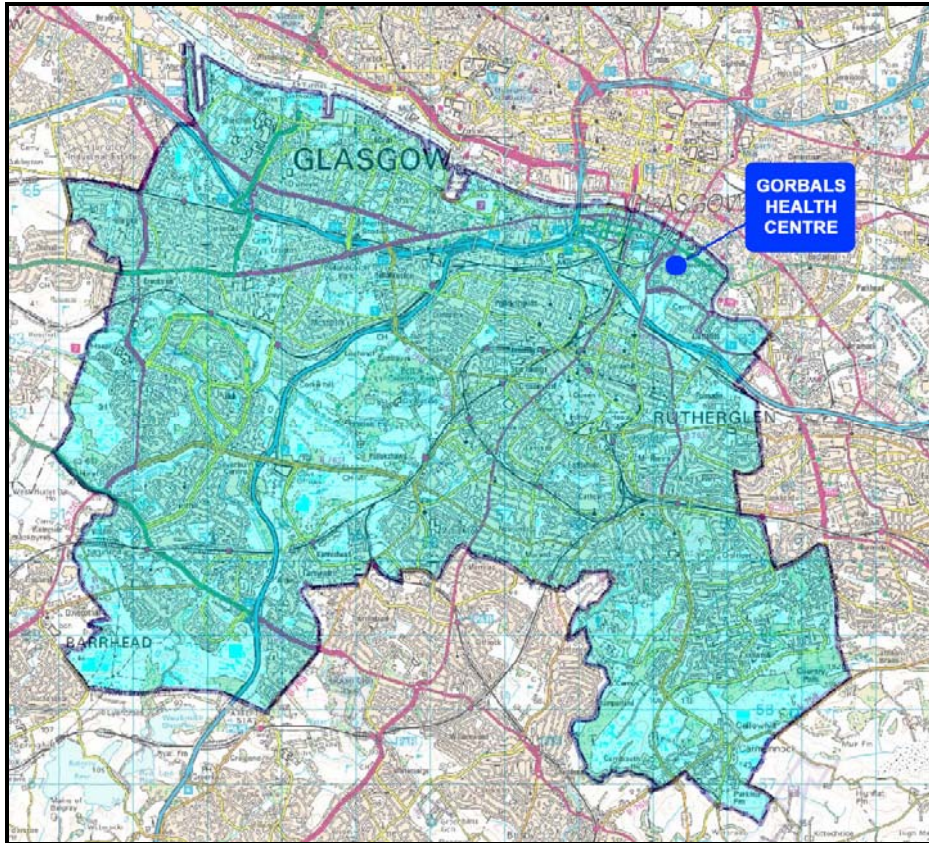


**Glasgow City
Community Health Partnership
South Sector**



Gorbals Health Centre

Initial Agreement



December 2012

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1. TITLE OF SCHEME

- 1.1 The title of the scheme is the redevelopment and modernisation of Gorbals Health Centre.

2. INTRODUCTION

- 2.1 This Initial Agreement sets out a proposal for assessing the options for the development of a new or improved health centre to serve the population of the Greater Gorbals area. The process for assessing the options outlined in this Initial Agreement will be led by Glasgow City Community Health Partnership (CHP) on behalf of NHS Greater Glasgow & Clyde (NHSGGC) in conjunction with West Hub Co.
- 2.2 The Initial Agreement is the first stage in the business case process for capital developments in the NHS. The purpose of this document is to outline the case for change, the strategic context and the objectives and key benefits that would be derived from the proposals described below. Glasgow City Community Health Partnership (CHP) presents this Initial Agreement to seek approval to move to the next stage in the capital planning process and the preparation of an Outline Business Case that will assess the options for the desired development in more detail.
- 2.3 The current Gorbals Health Centre is the base for five GP practices and dental services. It was built in the early 1970s and serves a current registered population of approximately 28,000 people. The criteria for choosing Gorbals as one of the priority programmes, was based on the service being in the top 10 ranking of facilities that requires significant backlog maintenance and also the ability to deliver the project within the timescale of March 2015. Space in the existing health centre is extremely limited and contrains the delivery and future development of primary care and community health services to meet current and future needs. The building is of poor fabric and requires substantial investment to improve various problems such as water supply and electrical infrastructure. The most recent Property and Asset Management National Survey of premises by the Scottish Government Health Department identified Gorbals Health Centre as a priority for improvement. The replacement of Gorbals Health Centre ranks 7th out of 58 buildings in the clinic and health centre portfolio, based on building condition surveys.
- 2.4 Gorbals Health Centre serves a large population in one of the most deprived areas of Scotland. The Gorbals area is in the top 200 most deprived areas (from a list of over 6,000)
- 2.5 The Greater Gorbals area has been the focus of significant regeneration over the past decade, and further regeneration is planned over the next five to six years with Laurieston identified as one of Glasgow's transformational regeneration areas. The CHP considers it is important that primary care and community services play their part in the social and physical regeneration of Glasgow. The development of a new health centre in the Gorbals area would demonstrate in a very tangible and high profile way NHS Greater Glasgow & Clyde's commitment to working in partnership to tackle health inequalities, improving health and contributing to social regeneration in areas of deprivation. This will include developing opportunities to share facilities with other partners such as social work services, including addiction services managed through the joint Addiction Partnership..

3. STRATEGIC CONTEXT

Organisational Overview

- 3.1 NHS Greater Glasgow and Clyde is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £2.8 billion and employs over 40,000 staff.
- 3.2 Services are planned and provided through the Acute Division and six Community Health (and Care) Partnerships, working with six partner Local Authorities.
- 3.3 The Acute Division delivers planned care and emergency services in nine major hospital sites and provides specialist regional services to a much wider population. This includes medicine and emergency services; surgery; maternity services; children's services; cancer treatment; tests and investigations; older people and rehabilitation services. In our hospitals in 2010/11 there were 467,051 A&E attendances; 407,030 new outpatient attendances; 169,827 day cases; 286,403 inpatient stays and over 15,000 births.
- 3.4 The six Community Health (and Care) Partnerships are responsible for the full range of community based health services delivered in homes, health centres, clinics and schools. These include health visiting, district nursing, speech and language therapy, physiotherapy, podiatry, mental health and addictions. The Community Health (and Care) Partnerships also work in partnership to improve the health of their local populations and reduce health inequalities. The Community Health (and Care) Partnerships work with local primary care contractors and each year over 1 million patients are seen by GPs and practice staff and there are over 1.5 million visits to patients by Health Visitors and Community Nurses.
- 3.5 NHS Greater Glasgow & Clyde provides strategic leadership and direction for all NHS services in the Glasgow & Clyde area. It works with partners to improve the health and well being of local people and the services they receive.
- 3.6 At a more local level the implementation of strategic policy objectives, including service integration has been given added impetus by the establishment of Community Health Partnerships. Glasgow City CHP was established in November 2010 with responsibility for the planning and delivery of primary care, community health and mental health services. This includes the delivery of services to children and adult community care groups and health improvement activity.
- 3.7 The CHP's objectives and priorities are set out in the CHP Development Plan 2012/13, and reflect the corporate priorities for the Board as whole as set out in NHS Greater Glasgow and Clyde's Corporate Plan 2013-16. The key development objectives for this scheme centre on the following key corporate themes for the Board:
 - Improve Resource Utilisation: making better use of our financial, staff and other resources.
 - Shift the Balance of Care: delivering more care in and close to people's homes

- Focus Resources on Greatest Need: ensure that the more vulnerable sectors of our population have the greatest access to services and resources that meet their needs
 - Improve Access: ensure service organisation, delivery and location enable easy access
 - Modernise Services: provide our services in ways and in facilities which are as up to date as possible
 - Improve Individual Health Status: change key factors and behaviours which impact on health
 - Effective Organisation: be credible, well led and organised and meet our statutory duties
- 3.8 Glasgow City CHP is responsible for the provision of primary care and community services to the people of Glasgow, and for improving health and well being. In addition, the CHP also has responsibility for specialist adult mental health and learning disability services for the Greater Glasgow and Clyde area, including in-patient services.
- 3.9 The CHP covers the geographical area of Glasgow City Council, a population of 588,470, and includes 154 GP practices, 136 dental practices, 186 pharmacies and 85 optometry practices. The CHP has 5,356.73 whole time equivalent staff, and a combined budget of approximately £644.4m. Services within the CHP are delivered in three geographical sectors:
- North East Glasgow with a population of 177,649;
 - North West Glasgow with a population of 190,332;
 - South Glasgow with a population of 220,489.

Strategic Objectives

- 3.10 The Scottish Government has set out the strategic direction for the delivery of healthcare in Scotland for the next decade. This sets out a statement of intent as follows:

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

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

- 3.11 NHS Greater Glasgow & Clyde exists to:

“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”

- 3.12 The Board's five strategic priorities for the next three year planning cycle are set out in the Corporate Plan 2013-2016 as follows:

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

Business Strategy & Aims

- 3.13 The national policy context has a critical influence on the development of health and care services in Greater Gorbals.

- 3.14 While not intended to be exhaustive, the following list identifies some of the key national policies which have influenced the current proposals:-

- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Delivering for Health and associated guidance;
- Better Health, Better Care
- Health and Homelessness Standards;
- Equality Legislation;
- Improving Health in Scotland: the Challenge;
- Respect and Responsibility – the national sexual health strategy; and,
- Equally Well – report of ministerial task force on health inequalities
- NHS Scotland Quality Strategy
- Quality in Primary Care

- 3.15 Each of these policies seeks to improve the health and well being of people in Scotland, and the provision of health services. It is worth highlighting the key messages in some of these policies.

- 3.16 The vision set out in ***Delivering for Health*** and reaffirmed in ***Better Health Better Care*** requires an increasing shift in the balance of care from hospitals to providing as much care as possible in the local community, close to people's homes and meeting their needs with a holistic and integrated response. It is difficult to translate this vision into reality and improve access to new services, when staff are working in a number of different buildings, the existing health centre is at full capacity and the poor state of most premises provides an unacceptable environment for both staff and service users. The increasing demands of providing services for an ageing population, managing long term conditions and supporting a population who experience high levels of co-morbidity along with difficult and challenging life circumstances means that we need not just to expand our facilities but also design them to enable us to provide new, more effective and flexible service responses, with the close cooperation of multiple agencies: health, social services, training, employment and housing.

- 3.17 ***Changing Lives*** places the emphasis on service redesign, workforce training and leadership and a shift towards early intervention and prevention. It focuses on building the capacity of the workforce to deliver personalised services and create sustainable change.

- 3.18 ***Equally Well*** highlights that tackling health inequalities is vital to Scotland's future.
- 3.19 Although each strategy focuses on different aspects of transformation they are based on a common set of principles:
- community capacity building
 - whole-systems approaches
 - focus on prevention and early intervention
 - reducing health inequalities
 - user involvement
 - carers as partners
 - self management of care
 - systematic approach to long-term conditions management
 - a competent workforce.
- 3.20 ***Better Outcomes*** also calls for a stronger focus on service integration to provide a range of enabling, rehabilitative and treatment services in community settings.
- 3.21 **Delivering Quality in Primary Care (2010)** and the associated progress report (June 2012) set out the strategic direction for primary care as follows:
- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person;
 - The people of Scotland will be increasingly empowered to play a full part in the management of their health;
 - Care will be clinically effective and safe, delivered in the most appropriate way , within clear, agreed pathways; and,
 - Primary care will play a full part in helping the healthcare system as a whole make the best use of scarce resources.
- 3.22 The proposal for a new health centre at Gorbals will enable local GPs and primary care health professionals to meet these commitments.
- 3.23 In summary this policy context delivers the following as key drivers for the current project:
- Improving equitable access to services through the availability of an increased range of services in community settings.
 - The provision of modern high quality, well designed facilities that support the delivery of primary care and community services that meet current and future patients' needs.
 - Community and public participation in service design and provision.
 - Seamless care through tailor-made integrated care pathways supported by a range of agencies working in partnership.
 - Staff partnership based on involvement and support to provide new flexible and effective ways of working.
 - Improved care for young and old people alike.

- The use of technological advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- The high priority attached to the improvement of people's health and improvement of community services.
- Breaking down of barriers between primary and secondary care and health and social care organisations and professions through a whole systems approach to planning and delivering services.
- The creation of sustainable and flexible services and facilities which can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.

Other Organisational Strategies

3.24 Taking analysis of the policy context further, the key assumptions underlying the analysis of the strategic context for the changes proposed in these plans and this business case are:

- It will increasingly be possible to provide services safely and effectively closer to people's homes and this will benefit people who use the services by improving access.
- Interagency collaboration, multidisciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Medical, information and communications technology will continue to improve and create opportunities for improving local access especially to diagnostic services.
- People's expectations about the services which they receive and where and when they receive them will continue to increase and meeting these expectations will remain a social policy priority.
- Nurses, Allied Health Professionals and Social Care Professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care teams.
- Improvement of service through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce people's functioning or quality of life (e.g. CHD, cancer and diabetes).
- The demand for locally based services will increase and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.
- Significant and sustained improvements in health and well-being are achieved through supported self care and services and facilities are needed to motivate people to look after themselves and to help them to do this.

4. INVESTMENT OBJECTIVES

Overview

4.1 The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the Board's and CHP's objectives by providing modern and fit for purpose facilities for the provision of primary care and community health services. In particular the investment will:

- Enable speedy access to modernised and integrated Primary Care and Community Health Services that are progressing towards the achievement of national standards.
- Promote sustainable primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services for patients.
- Sustain the progress made towards establishing a culture of partnership that is an essential foundation for the Community Health Partnership in line with "Partnership for Care".
- Deliver NHS Greater Glasgow & Clyde wide planning goals by supporting strategies for service remodelling and redesign that have been the subject of extensive public engagement and involvement.
- Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Achieve a BREEAM Healthcare rating of 'Excellent'.
- Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA.

In addition to this defined project, NHS Greater Glasgow & Clyde have prioritised a further three projects following the Hub Procurement programme. There will be potential opportunities to explore batching / bundling of projects to ensure greatest value for money and this will be explored as part of the business case development process. This will also include a detailed examination of the full revenue consequences of the various projects.

4.2 Service users will see an improvement in the following:

- Physical environment;
- Access to a range of services not previously available locally;
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs;
- A more co-ordinated approach to rehabilitation; and, speedier referral pathways between professionals.

4.3 Table 1 sets out the investment objectives, with the associated proposed measures and timescales that the new health centre aims to achieve. The design of the building will ensure patient space is shared wherever possible and appropriate. Also as part of the accommodation and design work, we will

explore sharing back office services including records storage. There will be a bank of community rooms for services to share and be designed to be used as flexibly as possible. Some services such as youth health services and smoking cessation classes will be provided out of hours.

Table 1 – Investment Objectives

Primary Objective	Outcome	Measure	Timescale
Enable speedy access to modernised and integrated Primary Care and Community Health Services	<p>Reduced waiting times/ increased productivity for services provided in health centre</p> <p>More productive use of treatment rooms</p> <p>Improvement in GP access target (48hour and advance booking)</p> <p>Reductions in missed appointments, DNAs and prevention of readmissions</p> <p>Increased screening call and recall and uptake rates</p> <p>Improvement in access to AHP services</p> <p>Increase access to new therapies not provided in current centre</p>	<p>AHP Waiting times</p> <p>GP access targets</p> <p>Dental Service Targets</p> <p>Addictions – referral to treatment</p> <p>Rehab team performance measures</p> <p>Report on therapies provided and patient volume</p>	1 year on from opening
Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care	<p>Increase in numbers of GPs participating in Local Enhanced Services</p> <p>Better management of LTCs - reduction in number of admissions and bed days</p> <p>Prevent inappropriate use of hospital services, better management of illness</p>	<p>Participation of GPs in LES (diabetes, stroke, CHD, COPD, Keep Well)</p> <p>LTC Hospital admissions</p> <p>Monitor emergency admissions</p> <p>Monitor emergency</p>	1 year on from opening

Primary Objective	Outcome	Measure	Timescale
	<p>within primary care</p> <p>Shift in balance of care - more patients looked after through primary care and less use of acute services</p> <p>Improvements in cervical screening rate and childhood immunisation rates</p> <p>GP practices in deprived areas supported to tackle health inequalities</p> <p>GP practices in the area together provide community-oriented primary care</p> <p>Improved support to families with young children, using experience gained through One Glasgow (multi-agency) pilot</p>	<p>admissions 65+</p> <p>Monitor referrals from GPs to health improvement services (smoking cessation, healthy eating, stress management, employability, money advice)</p> <p>Monitor referrals from GP practices to local carers team (number of referrals and number of carers assessments)</p> <p>Monitor cervical cancer screening and immunisation</p> <p>Gather information on community health initiatives</p> <p>Evidence of One Glasgow approach working</p>	
Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.	<p>More hard to reach patients using centre</p> <p>Uplift in patient satisfaction</p> <p>Greater use of primary care services made by patients with a learning disability</p> <p>LES targets to be met</p> <p>Reduction in DNA rates</p>	<p>Survey of staff and patients regarding how accessible they find the facility.</p> <p>GP LD LES results</p> <p>Keep Well health checks to be carried out on eligible patients</p> <p>Compare DNA rates with current rates</p>	1 year on from opening

Primary Objective	Outcome	Measure	Timescale
	Increase in dental patients and dental registrations Reduction in children needing to be treated at dental hospital Increase in cervical cancer screening Increase in smoking cessation quit rate Reduction in pregnant women smoking Increase in breastfeeding rate	Monitor use of community dental facility Increase in dental registrations of pre-5s Monitor referrals to dental hospital Monitor screening rate Monitor successful quits Monitor smoking rate Monitor breastfeeding	
Support the necessary ethos of team working that will result in the effective integration of services	Increased referrals to community health services from GPs Increase in carers referrals and increase in carers assessments Shift in balance of care – more older people supported at home, reduction in bed days	Referrals from GP practices to local health improvement services Monitor referrals to local Social Work carers team Improved working between NHS and SW staff to support older people – measured through performance framework for Rehab Teams	From opening and one year after opening
Deliver NHS GGC wide planning goals and support service strategies	More care in community and less in acute hospitals Increase numbers of older people supported in the community and	Shift balance of care – monitor delivery in acute/primary care Bed days/emergency admissions/	From opening and one year after opening

Primary Objective	Outcome	Measure	Timescale
	<p>reduce use of residential accommodation and hospitals</p> <p>Inequalities sensitive practice part of core business for staff operating in the health centre</p> <p>Health centre a hub for health in the area</p>	<p>multiple admissions 65+, admissions from LTCs</p> <p>Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community</p> <p>Inequalities sensitive practice in primary care – best practice shared and rolled out</p> <p>GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p>	
Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent	Contribute to South sector's shared of CHP target for reduced carbon emissions	Reduced emissions and lower running costs	From opening
Improve and maintain retention and recruitment of staff.	<p>Uplift in satisfaction</p> <p>Decrease in absence rates</p>	<p>Staff satisfaction survey at end of year 1.</p> <p>Monitor absence records and contrast to previous.</p>	One year from opening

Primary Objective	Outcome	Measure	Timescale
	Decrease in staff turnover	Monitor staff turnover rates	
<p>Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.</p> <p>Creation of an environment people want to come to, work in and feel safe in.</p> <p>Making tangible the aspirations expressed by stakeholders in the Design Statement.</p>	<p>Provide a clinical environment that is safe and minimises any HAI risks</p> <p>Building makes a positive contribution to health</p> <p>Building provides a welcoming environment for patients , with security as part of design</p> <p>Building is flexible enough to be 'future proofed'</p>	<p>Use of quality design and materials</p> <p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to local regeneration strategy</p> <p>Building meets the standards agreed in the Design statement</p>	From opening
Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA	<p>Building accessible to all</p> <p>Positive response from users of the building</p> <p>Building meets the standards set out in the Design Statement</p>	<p>Carry out DDA audit and EQIA of building.</p> <p>Involve BATH (Better Access to Health) Group in checking building works for people with different types of disability</p> <p>Engagement with local people to ensure building is welcoming – PPF to carry out survey of users</p>	From opening
Contribute to the physical and social regeneration of the Gorbals area	<p>New health centre acts as catalyst for further investment and development</p> <p>Health centre is 'owned' by local people</p> <p>The building of the centre presents an opportunity to engage</p>	<p>Building contributes to Gorbals Town Centre Regeneration Strategy</p> <p>Engagement of local people in developing art work and</p>	During construction and from opening

Primary Objective	Outcome	Measure	Timescale
	people in health improving activity , building self esteem and community capacity	landscaping for the centre.	

Existing Arrangements

- 4.4 The current Gorbals Health Centre includes five GP practices (19 GPs in total), a General Dental Practitioner practice, a wide range of community health services, including community dental services, and serves a total GP practice population of 26,133 (as at January 2012). The facility was built in the early 1970s and has had a number of minor upgrading and improvements since. A small extension was added to the south wing in the 1990s, funded via GP fund holding savings.
- 4.5 The facility requires a significant ongoing level of investment to improve heating, water pressure and electrical and mechanical functions. The facility does not have sufficient space to enable services to provide the full range of services necessary. The planned regeneration of the Greater Gorbals area, along with the increase in housing planned in the next two to five years, will create an additional significant burden on the provision of locally accessible primary care services. Table 2 below notes the status of the infrastructure based on an assessment through the Property Asset Management system

Table 2 – Gorbals Health Centre – Property Asset Management System assessment

Topic	Category
Physical Condition	D
Statutory Standards	D
Environment	D
Space	F
Function	D
Quality	D

- 4.6 Although a single lift is available in the building, due to the layout of the building, some general practice, dental and community services are placed on the first floor. The inadequacy of existing access arrangements and poor circulation / way finding has created ongoing and frequent issues for patients accessing these services. This is an issue for General Practitioners and patients.
- 4.7 Under the national formula for defining space requirements for GP practices, the current accommodation provides only **33%** of that recommended. The existing health centre while meeting a number of standards does not provide

sufficient space for current services, and the lay out of the building does restrict the further development of primary care and community services for the local population.

- 4.8 The Greater Gorbals area has profound health and social care challenges that place Gorbals at the top of a number of national health indices. SIMD (Scottish Index of Multiple Deprivation) is a measure of deprivation and includes a number of indices that contribute to deprivation levels. The Greater Gorbals area includes six SMID data zones. The area closest to Gorbals town centre (Crown Street) ranks 1,969th place nationally, and, the other five areas are all in the top 200 most deprived area (there are 6,505 data zones in total in Scotland)
- 4.9 In this context, the Gorbals Health Centre project presents a unique opportunity to demonstrate in a tangible and high profile way NHS Greater Glasgow and Clyde's commitment to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

Business Needs – Current & Future

- 4.10 The purpose of the project is much more than the simple improvement of the existing facilities. This is an opportunity to enable and facilitate fundamental change in the way in which health is delivered to the people of Greater Gorbals. The underlying aims being to reshape services from a patient's point of view. Health care services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families and NHS staff; between the local health services and other key stakeholders in statutory and voluntary services. The defined aim is to develop existing services and also to work closely with social work and other public sector partners to deliver effective co-located services to improve referral pathways and communication, attendance to services and to destigmatise aspects of existing service provision.
- 4.11 The project will ensure that local services are driven by a continuous cycle of quality improvement, not just restricted to clinical aspects of care but to include quality of life and the entire patient experience. The project will build on our experience gained through Keep Well / Equally Well and will focus on preventing as well as treating ill health by providing information and support to individuals in relation to health promotion, disease prevention, self-care, and rehabilitation and after care.
- 4.12 It will enable service re-design and development that will ensure that wherever appropriate and safe, services and care will be delivered as close as possible to the point of need. Similarly, it will enable responsibility for decisions about patient care to be devolved to as close to the point of delivery as possible.
- 4.13 Reference to the former Commission for Architecture and the Built Environment (CABE) notes that the quality of the local environment can contribute to each phase of healthcare through **prevention** (by providing opportunities for exercise, promoting personal safety, and reducing stress), **intervention** (by ensuring that all healthcare buildings are designed around the needs of the patients and the staff, as an integral part of the therapeutic effort) and **recovery** (by producing high quality environments that assist and

accelerate healing). CABE also believes that there are a set of 10 key elements that help to create a good healthcare building:

- Good integrated design;
- Public open space;
- A clear plan;
- A single reception point;
- Circulation & waiting areas;
- Materials, finishes and furnishings;
- Natural light and ventilation;
- Adequate storage;
- Capability to adapt to future changes; and,
- Out of hours community use.

4.14 In recognition of this the designers will be instructed to consult with clinical users and patients to achieve a good design that:

- Improves patients' access to clinical services;
- seeks to lower reduce stress levels so that patients reach the point of consultation feeling as calm and relaxed as can be expected;
- offers an early welcoming point of orientation for moving around the building;
- delivers well planned waiting rooms to reduce fear and increase confidence;
- uses material that are robust as well as attractive;
- can capture the use of natural light and ventilation to help contribute to good energy efficient and environmental conditions throughout.

4.14 These qualities are evident in the Design Statement (see Appendix B) that was developed following workshops involving representatives of GP practices and other services based in the health centre.

4.15 Opportunities to develop solutions which are as efficient as possible will be driven throughout the design process. The design of the building will ensure patient space is shared wherever possible. Also as part of the design development work the Board will also explore the utilisation of sharing back office services including scanning of records. A bank of community rooms for sessional services to share and be designed to be used as flexibly as possible.

4.16 The design will support out-of-hours sessional use for services for young people, smoking cessation classes etc, along with access for other health and community groups to utilise the facilities of the new building.

4.17 The Design Statement will be the key control document to measure emerging designs against the project's design objectives.

5. BUSINESS SCOPE & SERVICE REQUIREMENTS

- 5.1 The core elements of the business scope for the project are identified as the minimum requirements within the table below. Intermediate and maximum elements will be considered if the cost / benefit analysis to be considered in detail at Outline Business Case stage.

Table 3 – Business Scope

	Min	Inter	Max
Potential Business Scope			
To enable the CHP to provide an integrated service spanning primary care and community health services in the Greater Gorbals area.	<input checked="" type="checkbox"/>		
To maximise clinical effectiveness and thereby improve the health of the population.	<input checked="" type="checkbox"/>		
To improve the quality of the service available to the local population by providing modern purpose built facilities	<input checked="" type="checkbox"/>		
To provide accessible services for the population of Greater Gorbals.	<input checked="" type="checkbox"/>		
To provide flexibility for future change thus enabling the CHC to continually improve existing services and develop new services to meet the needs of the population served.	<input checked="" type="checkbox"/>		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	<input checked="" type="checkbox"/>		
To provide additional services that are complimentary to the core services provided by the CHP		<input checked="" type="checkbox"/>	
To be part of the delivery of an integrated community facility contributing to the social, economic and physical urban regeneration of the area		<input checked="" type="checkbox"/>	
Key Service Requirements			
GP practices	<input checked="" type="checkbox"/>		
GDP and community dental services	<input checked="" type="checkbox"/>		
Health visitors and district nurses working in integrated teams	<input checked="" type="checkbox"/>		
Allied Health Professional services (AHPs) e.g. podiatry, speech therapy, physiotherapy	<input checked="" type="checkbox"/>		
Training accommodation for primary care professionals including undergraduate and postgraduate medical and dental students	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service and a Community Addiction Team clinic		<input checked="" type="checkbox"/>	
Community health services and community-led rehabilitation and health improvement activity		<input checked="" type="checkbox"/>	

6. RISK CONTINGENCIES AND DEPENDENCIES

Main risks

- 6.1 The main project risks and mitigation factors are identified at a high level at the Initial Agreement stage. As the project develops through the OBC and FBC stages a more detailed and quantified risk register will be prepared.

Table 4 – risk assessment

Risk Categories	Description	Mitigation
Business Risks	Commercial – e.g. land acquisition	Early engagement with GCC
	Financial	Robust business case & procurement process
	Political	Encompass current legislation
	Environmental	Early sustainability briefing
	Cultural	Develop public engagement process
	Quality	Detailed briefing & monitoring
	Procurement method	Adopt NHS Framework Scotland
	Funding	Robust business case model
	Organisational	Develop early project management framework and delegated authority limits
	Project	Develop within Hub Development vehicle
	Security	Document control strategy
Service Risks	Personal	Manage within Framework Scotland
	Technical	Employ strict change control management processes
	Cost	Employ strict change control management processes
	Programming	Plan & monitor with reference to an early warning strategy
	Operational support	Manage service User input effectively
	Quality	Share QA responsibility with PSC & PSCP teams
	Provider failure	Develop a Commissioning programme
	Resource	Manage for resource / succession planning

Risk Categories	Description	Mitigation
External Environmental Risks	Secondary legislation	Plan within timescales with development team
	Tax	Manage within change control process where possible
	Inflation	Manage within change control process where possible
	Global economy	Manage within change control process where possible

Constraints

- 6.2 The project is planned to be delivered via the Hub Development programme and as such must meet the criteria for award of funds from this Scottish Government initiative.

Dependencies

- 6.3 The development of a replacement Gorbals Health Centre cannot be viewed in isolation. The regeneration plan for the Greater Gorbals area developed by New Gorbals Housing Association and Glasgow City Council has seen major transformation of the Hutchinson and Oatlands areas over the passed decade. The Laurieston area has been designated as one of eight transformational regeneration areas in Glasgow City, and work started in May 2012 on a major regeneration of this area. The CHP is keen to play its part in the regeneration of the Greater Gorbals area by the provision of modern primary and community health care services to service the local population.

7. EXPLORING THE PREFERRED WAY FORWARD

Main Business Options

The Gorbals area has been subject to significant regeneration and there has been a challenge to identify a wide choice of potential sites for the development of a new Health Centre. NHS Estates along with colleagues from Glasgow City Council and New Gorbals Housing Association have identified a long list of potential sites for a multi-disciplinary group to work through using a criteria based option appraisal process

7.1 The following options are being considered:

- Option 1 - Do nothing/Do minimum
- Option 2 - Extend/refurbish existing Health Centre
- Option 3 - New Build on existing health centre site
- Option 4 - New build Health Centre on a new site

Option 1 – Do Nothing/do minimum

7.2 This option is include in the option appraisal as a benchmark option against all others options are assessed. This option would involve maintaining the existing Health Centre without any changes or modifications other than routine upgrading and maintenance and repair as appropriate over the projected life span of the current building.

Option 2 – Extend/refurbish existing Health Centre

7.3 In this option the scope to extend, refurbish or otherwise modernise the existing health centre on the existing site, including any assessment of extending beyond the current site boundaries would be assessed.

Option 3 – New Health Centre on Existing Health Centre Site

7.4 This option would require assessment based on the need for reprovision of existing services on a temporary basis during the build of the service, and whether the noted limitations of the existing site/service could be addressed.

Option 4 – New Health Centre on a new site

7.5 Under this option we would assess the scope for a new Health centre on a new site in the area, and depending on the size and configuration of the site, we also assess the scope for the provision of other services complimentary to the provision of primary care and community health services in the Greater Gorbals area. The sites considered are included in Appendix C

7.6 These options will be considered against the criteria in the following table as part of the Outline Business Case stage. The table indicates an initial assessment as part of the option appraisal process.

Investment Criteria

7.7 These options were all considered against the criteria set out below in table five

Table 5 – Investment Criteria

Investment objective	Criteria
Customer	<ul style="list-style-type: none"> - Improved satisfaction with physical environment - Access to a range of services and supports in a single location - Improved service co-ordination to receive best possible care - Services working in partnership with patient
Strategic/Service	<ul style="list-style-type: none"> - Infrastructure designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services - Promote sustainable primary care services - Enable speedy access to clear and agreed health and care pathways - Sustain and grow partnership working - Facilitate services remodelling and redesign
Efficiency	<ul style="list-style-type: none"> - Enable the rationalisation of NHS estate and reduction in back office costs - Facilitate agile and mobile working - Deliver a more energy efficient building
Design	<ul style="list-style-type: none"> - Achieve a BREEAM healthcare rating of 'Excellent' - Achieve a high design quality - Meet statutory requirements and obligations for public buildings
Population Reach	<ul style="list-style-type: none"> - Location close to patient population

Critical Success Factors

7.8 Consideration was also given to the extent to which each option met the critical success factors set out in table 6 below.

Table 6 – Critical Success Factors

Critical Success factor	
Strategic fit & business needs	How well the option meets the agreed investment objectives, business needs and service requirements and provides holistic fit and synergy with other strategies, programmes and projects.
Potential Value for money	How well the option maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability and minimises associated risks.
Potential achievability	How well the option is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) & matches the level of available skills required for successful delivery.
Supply-side capacity and capability	How well the option matches the ability of service providers to deliver the required level of services

Critical Success factor	
	and business functionality & appeals to the supply side.
Potential affordability	How well the option meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

Ranking the Options

7.9 Table 7 shows how the options were ranked. A copy of the full report of the option appraisal process, including a list of those attending is attached as appendix D. Appendix C shows the location of the sites identified within the long list.

Table 7 – Ranking of Options

Option	Description	Score
1	Do Nothing /	0
2	Do Minimum	7
3	Extend / Refurbish Existing Health Centre	15
4	New Build on existing health centre site	30
5	New build Health Centre - Oxford Street	16
6	New build Health Centre - Florence Street	25
7	New build Health Centre - Laurieston St / Crown Street	13
8	New build Health Centre - Caledonian Road /Naburn Gate Street	12
9	New build Health Centre - Tesco Site – Private Developer	26
10	New build Health Centre - Sandiefield Site	42
11	New build Health Centre - Laurieston Site adjacent to Citizens Theatre	45
12	New build Health Centre - Laurieston Master plan Site	32
13	New build Health Centre - Former Gorbals Parish Church site	16
14	New build Health Centre - Coliseum Site	13

Short List of Options

7.10 From the above table, the following short list of options has been identified.

Table 8 – Short Listed Options

Option	Description	Score
2	Do Minimum	7
10	New build Health Centre - Sandiefield Site	42
11	New build Health Centre - Laurieston Site adjacent to Citizens Theatre	45
4	New Build on existing health centre site	30
12	New build Health Centre - Laurieston Master plan Site	32

Outline Commercial Case

- 7.11 The commercial case assesses the possible procurement routes which are available for a project. Normally these include Frameworks Scotland, NPD and Hub revenue models. NHSGGC have consulted with Scottish Futures Trust and the advice is that the project should be developed based on the hub revenue financed model.
- 7.12 In a letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22 March 2011 it stated that the Scottish Government has agreed that a range of projects are to be funded through the NPD model and hub revenue financed model. Subject to meeting the guidance and funding conditions set out in the above letter, appropriate funding will be provided to procuring bodies to support the delivery of these projects which includes the Gorbals Health Centre project.
- 7.13 The letter defines the components of the unitary charge to be supported by the Scottish Government as:
- 100% of construction costs (subject to the agreed scope of the project)
 - 100% of private sector development costs (subject to an agreed cap)
 - 100% of finance interest and financing fees (at prevailing Financial Close rates)
 - 100% of Special Purpose Vehicle (SPV) running costs during the construction phase (subject to an agreed cap)
 - 100% of SPV running costs during the operational phase (subject to an agreed cap)
 - 50% of lifecycle maintenance costs.
- 7.14 This leaves the procuring authority to fund the element of the unitary charge that relates to hard facilities management and the balancing 50% of lifecycle maintenance costs. Additionally, it will fully fund costs for soft FM, utilities and any equipment costs not included within the overall construction cost.
- 7.15 A full value for money and affordability assessment will be carried out at Outline Business Case stage.

Outline Financial Case

- 7.16 The current facilities which will be replaced by the proposed new development require investment in backlog maintenance to allow them to continue to provide a satisfactory level of clinical care in a safe environment for patients, staff and visitors. This has been assessed and included in the Board's Property and Asset Management Strategy
- 7.17 NHSGG&C Property and Asset Management Strategy April 2012 to March 2016 confirms the need to replace Gorbals Health Centre which is being undertaken as part of the HUB Initiative which is an additional procurement route for all community based projects.

- 7.18 The project is in line with current Scottish Government Policy for Property and Asset Management and it supports all of the policy aims set out in CEL35 (2010).
- 7.19 The appraisal survey of the existing Gorbals Health Centre carried out in March 2011 highlighted poor performance in all six facets namely physical condition, statutory standards, environment, space, function and quality. In terms of SCART compliance it ranked 93rd out of 97 properties in NHS GG&C. It was estimated that £1.390m would have to be spent over the next 5 years to bring the property up to an acceptable standard of which £776,000 was attributable to high and moderate risk factors. The split between high and moderate risk backlog is:
- Moderate - £564,000
 - High - £212,000

Available Funding Resources

- 7.20 The preferred option is the provision of a purpose built health centre on a new site which would replace the current facilities at Gorbals Health Centre. This would address the requirement to provide for investment in backlog maintenance. Current revenue budgets associated with these facilities would be released to support investment in the new facility equating to approximately £216k
- 7.21 A number of Local Authority premises may also be replaced by the build securing greater service integration and efficiencies.

Capital and Revenue Constraints

- 7.22 The Board has allocated funding for fees and enabling costs to support the development of this project.

Indicative Capital Costs

- 7.23 Table 9 below shows the range indicative capital costs for each of the short listed options.

Table 9 - Indicative Capital Costs

Option	Description	Capital Cost Estimate £m
2	Do Minimum	£1.17 - £1.3M
4	New Build on existing health centre site	£12.15 -£13.5M
10	New build Health Centre - Sandiefield Site	£12.15 -£13.5M
11	New build Health Centre - Laurieston Site adjacent to Citizens Theatre	£12.15 -£13.5M
12	New build Health Centre - Laurieston Master plan Site	£12.15 -£13.5M

- 7.24 The indicative capital costs have been compiled using the recent guidance on establishing and constructing affordability caps issued by the Scottish Government dated 11th July 2012. These include equipment, professional fees and are exclusive of VAT. The cost is based on prime cost benchmark

per square metre. The base figure used is from a priced project from hub west Scotland, based on Barrhead Health Centre, and priced during the hub procurement process

Revenue and Lifecycle Costs

- 7.25 It is assumed that these projects will be delivered via the Scottish Futures Trust HubCo Design, Build, Finance & Maintain model. SCIM guidance states that this route should be the default for all community based new build projects.
- 7.26 The HubCo contract is proposed to be a Design, Build, Finance and Maintain arrangement which will include the provision of all hard facilities management and lifecycle costs. It will not include the provision of soft facilities management costs such as domestic and portering services.
- 7.27 The Unitary Charge costs associated with this development will be examined in full during the OBC process together with comprehensive financial modelling to assess the revenue and life cycle costs and a full value for money and affordability appraisal will be undertaken as outlined within SCIM.

Overall Affordability

- 7.28 Recurring revenue funding of £216,000 has been identified from the current resources to support the running of the new facility if the IA is implemented. Further examination of efficiencies and revenue release will be undertaken in the development of the OBC. This will examine:
- Efficiencies from the provision of integrated services
 - Reduced running cost of energy efficient facility
 - Reduced cleaning cost within a modern building
 - Reduced costs in respect of maintenance within hard facilities management
 - Efficiencies in non clinical support
 - Further work is on-going in relation to revenue release
- 7.29 A financial model has been developed with support from SFT to provide affordability checks on the emerging proposals. This has shown that, taking account of the support noted above, the remaining unitary charge component to be supported by NHS GG&C is in the order of £155,000.
- 7.30 Non recurring costs in respect of significant backlog maintenance will be avoided. This has been identified as £1.39m in NHS Greater Glasgow & Clyde's Property & Asset Management Strategy in 2012-16. Strategy report, of which £776,000 has been identified in the high or moderate category. The figures within the "do minimum" option on the indicative capital cost table above excludes fees, decant, and double running and other enabling costs.

Outline Project Management Case

- 7.31 The project, should it proceed, will be managed by a Project Board chaired by the South Sector Director of the Glasgow City CHP who will act as Project Sponsor.

- 7.32 The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by the Glasgow City CHP Director and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and HubCo. This governance structure is illustrated in Appendix E
- 7.33 The Project Board will comprise representatives from the GP practices, Dental services, staff in the Health Centre, key partners such as New Gorbals Housing Association, Glasgow City Council, Hub Co, the NHS Board, community representative and others. The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.
- 7.34 A Project Team would also be required to manage the day to day detailed information required to brief and deliver the project.
- 7.35 The project will also be supported by a series of sub groups / task teams as required and identified in the Guide to Framework Scotland published by Health Facilities Scotland. These task teams will include Design User Group; Commercial; IM&T; Equipment; Commissioning and Public Involvement. The Board has put in place arrangements for Programme Management and Project Management by appropriately skilled staff. The team is further resourced with capital Finance professionals with experience in previous revenue-financed public sector initiatives. Further, the Board have procured the services of Technical Advisors, Legal Advisors and Financial Advisors through SFT's Advisory Framework, all of whom will provide any additional support required by the team
- 7.36 The Board anticipate that the Initial Agreement will be considered by the Capital Investment Group in October 2012. Should approval be granted to move to OBC, then the indicative project timetable is as follows:

Table 10 – project timeline

CHP Committee approval	27 August 2012
NHS GG&C Approval of IA	September 2012
CIG Approval of IA	October 2012
Development of OBC	October 2012- February 2013
NHS GG&C Approval of OBC	March 2013
CIG Approval of OBC	April 2013
Detailed design work	April 2013-September 2013
FBC submission to NHS GG&C	October 2013
FBC submission to CIG	November 2013
Construction start	January 2014
Operational	March 2015
Post Occupation Review	Late 2016
Post Project Evaluation	+12 months from occupation

- 7.37 Hub West Scotland Ltd has been involved in the development of the project requirements to date and have provided a timeline based on a detailed examination of the critical approval dates and their obligations in respect of the method statements under New Project Development services. This has

confirmed the above dates as achievable and deliverable. A collapsed version of this full programme is included within Appendix F.

8. CONCLUSION AND RECOMMENDATIONS

- 8.1 This paper offers a summary of the rationale for the proposed development of Gorbals Health Centre through the HUB process. It is requested that the Capital Investment Group consider this Initial Agreement and that approval be granted to move to the development of an Outline Business Case.

Appendix A – Gorbals Health Profile

Gorbals and Hutchesontown Intermediate Zone Health Summary

This chart compares the local value for each indicator to the Scottish average and range for all Intermediate Zones.



- Statistically significantly 'worse' than Scottish average
- Statistically not significantly different from Scottish average
- Statistically significantly 'better' than Scottish average
- Statistically significant difference compared to Scottish average
- △ No significance can be calculated



Domain	Indicator	Number	Measure	Type	Scott. Average	Worst	Scotland Average	Best
Life Expectancy & Mortality	1 Life expectancy - males ¹	n/a	64.5	yr	74.5	●		
	2 Life expectancy - females ¹	n/a	77.2	yr	79.5			
	3 Deaths all ages ²	241	1,062.6	sr	707.8			
	4 Early deaths from coronary heart disease (< 75s) ²	25	128.9	sr	57.2	●		
	5 Early deaths from cancer (< 75s) ²	37	205.1	sr	134.7	●		
	6 Early deaths from cerebrovascular disease (< 75s) ²		28.0	sr	18.7			
Behaviour	7 Smoking attributable deaths ²	n/a		%	24.1			
	8 Smoking prevalence ³	n/a		%	25.0			
	9 Patients hospitalised with alcohol conditions ²	470	2,423	sr	1,088	●		
	10 Deaths from alcohol conditions ¹	n/a		sr	46.4			
	11 Patients hospitalised with drug related conditions ²	65	296.5	sr	85.1	●		
	12 Active travel to work ³	n/a		%	14.0			
Ill Health & Injury	13 Sporting participation ³	n/a		%	73.0			
	14 Patients registered with cancer ¹	175	517.8	sr	412.6	●		
	15 Patients hospitalised with COPD ²	91	415.9	sr	158.6	●		
	16 Patients hospitalised with coronary heart disease ²	73	366.1	sr	347.0			
	17 Patients hospitalised with cerebrovascular disease ²	44	210.4	sr	173.8			
	18 Patients hospitalised with asthma ²	99	549.2	sr	472.9			
Mental Health	19 Patients hospitalised as an emergency ²	1,718	8,557.6	sr	6,378.9	●		
	20 Patients (65+) with multiple hospitalisations ²	206	7,352.6	sr	4,607.6	●		
	21 Road traffic accident casualties ²	16	80.2	sr	79.4			
	22 Patients hospitalised after a fall in the home (65+) ²	19	552.1	sr	710.4			
	23 Prevalence of diabetes	276	4.1	sr2	3.5			
	24 Patients prescribed drugs for anxiety/depression/psychosis	683	9.7	%	9.7			
Social Care & Housing	25 Patients with a psychiatric hospitalisation ²	100	477.0	sr	303.0	●		
	26 Deaths from suicide ¹		22.7	sr	15.1			
	27 People (65+) receiving free personal care at home ³	n/a		%	5.3			
	28 Adults claiming incapacity benefit/severe disability allowance	700	12.6	%	5.6	●		
	29 People (65+) with intensive care needs cared for at home ³	n/a		%	31.7			
	30 Households assessed as homeless ³	n/a		%	1.8			
Education	31 Children looked after by local authority ³	n/a		cr2	14			
	32 Single adult dwellings	2,224	57.9	%	37.8	●		
	33 Households in extreme fuel poverty ³	n/a		%	7.5			
	34 Average tariff score of all pupils on the S4 roll	n/a	104.4	mean	179.7	△		
	35 Primary school attendance	n/a	92.2	%	95.2	●		
	36 Secondary school attendance	n/a	86.6	%	91.1	●		
Economy	37 Working age adults with low or no educational qualifications ³	n/a		%	14.8			
	38 Population income deprived	2,280	36.8	%	15.1	●		
	39 Working age population employment deprived	1,045	24.9	%	11.6	●		
	40 Working age population claiming Jobseeker's Allowance	305	6.8	%	4.4	●		
	41 Dependence on out of work benefits or child tax credit	915	69.1	%	46.6	●		
	42 People claiming pension credits (aged 60+)	315	26.1	%	11.0	●		
Crime	43 Crime rate	429	69.2	cr2	49.5			
	44 Prisoner population	18	339.5	sr	205.5			
	45 Referrals to Children's Reporter for violence-related offences	n/a		cr2	8.4			
	46 Patients hospitalised after an assault ²	54	251.1	sr	95.2	●		
	47 Population within 500 metres of derelict site	3,261	49.9	%	30.0	●		
	48 People living in 15% most 'access deprived' areas	0	0.0	%	14.2			
Environment	49 Adults rating neighbourhood as a very good place to live ³	n/a		%	52.0			
	50 Breast screening uptake ²	368	66.1	%	75.3			
	51 Mothers smoking during pregnancy ²	12	19.4	%	22.6			
	52 Teenage pregnancies ²	16	53.5	cr2	41.4			
	53 Low weight live births ²			%	2.3			
	54 Babies exclusively breastfed at 6-8 weeks ²	55	25.7	%	26.4			
Women's & Children's Health	55 Immunisation uptake at 24 months - MMR ²	182	92.4	%	92.1			
	56 Immunisation uptake at 24 months - all excluding MMR ²	188	95.4	%	97.5			
	57 Child dental health in primary 1	16	35.6	%	61.8	●		
	58 Child obesity in primary 1	n/a		%	8.0			
	59 Patients hospitalised by unintentional injuries at home (<15) ²	14	473.5	sr	377.5			

Notes:

1. Five-year combined number, and 5-year average annual measure.
2. Three-year combined number, and 3-year average annual measure.
3. Data available down to local authority level only.

Key:

n/a= data not available, or cannot be calculated; cr = crude rate per 100,000 population; cr2 = crude rate per 1,000 population; sr = age-sex standardised rate per 100,000 population; sr2 = age-sex standardised rate per 100 population yrs = years; % = percent; mean = average.

See the detailed Definitions and Sources table for indicator information and Technical Report (on the web) for further guidance on interpreting the spine.

ScotPHO - Health and Wellbeing Profiles 2010 - www.scotpho.org.uk/profiles



Appendix B - Design Statement

GORBALS HEALTH CENTRE : SCIM DESIGN STATEMENT

The objectives for the centre are set out in [SECTION 4](#) of the [Initial Agreement](#).

The facility ; the preferred location of which had been established prior to developing this statement ; must have the following attributes such that it promotes, effects and reinforces the behaviours necessary to achieve these objectives:

1 NON-NEGOTIABLES FOR CUSTOMERS, FAMILY MEMBERS & SUPPORT

Non-negotiable performance specifications	Benchmarks - criteria to be met and/or some views of what success <u>might</u> look like
<p>1.1 The facility must be positioned & designed such that it is a prominent part of 'Greater Gorbals' (considering the future development & nature of the area) so :</p> <ul style="list-style-type: none">Residents of the area are aware of the location & availability of services before they are neededAccessing Health Services can be done on the same 'trip out' as using other community amenities.Those coming from other areas can easily find & access the facility.	<p>Some views of what success might look like</p> <div></div> <p>Site should be located within the Greater Gorbals area & take into consideration the area of new build regeneration currently being developed.,It ideally should be visible from Crown Street & close to ; within 5 -10 mins walk; of complimentary amenities such as pharmacy. shops & school.The approach should be preferably step free & pleasant & should be well served by Transport links (ie bus stops) to increase potential scope , use & convenience of service for the customer.</p>

1.2 Arriving at the facility must feel safe & welcoming with :

- Easy & immediate access from the street ; similar to visiting a local shop ; & external areas designed to discourage loitering / smoking
- Drop off arrangements not negatively impacting on pedestrians experience
- A place to sit in shelter awaiting pick up within view of drop off space
- Space / facilities designed to give ease of access for people with kit i.e. bicycles ,prams, mobility scooters etc. The design should avoid cluttering the entrance area
- There should be convenient &adequate car parking for patients.

Some views of what success might look like



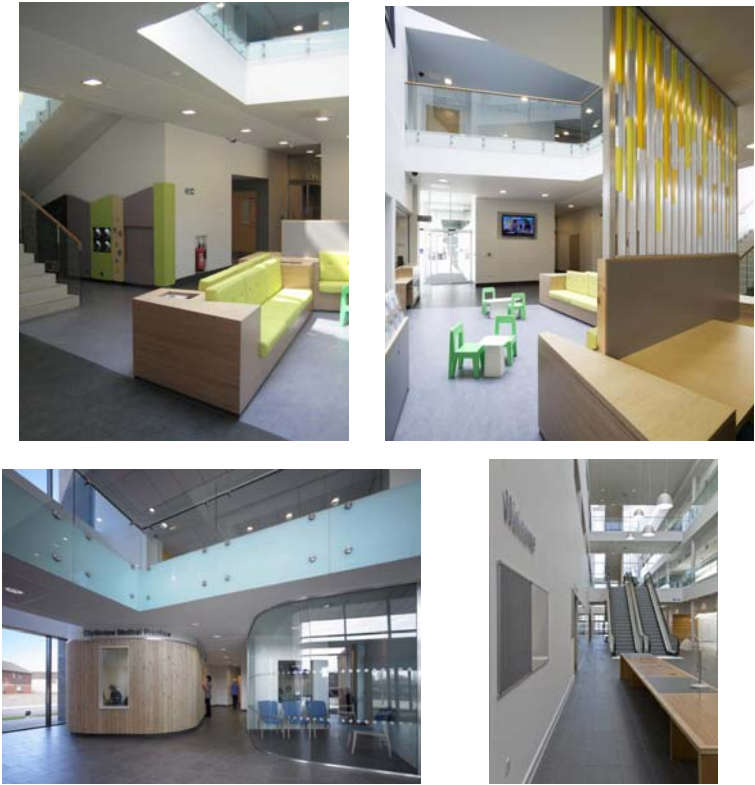
The Initial impression should open, light & welcoming

1.3 On entry there must be a 'breather space' to provide :

- 'shake down' space for dealing with prams, wet clothes & weather on arrival
- Orientation, so you can see how to get to the service or services you require & be aware what else is available for another time
- Audio separation from consulting areas (see also 1.4)
- Clear direction ease of access to facilities such as toilets

Some views of what success might look like



	<p>The entrance area should be light airy & calming in nature : feeling safe; with good observation both of entrance & shared spaces & facilities (such as toilets) from staffed spaces (see 1.4). From this area all services should be visible so that routes from one service to another are obvious & easy.</p>
<p>1.4 Reception functions & facilities must be located & designed to :</p> <ul style="list-style-type: none"> • Provide welcome & respectfulness • Support confidential discussions • Support common connection between services ,aiding co-ordinated booking of appointments & registration upon arrival • Facilitate developing technology • Aid security & promote acceptable behaviour 	<p>Some views of what success might look like,</p>  <p>The four photographs illustrate successful reception area designs. The top-left image shows a bright, open-plan space with a yellow sofa, a wooden reception desk, and a staircase with a glass railing. The top-right image shows a similar bright space with a yellow sofa, a wooden reception desk, and a glass railing. The bottom-left image shows a bright, open-plan space with a yellow sofa, a wooden reception desk, and a glass railing. The bottom-right image shows a bright, open-plan space with a yellow sofa, a wooden reception desk, and a glass railing.</p>

Reception Desk / Area should be designed to demonstrate trust & respectfulness without intrusive security measure such as glazed barriers or signage for acceptable behaviour.

Avoid



1.5 The journey from the entrance to the waiting ,from waiting onto consulting rooms & from waiting areas to other services must be short & obvious.

The waiting areas(s) should be identifiable from the entrance (see 1.3). Consulting rooms should not be so distant from service waiting as to require sub – waiting areas.Routes from waiting to consulting & treatment rooms should be direct and as pleasant as possible .Preferably they should be naturally lit & consideration should be given to Art & or Design works as a means of making the environment more 'interesting'

Some views of what success might look like,



1.6 Waiting Areas must be comfortable, calming & relaxing with :



- Natural light & interesting view
- Pockets of seating to allow a feeling of personal space & choice of who you sit by
- Privacy from the outside & internally as well as arranged to limit stigma by service area
- Toilets & opportunity for refreshments nearby

Seating must not be 'regimented' in layout. Ideally the view should be of nature or the outdoor environment.


Some views of what success might look like,

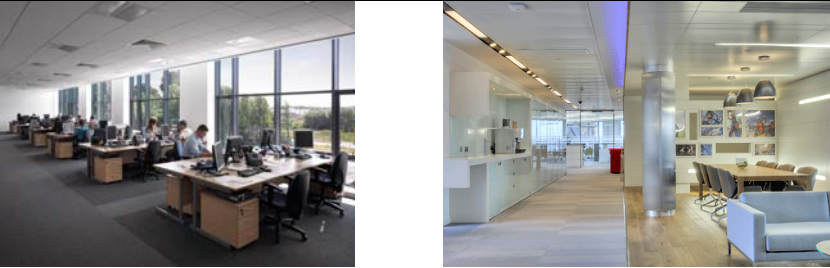




Avoid.....


	
<p>1.7 The display & communication of health promotion , information, community initiatives etc must be incorporated into the design in an engaging manner. Consideration should be given to the range of needs & which media best conveys the message i.e.</p> <ul style="list-style-type: none"> • IT • Non written forms of communications • Graphic 	<p>Some views of what success might look like,</p> 

2 NON-NEGOTIABLES FOR STAFF

Non-negotiable performance specifications	Benchmarks - criteria to be met or some views of what success might look like
<p>2.1 The location & layout of the site must support staff sustainable transport option & reliable private transport for essential users i.e</p> <ul style="list-style-type: none"> There should be convenient & adequate car parking for staff. 	<p>Bus routes as (1.1) above plus reliable connections to city centre transport hubs. Car parking should be in close proximity, well lit & observed on route to entrance. Drop off facilities for equipment to secure 'loading area'</p> <p>Some views of what success might look like</p> 
<p>2.2 The facility must demonstrate the value placed on Staff. It should provide a positive impression & support their safety & well being.</p>	<p>Staff arrival /departure routes (including routes to car park) must be well lit & observed. Routes should not encourage loitering or pass through areas where the public may congregate in unobserved & uncontrolled external areas.</p> <p>Staff working areas should :</p> <ul style="list-style-type: none"> Not isolated but have good connections to assistance or escape routes away from patient location. Have daylight to allow an understanding of time & weather without impacting on privacy via consulting or treatment areas or rooms. Have good thermal comfort at reception points & be position away from draughts. <p>Some views of what success might look like</p>


	
<p>2.3 The layout of the facility must aid communication & development of the partnership ethos both in the working environment & through informal & social interaction.</p>	<p>Circulation routes should provide convenient staff flow both within services & between them including :</p> <ul style="list-style-type: none"> • Direct link between GP consulting & treatment areas to allow ease of support by GP's • Brining like professionals (such as Health Visitors) together for admin /meeting / support with easy 'back of house' access to practices. • Shared staff routes at 'back of house' linking services to shared facilities & social areas such that staff from different services meet as part of their normal use of the facility. <p>Facilities such as meeting rooms, treatment areas, training & rest areas should be shared and located so they're convenient for all services rather than feeling the territory of one. The design of shared resources, such as a lunch room, & the provision of Wi-Fi facilities allowing laptop/tablet access should encourage extended use.</p> <p>Some views of what success might look like</p> 

	
<p>2.4 The layout of the facility must aid communication & development of the partnership ethos both in the working environment & through informal & social interaction.</p>	<p>See 1.3 – 1.6 – backed up by CCTV.</p>
<p>2.5 The layout of GP services must provide ease of access by the public ,equity, prominence & attractiveness such that service users are liable not to choose one practice over another due to the building design.</p>	<p>Practices should preferably be ‘front of house’ and near to entrance if possible.They should be comparable in aesthetics & prominence within the environment.</p>
<p>2.6 The facility must provide respite & be mindful of the ‘human’ needs of staff that need to be catered for away from public areas.</p>	<p>The following should be provided away from public areas :</p> <ul style="list-style-type: none"> • Comfortable lunch / rest room for chatting & a moments peace –preferably with a relaxing view – either distant or naturistic. • Facilities for lunch preparation • External Areas for fresh air. • Staff toilet ,shower &changing facilities <p>Some views of what success might look like</p>

	 
2.7 The layout of the building must allow services to operate extended hours & to allow extended modes or service.	Layout to allow zoned 'shut down' & natural separation. Spaces incorporated within a primary use during normal operating hours (such as circulation, waiting & meeting areas) should be designed to be used flexibly to allow other functions such as support groups & other initiatives to be accommodated out of hours.
2.8 The facility must allow deliveries & waste to be managed unobtrusively & for ease of maintenance.	Service access to be positioned away from view out / publics areas.
2.9 The layout should provide flexibility in design & use to allow services to grow or retract over time or on a temporary basis in so far as can be practical.	

3 NON-NEGOTIABLE FOR PROFESSIONAL VISITORS

Non-negotiable performance specifications	Benchmarks - criteria to be met or some views of what success might look like
3.1 The design should minimise 'intrusion & or disturbance' by external & or support service personnel where to access to 'live' areas is required when the building is in use.	

	 <p>The design should consider the flow & movement of external & support service personnel once they arrive on site. Access should ideally be limited to applicable working areas only in order to avoid interference with key services. External staff maybe directed from a central 'welcome' point upon entering as an example to 'back of house' areas.</p>
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4 ALIGNMENT OF INVESTMENT WITH BROADER POLICIES AND NEEDS

Non-negotiable performance specification	Benchmark - criteria to be met or some views of what success <u>might</u> look like
4.1 The facility must be sustainable in its use of energy and materials.	NHS Greater Glasgow & Clyde aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will be detailed at OBC stage onwards.
4.2 The design of the facility should incorporate flexibility for the longer term in order for it to be able to respond & adapt to changing	The overall site should possibly be large enough to accommodate a circa 30 – 50% expansion of the property if required. Any increase in capacity & size should avoid further impact on the localised & immediate environments

demographic needs & service delivery types.	
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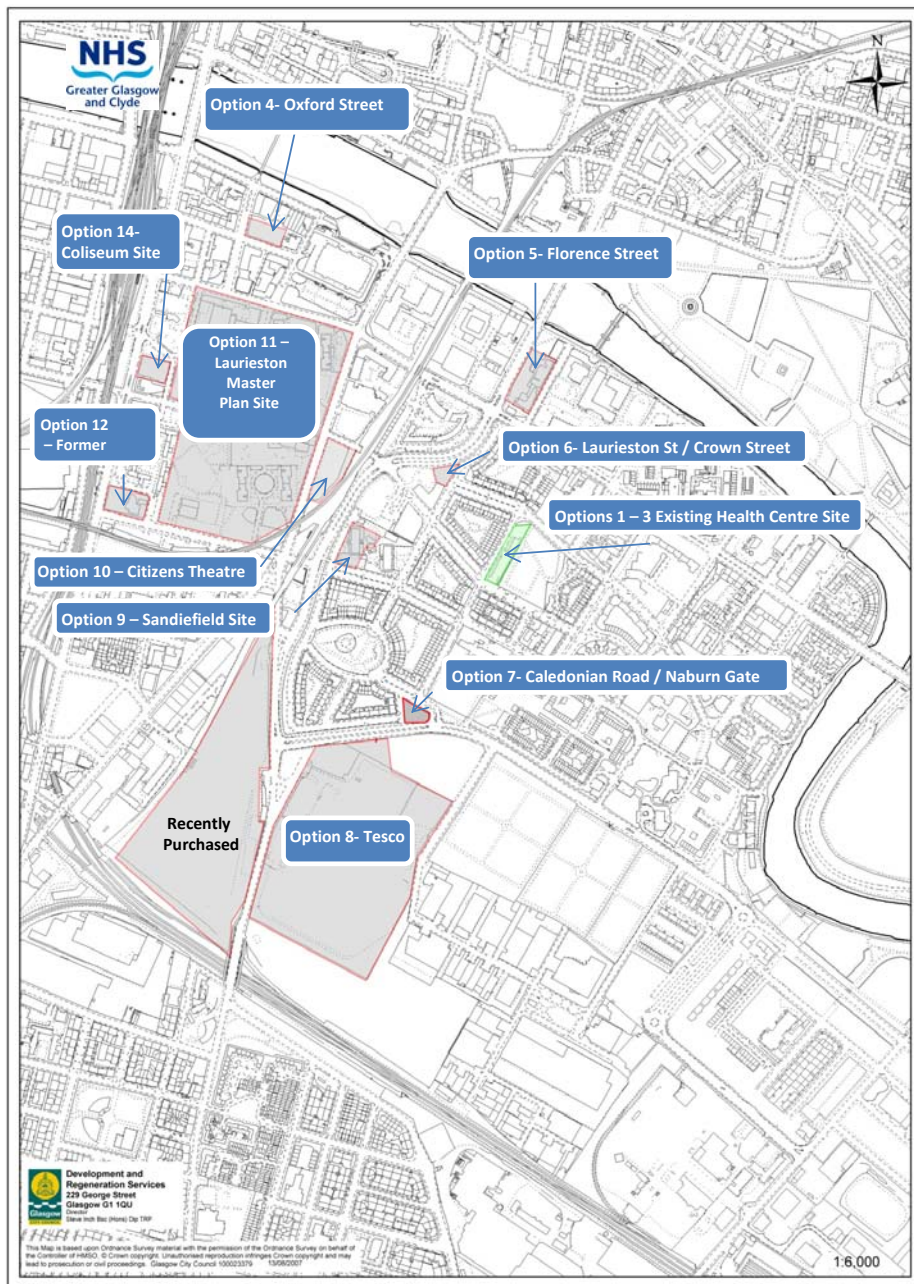
Stakeholders involved in preparation of the design statement

Attendance List		
Name	Base	Designation
Aldon Kennedy	Gorbals Health Centre	GP
Morag Campbell	Govanhill Health Centre	treatment Room Co-ordinator
Elizabeth Currie	Castlemilk Health Centre	Administration Manager
Shelley Caldwell	Gorbals Health Centre	Practice Manager
Mary Doris	Gorbals Health Centre	Practice Manager
Doug Baillie	Gorbals Health Centre	Maintenance Assistant
Fraser MacAulay	Gorbals Health Centre	Dentist
Kathleen Diamond	Gorbals Health Centre	Practice Manager
Jonathan Gordon	Gorbals Health Centre	GP
Alan Gilmour	CHP Planning	Planning Manager
Vivien Thomson	Govanhill Health Centre	Physio Team Lead (south)
Chris Aitken	NHSGG&C	Capital Project Manager
Catherine Mills	Gorbals Health Centre	GP
Margo Muirhead	Gorbals Health Centre	District Nurse
Hamish Battye	CHP	Head of Planning & Performance
Vince McGarey	Dental	Manager - Oral Health GDP
Janet Cochrane	Gorbals Health Centre	Practice Manager

5 SELF ASSESSMENT PROCESS

Decision Point	Authority of Decision	Additional Skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation.
Site Selection	Decision by Health Board with advice from Project Board		Risk / benefit analysis considering capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA Stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects) Cost Estimates (both construction & running costs) based on feasibility
Completion of brief to go to market	Decision by Health Board with advice from Project Board	Peer review by colleague with no previous connection to project	Is the above design statement included in the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	
Selection of Delivery / Design Team	Decision of HUBco Operations & Supply Chain Director with input from NHSGGC PM.	HUBCo , Participant (NHSGGC) & Territory Programme Manager	The potential to deliver 'quality' of the end product in terms of the above criteria shall be greater than the aspects of the quality of service in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid & not part of the quality assessment. Reference should be made to SCIM Design Statement to ensure delivery on the agreed design objectives.	Sketch 'design approach' submitted with bid (the stage & detail of these to be appropriate to procurement route chosen) Representatives will visit 2 completed buildings by Architects in shortlisted team, to view facility & talk to clients HUBco should correlate & measure their KPI's to ensure design team delivers on the clients design objectives
Selection of early design concept from options developed	Decision by Health Board with advice from Project Board.	Comment to be sought from NDAP	Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above. Reference should be made to SCIM Design Statement to ensure delivery on the agreed design objectives.	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, day space, circulation treatment, staff facilities, usable external space). Rough Model HUBco should correlate & measure their KPI's to ensure design team delivers on the clients design objectives
Approval of Design Proposals to be submitted to Planning Authority	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above Reference should be made to SCIM Design Statement to ensure delivery on the agreed design objectives.	HUBco should correlate & measure their KPI's to ensure design team delivers on the clients design objectives
Approval of Detailed Design proposals to allow construction	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above Reference should be made to SCIM Design Statement to ensure delivery on the agreed design objectives	HUBco should correlate & measure their KPI's to ensure design team delivers on the clients design objectives
Post Occupancy Evaluations	Consideration by Health Board - lesson fed to SGHD		Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against goals they set. Reference should be made to SCIM Design Statement to ensure delivery on the agreed design objectives	HUBco should correlate & measure their KPI's to ensure design team delivers on the clients design objectives

Appendix C – Site Locations



Glasgow Community Health Partnership

Gorbals Health Centre

Report on stakeholder options appraisal event

1. Introduction

The Gorbals Project Board agreed to hold an Options Appraisal event in order to mimic the criteria outlined within the Scottish Capital Investment Manual for new projects. The Project Board met on 22nd August & confirmed a date of 29th August for this to take place 18 people participated in the event (a delegate list is attached as Appendix 1)

This event presented all the available options and allowed stakeholders to rank the options against criteria based on the output agreed from discussions and on the business objectives expected by the Scottish Government. The options considered included options using the Existing Health Centre site & options for a replacement Health Centre at various locales within the Greater Gorbals area.

Option	Description
1	Do Nothing /
2	Do Minimum
3	Extend / Refurbish Existing Health Centre
4	New Build on existing health centre site
5	New build Health Centre - Oxford Street
6	New build Health Centre - Florence Street
7	New build Health Centre - Laurieston St / Crown Street
8	New build Health Centre - Caledonian Road /Naburn Gate Street
9	New build Health Centre - Tesco Site – Private Developer
10	New build Health Centre - Sandiefield Site
11	New build Health Centre - Laurieston Site adjacent to Citizens Theatre
12	New build Health Centre - Laurieston Master plan Site
13	New build Health Centre - Former Gorbals Parish Church site
14	New build Health Centre - Coliseum Site

2. Criteria

The agreed criteria against which options were rated were as follows:

Customer

The customer should experience an improved satisfaction within physical environment & have access to a range of services and supports within a single location. Services should have an improved co-ordination in order to receive the best possible care Services should work in partnership with patient/customer

Strategic/Service

Infrastructure should be designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services. It should promote sustainable primary care services & enable speedy access to clear and agreed health and care pathways. Focus should be given to sustain and grow partnership working & facilitate services remodelling and redesign.

Efficiency

Enable the rationalisation of NHS and Council estate and reduction in back office costs. Teams should move to facilitate agile and mobile working & deliver a more energy efficient building.

Design

Facility should achieve a BREEAM healthcare rating of 'Excellent' & be of a high design quality. At a minimum it should meet statutory requirements and obligations for public buildings.

Population Reach

Location of the facility should be central or close to patient / customer population

3. Critical Success Factors

Each option was also considered as to what extent it met the following critical success factors:

Strategic fit

How well the option meets the agreed investment objectives, business needs and service requirements and provides holistic fit and synergy with other strategies, programmes and projects.

Supply side capacity

How well the option matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side.

Potential value for money

How well the option maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability and minimises associated risks.

Affordability

How well the option meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

Achievability

How well the option is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) & matches the level of available skills required for successful delivery.

4. Rating the Options

There were 12 potential options. Following scoring of each option against the criteria and the critical success factors, the options were ranked as follows:

	Description	Score	Critical success factors (CSF)
1	Do nothing	0	Does not meet majority of investment objectives &

			or CSF's.
2	Do minimum	7	Does not meet majority of investment objectives & or CSF's
3	Extend / Refurbish Existing Health Centre	15	Not deemed value for money and concerns re achievability given restrictions on current site
4	New Build on existing health centre site	30	Not deemed value for money and concerns re achievability given restrictions on current site potential to expand.
5	New build Health Centre - Oxford Street	16	Concerns over achievability & access given the site restrictions & location.
6	New build Health Centre - Florence Street	25	Despite site being in ownership of NHS concern over achievability & value for money given potential impact on current services.
7	New build Health Centre - Laurieston St / Crown Street	13	Concerns over achievability & access given the site restrictions & location.
8	New build Health Centre - Caledonian Road /Naburn Gate Street	12	Concerns over achievability & access given the site restrictions & location.
9	New build Health Centre - Tesco Site – Private Developer	26	Not deemed value for money and concerns re achievability given restrictions ,ownership & planning issues of site
10	New build Health Centre - Sandiefield Site	42	Appears to meet all CSF's & Investment Objectives however concerns over achievability given planning & ownership permissions already in place for site.
11	New build Health Centre - Laurieston Site adjacent to Citizens Theatre	45	Appears to meet all CSF's & Investment Objectives however minor concerns over location.
12	New build Health Centre - Laurieston Master plan Site	32	Not deemed value for money and concerns re achievability given area currently being redeveloped as part of Laurieston Masterplan
13	New build Health Centre - Former Gorbals Parish Church site	16	Not value for money and concerns re achievability given restrictions on location & site size.
14	New build Health Centre - Coliseum Site	13	Concerns re achievability given restrictions on location & potential cost for site.

Based on the outcome of the options appraisal event, the Initial Agreement will propose that Options 2, 10, 11 & 12 are selected for more detailed consideration as part of the Outline Business Case.

Option 2 (do minimum) is included in the OBC to act as a benchmark.

APPENDIX 1

Delegate List

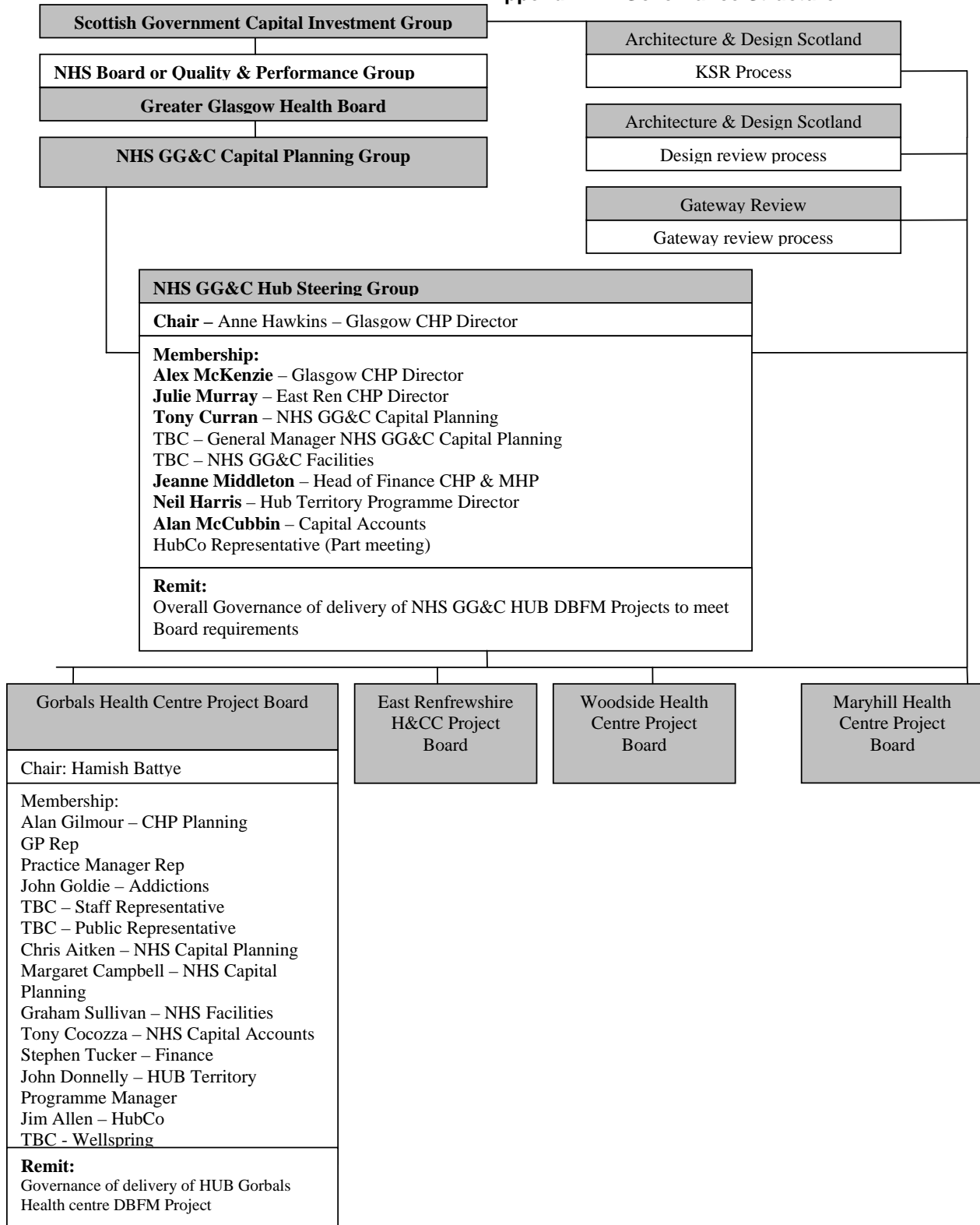
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APPENDIX 2 – Master Score Card

Score : 0 = No or not achievable; 1 = Poor ; 2 = Satisfactory ; 3 = Good ; 4 = Very Good ; 5 = Excellent

	Investment Objectives						Critical Success Factors (CSF's)						
Option	Customer	Strategic / Service	Efficiency	Design	Population Reach	Sub	Strategic Fit	Potential Value for Money (VfM)	Potential Achievability	Supply Side Capacity	Affordability	Sub	Total
1	0	0	0	0	0		0	0	0	0	0		0
2	0	0	0	0	4		1	1	0	0	2		7
3	2	2	2	1	3		1	1	1	0	2		15
4	3	3	5	4	4		3	2	2	1	3		30
5	0	0	3	3	1		2	2	1	1	3		16
6	3	4	3	4	4		4	0	0	3	0		25
7	0	0	2	3	5		0	0	0	0	3		13
8	0	0	2	3	4		0	0	0	0	3		12
9	1	4	5	5	2		4	0	0	5	0		26
10	5	5	5	5	5		5	4	1	5	2		42
11	3	5	5	5	3		5	5	4	5	5		45
12	3	5	5	5	3		5	1	0	5	0		32
13	0	0	3	3	1		2	2	1	1	3		16
14	0	0	3	3	1		2	2	1	1	0		13

Appendix E – Governance Structure



Appendix F – Programme Structure

