

East Renfrewshire CHCP



**EAST RENFREWSHIRE
COMMUNITY HEALTH AND CARE
PARTNERSHIP**

Eastwood Health and Care Centre



**Outline Business Case
v Final**

*Eastwood Health and Care Centre
Outline Business Case*

CONTENTS

1	PROJECT TITLE AND PROPOSED INVESTMENT	1
2	EXECUTIVE SUMMARY	2
3	INTRODUCTION	14
4	STRATEGIC CASE	21
5	ECONOMIC CASE	50
6	DEVELOPMENT OF THE PREFERRED OPTION	59
7	SUSTAINABILITY CASE	70
8	COMMERCIAL CASE	71
9	THE FINANCIAL CASE	76
10	MANAGEMENT CASE	89
11	CONCLUSION	100
12	LIST OF APPENDIX SECTIONS	103
	Appendix A - IA Approval Letter	104
	Appendix B - Options Appraisal Workshop Scoring Sheets	106
	Appendix C - Risk Register	113
	Appendix D - Schedule of Accommodation	120
	Appendix E - Design Statement	124
	Appendix F - HAI / Scribe Report	125
	Appendix G - BREEAM Report	131
	Appendix H - Architectural Report	133
	Appendix I - M&E Services Report	134
	Appendix J - Civil and Structural Report	135
	Appendix K - Programme	136
	Appendix L - Stakeholder Communication Plan	137
	Appendix M – Statement of Commitment	146

v Final 24 May 2013

1 **Project Title and Proposed Investment**

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

The title of the project is as follows:

“Eastwood Health and Care Centre”

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

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

2 Executive Summary

2.1 Introduction

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

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

East Renfrewshire CHCP presented an Initial Agreement document, '**Proposed Eastwood Health and Care Centre**', to the Scottish Government Capital Investment Group (CIG) on 18 July 2012. It received approval on the 9th November 2012.

2.2 Existing situation

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

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

2.3 Strategic Context

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

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

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

Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision

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

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

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

Integration of Adult Health and Social Care in Scotland Consultation: Scottish Government Response February 2013

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

“The shape of Scottish society is changing. The 2011 Census shows us that, for the first time, our population aged over 65 is greater in number than the population aged under 15.....as society’s needs change, so too must the nature and form of public services. Only by making sure that public services evolve effectively can we ensure that people receive the support they need, and that resources are used to best effect across all population groups, whatever their age or circumstances...”

- *It is about improving outcomes for people who have a range of complex support needs, and for their carers and families as well.*
- *It is about putting the leadership of clinicians and care professionals at the heart of service delivery for people with health and care support needs.*
- *Perhaps most ambitiously, it is about establishing a public service landscape in which different public bodies are required to work together, and with their partners in the third and independent sectors, removing unhelpful boundaries and using their combined resources, to achieve maximum benefit for patients, service users, carers and families.”*

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

The five priorities are:

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

East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire work to five guiding principles:

- Focus on outcomes for the customer
- Simplified cost effective services
- Promoting equality and sustainability
- Accountable
- Open to change.

2.4 Background

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



Clarkston Health Clinic



Clarkston Medical Centre

Figure 2.1

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

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

2.5 Service Objectives

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

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

2.6 Case for Change

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

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

The Health and Care Policy Agenda:

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

Changes in population

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

Changing model of care and support

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

2.7 Critical Success Factors

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

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

2.8 Summary of Short listed Options

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

OPTION 1 “do minimum”	This option would incur minor interior upgrade works to improve the buildings. This option would fail to meet the service and project objectives, but has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.
OPTION 2 “new build – Drumby Crescent, Clarkston”	This option would allow the replacement of a number of current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre located at Drumby Crescent, Clarkston.
OPTION 3 – “new build – Ayr Road, Newton Mearns”	This option would allow the replacement of a number of current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre located on Ayr Road, Newton Mearns.

Table 2.1

2.9 The Preferred Option

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

During early 2012, ERC conducted an Options Appraisal exercise considering potential sites for a new combined centre. In doing so they reviewed available sites in the patient / customer population area. They also collated data from their own in-house Technical Teams and had exploratory discussions with Planning and Roads Departments. The Options Appraisal exercise concluded that the site at Drumby Crescent in Clarkston was their preferred option. This was taken to the Council Meeting on 14th March 2012 and approved by ERC as their preferred option for the £6.5m capital investment in Council Services (through efficiencies in the reference design, the capital contribution has been refined from £8.4m to £6.5m).

The above process was required in order that ERC were able to formally commit to the project and have the opportunity to secure Enabling Funds which were being allocated at that time by the Hub Territory Partnering Board. At this point west hub had not been constituted and NHS GG&C had still to formally agree that Eastwood remained one of its four priority projects.

Once Eastwood was confirmed by NHS GG&C, an Initial Agreement was developed to seek formal approval to the project. It was determined that the Options Appraisal exercise undertaken by ERC should be revisited to ensure that an assessment against the specific Business Objectives of the NHS would not provide an alternative outcome. The process was carried out during June 2012 and is outlined in the Initial Agreement.

From a long list of 12 options, a short list of 4 options was produced at Initial Agreement stage. Drumby Crescent scored highest but 4 options were agreed to be taken forward for further evaluation in the OBC. These options were:

- 1 Do minimum
- 2 New Build – Drumby Crescent, Clarkston
- 3 New Build – Broomburn Drive, Newton Mearns
- 4 New Build – Mearns Road, Newton Mearns.

Following on from the Options Appraisal a number of additional factors developed that made the full consideration of Options 3 and 4 difficult to deliver:

- The Eastwood project was identified as the focus of the SFT led Reference Design for Primary Care Centres. This was an opportunity to improve the outcome of the project but required NHS GG&C to employ two designers and identify a site to develop their proposals. A preferred Design Team led by Gareth Hoskins was subsequently appointed in February 2013
- The CHCP and designers carried out the required stakeholder engagement with local residents to take account of views in relation to the Reference Design and this led to a wider communication of the preferred site
- East Renfrewshire Council issued a press release on week commencing 10th December 2012, stating “*The project is still in the early stages and planning permission for the Drumby Road site is being sought. The outline business case for the centre will be submitted in April 2013. If this is approved the centre will be designed, built and operational by 2015.*”

ERC have provided further information on Options 3 and 4. Both of these options are located on existing amenity green space in areas where there have traditionally been significant objections to development. On this basis, the likelihood of delivering these options within the timescale for hub projects would not be achievable.

Following advice from the Scottish Government early in 2013, East Renfrewshire CHCP were advised that the Drumby Crescent site could not be the only option considered in the OBC and that the Ayr Road site in Newton Mearns should also be evaluated at OBC stage. The Ayr Road site was another new build option with relatively high scoring on potential VfM and achievability, coming just behind Broomburn Drive and Mearns Road in the overall scoring ranking. A further Options Appraisal workshop was held on 28 February 2013 and the outcome of this further review again confirmed the Drumby Crescent site as the preferred option, with a score of 85% compared to 50% for Ayr Road and 32% for do minimum.

The preferred option promotes team and partnership working, has the capacity for other partners and organisations to use space within the new facility, has a design that allows out of hours use of the building, facilitates agile and mobile working and has the flexibility for remodelling and redesign.

2.10 Results of economic and financial appraisal/s

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

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

Initial Capital Cost Estimates.

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

Table 2.2

* Based on Initial Capital Cost estimates plus Prelims (10.83%), Overheads & Profit (4%), New Project Development Fee (7.67%), Additional Management Costs (2.54%), DBFM Fees (2.13%), Hubco (1.83%).

The table below shows the value for money analysis for the short listed options.

VfM Analysis

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

Table 2.3

2.11 Outcome

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

2.12 Benefits Realisation

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

In summary, it is anticipated that the following benefits will be realised as a result of the proposed Investment.

Class	Relative Value	Relative Timescale	Benefits criteria
Strategic			
Facility will enable greater integration of health social care wider public, independent and third sector services.	High	Long-term	Qualitative and Quantitative Direct Non cash releasing
People will be at the heart of the new facility enabling the delivery of personalised and co-produced services, supports and pathways.	High	Long-term	Qualitative Direct Non cash releasing
Improved access to services through having all services on the same site will enable the delivery of "one-stop shop" services and single point of access.	High	Long-term	Qualitative Direct Non cash releasing
Improved clinical effectiveness through improved facilities and pathways.	High	Long-term	Qualitative Direct Non cash releasing
Collocation of Primary, Community Health, Social Care, and Independent services will facilitate better co-ordination of care with a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement resulting in a reduction in rates of hospital admission and bed use.	High	Long-term	Qualitative and Quantitative Direct Cash releasing (balance of care)
Flexible accommodation will enhance ability to remodel and redesign services in response o changing policy context and local requirements.	High	Long-term	Qualitative and Quantitative Direct Non Cash releasing
Operational			
Rationalisation of NHS and Council estate	Medium	Medium-term	Quantitative Direct Cash releasing
Facilitate agile and mobile working for staff teams	Medium	Medium-term	Qualitative & Quantitative Direct Non cash releasing
Sharing of administration and back office support services	Medium	Medium-term	Quantitative Direct Cash releasing
Improved staff training and development through greater opportunities of shared learning and reflective practice	Medium	Medium-term	Quantitative Direct Non cash releasing

Class	Relative Value	Relative Timescale	Benefits criteria
Task			
Energy efficient & sustainable build	High	Long-term	Qualitative & Quantitative Direct Cash Releasing
Statutory compliant build e.g. DDA	High	Short-term	Qualitative & Quantitative Direct Non cash releasing

Table 2.4

2.13 Cost of Preferred Option – Stage 1

Following the options appraisal Hubco has provided maximum tender cost for the provision of Option 2 – New Build at Drumby Crescent - as follows:

Output	Eastwood Health and Care Centre
Capital Expenditure (capex & development costs)	£14,675,415
Total Annual Service Payment	£33,215,000

Table 2.5

2.14 Summary of Key Dates

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

Project Phases

Stage 2: Consideration of OBC	2 July 2013
Stage 3: Submission of FBC	2 October 2013
Stage 4: Start on site	30 April 2014
Completion date	8 May 2015
Services Commencement	8 May 2015

Table 2.6

2.15 Scottish Capital Investment Manual (SCIM) Compliance

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

3 Introduction

3.1 Initial Agreement Document

In compliance with the requirements of the Scottish Capital Investment Manual (SCIM) an Initial Agreement document (Final), was developed and was approved by the Capital Investment Group (CIG) on 9th November 2012; see Appendix A for a copy of the approval letter.

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

3.2 OBC Purpose and Compliance

The overall purpose of the Outline Business Case (OBC) is to justify and demonstrate the proposals for the development of the new Eastwood Health and Care Centre.

This OBC complies with and meets the requirements of the Scottish Government Health Directorate (SGHD) Capital Investment Manual (June 2010). The OBC framework promotes the development of investment benefits, costs, risks and management procedures in a systematic way to ensure that East Renfrewshire CHCP present a convincing argument that the proposed investment is financially sound, within affordability constraints and presents the way for moving forward.

The preparation of the Outline Business Case forms part of Phase 2 of the SCIM guidance covering the following sections.

- Step 4 : Economic Case (Demonstrating value for Money)
- Step 5 : Commercial Case (Procurement and Contractual Arrangements)
- Step 6 : Financial Case (Considers costs and affordability)
- Step 7: Management Case (Management Structure and Tools for delivery).

3.3 OBC Structure

The structure and content of the Outline Business Case is based on the need to justify proposed decision making, demonstrate the expected outcomes of the project and the expected benefits that will be delivered. It defines what has to be done to meet the strategic objectives identified in the Initial Agreement document and prepares the way for the Full Business Case document which will develop the preferred option in further detail.

In summary the objectives of the Outline Business Case document are to.

- Review the Initial Agreement (IA) document, particularly the Strategic Case
- Re-validate the short-listed options in the IA
- Undertake analysis and due process to demonstrate how each of the short-listed options best meets the (non-financial) measurable benefits

- Undertake a financial and economic appraisal to demonstrate value for money
- Identify the preferred option taking into account the non-financial benefits that would be achieved, the costs and risks.
- Present a sustainability case for the proposals
- Demonstrate the ability of East Renfrewshire CHCP to afford the preferred option
- Summarise the management, procedures and protocols that would be put in place to achieve successful delivery.

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

Section	Description
1. Project Title and Summary of Proposed Investment	As stated
2. Executive Summary	Provides a summary of the Outline Business Case (OBC) content and findings.
3. Introduction	Provides the background and methodology used in preparing the OBC.
4. Strategic Case	Reviews the Initial Agreement and establishes the strategic context of the proposed investment, both in terms of national and local clinical services in East Renfrewshire CHCP. This section sets down the profile of East Renfrewshire CHCP, its aims, aspirations and constraints on service delivery.
5. Economic Case	Identifies the process by which the short listed options were established and summarises the assessment of the options, in terms of non-financial benefits, costs and risks. An overall assessment of the preferred option, based on value for money, is then established.
6. Preferred Option	Summarises the Preferred Option and the reasons for selection. Various aspects and implications associated with progressing with the preferred option are then investigated in order that East Renfrewshire CHCP has a clear idea of how this would impact on current services.
7. Sustainability Case	Considers East Renfrewshire CHCP policy on developing sustainable facilities. This section also considers the benefits, issues and associated implications associated with the development of the scheme in line with the proposed approach.
8. Commercial Case	Identifies the contractual arrangement and risks

Section	Description
	associated with the proposed options for procurement, together the payment implications and accountancy treatment.
9. Financial Case	Considers the costs (including capital, revenue and other costs) associated with the preferred option and the associated impact on East Renfrewshire CHCP, and the consequential affordability.
10. Management Case	Summarises the approach to the management of the project, based on the preferred approach, including East Renfrewshire CHCP governance structure, management team, programme implications and risk management.
Conclusion	Provides a summary of the findings within the OBC.

Table 3.1

3.4 Procurement Approach to Date

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

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

The Eastwood Health and Care Centre project will be bundled with the new Maryhill Health Centre for the purpose of delivery of both projects at the same time – the purpose of this approach and the benefits are outlined in the summary report to this and Maryhill Health Centre OBCs.

3.5 Design Approach

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

With regard to capital enabling funds, two elements of funds are being provided by hub for this project:

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

The Governance approach to each project is based on a series of “Gateways” thus committing NHS GGC East Renfrewshire CHCP to the appointment of the Principal Supply Chain Partner (PSCP). The NHS Board then gives authority to move to the next stage, if that is desired. The following table summarises these gateways.

Key steps in OBC development

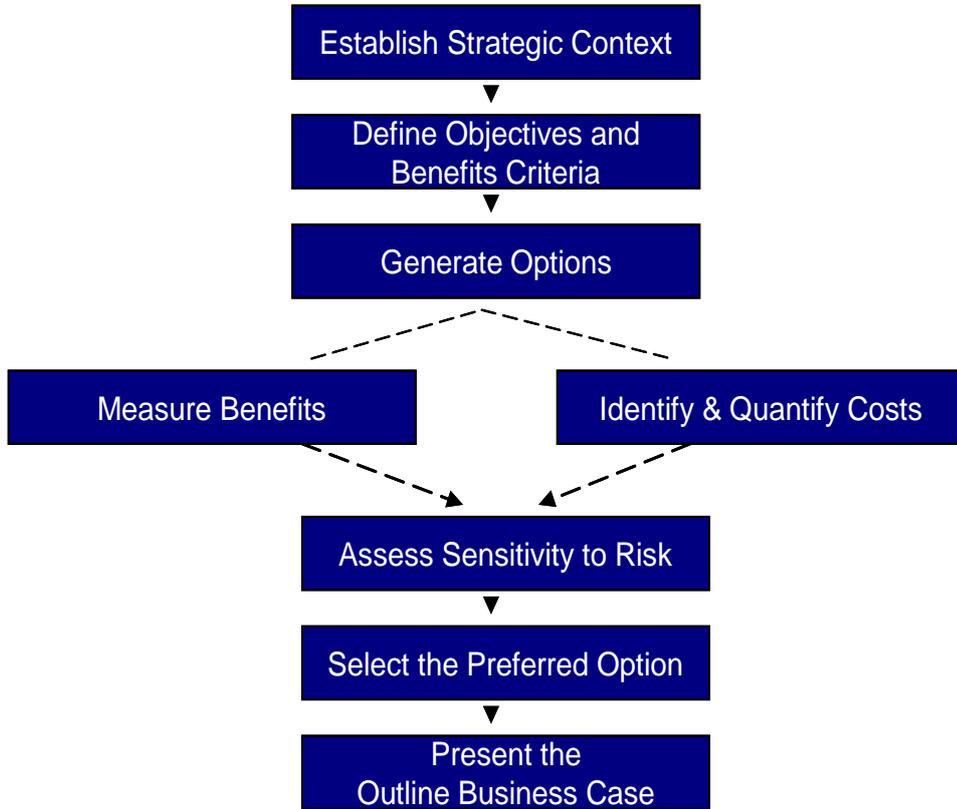


Figure 3.1

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

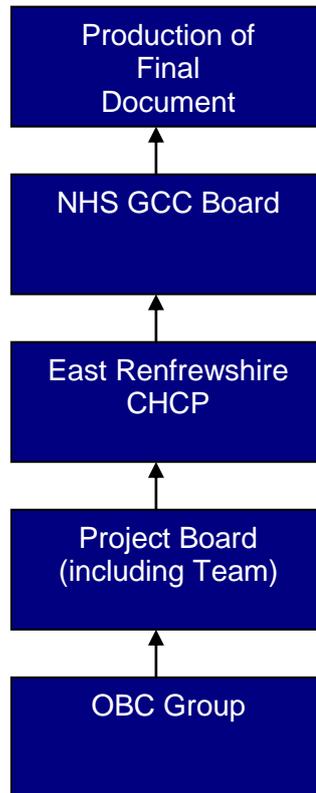


Figure 3.2

The organogram below demonstrates East Renfrewshire CHCP's approach to the governance of this project up to Outline Business Case (OBC) stage.

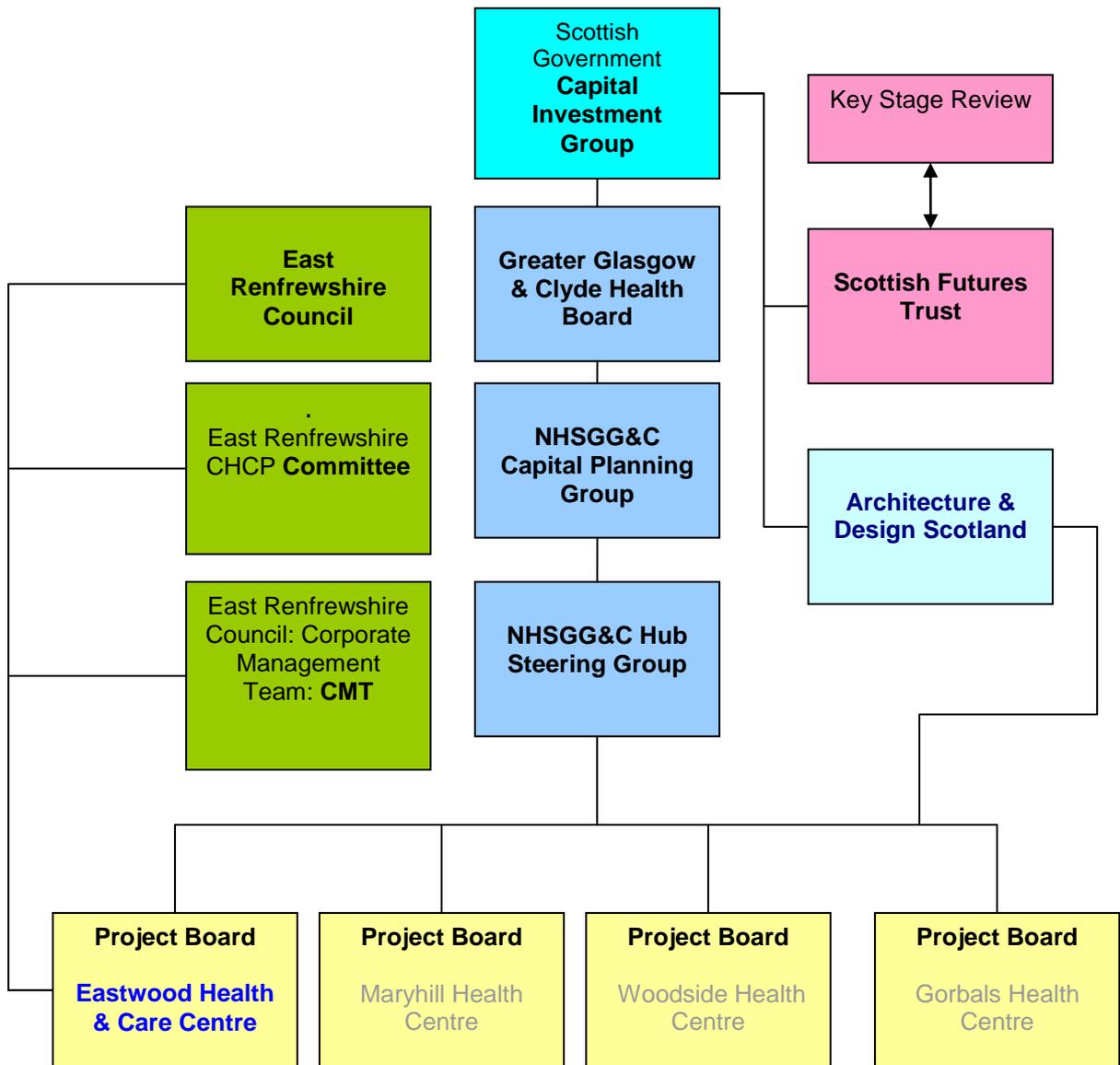


Figure 3.3

3.6 Full Business Case and Procurement Route

Based on the assumption that the OBC is endorsed by the Capital Investment Group (CIG) committee, the project will progress with the development of a Full Business Case document. This will seek to demonstrate the following:

- Identify the best market place opportunity for achieving value for money
- Present the proposed commercial and contractual arrangement for the proposed deal
- Demonstrate in more detail the proposed scheme and that it is fully affordable
- Demonstrate in more detail the management arrangements and protocols for successful delivery.

Subject to the preferred solution based on the value for money analysis, as described later in this business case, East Renfrewshire CHCP will be using the hub initiative for the development of the Full Business Case and subsequent delivery of the project. The role of the various members of the Project Team; Clinical Lead and Key Stakeholders is included within Section 10 of this document.

3.7 Further Information

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

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4 Strategic Case

4.1 Profile of East Renfrewshire CHCP

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

The purpose of East Renfrewshire CHCP is to:

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

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

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

4.2 Strategic Aims

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

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

The Corporate Plan sets out the following five strategic priorities:

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

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

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

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

The outcomes for shifting the balance of care are:

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

The outcomes for reshaping care for older people are:

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

- Improved partnership working with the third sector to support older people
- Improved experience of care for older people in all our services.

The outcomes for improving quality, efficiency and effectiveness are:

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

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

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

East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire work to 5 guiding principles:

- Focus on outcomes for the customer
- Simplified cost effective services
- Promoting equality and sustainability
- Accountable
- Open to change.

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

4.3 Existing Arrangements

4.3.1 Eastwood Facilities

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

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

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

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

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

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

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

The CHCP has undertaken a footfall survey of patients attending Clarkston Clinic to understand how the clinic is utilised, where patients live who attend the clinic and how they travel to the clinic. The majority of people using Clarkston Clinic live in or near the Clarkston area. In addition the CHCP has analysed information about the local GP practices within Eastwood, including details of the area of residence of their practice populations in order to consider how to ensure that any new facility is accessible to the current patient population.

Location/Facility	Services	Reason for Inclusion
Clarkston Clinic	Community Older People's Team Health visitors District Nurses Podiatry Physiotherapy Primary Care Mental Health Addictions clinics Third Sector Advice and Support to Older People	Reprovision of facility to enable safe, effective, patient centred care Release accommodation Collocation of rehabilitation and enablement integrated health and care services
Clarkston Social Work Offices	Children and Families social work Adult social work	Release accommodation Collocation of rehabilitation and enablement integrated health and care services
Seres Road	Older people's mental health Third sector dementia support	Reprovision of facility to enable safe, effective, patient centred care Release accommodation Collocation with rehabilitation and enablement
Lygates	Transition Team ILS Team Welfare Rights Team Primary Care Mental Health Addictions clinics	Release accommodation for alternative use
CHCP HQ	CHCP Directorate CHCP Senior Management Planning, Commissioning, Finance Pharmacy Support Rehabilitation & Enablement	Release accommodation Collocation of rehabilitation and enablement integrated health and care services
HQ2	Learning and Development Training suite Care First Team HR support	Scrap portacabin Collocation of support services
Fairweather hall Crookfur Pavilion	Anticoagulant clinic	Relocation of clinic to enable safe, effective, patient centred care
5a Eaglesham Road	Sheddens Medical Practice GMS Medical services to 2336 patient population	NHSGGC GP Premises ranking 5 Converted shop cannot be brought up to full standard. for modern GMS
400 Clarkston Road, Muirend	Macleane Practice GMS Medical services to 8126 patient population	NHSGGC GP Premises ranking 10 Converted terrace house cannot be brought up to full standard for modern GMS.
Clarkston Medical Centre 75 Busby Road	Drs Castle, Simmons, Boardman & King, GMS Medical services to 6431 patient population Drs Morrice, Mason & Fraser, Clarkston Medical Centre GMS Medical services to 6791 patient population	NHSGGC GP Premises ranking 22 Converted house cannot be brought up to full standard for modern GMS.

Location/Facility	Services	Reason for Inclusion
Giffnock Medical Centre Fenwick Road, Giffnock	GMS Medical services to 5620 patient population	NHSGGC GP Premises ranking 32 Converted house cannot be brought up to full standard for modern GMS

Table 4.1

4.4 Geographical Position and Population Comparisons

Population Estimates and Projections

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

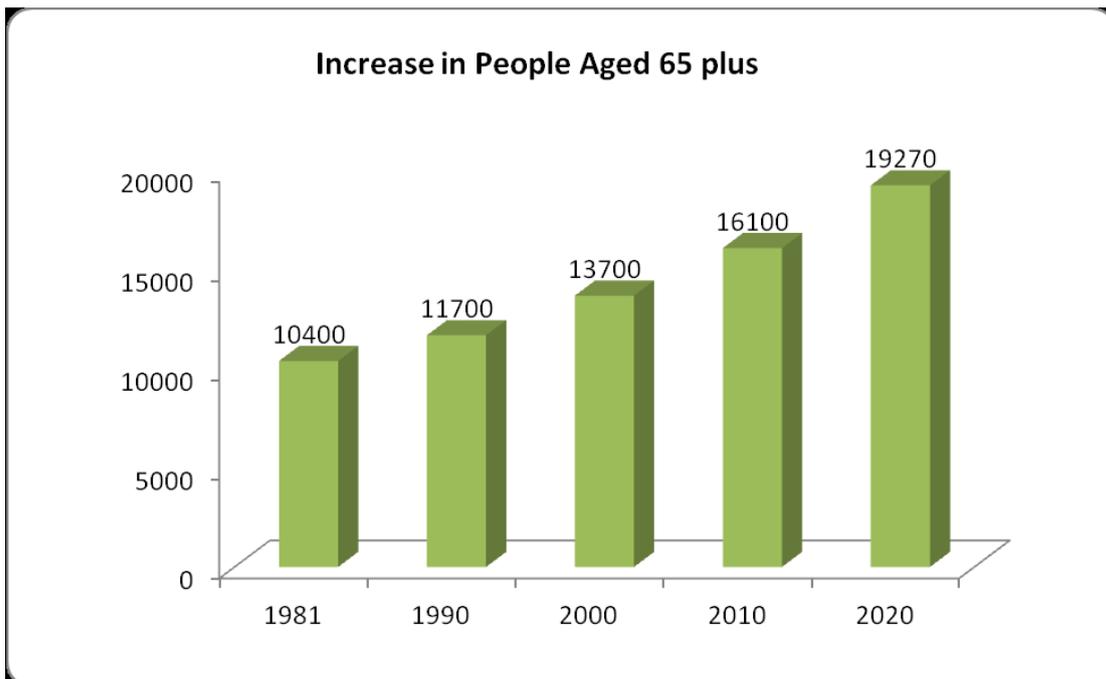


Figure 4.1 Percentage increase in age groups from 1981 - 2020

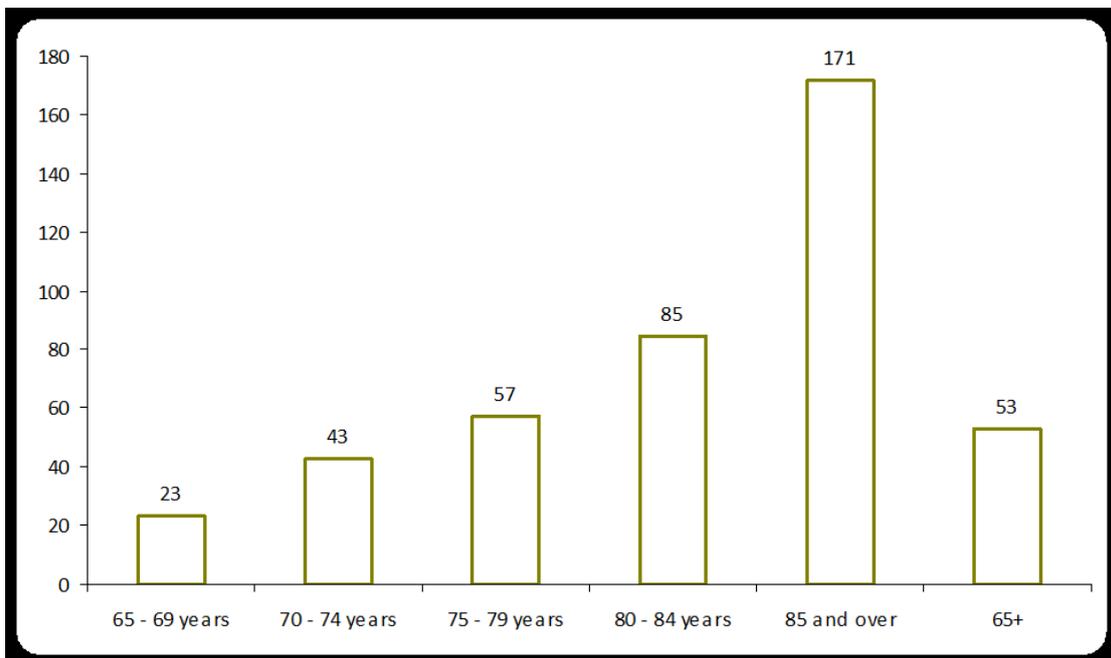


Figure 4.2 Population age rises

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

There are variations in this trend across East Renfrewshire

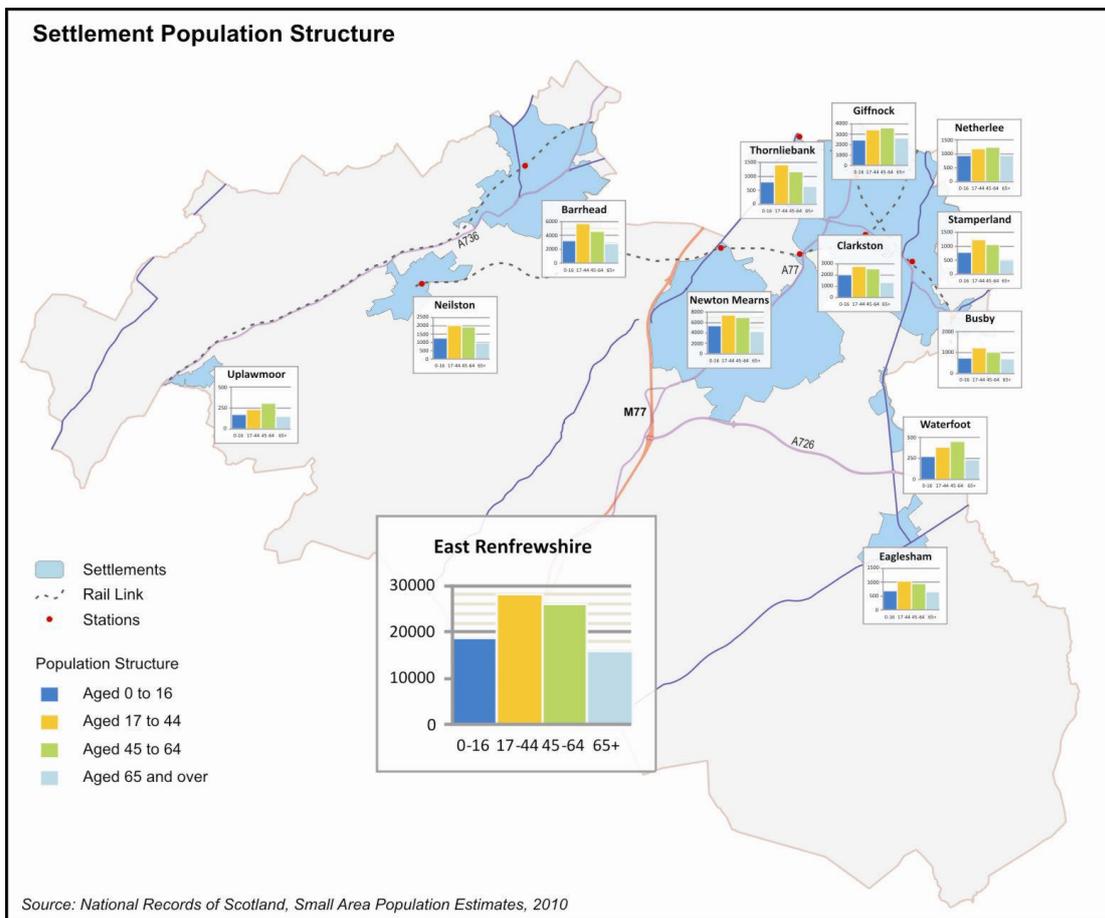


Figure 4.3 Settlement Population Structure

Source: National Records of Scotland, Small Area Population Estimates, 2010

Clarkston and Williamwood have the largest proportion in the 0-16 age group (23 %); The largest proportion of the over 65s are found in Giffnock and Netherlee (both at 21.8 % respectively).

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

4.5 Existing Business Strategies

4.5.1 General

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

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

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

4.5.2 National Strategies

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

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

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

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

Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision

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

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

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

Integration of Adult Health and Social Care in Scotland Consultation: Scottish Government Response February 2013

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

"The shape of Scottish society is changing. The 2011 Census¹ shows us that, for the first time, our population aged over 65 is greater in number than the population aged under 15. As society's needs change, so too must the nature and form of public services. Only by making sure that public services evolve effectively can we ensure that people receive the support they need, and that resources are used to best effect across all population groups, whatever their age or circumstances...

- *It is about improving outcomes for people who have a range of complex support needs and for their carers and families as well*
- *It is about putting the leadership of clinicians and care professionals at the heart of service delivery for people with health and care support needs.*
- *Perhaps most ambitiously, it is about establishing a public service landscape in which different public bodies are required to work together, and with their partners in the third and independent sectors, removing unhelpful boundaries and using their combined resources, to achieve maximum benefit for patients, service users, carers and families."*

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

- The five Strategic Outcomes of the Scottish Government. (Wealthier and Fairer; Smarter; Healthier; Safer and Stronger, and Greener)
- Local Delivery Plan targets (HEAT) 2013/14
- Christie Commission in Commission on the Future Delivery of Public Services (2011),

- Renewing Scotland's Public Services (2011)
- Better Health, Better Care (2007) – Action Plan
- Reshaping Care for Older People: A Programme For Change 2011–21
- Caring Together: The Carers Strategy for Scotland 2010-2015
- Self-directed Support: A National Strategy for Scotland (published October 2010)
- Scotland's National Dementia Strategy
- Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland.

4.5.3 Local Strategies

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

The five priorities are:

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

The draft East Renfrewshire Single Outcome Agreement 2013-16 has five key strategic outcomes.

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

Clinical Services Review

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

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

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

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

The Joint Strategic Commissioning Plan for Older People's Services in East Renfrewshire describes the local strategy for older people in response to the key ambitions as set out by the Christie Commission in *Commission on the Future Delivery of Public Services* (2011)¹, namely:

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

Working more closely with individuals and communities to understand their needs and mobilise a wide range of local talents and assets in response to these needs, and to support self-reliance and community resilience. The CHCP is committed to continued community engagement to listen to what older people think and ensure this shapes the

care and support that is available and provided in East Renfrewshire, through ongoing co-production via the Public Partnership Forum, Older People's Reference Group, the Carers Seniors Forum and East Renfrewshire's Third Sector Interface partners Voluntary Action.

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

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

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

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

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

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

- A range of flexible working options
- Environments that enable flexibility
- Technologies that support the practice of agile working
- New forms of collaboration that reduce the need for physical meetings and travel
- Culture change to enable greater organisational agility

Underlying agile working is a commitment to modernise working practices, doing more with less, working wherever and however is most appropriate to get the job done. It is also about working smarter to de-clutter offices and reduce our dependency on paper documents and physical resources. While there are some statutory obligations to retain paper documents, the reasons for using and generating paper are becoming less compelling.

4.5.4 East Renfrewshire CHCP Development Plan

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

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

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

Strategic/Service

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

Efficiency

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

4.5.5 Quality Outcomes

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

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

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

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

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

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

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

4.5.6 HEAT Targets

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

In terms of the Eastwood area, it is clear that the proposed improvements within this OBC will make a significant contribution to the achievement of HEAT targets. In particular the following quality outcomes and HEAT targets are highlighted.

HEAT Target	How the new centre will contribute to achievement of target
To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15	The new centre will improve access to services and earlier treatment.
At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.	The provision of a new centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	Community space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)
To achieve 12,910 completed child weight interventions over the 3 years ending March 2014	Health improvement team located in new centre will promote child weight interventions with parents and primary care.
NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas	The new centre includes a suite of bookable space for individual and group activity.
Reduce suicide rate between 2002 and 2013 by 20%	The new centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The social enterprise community café and gardens will support the recovery agenda.
NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.	The new centre will achieve BREAAAM excellent, significantly reducing energy consumption levels current in the range of older existing premises
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services from 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.	There is insufficient clinical space in current facilities for the range of clinics that CAMHS services would like to run locally. The new centre will provide additional space for CAMHS to increase local access to their services by providing sessions in the new centre along with speech and language services and social work children and families' services.
Reduce rate of emergency inpatient days for people aged 75 and over	Design of the new centre will support better anticipatory care and more integrated working between CHCP health and care rehabilitation and enablement services and GP practices.
From April 2015, no people will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	The local carer's centre and Alzheimer's Scotland Early Diagnostic support service along with other third sector organisations will have access to space in the health centre to run information/ training/advice sessions for carers and older people.
All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker including the building of a person-centred plan	Collocation of GPs, CHCP and third sector services will improve co-ordination of support to older people and their carers, including those with dementia
Further reduce health care associated infections	The new centre will be designed to high standards of infection control.

Table 4.2

4.6 Draft Consultative Health and Care Integration Outcomes and Measures

Over recent years, a significant amount of work has gone into establishing outcomes and related measures for health and community / social care. The National Performance Framework enables partners to jointly drive and track progress towards delivery of agreed outcomes through better integration.

Health and Social Care Quality Measurement Framework

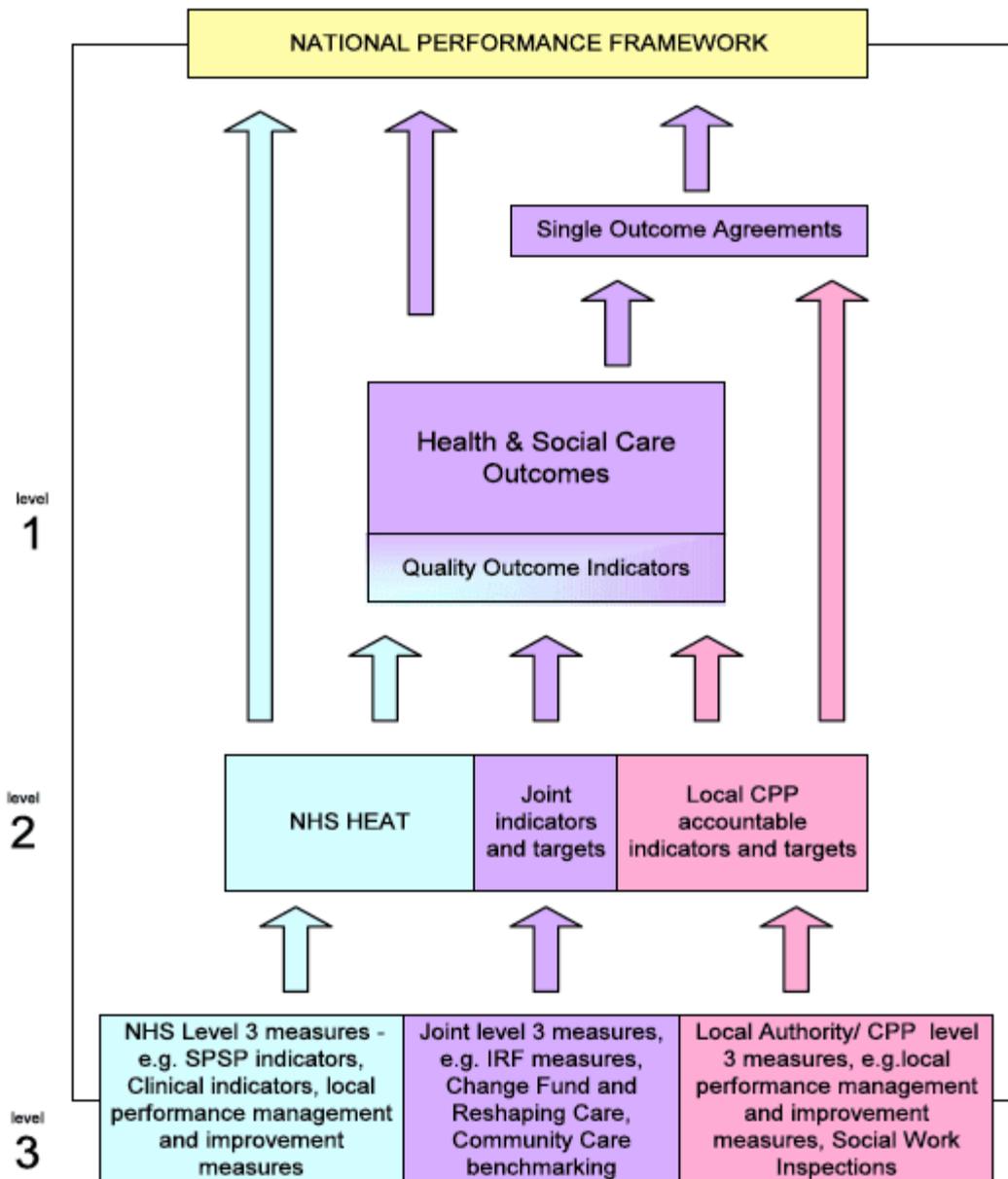


Figure 4.4

The diagram illustrates how various sets of outcomes and indicators/measures relate to each other. The three levels of measurement are defined as follows:

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

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

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

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

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

Health and Social Care Quality Outcomes	How the new centre will contribute to achievement of outcomes
<p>Healthier living <i>Individuals and communities are able and motivated to look after and improve their health and wellbeing, resulting in more people living in good health for longer</i></p>	<p>The centre will promote a feeling of wellbeing, and also provide direction to the range of services on offer (public and third sector), encouraging people to use these as appropriate to their needs, and health information zone where it is expected that volunteers will help people source information and support to manage their health and wellbeing. The shared social space is designed to become a stand-alone community space allowing groups to come together for mutual support and events to be held such that the facility is a familiar part of community life and promotes a feeling of 'community ownership' .</p>
<p>Independent living <i>People with disabilities, long term conditions or who become frail are able to live as safely and independently as possible in the community, and have control over their care and support.</i></p>	<p>Rehabilitation and Enablement services working from the centre and in partnership with primary care will deliver a range of preventative approaches which focus on early intervention, proactive anticipatory care and Support at Home. Collocation of GPs, CHCP and third sector services will improve co-ordination of support.</p>
<p>Positive experiences and outcomes <i>People have positive experiences of health, social care and support services, which help to maintain or improve their quality of life</i></p>	<p>All staff in the centre are committed to delivering a personal outcomes approach through the use of Talking Points. Outcomes are defined as what matters to people using services, as well the end result or impact of activities. This approach means working with the person to identify what is important to them in life, what they wish to achieve, and then working with the person to plan steps on how to achieve their goals.</p>

Health and Social Care Quality Outcomes	How the new centre will contribute to achievement of outcomes
<p>Carers are supported <i>People who provide unpaid care to others are supported and able to maintain their own health and wellbeing.</i></p>	<p>The local carer's centre and Alzheimer's Scotland Early Diagnostic support service will be collocated in the centre enabling better coordinated support to carers. Working in partnership with primary care services an anticipatory care approach to carer's health will be promoted.</p>
<p>Services are safe <i>People using health, social care and support services are safe guarded from harm and have their dignity and human rights respected.</i></p>	<p>Child and adult support and protection services will be based in the building and promote the safeguarding of vulnerable individuals in conjunction with a risk enabling approach.</p>
<p>Engaged workforce <i>People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide.</i></p>	<p>The layout of the facility will encourage close and easy working both within groups and between them, and flexibility in use to allow change over time. The design of working and rest area will support staff's personal needs such that they feel valued in their work and their wellbeing is supported</p>
<p>Effective resource use <i>The most effective use is made of resources across health and social care services, avoiding waste and unnecessary variation.</i></p>	<p>The development of this centre will enable:</p> <ul style="list-style-type: none"> • Efficiencies from the provision of integrated services • Reduced running cost of energy efficient facility • Reduced facilities cost as a result of moving from multiple old premises to a modern building • Efficiencies in non clinical support as the need for duplication of back office support over multiple locations is removed

Table 4.3

4.7 Clinical and Service Need

General

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

Clinical and Service Need

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

Where a need emerges for a response to a person's needs the CHCP aims to improve the ability of services to respond in a co-ordinated manner. At present experience suggests

that our pathways are complex to navigate for both service users and service providers. In aligning health and care services around clusters of GPs the CHCP anticipates being better able to manage the pathway and ensure the best response by the right person. Feedback from local practices where social work liaison arrangements have been piloted suggests that regular contact and feedback builds confidence in shared working to support people living in the community.

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

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

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

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

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

4.8 Existing facilities and constraints.

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

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

Neither current Clarkston Clinic nor the linked Clarkston Social Work Offices can be extended. Service delivery from these building is constrained and planned collocation of cluster teams is putting pressure on other staff groups operating from the building. There is no more scope for future expansion of the premises at Seres Road which house the Community Mental Health Team. The limited facilities to consult with patients, result in staff travelling to and from clinical sites from other bases and reduce the number of clinical appointments that can be offered.

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

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

4.8.1 Health and Safety deficiencies of the Eastwood health facilities.

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



Figure 4.5

4.9 Property Strategy

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

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

NHS GG&C have recently submitted their Property and Asset Management Strategy April 2012 to March 2016 to the Scottish Government outlining the plans for the coming years which are in line with the Boards Corporate and Service plans. The strategy seeks to optimise the utilisation of assets in terms of service benefit and financial return in line with

government policy. The strategy has a range of policy aims, one of which is to support and facilitate joint asset planning and management with other public sector organisations and the provision of the new Eastwood Health and Care Centre is one of a number of projects which meet this requirement but also support all of the other aims and objectives of the strategy.

4.10 Critical Success Factors

Notwithstanding the desire that all investment objectives and resulting benefits will be achieved, the key stakeholders met and reviewed the factors considered essential to this scheme and identified the following list of Critical Success Factors deemed essential to the project being considered successful.

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

Figure 4.6

4.11 Investment Objectives

A review of the Investment Objectives arrived at as part of the Initial Agreement process was undertaken to ascertain that they were still valid for the project. The review confirmed the key investment objectives for the project and determined SMART objectives in accordance with the SCIM guidance (including baseline data for measurement and timing of assessment of the objectives) is provided. These investment objectives were used at the Options Appraisal Workshop on 28 February 2013 in the scoring process for the three options.

A summary of the SMART objectives is provided below:

Customer

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

Strategic / Service

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

Efficiency

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

Design

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

Population reach

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

4.12 Business Scope

The project scope is essentially the design and development of facilities that meet the Investment Objectives described in Section 4.11. However, in order to establish project boundaries, a review was undertaken by key stakeholders, and the following items were established in relation to the limitation of what the project is to deliver. In line with the renewed emphasis on employability on the Single Outcome agreement and in the Council's Outcome Delivery Plan the inclusion of a community café has received a greater priority. This will to be run as a social enterprise and training facility for people with learning disability and on their recovery journey. Costs for this will be attributed to the East Renfrewshire Council element of capital funding.

Potential Business Scope	Min	Inter	Max
To enable the CHCP to provide an integrated service for the Eastwood area spanning primary care, community health, social care, wider council and third and independent sector and acute outreach services in the area.	<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 and surrounding areas.	<input checked="" type="checkbox"/>		
To support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement	<input checked="" type="checkbox"/>		
To provide flexibility for future change thus enabling the CHCP to continually improve existing services and develop new services to meet the needs of the population served.	<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 the opportunity for social enterprise and encourage other entrepreneur activity e.g. community café	<input checked="" type="checkbox"/>		
To provide additional council services that are complimentary to the core services provided by the CHCP		<input checked="" type="checkbox"/>	
To be part of the delivery of the economic redevelopment of the local area			<input checked="" type="checkbox"/>

Table 4.4

4.13 Resultant Service Requirements

4.13.1 General

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

Key Service Requirements	Min	Inter	Max
GP practices	<input checked="" type="checkbox"/>		
Clinical Consulting room space	<input checked="" type="checkbox"/>		
Podiatry	<input checked="" type="checkbox"/>		
Community Physiotherapy	<input checked="" type="checkbox"/>		
Health visitors	<input checked="" type="checkbox"/>		
School nurses	<input checked="" type="checkbox"/>		
Children and Families Social work	<input checked="" type="checkbox"/>		
Transition Team		<input checked="" type="checkbox"/>	

Key Service Requirements	Min	Inter	Max
Child and adolescent mental health services		<input checked="" type="checkbox"/>	
Speech and Language Therapy		<input checked="" type="checkbox"/>	
Midwifery and antenatal clinics	<input checked="" type="checkbox"/>		
Addiction/DTTO clinics	<input checked="" type="checkbox"/>		
Rehabilitation and enablement staff including allied health professionals, social workers, district nurses (2 clusters)	<input checked="" type="checkbox"/>		
Rehabilitation and enablement assessment and therapy suite			<input checked="" type="checkbox"/>
Home care re-ablement		<input checked="" type="checkbox"/>	
Home care management			<input checked="" type="checkbox"/>
Older people's community mental health services	<input checked="" type="checkbox"/>		
Adult mental health services clinics	<input checked="" type="checkbox"/>		
Adult mental health services		<input checked="" type="checkbox"/>	
Primary care mental health services	<input checked="" type="checkbox"/>		
Carer Support	<input checked="" type="checkbox"/>		
Youth health services			<input checked="" type="checkbox"/>
Sexual Health services			<input checked="" type="checkbox"/>
CHCP HQ, Admin and support staff	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including Anticoagulant	<input checked="" type="checkbox"/>		
Customer First		<input checked="" type="checkbox"/>	
Library and learning services		<input checked="" type="checkbox"/>	
Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Independent/Third Sector		<input checked="" type="checkbox"/>	
Opportunities for volunteering			<input checked="" type="checkbox"/>
Community café /training facility	<input checked="" type="checkbox"/>		

Table 4.5

Art in Health Buildings; works of art and craft can contribute greatly to health and well-being. An Arts Group is being established to explore how art can be integral to the design of the buildings and how the development of the new health and care centre can give greater impetus to local community arts activity. It has been agreed to allocate 0.7% of the total build cost to develop quality art.

External views and landscaping; the connection of waiting areas and staff work areas and restrooms to the natural landscape is known to contribute to well-being and to relaxation. Consideration has been given to designing these areas to have an outlook to a planted area or to views of nature.

The health planner for the project has been attending Delivery Group meetings and has scheduled meetings with various stakeholders to look at the operational policy documents provided by NHS GGC and will review the accommodation requested. An initial report has

been produced on 20 March 2013 and further regular written reports on the work and outcomes from future meetings will be provided by Hubco.

4.14 Benefits Criteria

Key stakeholders have given further consideration to the Investment Objectives (in Section 4.11) in order to establish the relative value of each objective, the key benefits and beneficiaries, and the potential benefits criteria that have been used during the Outline.

The following were agreed as the key criteria and value against each investment objective:

Investment objective	Criteria	Design	Value
Customer	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/customer	Adequate Car parking Access to Public, community and green transport Recognisable in the everyday routes around the community Feels close other local amenities Promotes sense of wellbeing	30%
Strategic/ Service	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	Promote team and partnership working Capacity for other partners and organisations to use space Design allows out of hours use of building Flexible for remodelling and redesign	25%
Efficiency	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	10%
Design	Achieve a BREEAM healthcare rating of 'Excellent' Achieve a high design quality Meet statutory requirements and obligations for public buildings	Safe and accessible access DDA compliant	10%
Population Reach	Location close to patient / customer population	Location close to patient / customer population	25%

Table 4.6

4.15 Strategic Risks

At a Workshop on 11 March 2013, the key stakeholders undertook an exercise to establish the key risks associated with the proposed investment. Whilst there will be many

risks to the project, the key stakeholders have considered what they perceive to be the main risks which are considered to contribute collectively to the majority of the risk value (approximately 80%). A summary of the key risks identified is contained in Appendix C.

4.16 Constraints

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

Financial

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

Programme

Eastwood Health and Care Centre cannot start on site until the OBC/FBC approvals are complete and the transfer to hub has been agreed.

Quality

Compliance with all current health guidance.

Sustainability

Achievement of BREEAM Health “Excellent” for new build.

4.17 Dependencies

The development of an Eastwood Health & Care Centre cannot be viewed in isolation. The project is linked to the implementation of a number of service redesign and efficiency projects managed through the CHCP’s Transformation Programme with support from the Council’s project management office. These initiatives are outlined in the following table.

CHCP Programmes / Workstreams / Projects 01/02/13

- Bi weekly CHCP PMO reviews and monthly CHCP Board & Workstream mtgs provide governance (Business Critical Projects highlighted in Red. Amber Projects likely to become critical)
- PID, Timeline Plan, Flash/Scorecard Approach plus Flash Reports used to govern projects
- Mtg to focus on achieving next milestones, issues, help reqd and meeting savings targets
- 5 Workstreams / 40+ Projects/Sub Projects = Phase 1

<p>A. Practice Development x 5 Sponsor – S. Baxter</p> <ol style="list-style-type: none"> 1. Assessment Support Planning 2. Risk Enablement 3. Policy & Procedures: SDS 4. Customer Journey 5. ILS 	<p>C. Learning Disability/ Mental Health x 5 Sponsor – T. Eltringham</p> <ol style="list-style-type: none"> 1. PSP 2. Atholl 3. Day Services 4. Transport 5. Respite 	<p>e. Re-shaping Care for Childrens Services x 3 Sponsor – S. Baxter</p> <ol style="list-style-type: none"> 1. Early Years 2. Healthcare Transition 3. Processes & Data Analysis
<p>B. Reshaping Care for older People x 13 + Sponsor – T. Eltringham</p> <ol style="list-style-type: none"> 1. Care at Home Multiple phases TBC 2. Day Services Re-design 4. Housing Support 5. Telecare Phase 1 New Phase TBC 6. Res (Rehabilitation and Enablement Service) Redesign 7. Review of District Nursing B2. Change Fund Projects B3. Working together for Older People 	<p>D. Infrastructure x 13 Sponsor – J. Murray</p> <ol style="list-style-type: none"> 1. Individual Budgets 2. Financial Processes x 4 projects <ul style="list-style-type: none"> - Ph1 (Service Agreementsx2) - Ph2(Payments/Extracts) - Ph3(Carepay) - Ph4 (Financial Assessments) 3. Web 4. Business Support Review <ul style="list-style-type: none"> - Phase 1 - Phase 2 5. Premises and IT x 5 Projects <ul style="list-style-type: none"> - Prep - Redesign - ERC Mobile Agile - NHS Mobile/Agile - Interim Moves - Eastwood Health and Care Project - EDRMS 	

Table 4.7

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

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

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

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

5 Economic Case

5.1 Options Considered

5.1.1 General

This section identifies the processes for the short-listing of options contained in the OBC.

A number of local GP practices in Clarkston / Giffnock were interested in finding more suitable alternative premises within the area. Based on initial assessment of capital and revenue affordability the CHCP identified that four practices could be accommodated in the new building. The key selection criteria agreed inline with the feedback from the Scottish Government in the Initial Agreement was the state of the GP Practice Premises.

This was assessed by use of the GP premises survey undertaken by NHSGG. During the process of design, sufficient efficiencies were made to accommodate the fifth priority practice. All the GP premises identified have issues with DDA compliance, and would be difficult to alter to bring up to the required standard.

Practice		NHSGGC Survey Ranking
1)	Sheddens Medical Practice, 5a Eaglesham Road Converted shop.	<u>5</u>
2)	Maclean Practice, 400 Clarkston Road, Muirend Converted terrace house	<u>10</u>
3)	Drs Castle, Simmons, Boardman & King, Clarkston Medical Centre, 75 Busby Road Converted house	<u>22</u>
4)	Drs Morrice, Mason & Fraser, Clarkston Medical Centre, 75 Busby Road Converted House	<u>22</u>
5)	Giffnock Medical Centre, Fenwick Road, Giffnock	<u>32</u>

Table 5.1

5.1.2 Long List of Options

The following long list of options was established in conjunction with Asset Management support from ERC and NHSGGC:

Option Number	Service Option
1)	<i>Do nothing</i>
2)	<i>Do minimum</i>
3)	<i>Extend existing Clarkston Clinic and Social Work Offices</i>
4)	<i>Refurbish existing Clarkston Clinic and Social Work Offices and develop smaller new build on another site</i>
5)	New build - Golf Road, Clarkston
6)	New build - Clarkston Road, Clarkston
7)	New Build - Drumby Crescent, Clarkston
8)	New Build - Broomburn Drive, Newton Mearns
9)	New Build - Mearns Road, Newton Mearns
10)	New Build - Ayr Road, Newton Mearns
11)	New Build - School Road, Newton Mearns
12)	New Build - Rylatt Farm, M77, Newton Mearns

Table 5.2

A workshop was held on 6 June 2012. Following a brief SWOT analysis on each of the options an assessment was carried out against the Critical Success Criteria and Investment Objectives in line with SCIM guidance.

5.1.3 Options Shortlist

The long list of options covered a wide range of potential solutions in line with the options framework and established options covering a number of categories of choice. Each of these options was then assessed against a range of investment objectives, constraints and risks undertaken by Key Stakeholders to establish viable options and an options shortlist.

Original Option Number	New Option Number	Service Option
2.	1.	Do minimum
7.	2.	New Build - Drumby Crescent, Clarkston
8.	3.	New Build - Broomburn Drive, Newton Mearns
9.	4.	New Build - Mearns Road, Newton Mearns

Table 5.3

5.2 Evaluating the Short-listed Options

During early 2012 East Renfrewshire Council conducted an Options Appraisal exercise considering potential sites for a new combined health centre. In doing so they reviewed available sites in the patient / customer population area. They also collated data from their own in-house Technical Teams and had exploratory discussions with Planning and Roads Depts. The Options Appraisal exercise concluded that the site at Drumby Crescent was their preferred option. This was taken to the Council Meeting on 14th March 2012 and approved by ERC as their preferred option for the £6.5m capital investment in Council Services.

The above process was required in order that ERC were able to formally commit to the project and have the opportunity to secure Enabling Funds which were being allocated at that time by the Hub Territory Partnering Board. At this point west hub had not been constituted and NHS GG&C had still to formally agree that Eastwood remained one of its four priority projects.

Following advice from the Scottish Government early in 2013, East Renfrewshire CHCP were advised that the Drumby Crescent site could not be the only option considered in the OBC and that the Ayr Road site (long list Option 10) should also be evaluated at OBC stage. A further Options Appraisal workshop was therefore held on 28 February 2013 to evaluate each of the three new short list options of "Do minimum", "New Build Drumby Crescent" and "New Build Ayr Road".

5.2.1 Overview

A key component of any formal option appraisal is the assessment of non financial benefits that are likely to accrue from the options under consideration. The non financial benefits appraisal comparison was undertaken in an open and transparent environment, a range of stakeholders were invited to participate in the workshop to develop this Outline Business Case.

The benefits appraisal had three main stages:

- Identification of the investment objectives and CSFs
- Weighting of the investment objectives
- Scoring of the short listed options against the investment objectives and CSFs.

5.2.2 Summary of Workshop / Roles

The workshop undertaken on the 28 February 2013 was attended by a cross section of the following distinct groups:

- NHS GGC
- East Renfrewshire CHCP
- GPs.

The workshop commenced with an explanation of the background and context to explain how the option appraisal process fits within the Outline Business Case process. The workshop continued with a review of the Investment Objectives and Critical Success Factors identified at the Initial Agreement stage, identifying the benefits associated with each and scoring those benefits.

5.2.3 Scoring the Options

The scoring of the options against the Investment Objectives and Critical Success Factors is designed to assess the extent to which the potential solutions meet the objectives of the proposed investment.

Scoring provides a means to assess how each of the options compares both in relation to the optimal position (i.e. meeting all the criteria in their totality) as well as in relation to the other options.

In summary:

		Option 1 - Do Minimum	Option 2 - New build, Drumby Crescent, Clarkston	Option 3 - New build, Ayr Road, Newton Mearns
Appraisal Element				
Benefit Score	a	32.00%	85.00%	50.00%
Rank		3	1	2

Table 5.4

Outcome; - The tables contained with Appendix B show that **Option 2 New Build at Drumby Crescent** has the highest score with **Option 1 Do Minimum** achieving the lowest score.

5.2.4 Quantifying the Options

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

Initial Capital Cost Estimates.

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

Table 5.5

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

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

The table below shows the analysis for the short listed option.

VfM Analysis

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

Table 5.6

5.2.5 Summary and Conclusion

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

For Option 3, Ayr Road to become of greater economic benefit than Option 2, the cost of Option 2 would require to increase by 65% while all costs identified with Option 3 would require to remain as above.

5.3 Risk Workshop and Assessment

5.3.1 Overview

The objective of performing a risk assessment is to:

- allow the Board to understand the project risks and put in place mitigation measures to manage those risks
- assess the likely total outturn cost to the public sector of the investment option under consideration
- ensure that the allocation of risks between the Board and the private sector is clearly established and demonstrated within the contractual structure.

A risk may or may not occur and is defined as an event which affects the cost, quality or completion time of the project. There are a number of such events that could arise during the design, construction and commissioning of the new facilities.

The project participants risk workshop was held on 11 March 2013. The outcome of the workshop is a detailed risk register for the project, which is included in Appendix C.

The risk register identifies:

- The risk description
- The score (probability x impact) per risk
- The risk type (as per SCIM guidelines)
- The potential impact (time or cost)
- The proposed mitigation strategy per risk
- The risk owner or manager.

The risk register will drive the ongoing management of risk throughout the remaining phases of the project, namely FBC and construction.

Operational risks will be transferred to the Board's risk register as the Board will manage operational risks prior to conclusion of the FBC.

Risk Rating Matrix

A five by five 'probability' and 'impact matrix' has been used in association with the Joint Risk Register on all Frameworks Scotland Programmes as this is the basis of assessing seriousness of the risk exposure within the NHS and Public Sector as a whole. The matrix is illustrated below:

Probability and Impact Matrix

Impact	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
Likelihood						

Risk Rating
High
Medium
Low

Table 5.11

A traffic light system as noted below is used to illustrate the priority of risks.

Traffic Light System

Likelihood			Impact	
Almost Certain	5	x	5	Catastrophic
Likely	4	x	4	Major
Possible	3	x	3	Moderate
Remote	2	x	2	Minor
Rare	1	x	1	Insignificant

Table 5.12

5.3.2 Risk Types

According to the SCIM guidelines risks fall into three main categories:

- **Business:** remain within the public sector and cannot be transferred
- **Service:** occur within the design, build and operational phases of a project and may be shared between the public and private sector
- **External:** environmental risks which relate to society and which impact on the economy as a whole.

5.3.3 Key Risks associated with the Preferred Option

The following table highlights the key risks and scores of the short listed option extracted from the Risk Register attached in Appendix C.

Ref No:	Risk Description	Risk Rating (1-25)
4	NPR not approved/released to hWS on programme	20
7	Independent Contractors (GP's) failure to commit to project within timescales	20
9	Unable to manage project	20
10	Unable to manage project	20
11	Complexity involved in the 4 projects - new territory	20
18	Failure to agree lease terms with independent contractors e.g. dentist etc	20
13	Failure to agree land exchange on programme with 3rd parties	20
20	NHS GG&C do not purchase the land for the preferred site	20
28	SI demonstrates there is significant ground risk	20
29	The SI recommends a more significant foundation solution	20
30	SI reveals significant contaminated land	20
32	SI demonstrates utility provision is not sufficient	20
39	Public launch appeal against project	20
42	Financial close date is not achieved	20
44	Failure to identify preferred site to hub West Scotland by the date required in the project programme.	20
45	Additional lift requirement due to fire evacuation requirements of ERC.	20
46	Requirements for stairs to have lobbies.	20
47	Physio services to be redesigned to single consulting room space	20
48	Floor plan change due to construction process to Metzec panels.	20
50	Desk top has identified poor soil quality and made ground.	20
51	Desk top has identified poor soil quality and made ground. Contaminated materials to be moved off site and permeable gas membrane required.	20
63	Commercial deal for land not completed by end of the Financial year 2013	20
65	Negative feedback from Community Stakeholders delays planning	20

Table 5.13

5.3.4 Risk Analysis and potential cost implication

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

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

A fully costed Risk Schedule for the preferred Option 2 is included in Appendix C.

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

5.3.5 Summary and Conclusions

The option appraisal exercise demonstrated that the Preferred Option 2 was most likely to maximise the non financial benefits from the project and is comparatively low in terms of

risks. It also demonstrated that the option is most likely to meet the increasing health and care needs of people living in the Eastwood area of East Renfrewshire.

6 Development of the Preferred Option

6.1 Summary Description

This section introduces East Renfrewshire CHCP's preferred option and outlines the associated considerations such as:-

- A description of the site
- Reasons for selecting the site
- Design Development
- Clinical Design Brief
- BREEAM
- Service continuity.

6.2 The Site

The proposed development site for the new Eastwood Health and Care Centre is located at Drumby Crescent, Clarkston, in the Eastwood area of East Renfrewshire. The site is owned by East Renfrewshire Council and discussions with their Planning Department are underway in relation to the Drumby Crescent site.



View to site from Drumby Crescent

Figure 6.1

The site allows for 250 car parking spaces plus 31 park and ride spaces, with a zone to allow future expansion of 100 spaces.

The site is also;

- Close to existing clinic and other community facilities
- Within 1 mile of the relocating GP's
- Adjacent to Williamwood railway station
- Adjacent to existing clinic and pharmacy to create health campus

And has;

- Space for sufficient car parking to meet requirements
- Lower site abnormalities than the Ayr Road option.

A schedule of accommodation has been arrived at following a number of meetings with the users and project team.

The Schedule of Accommodation is included at Appendix D and totals a floor area of 5,960m².

6.3 Site Access, Constraints and Orientation

The following issues relate to the preferred site:

- Earth moving will be required to achieve a level access from car parking. Possibility of some contaminated fill which may be required to be removed from site
- Access from Drumby Crescent - some concern from residents regarding increased traffic
- Difficult to achieve level/DDA compliant link with adjoining railway station
- Requirement to relocate park and ride and recycling bins.

6.4 Design Development

Hub West Scotland have reviewed the "Reference Design" with the Eastwood Health and Care Centre stakeholder group and have incorporated the agreed list of required changes put forward by the stakeholders. These have been assessed by the design team and adjusted within the Stage 1 Cost Plan.

It is intended that the design process will be evaluated and agreed and used across Scotland as an exemplar for the development of future primary care facilities. An impression of the new Health and Care centre and its surroundings is shown below.



Figure 6.2

6.5 Architecture and Design Scotland

As part of the embedding of the design process in the various business case stages, the Scottish Government has, in addition to BREEAM assessments, advocated a formalised design process facilitated by Architecture and Design Scotland (A&DS) and Health Facilities Scotland (HFS). As part of the exemplar design process, East Renfrewshire CHCP has taken steps to consult with A&DS in the development of the design of the Health and Care Centre.

A Design Statement has been prepared on behalf of East Renfrewshire CHCP in conjunction with the project team, PSCP and their architects, and is included in this OBC as Appendix E.

The process of assessing the design against the Design Statement using AEDET was described, and accepted, in the Initial Agreement and therefore is consistent with the project governance. Hubco will be using the Design Statement produced by A&DS and the Critical Success factors to meet their KPI's (as part of the OBC process Hubco have to report on how their designs meet the non-negotiable's of the Design Statement)



Figure 6.3

6.6 HAI-Scribe

A HAI-Scribe Stage 1 infection control assessment of the preferred option site was carried out on 28 March 2013 with NHS Infection Control.

The Stage 1 Strategy and Risk Assessment was completed at this meeting and is included in Appendix F.

6.7 Clinical and Design Brief

The Health Planner for the project has been attending the Delivery Group meetings and has met with various stakeholders to look at the operational policy documents provided by NHS GGC and to review the accommodation requested.

An outline statement from the Health Planner was prepared on 20 March 2013 and further regular written reports on the work and outcomes from future meetings will be provided by Hubco.

6.8 Surplus Estate

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

East Renfrewshire CHCP will purchase their portion of the site in mid 2013. At the end of the 25 year contract, the building will revert to the participants (East Renfrewshire CHCP and East Renfrewshire Council) in proportion to their agreed shares of the building.

6.9 Principal Reasons for Selection

This option is one that enables and facilitates the CHCP to commence a process of change towards a new model of integrated service delivery that maximises the effectiveness of services and of resources.

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

6.10 Benefits Management Strategy

The following represent the expected benefits of the project to East Renfrewshire CHCP:

Class	Relative Value	Relative Timescale	Benefits criteria
Strategic			
Facility will enable greater integration of health social care wider public, independent and third sector services.	High	Long-term	Qualitative and Quantitative Direct Non cash releasing
People will be at the heart of the new facility enabling the delivery of personalised and co-produced services, supports and pathways.	High	Long-term	Qualitative Direct Non cash releasing
Improved access to services through having all services on the same site will enable the delivery of "one-stop shop" services and single point of access.	High	Long-term	Qualitative Direct Non cash releasing
Improved clinical effectiveness through improved facilities and pathways.	High	Long-term	Qualitative Direct Non cash releasing
Collocation of Primary, Community Health, Social Care, and Independent services will facilitate better co-ordination of care with a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement resulting in a reduction in rates of hospital admission and bed use.	High	Long-term	Qualitative and Quantitative Direct Cash releasing (balance of care)
Flexible accommodation will enhance ability to remodel and redesign services in response o changing policy context and local requirements.	High	Long-term	Qualitative and Quantitative Direct Non Cash releasing

Class	Relative Value	Relative Timescale	Benefits criteria
Operational			
Rationalisation of NHS and Council estate	Medium	Medium-term	Quantitative Direct Cash releasing
Facilitate agile and mobile working for staff teams	Medium	Medium-term	Qualitative & Quantitative Direct Non cash releasing
Sharing of administration and back office support services	Medium	Medium-term	Quantitative Direct Cash releasing
Improved staff training and development through greater opportunities of shared learning and reflective practice	Medium	Medium-term	Quantitative Direct Non cash releasing
Task			
Energy efficient & sustainable build	High	Long-term	Qualitative & Quantitative Direct Cash Releasing
Statutory compliant build e.g. DDA	High	Short-term	Qualitative & Quantitative Direct Non cash releasing

Table 6.1

6.11 Service Continuity – during the construction period and migration

6.11.1 I.T. Overview

The East Renfrewshire CHCP “eHealth” strategy is informed by the national and local eHealth Strategies as well as key drivers for change such as the “Better Health Better Care” action plan. Specifically there is an active policy of maximising clinical access to modern IT equipment including clinical & office applications. This policy will be actively pursued in the new facility. The proposal would be (as with all new Health Centres) for two LES Circuits, 100Meg and 10Meg offering resilience, circuits connect to NHS GG&C coin network and then out through NHS GG&C gateways at Glasgow Royal Infirmary and the Southern General Hospital to the N3 national secure network. East Renfrewshire Council will either have direct connectivity to the facility or make use of the health board/local authority interconnect. National and local eHealth systems are continually being procured, developed and enhanced and appropriate systems will be utilised within the new facility.

The design and nature of the facility will allow integrated working between members of the care team. It is intended that eHealth solutions will be used to the full in supporting this and maximising benefits to service users. All internal networking within the building will be provided by the contractor. This will provide a modern, flexible and versatile cabling system capable of supporting voice, video and data systems. Connections to the outside

world will be provided and maintained by East Renfrewshire CHCP. IT equipment including hubs, routers, servers, PCs etc will be provided and maintained by East Renfrewshire CHCP. Wireless access points will be located throughout the building for staff use and if there is a requirement for a public Wi-Fi facility, it is envisaged that enabling these same access points for public use is a quick fix, no cost option.

6.11.2 I.T. Strategy

The new site will be connected to the national secure NHS Network (N3) which will allow high-speed data communications with healthcare sites and staff both nationally and across East Renfrewshire. The N3 network will allow staff within the facility to communicate securely with colleagues across the NHS. The connection from the N3 network to the internet will also be available to staff within the facility. The network will facilitate single extension dialling to hospitals; clinics support service at zero cost, (this is assuming that the same model is used that was implemented at Barrhead Health Centre; i.e. NHS GGC supplying a single telephony solution for all users. This has not been agreed formally, though it is very likely to be the case) and enable high definition video conferencing.

There will be two Wi-Fi networks to provide access to both NHS and ERC corporate network services. These will improve flexibility and operability of mobile devices, whilst maintaining the highest security. Secure communication will be enabled between the NHS employed staff and their GP colleagues within the building. These initiatives will contribute significantly to supporting a seamless care regime for the service users. Network enabled application availability is increasing and it is intended that clinical staff within the facility will have access to laboratory results, electronic referral letters and other relevant clinical applications. In addition, immediate and final discharge letters will be available to be sent electronically to General Practices and Community Staff. The procurement of eHealth solutions and related equipment will remain a function of East Renfrewshire CHCP.

6.12 Workforce Strategy / Human Resources

6.12.1 Workforce Profile

East Renfrewshire CHCP's workforce plan is linked to its development plan. The key will be to make the best use of the current staff and managing the current workforce into adapting to new roles and new ways of working. The new facility in Eastwood will help promote East Renfrewshire CHCP as an employer of choice, by creating and maintaining a positive organisational reputation and contributing to workforce planning arrangements.

The development of Eastwood Health and Care Centre will support the CHCP approach to agile working, which is about modernising working practices and is broadly based on the following principles:

- Work takes place at effective locations and at effective times
- Flexibility becomes the norm rather than the exception
- Employees have more choice about where they work, subject to service considerations
- Space is allocated to activities, not to individuals

- The cost of doing work is reduced
- There is effective and appropriate use of technology
- Employees have the opportunity to lead balanced and healthy lives
- Work has less impact on the environment.

6.12.2 Workforce Redesign

The development of an Eastwood Health & Care Centre cannot be viewed in isolation. The project is linked to the implementation of a number of service redesign and efficiency projects managed through the CHCP's Transformation Programme with support from the Council's project management office.

CHCP Programmes / Workstreams / Projects 01/02/13

- Bi weekly CHCP PMO reviews and monthly CHCP Board & Workstream mtgs provide governance (Business Critical Projects highlighted in Red. Amber Projects likely to become critical)
- PID, Timeline Plan, Flash/Scorecard Approach plus Flash Reports used to govern projects
- Mtg to focus on achieving next milestones, issues, help reqd and meeting savings targets
- 5 Workstreams / 40+ Projects/Sub Projects = Phase 1

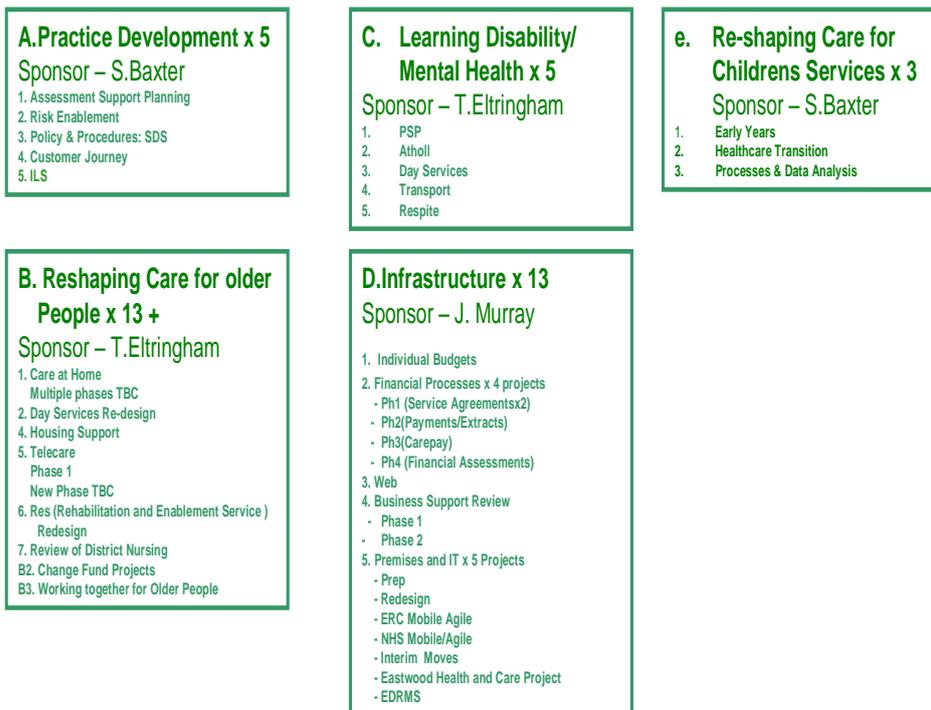


Figure 6.4

In particular the following workforce redesign projects will be completed prior to the opening of Eastwood Health and Care Centre

6.12.3 Rehabilitation and Enablement Services (RES)

Our redesign is intended to enable all health and social care professionals to better achieve outcomes for people with long term conditions or disability. In line with the objectives in Reshaping Care for Older People this means supporting vulnerable (older) people to live safely in their local communities and avoid unnecessary hospital admissions by achieving a far greater level of shared and anticipatory working across community based services which enable more people to be supported at home.

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

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

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

6.12.4 Children's Services

East Renfrewshire Integrated Children Services Planning structure is the main mechanism for designing, commissioning and implementing services and initiatives for children and young people.

Over the last few years inspections of East Renfrewshire's Children & Family Services and Child Protection have rated East Renfrewshire as one of the leading areas in Scotland. To ensure that we are continually improving the services we provide to children and young people, it is important to recognise the ever-changing financial, legislative and policy landscape and to put all children's and young people's services under constant review.

We expect the process of change to take around 12-18 months and will involve all staff working within Children & Family Services (both Council & NHS). The redesign will also take into account Speech & language Therapy Services, Child & Adolescent Mental Health Services (CAMHS) and Specialist Children's Services in the Community.

6.12.5 Business Support

The Business Support Review is a Workstream of the overall CHCP Transformation Programme and also a strand of the Council's overall Business Support Review. The review, particularly for Council staff, follows on from the Council's Public Service Excellence Programme which has reviewed back office functions to remove duplication,

inefficiencies and streamline the business process to release capacity in the workforce. The review has seen consolidation of nine different grades to six and a consistent grading structure put in place with standardised job descriptions. It provides a clearer development path for staff and promotes flexibility and cross skilling. The next phase of the review will look at further integration opportunities with NHS staff and link to NHSGGC admin reviews underway in other CHPs.

6.12.6 Addiction Services

The CHCP Addiction redesign has now been implemented and includes a new tier 3 service focussing on recovery and support. The new service works closely with East Renfrewshire Council's employability service.

6.12.7 Staff to be accommodated in the new facility

The table below highlights the 331 staff intending to move to the new Eastwood Health and Care Centre.

Job Title	Number
Business Support	33
RES Cluster	62
District Nurse	31
Health Visitor and School Nurse	15
Physio	9
Podiatry	7
Primary Care Mental Health	9
Adult & Child Protection	2
DMT	4
Team and Service Managers	17
Children & Families	12
Children's Services/Criminal Justice	13
Welfare Rights	5
Planning & Commissioning	14
Finance	10
Prescribing Support	5
Learning & Development	10
Health Improvement	18
GPs	21
GP Support Staff - Managers	4
Support Staff	30
Total	331

Table 6.2

6.13 Facilities Management (FM)

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

Soft FM will be managed by East Renfrewshire CHCP.

A workshop was held on 8 March 2013 with key stakeholders to review the following matters:

- Hard and soft Facilities Management (FM) services for DBFM contracts
- Hard FM – scope, standard contract and Service Level Specification
- Soft FM – scope and interfaces with Hard FM
- NHS GGC maintenance obligations
- Interfaces between Hard and Soft FM
- Informing the Design Brief and
- New Project Requests/Key Stage Reviews.

The outputs from the workshop around clarity and understanding of “who does what” and “who pays for what” and corresponding actions are being managed by David Pace, FM General Manager Facilities NHS GGC.

7 Sustainability Case

7.1 Overview

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

7.2 BREEAM

The requirement to achieve a BREEAM Healthcare excellent rating is integral to the business case process. An initial workshop has been held and a score of 74% achieved. BREEAM Excellent is rated as above 70%. The BREEAM assessment report for the project is included in Appendix G.

7.3 The Cost of Sustainable Development

Whilst the CHCP and the Board acknowledge that it is a common misconception that sustainable development is always more expensive or too expensive, the Project Team are working within the constraints of a budget. A whole life cost approach has been taken to this project and sustainable development has been viewed in the longer term or holistic sense, however, this has to be balanced with the affordability of the project and the competing priorities of the benefits criteria.

7.4 Summary

The project team has given careful consideration to the ongoing sustainability of the Eastwood Health and Care Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the ongoing management of the facility continues these principles. Operational policies should be developed to ensure resources are utilised to their maximum and waste is minimised.

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

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

7.5 Ecologist Report

An ecologist will be appointed shortly for this project and once on board they will be assessing the site and producing a report of their findings.

8 Commercial Case

8.1 Introduction

The purpose of this section is to consider the contractual arrangement and risks associated with the proposed option for procurement.

8.2 hub Initiative

The hub model has been developed as a procurement vehicle tailored to meet the community needs of Scotland, whilst drawing on lessons learned from similar joint ventures in England.

The hub initiative will see the public sector organisations (such as East Renfrewshire CHCP) within their hub territory working in partnership with other public sector partners (all known as “participants” and with a private sector delivery partner, known as “PSDP” (Private Sector Development Partner), to take a strategic approach to development of infrastructure to support the delivery of community services (such as health, social care and education). The joint venture will be referred to as “hubco” and will cover a range of projects over a period of 20 years (with option to extend to 25 years). Individual projects will be put forward and potentially bundled to achieve best value.

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

The appointment of hubco for the delivery of the scheme will also be based on “entry” at Stage 2 (as it is assumed they will be in possession of an approved Outline Business Case and associated design information).

Stage 2 will see the development of the Full Business Case (and associated design). The charging mechanisms associated with this will be based on the agreed payment process under the “Territory Partnering Agreement”. The costs incurred during this project development will be based on “using the schedule of rates” submitted by the successful PSDP (at tender stage prior to establishment of hubco) but are subject to a “capped” arrangement.

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

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

8.3 Contractual Arrangements

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

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

The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Eastwood Health and Care Centre will be bundled with the similarly timed new Maryhill Health Centre. This will be achieved under a single Project Agreement utilising SFT's standard "Design Build Finance and Maintain (DBFM) Agreement".

This bundled project will be developed by a Sub-hubco. Sub-hubCo will be funded from a combination of senior and subordinated debt and supported by a 25 year contract to provide the bundled project facilities.

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

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

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

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

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

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

8.3.1 Risk Allocation

Inherent construction and operational risks are to be transferred to the Sub-hubCo.

These can be summarised as follows:

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

Table 8.1

8.3.2 Shared risks

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

Termination risk is shared risk within the Project Agreement with both parties being subject to events of default that can trigger termination.

While Sub-hubCo is responsible to comply with all laws and consents, the occurrence of relevant changes in law as defined in the Project Agreement can give rise to compensate Sub-hubCo.

8.3.3 Key Contractual Arrangements

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

Sub-hubCo will delegate the design and construction delivery obligations of the Project Agreement to its building contractor. A collateral warranty will be provided in terms of other sub-contractors having a design liability. Sub-hubCo will also enter into a separate agreement with a FM service provider to provide hard FM service provision.

The term will be for 25 years.

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

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

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

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

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

Not less than 2 years prior to the expiry date an inspection will be carried out to identify the works required to bring the facilities into line with the hand-back requirements which are set out in the Project Agreement.

Sub-hubCo will be entitled to an extension of time on the occurrence of a Delay Event and to an extension of time and compensation on the occurrence of Compensation Events.

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

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

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

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

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

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

8.4 Method of Payment

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

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

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

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

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

8.5 Personnel Arrangements

Personnel arrangements have still to be finalised but it is anticipated that there will be no TUPE transfer to Hub but there may be between ERC and NHS GGC

9 The Financial Case

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

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

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

9.1 Revenue Costs & Funding

9.1.1 Revenue Costs and Associated Funding for the Project

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

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

Recurring Revenue Costs Table

First full year of operation	2015/16
<u>Additional Recurring Costs</u>	£'000
Unitary Charge (including risk and net of ERC capital contribution)	1,098.7
Depreciation on Equipment	50.0
Heat, Light & Power, Rates & Domestic services	386.3
Client Facilities Management (FM) Costs	15.5
Total Additional Recurring costs for Project	1,550.5

Table 9.1

9.1.2 Unitary Charge.

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 1 submission dated 17th May 2013 and the Annex D Financial Model Eastwood v3 and

represents the risk adjusted Predicted Maximum Unitary Charge of £1,098.7k pa based on a price base date of November 2012.

East Renfrewshire Council (ERC) will make a capital contribution equal to the value of the capital and finance cost for its share of the building, thereby eliminating its proportion of the unitary charge relating to capital & financing. The UC figure presented above is therefore a net UC figure after ERC's capital contribution.

The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model.

9.1.3 Depreciation

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

9.1.4 HL&P, Rates & Domestic Costs

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

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

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

9.1.5 Client FM Costs

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

9.1.6 Costs with regard to Services provided in new Health Centre

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

9.1.7 Recurring Funding Requirements – Unitary Charge (UC)

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

100% of construction costs;

100% of private sector development costs;

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

100% of SPV running costs during operational phase;

50% of lifecycle maintenance costs.

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

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000	ERC Cost £'000
Capex incl group1equipment (Net)	890.1	100	824.1	0	66.0
Life cycle Costs NHS	71.5	50	35.7	35.8	0
Life cycle Cost ERC	45.8	0	0	0	45.8
Hard FM NHS	55.6	0	0	55.6	0
Hard FM ERC	35.7	0	0	0	35.7
Total Unitary Charge including Risk	1098.7		859.8	91.4	147.5
			78.3%	8.3%	13.4%

Table 9.2

9.1.8 Sources of NHSGG&C recurring revenue funding

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

NHSGG&C Income & Reinvestment	£'000
Existing Revenue Funding – Depreciation	26.2
Existing Revenue Funding - HL&P, Rates & Domestic costs NHSGG&C	182.8
Additional Revenue Funding – HL&P, Rates & Domestic costs GPs contribution	149.0
Additional Revenue Funding via GPs	100.6
Sub total	458.6
East Renfrewshire Council Unitary Charge	81.5
East Renfrewshire Council Unitary Charge Risk	66.0
East Renfrewshire Council running costs	156.9
Sub Total	304.4
Total Recurring Revenue Funding	763.0

Table 9.3

9.1.9 Depreciation

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

9.1.10 H, L & P, Rates & Domestic Costs & GP's Contribution

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

9.1.11 Additional Revenue Funding

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

9.1.12 East Renfrewshire Council

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

9.1.13 Summary of revenue position

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

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	859.8
NHSGG&C recurring funding per above	458.6
NHSGGC funding from ERC per above	304.4
Total Recurring Revenue Funding	1,622.8

Total Recurring Revenue Costs	1,550.5
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Net surplus at OBC stage	72.3
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Table 9.4

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

9.2 Capital Costs & Funding

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

Capital costs and associated funding for the project

Capital Costs	£'000
Land purchase & Fees	1,020
Group 2-5 equipment Including VAT NHS	500
Sub debt Investment	360
Total Capital cost	1,880
Sources of Funding	
NHSGG&C Formula Capital	860
SGHD Capital	1,020
Total Sources of Funding	1,880

Table 9.5

9.2.1 Land Purchase

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

9.2.2 Group 2-5 Equipment

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

9.2.3 Sub Debt Investment

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

“each NHS Board with a direct interest in the project being finance will be required to commit to invest subordinated debt, up to a maximum of 30% of the total subdebt requirement (i.e. the same proportion as the local participant ownership of hubco)”.

At this stage of the project it is assumed that the Board will be required to provide the full 30% investment. Confirmation will be requested from the other participants during the stage 2 process. The value of investment assumed at OBC stage is £360k for which NHSGG&C has made provision in its capital programme.

9.2.4 Non Recurring Revenue Costs

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

9.2.5 Disposal of Current Health Centre

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

9.3 Statement on Overall Affordability

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

9.4 Financing & Subordinated Debt

9.4.1 hubco's Financing Approach

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

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

9.4.2 Current finance assumptions

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

	Eastwood
Senior Debt (£000)	8,280
Sub debt (£000)	1,199
Equity (£000)	0.01
Total Funding	9,480

Table 9.6

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

9.4.3 Subordinated debt

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

" each NHS Board with a direct interest in the project being financed will be required to commit to invest subordinated debt, up to the maximum of 30% of the total sub debt requirement (i.e. the same proportion as the local participant ownership of hubco)".

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

The value of the required subdebt investment is as follows:

	NHS GG&C	SFT	hubco	Total
Proportion of subdebt	30%	10%	60%	100%
£ subdebt	359,746	119,915	719,493	£1,199,155

Table 9.7

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

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

9.4.4 Senior Debt

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

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

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

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

Metric	Terms
Margin during construction	2.25%
Margin during operations	2.25%
Arrangement fee	1.00%

Commitment fee	2.25%
Maximum gearing	90%

Table 9.8

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

9.5 Financial Model

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

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

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

Output	Eastwood
Total Annual Service Payment	£33,215k
Nominal project return	6.47%
Nominal blended equity return	10.50%
Gearing	87.5%
All-in cost of debt (including 0.5% buffer)	5.05%
Minimum ADSCR ¹	1.218
Minimum LLCR ²	1.218

Table 9.9

The all-in cost of senior debt includes an estimated swap rate of 2.30%, margin of 2.25% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close. The current (20th March 2013) Aviva 6% 2028 Gilt, which the underlying debt is priced off, is 2.47%. Therefore, current swap rates are

¹ Annual Debt Service Cover Ratio: The ratio between operating cash flow and debt service during any one-year period. This ratio is used to determine a project's debt capacity and is a key area for the lender achieving security over the project

² The LLCR is defined as the ratio of the net present value of cash flow available for debt service for the outstanding life of the debt to the outstanding debt amount and another area for the lender achieving security over the project

above those assumed in the financial models. However, the interest rate buffer is currently covering this difference.

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

9.5.1 Financial efficiencies through project bundling

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

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

Table 9.10

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

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

9.6 Risks

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

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

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

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

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

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

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

9.7 Accounting Treatment and ESA95

This section sets out the following:

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

9.7.1 Accounting treatment

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

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"³ states:

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

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

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

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

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

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

9.7.2 ESA95 (European System of Accounts 1995)

As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key

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

requirement is that they must be considered as a "non-government asset" under ESA95.

For an asset to be classified as a non-government asset under ESA 95, two of the following three risks have to have been transferred to the private sector provider⁴:

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

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

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

Proposed capital contribution	Total bundle capex	Percentage	Eastwood scheme capex	Percentage
£6.132m ⁵	£25.902m	23.7%	£14.675m ⁶	41.80%

Table 9.11

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

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

9.8 Value for Money

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

⁴ <http://www.scottishfuturestrust.org.uk/publications/guide-to-nhs-balance-sheet-treatment/>

⁵ Taken from financial model and consistent with Stage 1 submission

⁶ Stage 1 predicted maximum cost

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

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

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

10 Management Case

10.1 Overview

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

Section 10.2 summarises the approach to the project to date, based on the delivery of the Outline Business Case under a DBFM route.

The remainder of this section looks forward to the planned delivery of the scheme. In particular due recognition is given to how this management structure will operate within the hubco framework and in line with the “Territory Partnering Agreement”, and the standard “DBFM Agreement”. Guidance was sought from SFT in considering the best approach.

10.2 Management Approach up to OBC Stage

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

Membership of the group includes representation from:

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

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

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

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

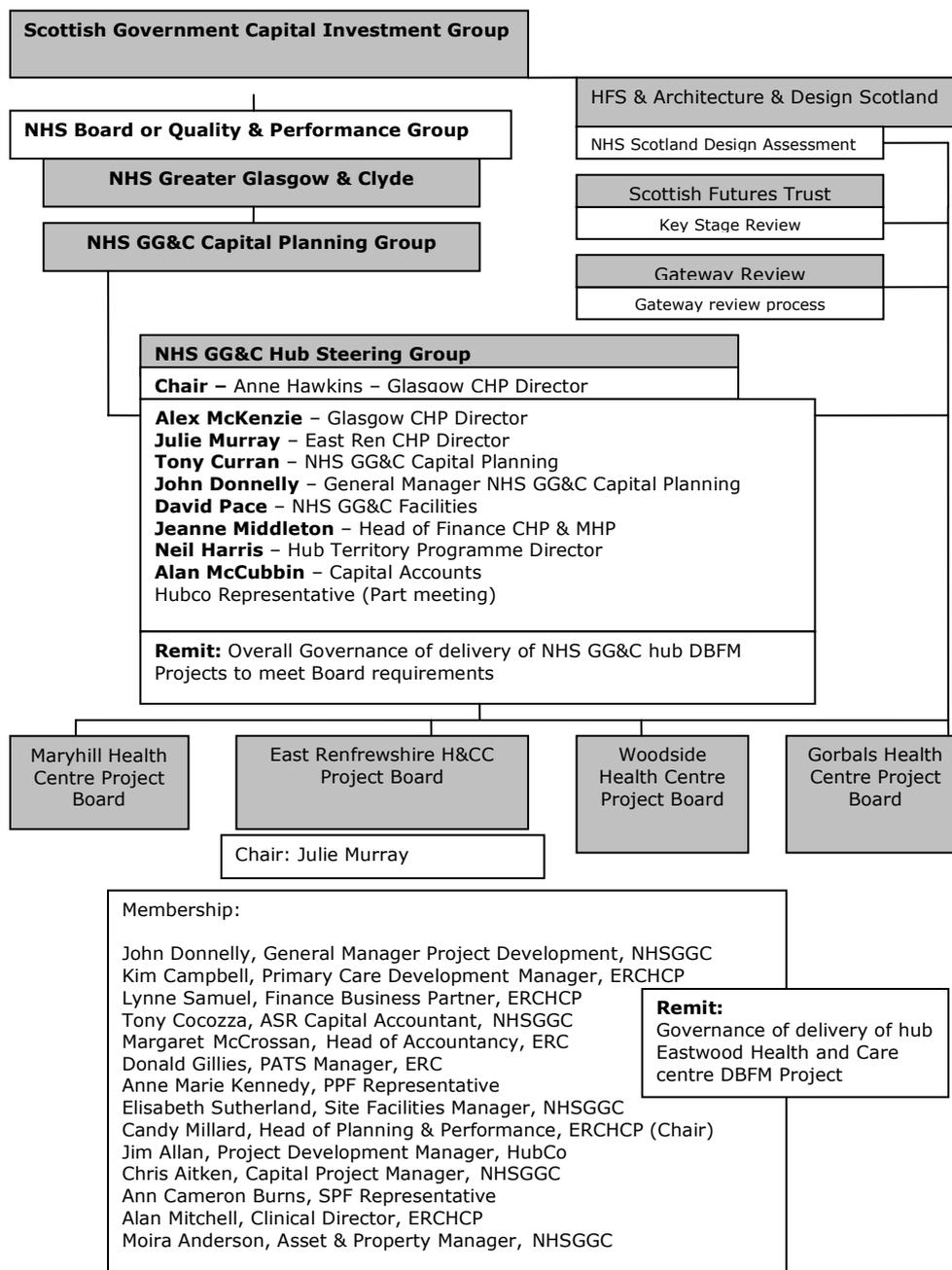


Figure 10.1

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

- Project Director – East Renfrewshire CHCP (Julie Murray)
- Finance Manager – East Renfrewshire Council (Margaret McCrossan)
- Finance Manager – NHS GGC (Alan McCubbin)
- Project Manager – NHS GGC (Chris Aitken)
- CDM Coordinator – TBA
- Principle Supply Chain Partner – TBA
- Principle Supply Chain Member (Lead) – Gareth Hoskins (Clare Kemsley)

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

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

10.3 Summary of Procurement Method

As noted previously the preferred solution will be the procurement of the scheme under the hub DBFM route. Section 8 summarises the key aspects of this procurement vehicle.

10.4 Project Management and Methodology

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

10.5 Project Framework

Whilst East Renfrewshire CHCP will be procuring the project using hubco, with the appointment of the Private Sector Development Partner, the governance approach will be similar to that undertaken for the Outline Business Case, as illustrated in Section 3.

Project Roles and Responsibilities

East Renfrewshire CHCP will adopt a Governance format for the management of the project as illustrated in the above section. The key personnel for the management of the scheme are members of the Project Board and Project Team. Their respective roles and responsibilities are defined below.

Project Director:

- Julie Murray, East Renfrewshire CHCP

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

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

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

PSDP (Private Sector Development Partners) Project Development Manager:

- Jim Allan , hub West Scotland Ltd

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

The PSDP Project Manager will act under the direction of, and within the limits of authority delegated by the Project Sponsor.

The PSDP Project Manager shall establish, disseminate and manage the protocols and procedures for communicating, developing and controlling the project.

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

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

hub Technical Adviser

- Martin Hamilton, Turner & Townsend

Key duties covered by the Technical Adviser will be as follows:

The Technical Adviser will assist East Renfrewshire CHCP in the development of a Project Brief for this project, to be brought forward for New Project Request, including detailing key objectives of the participants and their requirements for the new project.

The Technical Adviser will undertake value for money assessments in respect of the hubco submissions. The Technical Adviser will review the financial proposals submitted by hubco and confirm that such proposals meet with the targets and commitments in the key performance indicators.

The Technical Adviser will evaluate the hubco design proposals in respect of such aspects as compliance with the Brief, planning & statutory matters, compliance with the technical codes and standards, financial appraisal and overall value for money.

10.6 Communications and Engagement

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

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

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

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

A schedule of 2013 engagement meetings proposed for the Eastwood Health and Care Centre has been established.

10.7 Project Programme

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

Stage 2: Consideration of OBC	2 July 2013
Stage 3: Submission of FBC	2 October 2013
Stage 4: Start on site	30 April 2014
Completion date	8 May 2015
Services Commencement	8 May 2015

Table 10.2

10.8 Reporting

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

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

10.9 Change Management

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

Project Director, Project Team, Project Board or above. The following key processes will be adopted to ensure strict control.

Change Control

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

Cost Control

Cost Control procedures will include:

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

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

10.10 Benefits Realisation

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

10.11 Risk Management

As noted in Section 5.3 , the key stakeholders have undertaken an exercise to establish the key risks associated with the proposed investment. Key business, service, environmental and financial risk was established.

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

At the early stage of the Full Business Case stage detailed consideration will be given to the allocation of risk, in accordance with the general requirements of the DBF&M contract.
A risk register will be developed, based on the preferred option. It is intended that detailed consultation will take place to understand the clear allocation of risk between the parties and the required actions.
The Board will manage these risks through a series of workshops to establish, monitor and mitigate these risks as the project develops.

Table 10.3

10.12 Post Project Evaluation

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

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

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

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

- A post project evaluation will be undertaken within 6 months after occupation.
- The benefit realisation register, developed during the Full Business Case stage, will be used to assess project achievements.
- Clinical benefits through patient and carer surveys will be carried out and trends will be assessed.

In parallel with the Post Project Evaluation the review will incorporate the views of user groups and stakeholders generally.

Whilst review will be undertaken throughout the life of a project to identify opportunities for continuous improvement, evaluation activities will be undertaken at four key stages:

Stage 1	At the initial stage of the project, the scope and cost of the work will be planned out.
Stage 2	Progress will be monitored and evaluation of the project outputs will be carried out on completion of the facility.
Stage 3	Post-project evaluation of the service outcomes 6 months after the facility has been commissioned.
Stage 4	Follow-up post-project evaluation to assess longer-term service outcomes two years after the facility has been commissioned.

Table 10.4

The PPE review for this project will include the following elements:

Post Project Audit

The project audit will include:

- Brief description of the project objectives.
- Summary of any amendments to the original project requirements and reasons.
- Brief comment on the project form of contract and other contractual/agreement provisions. Were they appropriate?
- Organisation structure, its effectiveness and adequacy of expertise/skills available.
- Master schedule – project milestones and key activities highlighting planned v actual and where they met?
- Unusual developments and difficulties encountered and their solutions.

Brief summary of any strengths, weaknesses and lessons learned, with an overview of how effectively the project was executed with respect to the designated requirements of:

- Cost
- Planning and scheduling
- Technical competency
- Quality
- Safety, health and environmental aspects – e.g. energy performance
- Functional suitability
- Was the project brief fulfilled and does the facility meet the service needs? What needs tweaking and how could further improvements be made on a value for money basis?

- Added value area, including identification of those not previously accepted
- Compliance with NHS requirements
- Indication of any improvements, which could be made in future projects

10.13 Cost and Time Study

The cost and time study will involve a review of the following:

- Effectiveness of:
 - Cost and budgetary controls, any reasons for deviation from the business case time and cost estimates.
 - Claims procedures.
- Authorised and final cost.
- Planned against actual cost and analysis of original and final budget.
- Impact of claims.
- Maintenance of necessary records to enable the financial close of the project.
- Identification of times extensions and cost differentials resulting from amendments to original requirements and/or other factors.
- Brief analysis of original and final schedules, including stipulated and actual completion date; reasons for any variations.

10.14 Performance Study

The performance study will review the following:

- Planning and scheduling activities.
- Were procedures correct and controls effective?
- Were there sufficient resources to carry out work in an effective manner?
- Activities performed in a satisfactory manner and those deemed to have been unsatisfactory.
- Performance rating (confidential) of the consultants and contractors, for future use.

10.15 Project Feedback

Project feedback reflects the lessons learnt at various stages of the project. Project feedback is, and will be, obtained from all participants in the project team at various stages or at the end of key decision making stages.

The feedback includes:

- Brief description of the project.

- Outline of the project team.
- Form of contract and value.
- Feedback on contract (suitability, administration, incentives etc).
- Technical design.
- Construction methodology.
- Comments of the technical solution chosen.
- Any technical lessons learnt.
- Comments on consultants appointments.
- Comment on project schedule.
- Comments on cost control.
- Change management system.
- Major source(s) of changes/variations.
- Overall risk management performance.
- Overall financial performance.
- Communication issues.
- Organisational issues.
- Comments on client's role/decision making process.
- Comments on overall project management.
- Any other comments.

11 Conclusion

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

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

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

Glossary of Terms

Term	Explanation
Benefits	Benefits can be defined as the positive outcomes, quantified or unquantified, that a project will deliver.
Cost Benefit Analysis	Method of appraisal which tries to take account of both financial and non-financial attributes of a project and also aims to attach quantitative values to the non-financial attributes.
Design and Development Phase	The stage during which the technical infrastructure is designed and developed.
Discounted Cash Flows	The revenue and costs of each year of an option, discounted by the respective discount rate. This is to take account of the opportunity costs that arise when the timing of cash flows differ between options.
Economic Appraisal	General term used to cover cost benefit analysis, cost effectiveness analysis, investment and option appraisal.
Equivalent Annual Cost	Used to compare the costs of options over their lifespan. Different life spans are accommodated by discounting the full cost and showing this as a constant annual sum of money over the lifespan of the investment.
Full Business Case (FBC)	The FBC explains how the preferred option would be implemented and how it can be best delivered. The preferred option is developed to ensure that best value for money for the public purse is secured. Project Management arrangements and post project evaluation and benefits monitoring are also addressed in the FBC.
Initial Agreement (IA)	Stage before Outline Business Case, containing basic information on the strategic context changes required, overall objectives and the range of options that an OBC will explore.
Net Present Cost (NPC)	The net present value of costs.
Net Present Value (NPV)	The aggregate value of cash flows over a number of periods discounted to today's value.
Outline Business Case (OBC)	The OBC is a detailed document which identifies the preferred option and supports and justifies the case for investment. The emphasis is on what has to be done to meet the strategic objectives identified in the Initial Agreement (IA). A full list of options will be reduced to a short list of those which meet agreed criteria. An analysis of the costs, benefits and risks of the shortlisted options will be prepared. A preferred option will be determined based on the outcome of benefits scoring analysis, a risk analysis and a financial and economic appraisal.

Term	Explanation
Principal Supply Chain Partner (PSCP)	The PSCP (Contractor) offers and manages a range of services (as listed in this document) from the IA stage to FBC and the subsequent conclusion of construction works.
Risk	The possibility of more than one outcome occurring and thereby suffering harm or loss.
Risk Workshop	Held to identify all the risks associated with a project that could have an impact on cost, time or performance of the project. These criteria should be assessed in an appropriate model with their risk being converted into cost.
Scope	For the purposes of this document, scope is defined in terms of any part of the business that will be affected by the successful completion of the envisaged project; business processes, systems, service delivery, staff, teams, etc.
Sensitivity Analysis	Sensitivity Analysis can be defined as the effects on an appraisal of varying the projected values of important variables.
Value for Money (VfM)	Value for money (VfM) is defined as the optimum solution when comparing qualitative benefits to costs.

12 List of Appendix Sections

Appendix Ref	Title
A	IA Approval letter
B	Options Appraisal Workshop scoring sheets
C	Risk Register
D	Schedule of accommodation
E	Design Statement
F	HAI/Scribe Report
G	BREEAM Report
H	Architectural report
I	Services Report
J	Civil and Structural Report
K	Program
L	Stakeholder Communications Plan
M	Statement of commitment

Appendix A - IA Approval Letter

Director-General Health & Social Care and
Chief Executive NHS Scotland
Derek Feeley



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Mr Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde
JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Our ref: A4354376
9 November 2012

Dear Robert

NHS GREATER GLASGOW AND CLYDE – EASTWOOD HEALTH AND CARE CENTRE – INITIAL AGREEMENT

The above Initial Agreement has been considered by the Health Directorate's Capital Investment Group (CIG) using expedited procedures. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case. Approval to proceed is given on the basis that the project will be developed as a Design, Build, Finance and Maintain (DBFM) project via the hub initiative.

Therefore, I would be grateful if you could forward a public version of the Initial Agreement to Glenda Roy at the address below within one month of receiving this approval letter. It is a compulsory requirement within SCIM, **for schemes in excess of £5m**, that NHS Boards set up a section of their website dedicated specifically to such projects.

The approved Business Cases/ contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm.

I would ask that if any publicity is planned regarding the approval of the business case that NHS Greater Glasgow and Clyde liaise with SG Communications colleagues regarding handling.

As always, CIG members will be happy to engage with your team during the development of the Outline Business Case and to discuss any concerns which may arise. In the meantime, if

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk



you have any queries regarding the above please contact Mike Baxter on 0131 244 2079 or e-mail Mike.Baxter@scotland.gsi.gov.uk

Yours sincerely



DEREK FEELEY

St Andrew's House, Regent Road, Edinburgh EH1 3DG
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Appendix B - Options Appraisal Workshop Scoring Sheets

Investment Objectives Scoring OPTION 1 - DO MINIMUM

Objective	Criteria	Design	Notes	Score 0 - 5
Customer <i>Weighting 30%</i>	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/customer	Adequate Car parking Access to Public, community and green transport Recognisable in the everyday routes around the community Feels close other local amenities Promotes sense of wellbeing	Split sites issues / services Poor accessibility over split sites	3
Strategic / service <i>Weighting 25%</i>	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	Promote team and partnership working Capacity for other partners and organisations to use space Design allows out of hours use of building Flexible for remodelling and redesign	Constrained due to existing locations Doesn't tie in with 'vision'	2.25
Efficiency <i>Weighting 10%</i>	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Buildings don't facilitate current requirements Retro Fit not adequate/sufficient plan to address	0.8
Design <i>Weighting 10%</i>	Achieve a BREEAM healthcare rating of 'Excellent' Achieve a high design quality Meet statutory requirements and obligations for public buildings	Safe and accessible access DDA compliant	Building compliance issues i.e. DDA Site restriction issues on current services	0.7
Population Reach <i>Weighting 25%</i>	Location close to patient / customer population	Location close to patient / customer population	Fair/Good access to current services	6

32%

Critical Success Factors Scoring

Critical Success Factor	Criteria	Notes	YES	NO	MAYBE
Strategic fit and business needs	In line with current NHS / ERC strategies & business policies Ability to meet future service requirements / demands	<ul style="list-style-type: none"> Restricted by limitations of buildings 		✓	
Supply side capacity and capability	Capacity for needs now – and potential to meet future needs	<ul style="list-style-type: none"> Hampered by existing Estate Limited opportunity for extension 		✓	
Potential Value for Money (VfM)	Makes best use of available resource	<ul style="list-style-type: none"> Maintaining buildings which are not statutory compliant 		✓	
Potential Affordability	Ability to deliver within budget set by Scottish Government	<ul style="list-style-type: none"> Without Hub programme funding limited. Funding within NHS/ERC/CHCP 		✓	
Potential Achievability	Can be built within HUB timescale (open by January 2015 – on site November 2013)	<ul style="list-style-type: none"> Funding availability restricted. Will limit opportunities to improve premises or address shortcomings 		✓	

Investment Objectives Scoring OPTION 2 - DRUMBY CRESCENT

Objective	Criteria	Design	Notes	Score
Customer <i>Weighting 30%</i>	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/customer	Adequate Car parking Access to Public, community and green transport Recognisable in the everyday routes around the community Feels close other local amenities Promotes sense of wellbeing	New build provides overall opportunity for all space and parking requirements. Railway only serves Muirend GP's... Neilston line more useful for staff. Link not DDE compliant. Hourly GP bus – close to pharmacy	9.9
Strategic / service <i>Weighting 25%</i>	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	Promote team and partnership working Capacity for other partners and organisations to use space Design allows out of hours use of building Flexible for remodelling and redesign	Positive on new build. Design should incorporate requirements and future expansion needs	9
Efficiency <i>Weighting 10%</i>	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Unrestricted opportunity associated with new build. CHCP may have to retain facility within Newton Mearns due to relocation.	3.3
Design <i>Weighting 10%</i>	Achieve a BREEAM healthcare rating of 'Excellent' Achieve a high design quality Meet statutory requirements and obligations for public buildings	Safe and accessible access DDA compliant	Should fulfil requirements Noise issues from railway?	3.4
Population Reach <i>Weighting 25%</i>	Location close to patient / customer population	Location close to patient / customer population	Within the majority of catchment area. GP population 25-30k moving to Drumby.	8.5

85%

Critical Success Factors Scoring

Critical Success Factor	Criteria	Notes	YES	NO	MAYBE
Strategic fit and business needs	In line with current NHS / ERC strategies & business policies Ability to meet future service requirements / demands	<ul style="list-style-type: none"> Purpose built 	✓		
Supply side capacity and capability	Capacity for needs now – and potential to meet future needs	<ul style="list-style-type: none"> Opportunity for additional car parking if required. Ability to provide numbers required by ERC 	✓		
Potential Value for Money (VfM)	Makes best use of available resource	<ul style="list-style-type: none"> Limited abnormalities on site (£105k) 	✓		
Potential Affordability	Ability to deliver within budget set by Scottish Government	<ul style="list-style-type: none"> GP Support and revenue income 	✓		
Potential Achievability	Can be built within HUB timescale (open by January 2015 – on site November 2013)	<ul style="list-style-type: none"> Planning support from use of brown-field site 			

Investment Objectives Scoring OPTION 3 - AYR ROAD

Objective	Criteria	Design	Notes	Score
Customer <i>Weighting 30%</i>	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/customer	Adequate Car parking Access to Public, community and green transport Recognisable in the everyday routes around the community Feels close other local amenities Promotes sense of wellbeing	Concerns over site car parking. Discussions surrounded impact of school/traffic flow. A77 issues due to road size/designation. Pharmacy in 'shopping centre' – car journey	5.4
Strategic / service <i>Weighting 25%</i>	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	Promote team and partnership working Capacity for other partners and organisations to use space Design allows out of hours use of building Flexible for remodelling and redesign	Less close to population however outreach services. Not as many GPs due to location... issues with regards future expansion of site.	6.75
Efficiency <i>Weighting 10%</i>	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building	Would be required to retain 'inefficient' GP premises??	2.9
Design <i>Weighting 10%</i>	Achieve a BREEAM healthcare rating of 'Excellent' Achieve a high design quality Meet statutory requirements and obligations for public buildings	Safe and accessible access DDA compliant	Site issues – influence design and car park arrangements	2.6
Population Reach <i>Weighting 25%</i>	Location close to patient / customer population	Location close to patient / customer population	Outwith catchment of majority of GPs wanting to move. Possible 18k population.	2.5

50%

Critical Success Factors Scoring

Critical Success Factor	Criteria	Notes	YES	NO	MAYBE
Strategic fit and business needs	In line with current NHS / ERC strategies & business policies Ability to meet future service requirements / demands	<ul style="list-style-type: none"> • Purpose built • Limited ability to bring GP services alongside community services • (Newton Mearns GPs in new build, outwith area of other GPs) 			✓
Supply side capacity and capability	Capacity for needs now – and potential to meet future needs	<ul style="list-style-type: none"> • Can not accommodate car parking numbers required by ERC Roads (unless building basement /undercover car park) 			✓
Potential Value for Money (VfM)	Makes best use of available resource	<ul style="list-style-type: none"> • Cost associated with providing car park numbers (basement) 		✓	
Potential Affordability	Ability to deliver within budget set by Scottish Government	<ul style="list-style-type: none"> • Limit on GP income due to lack of relocation opportunities (see above) 			✓
Potential Achievability	Can be built within HUB timescale (open by January 2015 – on site November 2013)	<ul style="list-style-type: none"> • Planning have zoned this as urban greenspace. May be some protracted discussions to achieve. 			✓

Appendix C - Risk Register

Eastwood Health and Care Centre - Project Risk Register

PRE-CONTROL

POST-CONTROL

Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	PRE-CONTROL				Risk Owner(s)	Risk Control Measures	Action by Date	POST-CONTROL				Actual	Last Reviewed/Comments
			Cause of Risk	Risk Description	Effect of Risk		Likel	Impa	Cost	Risk				Like	Impa	Expe	Risk		
1	11/09/2012	Approvals	Inadequate information	IA response not approved buy CIG	delays to the programme	Stage 0	3	2	1	6	NHS	Senior reporting officer for each project to ensure timescales are met for clarifications	18/9/12	1	2	2		Complete	
2	11/09/2012	Approvals	lack of readiness to proceed	KSR not approved on programme	delay to programme	Stage 0	4	3	1	12	NHS	Senior reporting officer - Implementing the requirements of the draft report	25/9/12	1	3	3		Complete	
4	11/09/2012	Financial	Affordability	NPR not approved/released to hWS on programme	delay to programme	stage 0	5	4	0	20	NHS	identification and approval of additional revenue requirements and/or reducing the project accommodation to fit available revenue	9/10/12	3	4	12		Complete	
5	11/09/2012	Financial	lack of funders	availability of funds at correct terms	increased costs	Stage 1	3	4		12	hWS	hWS to agree terms with perspective funders	30/4/13	3	4	12		hWS have had initial discussions with Aviva prior to release of the Stage 1 Funding Review Report regarding funding terms. Aviva have noted the Project Programmes and hWS will continue to have dialogue. Last reviewed 28/2/13	
6	11/09/2012	Stakeholders	impact on business	independent contractors disengage with the project	key objectives not achieved		3	5		15	NHS	provide clear financial information at earliest opportunity and engage/record with discussion about space/site	30/4/13	3	5	15		Kim Campbell to discuss with Independent Contractors levels of service payment, FM and LCC.	
7	11/09/2012	Stakeholders	various	independent Contractors (GP's) failure to commit to project within timescales	delay to programme	stage 1	5	4		20	NHS	provide clear financial information at earliest opportunity and engage/record with discussion about space/site	30/4/13	5	4	20		Kim Campbell to discuss with Independent Contractors levels of service payment, FM and LCC. Last reviewed 28/2/13	
8	11/09/2012	Stakeholders	various	opposition from community stakeholders	delay to programme	stage 1	3	5		15	shared	community engagement tailored to stakeholders. Implement stakeholder engagement plan.	11/9/12	2	5	10		Delivery Group to agree an engagement strategy to take forward. Meeting on 14/3/13	

17	25/09/2012	Legal	various	3rd party rights affecting sites	constraining site development	stage 1	3	5	15	NHS	continuous discussions with ERC	9/10/12	2	5	10	Last reviewed/ 28/2/13Comments
18	26/11/2012	Financial	exceeds affordability	GIFA cannot be met	commercial impact	Stage 1	1	5	5	hWS	Continuous review of design during development of project				0	Last updated 28/2/13
19	26/11/2012	Financial	Risk Allowance	Risk allowance is not enough as very little site information is known	commercial impact	Stage 1	3	4	12	NHS/hWS	Desktop/SI to be completed as soon a possible during the stage 1 process				0	Last reviewed/ 28/2/13Comments
20	26/11/2012	Legal	Land purchase	NHS GG&C do not purchase the land for the preferred site	Delay	Stage 1	4	5	20	NHS	Agree 2nd site option to take forward should preferred site not be available.	4/2/13	3	5	15	4/2/2013 by JA
21	26/11/2012	Design	BREEAM excellent rating	achieving BREEAM increases cost	commercial impact	Stage 0	3	3	9	NHS/hWS	Continue with BREEAM Assessment and review design and cost within affordability caps. Adjust prime cost for complexity regarding BREEAM Excellent.	14/2/2013 - ongoing	3	3	9	Ongoing 28/2/13
22	26/11/2012	Commercial	Accuracy of benchmark rates	Benchmark comparators are inaccurate to design	commercial impact	Stage 1	3	3	9	NHS/hWS	Continually test cost plan against comparator project Barrhead HCC		3	3	9	Stage 2 in progress, continue with testing. Last reviewed 14/3/13
23	26/11/2012	Project Management	Reject NPR	HWS reject project at board level	delay to programme	Stage 0	2	4	8	hWS	Ensure PIP and information sits within project brief and costs are within participants draft budget	13/12/12	1	4	4	complete
24	26/11/2012	Project Management	contractor selection	Contractor is not appointed early enough in the DBFM	commercial/ delay	Stage 0	2	5	10	hWS	OSCD to implement contractors ITT within programme timescales	25/1/13	1	5	5	Contractors appointment delayed. Last reviewed 13/3/13
25	26/11/2012	Commercial	proforma rates	contractor prelims and OH&P exceed HWS rates	commercial impact	Stage 1	3	4	12	hWS	Rejection of tenders/bids which exceed the pro forma rates.	25/1/13	1	4	1	ITT returns on 2/4/13. Last reviewed 13/3/13
26	26/11/2012	Design	Affordability cap	design development exceeds affordability cap	commercial impact	Stage 2	3	4	12	hWS	Control design and cost plan throughout process. Ensure change control procedure is in place.		1	4	4	Stage 1 cost plan within affordability cap. Last reviewed on 13/3/13
27	26/11/2012	Project Management	Programme	Building is not completed Q1 2015	delay to programme	Construction	3	5	15	hWS/NHS	Contractor to present programme once selected. Ensure programme is reviewed at construction and design meetings.		3	5	15	Ongoing . Last reviewed on 13/3/13
28	26/11/2012	External	Site Investigation	SI demonstrates there is significant ground risk	commercial/ delay	Stage 1	4	5	20	NHS	Early SI to be completed to allow assessment by Civil and Structural Consultant	27/5/13	4	5	20	See risk 50
29	26/11/2012	Design	Foundations	The SI recommends a more significant foundation solution	commercial impact	Stage 2	4	5	20	NHS	Early SI to be completed to allow assessment by Civil and Structural Consultant	27/5/13	4	5	20	Piling has been identified in cost plan
30	26/11/2012	External	Contamination	SI reveals significant contaminated land	commercial/ delay	Stage 1	4	5	20	NHS	Early SI to be completed to allow assessment by Civil and Structural Consultant	27/5/13	4	5	20	See risk 51
31	26/11/2012	Project Management	Stakeholders	Stakeholders do not provide design information timeously	delay	Stage 1	3	3	9	NHS	Hold regular delivery group meetings for stakeholders	ongoing	1	3	3	Ongoing. Last reviewed on 13/3/13
32	26/11/2012	External	Utilities	SI demonstrates utility provision is not sufficient	commercial/ delay	Stage 1	4	5	20	NHS	M&E to check services provision with supplier at earliest opportunity	26/3/13	3	5	15	See risk 55
33	26/11/2012	Design	Utilities	Cost for utility connections is significantly higher than comparator.	commercial	Construction	3	4	12	NHS	M&E to check services provision with supplier at earliest opportunity	26/3/13	1	4	4	See risk 55

34	26/11/2012	Project Management	Value for Money	Specified VfM is not achieved	expectations/ hws kpi's	Stage 2	2	3	6	hWS	Review VfM criteria continuously and write into contractors/consultants requirements where necessary	ongoing	1	3	3	Ongoing. Last reviewed 13/3/13
35	26/11/2012	Project Management	design changes	Client makes numerous design changes	commercial/ delay	Stage 2	3	5	15	NHS	Ensure robust change control measures are in place to ensure liability for cost and impact.	ongoing	1	5	5	Ongoing. Last reviewed 13/3/13
36	26/11/2012	External	Stakeholders	do not take up option of space in building	commercial/ delay	Stage 2	2	5	10	NHS	Ensure all stages of approval process have been achieved		1	5	5	Ongoing. Last reviewed 13/3/13
37	26/11/2012	Design	Planning	Planning conditions add commercially to the project	delay	Financial Close	3	5	15	NHS	Discuss with planners at an early stage any requirements which may have a cost or programme impact on the process. Discharge any planning conditions in a timely manner.		1	5	5	Ongoing. Last reviewed 13/3/13
38	26/11/2012	Approvals	Room Data Sheets	RDS are not developed timeously	delay	Stage 2	3	5	15	NHS	Develop RDS to programme		1	5	5	Ongoing. Last reviewed 13/3/13
39	26/11/2012	External	Public	Public launch appeal against project	delay	Stage 2	4	5	20	NHS	Implement the Community Engagement Strategy as early as possible and ensure Planning Application engagement is undertaken		2	5	10	Delivery Group to agree an engagement strategy to take forward. Meeting on 14/3/13
40	26/11/2012	External	Wayleaves	Failure to agree wayleaves with adjacent landowners	delay	Construction	3	5	15	NHS	ERC is the adjacent landowner and is joint participant within the development. Keep Donald Gillies updated on any encroachments or licences required for development		1	5	5	Ongoing. Last reviewed 13/3/13
41	26/11/2012	External	u/g obstructions	presence of unidentified u/g obstructions	commercial/ delay	Stage 1	3	5	15	NHS	Review all SI reports and existing services drawings. Review any other relevant site information.		2	5	10	Desk top completed. SI brief sent out for costs prior to instructions. 28/2/13
42	26/11/2012	Project Management	Financial close	Financial close date is not achieved	delay	Financial Close	4	5	20	NHS/hWS	Continuously assess the information required for FC and report.		2	5	10	Continue to assess programme to look at areas of acceleration. Last reviewed 13/3/13
43	26/11/2012	External	Planning	Planning permission is not achieved to start on site	delay	Stage 2	3	5	15	hWS	Early discussions with planning to review requirements and consultation process.		2	5	10	Ongoing. Last reviewed 13/3/13
44	22/01/2013	Project Management	Preferred Site Identification	Failure to identify preferred site to hub West Scotland by the date required in the project programme.	delay to programme	stage 1	4	5	20	NHS	NHS to maintain dialogue with ERC for site purchase - NHS property manager to take lead.	4/2/13	2	5	10	4/2/2012 by JA
45	26/02/2013	Design	Design Development	Additional lift requirement due to fire evacuation requirements of ERC.	Cost Impact	Stage 1	4	5	20	hws	Early discussions with Fire Engineer and Planning. Assessment of patient/staff usage on lifts within the buildings to assess lift numbers and sizes.	27/3/13	4	5	20	40,000 Ongoing. Last reviewed 13/3/13

46	26/02/2013	Design	Design Development	Requirements for stairs to have lobbies.	Cost Impact	Stage 1	4	5	20	hws	Early discussions with Fire Engineer and Planning	27/3/13	4	5	20	28,000	Ongoing. Last reviewed 13/3/13
47	26/02/2013	Design	Design Development	Physio services to be redesigned to single consulting room space	Cost impact	Stage 1	4	5	20	hws	Early discussions with stakeholders to define requirements and how many individual consulting rooms are required.	27/3/13	4	5	20	8,000	Ongoing. Last reviewed 13/3/13
48	26/02/2013	Design	Design Development	Floor plan change due to construction process to Metzec panels.	Uplift in floor area.	Stage 1	4	5	20	hws	Early discussions with architect and structural engineer to identify construction route and impact on area.	27/3/13	3	5	15		Ongoing. Last reviewed 13/3/13
49	26/02/2013	Design	Site Selection	Site security once the demolitions of the school have been carried out.	Cost Impact	Stage 2	3	5	15	hws	Discuss and agree process with ERC once site has been identified	27/3/13	3	5	15		Ongoing. Last reviewed 13/3/13
50	26/02/2013	Design	Site Selection	Desk top has identified poor soil quality and made ground.	Cost Impact	Construction	4	5	20	hws	SI Report required to verify soil conditions as soon as possible	27/5/13	4	5	20	64,000	Ongoing. Last reviewed 13/3/13
51	26/02/2013	Design	Site Selection	Desk top has identified poor soil quality and made ground. Contaminated materials to be moved off site and permeable gas membrane required.	Cost Impact	Stage 1	4	5	20	hws	SI Report required to verify soil conditions as soon as possible	27/5/13	4	5	20	48,000	Ongoing. Last reviewed 13/3/13
52	26/02/2013	Design	Site Selection	Needle/Biohazard contamination and remediation required after Demolitions completed.	Cost Impact	Stage 2	2	5	10	hws	Site survey required prior to construction start on site.	1/11/13	1	5	5		Ongoing. Last reviewed 13/3/13
53	26/02/2013	Design	Site Selection	Site Archaeology	Cost/Programme impact	Stage 2	2	5	10	hws	SI Report to be instructed as soon as possible after desk top appraisal	27/3/13	1	5	5		Ongoing. Last reviewed 13/3/13
54	26/02/2013	Design	Design Development	Requirement for small additional kitchen	Cost Impact	Stage 2	3	5	15	hws	Early discussions with stakeholders to define requirements.	27/3/13	2	5	10	2,000	Ongoing. Last reviewed 13/3/13
55	26/02/2013	Design	Design Development	Diversion and reinforcement of existing utilities outwith the site.	Cost Impact	Stage 2	4	5	15	hws	M&E to check services provision with supplier at earliest opportunity	27/3/13	3	5	15	50,000	Ongoing. Last reviewed 13/3/13
56	26/02/2013	Design	Design Development	Additional EPC B+ AND breem excellent may require additional costs	Cost Impact	Stage 2	3	5	15	hws	M&E consultant to check u Values and permeability and LED lighting.	27/4/13	3	5	15	50,000	Ongoing. Last reviewed 13/3/13
57	26/02/2013	Design	Design Development	Possible overheating in some south facing rooms.	Cost Impact	Stage 2	3	5	15	hws	IES Modelling required by M&E consultant to review solar gain.	27/4/13	1	5	5	25,000	Ongoing. Last reviewed 13/3/13
58	26/02/2013	Design	Design Development	Additional Acoustic attenuation required due to the adjacency to the railway or mechanical ventilation in some rear elevation rooms.	Cost impact	Stage 2	2	5	10	hws	Appoint acoustic consultant to review design and report.	27/3/13	1	5	5	48,000	Ongoing. Last reviewed 13/3/13
59	14/03/2013	Financial	Stakeholders	Service payment and FM/LCC may change due to market conditions	Cost impact	Financial Close	3	5	15	NHS/ERC	Review Funding Report and Financial Model at all stages	27/9/13	1	5	5		Ongoing. Last reviewed 13/3/13
60	14/03/2013	Financial	Stakeholders ERC	Capital allocation is withdrawn	Cost impact	Stage 2	2	5	10	NHS/ERC	ERC capital allocation has been approved by the council and is reported in the councils budget for payment over the period 2013/14/15	27/9/13	1	5	5		Ongoing. Last reviewed 13/3/13

61	14/03/2013	Financial	Stakeholders	Staffing resource is insufficient to provide services and business	Cost impact	Stage 2	3	5	15	NHS/ERC	ERC/NHS to have early resource discussions to identify gaps in both service and business staff resource	27/9/13	1	5	5		Ongoing. Last reviewed 13/3/13
62	14/03/2013	Financial	Stakeholders ERC	Gap in revenue funding for FM/LCC.	Cost impact	Financial Close	3	5	15	NHS/ERC	Review Funding Report and Financial Model at all stages	27/9/13	2	5	10		Ongoing. Last reviewed 13/3/13
63	14/03/2013	Financial	Stakeholders ERC	Commercial deal for land not completed by end of the Financial year 2013	Cost impact	Stage 2	4	5	20	NHS/ERC	Early discussion regarding the land deal to take place.	27/3/13	4	5	20		Ongoing. Last reviewed 13/3/13
64	14/03/2013	Design	Design Development	Quality does not meet suitable performance requirements	Cost impact	Stage 2	3	5	15	hws	Ensure design meets all standards and agreements within the Project Brief and the Reference Design including the design statement.	27/3/13	1	5	5		Ongoing. Last reviewed 13/3/13
65	14/03/2013	Design	Design Development	Negative feedback from Community Stakeholders delays planning	Cost/Programme impact	Stage 2	4	5	20	hws/CHCP	Ensure that the programme of Community Engagement is carried out within the timescales agreed.	27/3/13	4	5	20		Ongoing. Last reviewed 13/3/13
66	14/05/2013	Legal	various	Legal Drafting associated with the Lease Structure (Funder requirement)	Cost Impact	Financial Close	4	5	20	hws/ERC/CHCP	Agree form of the Lease Structure	29/5/13	4	5	20	6,000	Ongoing. Last updated 14/05/2013
67	25/05/2013	Legal	various	Legal Drafting associated with the Capital Contribution. Tax Review of impact of Capital Contribution of legal/financial model	Cost Impact	Financial Close	5	5	25	hws/ERC/CHCP	Agree form of agreement for Capital Contribution	29/6/13	5	5	25	20,000	Ongoing. Last updated 14/05/2013
68	14/03/2013	Design	Design Development	Agile working policies and service delivery is not accepted by staff.	key objectives not achieved	Stage 2	3	5	15	NHS/ERC	Early engagement with staff to discuss impact of agile working policies and design of agile working provision.	27/3/13	1	5	5		Ongoing. Last reviewed 13/3/13

Appendix D - Schedule of Accommodation

DRAFT SCHEDULE - v6.0
Eastwood Health & Care Centre

NPR

Includes: Clarkston Clinic staff Clarkston Office staff Health Imp Team Lygates Learning & Development Seres Road Child Health Ther Room Community Staff in Practices CHCP HQ RES Cluster model + homecare GP Practices	Does not include dedicated space for:: Speech & Language Voluntary Orgs ILS Welfare Rights	
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Service	Title	Description	WTE Staff	Number of Staff	Area	Total	Comment/ Assumptions	Potential Reduction	Revised Total
District Nurse	Office	Outreach Staff DNs & ANPs		28	168	168.00	Agile Working	50%	84
District Nurse	Admin support	Admin	0	0	0	0.00			0.00
District Nurse	Storage	Storage			36	36.00			36.00
District Nurse	Students			4	24	24.00			12.00
District Nurse Total						228.0			132.00
Health Visitor/SN	Office	HV Outreach Staff	?	9	54	54.00	Agile Working	50%	27
Health Visitor/SN		SN Outreach staff	?	4	24	24.00	Agile Working	50%	12
Health Visitor/SN	School Nursing	School Nurses	?	3	18	18.00	Agile Working	50%	9
Health Visitor/SN	Admin support	School Nurse Records	1	2	12	12.00			12.00
Health Visitor/SN	Storage	HV Storage			9	9.00			9.00
Health Visitor/SN	Storage	SN Records			15	15.00			15.00
Health Visitor/SN Total						132.0			84.00
Physio and Pod	Podiatry Treatment Room 1		5	1	16	16.00			
Physio and Pod	Podiatry Treatment Room 2			1	16	16.00			
Physio and Pod	Podiatry Treatment Room 3			1	16	16.00			
Physio and Pod	Podiatry Treatment Room 4			1	16	16.00			
Physio and Pod	Podiatry Treatment Room 5			1	16	16.00			
Physio and Pod	Workroom				17.5	17.50			
Physio and Pod	Physio treatment area and Office		2	8	48	48.00			
Physio and Pod	Physio Gym				30	30.00			
Physio and Pod	Triage Office				6	6.00			
Physio and Pod	Records				3.5	3.50			
Physio and Pod	Reception and records		1.5	2	18	18.00			
Physio and Pod	Waiting Area				15	15.00			
Physio and Pod	Disabled Toilet				5	5.00			
Physio and Pod Total						223.00			223.0
Clinical Zone	Consulting room 1				15	15.00			
Clinical Zone	Consulting room 2				15	15.00			
Clinical Zone	Consulting room 3				15	15.00			
Clinical Zone	Consulting room 4				15	15.00			
Clinical Zone	Consulting room 5				15	15.00			
Clinical Zone	Consulting room 6				15	15.00			
Clinical Zone	Consulting room 7				15	15.00			
Clinical Zone	Consulting room 8				15	15.00			
Clinical Zone	Clinical Procedures Room 1				18	18.00			
Clinical Zone	Clinical Procedures Room 2				18	18.00			
Clinical Zone Total						156.00			156.0
Public spaces	Interview Rooms x NHS% split			5	50	50.00	NHS	30%	15
Public Spaces Total						50.00			15.0
Diabetes Care	DSN	NHS	1	1	11	11.00			
Diabetes Care Total	Records Storage (Not separate)	NHS			4	4.00			
Diabetes Care Total						15.00			15.0
Pharmacy Support	Prescribing Support Notional Area	Manager & PSPs		5	30	30			
Pharmacy Support						30	Agile Working	50%	15.0
OAMHT	Consultant Psychiatrist	Office	?	2	16	16.00			
OAMHT	Office	Admin	?	4	24	24.00			
OAMHT	Records store/drugs store	Records	?	?	5	5.00			
OAMHT	Office	Junior med, CPN and psych	?	7	42	42.00			
OAMHT	Office	Outreach (inc assertive outre	?	5	30	30.00			
AMHT Total						117.00			117.0
PCMHT	Office	Outreach		8	48	48.00	Agile Working	50%	24
PCMHT	Office Admin (not separate)	Outreach		1	6	6.00			6.00
PCMHT Total						54.00			30.0
NHS Admin	Notional Area			9	54	54.00			
NHS Admin	NHS Store 1				20	20.00			
NHS Admin	NHS Store 2				15	15.00			
NHS Admin Total						89.00			89.0
NHS Directly Managed Services TOTAL						1094.00			876.0

ERC Managed Services									
RES Cluster (+ homecare)	Notional area	not including DNs & ANPs	?	41	246	246.00	Agile Working	50%	123
RES Service	Managers			2	12	12.00			12.00
RES Cluster 1						258.00			135.0
RES Cluster (+homecare)	Notional Area	not including DNs & ANPS		41	246	246.00	Agile Working	50%	123
Enablement Service	Managers			2	12	12.00			12.00
RES Cluster 2						258.00			135.0
Learning & Development	Communal Area			8	48	48.00	Agile Working	50%	24
	Training Room x 10 PCs			10	60	60.00			60.00
Learning & Development Total						108.00			84
Childrens Services	Communal Area			26	156	156.00	Agile Working	30%	46.8
Childrens Services	Managers			4	24	24			24
Contact Room	Therapy Room (one way mirror)	Child Friendly			16.5	16.50			16.50
Contact Room	Therapy Room	Child Friendly			16.5	16.50			16.50
Children's Services Total						213.00			103.8
Business Support	Notional Area			25	150	150			
Business Support						150	Fixed		150
Community Zone	Third Sector/Customer First/ Comm Café				250	250.00			250.00
Intervention	Interview Rooms			12	120	120.00	ERC	70%	84
Intervention	Service Delivery room				15	15.00			15.00
Intervention	Service Delivery room				15	15.00			15.00
Intervention	Service Delivery room				15	15.00			15.00
Intervention	Service Delivery room				15	15.00			15.00
Community & Intervention						430.00			394.00
ERC Managed Space TOTAL						1417.00			1001.8
CHCP Senior Management and Supporting Management									
SMT	Director	Office		1	11	11			
SMT	Heads of Service	Office		3	18	18			
SMT	Managers	Notional Area		8	48	48			
SMT Total						77			77.0
Finance	Office Admin	Admin & Finance Notional		10	60	60.00			
Finance Total						60.00			60.0
Planning & Commissioning	including Health Improvement								
	Teams	Notional Area		26	156	156.00	Agile Working	50%	78.0
Planning & Commission total						156.00			78.0
CHCP Senior Management and Supporting Management TOTAL						293.00			215.0
Shared Space for All Services		<i>Need to clarify percentage apportioned to each service are GPs included... is it purely NHS/ERC?</i>							
Public spaces	Main Foyer/Café				360	360.00			
Public spaces	Front reception				18	18.00			
Public spaces	Breast feeding room				15.5	15.50			
Public spaces	Patient Change/Toilet				10	10.00			
Public spaces	Parent and Child changing				10	10.00			
Public spaces	Toilets				48	48.00			
Public spaces	Changing Places Public Toilet				12	12.00			
Public spaces	Spiritual Care Room				15	15.00			
Staff spaces	Hot Desk Zone				40	40.00			
Clinical Zone	Reception				20	20.00			
Clinical Zone	Waiting Area				30	30.00			
Staff spaces	Staff room				80	80.00			
Staff spaces	Shower room				6	6.00			
Staff spaces	Group room	Health Education Room			40	40.00			
Staff spaces	Meeting room				40	40.00			
Staff spaces	Meeting Room				30	30.00			
Staff spaces	Meeting Room				30	30.00			
Staff spaces	Meeting Room				20	20.00			
Staff spaces	Meeting room				20	20			
Facilities	DSR Room x 4	1 per floor			44	44.00			
Facilities	Workroom				12	12.00			
Facilities	Communications room				20	20.00			
Facilities	Disaster Recovery/SafetyNet				10	10.00			
Shared Space TOTAL						930.50			930.5

GPs									
			16						
Clarkston Medical Centre x 2 practices sharing									
	Consulting Rooms x 8	GP 16.5sqm per room		9	148.5	148.50			
	Consulting Rooms x 3	Practice Nurse 18sqm per room		4	72	72.00			
	Consulting Room	Treatment Room		1	18	18.00			
	Consulting Room	Audit Nurse/Phlebotomist		1	16.5	16.50			
	Office	Practice Manager		1	16.5	16.50			
	Office	Admin		5	30	30.00			
	Reception Area			10	60	60.00			
	Records Area	Patients Records			40	40.00			
	Waiting Area	Patients			36	36.00			
	Meeting Room	Shared with other practices			7.5	7.50			
	Locker/Shower Room/Toilets	Shared with other practices			20	20.00			
	Copier and Comms Room				8	8.00			
	Public Toilets x 2	Male & Female 4sqm each DDA?			8	8.00			
	Store	Small			2.5	2.50			
	Store	Small			2.5	2.50			
	Store x 2	Large			20	20.00			
	Stff room and library				20	20.00			
	Interview Room				10	10.00			
Clarkston Medical Centre x 2 practices sharing						536.00			536.0
Maclean Practice Branch									
	Consulting Rooms x 6	GP 16.5sqm per room		6	99	99.00			
	Consulting Rooms x 2	Practice Nurse 18sqm per room		2	36	36.00			
	Office	Practice Manager		1	16.5	16.50			
	Comms and Copier				8	8.00			
	Office	Senior Receptionist			9	9.00			
	Office	Admin x 3 Staff		3	18	18.00			
	Storage				15	15.00			
	Storage	Practice Nurse			10	10.00			
	Meeting Room	Shared with other practices			7.5	7.50			
	Reception Area			7	42	42.00			
	Waiting Area	Patients			26	26.00			
	Records Area	Patients Records			27	27.00			
	Public Toilets x 2	Male & Female 4sqm each DDA?			8	8.00			
	Staff Room/Library				20	20.00			
	Locker/Shower Room/Toilets	Shared with other practices			20	20.00			
	Interview Room				10	10.00			
Maclean Practice Branch						372.00			372.00
Sheddens	Consulting Rooms x 2	GP 16.5sqm per room		2	33	33.00			
	Consulting Rooms x 1	Practice Nurse		1	18	18.00			
	Consulting Rooms x 1	Treatment Room		1	18	18.00			
	Office	Practice Manager		1	18	18.00			
	Office	Typist & Reception Staff		3	18	18.00			
	Reception Area				27	27.00			
	Records Storage	Patient Records			20	20.00			
	Waiting Area	Patients			20	20.00			
	Staff Room				20	20.00			
	Meeting Room	Shared with other practices			5.3	5.30			
	Locker/Shower Room/Toilets				13	13.00			
	Public Toilets	Male & Female 4sqm each DDA?			10	10.00			
	Store	Medical			8	8.00			
	Store	Stationary etc			10	10.00			
Sheddens						238.30			238.30
						1146.30			
GP Total Space						4880.80			1146.3
NHS									876.0
ERC									1001.8
CHCP									215.0
SHARED									930.5
GP									1146.3
Total									4169.6

Note: The above schedule of accommodation does not include circulation or plant areas.

Appendix E - Design Statement

Appendix F - HAI / Scribe Report

HAI IMPLEMENTATION STRATEGY / RISK ASSESSMENT
FOR THE EASTWOOD HEALTH & CARE CENTRE PROJECT

The Property and Environment Forum - HAI Scribe Implementation Strategy Document and the NHSGGC adapted HAI Scribe document was used to determine the risk assessments associated with undertaking & developing construction projects.

Group Membership:

NAME	POSITION	HAI SCRIBE DESIGNATION
Juile Murray	Director – East Renfrewshire CHCP	Project Owner
Candy Millard	Acting Head of Planning - CHCP	Project Sponsor
Claire Brown	Senior Infection Control Nurse	SCIN
Lesley Symons	Senior Infection Control Nurse	SCIN
	Project Manager – Contractor	Contractor Representative
	Architect	Architect
Chris Aitken	Capital Projects Manager	Project Manager

HAI-SCRIBE Risk Assessment

Name of Establishment:

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT

Person carrying out risk assessment: Multidisciplinary Group

Description of planned construction or refurbishment: New Build Health & Care Centre

Construction Activity Type: Type 4, Group 2 Medium Risk

- The type of construction activity has been classed as - Type 4, Group 2 Medium Risk as defined in pages 80 and 81 of the SHFN Document giving a requirement for Class IV Infection Control Procedures..

HAI-SCRIBE Risk Assessment

Name of Establishment:

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT

Person carrying out risk assessment: Multidisciplinary Group

Description of planned construction or refurbishment: New Build Health & Care Centre

Construction Activity Type: Type 4, Group 2 Medium Risk

What are the hazards?	Who might be harmed?	Risk to Patients?	What action is necessary?	Action by whom?	Action by when?	Date Completed
Residual Hazards associated with site clearance & making good.	Visitors Contractors	.N/A	All planned works should be isolated by means of temporary segregation in order to protect unauthorised access .Works should also phased in order to minimise disruption to existing services / routines within local area	Contractor	Prior to works commencing & as and when required during phased operations	

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT

No	CATEGORY	OUTCOME AND / OR PROPOSED CORRECTIVE ACTIONS
1	GENERAL ITEMS:	
a	Is contaminated land and or building fabric?	NO -Subject to Site Investigation report confirming
b	Are there industries or other sources in the neighbourhood which may present a risk of noise, smell, other pollution or infection e.g. animal by-products processing plant?	NO
c	Are there industries or other sources in the neighbourhood which may present a risk of noise, smell, or other pollution which might affect the designed operation of the healthcare facility e.g. windows and ventilation systems in the healthcare facility being kept closed because of sewage treatment plant or systems?	NO
d	Are the construction / demolition works programmed in the neighbourhood which may present a risk of noise, smell or other pollution or infection e.g. fungal infection?	NO
e	Are there cooling towers in the neighbourhood which may present a risk of legionella infection?	NO
f	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any potential HAI Risk e.g. from entrainment of plumes containing legionella?	NO

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT (cont.)

No	CATEGORY	OUTCOME AND / OR PROPOSED CORRECTIVE ACTIONS
g	Is there locally recognised increased risk of contamination / infection e.g. cryptosporidium?	NO
h	Will the proposed development impact on the surrounding area in any way which may lead to restrictions being applied to the operation of the proposed facility which may in turn present potential for HAI Risk e.g storage and collection arrangements for healthcare clinical waste leading to pressure to reduce collection frequency?	NO
i	Will lack of space limit the proposed development and any future expansion of the facility?	NO
j	<p>The above questions do not necessarily comprise an exhaustive list. Having established that main utility services are available, have sufficient capacity and are of satisfactory quality to cope with the proposed development, the next challenge is to establish which, if any, of the other questions evokes the answer 'yes'</p> <p>Where a potential Hazard is identified a careful assessment of that hazard must be undertaken.</p>	N/A

Appendix G - BREEAM Report

BREEAM 2011 New Construction Assessment Report: Rating & Key Performance Indicators

This assessment and indicative BREEAM rating is not a formal certified BREEAM assessment or rating and must not be communicated as such. The score presented is indicative of a buildings potential performance and is based on a simplified pre-formal BREEAM assessment and unverified commitments given at an early stage in the design process.

Overall Indicative Building Performance

Building name	Eastwood HCC
Indicative building score (%)	73.69%
Indicative BREEAM rating	Pre-Assessment result indicates potential for BREEAM Excellent rating
Indicative minimum standards level achieved	Pre-Assessment result indicates the minimum standards for Excellent level

Summary of Indicative Building Performance by Environmental Section and Assessment Issue

	Indicative no. credits available	Indicative no. credits Achieved	Indicative contribution to score	Minimum standards level achieved
Management				
Man01 Sustainable Procurement	8.0	5.0	2.73%	Pre-Assessment result indicates the minimum standards for Outstanding level
Man02 Responsible Construction Practices	2.0	2.0	1.09%	Pre-Assessment result indicates the minimum standards for Outstanding level
Man03 Construction Site Impacts	5.0	4.0	2.18%	N/A
Man04 Stakeholder Participation	4.0	4.0	2.18%	Pre-Assessment result indicates the minimum standards for Outstanding level
Man05 Life cycle cost and service life planning	3.0	3.0	1.64%	N/A
Total indicative environmental section performance	22.0	18.0	9.82%	
Health & Wellbeing				
Hea01 Visual Comfort	5.0	5.0	4.69%	Pre-Assessment result indicates the minimum standards for Outstanding level
Hea02 Indoor Air Quality	4.0	2.0	1.88%	N/A
Hea03 Thermal Comfort	2.0	1.0	0.94%	N/A
Hea04 Water Quality	1.0	1.0	0.94%	Pre-Assessment result indicates the minimum standards for Outstanding level
Hea05 Acoustic Performance	2.0	2.0	1.88%	N/A
Hea06 Safety and Security	2.0	1.0	0.94%	N/A
Total indicative environmental section performance	16.0	12.0	11.25%	
Energy				
Ene01 Reduction of CO2 Emissions	15.0	8.0	5.63%	Pre-Assessment result indicates the minimum standards for Excellent level
Ene02 Energy Monitoring	2.0	2.0	1.41%	Pre-Assessment result indicates the minimum standards for Outstanding level
Ene03 External Lighting	1.0	1.0	0.70%	N/A
Ene04 Low and Zero Carbon Technology	5.0	3.0	2.11%	Pre-Assessment result indicates the minimum standards for Outstanding level
Ene05 Energy Efficient Cold Storage	N/A	N/A	N/A	N/A
Ene06 Energy Efficient Transportation Systems	2.0	2.0	1.41%	N/A
Ene07 Energy Efficient Laboratory Systems	N/A	N/A	N/A	N/A
Ene08 Energy Efficient Equipment	2.0	0.0	0.00%	N/A
Ene09 Drying Space	N/A	N/A	N/A	N/A
Total indicative environmental section performance	27.0	16.00	11.26%	
Transport				
Tra01 Public Transport Accessibility	5.0	2.0	1.60%	N/A
Tra02 Proximity to Amenities	1.0	0.0	0.00%	N/A
Tra03 Cyclist facilities	2.0	2.0	1.60%	N/A
Tra04 Maximum Car Parking Capacity	1.0	0.0	0.00%	N/A
Tra05 Travel Plan	1.0	1.0	0.80%	N/A
Total indicative environmental section performance	10.0	5.0	4.00%	
Water				
Wat01 Water Consumption	5.0	3.0	2.00%	Pre-Assessment result indicates the minimum standards for Outstanding level
Wat02 Water Monitoring	1.0	1.0	0.67%	Pre-Assessment result indicates the minimum standards for Outstanding level
Wat03 Water Leak Detection and Prevention	2.0	2.0	1.33%	N/A
Wat04 Water Efficient Equipment	1.0	1.0	0.67%	N/A
Total indicative environmental section performance	9.0	7.0	4.67%	
Materials				
Mat01 Life Cycle Impacts	6.0	4.0	3.85%	N/A
Mat02 Hard Landscaping and Boundary Protection	1.0	1.0	0.96%	N/A
Mat03 Responsible Sourcing	3.0	0.0	0.00%	Pre-Assessment result indicates the minimum standards for Outstanding level
Mat04 Insulation	2.0	2.0	1.92%	N/A
Mat05 Designing for Robustness	1.0	1.0	0.96%	N/A
Total indicative environmental section performance	13.0	8.00	7.69%	
Waste				
Wst01 Construction Waste Management	4.0	3.0	3.75%	Pre-Assessment result indicates the minimum standards for Outstanding level
Wst02 Recycled Aggregates	1.0	0.0	0.00%	N/A
Wst03 Operational Waste	1.0	1.0	1.25%	Pre-Assessment result indicates the minimum standards for Outstanding level
Wst04 Speculative Floor and Ceiling Finishes	N/A	N/A	N/A	N/A
Total indicative environmental section performance	6.0	4.00	5.00%	
Land Use and Ecology				
LE01 Site Selection	2.0	1.0	1.00%	N/A
LE02 Ecological Value of Site and Protection of Ecological Features	1.0	1.0	1.00%	N/A
LE03 Mitigating Ecological Impact	2.0	2.0	2.00%	Pre-Assessment result indicates the minimum standards for Outstanding level
LE04 Enhancing Site Ecology	3.0	2.0	2.00%	N/A
LE05 Long Term Impact on Biodiversity	2.0	2.0	2.00%	N/A
Total indicative environmental section performance	10.0	8.00	8.00%	
Pollution				
Pol01 Impact of Refrigerants	3.0	3.0	2.31%	N/A
Pol02 NOx Emissions	3.0	3.0	2.31%	N/A
Pol03 Surface Water Run off	5.0	5.0	3.85%	N/A
Pol04 Reduction of Night Time Light Pollution	1.0	1.0	0.77%	N/A
Pol05 Noise Attenuation	1.0	1.0	0.77%	N/A
Total indicative environmental section performance	13.0	13.00	10.00%	
Innovation				
Inn01 Innovation	10.0	2.0	2.00%	N/A
Total indicative environmental section performance	10.0	2.00	2.00%	

Appendix H - Architectural Report

Appendix I - M&E Services Report

Appendix J - Civil and Structural Report

Appendix K - Programme

Appendix L - Stakeholder Communication Plan

Introduction

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

Background and aim

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

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

Context

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

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

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

Stakeholders

The main stakeholders in the project are:

Internal

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

External

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

Existing communication mechanisms

Formal Structures / mechanisms for communication with stakeholders

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

Less formal means of communication

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

New communication /involvement structures

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

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

A sub group of the PPF, led by the respective Head of Planning, supported by their PPF officer, will take responsibility for wider public engagement as the project progresses. This group will comprise 2/3 members of the PPF Executive Committee and representatives of a range of patient

groups in the area (as described above). They will report via the PPF Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee.

User groups

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

Stakeholder Communication Plan

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	Anne Hawkins on behalf of Partnership Directors	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	<i>Weekly tele conference, fortnightly meetings and/or ad hoc as required?</i>	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	<i>Review of Project Progress, regarding design, construction, affordability, etc</i>	<i>NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser,+ PSCP Senior Manager</i>	<i>Quarterly or ad-hoc as required</i>	<i>Telephone, email, face to face meetings, briefings</i>
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
CHCP Committee	Project Update,	SRO	As per action plan.	As appropriate dependant on issue to be communicated.
Stakeholders:	Information Required:	Information Provider:	Frequency of Communication:	Method of Communication:

**Eastwood Health and Care Centre
Outline Business Case**

Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	What specific information is required by each stakeholder group?	Who will provide the information?	How often will information be provided?	By what method will the communication take place?
<i>Principal Supply Chain Partner (PSCP)</i>	<i>Framework, High Level Information Pack, & Procurement</i>	<i>Project Manager SRO</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.</i>
<i>Professional Service Contracts (PSC – PM and CA)</i>	<i>High Level Information Pack Framework & Procurement Information</i>	<i>Project Director Project Manager</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, briefings, e-mail and telephone</i>
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project. Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
CHCP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
PPF & BATH Group LCPP boards in North West, South Glasgow and East Renfrewshire Locality Groups in North West and South Glasgow and East Renfrewshire GP forum in each area (to keep GPs outwith health centres advised of developments)	Programme Updates, general Information relating to Project BATH to review plans in respect of disability access/ease of use by patients with different disabilities.	SRO/Head of Planning Link with NHS GG&C Corporate Engagement team re BATH involvement at appropriate stages of development	As per action plan./ depending on local circumstances Regular updates to PPF Executive Committee on public engagement activity Regular reports on progress Update on progress as required - 6monthly or annually	As appropriate dependant on issue to be communicated. Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed)
CHP/CHCP staff	Project Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres	SRO/Head of Planning to provide information to Communications officers who will draft material Head of HR to report Staff Partnership forum Head of Planning/Design Team	As per required. Team briefs Staff newsletter Staff Partnership forum representatives are members of CHP/CHCP committee and will therefore be receiving regular updates via Committee reports As required	As appropriate dependant on issue to be communicated Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Articles in partner newsletters (e.g. local housing organisations)
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners PPF officer to issue regular e mail updates to organisations on PPF database	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database

<p><u>User/Carer/ Reference Groups</u></p> <p>Re-Shaping Care Reference Group BIG ShoutER Youth Forum Mental Health Forum Carers Forum Addictions User Group Diabetes User Group <i>Learning Disability</i></p>	<p><u>Community Councils</u></p> <p>Busby Clarkston Eaglesham and Waterfoot Giffnock Netherlee & Stamperland Newton Mearns – James Sandeman or David Jesner Thornliebank</p>
<p><u>Third Sector</u></p> <p>ER Carers Age UK Alzheimer’s Scotland Richmond Fellowship LAC (Enable)</p>	<p><u>Area Forums</u></p> <p>Giffnock & Thornliebank, Netherlee, Stamperland and Williamwood Newton Mearns South, Busby, Clarkston and Eaglesham</p>
<p><u>Protected Characteristic Groups</u></p> <p>Access Panel Jewish Care ERDA Faith Forums Ethnic Minority Community Forum</p>	

Appendix M – Statement of Commitment

Once the OBC is approved by the East Renfrewshire CHCP Board, a letter of commitment will be enclosed in this section.