Glasgow City
Community Health Partnership
North West Sector

Maryhill Health Centre

Initial Agreement

June 2012.

Contents

Replacement Maryhill Health Centre

Initial Agreement

1. Title of Scheme

The title of the scheme is the modernisation and redesign of primary and community health services for Maryhill.

2. Introduction

This paper sets out an initial proposal and outline costs for the development of a healthcare facility for the community of Maryhill. The development will be led by Glasgow City CHP (North West Sector). The CHP is responsible for the provision of all community health services in Glasgow.

The current Maryhill Health Centre is the base for four GP practices. The facility was built in the 1970's and serves a GP population of 27,083. The existing centre is of poor fabric, is functionally unsuitable and does not have the space to deliver services that can be expected from a modernised National Health Service. The most recent Property & Asset Management National Survey of premises by the Scottish Government Health Department identified Maryhill Health centre as a priority for improvement.

The West of Scotland has profound health challenges that resonate at the top of UK and European indices. Maryhill, where the new health centre is planned, represents one of the most deprived communities in Glasgow. 53% of the patients using Maryhill Health Centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods as listed in the Scottish Index of Multiple Deprivation).

The levels of need in the area and the poor quality of the built environment, has led to Maryhill Town Centre, where the new health centre would be located, being designated by Glasgow City Council as one of 6 regeneration areas where investment should be targeted. The development of a new health centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

3. Strategic Context

3.1. Organisational Overview

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 of local people and the services they receive.

Glasgow City CHP is responsible for the planning and delivery of all health services within the local authority area. This includes the delivery of services to children, adult community care groups and health improvement activity.

Delivery of the objectives of the CHP Development Plan as it reflects the NHS Greater Glasgow and Clyde Local Delivery Plan will be enabled by the development of the proposed facility. The key development objectives will centre on the following key Corporate Themes:

- 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

3.2. Strategic Objectives

The national policy context has a critical influence on the development of health and care services in Maryhill.

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

> **Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.
>
> We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.
>
> ***Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision***

Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be person centred, safe and effective. The quality outcomes and 2020 vision will be the major national drivers of NHS targets and strategic direction

for the period 2013-16 and beyond, including the HEAT targets for which the Board will be held to account each year.

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

The proposal for a new health centre at Maryhill will enable local GPs and primary care health professionals to meet these commitments.

While not intended to be exhaustive, the following list identifies some of the other key national policies which have influenced the proposals for a new health centre in Maryhill:-

- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Equality Legislation;
- Better Health Better Care
- Equally Well
- Gaun Yerslef , Long Term Conditions strategy
- Reshaping Care for Older People
- The Christie Report

Each of these policies seeks to improve the health and social care responses to the people of Scotland. There are a number of key cross cutting themes that underpin these policies:

- Improving access to services and providing patient centred care
- Working in partnership with patients, carers, other public agencies and the voluntary sector to provide the support people need to lead as healthy a life as possible
- Integrating services to provide timely and holistic care
- The need to focus more resource and activity on prevention, early intervention and anticipatory care
- The aim of providing more services in the community and reducing demand on acute hospital services
- Building the capacity of individuals and communities to support good health
- Tackling health inequalities

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.
- 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 the elderly and younger people.
- 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.

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

The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the local Corporate Objectives by providing modern and fit for purpose facilities for the provision of services across health and social care.

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, cost effective primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services that are patient centred, safe and clinically effective
- Support the necessary ethos of team working that will result in the effective integration of services
- 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 in line with the Government's 2020 target 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
- Make a significant contribution to achieving the aims of the local regeneration strategy for the area.

Service users will see an improvement in the following:

- Physical environment and patient pathway
- 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
- Speedier referral pathways between professionals.

Table 1 sets out the investment objectives, with the associated proposed measures and timescales that the new health centre aims to achieve.

Table 1

Primary Objective	Outcome	Measure	Timescale
Enable speedy access to modernised and integrated Primary Care and Community Health Services	Reduced waiting times/ increased productivity for services provided in health centre	AHP Waiting times GP access targets	1 year on from opening

	More productive use of treatment rooms Improvement in GP access target (48hour and advance booking) Reductions in bed days, prevention of delayed discharges, prevention of readmissions Improvement in access to psychological therapies Increase access to new therapies not provided in current centre	Cancer – referral to treatment Addictions – referral to treatment Rehab team performance measures Psychological therapies waiting times HEAT target and patient volume Report on therapies provided and patient volume	
Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care	Increase in numbers of GPs participating in Local Enhanced Services Better management of LTCs - reduction in number of admissions and bed days Prevent inappropriate use of hospital services, better management of illness within primary care Shift in balance of care - more patients looked after through primary care and less use of acute services Improvements in cervical screening rate and childhood	Participation of GPs in LES (diabetes, stroke, CHD, COPD, Keep Well) LTC Hospital admissions Monitor emergency admissions Monitor emergency admissions 65+ Monitor referrals from GPs to health improvement services (smoking cessation, healthy eating, stress management, employability, money advice) Monitor referrals from GP practices to local carers team (number of referrals and number of carers	1 year on from opening

	immunisation rates GP practices in deprived areas supported to tackle health inequalities GP practices in the area together provide community-oriented primary care Improved support to families with young children, using experience gained through One Glasgow (multi-agency) pilot	assessments) Monitor cervical cancer screening and immunisation Gather information on community health initiatives Reductions in accommodated children Evidence of One Glasgow approach working	
Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.	More hard to reach patients using centre Uplift in patient satisfaction Greater use of primary care services made by patients with a learning disability LES targets to be met Reduction in DNA rates Increase in dental patients and dental registrations Reduction in children treated at dental hospital Increase in cervical cancer screening Reduction in teenage pregnancies	Survey of staff and patients regarding how accessible they find the facility. GP LD LES results Keep Well health checks to be carried out on eligible patients Compare DNA rates with current rates Monitor use of community dental facility Increase in dental registrations of pre-5s Monitor referrals to dental hospital Monitor screening rate	1 year on from opening

	Increase in smoking cessation quit rate Reduction in pregnant women smoking Increase in breastfeeding 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 Less children in need of residential care	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 though performance framework for Rehab Teams Improved working between NHS and SW children's teams - increased IAF and joint case review etc. Evidence of One Glasgow approach being adopted	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 reduce use of residential accommodation and hospitals	Shift balance of care – monitor delivery in acute/ primary care Bed days/emergency admissions/ multiple admissions 65+, admissions from LTCs Reshaping care for older people –	From opening and one year after opening

		monitor delayed discharges, admissions, numbers supported in community	
	Inequalities sensitive practice part of core business for staff operating in the health centre	Inequalities sensitive practice in primary care – best practice shared and rolled out	
	Health centre a hub for health in the area	GP access	
		Use of outreach and other methods to engage with vulnerable patients	
		Keep Well LES activity	
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 North West 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.	Uplift in satisfaction	Staff satisfaction survey at end of year 1.	One year from opening
	Decrease in absence rates	Monitor absence records and contrast to previous.	
	Decrease in staff turnover	Monitor staff turnover rates	
Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.	Provide a clinical environment that is safe and minimises any HAI risks	Use of quality design and materials	From opening
	Building makes a	HAI cleaning audits (regular	

Creation of an environment people want to come to, work in and feel safe in. Making tangible the aspirations expressed by stakeholders in the Design Statement.	positive contribution to health Building provides a welcoming environment for patients , with security as part of design Building is flexible enough to be 'future proofed'	NHSGG&C process) Building contributes to local regeneration strategy Building meets the standards agreed in the Design statement (Appendix 1)	
Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA	Building accessible to all Positive response from users of the building Building meets the standards set out in the Design Statement (Appendix 1)	Carry out DDA audit and EQIA of building. Involve BATH (Better Access to Health) Group in checking building works for people with different types of disability Engagement with local people to ensure building is welcoming – PPF to carry out survey of users	From opening
Contribute to the physical and social regeneration of the Maryhill area	New health centre acts as catalyst for further investment and development Health centre is 'owned' by local people The building of the centre presents an opportunity to engage people in health improving activity , building self esteem and community capacity	Building contributes to Maryhill Town Centre Regeneration Strategy Engagement of local people in developing art work and landscaping for the centre.	During construction and from opening

4.1. Existing arrangements

Maryhill, where Maryhill Health Centre is located, is an area characterised by severe and enduring poverty and deprivation, poor quality buildings with a high proportion of vacant and derelict sites. This has resulted in Maryhill being designated as one of 6 regeneration areas in Glasgow city where the local authority seeks to target investment in social and physical regeneration.

54% of patients using Maryhill Health Centre live in a SIMD 1 area. The majority of patients using Maryhill Health Centre live in the surrounding area – the 3 neighbourhoods of Maryhill East, Maryhill West and Wynford.

These 3 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities.

The following is a summary of some headline health statistics (from the Health and Well-Being Profiles 2010) which illustrates the challenges faced in improving health in Maryhill. On all these measures, performance is amongst the worst in Scotland.

Life expectancy

The average male life expectancy in these 3 areas (67.1) is more than 7 years below the national average, and female life expectancy (74.3) is more than 5 years below the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Male life expectancy	65.9	67.7	67.8	74.5
Female life expectancy	74.9	73.1	75.0	79.5

Alcohol and drugs

The average rate of alcohol-related hospital admissions is 1790, 65% above the national average.
The average rate of drugs-related hospital admissions is 185.1, more than twice the Scottish average

	Maryhill East	Maryhill West	Wynford	Scotland
Alcohol related hospital admissions (rate per 100k)	1839	1930	1603	1088
Drugs related hospital admissions (rate per 100k)	201.8	152.5	201.1	85.1

Mental health

There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants (31% above the Scottish average) and psychiatric hospital admissions (which in Maryhill and Wynford are more than twice the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
% patients prescribed drugs for anxiety/depression)	13.0%	12.4%	12.8%	9.7%
Psychiatric hospitalisation rate (per 100k)	422.9	620.5	836.6	303.0

Older people and long term conditions

Hospital admissions are significantly above the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Hospitalisation for COPD (rate per 100k)	384.7	375.0	232.2	158.6
Emergency Admissions (rate per 100k)	8613.5	8767.3	8562.2	6378.9
Multiple admissions people aged 65+ (rate per 100k)	4576.3	4027.2	3652.2	3110.4

Child health

There are high rates of teenage pregnancies and smoking in pregnancy (both indicators record more than twice the Scottish average) and low rates of breastfeeding (less than half the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
Teenage pregnancy (rate per 100k)	76.4	104.2	71.8	41.4
Smoking in pregnancy	44.7%	44.3%	55.8%	22.6%
Breastfeeding	12.6%	17.4%	No figure	26.4%

Facilities

The existing Health Centre is located some way behind Maryhill Road, on an elevated site, accessed by Shawpark Street. It contains 4 GP practices and a range of community health services including dental health services and pharmacy.

The current building is a mix of single storey and 2 storeys with precast concrete panelled walls and flat roof decks. The fabric of the existing Health Centre building is very poor and space is restricted. As a result the building is barely fit for purpose at present, and certainly is not suitable for the provision of 21st. century health and social care services. In the national Scottish Health Department Property and Asset Management Survey of properties Maryhill was identified as a priority for replacement.

Access to the building is difficult. There is a long and steep uphill walk from the main road and nearest bus stop. There is a very small limited parking area, with overspill onto local streets, causing problems for local residents and businesses. The car park is awkwardly shaped with limited access for larger vehicles.

There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.

Previous property studies of Maryhill Health Centre have concluded that there is very limited potential for expansion on the current landlocked site. NHS aspirations to develop more local multi-disciplinary teams working in the community (e.g. through the dispersal of specialist child health staff to support more local partnership working, the bringing together of health and social care staff) cannot be supported without additional space being made available.

4.2. Business needs

The purpose of the project is much more than the simple replacement 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 Maryhill. The underlying aim is 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 and social care services; between the public sector, voluntary organisations and other providers to ensure a patient-centred service.

The project will ensure that local services are driven by a continuous cycle of quality improvements, 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 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. There will be a focus on anticipatory care, early intervention and tackling health inequalities.

The provision of a new health centre in Maryhill 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.

The designers will consult with clinical users and patients to achieve a good design that: fosters access to social support , 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.

These qualities are evident in the design statement that was developed following a workshop involving representatives of patients, primary care contractors and CHP staff. This workshop built on the information gathered at a previous consultation event held in April 2012, where stakeholders expressed their aspirations for the new centre. These included:

- The new centre should be located close to existing centre (within 1 or 2 miles radius) but address current problems of poor access

- We should aim to provide a wide range of services in the new centre. We should continue all the services that currently operate in the existing centre and plan for new services e.g.
    - Preparing for activity that is currently undertaken in acute hospitals but might increasingly be transferred to primary care
    - Services for increasing numbers of older people
    - Space to allow visits from mobile units (e.g. breast screening/ blood donor units)
    - Services provided by partners such as social work, local housing associations, police would be welcomed

- The centre should be designed to allow access on a 24/7 basis, so that some services can operate beyond current working hours

- The building should incorporate flexible, multi- use space(s) that can be used by different services – and also by local voluntary organisations / community groups (including OOH access)

- The building should be welcoming to patients and provide a good working environment for staff. The design should promote team working among different professionals, support the patient pathway and be easy for all groups of patients to navigate. The design of the building should take security for staff and patients into account from the outset.

All of these aspirations are reflected in the Design Statement that is attached as Appendix 1.

5. Business Scope & Service Requirements

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 OBC permits.

Table 2: Potential Business Scope

	Min	**Inter**	**Max**
To enable the CHP to provide an integrated service spanning primary care, community health, social care and hospital services in the Maryhill area.	☑		
To maximise clinical effectiveness and thereby improve the health of the population.	☑		
To improve the quality of the service available to the local population by providing modern purpose built facilities	☑		
To provide accessible services for the population of Maryhill and surrounding areas.	☑		

To provide flexibility for future change thus enabling the CHP to continually improve existing services and develop new services to meet the needs of the population served.	☑		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	☑		
To provide additional services that are complementary to the core services provided by the CHP		☑	
To contribute to a new community hub for Maryhill contributing to the social, economic and physical urban regeneration of a deprived area		☑	
Key Service Requirements			
GP practices	☑		
A new dental health suite	☑		
Health visitors and district nurses working in integrated teams	☑		
Social Work staff, particularly those associated with older people and vulnerable adults	☑		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	☑		
Child and adolescent mental health services	☑		
Child development services	☑		
Community mental health services	☑		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Maryhill area).	☑		
Youth health services	☑		
Sexual Health services	☑		
Pharmacy	☑		
Training accommodation for primary care professionals including undergraduate and postgraduate medical , dental students	☑		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		☑	
Maternity services	☑		
Community Addiction Team clinic	☑		
Older People's Mental Health services	☑		
Carers services		☑	
Community health services	☑		
Community-led rehabilitation	☑		
Community-led health improvement activity		☑	
Local Stress Centre services		☑	

Money advice services			☑
Employability advice and support			☑
Housing advice and support			☑
Opportunities for volunteering			☑
Crèche facilities			☑

6. Risks, Contingencies and dependencies

6.1 Main Risks

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

Table 3: Risks

Risk Categories	Description	Mitigation
Business Risks	Commercial – e.g. land acquisition	Early engagement with landowner / development partner
	Financial	Robust business case & procurement process
	Political Potential opposition to building on playing field site for one of the preferred sites	Encompass current legislation Early engagement with Glasgow City Council
	Environmental	Early sustainability briefing
	Strategic	Joint development agreement with partners
	Cultural	Develop public engagement process
	Quality	Detailed briefing & monitoring
	Procurement method	Adopt Hub process
	Funding	Robust business case model
	Organisational	Develop early project management framework and delegated authority limits
	Projects	Develop within Hub initiative
	Security	Document control strategy
Service Risks	Workforce	Manage within Hub process Staff engaged as stakeholders
	Technical	Employ strict change control management processes

Risk Categories	Description	Mitigation
	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 Hub Teams/Wellspring
	Provider failure	Develop a Commissioning programme
	Resource	Manage for resource / succession planning
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

6.2 Constraints

The project is planned to be delivered via funding from Hub initiative. As such it must meet the criteria for award of funds from the Hub initiative, and meet the timescale set by the Hub of being operational by March 2015.

6.3 Dependencies

This Initial Agreement focuses on the case for the replacement of Maryhill Health Centre. A separate Initial Agreement is being prepared for a replacement for Woodside Health Centre. One of the options included in the proposed short list for the replacement of Maryhill Health Centre is the provision of a combined new centre for Maryhill and Woodside Health Centres (see Paragraph 8.5). Taking this option forward will be dependent upon this options also being included in the short list to be identified through the Woodside option appraisal process. This option is also dependent upon a willingness by Glasgow City Council to negotiate for the change of use of the site which is currently used as playing fields.

7. Exploring the preferred way forward

7.1 Main business Options

A long list of 9 options was identified. These were considered at a stakeholders' options appraisal workshop, attended by representatives of GP practices, dental services, the pharmacy and CHP services currently operating in the existing health centre together with partner orngastions and PPF representation.

The 9 options were as follows (set out in Table 4 below)

Table 4: Options

Option	Description
1a	Do nothing
1b	Refurbish and extend current health centre
1c	Build new Maryhill Health Centre on current site
2a	Build new Maryhill Health Centre at Maryhill Rd/Skaethorn Rd.
2b	Build new Maryhill Health Centre at Gairbraid Avenue
2c	Build new Maryhill Health Centre at Hugo Street/Shuna Street
2d	Build new Maryhill Health Centre Queen Margaret Drive
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/Shuna Street
3b	Build a new combined health centre for Maryhill and Woodside at Queen Margaret Drive

7.2 Criteria

These 9 options were considered against the criteria as set out in Table 5 below

Table 5: Investment criteria

Investment objective	Criteria
Improve access	Good pedestrian access - Easy walking - Near public transport Sufficient car parking Fully DDA compliant
Improve patient experience/ good working environment for staff	Welcoming building Easy to navigate Improve patient pathway Improved patient (and staff) safety

Promote joint service delivery	Promote team working Capacity for social work and other partners Capacity for other organisations to use space Design allows out of hours use of building
Sustainability	Energy efficient Reduce carbon footprint Reduce running costs
Contribution to regeneration of Maryhill	Clear signal of investment Catalyst for improvement Support to local businesses Attract other investors Consistent with Town Planning objectives

7.3 Critical Success Factors (CSFs)

Consideration was also given to the extent to which each option met the following critical success factors (as set out in Table 6)

Table 6: Critical Success Factors

Key CSFs	**Broad Description**
Strategic fit & business needs	How well the option: Meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects.
Potential Value for Money	How well the option: Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & 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 and business functionality & appeals to the supply side and provides the potential for the building to meet the standards reflected in the design statement
Potential affordability	How well the option: Meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

7.4 Ranking the options

The 9 options were ranked as follows:

Option	Description	Score	Critical success factors (CSF)
1a	Do minimum	5.3	Does not meet any of the CSFs Current centre is inadequate, of poor fabric, with poor access and unfit for future service provision. There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.
1b	Extend current centre	7.7	Does not meet any of the CSFs Site is very constrained and extension would not improve access. Concerns re value for money.
1c	Build a new Maryhill Health Centre on current site	11.9	Not value for money (due to extra cost of temporary accommodation) and concerns re achievability given restricted nature of the site while NHS services continued during construction.
2c	Build a new Maryhill Health Centre at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access (too far from Maryhill Centre and long uphill walk from main bus route on Maryhill Road).
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access for many patients using the current centre. Also some concerns re size of new centre and difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

2d	Build a new Maryhill Health Centre on playing fields at Queen. Margaret Drive	16.1	This site scored well on all criteria but there was concern re achievability re need to build on playing fields (need to discuss further with City Council).
2a	Build a new Maryhill Health Centre at Maryhill Road / Skaethorn Road	17.1	This site scored well on all criteria and meets all critical success factors
2b	Build a new Maryhill Health Centre at Gairbraid Avenue	17.2	This site scored well on all criteria and meets all critical success factors
3b	Build a new combined health centre for Maryhill and Woodside at playing fields at Queen Margaret Drive	17.9	This site scored well on all criteria. There were some concerns re achievability re need to build on playing fields (need to discuss further with City Council) and potential difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

7.5 Short list of options

From the above table the short list of possible options is identified as:

Option 1a – do minimum

Option 2a – build new Maryhill Health centre at Maryhill Road /Skaethorn Road

Option 2b - build new Maryhill Health centre at Gairbraid Avenue

Option 3b – Build a combined health centre for Maryhill and Woodside at Queen Margaret Drive.

7.6 Outline Commercial Case

Purpose of the Commercial Case

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.

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 Maryhill Health Centre project.

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.

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.

A full value for money and affordability assessment will be carried out at Outline Business Case stage.

Financial Situation

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.

Available Funding Resources

Maryhill HC/ Shawpark RC £269k

Woodside HC (Option 4 Only) £209k

Capital and Revenue Constraints

There will be a requirement to secure funding for fees and enabling costs to support the development of this project. A bid for this funding will be submitted.

Indicative Capital Costs

The table below presents the range indicative capital costs for each of the short listed options.

Table 7: Presenting indicative Capital Costs

Option No.	Description	Capital Cost Estimate £m
1	Do Minimum	£1.0m-£1.2m
2	Skaethorn Rd/Maryhill Rd – New Build	£12.5m-£13.5m
3	Gairbraid Ave – New Build	£12.5m-£13.5m
4	Combined Health Centre Maryhill/Woodside at Queen Margaret Drive - New Build	£24m-£26m

The capital cost estimates for new build options include equipment, optimism bias, professional fees, and inflation to mid point of construction.

Optimism Bias

Optimism Bias has been assessed in accordance with the Scottish Government and the HM Treasury Green Book Supplementary Guidance – Optimism Bias.

Revenue and Lifecycle Costs

It is assumed that these projects will be delivered via the Scottish Futures Trust Hubco DBFM model. SCIM guidance states that this route should be the default for all community new build projects.

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.

The operating costs and annual service payment 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

Recurring revenue funding of £269K (an additional £209k is also available from Woodside HC should option 4 become the preferred way forward) 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

Non recurring costs in respect of significant backlog maintenance will be avoided. This has been identified as £1m in the Boards Property& Asset Management Strategy Report. The figures shown as "do minimum" option on the indicative capital cost table above includes VAT, fees, decant, double running and other enabling costs.

7.7 Financial Case

The Board has received conditional approval that a replacement Maryhill Health Centre would be funded via the West of Scotland Hub initiative, subject to approval through the business case process.

The Board has made provision within its capital resource limit for this project dependant on confirmation of the Hub funding.

The Board has experience of delivering similar type projects having recently completed the building of new Health Centres at Renfrew and Barrhead underway.

The Glasgow City CHP committee wholeheartedly supports the plan to improve the healthcare facilities available to the local population.

7.8 Management Case

The project, should it proceed as per the preferred way forward, will be managed by a Project Board chaired by the Head of Adult Mental Health, North West Sector. The Director, North West Sector will act as Project Sponsor.

The Project Board will comprise representatives from the Senior Management Group of the North West Sector, Glasgow CHP, and key stakeholders from the GP/User group, the PPF and the Board's Capital Planning team. The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.

The Project Board reports to 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 Fig. 1. (attached as Appendix 2)

A Project Steering Group would also be required to manage the day to day detailed information required to brief and deliver the project. If procurement progresses through the West of Scotland Hub this would be the key delivery forum.

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 anticipate that the Initial Agreement will be considered by the Capital Investment Group on 28th August 2012. Should approval be granted to move to OBC, then the indicative project timetable is as follows:

NHS GG&C Approval of IA	August 2012
CIG Approval of IA	August 2012
NHS GG&C Approval of OBC	January 2013
CIG Approval of OBC	February 2013
NHSGG&C Approval of FBC	June 2013
CIG Approval of FBC	September 2013
Construction Start	November 2013
Construction Completion	January 2015
Post Occupation Review	Mid 2015
Post Project Evaluation	+12 months from occupation

8. Conclusions and Recommendations

The paper offers a summary and rationale for the proposed new build Maryhill 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 1 - Maryhill Design Statement

MARYHILL HEALTH CENTRE: SCIM DESIGN STATEMENT

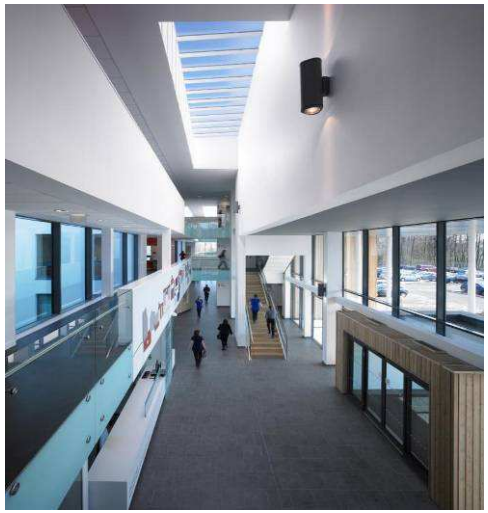
The objectives for the centre are set out in SECTION 3 of the Initial Agreement.

The facility ; the preferred location of which remains to be 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:

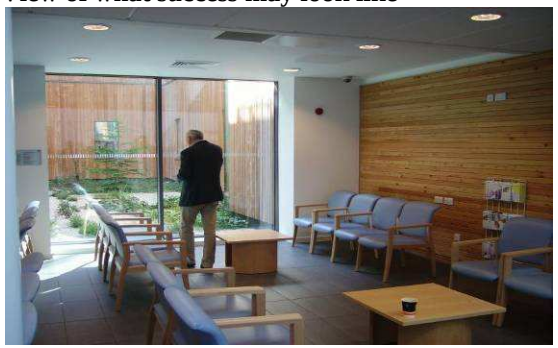
1. NON-NEGOTIABLES FOR CUSTOMERS, FAMILY MEMBERS & SUPPORT

1.1 The location of the development in the community, and the site layout, must improve both physical accessibility and help overcome perceptual barriers to access. Using the facility must feel like an integral part of the community experience, not separated from it – it must be near shops or other local amenities to aid recognition and familiarity and so other activities can be carried out on the same trip.	• Pedestrian routes from main streets and from bus routes must be short (3/400 m max from bus route serving Maryhill and surrounding areas) and easy, not up a steep hill from the main street :
	• Ideally the facility should be visible from local shopping areas and/or other community amenities associated with Maryhill Rd or at least close to the main road and easily signposted
	• Pedestrian routes from the residential areas (populations covered by the service) into the facility must not be through any local territories; areas through which some people would feel unsafe or unable to go.
	• The layout must allow less mobile people easy access to the facility, through:
	  • Drop-off space close (within 20m) to the main entrance, with a sheltered waiting area (inside or outside) within view of the pick-up space to allow people to wait for collection in safety.
	  • Discrete parking (designed to discourage inappropriate use by shoppers etc), with a pleasant and safe route to the public entrance.
	• The location and layout, including parking provision, should not ‘put off’ service users from other areas.

1.2 The relationship of the facility to the street and other public areas (such as parking) must provide both welcome and privacy. It's initial impression must demonstrably 'value the people of the area'. Main waiting and service areas should not be visible from the street to maintain privacy of service users.	**Some views of what success might look like**   • There must be space to safely tie up dogs and store buggies close to the entrance, in a way that will prevent their presence negatively impacting the experience of arrival for others. • The use of planting or other 'improvements' to the public realm should be considered as part of the initial 'impression'.

1.3 On arriving, there must be immediate welcome to an environment that conveys and supports mutual trust and respect. The arrival space must be open and light with easy direction to the full range of services offered. The layout of the public arrival route(s) must allow for peak numbers of people using pharmaceutical services without negatively impacting main areas, but must not require such users to leave and re-enter to access other services.	**Some views of what success might look like**   • Immediately visible from the public entrance (or, if site conditions require, entrances) there should be a reception providing welcome and aiding the feeling of safety through unobtrusive observation of arrival and main circulation/waiting spaces (thus discouraging any misuse). • Onward direction from this point to service areas must be direct, easy and clear – ideally all services being visible from the reception point, and the routes to those (including stair/lift) also clearly visible. Routes must not be circuitous (along long corridors and/or around corners) or rely on written signage, but instead must be light, open, and positive. Good use of colour and graphics/art/IT should communicate the range and location of the services available in an inclusive way, positively considering equality and diversity (issues such as literacy, sensory/learning disabilities, dementia etc). • The design must handle security, such as separation of public and staff routes/spaces, unobtrusively.

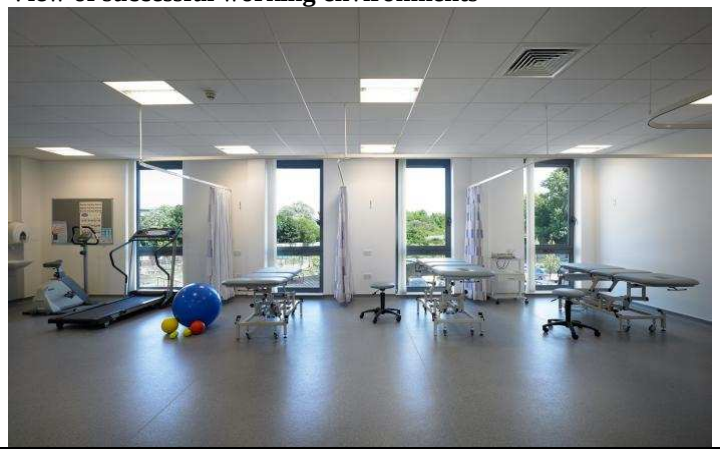
1.4 Service reception point(s) must support positive communications and private discussions - with good audio privacy from waiting areas. The reception service must allow referral to/booking of other services in the facility to reduce the need for return visits, and be designed flexibly to allow for patient preferences/practices (such as use of electronic registration) to change over time.	**Some views of what success might look like,**   • Reception point(s) must not appear defensive or distrusting though either its/their design (such as by the use of barrier screens) or signage (multiple notices)

1.5 Waiting areas must both provide a pleasant experience for service users before appointments, but also be designed to allow mutual support and additional services to be provided in a social (as opposed to a consulting room) setting. Waiting areas should not stigmatise different groups, but must provide privacy to vulnerable people from being on public view.	• Seating to be arranged in groups of different natures to allow for personal preferences and defensible space such that different people and preferences can be accommodated generally in shared/common space(s), and impromptu conversations (and breast feeding) can take place with some discretion. **View of what success may look like**  • The spaces used for waiting during the day to be grouped (and supported by tea prep area/wcs/adult changing etc) such that they can be used for informal group support 'out of hours' – with larger areas where group work can be carried out in an informal, sociable and positive space, and nearby smaller spaces where more private conversations can take place as issues arise. **View of what success may look like**  • The main 'waiting/social space must provide space for visiting initiatives and services (such as drop-in CAB) and access to health promotion/information services through resources such as IT.

1.6 Consulting/interview/treatment spaces must provide a respectful, friendly and safe environment for confidential conversations and examinations.	• Consulting rooms to be open, light and airy, with good visual and audio privacy to the outside – ideally without relying on closed blinds and windows. Obvious security measures (bars on windows) to be avoided. **Some views of what success may look like**  

2 NON-NEGOTIABLES FOR STAFF

2.1 Access for staff must be safe and convenient in daylight and darkness, with the particular needs of peripatetic staff (handling large or heavy items) well catered for. Within the development, the safety of staff, and their belongings, must be achieved inconspicuously through the design of zoning and circulation routes.	• Drop off zone with secure storage area immediately within the building. • Cycling Storage well lit and secure adjacent to the building • The building zoning must allow for progressive privacy such that staff only areas are distinct and separate from main public areas so that staff can leave their belongings in safety and take a moment 'off duty'. It should be possible to access staff areas without going through main public circulation areas.
2.2 The design must support both team identity/pride but also help develop a shared identity and pride in the integrated service.	• 'front face' of services (particularly the GP practices) use existing cues (such as colours/names/signals) as point of continuity and transition for staff (and recognition/wayfinding for service users). Shared spaces such as meeting rooms, treatment rooms, staff rest room, to be located centrally so that it's equally easy to access from all team areas, and the resources do not feel the territory of any one team

2.3 Spaces must be arranged and designed to support ease of communication within and between services such that: • Staff can be supported by colleagues within the same area to help learning. Issues requiring a broader team can be dealt with as they arise (as it's easy to go and see a colleague from another discipline whilst the service user is there) to reduce the need for additional visits and to improve speed of services.	• Staff circulation routes to be interconnected (like a 'back stairs' between areas)
2.4 Consulting/interview/treatment rooms must flexible so: • Visiting disciplines can use consulting rooms when no other consultations are taking place. • Treatment rooms (such as physiotherapy) can offer a range of activities.	• Rooms to be 'to guidance' (in relation to size/layout/thermal comfort and audio privacy and also flexible etc . • Where applicable rooms should meet legislation in relation to Mental Health Services and any other services that require higher specification • Storage for frequently used equipment to be provided close to point of use. • Space to be allowed in 'office' areas to allow GPs to take admin functions out of consulting rooms to allow them to be used by others. **View of successful working environments** 

2.5 office based working environments must provide a range of spaces for different types of tasks such that impromptu meetings can be held easily and sensitive phone calls can be made in quiet spaces away from noise and distractions.	**Views of successful working environments**   • Requirement for common meeting areas and Coffee/Tea points • Need to maximise use of Natural Daylight.

2.6 IT to support communication within the facility, onward referral to other services and with service users including the growing concentration on self reported care at home.	• IT solutions for the building must take into account the need for flexible and agile working in the 21st Century including Wi Fi

2.7 Staff rest facilities must allow them rest, relaxing social interaction and time away for respite.	• Facility to be close to places where a healthy lunch can be bought, and there must be a place to store/prepare brought in food. • Staff rest room must be attractive to encourage use and located close (within 2 min walk) from staff working areas to encourage use. • There must be a place, away from public areas, where staff can sit outside for a breath of fresh air, the area should be sheltered to extend use. **Some views of rest facilities**  
2.8 The facility must allow waste and FM to be unobtrusively managed.	• The facility must have easy access to waste areas internally and externally from the building. FM areas such as DSR rooms must be located on each floor.

3 NON-NEGOTIABLE FOR VISITORS

Non-negotiable performance specifications	Benchmarks - criteria to be met or some views of what success might look like
3.1 Communal spaces and support amenities to be designed to support the needs of accompanying dependants (children and older people).	• Flexible spaces required to create child and also elderly areas so that unsupported dependants may be left during support group meetings. • Breast feeding facilities to be provided for those who prefer to feed away from main areas.
3.2 The facility must support the communication of health promotion and information on services for those visiting to support them in their role as carers, or in maintaining their own wellbeing.	See 1.5 above

4 ALIGNMENT OF INVESTMENT WITH POLICY

Non-negotiable performance specification	Benchmark - criteria to be met or some views of what success might look like
4.1 The development, through its location and design, must be a positive part of the regeneration of the area.	Please refer to Section 1.1
4.2 Building for the future	The site has to be large enough to consider further expansion.
4.3.The development should be sustainable and contribute to meeting national targets	NHS Greater Glasgow & Clyde & NW Sector of Glasgow City CHP aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will be detailed at OBC stage onwards.
4.4 The building will support the CHP in its objective of Good corporate citizenship.	The building will be part of the regeneration of Maryhill and will be a facility the local population is proud to have in its community. We will also provide a RADAR room for the use of severely disabled members of the community.

Stakeholders involved in preparation of the design statement

Evelyn Borland - Head of Planning & Performance, NW Sector, Glasgow City CHP ; Elspeth Forysth , Nurse lead Shawpark Resource Centre Nw Sector, Glasgow City CHP, Tracey Cassidy Physiotherapy Manager , NW Sector , Glasgow City CHP; Suzanne.Marshall, Rehabilitatiion Services Manager, NW Sector Glasgow City CHP; Julie Gordon, Health Improvement, Glasgow City CHP;Michelle Wardrop, Community Dietetics Manager, Glasgow City CHP; Jill Murray Adult Services Manager, NW Sector Glasgow City CHP; Dr Alison Garvie , General Practitioner, Maryhill HC:; Kim McWilliams, Practice Manager, Maryhill HC; Eugene Lafferty Projects Manager, NHSGGC ; Jim Allan - HUBCo ; Harmanjit Sandhu – Hub Co; John Donnelly, West Territory Team, NHSGG&C ; Lisa Garland, West Territory Team NHSGG&C

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	Comment to be sought from National Design Assessment Process (NDAP) to inform Boards Consideration	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 I 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 that 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	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
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	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, dayspace, circulation treatment, staff facilities, usable external space).Rough Model
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	
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	
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.	

Appendix 2 – NHS GG&C – hub DBFM Projects – Project Governance