

The Full Business Case

For

The Modernisation & Re-design Of Primary, Community Health & Social Care Services & Facilities For Alexandria



Delivering Excellence from the Heart of the Vale

**West Dunbartonshire
Community Health & Care Partnership**

November 2011

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Synopsis:	
<p>This document is the Full Business Case for The Modernisation & Re-design Of Primary, Community Health & Social Care Services & Facilities For Alexandria. It provides information on:</p> <ul style="list-style-type: none"> ▪ The Final/Preferred Option. ▪ Procurement, Contractual and Delivery Arrangements. ▪ Relevant Financial Information. <p>The document is prepared in accordance with the SCIM 5-Case model.</p>	
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1. EXECUTIVE SUMMARY

*“making the right thing easier to do”
NHS Quality Strategy (2010)*

The *NHSGGC Vision for the Vale* - as approved by the Cabinet Secretary for Health and Wellbeing – specifies the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site. This full business case (FBC) details how West Dunbartonshire Community Health and Care Partnership (CHCP), on behalf of NHSGGC, plans to deliver this in an affordable, effective, value-for-money and innovative manner that reflects the ambitions of the NHS Scotland Quality Strategy. The content of this FBC builds upon (but does not wholly replicate) the substantial detail provided within the preceding Outline Business Case (OBC) for this project that has previously been approved by both the NHSGGC Health Board and the Scottish Government Capital Investment Group (CIG).

The CHCP is responsible for the delivery of this project on behalf of NHSGGC; and will be responsible for the Centre once operational. The CHCP has specified the delivery of this Centre as its top capital priority within its Strategic Plan: and a key component of the CHCP contributing to a number of specified national policies, NHSGGC corporate outcomes and local priorities. The CHCP’s approach to the management of this project reflects the expectations of the Scottish Capital Investment Manual (SCIM) and best practice (including learning accrued within NHSGGC through the successful delivery of other such capital schemes). The approach has been strengthened by its procurement via the *Frameworks Scotland* route; and use of the Health Facilities Scotland (HFS) *NEC3 Engineering and Construction Contract*. An Office of Government Commerce Gate 3 Review of this project undertaken during the early drafting of this FBC assessed overall delivery confidence assessment at the time of review as amber/green, i.e. successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. An Equality Impact Assessment (EQIA) of this FBC has confirmed that there are no negative equality impacts anticipated from the proposal within; and that a variety of positive equality impacts are expected to be delivered.

The previously approved OBC confirmed that the delivering a single new health and care facility on a new site was the strongest option in terms of optimising benefits, minimising risk and representing value-for-money. These have been re-affirmed through the updated analysis detailed within this FBC. An independent feasibility study undertaken for the OBC identified that the optimal and most flexible site for this new health and care centre was as on NHS-owned land at North Main Street, Alexandria within the site of the Vale of Leven Hospital. This is reinforced within the *NHSGGC Vision for the Vale*.

The ‘Vision’ for this new, state-of-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:

- Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
- Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
- Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.
- Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

This state-of-the-art facility will enable improved access for local communities to:

- Three large general practices.
- An NHS-committed general dental practice.
- Community-based dietetics.
- Community-based podiatry.
- Community-based speech & language therapy.
- Primary care mental health.
- Community-based physiotherapy.
- Community & salaried dental services.
- A variety of additional outreach services utilising general and multi-functional community consulting suites.
- A variety of non-clinical health and care related activities/services utilising a bookable public education room.

It will also provide a local base for district nursing; health visiting; prescribing support; integrated health and social care teams; training and education facilities. A notable element of the Centre will be an integrated dental complex, incorporating the above general dental practice; community & salaried dental services (CSDS - provided to those patients who would otherwise have difficulty accessing general dental services, such as medically compromised and elderly); and undergraduate dental teaching facilities (affiliated with Glasgow University Dental School and NHS Education for Scotland). The location of the Centre will also enable strong links to be fostered with the acute services operating within the main hospital buildings. This new leading edge facility will meet a number of significant needs that the existing arrangements (and specifically those within the current Alexandria Medical Centre) are fundamentally unable to, i.e. the new Centre will:

- Improve access to and range of services.
- Improve patient, carer and visitor experience.
- Enable integration of service provision.
- Enable integrated team working.
- Improve quality of clinical care, including meeting decontamination requirements.
- Enable better use of information and communication technology.
- Improve physical work environment for staff.
- Provide high quality education and learning facilities for staff and students.
- Improve environmental management and sustainable development contribution.
- Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.
- Improve space utilisation and enhance adaptability for future change.

The project has been procured via the *Frameworks Scotland* route (as per the approved OBC) and strictly adhered to the process prescribed. Turner & Townsend and Gardiner & Theobald have been respectively appointed as external Project Manager and Cost Adviser to take the project forward through Stage 3 and in readiness for delivery Stage 4 (subject to FBC approval). Laing O'Rourke has been appointed as the Principal Supply Chain Partners (PSCP) to progress the development through to Stage 3 Framework Scotland agreement and FBC. The supervisor role is being discharged in-house by the NHSGGC corporate Capital Planning & Procurement Team as Client Project Manager.

A comprehensive planning application for the new Centre was formally considered and approved by West Dunbartonshire Council Planning Committee on the 6th September 2011. The strongly supportive committee paper that accompanied the planning application affirmed that the proposed Centre strongly evidenced the qualities of good design set within the national *Designing Places* policy, i.e.: distinctive; safe and pleasant; easy to get to and move around; welcoming; adaptable; and resource-efficient.

It has been assessed as on target for a BREEAM score of 81% and thus deliver a Healthcare Excellent rating (as required for all NHS capital projects of this size). The scheme proposed within this FBC has been assessed and scored extremely strongly using the Achieving Excellence in Design Evaluation Toolkit (AEDET). The scheme proposed has benefited from effective engagement and communication that has ensured full support from service staff and the local community; and that have engendered a widely recognised sense of ownership and pride amongst stakeholders.

The recommended target price sum has been confirmed as £13,983,316 (excluding VAT) – this is within the cost identified by the OBC. When the target price is combined with other standard costs (e.g. board direct costs such as estates and commissioning), the estimated total cost is £20,794,000 (including VAT). This is below the total cost indicated within the OBC. Provision for this expenditure has been made within the NHSGGC Capital Programme.

The projected net increase in revenue costs to NHSGGC associated with the preferred option is estimated as £654,000. It has been confirmed that this increase in revenue costs (part year 2013/14, and full-year thereafter) will be provided for within the indicative unallocated financial resource allocation published for NHSGGC.

The effective commissioning of the Centre will build upon the effective processes and working relationships that have both supported and been strengthened through the project thus far. In addition to maintaining appropriate service continuity, attention will be given to refreshing operational policies and necessary change management activities to optimise the opportunities afforded by the new Centre (e.g. adopting and adapting to agile working styles).

Subject to confirmation of the approval of this FBC formally by NHSGGC and the Scottish Health Directorate Capital Investment Group (CIG) by January 2012, construction of the Centre would commence February/March 2012 with the Centre anticipated as being completed, commissioned and operational by early/mid Summer 2013.

This FBC presents an affordable, value-for-money and high quality scheme for the confident delivery of a key element of the Cabinet Secretary-approved NHSGGC Vision for the Vale. In delivering the innovative Centre and improvements detailed within this FBC, the CHCP will bring leading-edge health and care services to communities that have high levels of persistent health needs; and in a manner that support the physical, social and economic regeneration of the area as whole. It will be a tangible example of the recognition of the needs and value of the people of the Vale of Leven, providing not just a showpiece health and care centre but a landmark building that engenders and reinforces a palpable sense of civic pride (Figure 1).

2. THE STRATEGIC CASE

“our investment in our capital infrastructure provides the appropriate environment to support high quality healthcare experience and outcomes”
NHS Quality Strategy (2010)

2.1 Introduction

The purpose of this full business case is to detail the how the CHCP (on behalf of NHSGGC) plans to deliver the Preferred Option described within its preceding and approved OBC, i.e. to deliver a new and high quality health and care centre located within Alexandria and serving the wider communities of the Vale (as per the Cabinet Secretary for Health & Wellbeing approved NHSGGC *Vision for the Vale*).

The FBC has been prepared in accordance with the requirements of the *Scottish Capital Investment Manual (SCIM)*, and aligns with the following key *SCIM Phase 3 – Procurement – stages*:

- Step 8 - Procuring the Value for Money (VFM) Solution
- Step 9 - Contracting for the Deal
- Step 10 - Enabling Successful Delivery

This FBC has benefited from the feedback/outputs of both an Office for Government Commerce (OGC) Gate 2 Review (*procurement stage* - October 2010); and a Gate 3 Review (*investment decision* - September 2011). The latter was undertaken during the FBC preparation process, as the Review Team Leader had constructively suggested there being value in the Team having the opportunity to provide comments on a working draft of the FBC (rather than just consider a full and final version). The Review Team found that overall delivery confidence assessment at the time of their review as amber/green, i.e. successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. Subject to approval of this FBC, the Gate 4 Review (*readiness for service*) would be in March 2013.

This project has been developed with due cognisance of the requirements of the *Equalities Act (Scotland) 2010*. The content of this FBC has benefited from a formal Equality Impact Assessment (EQIA), which confirmed that there are no negative equality impacts anticipated from the proposal within; and that they are anticipated to generate a variety of positive equality impacts.

The content of this full business case builds upon (but intentionally does not wholly replicate) the substantial detail provided within its preceding OBC for this project that has previously been approved by both NHSGGC Health Board and the Scottish Government Capital Investment Group (CIG).

2.2 Project Background

Improving the health and wellbeing within and across the area of the Vale of Leven requires its communities to be able to readily and sustainably access high quality and joined-up community health and primary care services. The current arrangement of services – most notably those based within the leased premises that form the existing Alexandria Medical Centre – are far from optimal and place substantial limitations on service improvements necessary to meet the current and future needs of patients and local communities.

Following a comprehensive options appraisal process, West Dunbartonshire CHCP and NHSGGC came to the conclusion that a new, bespoke and fit-for-purpose health and care centre is required. Following a detailed site appraisal process, the

optimal and most flexible site for this new health and care centre was identified as on NHS-owned land at North Main Street, Alexandria within the site of the Vale of Leven Hospital (as reinforced within the *NHSGGC Vision for the Vale*). A comprehensive Outline Business Case (OBC) detailing the above options appraisal and site appraisal processes and outcomes was prepared by the CHCP in 2009; and formally approved both NHSGGC Health Board and the Scottish Government Health Directorate Capital Investment Group (CIG) in 2010, with a direction that a Full Business Case (FBC) be consequently developed for consideration.

2.3 Strategic Context: West Dunbartonshire

West Dunbartonshire lies north of the River Clyde and encompasses the urban communities of Clydebank, Dumbarton, Balloch, Alexandria and Renton. There is also a more rural area that runs south of Loch Lomond. The population is estimated as 90,920. West Dunbartonshire is one of the most deprived areas in Scotland and the three town centres, Alexandria, Clydebank and Dumbarton have experienced steady decline since the Scottish Economy entered recession in 2008. According to the *Scottish Index of Multiple Deprivation (SIMD) 2009*, West Dunbartonshire has 33 datazones in the 15% most income deprived category. Half the datazones in West Dunbartonshire are in the 30% most deprived on the overall SIMD with similar patterns showing in the income, employment, health and crime domains.

According to the most recent (2010) *Health and Wellbeing Profile for West Dunbartonshire* (compiled by the Glasgow Centre for Population Health in collaboration with ISD Scotland):

- Male and female life expectancy (71.5 and 77.7 years respectively) in the authority area are significantly lower than the Scottish average (74.5 and 79.5 years respectively), although they have been rising steadily over time.
- Mortality rates from all causes (all ages), coronary heart disease (under-75s), and cancer (under-75s) are significantly higher (worse) than the Scottish average.
- The cancer registration rate is significantly higher than in the Scottish population.
- The proportions of the population hospitalised for coronary heart disease, COPD, cerebrovascular disease, emergency admissions, and multiple admissions (65 years and over), are all significantly higher (worse) than the Scotland average.
- The rates of hospitalisations for asthma, and falls in the home (65+ years), are significantly lower than average, as is the road traffic accident casualty rate.
- Drug prescribing for mental health problems is significantly higher than the Scottish average, as is the suicide death rate.
- Breast screening uptake is significantly lower than the Scottish average.
- The prevalence of pregnant mothers who smoke is significantly higher than the Scottish average.
- The percentage of babies exclusively breastfed at 6-8 weeks, and the uptake of MMR immunisation at 24 months, are both significantly lower than average.
- Child dental health in primary 1 is significantly worse than the Scottish average.

The Vale of Leven locality covers the areas and communities of Alexandria, Balloch, Bonhill, Jamestown and Renton.

2.4 Organisational Overview: West Dunbartonshire CHCP

West Dunbartonshire Community Health and Care Partnership (WD CHCP) was established in October 2010, formally bringing together NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a

single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues). The CHCP's integrated *Strategic Plan* details key actions prioritised for delivery, reflecting the outcomes and financial frameworks of the CHCP's "corporate parents". Two priorities within the NHSGGC Corporate Plan 2011-13 of particular relevance to this FBC are that:

- Services are provided in a way which maximises quality and safety.
- Facilities are planned and invested in to reflect service and patient requirements and are environmentally sustainable.

As per its Scheme of Establishment, the CHCP is overseen by and publicly reports to its CHCP Committee for the delivery of all of the above. The CHCP is accountable to NHSGGC Health Board for NHS expenditure costs (and similarly accountable to WDC for council expenditure costs). The CHCP currently spends around £67m per annum on NHS staffing and supplies costs to provide services; with its 2011/12 NHS budget finalised as per the overall NHSGGC financial plan.

The CHCP is responsible for the delivery of this project on behalf of NHSGGC; and will be responsible for the Centre once it is constructed, commissioned and operational. The CHCP has specified the delivery of this Centre as its top capital priority within its Strategic Plan: and a key component of the CHCP contributing to a number of specified NHSGGC corporate outcomes, including:

- Patients can access primary care at the place and time that they need it, including out of hours.
- Premises for primary care services are planned and resourced to reflect service requirements.
- The primary care workforce is appropriately trained and professionally developed.
- The primary care workforce feels valued and engaged.
- Involving and engaging the public fully in decision making and service change.
- Delivering upon the goals of the NHSGGC Single Equality Scheme.
- Plans for new buildings minimise negative environmental impact and are driven by sustainable, energy efficient design.
- Maximising the organisation's contribution to economic regeneration to reduce poverty and income inequality.

The CHCP is also a core partner within the West Dunbartonshire Community Planning Partnership (WD CPP). The aim of WDCPP is to work in partnership to improve the economic, social, cultural and environmental well being of West Dunbartonshire for all who live, work, visit and do business here. Within the CPP, the CHCP has lead responsibility for multi-agency/partnership action to improve health and wellbeing" within the context of the local Single *Outcome Agreement (SOA) 2011-14*. The delivery of this project will contribute towards a number of outcomes within that new SOA, most notably:

- Our public services are high quality, continually improving, efficient and responsive to local people's needs.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- Stronger, confident and more involved communities.
- Improved core employability skills and assisted people into work.
- Increased positive destinations for 16-19 year olds.

2.5 Strategies & Aims

The development and delivery of this project reflects the aims of the following key policy strategies and plan (national and local), the achievement of which would significantly improve the health and wellbeing of both individual service users/patients and the wider communities of the Vale of Leven:

- The *Healthcare Quality Strategy for NHS Scotland*, with its quality ambitions:
 - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
 - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
 - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

These ambitions are reflected within national NHS Health, Efficient, Access and Treatment (HEAT) targets – see Section 2.11.1.

- The *Delivering Quality of Primary Care National Action Plan* (2010) that reinforces the integral role of CH(C)Ps in ensuring that effective, high quality and appropriate healthcare is delivered in the heart of the community; and emphasises the following key tenets for primary care development over the coming years, i.e.:
 - Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person.
 - The people of Scotland will be increasingly empowered to play a full part in the management of their health.
 - Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways.
 - Primary Care will play a full part in helping the healthcare system as a whole make the best use of scarce public resources.
- The national *Action Plan for Improving Oral Health and Modernising NHS Dental Services* (2005) and its commitments to:
 - Creating premises of required standard to meet professional and patient requirements.
 - Improving access for patients to specialist dental services.
 - Providing a range of settings for dental and therapy students outwith the conventional “dental school” model.
- The *NHSGGC Vision for the Vale* (2009) as approved by the Cabinet Secretary for Health and Wellbeing, which included locating a replacement for the existing Alexandria Medical Centre on part of the Vale site; and a commitment that this new Centre would provide accommodation for general practice, community mental health services, community nursing and other services, as well as a new dental complex.

- The *NHSGGC Corporate Plan 2011-13*.
- The *WD CHCP Strategic Plan 2011/12*.
- The *WD CPP SOA 2011-14*.

There are also a wider range of policy requirements and guidance of relevance to this project; and which this Centre will enable the CHCP on behalf of NHSGGC to more optimally deliver upon for the communities served. These include:

- Better Health, Better Care (and associated guidance).
- Changing Lives: The Report of the 21st Century Social Work Review
- Delivery Framework for Adult Rehabilitation in Scotland.
- Getting It Right for Every Child.
- Keep Well Anticipatory Care Programme
- Modernising Nursing in the Community.
- Reshaping Care for Older People (including the associated Change Fund).
- The national E-health Strategy.
- Towards a Mentally Flourishing Scotland.

2.6 Other Organisational Strategies

Other key strategies that impact upon this project include: -

- The *West Dunbartonshire Local Plan (2010)*, and the policies within it, notably:
 - To continue to promote the re-use of land and buildings within the urban area that become vacant, derelict or underused in order to stimulate the process of urban renewal and thereby enhance the area as a place to live, work and visit.
 - All new development will be appropriate to the local area in terms of land use, layout and design; and ensure that landscaping is integral to the overall design.
 - Sites are well integrated into walking, cycling and public transport routes, and should give priority to the positioning of footpaths, cycleways and bus stops at the main entrances of developments.
 - The encouragement of improved and new public services/utilities.

The Local Plan explicitly identifies the preferred site at North Main Street, Alexandria at the front of the Vale of Leven Hospital as a public service opportunity for the development of a medical centre.

- The *Sustainable Development Strategy for NHS Scotland CEL 15 (2009)*, and particularly the corresponding SCIM requirement that all new healthcare buildings above £2 million commit to achieving a British Research Establishment Environmental Assessment Method (*BREEAM*) Healthcare Excellent rating.
- The national *Designing Places (2008)* policy statement with its emphasis on the six qualities at the heart of good design - identity; safe and pleasant spaces; ease of movement; a sense of welcome; adaptability; and good use of resources; and the *Policy on Design Quality for NHS Scotland CEL 19 (2010)*.

2.7 Investment Objectives

The proposed investment will make a significant contribution to the achievement of the wider policy agenda and local objectives by providing modern and fit for purpose facilities for the provision of healthcare services.

The investment objectives and associated benefits are detailed within Table 1.

Table 1(a): Investment Objectives & Benefits

Investment Objective	Specific Benefit To Be Delivered
Delivery of Vale Vision.	<ul style="list-style-type: none"> • Centre built and commissioned.
Improved health & care outcomes for patients using Centre and its services.	<ul style="list-style-type: none"> • Provide clinical accommodation for independent NHS general practitioners who are in inadequate premises (current Alexandria Medical Centre) and are looking to relocate. • Provide clinical accommodation for independent NHS committed general dental practitioners who are in inadequate premises (current Alexandria Medical Centre) and are looking to relocate. • Provide consolidated accommodation for range of CHCP services. • Co-location of health care and social care staff and teams. • Improved integration across primary care and community health services and staff. • Increased number and improved quality of consulting rooms. • Provide bookable consulting space/rooms. • Increased number and improved quality of treatment rooms. • Provide bookable public education room for non-clinical health and care related activities/services (e.g. breastfeeding support; welfare rights; and carers' advice/support). • Improved provision and use of information and communication technology (agile working). • Improved access for patients to services. • Improved adaptability for future changes in clinical models. • Appealing Centre for patients to attend (reducing did-not-attends). • Improved public transport, parking and drop-off improve ease by which patients can attend (reducing did-not-attends). • One-stop shop access to patients and carers/families to inter-related services (especially important for those with long-term conditions, co-morbidities and mobility issues). • Centre empowers learning, through the use of graphics, art and Information Technology to convey and provide access to evidence-based health and up-to-date service information. • Provide updated and improved clinical facilities that meet decontamination requirements as required by NHS Scotland Sterile Services Provision Review Group (Glennie). • Enable local delivery of specialist and/or secondary care dental services, reducing patient journeys to Glasgow Dental Hospital & School. • Provide "outreach" dental clinical facilities for the formal teaching of dental and therapy students in a primary care environment.

Table 1(b): Investment Objectives & Benefits

Investment Objective	Specific Benefit To Be Delivered
<p>Generate experiential benefits for patients, carers/visitors, service staff (including visiting students) and the surrounding communities through the design of the Centre (including <i>therapeutic design</i> benefits).</p>	<ul style="list-style-type: none"> • Sufficient space for adequate and safe parking, including drop-off and disabled parking. Parking not to be dominating initial impression of the Centre, or lengthen walking routes from public transport (as per Green Travel Plan). • Clear intuitive wayfinding from outwith the site to indicate presence of facility and route to it, with pleasant and safe routes on site (even during hours of darkness). • Clear intuitive wayfinding from outwith the site to indicate presence of facility and route to it, with pleasant and safe routes on site (even during hours of darkness). • Provides an impression that is welcoming, reassuring and revitalising. • Provides clear information about and direction to the range of services available. • Centre conveys the ethos of an approachable, considerate, high quality and integrated resource - not an alienating or austere institution. • Centre layout emphasises the critical importance of continuous learning to the delivery and experience of high quality health and care services. • Centre is straightforward to navigate for all (including those with physical and/or sensory disabilities and mental impairments, e.g. dementia), with clear wayfinding to minimise the user journey. • Centre empowers learning, through the use of graphics, art and Information Technology to convey and provide access to evidence-based health and up-to-date service information. • Centre makes good use of natural light and ventilation, with public areas in particular optimising views of green space surrounding Centre. • Public-facing areas and services easily accessible to all service users. • Main reception area that operates as a nexus, guiding journeys and experiences through the Centre. • Receptions desks/areas approachable, informative, reassuring and considerate (including providing scope for confidential/sensitive conversations). • Clinical rooms supportive of open and confidential/sensitive discussions, assessments and treatments. • Clinical rooms provide a calming environment, through good use of natural light and ventilation, optimising views of green space surrounding Centre. • Centre layout and facilities promote a sense of community amongst staff within and across disciplines/services, encouraging dialogue, collaborative working and joint learning. • Centre maximises accommodation that is flexible in use. • Centre enables efficient and appropriate storage, access to and transportation of equipment/materials. • Centre is easy and cost-effective to clean and maintain to the appropriate standards. • Office space discrete from public-facing areas. • Dedicated staff learning and development area at the heart of the staff working environment.

Table 1(c): Investment Objectives & Benefits

Investment Objective	Specific Benefit To Be Delivered
<p>Generate a variety of positive contributions across the sustainable development spectrum for patients, carers/visitors, service staff (including visiting students) and the surrounding communities.</p>	<ul style="list-style-type: none"> • Pleasant and easy walking routes on site (as per Green Travel Plans). • Easy access to public transport (as per Green Travel Plan). • Sufficient space for adequate and safe parking, including drop-off and disabled parking. Parking not to be dominating initial impression of the Centre, or lengthen walking routes from public transport (as per Green Travel Plan). • Clear intuitive wayfinding from outwith the site to indicate presence of facility and route to it, with pleasant and safe routes on site (even during hours of darkness). • Improved energy use/efficiency and associated CO2 emissions. • Provides an impression that is welcoming, reassuring and revitalising. • Centre conveys the ethos of an approachable, considerate, high quality and integrated resource - not an alienating or austere institution. • Centre layout emphasises the critical importance of continuous learning to the delivery and experience of high quality health and care services. • Centre makes good use of natural light and ventilation, with public areas in particular optimising views of green space surrounding Centre. • Public-facing areas and services easily accessible to all service users. • Clinical rooms provide a calming environment, through good use of natural light and ventilation, optimising views of green space surrounding Centre. • Centre layout and facilities promote a sense of community amongst staff within and across disciplines/services, encouraging dialogue, collaborative working and joint learning. • Centre maximises accommodation that is flexible in use. • Centre enables efficient storage, access to and transportation of equipment/materials. • Centre is easy and cost-effective to clean and maintain to the appropriate standards. • Office space discrete from public-facing areas. Dedicated staff learning and development area at the heart of the staff working environment. • Construction provides local education, training and employment opportunities. • Centre's construction enhances flood risk prevention/mitigation measures. • Centre contributes to improved sense of civic pride.

2.8 Existing Arrangements

The current Alexandria Medical Centre is a premises leased by the CHCP from West Dunbartonshire Council on Bank Street, Alexandria. It serves the population of Alexandria and its surrounding area, providing a base for:

- Three General Practices.
- An NHS-committed General Dental Practice.
- A range of community health services – podiatry, occupational therapy, speech & language therapy, dietetics, community dentistry, community nursing (including school nursing service), and community mental health services.

Whilst the OBC went into detail on the existing facility, it is worth reiterating here that the existing building is acknowledged as being in poor physical condition, and

has required the CHCP he fund substantial repair and refurbishment on an annual basis to keep it operational. Significant expenditure on the fabric of the building will be required in the near future, including the need to replace windows and repairs to the roof. The intractability of many of these issues is reflected in the fact that this Centre had previously been the subject of proposals for its re-provision by the former NHS Argyll & Clyde Health Board prior to its dissolution.

As explained within the approved OBC, aside from the substantial cost involved in keeping the building operational, the nature and regularity of the work involved inevitably has a negative impact on working conditions of staff and the experience of patients and carers/families. The quality of the thermal, aural and visual environment is generally poor with particular issues around the lack of privacy and poor environmental control, all of which can compromise acceptable quality standards. While the staff who work from the Centre are committed to providing the best care that they can, the recruitment and retention is becoming progressively more difficult as the facilities become increasingly inadequate. As was also detailed within the approved OBC, it has become increasingly evident that the building itself is functionally unsuitable for the delivery of modern health and care services, not least because its size and internally disjointed layout. All of this substantially inhibits the development of the full range of services needed locally. Moreover, the current facilities require to be re-housed so to accommodate the aspirations of the West Dunbartonshire Council Local Development Plan.

2.9 Business Needs – Current & Future

Table 2 contrasts the current and future provision in terms of Business Needs.

Table 2: Current and Future provision

Current	Future
No scope to provide enhanced clinical services and outreach	Improve access to and range of services.
No scope to improve patient, carer and visitor experience.	Improve patient, carer and visitor experience.
No scope for integration of service provision	Enable integration of service provision.
No scope to enable substantial integrated team working	Enable integrated team working.
No scope to meet local decontamination requirements for the General Dental Practice (Glennie) as per the Scottish Health Planning Note 13 (Part 2).	Improve quality of clinical care, including meeting decontamination requirements.
Limited infrastructure to optimise use of new information and communication technology.	Enable better use of information and communication technology.
Limited opportunities to develop physical work environment for staff	Improve physical work environment for staff.
No provision for dedicated education and learning facilities	Provide high quality education and learning facilities for staff and students.
Limited scope to improve environmental management or sustainable development	Improve environmental management and sustainable development contribution.
No scope for the provision of modern parking and drop off facilities	Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and to public transport.
No scope for expansion or flexible use of space	Improve space utilisation and enhance adaptability for future change.

2.10 Desired Scope & Service Requirements

The *NHSGGC Vision for the Vale* specifies the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site. The 'Vision' for this new, state-of-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:

- Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
- Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
- Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.
- Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

This state-of-the-art facility will enable improved access for local communities to:

- Three large general practices.
- An NHS-committed general dental practice.
- Community-based dietetics.
- Community-based podiatry.
- Community-based speech & language therapy.
- Primary care mental health.
- Community-based physiotherapy.
- Community & salaried dental services.
- A variety of additional outreach services utilising general and multi-functional community consulting suites.
- A variety of non-clinical health and care related activities/services (e.g. breastfeeding support groups; welfare rights services; and carers' advice/support) utilising a bookable public education room.

It will also provide a local base for:

- District nursing.
- Health visiting.
- Prescribing support.
- Integrated health and social care teams.
- Training and education facilities.

A notable element of the Centre will be an integrated dental complex, incorporating the above general dental practice; community & salaried dental services (CSDS - provided to those patients who would otherwise have difficulty accessing general dental services, such as medically compromised and elderly); and undergraduate dental teaching facilities (affiliated with Glasgow University Dental School and NHS Education for Scotland). The location of the Centre will also enable strong links to be fostered with the acute services operating within the main hospital buildings.

2.11 Benefits Criteria

The following benefits criteria were used to assess each of option (Section 3.6):

- Promotes effective and comprehensive service delivery.
- Facilitates and enables new ways of working.
- Enables service quality improvements.
- Enables service expansion (e.g. increased space)
- Delivers improved efficiency.
- Enables the retention and recruitment of staff.
- Enables service development and flexibility.

The methods for assessing the realisation of these benefits criteria are detailed in Section 6.5. Beyond these benefits criteria, the following mutually reinforcing sets of specific deliverable benefits that will accrue from the scheme have also identified:

- Health and Care Outcome benefits driven by the operation of the Centre.
- Design benefits derived through the development and construction – Appendix 1.
- Sustainability benefits generated through the development and construction – Section 4.5.

These are reflected in the project's investment objectives (Section 2.7), with their achievement supported by a Benefits Maximisation Strategy; and which will be evidenced through a robust Post-Project Evaluation process (see Section 6.10).

2.11.1 Health and Care Outcome benefits

The improved health and care outcomes for those served by this new Centre and the services housed within it will primarily be gauged by the use of HEAT targets that are relevant to the CHCP's operations and to which this Centre would actively contribute. While HEAT targets are annually refreshed by Scottish Government, the current (2011/12) targets below provide an indication of key outcome benefits, e.g.:

- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.
- Number of inequalities targeted cardiovascular Health Checks during 2011/12.
- Mean number of weeks for referral to treatment for Psychological Therapies.
- Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS).
- Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention during 2011/12.
- NHS Scotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.

The Centre will also contribute to positive performance/improvement in relation to national social care indicators (i.e. National Outcomes of Community Care), e.g.:

- Percentage of people 65+ admitted twice or more, as an emergency, who have not had an assessment.
- Percentage of carers who feel supported and capable to continue in their role.

2.12 Strategic Risks

Table 3 sets out the strategic risks identified.

Table 3: Strategic Risks

Strategic Risk	Mitigation
Business	
Centre as specified and designed is not affordable and/or value for money.	Full engagement of PSCP and contracted cost advisor throughout. Rigorous market testing process. Development and utilisation of <i>Design Statement</i> as recommended by Architecture & Design Scotland. Comprehensive service staff and local patient/community engagement throughout design and commissioning processes: development and utilisation of Stakeholder Management Strategy.
Overall project does not deliver all benefits identified.	Full engagement of PSCP and contracted cost advisor throughout. Development and utilisation of <i>Design Statement</i> as recommended by Architecture & Design Scotland. Comprehensive service staff and local patient/community engagement throughout design and commissioning processes: development and utilisation of Stakeholder Management Strategy. Development and utilisation of Benefits Maximisation Strategy. Submit robust FBC; and build and commission new Centre as above.
Service	
Construction costs for escalate or delivery timetable delayed.	Rigorous marketing testing process. Robust project management arrangements, including regular reporting on progress and expenditure (against planned spend) to Project Board.
NHS external contractors and/or Glasgow Dental Hospital & School equivocal about locating to Centre.	Development and utilisation of Stakeholder Management Strategy and Communications Plan. Construct accessible “mock-up”/shell consulting room and dental treatment room (reflecting specification developed through design process) early in construction phase for staff to visit and comment upon. Inclusion of GP representative on Project Board.
Service staff equivocal about adopting revised working practices.	Development and utilisation of Stakeholder Management Strategy and Communications Plan. Construct accessible “mock-up”/shell consulting room and dental treatment room (reflecting specification developed through design process) early in construction phase for staff to visit and comment upon.
Disruption to continuity and quality of service provision during decant and commissioning phases of project.	Development and utilisation of Stakeholder Management Strategy and Communications Plan. Ensure the NHSGGC Building Commissioning Manager engaged throughout the whole design process. Ensure PSCP engaged in decant and commissioning discussions. Develop a commissioning plan for implementation.
External	
Need to secure planning approval; and nature of any conditions that are attached to approval.	Development and utilisation of Stakeholder Management Strategy and Communications Plan. Robust and comprehensive planning application submitted, including compelling Design & Access Statement plus Pre-Application Consultation (PAC) Report. Review and revision of provisions made within project optimism bias to offset costs of planning condition requirements were appropriate.
Inability to secure local stakeholder buy-in.	Development and utilisation of Stakeholder Management Strategy and Communications Plan.
Inability to secure SGHD CIG approval.	Development of an affordable and high quality design reflected within a robust and compelling full business case.

2.13 Constraints & Dependencies

The following key constraints have been identified:

- Capital funding available; and the affordability envelope set for the project.
- Appropriate site availability within Vale of Leven area.
- Compliance with the requirements of the NHSGGC Vision for the Vale as approved by the Cabinet Secretary for Health and Wellbeing.
- Compliance with the requirement of SCIM 5-Case Model.
- Design compliance with all current technical guidance (subject to any agreed derogations), including in relation to health care acquired infection (HNF30).
- Compliance with local Glennie decontamination requirements.
- Compliance with flood management requirements (Scottish Planning Policy).
- Compliance with any conditions formally attached to planning approval.
- Maintaining appropriate and necessary vehicular access and egress to key services near the construction site.
- Maintaining traffic flows during any road/junction works required.
- Appropriate maintenance of service provision during decant phase of project.
- Maintenance of current arrangements (including lease arrangements for existing Alexandria Medical Centre) until new Centre operational.
- Achievement of a BREEAM Healthcare Excellent rating.

Review of the potential dependencies associated with the proposed investment has been undertaken by key individuals within the senior management team.

The following key dependencies have been established:

- The need to secure planning approval from local authority on schedule.
- The imperative to secure “buy-in” from local communities and stakeholders on the basis of delivering a Centre that meets their aspirations (Figure 1).
- The need to secure formal approval of FBC from SGHD CIG.

Figure 1: Illustration of the Presence of the Proposed Centre on North Main Street



3. THE ECONOMIC CASE

3.1 Critical Success Factors

Critical success factors (CSF) were subject to workshop discussion at the early stages of the project, subsequently articulated within the OBC and revalidated during preparation of this FBC. Beyond those CSFs, the following have been identified as key determinants of project success:

- Capital funding and additional revenue available.
- Centre as specified and designed is affordable and/or value for money.
- Project secures planning approval from WDC.
- Project secures local stakeholder “buy-in”.
- Project secures approval from SGHD CIG.
- Rigorous project management (including risk management).
- Centre achieves a BREEAM Healthcare Excellent rating.
- Centre delivered on Vale of Leven Hospital site as per Cabinet Secretary for Health and Wellbeing approved NHSGGC *Vision for the Vale*.

These CFSs have informed the investment objectives articulated (Section 2.7) for the project, plus the strategic risks identified (Section 2.12).

The OGC Gate 3 Review undertaken during the drafting of this FBC confirmed that the project has been and is informed by a good understanding of how the building will operate and contribute to the original vision of wider health and care service provision (including a greater level of integration with social care services).

3.2 Main Business Options

The options for effective service provision were subject to much debate and discussion at OBC stage. Latterly these options crystallised into the four main options that are noted at Section 3.4, and which were subsequently taken through the appraisal process. To recap, the main options explored at OBC Stage were:

- Do minimum (i.e. maintain the status quo).
- Single new site and building.
- Retain existing plus procure a new building.
- Vacate existing building and procure a number of new buildings.

3.3 The Preferred Way Forward

The preferred way forward is to build a new single and purpose built health and care centre (reinforced by the NHSGGC *Vision for the Vale*). The ‘Vision’ for this new, state-of-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:

- Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
- Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
- Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.

- Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

This state-of-the-art facility will enable improved access for local communities to:

- Three large general practices.
- An NHS-committed general dental practice.
- Community-based dietetics.
- Community-based podiatry.
- Community-based speech & language therapy.
- Primary care mental health.
- Community-based physiotherapy.
- Community & salaried dental services.
- A variety of additional outreach services utilising general and multi-functional community consulting suites.
- A variety of non-clinical health and care related activities/services (e.g. breastfeeding support groups; welfare rights services; and carers' advice/support) utilising a bookable public education room.

It will also provide a local base for:

- District nursing.
- Health visiting.
- Prescribing support.
- Integrated health and social care teams.
- Training and education facilities.

A notable element of the Centre will be an integrated dental complex, incorporating the above general dental practice; community & salaried dental services (CSDS - provided to those patients who would otherwise have difficulty accessing general dental services, such as medically compromised and elderly); and undergraduate dental teaching facilities (affiliated with Glasgow University Dental School and NHS Education for Scotland). The location of the Centre will also enable strong links to be fostered with the acute services operating within the main hospital buildings.

The key factors identified through the OBC as supporting this way forward are summarised as follows – it will:

- Promote effective and comprehensive service delivery.
- Facilitate and enable new ways of working.
- Enable service quality improvements.
- Enable service expansion (e.g. space).
- Deliver improved efficiency.
- Enable the retention and recruitment of staff.
- Enable service development and flexibility.

Numerous sites in the Alexandria area were considered for their suitability and availability for development. [idp] architects were commissioned to produce a site feasibility study revisiting the sites from a previously considered 3rd Party Development and currently available sites. This feasibility study identified that the preferred and available site is in the grounds of the Vale of Leven Hospital, Alexandria on land owned by the NHS. The use of this site for this purpose has been reinforced by the West Dunbartonshire Local Development Plan; and the Cabinet Secretary for Health & Wellbeing approved NHSGGC *Vision for the Vale*.

3.4 Short Listed Options

Following review and deliberation, it was judged that all of the main business options initially identified (as per Section 3.2) should legitimately be considered as short listed options within the OBC (this position being indicative of the accuracy of the initial developmental work), i.e.:

- Do minimum (i.e. maintain the status quo).
- Single new site and building.
- Retain existing plus procure a new building.
- Vacate existing building and procure a number of new buildings.

3.5 Results of Economic Appraisal

At the time of preparing the OBC, capital and buildings-related revenue costs were used to carry out an economic appraisal of the options using discounted cash flow techniques. A discount rate of 3.5% was used for the first 30 years and 3% for the remaining years up to 60. This appraisal has been updated for the revised capital and revenue cost (Section 5). In addition, the net present cost of the options was then combined with the benefit scores to generate a 'net' present cost per benefit point. Table 4 below summarises the economic appraisal of the shortlisted options.

Table 4: Economic Appraisal Summary

	Capital excl. VAT (£,000)	Revenue Ex VAT/ Cap Chgs (£,000)	Net Present Value (£,000)	Equivalent Annual Cost (£,000)	Weighted Benefit Score	Cost per Benefit point (£,000)
Option 1	7,596	-	10,093	383	261	1.466
Option 2	17,336	139	27,929	1,059	949	1.116
Option 3	21,121	387	39,058	1,481	629	2.354
Option 4	20,044	156	31,612	1,199	341	3.515

The assumptions related to the financial model are as follows:

- Where, as a result of inflation/higher energy costs, the expected revenue costs have increased for the preferred option, a pro rata increase in each type of cost has been assumed to apply to the other options.
- Current information distributed by Health Facilities Scotland and the P21 VAT advisers is that during September 2011 HMRC advised that all P21 claims, including those received in respect of Framework Scotland (for VAT reclamation) are now on hold, and that a letter explaining why this is will be issued by the end of September 2011. The current project cost proposals include for VAT charges on those elements that VAT is applicable.

No exclusions have been made within the financial model.

Taking the equivalent annual cost and dividing by the benefit score for each option, Option 2 gives the lowest cost per benefit point. Delivering a single new building on a new site (Option 2) therefore represents the best value for money.

3.6 Benefits Appraisal

As noted in the OBC, the benefits criteria (Section 2.11) were assigned relative weightings as set out within Table 5.

Table 5: Benefit Weighting

Criterion	“Importance weighting”
Promotes effective, comprehensive service delivery	100
Facilitates and enables new ways of working	90
Enables service quality improvements	85
Enables service expansion – space	70
Delivers improved efficiency	65
Enables the retention and recruitment of staff	50
Enables service development and flexibility	40

Table 6 summarises the overall weighted benefits scores for each shortlisted option as detailed in the OBC.

Table 6: OBC Option Benefits Appraisal

Option	Description	Weighted Benefit Score
		Consensus
1	Do minimum	261
2	Single new site & building	949
3	Retain existing plus procure a new building	629
4	Vacate existing building & procure a number of new buildings	341

3.7 Risk Assessment

The risks associated with the shortlisted options were also assessed, both in terms of those that could be quantified financially (e.g. time overruns) and those that could not be quantified in such a straightforward fashion (e.g. negative impact on staff morale) - Table 7 provides a summary of the weighted risk scores.

Table 7: OBC Options Risk Appraisal

Options	Description	Weighted Risk Score
1	Do minimum	709
2	Single new site & building	220
3	Retain existing plus procure a new building	346
4	Vacate existing building & procure a number of new buildings	450

The table shows that Option 2 (single new site and building) had the lowest Risk Score and was therefore considered to be the least risky option. In comparison, Option 1 (i.e. maintaining the status quo) was judged to pose the highest risk.

3.8 Sensitivity Analysis

Referring back to Table 5, sensitivity analysis (Appendix 3) has demonstrated that the option that delivered the second lowest cost per benefit point (Option 1) would only become better value for money than Option 2, if the capital cost (excluding VAT) associated with Option 2 was £9.4 million higher (i.e. a 54% increase). Delivering a single new building on a new site (Option 2) therefore continues to represent the best value for money.

3.9 Preferred Option

Taking into account all of the appraisal activity carried out and detailed above, the Preferred Option remains as at OBC stage, i.e. *Option 2 – a single new site and building* on NHS-owned land at North Main Street, Alexandria within the site of the Vale of Leven Hospital (as reinforced within the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*) – Figure 2.

Figure 2: Proposed Site & Scheme



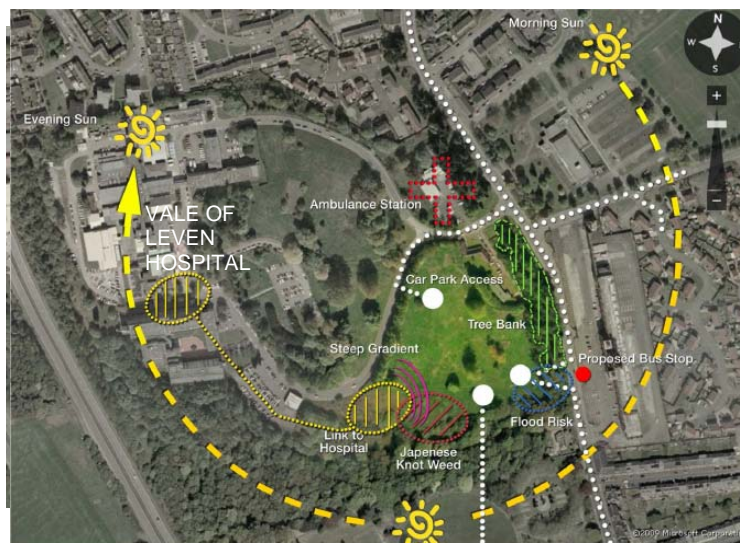
The OGC Gate 3 Review undertaken during the drafting of this FBC confirmed that there is a clear and continuing need for enhanced levels of CHCP service in this location; and that there continues to be a strong justification for the improvements the new Centre should facilitate.

4. THE COMMERCIAL CASE

4.1 Agreed Scope and Services

The preferred option identified within the OBC (Section 3.9) has been reinforced by the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*, which specifies the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre. This location places the new Centre both within the heart of Alexandria and at the centre of the wider communities/geography of the Vale of Leven that it will serve. The site is 2.95Ha in area, located on an open area of vacant land to the south of the Vale of Leven Hospital currently surrounded by trees and shrubs (Figure 3).

Figure 3: Site Location & Orientation



As affirmed within its approved West Dunbartonshire Council Planning Committee Report (Section 4.3), the principle of developing this site for a health and care centre is supported by the Local Plan land use designation for this area and the policy within that Plan to support the provision of improved public services. That report also confirmed that the site is conveniently located for access by people living throughout the Vale of Leven, and is a short walk from Alexandria Town Centre: this is due to its having good pedestrian links and its being situated on a prominent road and bus network (capitalised upon within the scheme proposed).

The site provides a rare opportunity for an innovative design (Appendix 1) that:

- Optimally positions services within the facility, both to support their effectively functioning as discrete “units” and also (critically) to enable them to operate them in an efficiently integrated manner.
- Ensures that all of the services for the public are on the ground floor, thus optimising ease of access.
- Capitalises on the green nature of the site – allowing views to trees and parkland - so as to maximise the use of natural light and ventilation - all of which enhance the health-promoting effect of the building itself.

The 'Vision' for this new, state-of-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:

- Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
- Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
- Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.
- Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

This state-of-the-art facility will enable improved access for local communities to:

- Three large general practices.
- An NHS-committed general dental practice.
- Community-based dietetics.
- Community-based podiatry.
- Community-based speech & language therapy.
- Primary care mental health.
- Community-based physiotherapy.
- Community & salaried dental services.
- A variety of additional outreach services utilising general and multi-functional community consulting suites.
- A variety of non-clinical health and care related activities/services (e.g. breastfeeding support groups; welfare rights services; and carers' advice/support) utilising a bookable public education room.

It will also provide a local base for:

- District nursing.
- Health visiting.
- Prescribing support.
- Integrated health and social care teams.
- Training and education facilities.

A notable element of the Centre will be an integrated dental complex, incorporating the above general dental practice; community & salaried dental services (CSDS - provided to those patients who would otherwise have difficulty accessing general dental services, such as medically compromised and elderly); and undergraduate dental teaching facilities (affiliated with Glasgow University Dental School and NHS Education for Scotland). The location of the Centre will also enable strong links to be fostered with the acute services operating within the main hospital buildings.

This new leading edge facility will meet a number of significant business needs that the existing arrangements (and specifically those within the current Alexandria Medical Centre) are fundamentally unable to (Section 2.9), i.e. the new Centre will:

- Improve access to and range of services.
- Improve patient, carer and visitor experience.
- Enable integration of service provision.
- Enable integrated team working.

- Improve quality of clinical care, including meeting decontamination requirements.
- Enable better use of information and communication technology.
- Improve physical work environment for staff.
- Provide high quality education and learning facilities for staff and students.
- Improve environmental management and sustainable development contribution.
- Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.
- Improve space utilisation and enhance adaptability for future change.

4.2 Up-dated Schedule of Accommodation

The post-OBC design development process has resulted in a number of headline adjustments to the schedule of accommodation for the Centre:

- Two general practices have merged (forming the new Oakview Practice)
- The Sandyford Sexual Health Services decided not to establish an in-situ presence within the Centre reflecting current NHSGGC-wide developments
- Audiology Services decided not to establish an in-situ presence within the Centre reflecting current NHSGGC-wide developments
- A change in the number of dental surgeries (“chairs”) to 13: four GDP surgeries; five CDSS surgeries (including repatriated specialist activity from Glasgow Dental Hospital & School); and four undergraduate “outreach” teaching surgeries. This is due to a change in requirement by NHS Education Scotland (NES)

Notwithstanding the changes prompted by users detailed above, the development of the design for the facility with an emphasis on ensuring that the facility can be utilised as flexibly and efficiently as possible has led to a revision of the use and amount of common and shared space. This has resulted in a marginal increase in the gross internal floor area (GIFA) by approximately 1.5% (just under 100m²) from that indicated in the OBC. This uplift, alongside a refreshed apportioning of accommodation areas has resulted in a facility which is more efficient and flexible for users and more accessible for patients and the public. The Accommodation Schedule for the facility is summarised in Table 8 below (with the layout detailed in Appendix 1).

Table 8: Schedule of Accommodation

Area Summaries	GIFA (m ²)
Public Spaces	56.70
General Practices: Oakview; Clark & Partners; Furneaux & Partners	912.80
Dental/Oral Health (including GDP)	548.40
CHCP Community Services	1073.70
Community Consulting Suite	333.30
Learning/Education/Training (Shared)	234.80
Staff Facilities (Shared)	143.30
Facilities Management (Common)	560.20
Sub total	3863.20
Internal walls & Circulation	1931.20
TOTAL	5782.00

4.3 Planning Approval

A comprehensive planning application for the new Centre as described here on the site identified was formally considered and approved by West Dunbartonshire Council Planning Committee on the 6th September 2011. The strongly supportive

committee paper that accompanied the application confirmed that the principle of developing the site for a medical centre is supported by the local plan land use designation and the policy (PS3) which supports the provision of improved public services, and that the development of the site for the use proposed was considered to be welcome. The paper also affirmed that the proposed Centre strongly evidenced the qualities of good design set within the *Designing Places* policy:

- Distinctive.

The predominant element of the building will be its distinctive standing seam metal roof which overarches the accommodation wings below. The building form has also been designed with the specific purposes of the use in mind with the unusual footprint a result of the various user groups and facilities to be provided on-site which require a central reception point.

- Safe and pleasant.

The design capitalises on the green nature of the site by allowing views to trees and parkland and optimising the use of natural light and ventilation. It also allows the building to be opened in sections allowing some services to operate out of hours with the main entrance and reception centre being accessed off a main street and via a wide and highly visible entrance.

- Easy to get to and move around.

There are good public transport facilities close to the site and it would be within easy walking distance for a large percentage of the local population. The building is located so that the main reception fronts a principal route through the town, and convenient parking is provided in a location which would not be visibly prominent from outwith the site. Within the building, a defining feature of the accommodation layout is that all of the public clinical functions are provided on the ground floor allowing ease of access and good circulation within the different services.

- Welcoming

The main entrance will be welcoming to users with a high visibility on North Main Street, with a wide footpath, soft and hard landscaping and lighting to direct users into the main public reception area.

- Adaptable

The building has been designed with adaptability in mind. It will support a mix of health disciplines over ground and first floor, and rooms could be used for a variety of purposes. For example, the ground floor will include a public education space and the first floor will have spaces for use as meeting rooms, education and training or conference facilities.

- Resource-efficient.

The project seeks to achieve an 'excellent' BREEAM rating (Building Research Establishment Environmental Assessment Method), with a number of criteria to achieve including: promoting walking/cycling and use of public transport, good use of natural light and ventilation, optimisation of green landscaping and tree planting and enhancement of existing ecology.

4.4 Design Assessment

During the development of the FBC and as the PSCP worked towards gaining a robust target price, the project completed two formal and sequential assessments using the Achieving Excellence Design Evaluations Toolkit (AEDET). The process involved a diversity of expertise and perspectives from the Project Board and

Design Team, and the invaluable participation of the Chair of the local Access Panel. The specific AEDET criteria used were based on the design benefits identified for the project to support the realisation of investment objectives (Section 2.7) and benefits criteria (Section 2.11). The process also provided a structured forum for the consideration of the informal observations pro-actively sought from and constructively offered by Architecture & Design Scotland.

The first AEDET session took place in June 2011, with the design unanimously scored highly (Table 9). The follow-up AEDET was undertaken in September 2011 (in tandem with confirming the final target price): the outcome of that second session was that the design was unanimously scored higher than previously; and having been confirmed as affordable (Section 5.10) is proposed within this FBC.

Table 9: AEDET Summary Scores

DESIGN DIMENSION	June - Score	June - Scored	Sept - Score	Sept - Scored
Character & Innovation	5.3	5 out of 5	6.0	5 out of 5
Form & Materials	3.3	3 out of 5	5.9	5 out of 5
Staff & Patient Environment	4.3	6 out of 8	6.0	8 out of 8
Urban & Social Integration	4.0	3 out of 4	6.0	4 out of 4
Performance	3.3	3 out of 4	6.0	4 out of 4
Engineering	5.0	5 out of 5	6.0	5 out of 5
Construction	4.7	5 out of 7	6.0	5 out of 7
Use	5.5	7 out of 7	6.0	7 out of 7
Access	5.4	7 out of 7	6.0	7 out of 7
Space	5.7	5 out of 6	6.0	6 out of 6

The AEDET will be repeated as part of post-project evaluation (Section 6.11).

The content of this FBC has benefited from a formal Equality Impact Assessment (EQIA) undertaken at the end of September 2011, which confirmed that there are no negative equality impacts anticipated from the proposal within; and that they are anticipated to generate a variety of positive equality impacts.

Feedback on the design has also been sought as part of the project's on-going Stakeholder Management Strategy. A rigorous Pre-Application Consultation was undertaken as a requirement of the planning application submission (with a report prepared and publicly available). A comprehensive local community engagement process has been undertaken in accordance with the relevant requirements of CEL 4 (2010) *Informing, Engaging and Consulting People in Developing Health and Community Care Services*, and the principles within the *National Standards for Community Engagement* (2009). Local stakeholder engagement has evidenced a unanimous and highly positive response to the Vision for the Centre and its proposed design (with an accompanying impatience for its delivery) including:

- A high level of support for the overall design approach and accommodation layout having been based around how best to provide high quality and integrated services for patient/service users.
- Approval for all public services being easily accessible on the ground.
- Appreciation for how the design made use of the green space within the site, especially the views of parkland/trees available internally (including waiting areas) alongside high levels of natural light and ventilation.
- Enthusiasm for the 'modern' building shape.

The Gate 3 Review undertaken during the drafting of this FBC confirmed that:

- There has been effective engagement and communication that have ensured full support from service staff and the local community (to the extent that no objections to the Planning Application were received).
- That the effective engagement and communication have engendered a wide sense of ownership and pride amongst stakeholders which should carry forward into the commissioning phase.
- Technically the project is in a good position having gone through a very sound design development process to arrive at an innovative and functionally efficient design that is well supported by all stakeholders and should enhance the area of the town in which it is to be constructed.

4.5 Sustainable Development: BREEAM

The need to achieve a BREEAM Healthcare Excellent rating has been identified as both a key deliverable and constraint for the project (Sections 3.5.3 and 7.3). Ove Arup & Partners has been commissioned by NHSGGC as part of the PSCP team to carry out a BREEAM assessment of the proposed health and care centre, with an a report now prepared detailing the interim design stage performance of the building as measured against the BRE Environmental and Sustainability Standard, BREEAM Healthcare (BES[A-HEA-DB35-2] Issue [2.0]). A whole life cost approach has been taken to this project: opportunities for sustainable development have been considered in the round alongside the project's other investment objectives (Section 2.7) and benefits criteria (Section 2.11) within the funding enveloped afforded by the initial capital cost (as per the approved OBC).

The scheme proposed has been confirmed as affordable (Section 5.10); and deemed on target to achieve a BREEAM score of 81% that will deliver the required 'Excellent' rating (Table 10).

Table 10: Anticipated Final BREEAM Score

Minimum BREEAM Standards					
Rating Level	Pass	Good	Very Good	Excellent	Outstanding
Minimum Standards Achieved	YES	YES	YES	YES	YES
Building Performance by Section					
	Environmental weighting	Credits Available	Credits Achieved	% Achieved	Weighted Score
Management	12.00%	18.00	17.00	94.44%	11.33%
Health & Wellbeing	15.00%	17.00	14.00	82.35%	12.35%
Energy	19.00%	26.00	22.00	84.62%	16.08%
Transport	8.00%	14.00	9.00	64.29%	5.14%
Water	6.00%	9.00	7.00	77.78%	4.67%
Materials	12.50%	15.00	9.00	60.00%	7.50%
Waste	7.50%	7.00	6.00	85.71%	6.43%
Land Use & Ecology	10.00%	10.00	6.00	60.00%	6.00%
Pollution	10.00%	12.00	3.00	16.67%	1.67%
Current Total BREEAM Score					81.00%

4.6 Agreed Risk Allocation

In accordance with Frameworks Scotland guidance notes, NHSGGC and the appointed Principal Supply Chain Partner (PSCP) act as joint owners of the Project Risk Register. NHSGGC and its professional advisors also ensure that there is an appropriate allocation of risks. Risks are allocated to the party best able to manage the risk. Table 11 details the indicative allocations.

Table 11: Risk Allocation

Potential Risk	Allocation of Risk		
	NHSGGC	PSCP	Shared
Design		X	
Development & Construction		X	
Transition & Implementation			X
Performance			X
Operating	X		
Revenue	X		
Termination	X		
Technology & Obsolescence	X		
Control	X		
Financing	X		
Legislative	X		

4.7 Agreed Charging Mechanism

This is a Treasury funded capital project: as such there is no ongoing charging mechanism between NHSGGC and the appointed PSCP.

4.8 Agreed Key Contractual Arrangements

The project is being procured via the *Frameworks Scotland* route (as per the approved OBC) AS re-affirmed by the Hub National Programme Board. The appointment processes (during late summer 2010) of the Framework Professional Service Contract providers (PSCs) for Project Management and Cost Adviser disciplines; and the Framework Principal Supply Chain Partners (PSCPs) was strengthened by on-going support from Health Facilities Scotland (including their observing the PSCP interviews and scoring process). Turner & Townsend and Gardiner & Theobald were the successful PSCs for the Project Manager and Cost Adviser appointments respectively to take the project forward through Stage 3 and in readiness for delivery Stage 4 (subject to FBC approval). Laing O'Rourke was appointed as the PSCP to progress the development through to Stage 3 Framework Scotland agreement and FBC.

The supervisor role is being discharged in-house by the NHSGGC corporate Capital Planning & Procurement Team as Client Project Manager (as is routine for all such NHSGGC capital projects).

4.9 Agreed Personnel Implications

It is not anticipated that the approval and development of the preferred option will itself result in any changes in staffing numbers or in skill-mix. However, a number of separate and relevant streams of redesign activity are in progress within the CHCP and across the NHSGGC area which are intended to improve service integration and efficiency. No staff redundancies will result from this Centre, with further reassurance provided by the "no compulsory redundancy" policy operating across NHS Scotland.

4.10 Agreed Implementation Timescales

The key milestones for the project going forward are as identified in Table 12.

Table 12: Project Milestones

	Key Milestone Dates
Project Board approval	2 November 2011
NHSGGC Capital Planning Group approval	Early November 2011
NHSGGC Quality & Performance Committee approval	15 November 2011
SGHD CIG Consideration	16 December 2011
SGHD CIG approval anticipated	January 2012
Construction commence	Feb/March 2012
Construction complete (Figure 4) , Centre commissioned and open	2nd Quarter 2013
Post Project Evaluation	3 rd Quarter 2014

The balance of the design work and the construction phasing will be agreed with the project team and appointed PSCP post-FBC approval, but will follow the high level programme information included within this FBC. The phasing will take both the SCIM and the RIBA Outline Plan of Work into account.

Figure 4: Illustrated Example View within Centre Atrium



4.11 Agreed Accountancy Treatment

This is Treasury funded capital project. Therefore the new Centre will be included in NHSGGC's Capital Resource Limit allocation from SGHD; and the resultant asset will be included on NHSGGC's asset register.

5. THE FINANCIAL CASE

5.1 Capital Requirement

Delivering a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site is a key element of the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*. This is to be delivered as a Treasury funded capital project. As part of the finalisation of this FBC the PSCP (Laing O'Rourke) has delivered its Stage 4 target price submission. Following an open book audit of the market testing process by the PSC Cost Advisers (Gardiner & Theobald) and their subsequent report on the target price (Appendix 6), the recommended target price sum has been confirmed as £13,983,316.37 (excluding VAT) – this is within the cost identified by the OBC. Subject to FBC approval this will be the target price taken forward to deliver the new Centre. When the target price is combined with other standard costs (e.g. board direct costs such as estates and commissioning), the estimated total cost is £20,794,000 (including VAT) – Table 13. This is below the indicative OBC cost.

Table 13: Project Capital Costs

Element	Capital Cost (£,000)	
	OBC (Inc. 17.5% VAT)	FBC (Inc. VAT 20%)
Construction costs	13,843	14,639
Fees	2,509	2,395
Other	24	47
Board Direct costs		334
Equipment & IT	2,037	1,776
Risk Register		1,315
Optimism Bias	2,397	288
Total Project Cost	20,810	20,794

Provision for this expenditure has been made within the NHSGGC Capital Programme.

5.2 Revenue Implications

The revenue implications of the new development have been updated from the OBC using costings from the appropriate NHSGGC service provider department and the NHSGGC Finance Department. The forecast rates charge has been estimated by the Board's rates consultant. The projected increase in revenue costs to NHSGGC associated with the preferred option (including capital charges, VAT and rates) is estimated as £654,000 – Table 14.

Table 14: Projected Increases in Revenue Costs

Cost Category	Total Increase in Revenue Cost (inc VAT) (£000)
Capital Charges Increase	515
Rates and FM Costs	520
Net Additional Charges to GPs/GDP/GMS Impact ¹	(121)
Net Rates and FM Costs to NHSGGC	399
Total Revenue Costs to NHSGGC	914
Less Existing Costs	(260)
Net Increased Costs to NHSGGC	654

¹A prudent estimation of the anticipated charges to/revenue contributions from the external contractors (three GP practices and GDP) has been calculated using recognised methodologies that are respectively applied consistently across the

NHSGGC area; and in the case of the GP practices, as agreed with the Local Medical Committee (LMC). The actual values are to be confirmed with the external contractors in question.

It has been confirmed that this net increase in revenue costs (part year 2013/14, and full-year thereafter) will be provided for within the indicative unallocated financial resource allocation published for NHSGGC.

5.3 Optimism Bias

Optimism bias would be expected to be in the order of 2% for a standard capital scheme at FBC stage. The effective risk identification and mitigation action undertaken as an integral element of the project has enabled a reduction in unquantified risk; and so a corresponding reduction in the associated contingency provision. The optimism bias has therefore been recalculated using the standard templates, resulting in a figure of 1.5% (now factored into the FB1 form – Appendix 5, calculation enclosed within Appendix 6).

5.4 Lifecycle Costs

Lifecycle costs have been taken for a 60-year period and are based upon an assessment of the different elements of the building, their likely lives and the requirement to maintain through refurbishment or replacement. These have been incorporated into the Net Present Cost calculations in Section 5.5 (Appendix 4).

5.5 Net Present Cost

The Net Present Cost (NPC) has been calculated to provide an economic appraisal of the original four OBC options (Section 3.5) using discounted cash flow techniques. A discount rate of 3.5% was used for the first 30 years and 3% for the remaining years up to 60 years. This has been applied to the capital, revenue and lifecycle costs noted above. Table 15 compares the new Net Present Cost of the original four options with their values at OBC stage.

Table 15: Net Present Cost Comparisons

Option	Option Description	NPC OBC stage (£000)	NPC FBC stage (£000)
1	Do minimum	11,839	10,093
2	Single new site & building	33,863	27,929
3	Retain existing plus procure a new building	44,318	39,058
4	Vacate existing building & procure a number of new buildings	37,965	31,612

The reduction in Net Present Cost for all the options between OBC and FBC stage is largely as a result of the exclusion of VAT from the calculation in the FBC. Table 14 demonstrates that the ranking of options remains the same as at the OBC stage (as per Section 3). Overall the preferred option of delivering a single new building on a new site (Option 2) continues to generate the lowest cost per benefit point (as per Section 3.5), and therefore provides the best value for money.

5.6 Finance Model Assumptions and Exclusions

The assumptions related to the financial model are as follows:

- Where, as a result of inflation/higher energy costs, the expected revenue costs have increased for the preferred option, a pro rata increase in each type of cost has been assumed to apply to the other options.
- Current information distributed by Health Facilities Scotland and the P21 VAT advisers is that during September 2011 HMRC advised that all P21 claims, including those received in respect of Framework Scotland (for VAT reclamation) are now on hold, and that a letter explaining why this is will be issued by the end of September 2011. The current project cost proposals include for VAT charges on those elements that VAT is applicable.

No exclusions have been made within the financial model.

5.7 Net Effect on Prices

The net effect on prices of services has been incorporated into NHSGGC's financial planning assumptions.

5.8 Impact on Balance Sheet

This capital project, being Treasury funded, will be incorporated into the NHSGGC balance sheet (following a valuation by the District Valuer).

5.9 Impact on Income and Expenditure Account

The net additional revenue costs (as per Section 5.2) above have been incorporated into NHSGGC's financial planning assumptions. It has been confirmed that this net increase in revenue costs (part year 2013/14, and full-year thereafter) will be provided for within the indicative unallocated financial resource allocation published for NHSGGC.

5.10 Overall Affordability

As noted above, appropriate provision has been made for the capital and revenue implications of the project within the NHSGGC's financial planning assumptions.

The Gate 3 Review undertaken during the drafting of this FBC confirmed that technically the project is in a good position having gone through a very sound design development process to arrive at an innovative and functionally efficient design that is well supported by all stakeholders and should enhance the area of the town in which it is to be constructed.

6. THE MANAGEMENT CASE

*“best possible care compassionately and reliably”
NHS Quality Strategy (2010)*

6.1 Project Management

Delivering a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site is a key element of the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*. The CHCP is responsible for the delivery of this project on behalf of NHSGGC; and will be responsible for the Centre once it is constructed, commissioned and operational. The CHCP has specified the delivery of this Centre as its top capital priority within its Strategic Plan

The CHCP's approach to the management of this project reflects the expectations of the SCIM and best practice (including learning accrued within NHSGGC through the successful delivery of other such capital schemes). The approach has been strengthened by its procurement via the *Frameworks Scotland* route; and use of the Health Facilities Scotland (HFS) *NEC3 Engineering and Construction Contract*. Regular formal reporting has been provided to the CHCP Committee (as a Sub-Committee of the NHSGGC Board) and the Vale Monitoring Group (as mandated by the Cabinet Secretary for Health & Wellbeing).

6.1.1 Summary of Key Roles

The governance for the project has been and (subject to FBC approval) will continue to be discharged through a defined project management structure. The key roles reflect the requirements of the SCIM as summarised below:

- Senior Responsible Officer (SRO)

The NHSGGC SRO (Project Sponsor) for this project is the Director of West Dunbartonshire CHCP. He is supported by the CHCP Head of Strategy, Planning & Health Improvement acting on the SRO's behalf as lead officer for the CHCP. Following approval of the FBC, the WD CHCP Director will be given full responsibility for the delivery of the project on behalf of NHSGGC.

- Project Board

The Project Board was convened and is chaired by the SRO. Its terms of reference are in keeping with the established NHSGGC norms; and it has been operating since OBC preparation. This advisory board supports the work of the SRO, with its members comprising senior management representatives from the CHCP & NHSGGC (including the Oral Health Directorate and the Capital Planning & Procurement Team); representatives on behalf of those services that will be operating within the new Centre (including a GP representative); and more latterly representation from West Dunbartonshire Council. The Project Board has generally met monthly and will review its meeting cycle plus its membership subject to FBC approval. The effectiveness with which this group has supported the SRO is reflected in the functionally efficient, innovative and affordable design of the proposed Centre; and the high level of local stakeholder enthusiasm for and ownership of the project that is anticipated as enhancing the area in which it is to be constructed (as affirmed through both the local planning application approval [Section 4.3] and the Gate 3 Review processes).

- Frameworks Scotland Project Director

The role of Frameworks Scotland Project Director for this project is undertaken by the NHSGGC Head of Capital Planning & Procurement.

- Client Project Manager

The function of internal/client project manager for this project is the responsibility of the General Manager (Partnerships) for Capital Projects within the NHSGGC Capital Planning & Procurement Team. They are and will be supported by an external Project Manager and other necessary disciplines from the Professional Services Contracts available under Frameworks Scotland. This Frameworks Project Group is further aided by a Capital Projects Advisor appointed by Frameworks Scotland and who has been involved since the appointment of the PSCP. Their role is and will be to provide support to NHSGGC in the implementation and ongoing application of the required Frameworks Scotland principles and procedures. Post project, the Capital Projects Advisor will capture lessons learned during the project and this information will be added to the best practice and lessons learned database from other projects.

- External Advisors

As described in Section 4.8, NHSGGC has appointed external advisors to support the project to full completion (subject to approval of this FBC), as per the requirements of Frameworks Scotland:

- PSCP - Laing O'Rourke.
- PSC Project Manager - Turner & Townsend.
- PSC Cost Advisor - Gardiner & Theobald.
- CDM Co-ordinator - Turner & Townsend.

The roles and responsibilities of each of the members of the team were detailed in the OBC and reference should be made if further information is sought.

The contract between NHSGGC and the PSCP is the standard form of agreement provided by Health Facilities Scotland (HFS) for use under Framework Scotland, i.e.: *NEC3 Engineering and Construction Contract (ECC) (June 2005; with amendments June 2006), Option C – Priced Contract with Activity Schedule with secondary Option clauses as stated in the Contract Data, Part One – Data provided by the Employer*. On approval of the FBC, the PSCP and technical advisers will confirm the Stage 4 contract arrangement for the construction activities base on the work information and target price (Section 5.1) prepared for this FBC.

- Project Design and Accommodation/Commissioning Group

The Project's Design & Accommodation Group is convened by the PSC Project Manager, with its memberships including the CHCP Head of Strategy, Planning & Health Improvement; NHSGGC (Client) Project Manager; PSCP plus architects & designers; practitioner representatives from across all services that will be operating from within the new Centre (including GPs and GDP); and representatives from Glasgow Dental Hospital and School. The Group has also incorporated input from other NHSGGC corporate support services of relevance to the project (e.g. Facilities Management and Infection Control). This Group has been meeting frequently and working intensively to develop the clinical design briefing information, room data sheets, 1:500 and 1:200 layout drawings, and 1:50 detailed room layout drawings. It has also played a key role within the project's Stakeholder Management Strategy and Communications Plan. This Group's work has been and will continue to be further enhanced by a variety of task teams convened to consider specific areas of concern (e.g. Information Management & Technology; Infection Control; Security; and Integrated Arts & Design). The effectiveness with which this group has been enabled and has performed is reflected in the functionally efficient, innovative and affordable design of the

proposed Centre; and the high level of local stakeholder enthusiasm and ownership for the project which is anticipated as carrying forward into the commissioning phase (as affirmed through both the local planning application approval [Section 4.3] and the Gate 3 Review processes).

Subject to the approval of this FBC, this Group will iterate into a Centre Commissioning Group that increasingly focuses its attention on refreshing the operational policies and developing the service transfer arrangements for the services/teams that are crucial to benefit realisation as per Section 6.5.

6.2 Stakeholder Management

As recommended by the project's Gate 2 Review feedback, a best-practice Stakeholder Management Strategy and Communications Plan were developed and have been explicitly utilised in an on-going and integrated manner. At the heart of this approach has been an appreciation that the successful delivery of this project hinges on providing credible assurance and fostering enthusiastic support amongst a wide set of stakeholders (i.e. those individuals/groups/constituencies with varying degrees of interest and influence in the project). This has been identified as a particularly important ("business critical") undertaking for the delivery of a new health and care centre in Alexandria given:

- The local history and legacy associated with this project.
- The particular policy context that this project is explicitly related to (i.e. the Vision for the Vale), and the interest associated with it.
- The challenging financial environment that the Scottish public sector now faces, including in relation to capital developments.

The Project's agreed Communications Plan recognises that effective communication as being a core element of stakeholder management. However, it is important to appreciate that the requirement here is not solely to communicate in order just to inform or raise awareness - it is to:

- Generate confidence in and enthusiasm for the project and thereby foster a receptive and positive *authorising environment* for the project at each key decision point.
- Solicit high quality observations/suggestions/feedback on the design and site plan so as to ensure an optimal end product as per the Vision.
- Ensure that the varying expectations of different stakeholders are realistically tempered and fairly balanced throughout.

According to Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2008 the new Centre is considered to be a major development. It is therefore a requirement for the prospective applicant to carry out Pre-Application Consultation (PAC) with the local community before submitting a Planning Application. The project's comprehensive local community engagement process has been undertaken in accordance with the relevant requirements of CEL 4 (2010) *Informing, Engaging and Consulting People in Developing Health and Community Care Services*, and the principles set within the *National Standards for Community Engagement* (2009); and positively commented upon by both the Scottish Health Council and the Gate 3 Review.

6.3 Service Continuity and Decant Strategy

The Preferred Option within this FBC remains as at OBC stage, i.e. *Option 2 – a single new site and building* on NHS-owned land at North Main Street, Alexandria within the site of the Vale of Leven Hospital (as reinforced within the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*) – see Section 3.9.

Subject to approval of this FBC, all of the services that will be re-located within this new, state-of-the-art Centre will continue to be provided from their current bases right up until the facility is constructed and commissioned. Being able to continue to provide services until the new facility is commissioned and able to support immediate service delivery will ensure minimal disruption to service as services transfer. Detailed service transfer (decant) arrangements will be developed and planned through the Centre Commissioning Group (Section 6.1) in such a manner as to ensure a smooth and relatively swift transition. Contingency measures for this process, should they be needed, are noted in Section 6.7 below.

6.4 Change Management

The effective commissioning of the Centre will build upon the effective processes and working relationships that have both supported and been strengthened through the project thus far. In addition to maintaining appropriate service continuity, attention will be given to refreshing operational policies and necessary change management activities (supported by organisational development approaches) to optimise the opportunities afforded by the new Centre. NHSGGC is committed to implementing a new *agile working* programme that enables a more flexible work style supported by new technology, new office layouts and different approaches to people management. Experience has shown that many benefits can be gained including increased productivity, reduced travel time and costs, better use of office space, property rationalisation, property disposal, reduced pollution and greater employee satisfaction. The internal layout and infrastructure for the proposed Centre has been developed with those best practice principles in mind, e.g. within the CHCP office areas there are no single occupancy offices; and optimal use of up-to-date information technology (as per the national E-Health Strategy) such as on-line video-conferencing capabilities within all of the dedicated learning and education facilities. These elements of the Centre will be further refined through the construction and commissioning phases of the project in line with more detailed guidance that is being developed corporately for application across NHSGGC.

The CHCP will ensure that the development and embedding of refreshed ways of working for staff and services within the new Centre will be in keeping with the expectations of the new NHSGGC *Facing the Future Together* Corporate Change Programme; in accordance with the NHSGGC *Policy on Managing Workforce Change* (including working constructively in partnership with Trade Unions/Staff Side as has been the norm within the CHCP); and reinforcing the CHCP's established commitments to its own well-developed *Staff Governance Framework* and successful *Healthy Working Lives* scheme.

6.5 Benefits Realisation

This FBC builds on the benefits outlined during the options and site appraisals detailed within the approved OBC, with the opportunity having been taken to refresh and further refine. The benefit criteria used to assess each of the options at OBC Stage are detailed at Section 2.11. Beyond these benefits which were identified to be used as the basis for formal appraisal (Section 3.6), a variety of

mutually reinforcing sets of benefits with specific deliverable benefits that will accrue from the scheme have also identified as detailed in Section 2.11.1. The achievement of these has been supported by the Benefits Maximisation Strategy developed for the project; and will in turn be evidenced within the Post-Project Evaluation process (Section 6.10). Table 16 outlines how the benefits criteria detailed within the OBC will be assessed by the Project Board.

Table 16: Benefits Realisation

Benefits Criteria	Review Methods	Results
<p>Promote effective and comprehensive service delivery.</p> <p>Facilitates and enables new ways of working.</p> <p>Enables service quality improvements.</p> <p>Enables service expansion.</p> <p>Delivers improved efficiency.</p> <p>Enables the recruitment and retention of staff.</p> <p>Enables service development and flexibility.</p>	<p>Routinely collected and reported data as part of CHCP/NHSGGC Performance Management regime (e.g. NHS HEAT targets).</p> <p>AEDET process as utilised twice previously within the design process, with the same criteria and scoring system presented to three different focus groups:</p> <ul style="list-style-type: none"> • Project Board • A cross-section of Centre service staff. • A cross-section of patients and local community residents. <p>Analysis of disaggregated data from relevant national GP Patient Satisfaction Survey findings.</p> <p>Analysis of disaggregated data from relevant NHS Scotland Staff Survey findings.</p> <p>Achievement of BREEAM Excellent Healthcare rating.</p> <p>Utilisation of NHS Good Corporate Citizenship toolkit.</p>	<p>Improved access to and range of services.</p> <p>Improved patient, carer and visitor experience.</p> <p>Greater integration of service provision.</p> <p>Greater integrated team working.</p> <p>Improved quality of clinical care, including meeting decontamination requirements.</p> <p>Better use of information and communication technology.</p> <p>Improved physical work environment for staff.</p> <p>High quality education and learning facilities for staff and students provided.</p> <p>Improved environmental management and sustainable development contribution.</p> <p>Improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.</p> <p>Improved space utilisation and enhance adaptability for future change.</p>

As will be evident from Appendix 1, the scheme developed already evidences considerable progress towards realising the benefits identified within the approved OBC and revalidated within this FBC.

6.6 Risk Management

The strategic risks identified for the project are described within Section 2.12. In accordance with the Frameworks Scotland guidance notes, NHSGGC and Laing O'Rourke (as PSCP) act as joint owners of the Project Risk Register (as detailed within Section 4.6). A detailed and quantified risk register, based on the Health Facilities Scotland (HFS) model for Frameworks Scotland, has been prepared and reviewed periodically by the PSCP, PSC Advisers and the NHSGGC Capital Planning & Procurement Team over the course of the design development of the project with regular reports provided to the Project Board – the most recent version of this is contained within Appendix 6). The project's risk management process adheres to the formal NHSGGC approach, i.e.:

- All high level risks identified are recorded on the Risk Register to be reviewed and monitored by the Project Group (see Section 6.1.1).
- The Project Group will rank and prioritise the identified risks and nominate a Lead against each risk.
- Each Lead Officer will be responsible for ensuring appropriate action is taken to mitigate each risk identified.
- Action Plans will be prepared for all very-high/high priority risks, detailing the steps which will be taken to manage the identified risk and the timescales for this.
- Each Action Plan will also identify the Sub-Group lead officer responsible for taking the identified actions to mitigate risks.
- The Project Group will review the Risk Register at each of its formal meetings, and ask each Lead Officer for a progress report on the very-high/high risk areas
- The Project Group will provide regular reporting of risks and risk management to the Project Board.

6.7 Commissioning

The NHSGGC Capital Planning & Procurement Team's Building Commissioning Manager (BCM) will be responsible for the development and delivery of the decant strategy as well as co-ordinating the overall commissioning of the new Centre. Commissioning Managers are often appointed just prior to construction. However, it is evident that earlier and consistent engagement is linked to smoother process and better quality delivery. The NHSGGC BCM has been intricately involved throughout the whole design process: as a member of the Accommodation and Design Group (above), participating in all of the service discussions and working with the CHCP to support delivery of the Vision and investment objectives articulated for the project and the Centre (Section 2.7). Subject to FBC approval, the same BCM will lead the evolved Commissioning Group (following on from the current Design and Accommodation Group). Regular and (initially) monthly meetings will be scheduled, with the frequency of these meetings escalating towards the handover date. Involvement of the PSCP will be essential, both to keep service staff fully informed of construction progress (as per the Stakeholder Management Strategy and Communications Plan); and to ensure that the PSCP (and their supply chain) properly understand the complexities of service arrangements that require to be put in place in order for benefits to be successfully delivered (as below).

Subject to FBC approval a detailed commissioning plan will be finalised and approved, with the commissioning phase then implemented in a co-ordinated and comprehensive manner in line with Building Services Research and Information Association (BSRIA) and Chartered Institute of Building Services Engineers (CIBSE) guidelines. Working within the clear structures and management

parameters of the NHSGGC Capital Planning & Procurement Team, the BCM will have a direct line of responsibility to the SRO and Head of Strategy, Planning & Health Improvement as lead officer for the CHCP for the purposes of this project.

The Gate 3 Review undertaken during the drafting of this FBC confirmed there has been effective engagement and communication that have ensured full support from service staff and the local community (to the extent that no objections to the Planning Application were received); and have engendered a wide sense of ownership and pride amongst stakeholders which should carry forward into the commissioning phase.

6.8 Contingency Plans

Services will be moved into the new building when it is complete and commissioned, thus ensuring that disruption to provision is minimised (as per Section 6.3). The strategic risks to the project are examined in detail at 2.11 along with the contingency measures that are in place to mitigate these risks. However, beyond this, the CHCP (and NHSGGC as a whole) is mindful that an overall contingency plan may be necessary should the project be unable to proceed for whatever reason. It is anticipated that should this situation crystallise, then services would revert to the status quo, i.e. continue to be delivered from the premises that they occupy now. In relation to the current Alexandria Medical Centre premises this would entail opening negotiations with the landlord (West Dunbartonshire Council) to extend or renew leases. Moreover, it should be recognised that this contingency route would lose many of the advantages of benefits as demonstrated in this FBC and would itself carry its own material costs and risks that would require on-going management and mitigation (as per Section 3.7).

6.9 Facilities Management

The new health and care centre will be supported by the in-house resources of NHSGGC for the delivery of all Facilities Management (FM) services. Domestic, portering, catering and estates maintenance services for the new Centre will all be provided by NHSGGC, with detailed operational policies prepared and approved. Estates planned preventative maintenance schedules, training requirements and programmes for establishment of key maintenance service arrangements will be developed in conjunction with the PSCP. The Project Group has engaged with the local Infection Control team on a regular basis as part of the Staff Service (User) Group review process and in particular to implement HAI-SCRIBE (Healthcare Associated Infection – System for Controlling Risk in the Built Environment) as detailed in *HFN 30* (Appendix 1).

6.10 Post-Project Evaluation (PPE)

In keeping with best practice that has underpinned the appraisal processes throughout this project, a multi-methodological approach to PPE will be undertaken consistent with the investment objectives (Section 2.7) identified for the project as a whole. This multi-methodological approach is described within the modified Logical Framework (LogFrame) (as recommended for the evaluation of NHS capital schemes) – Table 17. The NHSGGC Building Commissioning Manager for this Project will co-ordinate the Post Project Evaluation process; and prepare a consolidated report for the Project Board detailing its findings plus recommending learning for future similar projects within the NHSGGC area.

Table 17: PPE Modified LogFrame Matrix

Investment Objectives Description	Indicators	Means of Verification	Assumptions
Delivery of a health and care centre on the Vale of Leven Hospital site as specifically stipulated within the NHSGGC <i>Vision for the Vale</i> .	As per <i>Specific Benefit To Be Delivered</i> – Table 1(a), Section 2.7.		
Improved health & care outcomes for patients using Centre and its services.	As per <i>Specific Benefit To Be Delivered</i> – Table 1(a), Section 2.7.	Routinely collected and reported data as part of CHCP Performance Management regime.	Centre secures planning approval.
Generate experiential benefits for patients, carers/visitors, service staff (including visiting students) and the surrounding communities through the design of the Centre (including <i>therapeutic design</i> benefits).	As per <i>Specific Benefit To Be Delivered</i> – Table 1(b), Section 2.7.	<p>AEDET process as utilised twice previously within the design process, with the same criteria and scoring system presented to three different focus groups:</p> <ul style="list-style-type: none"> • Project Board • A cross-section of Centre service staff. • A cross-section of patients and local community residents. <p>Analysis of disaggregated data from relevant national GP Patient Satisfaction Survey findings.</p> <p>Analysis of disaggregated data from relevant NHS Scotland Staff Survey findings.</p>	<p>Centre as specified and designed is affordable and value for money.</p> <p>Centre is built and commissioned as specified.</p> <p>NHS external contractors and Glasgow Dental Hospital & School committed to new Centre.</p> <p>Service staff embrace revised working practices necessary to fully realise benefits.</p>
Generate a variety of positive contributions across the sustainable development spectrum for patients, carers/visitors, service staff (including visiting students) and the surrounding communities.	As per <i>Specific Benefit To Be Delivered</i> – Table 1(c), Section 2.7.	<p>Achievement of BREEAM Excellent Healthcare rating.</p> <p>Utilisation of NHS Good Corporate Citizenship toolkit.</p> <p>Routinely collected and reported data as part of CHCP Performance Management regime.</p> <p>Positive reporting of the project and Centre by and within the local media.</p>	<p>Local stakeholders enthusiastic about new Centre.</p> <p>Approval secured from SGHD CIG.</p>

6.11 Conclusion

This FBC presents an affordable, value-for-money and high quality scheme for the confident delivery of key element of the Cabinet Secretary for Health & Wellbeing approved *NHSGGC Vision for the Vale*.

In delivering the innovative Centre and improvements detailed within this FBC, the CHCP will bring leading-edge health and care services to communities that have high levels of persistent health needs; and in a manner that support the physical, social and economic regeneration of the area as whole.

It will be a tangible example of the recognition of the needs and value of the people of the Vale of Leven, providing not just a showpiece health and care centre but a landmark building that engenders and reinforces a palpable sense of civic pride (Figure 5).

Figure 5: Illustration of Aerial View of New Centre



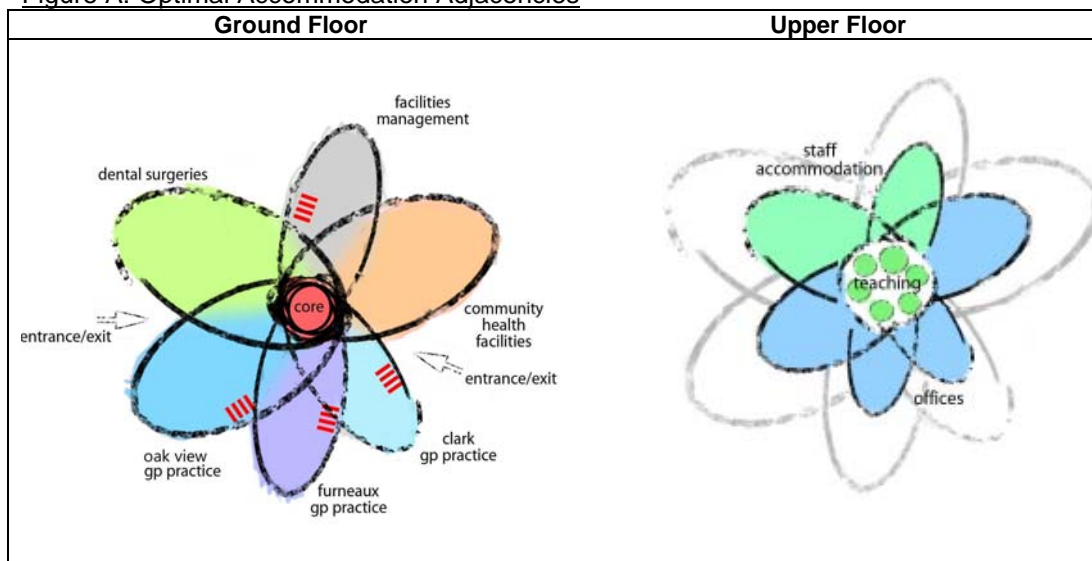
Appendix 1: Design Statement

Design Approach

The Centre's design is the product of an intensive and comprehensive stakeholder engagement process, both in terms of the constituent staff/services who will be operating within this new Centre and the local communities who will be served by it (the high quality of which has been affirmed by the Scottish Health Council). Throughout the design process there has been continual liaison with and input from key corporate services, including Facilities Management and importantly Infection Control (not least to ensure adherence to *HFN30*). The Centre design has also taken inspiration from exemplar health centres identified from across the United Kingdom; and been informed by best practice guidance from authoritative bodies, including the NHS *Space for Health* resource, Architecture & Design Scotland's *Healthier Places* Programme, the King's Fund; and the Commission for Architecture & the Built Environment (CABE). A key element of this has been the development and then routine utilisation of a Design Statement as recommended by Architecture & Design Scotland.

A guiding principle for this project has been that of "form following function" – that function being primarily the delivery of efficient and responsive primary care and community care services to; and the co-production of effective and meaningful health and care outcomes with the communities of the Vale of Leven area of West Dunbartonshire. This is illustrated within the following service adjacencies bubble diagram developed during the embryonic stages of the design process (Figure A).

Figure A: Optimal Accommodation Adjacencies



Functionally there are six main groups within the building: three GP practices, one dental wing, one community wing and one services/facilities wing. The ground floor accommodates all of the service provision that would be accessed or provided to patients and/or their carers/families. To aid wayfinding and integrated service delivery, these functions radiate from a single reception point. The upper floor provides ancillary accommodation and office bases for the ground floor. The upper floor also provides the teaching/seminar/library functions, which are positioned as a nodal point to act as a nexus for co-working, education and learning.

The Design Layout

The proposals provide 5782m² of accommodation over two floors, with a 3:2 proportion accommodation split between the ground and first floors. The remaining site area is to be occupied by car parking and green space, with the existing Vale of Leven Hospital access road used for vehicular access.

A key innovation at the core of the design concept is that the integrity of the two functionality “bubble” diagrams developed at the start of the design process (Figure A above) have been intentionally maintained within the final building form and layout (Figure B below). Internally fully glazed screens open up views between the wings to the green spaces and landscape beyond (including for the waiting areas). The general philosophy of the building is to control upper temperatures in the occupied rooms passively by natural ventilation. The design maximises the views and opportunity for daylight within the Centre.

There are to be two main public entrances to the building: on the east side an entrance from North Main Street (which will be the primary pedestrian access to the building); and on the west side an entrance from the public car park and drop off area. The main reception sits within a public concourse space from which the wings of accommodation radiate. Circulation is arranged around the main reception, with waiting areas located in the wings to minimize journey times for patients and staff. The building is designed to be able to open in sections (with security measures to suit), allowing some or of all of the building to operate out of hours. Between the wings are landscaped areas which allow green spaces to feed between the elements of the building and help maintain the almost rural nature of the site. Within the courtyard spaces between the wings will be a mixture of soft and hard landscaping. Where the main route to a public entrance passes through a courtyard, landscaped buffer spaces will provide privacy for those services whose ground floor windows are nearby.

The main routes to the building entrances will be defined in hard landscaping, with waiting areas adjacent to the drop off area beside the west public entrance; and occasional seating (rest points) along the paths leading up to both public entrances. Pathways around the site will be provided for maintenance and fire escape purposes. Out with the building and extending up to the green edges of the site is the car parking area, which is organised into three principle zones. To the southwest corner sits main patient/public parking zone, with the patient drop-off point, disabled parking and ambulance bays adjacent to the west building (public) entrance. The staff parking zone sits to the north of the building, adjacent to the facilities wing which has the dedicated and secure staff entrance located on its gable end. The third parking zone is for discrete (short-stay) deliveries, and sits adjacent to the “plant” areas of the facilities wing with access via a fully separate service road (running down from the north of the site).

Figure B(i): Accommodation Layout – Ground Floor

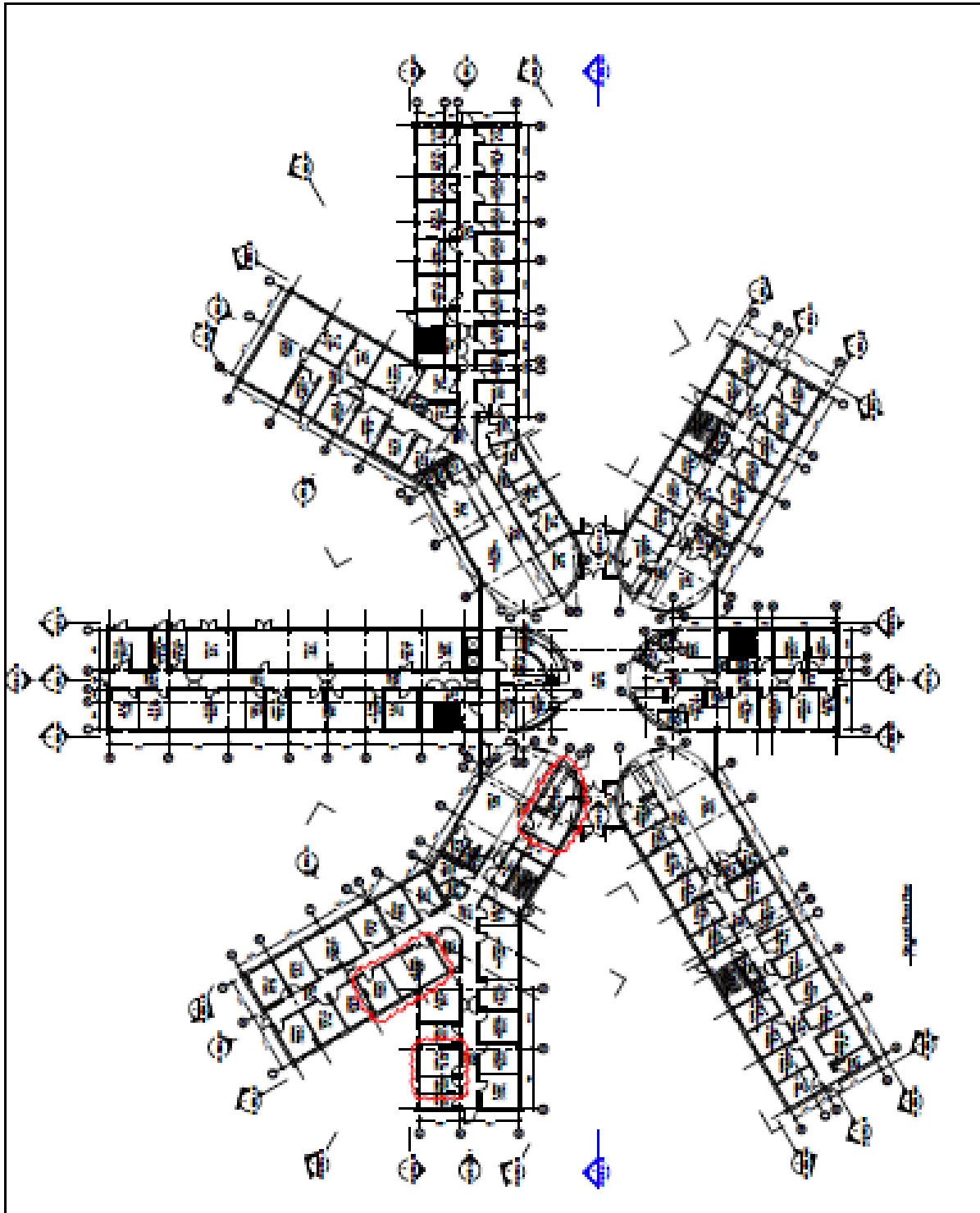
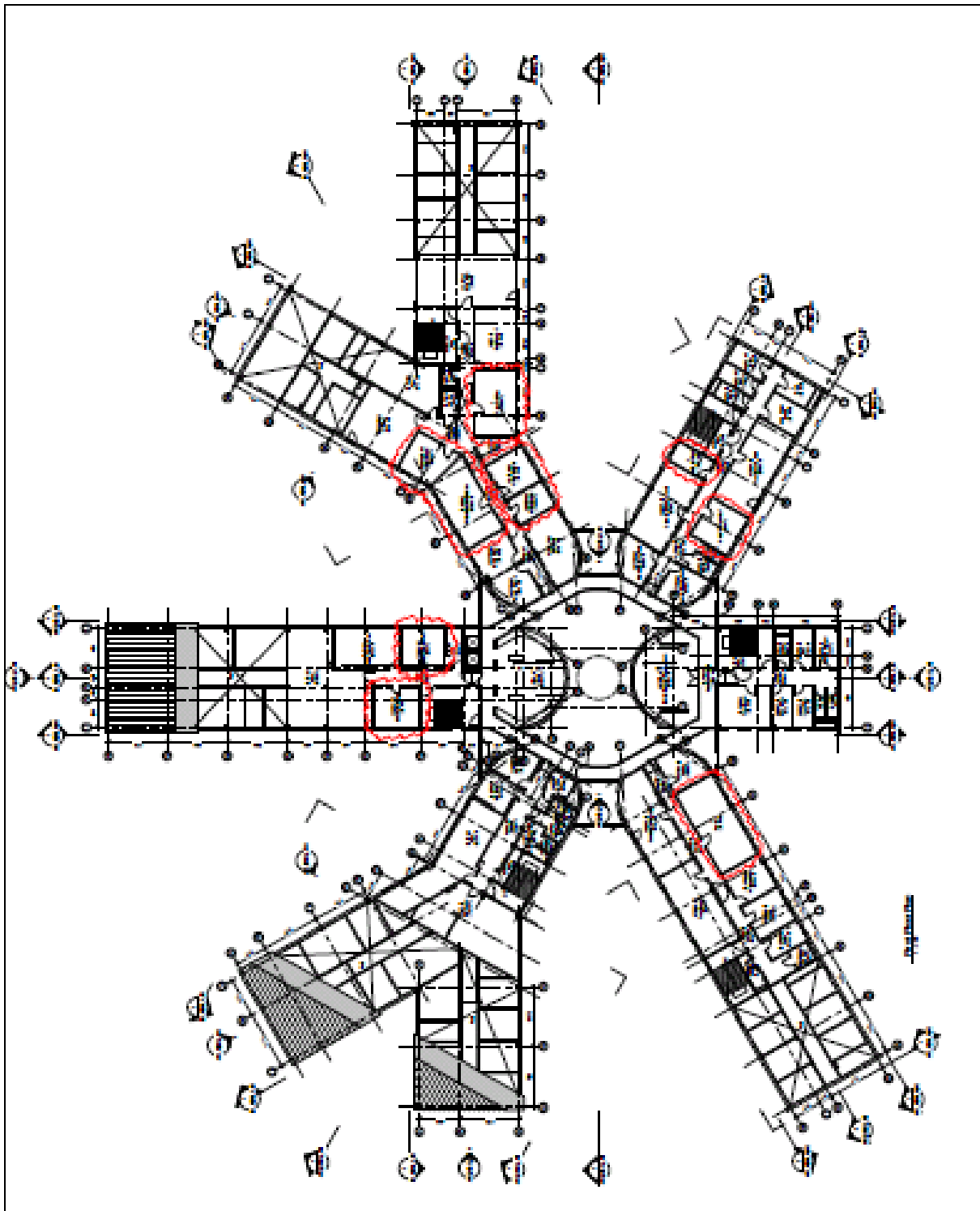


Figure B(ii): Accommodation Layout – First/Upper Floor



While the scheme can accommodate 263 car parking spaces (which is the number derived through the application of relevant West Dunbartonshire Council policy), the Council's Planning Committee have agreed that parking will be constructed for 213 spaces (of which 11 will be disabled spaces) with the scheme having scope for an additional 50 spaces if deemed necessary at a later date. This reflects a number of considerations, most notably the public transport links to the site, which are being enhanced through additional investment through the provision of an additional bus bay; an additional bus stop; and interconnecting puffin pedestrian crossing on North Main Street directly opposite the east route into the Centre.

The site is relatively hidden from the surroundings by the perimeter of trees, shrubs and parkland: it has little built context in of itself. The innovative form of the building has been specifically developed to reflect the organic nature of the green site within which it is located. This dynamic organic form means that the building will create its own context and clear identity in a sympathetic manner to the surrounding area. The building has four main elements: an overriding roof; walls to the accommodation wings; glazing; and landscaped courtyards.

The predominant element of the building will be its standing seam (Kalzip) metal roof (which will incorporate the end gables). A notable characteristic is that there are no flat sections to the roof. The edge detail of the roof is to be metal clad (with hidden gutters) so that the roof appears as a separate object to the walls below (as illustrated). The end gables will present a high quality of finish in keeping with the overall design aesthetic to the public perimeter. The accommodation wings are to be simply clad in white render, wrapping around to the inside spaces as white plasterboard in the same plane. This will act as a backdrop for the landscape spaces between the wings and the roof form above. Where the wings split open in a 'fishtail', the inside will be faced in timber to soften the form facing the car park and tree belt. The wings also provide the scope for extension in the future if required, with the internal structure allowing flexibility of wall positions. Between the wings are sheets of curtain walling which will define the public concourse space. Windows and fenestration will be in the form of simple vertical slots located to suit the functionality of the rooms behind. The random fenestration will further soften the appearance of the building and tie in with the more organic elements of the site.

Access & Transport

The Centre design places a premium on ensuring ease and equality of physical access (both internally and externally). This is most evident in that one of defining – and most compelling - features of the accommodation layout is that all of the public clinical functions are provided on the ground floor. The Centre and its on-site access will be fully compliant with the relevant Building Standards (e.g. for wheelchair users) as per the commitment to the Centre attaining a BREEAM Excellent healthcare rating and the requirements of the Equalities Act 2010. These have been enhanced through on-going engagement with the West Dunbartonshire Access Panel as per NHS GGC Better Access to Health (BATH) Guidance.

A Transportation Assessment (TA) and Green Travel Plan have been developed and were submitted as part of the formal planning application process. The TA found that there would be an increase in trip generation as a result of the development, and mitigation measures were therefore required at the staggered junction of the hospital access road/North Main Street and Heather Avenue. The measures proposed include re-alignment of the hospital access arm of the junction

by moving it 30 metres south, thus changing the existing signalised staggered junction into a signalised crossroads. West Dunbartonshire Council's Road Services have confirmed that these measures are acceptable.

The sustainable transport serving the site has been acknowledged by West Dunbartonshire Council as being very good, in particular the walking and bus facilities surrounding the site. The Green Travel Plan has identified that most local residential areas within the Vale of Leven are able to access the site either by walking or by local bus services. Notably a new bus stop is to be provided directly outside the main (east) entrance on North Main Street; a new bus bay on the opposite side of that road; and a new pedestrian (puffin) crossing improving walking accessibility. The Green Travel Plan also identified various measures to further reduce car dependency, including cycle parking facilities (staff and public), and displaying public transport timetables (using in-situ public information screens).

Flood Management

Indicative river and coastal flood maps from the Scottish Environmental Protection Agency (SEPA) indicate that parts of the site are subject to a 1 in 200 year flood risk, arising from the adjacent burn which has an extensive catchment area in the hills to the west. The site has therefore been identified as part of a functional flood plain. In such an event flooding may extend across the south and east of the site, before overflowing onto North Main Street. A flood risk assessment has categorised the site as being of "medium-high risk" of flooding (as per Scottish Planning Policy, reproduced in the Local Plan). In order to address this, the proposal includes the following works for the management of flood risk:

- Landraising to ensure the new building would have a finished floor level above the levels of a 1 in 200 year +20% flood event.
- A freeboard allowance of 600mm above this level.
- Formation of compensatory flood storage to replace the storage capacity lost as a result of the landraising. This would involve creating a basin next to the watercourse which would fill with water in the event of a flood.
- Formation of an overland flow route to control the route of water over the site in the event of it exceeding the capacity of the storage basin.

These measures would provide a flood management solution where none exists currently, and would provide two main improvements on the current situation. Firstly, there would be an increase in the flood storage area capacity on the site from 2,400 cubic metres to 2,700 cubic metres (and to 3,200m³ if the overland flow area is included). This would reduce the risk of floodwater overflowing from the site onto North Main Street. Secondly, the existing haphazard flood risk to areas outwith the site (i.e. beyond North Main Street and Heather Avenue), in the event of such an overflow, would be managed more effectively by providing a designed flow route. Therefore, whilst the proposal involves development of and landraising on the functional flood plain, the development itself would not be at risk from flooding and the flood management proposals would fully offset the loss of flood storage capacity and would serve to reduce the existing risk of flooding outwith the site. The proposal would therefore comply with the Scottish Planning Policy and other relevant planning policies on flood risk. West Dunbartonshire Road Services (as the local flooding authority) and SEPA have formally confirmed that the proposed flood risk management works are appropriate for the situation, and they had no objection to the planning application subject to the works being fully implemented

and to an appropriate legal (Section 75) agreement safeguarding the flood storage areas in perpetuity.

Infection Control

The project team has engaged with the local Infection Control team on a regular basis as part of the Staff Service (User) Group review process and in particular to implement HAI-SCRIBE (Healthcare Associated Infection – System for Controlling Risk in the Built Environment) as detailed in *HFN 30*.

The Sterile Services Provision Review Group report - *The Glennie Report* - was published under cover of HDL(2001)66 in August 2001. This report set out a framework for change, specifically related to the technical and operational standards required for the decontamination of re-usable medical devices, including dental instruments. Subsequently, the Scottish Health Planning Note 13, Part 2 (Decontamination Facilities: Local Decontamination Units – June 2008) set out information on the building and operating principles for local decontamination units. The new Centre has made provision for and allocated dedicated accommodation to a local decontamination unit within the dental complex (thus addressing the requirements of the GDP); and a local decontamination unit within the facilities management wing to service the podiatry service. The reason for their having to be two separately located units within the Centre is order that to conform to necessary clinical quality standards and differing service assurance requirements.

Integrated Art & Design

In keeping with best practice and the requirements of the SCIM an integrated Arts & Design Strategy has been developed, with an Arts Curator (Wide Open) appointed to assist taking it forward in a cost-effective and creative manner. The work is firmly grounded in academic research and with reference to examples of best practice in curating art and design for healthcare environments. This integrated approach to art & design is intended to both stimulate and develop practical solutions; and to articulate and reinforce a consistent and coherent design aesthetic work for the Centre and site as a whole. The nature of the site location coupled to the dynamic, organic shape of the Centre itself has given birth to two inter-locking concepts that underpin that design aesthetic:

- Bringing the “outside in” - subtly optimising the therapeutic presence and feeling of the Centre’s green spaces and abundant natural light.
- The building as an artwork: it should not be viewed as merely a potential gallery within which to present art, but rather as a striking art installation whose presence enhances the local area and is a source of civic pride.

This strategy has been devised to enhance the architecture, landscaping and lighting schemes in an integrated and imaginative manner.