risks		Yes	
7	Termination risks			Yes
8	Technology and obsolescence risks			Yes
9	Control risks	Yes		
10	Residual value risks	Yes		
11	Financing risks		Yes	
12	Legislative risks			Yes

4.14.3 Shared Risks

Operating risk is shared risk subject to NHSGGC and Project Co 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 Project Co is responsible for complying with all laws and consents, the occurrence of relevant changes in law as defined in the Project Agreement can give rise to compensate Project Co.

4.15 Payment Structure

NHSGGC will pay for the services in the form of an Annual Service Payment (Unitary Charge). 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.

NHSGGC will pay the Annual Service Payment to Project Co on a monthly basis, calculated subject to adjustments for previous over/under payments, deductions for availability and performance failures and other amounts due to Project Co.

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 NHSGGC. In addition NHSGGC 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 NHSGGC.

4.16 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 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 Clydebank Health and Care Centre will be bundled with the similarly timed new Greenock Health Centre, and the Stobhill Mental Health Project. This will be achieved under a single Project Agreement utilising SFT's standard "Design Build Finance and Maintain (DBFM) Agreement".

4.17 DBFM

Hub West Scotland will establish a DBFMco to deliver the project which will delegate the design and construction delivery obligations of the Project Agreement to its

building contractor under a building contract. A collateral warranty will be provided in terms of other sub-contractors having a design liability. DBFMco will also enter into a separate agreement with a FM service (FES) 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 DBFMco. On expiry of the contract the asset remains with NHSGGC.

Service level specifications will detail the standard of output services required and the associated performance indicators. DBFMCo will provide the services in accordance with its method statements and quality plans which indicate the manner in which the services will be provided.

NHSGGC will not be responsible for the costs to DBFMCo 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.

DBFMCo 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.

This bundled project will be developed by a DBFMco. DBFMco 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.

DBFMCo will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term with the only service exceptions being wall decoration, floor and ceiling finishes.

4.18 Soft facilities

Soft facilities management services (such as domestic, catering, and portering) are excluded from the Project Agreement.

4.19 Equipment

Group 1 items of equipment, which are generally large items of permanent plant or equipment will be supplied, installed and maintained by DBFMco 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 NHSGGC, installed by DBFMco and maintained by NHSGGC.

Group 3 items of equipment are supplied, installed, maintained and replaced by NHSGGC.

The agreement for the new Clydebank Health and Care Centre will be based on the SFT's hub standard form (DBFM) contract (the Project Agreement). The Project Agreement is signed at Financial Close. Any derogation from the standard form position must be agreed with SFT.

4.20 Procedure

The Project Agreement details the respective responsibilities towards malicious damage or vandalism to the facilities during the operational terms. NHSGGC has an option to carry out a repair itself or instruct DBFMCo to carry out rectification.

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

4.21 Personnel Implications

As the management of soft facilities management services will continue to be provided by NHSGGC there are no anticipated personnel implications for this contract.

No staff will be required to transfer to a new employer and therefore the alternative standard contract provisions in relation to employee transfer (TUPE) have not been used.



West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Financial Case

August 2018

5 Financial Case

5.1 Introduction

The purpose of the financial case at the full business case stage is to demonstrate that the preferred option identified at OBC stage remains financially viable.

It is proposed that the Clydebank Health and Care Centre project will be one of three schemes contained within the Clydebank, Greenock & Stobhill DBFM bundle being procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGGC)

The financial case for the preferred option for the new build Clydebank Health and Care Centre on Queens Quay Site 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

The overall capital cost position has increased from £19,250,246 at OBC stage to £19,349,875. The main reason for the increase in cost is the provision of a District Heating System.

5.2 Revenue Costs & Funding

5.2.1 Revenue Costs and Associated Funding for the Project

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

In addition to the revenue funding for the demolition of existing Health Centre (£740k), capital investment will also be required for equipment (£1,155.0k) and subordinated debt investment (£161.4k) Details of all the revenue and capital elements of the project together with sources of funding are presented below:

5.3 Recurring Revenue Costs - At Base Date

<u>Additional Recurring Costs</u>	£'000
Unitary Charge	██████████
Depreciation on Equipment	115.5
IFRS – Depreciation	774.0
Heat, Light & Power, Rates & Domestic services	446.0
Client Facilities Management (FM) Costs	30.3
Total Additional Recurring Costs	██████████

5.3.1 Unitary Charge

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission dated 24th August 2018 and the Financial Model Health Bundle and represents the Predicted Maximum Unitary Charge of ██████████ pa based on a price base date of April 16.

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. The current financial model includes a level of partial indexation ██████████ this will be optimised prior to financial close.

5.3.2 Depreciation

Depreciation of £115.5k relates to a 6% allowance assumed for capital equipment equating to £1,155k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

5.3.3 HL&P, Rates & Domestic Costs

HL&P costs are derived from existing Health Centre costs and a rate of £27.00/m² has been used.

Rates figures have been provided by external advisors and an allowance for water rates of £19.00/m² has also been included.

Domestic costs are derived from existing Health Centre costs and a rate of £28.00/m² has been used.

5.3.4 Client FM Costs

A rate of £5.29/m² has been provided by the Boards technical advisors based on their knowledge of other existing PPP contracts.

5.3.5 Costs with regard to Services provided

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.

5.3.6 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 £1,673.9k which represents 91.0% of the total UC, leaving NHSGGC to fund the remaining £150.2k (9.0%). This split is tabled below:

5.3.7 Unitary Charge split

UNITARY CHARGE	<u>Unitary Charge</u> £'000	<u>SGHD Support</u> %	<u>SGHD Support</u> £'000	<u>NHSGGC Cost</u> £'000
Capex inc group1 equipment (Net)	████████	████████	████████	████████
Life cycle Costs	████████	████████	████████	████████
Hard FM	████████	████████	████████	████████
Total Unitary Charge including Risk (25 years)	████████		████████	████████
			91.0%	9.0%

5.3.8 Sources of NHSGGC recurring revenue funding

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

5.3.9 Sources of revenue funding

NHSGGC Income & Reinvestment	£'000
Existing Revenue Funding	██████
IFRS - Depreciation	██████
Additional Revenue Funding – GPs & Pharmacy	██████
WDHSCP Revenue Contribution	██████
Total Recurring Revenue Funding	██████

5.3.10 Depreciation

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

5.3.11 Health Centre Running Costs

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

5.3.12 Additional Revenue Funding

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

5.3.13 Summary of revenue position

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

5.3.14 Summary revenue position

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	██████
NHSGGC recurring funding per above	██████
Total Recurring Revenue Funding	██████

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	██████
Depreciation on Equipment	115.5
Facility running costs	476.2
IFRS - Depreciation	774.0
Total Recurring Revenue Costs	██████
Net surplus at FBC stage	0

The above table highlights that at FBC and Stage 2 Submission stage, the project revenue funding is cost neutral. Any shortfall in revenue will be funded by West Dunbartonshire HSCP.

5.4 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

Capital Costs	£'000
Land purchase & Fees	0
Group 2 & 3 equipment Including VAT	1,155.0
Sub debt Investment	161.4
Total Capital cost	1,316.4
Sources of Funding	
NHSGGC Formula Capital	1,316.4
Total Sources of Funding	1,316.4

5.4.1 Land Purchase

The land is currently under the ownership of Dawn/Clydebank Regeneration Limited and is in the process of being transferred to West Dunbartonshire Council who will transfer to the NHS at no cost.

5.4.2 Group 2 & 3 Equipment

An allowance of £1,155.0k including IT equipment and VAT has been assumed for the Clydebank Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance will reduce.

5.4.3 Sub Debt Investment

Sub Debt was reviewed after ESA10 and at this stage of the project it is assumed that the Board will be required to provide the full 10% investment. Confirmation will be requested from the other participants during the stage 2 process (the PSDP, SFTi and HCF). The value of investment assumed at OBC stage is £161.4k for which NHSGGC has made provision in its capital programme.

5.4.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs estimated below:

Non Recurring Revenue Costs	£'000
Advisors Fees	95.5
Demolition (if required)	740.0
Decommissioning including IT & Telecoms	101.9
Commissioning (Including PPE)	30.0
Security (6months)	90.0
Total Non-Recurring Revenue Costs	1,057.4

These non-recurring revenue expenses will be recognised in the Board's financial plans.

5.4.5 Disposal of Current Health Centre and Clinics

The FBC is predicated on the basis that the existing Clydebank Health Centre, Hardgate Clinic and the West Dunbartonshire Council owned premises at Kilbowie Road, which are not fit for purpose, will be disposed of once the new facility becomes available. The properties owned by NHSGGC are currently on the Board's Property Disposal Programme in which Scottish Futures Trust are actively involved. There will be a non-recurring impairment cost to reflect the rundown of the facilities. The net book value's as at August 2018 is Clydebank HC £688k. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

5.5 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.

Hub's Stage 2 submission is based upon the assumption that all 3 projects will close at a single DBFM Financial Close. Delays to infrastructure works at Clydebank have led to a position where it will be instructed into the DBFM bundle, consisting of Greenock and Stobhill, during Q1/Q2 2019 when the Clydebank infrastructure works are sufficiently completed. At that time, Clydebank pricing will be updated to reflect any change in market pricing conditions and an update to its business case produced. Pricing updates are within the margins indicated by the national BCIS inflation indexes the uplift will be covered by Scottish Government. In the meantime, each project will have a single FBC for approval. A separate Bundling Paper will be produced explaining the full detail of the bundling strategy for the three projects and the mechanism for bringing the bundle to completion.

5.6 Financing & Subordinated Debt

5.6.1 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 DBFMCo special purpose vehicle that will be set-up for the three projects.

5.6.2 Current finance assumptions

The table below details the current finance requirements from the different sources, as detailed in the Financial Model Health Bundle submitted with hubCo's Stage 2 submission.

Current finance assumptions

	£'000
Senior Debt	18,577
Sub debt (inc rolled up interest)	1,614
Equity	0
Total Funding	20,191

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

5.6.3 Subordinated debt

Our expectation is that subordinated debt will be provided in the following proportions: [REDACTED] 10% NHS Greater Glasgow & Clyde and [REDACTED]

The value of the required sub debt investment is as follows:

	NHSGGC	[REDACTED]	[REDACTED]	[REDACTED]	Total
Proportion of sub debt	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
£ sub debt	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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.

5.6.4 Senior Debt

hubCo has held a funding competition, the outcome of which is that the preferred senior debt provider will be Nord LB. Nord has already lent into the Scottish market and has:

- knowledge and experience in the health sector
- appetite for long term lending to match the project term
- a lower overall finance cost in terms of margins, fees and covenants
- proven lending documentation and due diligence requirements that have successfully closed other hub DBFM projects

The principal terms of the senior debt, which are included within the financial model, are as follows:

Senior debt

Metric	Terms
Margin during construction	[REDACTED]
Margin during operations	[REDACTED]
Arrangement fee	[REDACTED]
Commitment fee	[REDACTED]
Maximum gearing	[REDACTED]

5.7 Financial Model

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

Financial model key inputs and outputs

Output	Clydebank
Total Annual Service Payment (NPV)	██████████
Nominal project return (Post Tax)	██████████
Nominal blended equity return	██████████
Gearing	██████████
All-in cost of debt (including 0.5% buffer)	██████████
Minimum ADSCR ¹	██████████
Minimum LLCR ²	██████████

The all-in cost of senior debt includes an estimated swap rate of 1.63% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close.

The financial model will be audited prior to financial close, as part of the funder's due diligence process.

5.7.1 Financial efficiencies through project bundling

A separate paper has been provided that outlines the financial efficiencies through project bundling.

¹ 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

² 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

5.8 Risks

The key scheme specific risks are set out in the Clydebank Health and Care Centre Risk Register, which is held at Appendix 8 to this OBC. This has been developed by joint risk workshops with hub West Scotland and totals Zero. The risk register ranks 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 to 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 NHSGGC. 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 close.

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 on-going review of the funding market by NHSGGC'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.

At financial close, the agreed unitary charge figure will be subject to indexation, linked to the Retail Prices Index. This risk will remain with NHSGGC over the contract's life for those elements which NHSGGC has responsibility (100% hard FM, 50% lifecycle). NHSGGC 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 NHSGGC'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.

5.9 Accounting Treatment and ESA10

This section sets out the following:

- the accounting treatment for the Clydebank scheme for the purposes of NHSGGC'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 2010, which sets out the rules for accounting applying to national statistics.

5.9.1 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 NHSGGC at the end of the term for no additional consideration.

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"³ 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 NHSGGC's financial statements.

NHSGGC 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 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 NHSGGC's balance sheet, and as such, the building asset less service concession liability will incur annual capital charges. NHSGGC 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.

5.9.2 ESA10 (European System of Accounts 2010)

As a condition of Scottish Government funding support, all DBFM projects, as

³ <http://www.scottishfuturestrust.org.uk/publications/guide-to-nhs-balance-sheet-treatment/>

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 ESA10.

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubCo. On this basis, it was expected that the Clydebank scheme would be treated as a "non-government asset" for the purposes of ESA 10. Following clarification and the provision of guidance "A guide to the statistical treatment of PPPs" by EUROSTAT on 29 September 2016 SFT have engaged the various parties and made amendments to the standard documentation that allow hub schemes to be considered as a "non-government asset" under ESA10.

5.10 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.

For Stage 2, Hubco are expected to achieve further value for money through market testing.

5.11 Composite Tax Treatment

In line with other hub DBFM projects, composite trade tax treatment has been applied in the financial model, where a combined trade of the development, construction, financing and maintenance of the asset is undertaken. This is accepted practice by HMRC and will not require an advanced clearance.

As with other DBFM projects, the Financial Model assumes hWS will charge VAT on the Service Payment and will reclaim VAT incurred in its own development and operational costs.

5.12 Stakeholder Support and Sign- Off

Regular service meetings have taken place with all teams and GP practices moving into the new development, principally through the project's Design and Delivery Group. Initiated in 2015, the Design and Delivery Group has brought representatives of service users together on a regular basis, providing a forum within which such issues as their accommodation requirements and agile working have been discussed, clarified and refined at length.

Patient / service user and carers groups have participated in meetings and workshops, with their input similarly informing the project's ambitions and shape. The membership of the Design and Delivery Group is detailed in Appendix 4. Each meeting has been comprehensively recorded and minutes of each meeting are reviewed and agreed at the following meeting.

Alongside the meetings of the Design and Delivery Group, a number of rounds of meetings have taken place with each stakeholder group, including each GP practice, to discuss detailed plans, including space, costs and sign-off of detailed room plans. The Arts Strategy Group was established in February 2016, with that group providing strategic direction to enable a co-ordinated and inclusive approach to the integration of therapeutic design, art and ongoing creative and performing arts activity influencing health and wellbeing at the new Clydebank Health and Care Centre, and local area. The membership of this group is detailed in Appendix 5. The outputs and insights from all of this engagement is reported to and considered by the Project Board; and reflects the co-production approach the Project Board is committed to.



West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Management Case

August 2018



6 Management Case

6.1 Project management arrangements

This section provides an update of the project management arrangements shown in the OBC with the focus shifted from the procurement phase to the detailed arrangements in support of the design, build, implementation, and commissioning phases.

Our governance and reporting structure has been revised in relation to hub developments (See diagram). The key change has been to further establish a structure that can manage and is accountable for the hub projects delivered by NHS Greater Glasgow & Clyde, and work in conjunction with the HSCP’s within the Greater Glasgow & Clyde area, and their respective governance processes.

Diagram 03: Organisational Structure



The Clydebank Health and Care Centre Project Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC Hub projects within the area. The project is managed by a Project Board chaired by Beth Culshaw, Chief Officer West Dunbartonshire Health and Social Care Partnership, supported by Jo Gibson, Head of Community Health and Care (WDHSCP).

The Project Board comprises representatives of WDHSCP Senior Management Team, NHSGGC (including Property and Capital Planning and Finance); the services that will be operating within the new Health and Care Centre; hubCo and

West Dunbartonshire Council.

The Project Board represents the wider ownership interests of the project and maintains the co-ordination of the development proposal. The Board is also supported by a series of sub groups as required including Design and Delivery Group, Arts Strategy Group, Agile Working, Infection Control and Communications.

6.1.1 Named Persons for each Key Role identified

Named Persons

Key Roles:		
Role:	Named person:	Role Description:
Senior Responsible Officer	Beth Culshaw	Beth is West Dunbartonshire Health and Social Care Partnership Chief Officer and chairs the project board and leads on communication with those groups forming part of the governance process. Communication with external groups include: West of Scotland Regional Planning Group as well as internal communication with those groups forming part of the full governance process such as WDHSCP's Senior Management Group, NHSGGC's Corporate Management Team and the Finance & Planning Committee. Beth is also the SRO for the development of a West Dunbartonshire Council £14m transformation and replacement of older people's residential and day care provision within Clydebank. She has extensive and direct experience of leading projects and overseeing developments in primary, community and acute services, with a focus on improving the health and social care of local people. Through this experience Beth is able to provide expertise related to the project's development, management, governance and stakeholder engagement.
Project Director	Jo Gibson	Jo is a Senior General Manager within West Dunbartonshire Health and Social Care Partnership. She is directly involved with a large number of projects at any one time, at varying stages of development and that vary greatly in complexity and value. She has experience in working in operational and strategic roles, across England and Scotland. She has previous experience of developing business cases and securing new funding and extensive project

		management experience.
Lead Project Manager & Client Representative	Ian Docherty	Ian Docherty has been involved across a number of recent health care projects and has been the Technical Lead for the Gorbals Health & Care Centre and the construction process of the Eastwood Health & Care Centre.
Commissioning Manager	Heather Griffin	Heather is a Senior General Manager within the Capital Planning & Property Department and it is her role to lead on all of the board's commissioning, decommissioning, accommodation and migration projects as well as post project evaluations. In this role Heather has led on numerous commissioning projects, including secure mental health facilities. It is her experience in project commissioning and existing relationships that will be utilised for this project.
Project Monitoring Manager	Frances Wrath	<p>Frances is the designated Post Project Evaluation Manager within the Capital Planning & Property Department. For this project Frances has assisted on developing the Benefits Realisation and Evaluation Plan and the Post Project Review Plan; ensuring his complies with SCIM guidelines. Frances will lead on all aspects of the post project review process.</p> <p>As full time Post Project Review Manager, Frances has undertaken this role on a number of projects of various sizes over the last two years and is familiar with all SCIM requirements in relation to post project evaluation.</p>
Project Accountant	Marion Speirs	Marion has acted as Financial Lead on all NHSGGC hub projects to date. These have included completed projects (Maryhill H&CC and Eastwood H&CC, Inverclyde Integrated Care), projects currently on site (Woodside H&CC and Gorbals H&CC) and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards).

Beth Culshaw and Jo Gibson have not been involved with the project from the outset but have worked to understand and gain a detailed understanding of the project

objectives and the process of delivery. Beth took up her role as Chief Officer in July 2017, and Jo joined the HSCP in January 2018. Ian Docherty has been the lead Project Manager since the project's commencement.

All have confirmed capacity to continue in their roles ensuring continuity of knowledge and the required skills.

Jo Gibson and Ian Docherty meet regularly to review progress, agree next steps and ensure key decision points are considered by the Project Board, with input from Hub and West Dunbartonshire Council.

Similarly, Frances has an existing relationship with Jo Gibson and Ian Docherty and has developed a good awareness of the project through the FBC process. Through this engagement there is a sound basis of planning for project monitoring criteria including and ensuring time for resource planning to undertake the monitoring required.

6.1.2. Project Management arrangements

This section provides an update of the project management arrangements shown in the OBC with the focus shifted from the procurement phase to the detailed arrangements in support of the design, build, implementation, and commissioning phases.

6.1.3 High Level Project Plan

A programme for the project has been developed. A summary of the identified target dates is provided as follows.

Table: High Level Project Plan

OBC Consideration\Approval	July/August 2017	Presentation to NHSGGC Capital Planning Group, NHSGGC Board, and Scottish Government Health Directorate Capital Investment Group (CIG) for approval.
Stage 2 Completion	August 2018	Detailed Design, Costs, Key Stage Reviews, Preparation of FBC
FBC Consideration\Approval	October 2018	As for OBC above
Financial Close	November 2018	Contract

	(subject to bundling strategy)	Agreement\Finalisation
Completion date	May 2020 (subject to bundling strategy)	Construction
Services Commencement	July 2020 (subject to bundling strategy)	Health and Care Centre Operational

All key user sign-off milestones were achieved in advance of NHSGGC entering the internal governance process for Board approval of this FBC. This sign-off applies to those activities and decisions required for the PSCPs delivery programme along with those elements that form part of the commissioning programme leading into the soft landings process.

A protocol has been agreed within the PSCP Stage 4 contract for any further items that emerge requiring service user sign off ahead of construction commencing. The protocol details timescales for user notification periods and periods for client review, consideration and sign off.

Management of the construction programme shall continue to work in tandem with the Stakeholder Engagement & Communication Plan which is further detailed in section 6.2.6. Given that there is a known six-month hiatus between agreeing Target Price and commencing construction activity on site, there is every likelihood that ad hoc engagement between parties will be required. On occurrence this will be managed in accordance with the engagement plans and governance processes to ensure appropriate review and approval is provided to maintain agreed milestones.

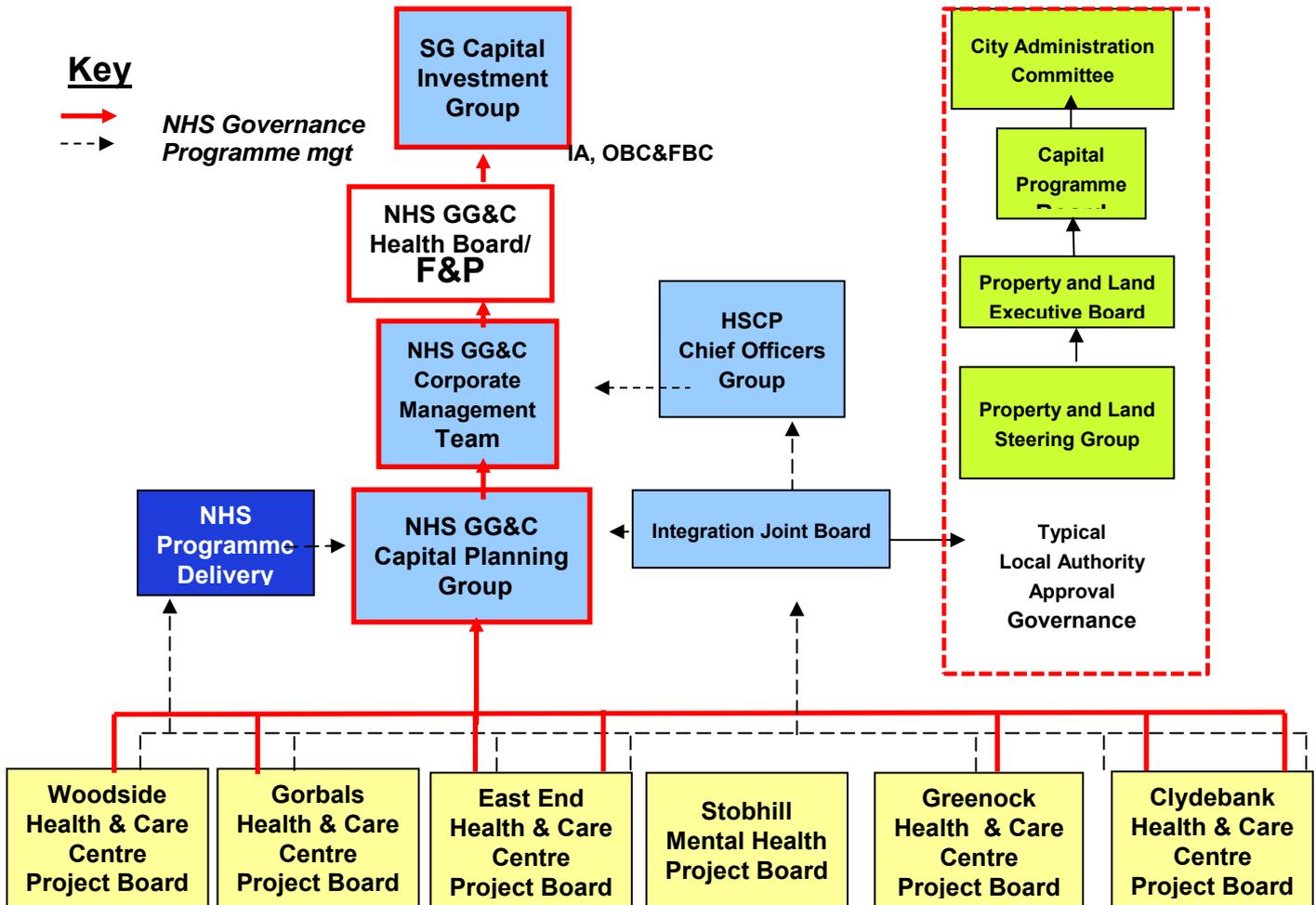
A detailed project programme is attached at Appendix 13

6.1.4 Project Management Arrangements

The approach to the management and methodology of the project is based on the overriding principles of the hubCo initiative where NHSGGC, WDC and WDHSCP will work in partnership with the appointed Private Sector Development Partner to support the delivery of the project in a collaborative environment that the "Territory Partnering Agreement", and "DBFM Agreement" creates.

hub Governance and Reporting Arrangements

The hub Project Steering Group has governance and reporting structures which impact on this project and are described over the page:



A Project Board has been established and is chaired by the Chief Officer of West Dunbartonshire.

The Project Board comprises representatives from the:

- Senior Management Team of the West Dunbartonshire HSCP
- Service leads, including links to Greater Glasgow and Clyde user and carer representation group
- West Dunbartonshire Council
- Stakeholders
- NHSGGC Capital Planning team.
- Hub West

The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal. The Project Board reports to a range of governance arrangements, including the NHSGGC Programme Delivery Group, which oversees the delivery of all NHSGGC hub projects. This Group is chaired by a Chief Officer (Designate) of an HSCP and includes representative from other Project Boards within NHSGGC, Capital Planning,

Facilities, Finance, hub Territory and hubCo.

The project is also supported by a series of sub groups / task teams as required and identified in the Guide to Framework Scotland published by Health Facilities Scotland. These task teams include Design User Group; Commercial; IM&T; Equipment; Commissioning and Public Involvement.

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

Project	Clydebank Health and Care Centre	NHSGGC WDHSCP hubCo
Parties	NHS Greater Glasgow & Clyde West Dunbartonshire HSCP Hub West Scotland	NHSGGC WDHSCP hubCo
Project Sponsor	Beth Culshaw	WDHSCP
Project Director	Jo Gibson	WDHSCP
Project Manager	Ian Doherty	NHSGGC
Finance Manager	Marion Speirs	NHSGGC
Administration Manager	Liz Kerr	WDHSCP
Private Sector Development Partner – Project Manager	Gary Smithson	hubCo
Private Sector Development Partner - Tier 1 contractor	Principal Supply Chain Member (Lead) – BAM	BAM

Independent Client Advisors:	
Project role	Organisation & Named lead
Project Director & Business Case author:	Jo Gibson, Head of Health and Community Care
Health and Social Care - Project Manager	Liz Kerr, Head of Administration
Clinical / service lead:	Clinical Director (Currently vacant) Jo Gibson (Service Lead)
Technical advisor:	Currie and Brown
Financial advisor	Caledonian Economics
Legal advisor	CMS
IM&T advisor	David Daly, IT Manager NHSGGC, David Murphy, IT NHSGGC
Medical equipment advisor	n/a
Commissioning advisor	Tbc
Other advisors:	Anderson Bell Christie Architects
Site Monitor role	<p>NHSGGC has developed a scope of service for a Site Monitor role in response to the Cole Report. The scope was developed with input from NHS/hWS and the Board's Technical Advisers. This service is being deployed on the Woodside/Gorbals project</p> <p>The same service and provision are planned for the Clydebank/Greenock/Stobhill bundle.</p> <p>Additionally NHSGGC has utilised Multi-Vista progress photography/video recording on all of its hub projects to date. This is also planned to be implemented at Clydebank/Greenock/Stobhill.</p>

6.1.5 Project Recruitment Needs

NHSGGC has extensive experience managing Hub Projects. The Clydebank Health and Care Centre will be NHSGGC Property and Capital Planning Department's seventh such development. As noted above for key project personnel, NHSGGC has the required resource and individual capacity to fill the key roles identified within the project structure. Additional support will be provided within NHSGGC and from those confirmed as client advisors. It is not envisaged that further recruitment will be required to deliver the project.

Individuals identified under section 6.1.1 have more recently become been involved and engaged in the project and have been selected for the necessary skills and capabilities they possess to assist the successful delivery of the project. Should any replacement of those individuals be required, NHSGGC recognise that demonstrable knowledge and capability requires to be provided to instil confidence that no gap in resource ability will be evident.

Should there become resource gaps within the Project Structure; these will be reported to the Project Board and immediate action will be taken to fill roles which would have an impact on the Project, Programme or both. Should any gaps be identified, the opportunity to work and share resources with other NHS Boards will be explored, in the first instance, thereafter, the normal recruitment process will be followed, with any interim requirements being covered, where appropriate by the Property & Capital Planning Department.

In forming the wider sub-groups for the project, attention was taken to represent the numerous stakeholder groups associated with the development, including young people as a group who historically are more reticent in accessing primary care.

NHS and hWS have undertaken an iterative process of refinement of hub projects and carried over lessons learned from each. This has included:

- Early issue of Authority Construction Requirements (ACRs) with original new project request
- Ongoing review and revision of Authority Construction Requirements (ACRs) during Stage 1, reflecting issues and derogations on previous projects (currently v12).
- Careful selection of Tier 1 contractor, taking account of past performance
- Early engagement of Tier 1 Contractor (BAM)
- Early engagement of FM provider (FES)
- Early engagement with CLO re land matters
- Joint Legal/Financial/Technical adviser meetings together with CLO.
- Early development of Schedule Part 5 information
- Early identification of any Ancillary Rights issues

- Interim engagement with HFS and A+DS on emerging design proposals
- Improved processes to provide underwrite and payment of fees in accordance with SFT guidance note.

6.2 Confirm any Change Management Arrangements

To achieve successful change management outcomes key staff have been and will continue to be involved in a process of developing detailed operational policies and service commissioning plans that will be incorporated into the benefits realisation plan.

A clear change management approval process is in place with full discussion of costed change requests being discussed and agreed at the Project Board prior to any changes being implemented.



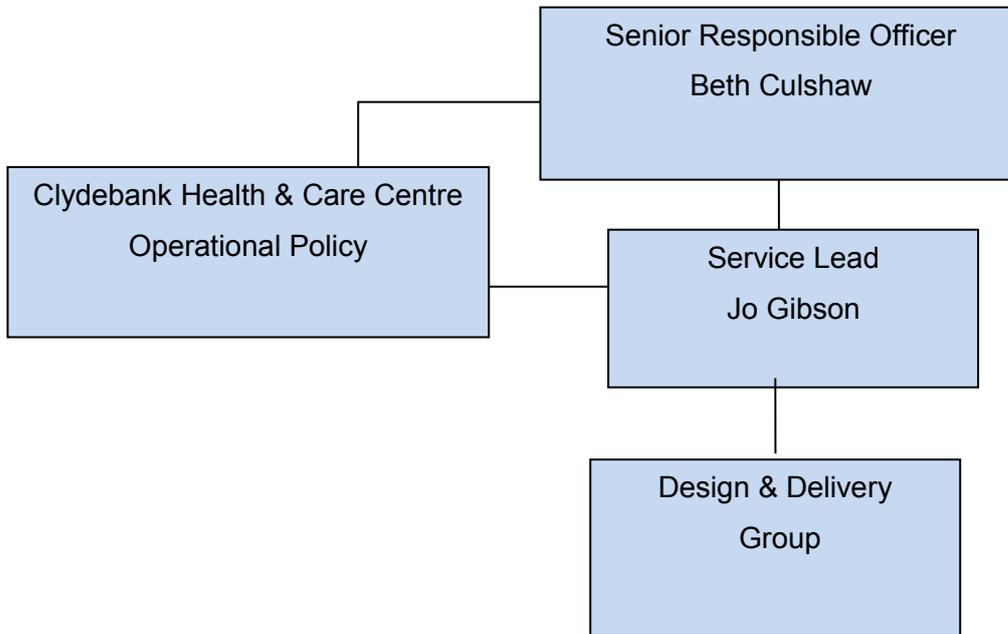
6.2.1 Facilities Change Plan

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 that will be incorporated into the benefits realisation plan.

6.2.2 Service and Operational Delivery

Change associated with service delivery at project level is governed through the following relationship:

Service Delivery Relationship



As described in the Strategic Case, the project has been developed to provide a new Health and Care Centre in Clydebank to meet the changing needs of the population and future proof integrated services across community health and care.

At a national level, the new General Medical Services contract will change how services will be delivered in primary care. The contract supports the creation of enhanced multi-disciplinary teams that will support General Practice in line with the new General Medical Services Contract. Jo Gibson, Service Lead and Project Director has led on the development of the local Primary Care Improvement Plan, ensuring these expanding teams are planned with cognisance of the opportunities offered by the new Health and Care Centre. The plans developed in the OBC took account of and included the emerging policy towards expanded MDT working in primary care, ensuring the new centre is well placed to deliver the requirements of the Primary Care Improvement Plan (PCIP). The PCIP for West Dunbartonshire in year 1 sees the introduction of new / enhanced roles in primary care including Community Link Workers, Advance Practice Physiotherapists, Phlebotomists and healthcare assistants. Approximately 12 additional WTE posts will be created in the year 2018/19 with this number likely to increase to up to over 50 additional posts by 2022/23.

Alongside this, the focus continues to be on ensuring that West Dunbartonshire HSCP has available the appropriate number of staff with the right skills, working in a multi-disciplinary and multi- agency way to ensure the right culture is fostered and patient centred care is at the foundation of the service delivery.

Should there be any change in service delivery the above organogram shows that a structure is in place to ensure those key people are aware of the change and are in a position to take appropriate action accordingly. Jo Gibson is the key person associated with ensuring correct management of any service delivery and operational change. Jo has direct line management responsibility for the majority of community services provided in the new Health and Care Centre, as well as being the lead contact with GP practices and services commissioned from the third and independent sectors.

6.2.3 Further Resources and Training

There is currently no identified need to recruit additional staff to implement these arrangements. What has been identified is the training and development needs of existing staff to ensure effective working in the new facility.

A preliminary workshop by Scottish Future Trust, which set out the advantages of introducing alternative modes of working, was presented to a wide group of staff. This presentation was very well received by the staff and it is the HSCP intention to implement transitional change to agile working prior to the migration into the new Health & Care Centre.

Clydebank H&CC follows on from a number of successfully implemented health centre projects over recent years. We seek to learn and develop from project to project by having a core Capital Planning, IT, Procurement and Commissioning Team taking these projects forward. All the members of these support teams who will be involved have been involved in at least two previous similar projects.

6.2.4 OD and Change Plan

The Organisational Development plan details the arrangements for the smooth transition of staff and continuity arrangements for clinical care during the relocation to the new Clydebank Health & Care Centre.

WDHSCP is committed to supporting staff through the change by providing opportunities for individuals and teams to consult, engage and develop the necessary skills and practices in order to make a successful transition to the new Health and Care Centre while maximising the opportunities for new ways of working.

The change necessitates a move from the current model to the future model as detailed:

From	To
Out dated facility in need of repair	High quality complex care facility
Silo working and boundary setting	Integrated person centred care, boundary blurring and care pathways that exploit the co-location
Services disparately located	Services co-located
Patients potentially accessing multiple sites	Patients accessing a one stop shop for Primary and Community Care
Paper reliance and storage challenges	Paperlite and less need for storage
Static working which facilitates supervision, containment of staff and face to face communication between team members	Agile working which facilitates more effective use of staff time while supporting communication and team cohesiveness
Allocated desk space and clinic space for services, teams and individuals	6 desks per 10 staff, bookable rooms and processes to support planning and allocation of space to support service delivery
Service specific vision	Overarching service vision and common shared values and objectives

The change from the current model of working to the new model requires new ways of working afforded by co-location, high quality infrastructure and agility of the workforce. Our Organisational Development plan details the key steps to achieve the change, identifying enablers and threats, ensuring these can be minimised or eradicated. Stakeholder engagement and improvement methodology is the foundation of the plan.

Focus will be on specific areas of change that will maximise the potential for new ways of working. These include:

- Focus on agile and flexible working
- Paperlite practice
- Exploring building design on staff wellbeing i.e. outside green space
- Lone working and robust governance around this
- New co-located “neighbours” creating new connections and opportunities for enhanced communication
- Strategies for maintaining team cohesion and containment with an agile, flexible workforce
- Process creation and implementation i.e. booking rooms and clinic space
- Management of paper files both in use and those archived
- Recognising and acting on opportunities for new ways to deliver services i.e. new integrated pathways

In addition to these areas of focus, communication and engagement with staff will continue throughout the project.

Relevant policies that help inform the plan include lone working, work force change, agile working, home working and work-life balance policies. There is a need to ensure policies for example lone working are robustly implemented to ensure that safety is not undermined by new ways of working.

Key Actions

Actions include:

- Identification of lead person (sponsor) and designated change champion for each service involved in the move. The lead person will provide strategic leadership and monitor change activity within service while the champion will provide direct support and encouragement and information to the team
- Change management learning sessions- improvement methodology (PDSA, 5S, process mapping), cycle of change and Bridges transition model
- Identification of teams to try out new ways of working i.e. agile working
- Engagement with groups (questionnaires, focus group, and interviews) will provide intelligence regarding enablers, road blocks and solutions collated
- Quarterly meetings in order to scope out change progress, enablers and any road blocks early. Forum to share intelligence- report back on PDSA/learning
- Early consideration of any decisions that may need to take into account the upcoming change. This may be in relation to new processes, equipment, or practice. For example, starting a repository for policies at a team level to reduce need to keep paper copies in order to be paperlite earlier
- Early identification of processes that need to change or be created to support the change i.e. bookable rooms, containment, supervision and team communication
- Support in letting go of old ways of working and for many, the connection to the old location. Sharing thoughts, feelings and what might be difficult or good about change
- Consideration of the discreet needs of some teams
- Standard operating procedures developed i.e. for booking rooms, having meetings and staying connected to team members, file management
- Assessment of lone working compliance and /or issues across teams involved in change carried out to ensure robust staff safety and staff governance. Incidences of policy/technology breakdown raised and assessed. Action planning as required supporting full and robust implementation

- Wider engagement event to demonstrate progress, detail what can be done now and how change can be easier for staff and therefore for patients/clients held
- Learning needs analysis across staff/service groups
- Provision of training and skills development to meet identified needs/gaps.
- Consider new staff and induction to new ways
- Provide a Phase 3 checklist to support i.e. what you should do now i.e. 5S if not already done, packing up and how to ensure correct delivery, moving from paper to electronic – don't take what can be accessed on line, personal items
- Colour coordinated plan with corresponding signage for HC arranged to support delivery of work articles to correct office/team. Communication to teams/staff of which colour they are and coloured labels provided.
- Approaching the move date it will be necessary to rationalise service delivery for a short time. This will include identifying priority patients or clients. Routine clinics will be cancelled for a short period to support the move
- Equipment that is job essential will be labelled as such and either moved personally if able or clearly identifiable to avoid disruption
- As move becomes imminent, Vlogging and site visits will be utilised to help staff see where they will be after the change
- Clear and easy to understand signage should be in place well before moving in to ensure that staff and patients can find their way around

Following the move, there will be:

- Time allowed for “getting to know the neighbours”.
- Monthly meetings to explore any on-going issues that need resolved.
- An ongoing review of agile working and other new ways of working and SOPs

6.2.5 Stakeholder Engagement and Communication Plan

NHS Boards have a statutory duty to involve patients and the public in the planning and development of health services. Scottish Government guidance sets out how this should be done CEL 4(2010) Informing, Engaging, and Consulting People in developing Health and Community Care. With a major service change, such as the development of the new Health and Care Centre, extensive consultation with the community is required and has been undertaken. Issues discussed include sites, service delivery and design.

With the integration of Health and Social Care services, the new centre will provide the opportunity to provide high quality integrated primary and community health and social care services to people living in Clydebank and beyond. In addition, the Centre will provide a community resource to be shared and used by the wider community and third sector organisations. This development is a key strand in the strategy to address some of the economic regeneration need in the area.

Since the OBC, detailed communication and engagement has been undertaken to ensure stakeholders are involved in and are signed up to these developments. The conduit for much of this engagement has been via the Design and Delivery Group, which has representation from all stakeholders. Membership of this group is provided in Appendix 4.

A Communication Plan has been developed to ensure that an appropriate level of information is passed to Staff, Patients and Carers and the public throughout the project as well as to other key stakeholders, such as Regional Planning Groups. It is noted that a common concern at Post Project Evaluation can be that information has not been shared widely amongst staff and patients at all stages of the project and the project team would wish to mitigate this through specific events, bi-monthly newsletters and noticeboard updates.

During the Planning Application Stage (March – May 2018), the plans for Clydebank Health and Care Centre were publicised widely across West Dunbartonshire. Several comments were received by the public and these have all been considered as part of the planning application.

The full Project Engagement and Communication Plan is described over the page. This is a live document and its ongoing review will form part of the core team agenda, especially when entering into the construction stage, ensuring its contents are regularly reviewed and updated as required.

Communication Plan

Stakeholder Group:	Communication Type	Responsible Person
Project Board	<ul style="list-style-type: none"> All papers issued by email when appropriate including progress reports, minutes of meetings, agendas, presentations etc. Papers will be sent timeously and normally within 10 working days of Board meetings. Board papers, except by prior agreement with Board will be issued 5 days working days 	Project Manager SRO Chairs of Task Teams and User Groups
Design Steering Group	<ul style="list-style-type: none"> Programme/progress updates. General information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback and action list updates. Information will be shared both verbally via regular Design Steering Group Meetings (quarterly) and local focus groups driven forward by project requirements such as Information Technology Meetings, Infection Control and Agile Working. Updates will be shared electronically via minutes, agendas and presentations. 	NHS Project Manager Hub Manager Design Steering Group members will also provide information to participants as per working group remit.
West Dunbartonshire HSCP Board	<ul style="list-style-type: none"> Programme update, General information relating to Project. 	Chief Officer Senior Responsible Officer (SRO)

Stakeholder Group:	Communication Type	Responsible Person
Scottish Ministers	<ul style="list-style-type: none"> • Programme update. General information relating to project by briefings; as required 	Chief Officer Senior Responsible Officer
Service Planning Development Managers	<ul style="list-style-type: none"> • Programme update. General Information relating to project. This is dependent on the stage of development of project. At times frequent and intensive (e.g. design stage) at other times just updating on a quarterly basis by email, ad hoc meeting etc. They will also receive regular updates through the Steering Design Group and members of staff involved in the Project Board 	Senior Responsible Officer
Service Users & General Public	<ul style="list-style-type: none"> • Newsletter, e-Newsletters, public engagement and consultation events, social media updates. 	Senior Responsible Officer Project Manager Community Engagement Officer
Local community and voluntary sector partner organisations	<ul style="list-style-type: none"> • Head of Planning to liaise with Health Improvement Team to disseminate information both written, electronic and verbally amongst partners 	Senior Responsible Officer Head of Planning Community Engagement Officer
HSCP Staff	<ul style="list-style-type: none"> • Project updates, general information relating to project. Visual display available for staff to view. • Any condition to staff working condition/practices arising from new developments will receive regular updates via team leads and extracts of minutes. 	Senior Responsible Officer Head of Planning Human Resources Representative

6.3 Art and Therapeutic Design and Healthy Environments

NHSGGC has adopted a progressive approach to integrate Art and Therapeutic Design into all new capital developments in response to the Health Department Letter issued by the Scottish Executive in 2006.

The letter recognised the growing evidence base that ‘good design in healthcare’ makes a measurable difference to the experience and health outcomes of patients; visitors and staff.

The overarching objective of the art and therapeutic design, health environment programme is to ensure there is successful delivery in context, of bespoke therapeutic design and art strategy which brings a cultural dimension into the healthcare environment which is about *Place Making*.

This responds to the 2011 version of BREEAM criteria which requires that arts coordination capacity is established and an art policy and an art strategy has been prepared for the development at the feasibility/design brief stage and endorsed by the senior management and addresses the following:

- Enhances the healthcare environment
- Builds relationships with the local community
- Builds relationships with patients and their families
- Relieves patient and family anxiety by contributing to treatment or recovery areas
- Greening the healthcare environment with inclusion of living plants (where appropriate)
- Training and generation of creative opportunities for staff

The New Clydebank Health and Care Centre Art and Environment Strategy Group was established in autumn 2015 and is populated by a wide range of stakeholders.

The first task for the group was to oversee recruitment of a Lead Artist/ Curator/Planner. Wide Open and Cultural Geographer Ruth Olden were recruited into these roles in April 2016. They were invited to work creatively with the project architects, landscape architect and engage with service providers, service users, local arts, and regeneration, heritage and community stakeholders. The commissioners were looking for an overarching art, architecture and green space concept which both acknowledges and celebrates the significant history of the area and explores the idea of a forward looking, health promoting, health and care centre.

The purpose of the Wide Open engagement programme which commenced in April 2016 was to build relationships and work in collaboration with stakeholders to develop a shared language and a clear framework from which the art, therapeutic design and Greenspace concept design will emerge through seeking to capture the creativity that exists within people and develop ways in which this can be harnessed and expressed to leave meaningful permanent legacies creating a community-

inspired therapeutic art and design vision that promotes wellbeing.

Consultation with stakeholders took the form of in depth face to face or telephone interviews, focussing across three key areas:

- What's important to staff/public
- How staff/public will engage with the building and how to improve the experience
- How the building connects with the wider community / environment

There were a number of important considerations to understand from a range of perspectives including: *distraction; difficult conversations; healthcare pathways; waiting experience, how staff interact; thresholds; point of contact between staff and users; communal areas.*

6.3.1 The Process

The visioning process comprised of three main stages:

Engaging with all target stakeholders, documentary review and background research and orientation

Capturing ideas, thinking and synergies, building upon the identified, industrial and heritage themes, and exploring other potential areas

Sharing the results and key messages in a creative visioning document that will also contain details for the design development and implementation phase

Alongside this process, the project steering group commissioned arts consultant and Cultural Geographer, Ruth Olden to gather local stories about the new wave of 'makers and menders' in Clydebank. Ruth worked on a joint consultation process with Wide Open and the stories contained within 'River to Recovery' have informed the strategy and individual artist and designer briefing documents.

The Our Voices art, architecture, landscape and master plan vision was presented and approved in June 2106. The strategy works to reflect stakeholder priorities and aspirations and will be inclusive where possible of participatory art opportunities, artist residencies and processes which bring community benefit through art procurement.

Our Voices outlines the integration of artworks throughout the new Clydebank Health and Care Centre and its surrounding environment. It's an evolving document that is built upon the findings of a unique consultation and creative exercise that combines the findings of Wide Open, place-making and public art commissioning specialists, and cultural geographer Ruth Olden.

The response to the conjoined consultation process was very enthusiastic and generated passionate discussion, a wide range of ideas, thoughts, opinions and recollections of experiences. Ruth Olden and Wide Open listened carefully to what

people said and incorporated views and experiences from a wide range of backgrounds into the strategy. It's the richness and vibrancy of the collated conversations and stories that has established the strategy's approach. The level of engagement was extensive and is listed in an appendix.

The strategy sets out an approach where inspiration for the resulting artworks is drawn from the collective voice and stories of Clydebank's grassroots communities through focussed community engagement. This will ensure a sense of place is created, that genuinely comes from the communities that the new health centre will serve.

Our Voices was developed in advance of the new health centre being fully designed to achieve improved economies of scale by 'designing in' elements of the proposed arts projects into the architect's and landscape architect's plans wherever possible. Where costs can't be met in this way further fundraising is being sought by the Arts and Environment Strategy Group from public and private sectors.

6.3.2 The projects

A shortlist of eight projects are described in the arts strategy, all of which aim to help create a calm, welcoming and interesting building and surrounding environment by offering enhancement of internal and external spaces in order to create comfortable, interesting and reassuring spaces which are health promoting and subtly embrace Clydebank's rich industrial past.

The Arts and Environment Strategy Group selected four projects to be progressed, with each aligned to a story selected from Ruth Olden's River to Recovery anthology which was the result of her consultation process:

PROJECT NUMBER	STORY	PROJECT NAME
Project 2	Adrenaline	Playful Carpark
Project 3	Pollination	Waiting and Distraction
Project 5	Soil	Civic Squares
Project 6	River To Recovery	Recovery Stories

6.3.3 Commissioning

Wide Open drew up commission briefs for projects 2, 3 and 5 and put a call out through its networks and public portals such as Creative Scotland's Opportunities microsite. Interviews took place in November 2017 and artist Jim Buchanan was selected to develop outline concept designs for Playful car park and Civic Squares projects.

Architecture design company Dress For The Weather working in partnership with surface design studio Bespoke Atelier were selected to deliver the outline concept designs for the Waiting and Distraction project across the new health centre's waiting rooms.

Ruth Olden would progress her Recovery Stories project subject to securing further funding from the Arts and Humanities Research Council, a decision is expected in September 2018.

All the arts projects that have been selected to progress, will involve community engagement programmes with a range of different groups and age ranges to ensure that the resulting artworks come from the communities that the new health and care centre will serve.

Jim Buchanan

The narrative and ideas behind artist Jim Buchanan's concept designs are very strong, so much so that West Dunbartonshire Council's Planning Department made elements of his designs a condition of planning approval for the new health centre, recognising the potential of the designs to influence and create cohesion across the wider Queen's Quay masterplan area.

Of the five elements that make up Jim's proposal, two have been developed as a cost neutral approach (Bankies and Lightwell); Keel will be delivered through the core arts strategy budget; with the other two (Walk Well and Lightwave) requiring additional funding for which an application to the Green Exercise Partnership has been submitted in August 2018.

Movement and the potential for interaction with artworks resonate through each of Jim's design solutions:



- **KEEL** - focused movement emphasising balance
- **LIGHTWAVE** – a self-guided meander
- **WALK WELL** - repetitive practise of movement, physically calibrated
- **LIGHT WELL** - a ‘holding space’, emphasis on slower walking to support mindfulness
- **BANKIES** – ‘Adrenaline’ activating social interaction and play



Dress for the Weather / Bespoke Atelier

Dress for the Weather have designed bespoke artworks within a number of window panels within the waiting rooms that look out across the internal court yard areas. To create distraction, interest and improve the waiting experience the windows are the primary focus. The secondary focus will be wall hung artworks on acoustic panels above the seating area.

Dress for the Weather and Bespoke Atelier’s outline thinking is to create artworks that encompass the following below. When further funding is secured an artist residency programme will take place with a number of community groups to create stage-2 detailed designs for consideration before progressing to fabrication.

- Transparency
- Texture

- Layers / relief
- Movement / perspective
- Touch / robust



Each programme builds a budget for delivery of the integrated art and therapeutic design elements. The budgets start with a seed fund which serves as leverage to encourage stakeholders from a number of sources: exchequer funds; NHS endowments, charitable sources including e.g.; Glasgow Children's Hospital Charity, government initiatives such as The Green Exercise Partnership, Art and Business Scotland, Creative Scotland funds. These opportunities are currently being explored.

We are confident that the Our Voices Strategy for Clydebank Health and Care Centre will ensure that the modern, purpose-built centre will have wellbeing and recovery embedded within its outdoor and indoor spaces, in a unique and locally empowering way. A full copy of the Arts Strategy is provided in Appendix 16.

6.4 Green Travel Plan

In compliance with NHSGGC Travel Policy and the Board's Carbon Plan 2014, the new building will have a Green Travel Plan (GTP) and associated Parking Management Plan. It is a planning condition that before works can commence on site, a Green Travel plan is submitted to the Planning Authority for review and approval.

6.4.1 What is a Travel Plan?

A Travel Plan is an overarching document developed to identify a package of measures tailored to the specific needs of a building/site. It contains a package of measures and policies developed to encourage use of sustainable transport modes and to reduce reliance on the car, especially single occupancy car use.

The Travel Plan promotes the use of public transport and active travel i.e. walking and cycling. The focus of the Travel Plan is on the commuting and business travel elements within an organisation.

As well as helping to address the growing CO2 environmental problem, the development and implementation of a Travel Plan can have a number of benefits including:

- Reduced congestion
- Reduced pollution
- Reduced noise
- Improved air quality

Health benefits - active travel (walking and cycling) can help:

- Reduce stress
- Reduce obesity and weight problems
- Reduce incidence of coronary heart disease
- Improve well-being

Generating the Travel Plan involves developing a set of targets and techniques which, when properly managed, can reduce the overall impact of staff, patient and client travel and lower the ecological footprint of travel.

6.4.2 Promoting Healthy Working Lives

Travel, especially by car, is now so common that it is easy to forget the health risks that can be involved. For a successful trip, the key is about planning ahead (travel planning) and alertness to potential hazards. However, travel planning is more than opting for a single occupancy car journey. Awareness of alternative travel options and taking them, often benefits individual health. In addition, taking these more

sustainable choices brings advantages to the organisation, colleagues and the wider community and so they should be the preferred method of travel.

Further Advantages of Green Travel Plan

As well as promoting a healthier lifestyle, a well-managed Green Travel Plan, will reduce traffic within the environment and contribute to a reduction in CO2 emissions which are a major contributing factor in global warming. The plan will also assist in identifying methods of reducing business mileage and single car occupancy.

6.4.3 Methodology and Findings

The methodology used to gather this information and compile the Health & Care Centre Travel Plan included a site audit to identify current transport facilities. We have gathered information from staff, patients and visitors.

- Staff travel audit identified that over 65% of staff that completed the survey currently live within the West Dunbartonshire local authority boundary.
- 32% travel from within the Greater Glasgow and Clyde Health Board boundary which includes Glasgow City, Renfrewshire, East Renfrewshire, Inverclyde and East Dunbartonshire as well as West Dunbartonshire.
- 5% travel from out with the Greater Glasgow and Board areas.

The survey also identified work patterns including peak start and finish times. A similar audit was carried out during June 2018 asking patients to provide details on their journey to the current site of Clydebank Health Centre. Over 65% of participants cited that a more direct bus route and more frequent bus service would encourage them to use public transport.

6.4.4 Objectives and Targets 2018 -2023

- To promote and increase active travel (walking and cycling)
- Work in partnership with other organisations to promote and establish incentives for active travel to work e.g. bike to work scheme.
- Provide greater transport choice
- Reduce unnecessary staff travel
- Review policy implications for encouraging home working and more flexible working arrangements
- To promote and increase use of public transport usage
- Reduce single occupancy vehicle travel

6.4.5 Conclusions

The objective of the Travel Plan is to ensure that there are viable alternatives for travelling to Clydebank Health & Care Centre for staff, patients, clients and visitors,

where practicable and that its introduction would encourage and increase the percentage of those travelling to the development by modes other than private car, particularly single car occupancy car trips. However, the nature of the work, car use is essential for 48% of the staff.

The success of the Travel Plan measures in reaching modal shift targets will be monitored on an annual basis for 5 years. If the results of annual monitoring indicate that the Travel Plan targets are not being achieved additional measures will be required to be identified and the length of the Travel Plan extended.

6.5 Benefits Realisation Plan

The Benefits Realisation Plan provided (below) in this FBC has been reviewed and confirmed as both appropriate and viable for the stage. Whilst the core benefits have remained in place from the Strategic Assessment, the Plan has been expanded upon from that included in the OBC to provide a baseline measurement and a target outcome to ensure there is a clear ability to monitor progress and quantify success through subsequent project evaluation.

Softer benefits have been included as an appended table to the main Benefits Realisation Plan as a result of ongoing discussion with the user group. These will be included in any monitoring and evaluation through the construction, commissioning and post occupancy phases.

Evaluation of all benefits will be led by the NHSGGC Post Project Review Manager with the assistance of the Project Board; Project Design & Delivery Group, and where necessary stakeholder representatives from staff, patients and visitors' groups.

Benefits Realisation Plan

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
1.	It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	<ul style="list-style-type: none"> • Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in 	<ul style="list-style-type: none"> • Services Leads within West Dunbartons hire HSCP • General Practitioners 	<ul style="list-style-type: none"> • Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in 	<p><i>Improved team working reported by Patient, staff and GP practice feedback</i></p> <p><i>Reduced Occupied Bed Days</i></p>	2016/17 81,161	73,045 <i>building on MSG target delivery with continuous improvement</i>	After 2 years from the facility opening

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Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
		which services delivered and based.		Primary Care.	<p><i>Reduced emergency admissions</i></p> <p><i>Increase numbers of people with Anticipatory Care Plans and Increase the number of ACP conversations</i></p>	<p>2016/17 4,535 admissions</p> <p>2017/18 1,921 people</p> <p>No baseline yet – question being added to revised SSA and Review paperwork</p>	<p><i>on 10% reduction</i></p> <p><i>4,082 building on MSG target delivery with continuous improvement on 10%</i></p> <p><i>Targets being agreed as part of NHSGGC's Unscheduled Care Plan – suggestion 4 completed and 50 conversations per month</i></p>	
2	Contributes to improving the overall health & wellbeing of people in the area	Improve patient experience / Carry out survey	NHSGGC/West Dunbartonshire Council/HSCP	Linked to social factors including employment, education and housing	Health and Wellbeing Survey results	Reference latest available Scottish public health Observatory	Long term aspiration to move a range of poor health and wellbeing	Review after 5 years of facility being operational

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Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
	and improve health inequalities					neighbourhood profiles	outcome indicators linked to areas of deprivation in a positive direction that contributes to addressing health inequalities	
3.	It will improve support to people to live independently.	<ul style="list-style-type: none"> • Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based. 	<ul style="list-style-type: none"> • Services Leads within West Dunbartons hire HSCP • General Practitioners 	<ul style="list-style-type: none"> • Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care. 	<p><i>Reduced emergency hospital admissions</i></p> <p><i>Reduced attendances at A&E</i></p> <p><i>Patients report feeling safe</i></p> <p><i>Numbers of people supported at home</i></p>	<p>2016/17 4,535</p> <p>2016/17 32,863 attendances</p> <p>2017/18 89% (HSCP figure)</p> <p>2017/18 89.2%</p>	<p>4,082 building on MSG target delivery with continuous improvement on 10% reduction</p> <p>29,577 building on MSG target delivery with continuous improvement on 10%</p> <p>91%</p> <p>Increase on baseline of</p>	Review after 2 years of facility being operational.

BOARD OFFICIAL

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
					<p><i>or in a homely setting during their last 6 months of life</i></p> <p><i>% supported to live as independently as possible</i></p>	2017/18 81%	2018/19 – 91% 83%	
4.	It will increase the proportion of people with intensive needs being cared for at home.	<ul style="list-style-type: none"> • Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based. 	<ul style="list-style-type: none"> • Services Leads within West Dunbartonshire HSCP • General Practitioners 	<ul style="list-style-type: none"> • Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care. 	<p><i>Increased numbers of people with complex needs being cared for at home</i></p> <p><i>Increase % of people 75+ being supported at home</i></p>	2017/18 83% 17/18 14.5%	85% 15%	Review after 2 years of facility being operational.
5.	It will ensure timely discharge from hospital.	<ul style="list-style-type: none"> • Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity 	<ul style="list-style-type: none"> • Services Leads within West Dunbartonshire HSCP • General Practitioners 	<ul style="list-style-type: none"> • Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Overall 	<p>Number of acute bed days lost to delayed discharge 65+, including AWI.</p> <p>Number of acute</p>	2017/18 2,291 2017/18 461	2,150 420	Review after 2 years of facility being operational.

BOARD OFFICIAL

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
		<p>and adaptability of facilities in which services delivered and based.</p> <ul style="list-style-type: none"> • Improve safety and quality of facilities in which services delivered and based. 		<p>Implementation of NHSGGC Acute Services Transformation Programme.</p> <ul style="list-style-type: none"> • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care. 	<p>bed days lost to delayed discharge 65+ AWI.</p> <p>Number of bed days lost to delayed discharge – All Reasons</p>	2017/18 3,439	3,000	
6.	It will improve access to services and contribute to regeneration of Clydebank	<ul style="list-style-type: none"> • Contribute to economic regeneration of Clydebank as a whole. • Improve safety and quality of facilities in which services delivered and based. 	<ul style="list-style-type: none"> • NHSGGC • West Dunbartons hire Council • <i>West Dunbartons hire Community Planning Partnership</i> 	<ul style="list-style-type: none"> • Effective delivery and success of other regeneration initiatives. • Impact of Community Planning Partnership Local Outcome Improvement Plan. 	<p>Patient satisfaction results from (national) Health & Social Care Survey.</p> <p>Increase rating of arrangements to see a Dr in GP practice</p> <p>Increase rating of arrangements to see another medical professional in GP practice</p>	<p>2017/18 66% (Clydebank Cluster)</p> <p>2017/18 67% (Clydebank Cluster)</p>	<p>74%</p> <p>73%</p>	<i>After 3 years following opening of the facility</i>

BOARD OFFICIAL

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
					Rating of overall care by GP practice	2017/18 85% (Clydebank Cluster)	89%	
					Rating of overall care provided by Out of Hours services	2017/18 81% (Clydebank Cluster)	82% (Alexandria 17/18)	
7	Deliver a more energy efficient building within the NHSGGC estate reducing CO2 emissions and contributing to a reduction in whole life costs.	Sustainability Increase capacity and adaption of facilities in which services delivered and based Improve safety and quality of facilities in which services delivered and based	Capital Planning/Facilities leads within NHSGGC		CO2 emissions and energy consumption rate.	Assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)	Review after 1 year of facility being operational
8	Achieve a BREEAM Healthcare rating of "Excellent"	Sustainability	Capital Planning/Facilities leads within NHSGGC		Independent assessment by BREEAM accredited assessor	Assessed upon facility becoming operational	BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent	Review after 6 months of facility being operational
Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable

Ref. No.	Benefit	Investment Objective	Objective Owner	Dependencies	As Measured By	Baseline	Target	Timetable
9	Achieve a high design quality in accordance with the Board's Design Action plan and guidance available from A+DS	Improve patient experience/good working environment for staff, carry out an AEDET with Delivery Group	Capital Planning/Facilities leads within NHSGGC		Use of quality design and materials to create a pleasant environment for patients and staff HAI cleaning audits (regular NHSGGC process) Completed building	Assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP)	Review after 6 months of facility being operational
10	Meet statutory requirement and obligations for public buildings e.g. with regards to DDA	Improve Access	Capital Planning/Facilities leads within NHSGGC		Carry out DDA audit and EQIA of building: Involve local disability groups/ Your Voice in checking building for people with different types of disability Engagement with local groups to ensure building is welcoming	Assessed upon facility becoming operational	Compliance with Disability Discrimination Act, building Control Standards and NHS SHTMs.	Review after 1 month of facility being operational

In addition to the full Benefits Realisation table included above, softer benefits to measure Patient/ Staff and Carer feedback have been included at this FBC stage after discussions with the user group. These exist independently of the Benefits Realisation table but will form part of the overall project evaluation on completion.

Table 15: Softer Additional Benefits

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Ref no	Benefit	Assessment	As measured by	Preferred Outcome	Object owner	Timescale	Baseline	Target
1	<i>Patients feel more supported to care for themselves</i>	<i>Increased focus on asset based approaches</i>	<i>Patient and resident surveys and focus groups</i>	<i>Increased support reported</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
2	<i>Patients feel more supported to care for their friends and families</i>	<i>Focus on building community capacity</i>	<i>Patient and resident surveys and focus groups</i>	<i>Less dependency on services</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
3	<i>People report that their community feels more compassionate and coherent</i>	<i>Focus on building community capacity</i>	<i>Patient and resident surveys and focus groups</i>	<i>Increased community cohesion</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>
4	<i>People report that their care is more joined-up and they do not need to repeat their story to so many professionals</i>	<i>Increased integration of multidisciplinary teams and services</i>	<i>Patient and resident surveys and focus groups</i>	<i>Care is delivered in a more seamless way</i>	<i>Community Planning</i>	<i>3 years after building becomes operational</i>	<i>To be established</i>	<i>To be agreed</i>

6.6 Risk Management

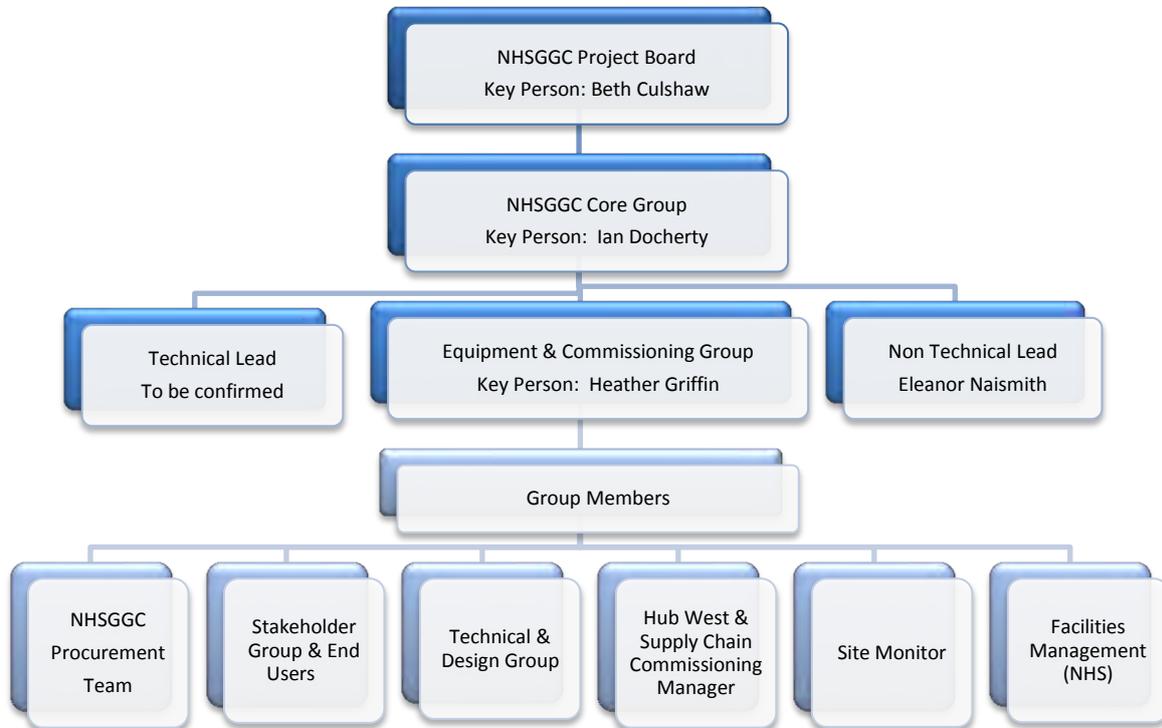
The main project risks and mitigation factors are identified at a high level at the OBC stage. As the project has developed through the FBC stages a more detailed and quantified risk register has been prepared. The main risks at this stage are highlighted in Appendix 8. The Risk Register will be continually reviewed and discussed at the Project Board.

6.7 Commissioning Process Arrangements

The NHSGGC Property & Capital Planning Project Manager will be responsible in overseeing the final stages of the project including all training needs for the new building and final commissioning certificates.

They will liaise with the Main Contractor and other specialist contractors, along with the Commissioning Group to ensure a smooth transition to the New Facility.

Diagram: Commissioning Governance Arrangements



Heather Griffin, identified as the key NHSGGC person for commissioning in section 6.1.2 will lead and chair the Equipment & Commissioning Group. Commissioning for the project will include both Technical and Non- Technical elements. Eleanor Naismith is identified as the Non- Technical lead. Eleanor works as part of Heather's non-technical commissioning team and has experience of both leading and assisting on the non-technical elements of project commissioning. Both Heather and Eleanor have confirmed resource ensuring suitability and availability to perform the roles.

Identified in the governance structure above is that the Equipment & Commissioning group lead and technical and non-technical leads all link with Ian in his role as Lead Project Manager. Through his involvement in the project from the outset, Ian has been noted in the above structure as he will be able to support all commissioning leads through his established relationships with identified group members, working with the existing communications strategy and sharing of live project information. Working in this way, with Ian's involvement, key stages of the commissioning process have been established to ensure the design and construction process is managed in such a way to reach all required milestones.

Examples of milestones reached relating to project commissioning, through the design process include:

- Design freeze
- Signed- off Fixtures, Furniture & Equipment (FF&E) schedule including grouping
- Establishing procurement streams
- Surveys for design and construction interfaces
- Establishing areas for closure during construction & duration of closures
- Access protocols
- Engagement protocols
- Construction completion date
- Technical testing and commissioning programme

These key stages and associated future activities are reflected in the current Commissioning Master Plan (CMP) and Commissioning Requirements Brief (CRB) provided in Appendix 10.

The approach described for both Technical & Non- Technical commissioning below has provided input to the CMP and CRB and also a basis for the governance and reporting structure.

6.7.1 Technical Commissioning

BAM will lead on the technical commissioning, and the Independent Tester appointed will sign off prior to NHS taking possession of the building.

6.7.2 Non-Technical Commissioning

Through development of the FBC, Heather Griffin was identified as Commissioning Manager for NHSGGC as well as the lead for the Non-Technical commissioning element. Led by the project manager, the project has seen completion of room data and component sheets and the full schedule of FF&E components. Completion of

this process has meant all components have been identified; their procurement route has been established and identified as either PSCP or direct by NHSGGC.

Within the governance structure, a stakeholder and end user group is identified. This group comprises all parties impacted through and beyond the commissioning process: staff, clinical and non- clinical staff members, and patient representation as well as services representing IT, infection control and telecoms. It has also been agreed that through the process further members may be identified and included as required.

Through identification of the non-technical items for commissioning the following has been established and has been used for the development of the Commissioning Master Plan and Commissioning Requirements Brief:

- Agreed procurement routes for items including understanding if existing routes and supply chains exist or if new routes are required
- Implementing routes to tendering carried out in accordance with NHSGGC standing financial instructions
- Established protocols for stakeholder engagement and review periods to finalise items for procurement and commissioning
- Established timescales for item commissioning reviewed and agreed in line with overall project programme. Timescales now include engagement and review periods, lead in, install and testing, commissioning and training required
- Established if item commissioning requires Contractor input regarding any preparatory or install works. Contractor works have taken cognisance of such work identified which now forms part of the construction and installation works
- Overall works and commissioning programme and construction contract agreed in such a way to provide beneficial access agreed through the construction contract

6.8 Project Monitoring and Service Benefits Evaluation Plan

This section provides comprehensive detail of the Project Monitoring and Service Benefits Evaluation Plan previously outlined at OBC stage.

Project Monitoring plans and methodologies have been developing throughout the OBC and FBC process. This has been achieved through engagement and collaboration with Frances Wrath, Ian Docherty, the appointed DBFM Co and the core user and stakeholder groups to ensure plans, methods, timescales and means of engagement forming part of the monitoring and evaluation process have been agreed by all parties.

The following provides an explanation of monitoring undertaken for the various components of the project. Evident here is how key the function of the core group is. Reporting carried out through the core group is not only related to output required for project monitoring but is also a requirement within the contractual arrangements in place with the appointed DBFM Co.

As described in the current Project Execution Plan (Appendix 13), a variety of meeting types are in place to ensure appropriate monitoring and compliance with the contractual arrangements. A summary of the approach, including the key core group, is presented below and further described in the Project Monitoring and Evaluation Plan (table 17).

Project Board meetings will be held every 4 weeks with key elements of monitoring forming part of the agenda.

Affordability Assessment: Monitoring overall project affordability will be carried out through the joint cost advisor role with representation and input by costs advisors. Assessment will be against baseline costs presented in the FBC.

Works Delivery Costs: A project spend profile has been developed to include the Target Price and all project related costs. The joint cost advisors will review and report spend against the profile highlighting any issues.

Project Programme: Monitoring will be in accordance with the requirements of the DBFM contract. An updated programme will therefore be provided every 4 weeks or as required / requested through the contract allowing ongoing up to date monitoring.

Project Scope Changes: Changes, either through client or DBFM Co requirements, will be discussed and follow the established Change Control and Governance Procedures.

Health & Safety Performance: All have a role in monitoring performance. Formal reporting will be provided by the DBFM Co with input and review from the appointed CDM Advisor.

Risk Management Issues: Full review of current project Risk Register by Project Board.

Design & Technical: Update from designers will be provided along with any request for stakeholder engagement in line with agreed contract protocols.

Construction Quality: Achieving required quality is the responsibility of the DBFM Co. Quality monitored and reported on at Project Board by Site Monitor through site visits, both planned and ad-hoc.

Design & technical meetings will be held as DBFMCo feels appropriate, alternating frequency with the core group, or as required. Discussions requiring stakeholder engagement will be arranged in accordance with the engagement protocols in place to ensure required representation.

Stakeholder Engagement: Stakeholders will be represented at the Project Board meeting and be engaged for design and technical discussion and any elements of change. Stakeholders are identified in the PEP, with the most appropriate representatives forming part of the monitoring and evaluation process. Further detail on how stakeholders will be kept engaged is provided in the communication plan provided in appendix 14.

Monitoring & Evaluation Plan: Project Monitoring Programme

Project Monitoring Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Project Monitoring stage:			
Affordability Assessment	<p>As part of the FBC approval.</p> <p>Ongoing assessment at Project Board meetings as part of change management and cost reporting.</p>	<p>Commercial report provided for each Project Board meeting.</p> <p>Final assessment report as part of Outturn Cost Report by 3 months post occupation)</p>	<p>Affordability will largely be assessed as part of the FBC submission. On approval and construction commencing the Financial Close information will form the baseline for reporting. An Addendum to the FBC will be produced and forwarded to SGHSCD.</p> <p>Ongoing affordability will be assessed during the implementation stage through the change management process as part of the regular Project Board meetings. Costs will be assessed against the approved capital spend.</p>

<p>Outturn Capital Costs</p>	<p>By Financial Close</p>	<p>By Financial Close</p>	<p>Comparison between FBC & FC. The report will provide a detailed breakdown of any cost changes and impact of risks realised or mitigated.</p>
<p>Outturn Revenue Costs</p>	<p>June 2022</p>	<p>June 2022</p>	<p>The revenue costs will be assessed against the baseline and the target reductions identified within the FBC and benefits register. The resulting report will provide a breakdown of the actual costs against forecast.</p>
<p>Stakeholder Support</p>	<p>Minimum 4 Weekly Project Board during implementation.</p>	<p>Recorded as part of meeting minutes published within 5 working days of each meeting.</p>	<p>Signed stakeholder support letters to be provided as part of the FBC submission. Regular Project Board meetings throughout the project to maintain support and direction from project SRO. Key project information to be passed to those forming Stakeholder support.</p>
<p>Stakeholder Engagement</p>	<p>Monthly Progress Meetings during implementation with stakeholder</p>	<p>One month after construction start</p>	<p>Pre- Start, progress and Commissioning meetings will be held throughout implementation to ensure continued stakeholder</p>

	<p>representation.</p> <p>Stakeholder engagement meetings as required through project.</p>	<p>Service Benefits Evaluation Report produced January 2022</p>	<p>engagement as outlined within the PEP.</p> <p>Part of the Service Benefits Evaluation Report undertaken after 18 months of occupation will seek stakeholder feedback on engagement through the project.</p>
Project Programme	<p>Minimum monthly during implementation</p>	<p>Report provided for each Delivery Group/ progress meeting, by Independent Tester.</p>	<p>Programme status contained on monthly DBFMCo & PM Reports.</p> <p>Comparison between contract completion dates and planned completion dates reviewed: identify slippage or otherwise.</p>
Project Scope Changes	<p>4 Weekly Project Board during implementation</p> <p>OR</p> <p>As required for urgent emerging issues</p>	<p>Recorded as part of Delivery / progress/ design & technical meeting minutes published within 5 working days of each meeting</p>	<p>Significant changes in project scope are reviewed at the Project Board to ensure stakeholder and SRO support.</p> <p>Change management discussed at Delivery group on a monthly basis to review changes to the works.</p>
Health & Safety Performance	<p>Ongoing through project.</p>	<p>Report provided for each Delivery Group meeting.</p>	<p>Health & Safety issues captured and reviewed on the monthly Main Contractor Advisor</p>

		Report as required by any party in event of emergency.	report and DBFMCo Reports.
Construction Quality	Ongoing through construction and commissioning.	Project completion date and on completion of Commissioning and Soft landings process. Concluded through issue of Independent Tester defects certificate.	Provision of quality to the required standard is the responsibility of the DBFMCo. Monitoring of quality will be carried out and reported on by the DBFMCo, Independent Tester and Principal Designer. DBFMCo target is zero snagging and defects at completion.
Design & Technical Aspects	Monthly during of Delivery / progress/ design & technical meeting or as required for specific issues	Recorded as part of meeting minutes published within 5 working days of each meeting	Technical design meetings are to be held every four weeks involving the Delivery Group and if required external stakeholders. This provides the opportunity to review the delivery of the design and agree on new design solutions or clarifications during implementation.
Risk Management Issues	Monthly as part of Project Board meetings	Report and risk register review as part of each project board meeting. Risk review meeting held	Monthly Project Board meetings during implementation to review mitigate and add risks as required. Shared risks are avoided in order to

		as required.	reduce any potential for lack of ownership. Designated client risks are defined in the contract with all other risks passed to the DBFMCo at Financial Close.
Community Benefits	Quarterly as part of Delivery group/ progress meetings.	DBFMCo will provide monthly reports at the Delivery Group/ progress meetings. Targets were agreed on DBFMCo appointment and updates on achieving targets or otherwise will be provided through the project.	DBFMCo have agreed a community benefits plan that exceeds baseline targets for a project of this size. An updated community benefits tracker has been developed at FBC detailing progress to this stage. Many benefits will be realised through the construction stage and a final report on those achieved will be provided on completion of the commissioning and soft landings process.

A Project Monitoring Report will be provided to SGHSCD shortly after project completion incorporating:

- An updated Project Cost Monitoring Form
- A Programme Monitoring Form
- Summary of significant scope changes
- Summary of Health and Safety performance
- An overview of achievement of the project design objectives

- A review of the management of risk throughout the project development

6.9 Monitoring & Evaluation Plan: Service Benefits Evaluation

Provided within section 6.13 is the project Benefits Realisation plan comprising core benefits identified and developed from the Strategic Assessment. As an addition, softer benefits have been developed post OBC, which have now been included in this FBC. For both core and additional benefits, ongoing development has included the addition of Baselines and Targets which will form the basis of the evaluation of the service benefits.

Further details on the approach and engagement through the evaluation process are provided in the 'Monitoring & Evaluation Plan – Service Benefits Evaluation' table below. The table also contains information on the approach to gaining overall feedback on the project from the stakeholder group.

Initial review and evaluation will be undertaken within 3 months of occupation and will provide a final project monitoring report to be submitted to SGHSCD.

A further evaluation will take place 18 months post occupancy which allows for reasonable bedding in period following the occupation of the new facility. The main focus of the evaluation will involve:

- Assessment of whether and to what extent the project has realised its expected benefits
- Gaining feedback from users and other stakeholders on the project outcomes i.e. how stakeholder expectations have been met
- Reviewing the impact of any service change on operational activities, processes and people
- Understanding of how well the project has impacted on service activity and performance.
- Reflection of what went well and what could have been improved to provide learning to be passed on to other similar projects.

Service Benefits Evaluation Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Service Benefits Evaluation stage:			
Expected benefits	onwards within a 6 – 24-month timeframe depending on the benefit being evaluated	6 – 24 months following completion depending on the benefit being evaluated	Benefits register completed and endorsed by Object Owners. Evaluation to be completed against the agreed target/ baseline and within the specified 6 – 24-month timescale. A detailed breakdown per expected benefit is provided below.
1. It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	18 months after occupation	18-24 months after occupation	An assessment will be carried out against a baseline taken on August 2018 to review waiting times across services; improve positive experience rating; increase in number of patient consultations across all services; reduced unscheduled bed days and increased number of patients with anticipatory care plans.
2. Contributes to improving the overall health & wellbeing of people in the area and improve health inequalities	Initial review 18 months post occupancy with full review 5 years post occupancy	Initial review 18-24 months post occupancy	Long term aspiration to positively affect poor health and wellbeing indicators linked to areas of deprivation. Feedback from Health and wellbeing survey results
3. It will improve support to people to live independently.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review percentage of people supported to live as independently as

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			possible - number of people supported at home or in a homely setting last 6 months of life; reduced emergency hospital admissions; reduced attendance at A&E; increased number of patients reporting feeling safer at home
4. It will increase the proportion of people with intensive needs being cared for at home.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review the number of people with complex needs being cared for at home – reduced rate of readmissions to hospital within 28 days; increase in people 75+ being supported at home
5. It will ensure timely discharge from hospital.	18 months after occupation	18-24 months post occupancy	A assessment will be carried out against a baseline taken on August 2108 to review number of acute bed days lost to delayed discharge – all reasons
6. It will improve access to services and contribute to regeneration of Clydebank	Initial review 18 months post occupancy with full review 3 years post occupancy	Initial review 18-24 months post occupancy	Location of Health and Social care Centre will contribute to the overall regeneration of Clydebank; Health and Social Care patient satisfaction survey
7. Deliver a more energy efficient building within the NHSGGC estate reducing C02 emissions and contributing to a reduction in whole life costs.	12months after occupation	12months after occupation	Will be assessed during first year of occupation on how facility meets the sustainability standards as detailed in (ACRs)
8. Achieve a BREEAM	6 months after	6 months after	Independent assessment

Healthcare rating of "Excellent"	occupation	occupation	by BREEAM accredited assessor
9. Achieve a high design quality in accordance with the Board's Design Action plan and guidance available from A+DS	6 months after occupation	6 months after occupation	AEDET assessment and joint supporting statement from A+DS and HFS
10. Meet statutory requirement and obligations for public buildings e.g. with regards to DDA	1 month post occupation	1 month post occupation	DDA audit and EQIA of facility involving local disability groups with different types of disability
Stakeholder expectations	(or 18mths after occupation)	18 months after occupation	As part of the Service Benefits Evaluation Report undertaken after 18 months of occupation. This will assess how well the project achieved its objectives with feedback direct from the stakeholders as part of the Project Board.
Impact of service change	(or 18mths after occupation)	18 months after occupation	A Service Benefits Evaluation Report will be undertaken 18 months after occupation and will capture feedback from staff patient and carer surveys.
Service activity & performance	(or 18mths after occupation)	18 months after occupation	In line with the benefits register the service activity and performance will be evaluated as part of the Service Benefits Evaluation Report.

6.10 Project Monitoring Report

This section describes how all project events will be monitored and evaluated. It is this structure that will form the basis for the overall Project Monitoring Report, updating and presenting information provided within this FBC submission.

The template included as Appendix 11 has been developed for use as a summary document for monitoring through the construction and commissioning stages. Information will be collated from those sources and meetings identified and provided by Ian Docherty each month for issue to Frances Wrath for tracking. The report is also used for internal reporting through the established project governance structure, with backup detail readily available if required or requested.



West Dunbartonshire
Health & Social Care Partnership

Transforming Care in Clydebank

Conclusion

August 2018



7 Conclusion

This Full Business Case has laid out the case for the need for the development of a new Health and Care Centre on the Queen's Quay site, an integral element of the pivotal Health Quarter for Clydebank.

The considerable challenges facing Clydebank, in relation to its economy, disease, population profile and deprivation have been set out. The policy landscape supports a new model for primary care, creating multi-disciplinary teams supporting general practitioners. At the same time an increasingly elderly population, and high levels of complex co-morbidity is driving growing demand for health and social care services in Clydebank, and across Scotland.

Those changing demographics, an increase in demand for services and the likelihood of more people with complex co-morbidities alongside reduced public sector resources, means that the partners need to work together with communities to deliver services in different ways and ensure full advantage is taken of the investment available. The integration of planning between health, leisure, housing and residential care, created by the Queen's Quay opportunity represents a rare opportunity to ensure this full potential is realised.

As stated in the financial case, 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 and for Stage 2, Hubco are expected to achieve further value for money through market testing.

West Dunbartonshire's economy is recovering, and recovery is the theme that has underscored much of the engagement with stakeholders, both in relation to patient outcomes, and in the design and art strategy for the building. The new Health and Care Centre, sitting on the location of the first foundry works in Clydebank, and framing a view of the Titan Crane, is scheduled to open 150 years following the first foundry works in Clydebank. This Centre will invite staff and visitors to remember the past, the hardship and the recovery, and to look forward, with improved self-determination, health and wellbeing, to the future.

Appendices

1. OBC Approval Letter
2. Planning Consent
3. Schedule of Accommodation
4. Membership of Design and Delivery Group
5. Membership of Arts & Health Strategy
6. Commercial Case Whole life Appraisal Dashboard
7. BIM Execution Plan
8. Combined Risk Register
9. Outline Commissioning Programme
10. Commissioning Requirements
11. Project Monitoring Report
12. Construction Programme
13. Project Execution Plan
14. Communication Plan
15. Stage 2 HAI Scribe
16. Art & Design Strategy
17. Stakeholder Support Letter