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<b>Classification:</b>	<b>Board Official</b>
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### **Paper Title**

### **Glasgow North East Health & Care Centre – Outline Business Case**

### **Recommendation**

- Approve the Outline Business Case for Glasgow North East Health & Care Centre for submission to Scottish Government Capital Investment Group.
- Note that the scheme has been assessed as value for money, affordable and achievable.

### **Purpose of Paper**

This paper is seeking Board approval for submission of the Outline Business Case to the Scottish Government Capital Investment Group.

### **Key Issues to be considered**

Glasgow North East hub is a significant investment proposal to improve services in the North East of Glasgow and deliver some key strategies set out in the Board's Moving Forward Together programme. The Initial Agreement for the project was approved by Greater Glasgow Health Board on 26<sup>th</sup> June 2018 and approved by Scottish Government on 17<sup>th</sup> October 2018.

The OBC has been agreed by the North East hub Executive Steering Group, Glasgow City HSCP Capital Group, the Board's Capital Planning Group, The Integrated Joint Board and the Board's Corporate Management Team.

## Plan for Service Delivery within a Tiered Model of Care

The North-East Hub is designed to have a major impact on the lives of the people living in North East Glasgow through the delivery of a tiered model of care across the entire health and social care system, encompassing a range of universal, locally delivered community services, as well as traditionally hospital-based and specialist services. The service delivery model includes services for children and adults, across the areas of mental health, addictions, criminal justice, homelessness and health improvement, delivered by a range of public and third sector organisations. The Hub will therefore support a tiered model of care across the entire health and social care system, by enabling health, social care and third sector services to work together to promote early identification of need, early intervention and joined up working to support children, young people, parents/ carers, adults and older people living in the North East. Building on the existing initiatives that work to reduce poverty across the HSCP, the Hub will facilitate connectivity between health and social care services to deliver a “place-based” approach across a range of public and third sector organisations, and will also include GP practices with multi-disciplinary teams, community pharmacists, community spaces, a library and a café.

A range of engagement sessions with local residents have been carried out at various sites across the North-East, and elements which are considered important to local residents have informed the design process. Across all services, the model of care being proposed will allow for better integrated services as a result of colocation, and will improve access for families who currently attend multiple appointments and buildings across the North-East. Professionals will also accrue the benefits of colocation, through increased professional dialogue with other services, and a greater understanding of the landscape of services and supports available to families. This will minimise the reliance on traditional ‘signposting’ methods, and allow more proactive matching of families’ specific needs with appropriate sources of support. Service users will also be able to access a range of community resources, library groups and services, and meet other local residents through community café initiatives.

It is anticipated that the learning which is emerging from the HSCP response to the COVID-19 pandemic, as well as anticipation of a ‘new normal’ in relation to social distancing, will likely affect service delivery plans and accommodation arrangements within the North-East Hub. Some of the key developments to emerge out of the pandemic relate to increased reliance on digital communication, and agile working, which the Hub will be able to accommodate more effectively than most existing buildings. The current building design and specification will allow a flexible response, based on emerging Scottish Government and public health advice. In addition, the ongoing response to the pandemic, and continued review of the learning, will continue to shape service delivery, to ensure that the HSCP is effectively addressing emerging community needs which arise from the pandemic.

## Project Development

During summer/autumn 2018 a process was undertaken to identify a location for a new facility. The process identified the preferred site as the location of former Parkhead Hospital. A paper outlining the process and conclusion was agreed at the Board’s Finance and Planning Committee on 4<sup>th</sup> December 2018 and also at the Integration Joint Board meeting on 12<sup>th</sup> December 2018.

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Scottish Government advised in Spring 2019 that the project would be funded by capital, since the previous Design Build Finance and Maintain (DBFM) procurement route used for hub projects is no longer available. The project is to be delivered through the hub programme and development works and costs have been produced by Hub West Scotland and were submitted to the Board within their Stage 1 submission on 28<sup>th</sup> February 2020.

Since Initial Agreement significant stakeholder engagement has continued and design proposals for a new facility have been developed. During that period a series of additional requirements were identified for inclusion and their incorporation was agreed at the Board's Capital Planning Group meeting of 2<sup>nd</sup> July 2019, and agreed at the Corporate Management Team meeting of 12<sup>th</sup> September 2019, through the Change Control process. The key changes that were approved were:

1. Inclusion of an additional GP practice.
2. Inclusion of additional space to accommodate Eastbank Health Promotion Centre.
3. Inclusion of additional space to support multi-disciplinary team working within GP Practices.
4. Inclusion of Parkhead Public Library, funded by Glasgow City Council

The design work for the project has been developed on the principles of the Reference Design project at Eastwood, and building upon lesson learned through it, and the more recently completed projects at Woodside and Gorbals. The project has been developed to achieve net-zero carbon in operation, and will contribute towards the Board's sustainability targets.

The Initial Agreement outlined high-level costs developed in Spring 2018 in advance of a site being selected. The table below highlights the development costs including VAT and fees.

IA Approval (SG)	October 2018
IA Capital Cost	£47,050,000
OBC Date	April 2020
Capex Stage 1 (inc VAT)	£59,574,000
Optimism Bias	£4,766,000
OBC Stage 1 Capital Cost (including VAT & Optimism Bias)	£64,340,000
Glasgow City Council contribution (library-including VAT & Optimism Bias)	£3,018,000
Scottish Government investment	£61,322,000

As shown there has been an increase in costs since Initial Agreement. A number of factors have driven the costs and are outlined below:

- a) Additional accommodation requirements noted in items 1-4 above
- b) Glasgow City Council Planning requirement for major developments to meet Gold Standard for sustainability / carbon reduction.
- c) Abnormal costs associated with site selection, including demolitions, sewer diversion, off-site sewer connection works, additional ventilation requirements and ground conditions.

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- d) Addition of an 8% allowance for Optimism Bias to reflect uncertainty around non-project risks including Brexit and Covid-19. The IA did not include this allowance since the project was anticipated to be delivered as a DBFM project at that time.

Scottish Government has been kept informed of these changes and the financial consequences throughout the OBC period and is supportive of the changes made. The most recent costs outlined above, were submitted during May 2020 and agreed to be suitable for inclusion in the Outline Business Case.

The hub Stage 1 submission has been reviewed by the Board's external Technical Advisers – Thomas & Adamson, and Legal Advisers – CMS who have confirmed that the submission is compliant and represents value for money. Scottish Future's Trust's Key Stage Review (KSR) has been completed with a recommendation to proceed.

The current revenue budget available shows a deficit of £630k, this will be included in the IJB's Medium Term Financial Plan to enable the project to be delivered on a cost neutral basis. This was agreed at the IJB meeting on 13<sup>th</sup> May 2020.

### Programme

The OBC has been agreed by the North East hub Executive Steering Group, Glasgow City HSCP Capital Group the Board's Capital Planning Group the Integrated Joint Board and the Board's Corporate Management Team.

The overall programme is currently:

OBC approval by NHS GGC Board	June 2020
OBC approval by Scottish Government CIG	July 2020
FBC approval	July 2021
Financial Close	August 2021
Construction start	September 2021
Completion Dates	
- Main Building	Q1 2024
- Demolition of exist HC and form Car Park	Q4 2024

### **Any Patient Safety /Patient Experience Issues**

The new facility will improve significantly the quality of environment for patients and service users and facilitate more integrated and effective working across services.

### **Any Financial Implications from this Paper**

The proposal is dependent upon Scottish Government funding to cover the full capex of the project, excluding the library costs, which will be covered by Glasgow City Council.

### **Any Staffing Implications from this Paper**

The new facility planned will accommodate staff from existing facilities and staff transferring from other locations. The new health & care facility has been designed to accommodate agile staff working to promote effective working practices and maximize the

efficient use of space. Staff partnership engagement within the HSCP will be undertaken to address any impact upon staff.

### **Any Equality Implications from this Paper**

This new development will create opportunities to further improve access to services, in accordance with the equalities mainstreaming commitments of both the Board and also Glasgow City HSCP IJB.

### **Any Health Inequalities Implications from this Paper**

This new development will contribute to social and economic regeneration so as to increase the life opportunities and health outcomes of those most vulnerable to experiencing inequalities, integrating the wider and common Community Planning Partnership aspirations of improved outcomes for the area.

### **Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

The arrangements for managing risk and the risk registers for the scheme are detailed in full within the OBC and will continue to be reviewed during the Stage 2 process.

One significant risk is around the impact that long-term changes, resulting from the response to Covid-19, may have on accommodation requirements. The facility has been specified to allow video-conferencing throughout and is designed around a principle of utilising standard rooms sizes arranged off a central circulation system to create a flexible model for accommodation. It's expected that any changes will be accommodated within the currently designed envelope, and any reduction in accommodation requirements will be utilised by NHSGGC/HSCP to accommodate additional services.

### **Highlight the Corporate Plan priorities to which your paper relates**

The proposals for the new facility and the integrated services that will work from it are consistent with the five strategic priorities set out within the NHSGGC's Corporate Plan; and the priorities set out within the Strategic Plans for the HSCP and IJB.

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**Date: 26<sup>th</sup> May 2020**



## Improving Services in the North East of Glasgow

### North East HUB Health and Care Centre

# Outline Business Case

May 2020

V11



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## **1 Executive Summary**

### **1.1 Current Context**

At the time of writing, during a period of great uncertainty in the HSCP's efforts to respond to the Covid-19 pandemic, the need for a seamless model of care delivered out of a fit-for-purpose accessible community health and social care hub has never been more evident. Developing efficient and implementable solutions to the current pandemic would have been greatly facilitated within a hub with co-located, multi-disciplinary teams and associated support staff across a range of public and third sector services. The HSCP regards the development of the North East hub, and other similar projects, as a key part of the response to the current situation, and any future challenges, which impact on the health and wellbeing of local families.

### **1.2 Background**

NHS Greater Glasgow and Clyde (NHSGGC) is the largest NHS Board in Scotland, and Glasgow is Scotland's largest city. The services and facilities which are the subject of this Outline Business Case are located in the North East Locality of Glasgow, which has a population of over 176,000 and is larger in size than most other cities in Scotland. Whilst both the physical environment and demographics of the north east have been radically reshaped by a range of regeneration programmes, the local population remains one of the most deprived in Scotland with major problems of poor health and poor quality of life outcomes. A key priority for Glasgow HSCP is therefore to invest in improved services across the partnership to address some of the underlying causes of poor health and inequality. To deliver transformational change in the way health and social care services are planned, delivered and accessed requires a new model of service delivery to maximise the opportunity for early intervention, prevention and harm reduction; providing greater self-determination and choice; shifting the balance of care; enabling independent living for longer; and ensuring public protection, within the local community of the North East locality.

### **1.3 Strategic Case**

The proposal for the North East Hub service delivery model covers services to children, adult community care groups, mental health, addictions, criminal justice, homelessness and health improvement activity, delivered by a range of public and third sector organisations. Health and social care services in North East Locality are currently delivered from a varied portfolio of properties. Many of these properties are no longer fit for purpose due to poor condition, a lack of space, restrictive internal layouts and poor ventilation and do not provide accommodation that is suitable for the provision of 21st century services. The constraints imposed by our existing property infrastructure is preventing the creation of new forms of community based care through integration of acute and primary care health services, and health and social care services.

Across all services, the model of care being proposed will allow for better integrated services as a result of colocation, and will improve access for families who attend multiple services. Professionals will also accrue the benefits of colocation, through increased professional dialogue with other services, and a greater understanding of the landscape of

services and supports available to families. This will minimise the reliance on traditional ‘signposting’ methods, and allow more proactive matching of families’ specific needs with appropriate sources of support. Families will also be able to access a range of community resources, library groups and services, and meet other local residents through community café initiatives.

### 1.3.1 Model of Care

The development of the Hub will support a tiered model of care across the entire health and social care system, with care beginning in the person’s home and moving out to universal, locally delivered community services in the hub, which will include traditionally hospital-based and specialist services. The final stage of specialist hospital delivered care will involve sourcing the most appropriate service across the range available within the West of Scotland, therefore care will not be restricted to that which is locally available, thereby ensuring that patients with complex medical needs continue to be prioritised for safe and timely access to high quality, specialist services.

The model of care governing services operating out of the North East hub will:

- Enable health, social care and third sector services to work together to promote early identification of need, early intervention and joined up working to support children and families, and deliver the aspirations of Getting it Right For Every Child.
- Facilitate the development of neighbourhood teams for **older people’s** services, and improve partnership working between health and social care services to support people to remain in their own homes as long as possible, prevent admission to hospitals, and support speedy discharge from hospital and re-enablement in the community.
- Provide a range of flexible facilities for **adult services** and will promote improved joint working between mental health, drug and alcohol recovery services, criminal justice social work services, pharmacy services and general practice; these services are currently located in a number of locations across the north east of Glasgow and this dispersion of services acts as a barrier to effective collaborative working for the benefit of services users who have multiple and complex needs.
- Build on the existing initiatives that work to reduce poverty; provide a joined up learning and education centre; deliver acute hospital care; facilitate the development of multi-disciplinary teams in primary care; provide a treatment and care hub; and facilitate connectivity between health and social care services to deliver a “**place-based**” approach across a range of public and third sector organisations.
- Include GP practices with multi-disciplinary teams and community pharmacists.
- Include community spaces, a library and café.

### 1.3.2 Consultation with local residents and service users

Since the Initial Agreement consultation has continued with the local community and consultation and engagement sessions with local residents were carried out at Parkhead Health Centre, Parkhead Social Work locality office, two supermarkets, a range of third sector groups and public meetings, together with site visits to other new health centres, and identified sites for the new hub. Elements which were considered important to local residents have been included in the design and planning process.

### **1.3.3 Developments since the Publication of the Initial Agreement**

Changes to Initial Agreement, include incorporation of an additional GP practice; expanded GP accommodation to accommodate multi-disciplinary teams and support the delivery requirements of the GP contract and Primary Care Improvement Plan; inclusion of an area to accommodate health promotions activities, delivered in partnership by the Health Improvement team and a range of third sector partners; and inclusion of Parkhead library.

The learning which is emerging from the Covid-19 pandemic, as well as anticipation of a 'new normal' in relation to social distancing, will likely affect service delivery plans and accommodation arrangements within the North-East Hub. Some of the key developments to emerge out of the pandemic relate to increased reliance on digital communication, and agile working, which the Hub will be able to accommodate more effectively than most current buildings. The current building specification will allow a flexible response, based on emerging Scottish Government and public health advice. In addition, the ongoing response to the pandemic, and continued review of the learning, will continue to shape service delivery, to ensure that the HSCP is effectively addressing emerging community needs which arise from the pandemic.

### **1.3.4 Digitalising health and social care**

The North East Hub service configuration fully aligns with the five key focus areas of the NHSGGC 'Digital As Usual Strategy', aiming to provide integrated electronic health and care records to deliver person-centred healthcare, fit for the modern age; self-care & remote care; use of informatics and data analytics improve patient safety and quality outcomes; workforce and business systems that empower people and deliver optimal healthcare; and a technology infrastructure that will advance the future of the HSCP's digital landscape. The development of the Hub will allow the infrastructure for communication networks to be integrated across the NHS and local authority to ensure secure communications and information sharing, and access to Electronic Health and Care Records, which include health, care and social work information. As well as Wi-Fi capability across the full site to fully implement citizen digital channels, and connection of telephones to the digital network, the plan is to equip rooms with video communications equipment to: support remote working and virtual consultations with patients and carers; respond to the increase in Technology Enabled Care, such as remote monitoring of blood pressure and COPD patients; and extend the 'Attend Anywhere' programme of remote consultations with patients.

### **1.3.5 Addressing national and local outcomes**

The proposed service hub is designed to have a major impact on the lives of the people living in North East Glasgow, whilst also delivering on a wide range of Scottish Government, NHS Scotland and local government priorities. This includes the contribution that the service and the new community facility will have on the Government's aspiration for an inclusive net zero carbon economy – as defined through the National Performance Framework and its 11 National Outcomes relating to tackling poverty; protecting human rights; empowering communities; sustaining the economy; fair work and thriving businesses; enhancing the environment; international connection; creating nurturing

environments and education systems for children and young people to realise their potential; promoting diverse cultures; and healthy and active lifestyles. In hosting a range of collocated health and social care services, with improved access for service users, the hub also addresses NHS Scotland's strategic capital investment priorities, by facilitating the delivery of person-centred, effective, high quality care to improve population and ensure value and sustainability, and will support the implementation of national strategies such as 'The Best Start' (Scottish Government, 2017), as well as a number of local plans developed to address health inequalities.

### **1.3.6 Validity of preferred strategic service solution**

The Initial Agreement concluded that the preferred option of a new health and care hub was the most effective way to deliver the changes required to the services and to meet the Investment Objectives. The changes made since the IA have strengthened the proposals for the health and care hub, have addressed the issues raised when the IA was approved, and reflect the substantial additional stakeholder engagement that has taken place over the past year. In addition, the proposal is strongly in alignment with national and local strategies. The strength of evidence gathered for the strategic case therefore suggests that the preferred option for a new health and care hub remains valid.

## **1.4 Economic Case**

### **1.4.1 Site Options Appraisal**

The Initial Agreement clearly identified that the only option which would deliver all of the investment Objectives was Option 3 to develop a new health & care hub which would deliver an integrated service model.

During the summer of 2018, NHS Greater Glasgow & Clyde appointed external advisers to support an options appraisals on a series of potential sites to accommodate a new health and social care hub. Four sites were shortlisted from a longlist of 13 potential sites. A design team was appointed to lead the development of a high-level options appraisal for each of the four sites to analyse their strengths and weaknesses for redevelopment. Taking account of all of the appraisal information the former Parkhead Hospital site was identified as the preferred option.

### **1.4.2 Evaluating new-build on the preferred site vs refurb and extend**

The identification of the Parkhead site as the preferred option highlighted the significant benefits of that site in relation to existing public transport links, co-location with other existing services and opportunities to support local regeneration. The existing site at Parkhead includes the previous Parkhead Hospital building. This building is relatively modern and predominantly 3 storeys high with a large deep-plan single storey section.

It was considered important to investigate in more detail if a refurbishment and extension of the existing facility would be possible, and if this might retain the benefits of the site

location, but offer a better value for money option. A process was undertaken to test this taking into consideration the delivery of Investment Objectives, the relative costs and the risks associated with each approach. When examined in detail the option to refurbish and extend would prove to be complex, expensive and jeopardise many of the potential benefits of the investment. The risk profile associated with it is also considerably higher.

Taking all of the appraisal information into account it was concluded that a new-build option offered better value-for-money and was confirmed as the preferred option to be taken forward and assessed under the Commercial and Financial Cases.

## **1.5 Commercial Case**

The North East Hub Health and Care Centre will be delivered using the hub procurement initiative, as procurement of NHS projects are mandated to be delivered through this Partnership arrangement .

The hub programme supports both revenue funded as well as capital funded models of project delivery. The North East HUB Health and Care Centre is to be delivered as a capital funded project utilising the Scottish Future's Trust (SFT) standard Design and Build Development Agreement (DBDA) with any derogations from the standard form position agreed in advance of contract close. Hub West Scotland (hubco) will therefore be responsible for the procurement, development and delivery of design and construction services.

Major Hub projects provided to date for NHS GGC have been procured using a DBFM model which includes hard FM services and Lifecycle Maintenance. This has proven successful in terms of maintaining the building fabric and ensuring that budgets are ring-fenced to deliver lifecycle replacement as required. Hub West Scotland, with support from Scottish Futures Trust, have proposed to develop a model that allows this option to be explored for DBDA contracts, and test this for Value for Money. Exploratory discussions are taking place to review this alongside other available options and this will be developed further at the next stage.

### **1.5.1 Design Development**

The design has been developed using the Eastwood Health and Care Centre as the reference point, taking account of learning from subsequent projects.

An initial Design Statement has been prepared on behalf of NHS GGC in conjunction with Stakeholders, Project Team, Hub and their architects. This has been used as the key control document to measure the developing design against the project's design objectives.

### **1.5.2 Net carbon requirements: Towards a Gold Standard**

The Infrastructure Commission report of January 2020 confirmed a key priority of working towards a zero carbon future. It states that

***“All Scottish Government funded projects included in its 2020 Infrastructure Investment Plan should be prioritised against available inclusive net zero carbon economy outcomes.”***

The design proposals for North East hub, and accompanying cost plans have been developed to achieve this through rigorous examination of design, specification and construction proposals. The current design will offer zero-carbon heating by utilising air source heat pumps and utilising electricity generated by photovoltaic panels and green electricity from the grid.

## 1.6 Financial Case

The overall cost position has increased from £47,050k at IA stage to £59,574k. A number of changes have increased costs. These are outlined in more detail in section 2.2 and include:

- Further development has taken place with the Moving Forward Together Programme.
- Enhanced community treatment and care services (CTAC).
- Enhanced community facilities.
- Additional GP practice.
- Eastbank Health Promotion Centre.
- Additional space to support multi-disciplinary team working in GP practices.
- The existing library in Parkhead now forms part of the proposal.

These changes have been highlighted throughout the project development phase, with Change Controls for additional accommodation agreed through the Board’s Corporate Management Team, and all changes and cost impacts discussed with Scottish Government.

<b>Capital Costs</b>	<b>£’000</b>
Capex (Stage 1) incl VAT	59,574
Optimism Bias 8%	4,766
Total Capex incl Optimism Bias	64,340

An estimated cash flow is shown at 5.3.3.

8% Optimism Bias has been included due to the uncertainty around the consequences of Brexit and COVID-19.

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

The costs have been compared against other similar comparators with adjustment to reflect specific circumstances and industry benchmarks, compliance with method

statements and individual cost rates where appropriate. For Stage 2, hub west are expected to achieve further value for money through market testing.

The current revenue budget available shows a deficit of £630k, this will be included in the IJB's Medium Term Financial Plan to enable the project to be delivered on a cost neutral basis. This was agreed at the IJB meeting on 13<sup>th</sup> May 2020.

## 1.7 Management Case

NHS Greater Glasgow and Clyde have extensive experience managing Hub Projects. The New North East HUB Health & Care Centre Project will be Property & Capital Planning's tenth equivalent development.

The Project Structure, directed by the Chief Officer, Finance and Resources for Glasgow City Health and Social Care Partnership, will oversee all aspects of the design and delivery of the service model for the hub, and ensure that key milestones are met. The Project Structure is a tried and tested process as per detailed in sections 6.1.1 and 6.1.2.

The high level programme dates are as follows:

OBC Consideration\Approval	July 2020
Stage 2 Submission	May 2021
FBC Consideration\Approval	July 2021
Financial Close	August 2021
Completion date	Q1 2024 (Phase 2 main building) Q4 2024 (Phase 3 demo and car park)
Services Commencement	Q1 2024

### 1.7.1 Benefits Realisation

The benefits identified within this OBC will be monitored and evaluated during the development of the project to maximise the opportunities for them to be realised and measurable indicators will be reviewed on a quarterly basis at the Project Board. The Benefits Register and a Benefits Realisation Plan are key elements of the Outline Business Case and can be found in Section 6.3.

### 1.7.2 Project Evaluation

Post Project Evaluation will be undertaken in line with the SCIM guidelines to determine the project's success and identify lessons to be learnt.

Longer term outcomes will be evaluated 2 to 5 years post migration to the new facility as by this stage the full effects of the project will have materialised. The evaluation will include both quantitative and qualitative data collected during stages 3 and 4 through the use of questionnaires and workshops.

### 1.7.3 Building Design and Construction Quality

Considerable focus has been placed on quality throughout the development of the North East hub and is embedded in the project management plans, and more importantly, has been implemented in all activities to date. Quality is not achieved simply by improving site inspections. It needs to be embedded in a project from its inception. To date this has placed focus upon:

- Appropriately experienced and resourced client team
- Clear governance structure
- High quality briefing documentation
- Realistic budget and programme
- Quality-led design team selection
- Quality-led Tier 1 contractor selection with clear requirements for independent design team reporting
- Thorough processes for examination of Contractors Proposals utilising experienced in-house resource supported by external Technical Advisers.

### 1.7.4 Soft Landings

Soft Landings is a key element of the design and construction process maintaining the “golden thread” of the building purpose through to delivery and operation, with early engagement of the end users and inclusion of a Soft Landings champion on the project team, and commitment to aftercare post construction. The principles of NHS Scotland Soft Landings Guidance has been imbedded throughout the development to date.

## 1.8 Conclusion

Building on the Initial Agreement, this Outline Business Case explains the additional work carried out, to further develop the service models to support transformational change to health and care services in North East Glasgow which will deliver key elements of the Board’s Moving Forward Together programme. The sections on benefits and Benefits Realisation demonstrate the changes that can be delivered through this investment proposal.

The work carried out in preparation of the OBC included confirming a preferred option and selecting a preferred site. Through ongoing engagement and place-based planning the scope of the project has increased and includes health & social care space alongside training facilities, health promotion space, a public library and a cafe. Design proposals have been developed for a zero carbon facility which meets Glasgow City Council Gold Standard and supports the Board’s sustainability targets.

With a clear set of proposals and strong stakeholder engagement and support, the project is now at a highly developed stage.



**Improving Services in the  
North East of Glasgow**

**Strategic Case**

**April 2020**



## 2 Strategic Case

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

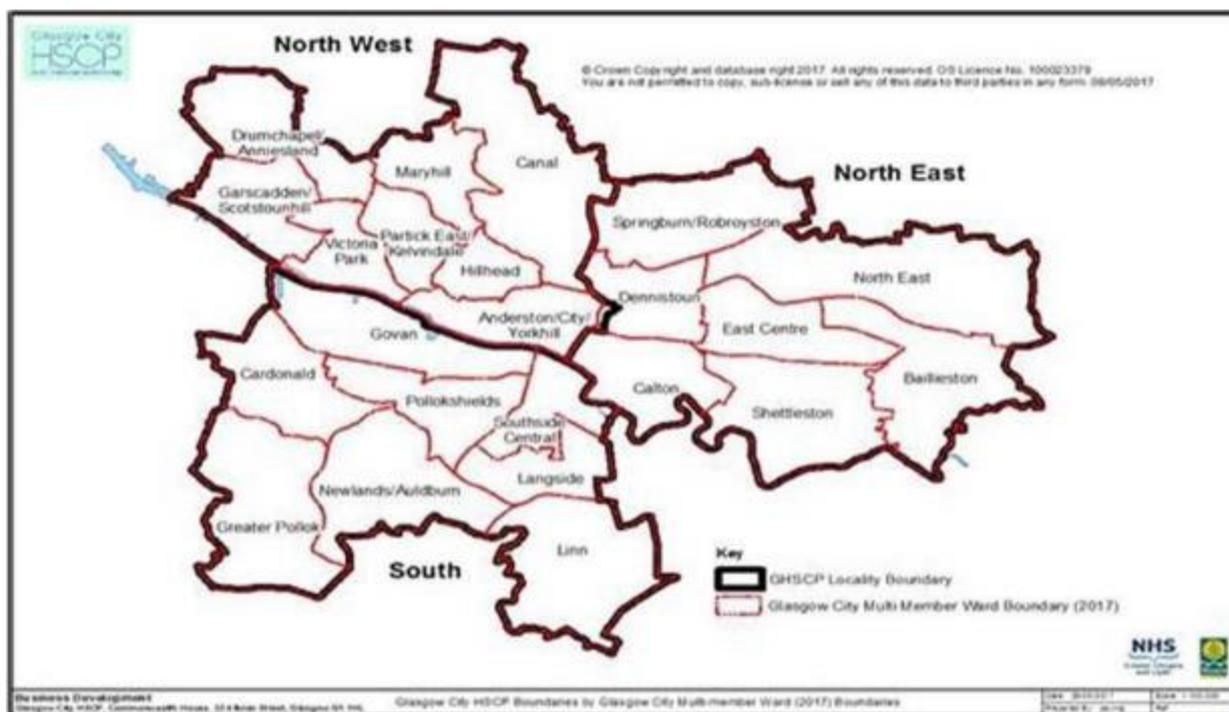
- Have the current arrangements changed?
- Is the case for change still valid?
- Is the choice of preferred strategic / service solution(s) still valid?

The intention of the Strategic Case at OBC stage is therefore to provide an update on that described within the Initial Agreement.

### 2.1 Strategic Case Overview

**NHS Greater Glasgow & Clyde** (NHSGGC) is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £2.8 billion and it employs over 40,000 staff. Services are planned and provided through the Acute Division and six Health and Social Care Partnerships (HSCP), working with six partner local authorities.

**Glasgow** is Scotland's largest city; a vibrant, cosmopolitan, award-winning city known throughout the world as a tourist destination and renowned location for international events. The city has been transformed in recent years, becoming one of Europe's top financial centres and has developed remarkable business and tourism sectors, whilst the physical enhancement of our city has been dramatic. However, the challenges in addressing deprivation, ill health and inequality are significant and well documented. A lot of progress has been made in addressing these issues, but there is more to be done to ensure that there are opportunities for everyone in the city to live longer, healthier, more independent lives. The HSCP remains focussed on that ambition for the city. Glasgow is sub-divided into three areas, known as localities. To ensure consistency in local service delivery Glasgow City Health and Social Care Partnership has adopted the same strategic areas as the Glasgow Community Planning Partnership – North East, North West and South.



Map 1 – Showing the 3 localities which comprise Glasgow City Health & Social Care Partnership

The services and facilities included in this Outline Business Case are located in the **North East Locality**, which has a population of over 176,000 and is larger in size than most other cities and large towns in Scotland. The north east of Glasgow has a long and proud history especially in relation to its industrial past – the north east of Glasgow was one of the areas in Victorian Britain that formed part of the “workshop of the world”. However, as a consequence of de-industrialisation and the slum clearance policies of the twentieth century, the north east of Glasgow has suffered from catastrophic economic and social decline, resulting in local communities experiencing high levels of poverty and health inequalities. There have been many attempts in the past 50 years to regenerate the area with the Greater Eastern Area Renewal programme in the late 1970s, the community based housing association investment programmes beginning in the 1980s and, more recently, the Clyde Gateway programme and the investment in the Commonwealth Games developments.

Whilst both the physical environment and demographics of the north east have been radically reshaped by these regeneration programmes, the local population remains one of the most deprived in Scotland with major problems of poor health and poor quality of life outcomes. Despite the real challenges faced by local people, research has found that residents in the north east of Glasgow exhibit very strong resilience and in many places, flourish, in the face of substantial problems of poverty and poor health. Glasgow Health and Care Partnership is committed to investing in improving services in the north east of Glasgow. We plan and deliver our services in partnership with a wide range of other public and third sector organisations, which ensures that we make every attempt to help people address some of the underlying causes of poor health and inequality at the same time as directly providing and commissioning health and social care interventions.

The major priority for the HSCP in the north east is delivering transformational change in the way health and social care services are planned, delivered and accessed. We believe that more of the same is not the answer to the challenges facing the north east and will strive to deliver on our vision by:

- Early intervention, prevention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Ensuring public protection

Glasgow City HSCP is responsible for the planning and delivery of all community health and social care services within the local authority area based on these five themes. The scope of HSCP services includes the delivery of services to children, adult community care groups, mental health, addictions, criminal justice, homelessness and health improvement activity.

Having responsibility for this full range of provision presents real opportunities to address the issues relating to the five strategic themes.

### 2.1.1 Demographic profile

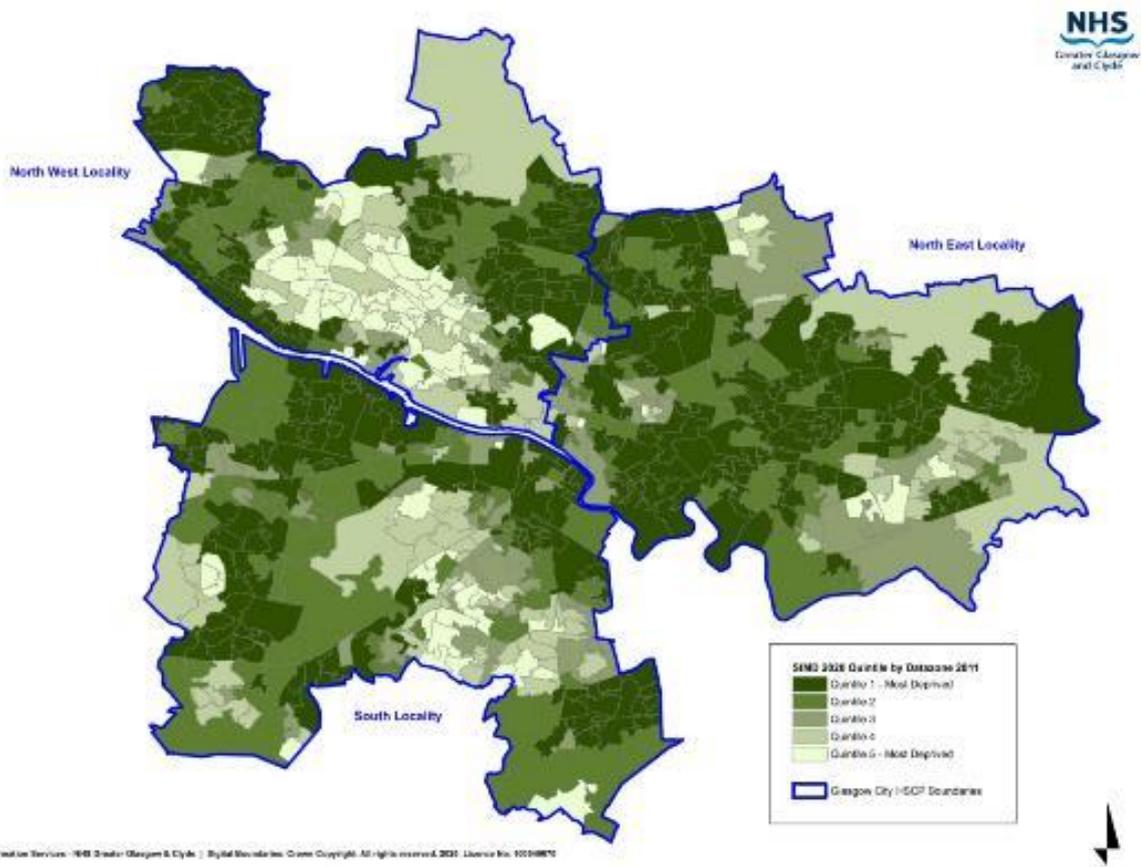


FIG. 1021228 Information Services - 1618 2nd Floor Glasgow G3 7LN | Royal Mail Ltd. Crown Copyright. All rights reserved. 2020 Licence No. 10004870

Glasgow's population has risen in the last ten years after decades of decline. In 2020, the city's population stands at 621,020. This growth is expected to continue over the next few years<sup>1</sup>. The North East Locality has a population of over 176,000 and is larger in size than most other cities and large towns in Scotland. Across a breadth of domains, the North East area of Glasgow compares unfavourably with the rest of Scotland.

Demographic and economic data published in 2020 indicates that people living in North East Glasgow generally experience poorer outcomes in comparison to the rest of Scotland. For example, 22.5% of the population living in North-East Glasgow are income deprived, as compared to 12.1% across the rest of Scotland, whilst 22.7% of the North-East population of working age have no qualifications, as compared to 13.1% of adults across Scotland (see table below).

Indicator	Count	Glasgow %age	Scotland %age	%age Difference from Scotland	Time Period
Working Age Population	121796	69.1%	64.4%	4.7%	2020
Overcrowded households	35678	20.2%	0.3%	19.9%	2020
People suffering employment deprivation	19198	10.9%	5.99%	4.9%	2020
Working age people with no qualifications	40017	22.7%	13.1%	9.6%	2020
Young People not in education, employment or training		4.9%	3.7%	1.2%	2020
People in income deprivation	39589	22.5%	12.1%	10.4%	2020
People of working age in employment deprivation	19198	10.9%	6.0%	4.9%	2020
Crime Rate per 10,000 pop.	438		288	52.0%	2020
People limited "a lot" or "a little" by disability	37790	21.4%	13.2%	8.2%	2020
Female Life Expectancy	73.4 years		77.1 years	-4.8%	2016-18
Male Life Expectancy	78.7 years		81.1 years	-3.0%	2016-18

Across a range of sources, including SIMD 2020, evidence suggests that Glasgow's population will increase, the population of older adults will increase, which will substantially increase demand for health and social care services, particularly in the North-East of the City. Specifically:

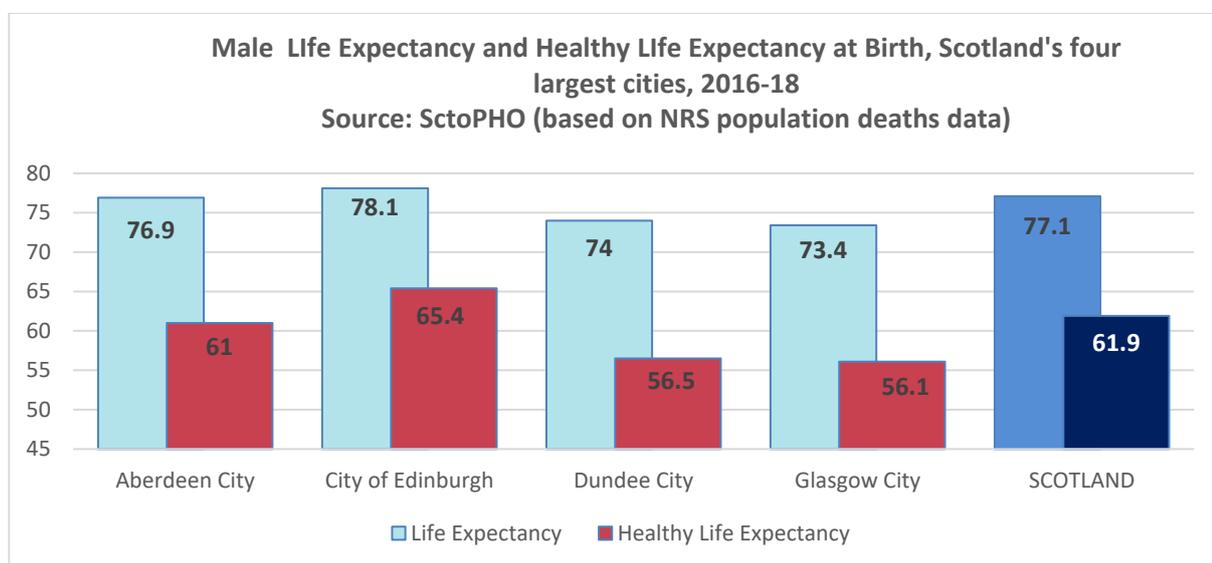
- Glasgow's population is predicted to continue growing grow by 7% between 2020 and 2041, an increase of 44,000. Projections continue to suggest that the city's population is set to get older with the population over 50 years of age predicted to rise by 47,000 between 2020 and 2041 to 238,000<sup>2</sup>.

<sup>1</sup> [https://www.understandingglasgow.com/indicators/population/population\\_projections](https://www.understandingglasgow.com/indicators/population/population_projections)

<sup>1</sup> <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

- Glasgow has the most ethnically diverse population in Scotland. In 2001, 5% of Glasgow’s population were from an ethnic minority. This number rose to over 13% in 2019<sup>3</sup>.
- Total net migration into Glasgow has increased as the number of migrants arriving in Glasgow has exceeded the number leaving, principally due to an increase in overseas migrants coming to Glasgow. The non-UK born population of Glasgow rose from 6% in 2001 to 16% in 2018<sup>4</sup>.
- Estimated male life expectancy at birth in the city increased by 5.2 years (from 68.2 years to 73.4 years) and by 3.7 years for females (from 75 years to 78.7 years) over a 25 year period (from 1991-93 to 2016-18)<sup>5</sup>.
- The likelihood of a 15 year old Glaswegian living to their 65<sup>th</sup> birthday has increased over this period to 75% for boys and 85% for girls (in period 2008-12).
- For Glaswegian men, life expectancy at birth is 3.7 years less than in Scotland as a whole and Glaswegian women are predicted to live for 2.4 years less on average (in period 2016-18)<sup>6</sup>.
- The number of households in Glasgow is predicted to rise by 16% in the next 25 years. Single adult households are projected to rise further and by 2041 it is forecast they will represent half of all households in the City<sup>7</sup>.
- Healthy life expectancy and life expectancy for both men and women in Glasgow is lower than Scotland as a whole and lower than in the other major cities<sup>8</sup>.

The graph below illustrates the poor life expectancy of men and women living in Glasgow, as compared to Aberdeen, Edinburgh and Dundee, which again emphasises the need for state-of-the-art, collocated, multi-agency health and social care services:



<sup>3</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/population-by-country-of-birth-and-nationality/jul-18-jun-19>

<sup>4</sup> *ibid.*

<sup>5</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies>

<sup>6</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies>

<sup>7</sup> <https://www.understandingglasgow.com/indicators/population/households>

<sup>8</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies>

## 2.1.2 Current Arrangements

Health and social care services in North East Locality are delivered from a portfolio of properties located throughout the area. Many of these properties are no longer fit for purpose because of poor condition, a lack of internal space, restrictive internal layouts and poor ventilation which do not provide accommodation that is suitable for the provision of 21st century services. Furthermore, given the advent of more agile forms of working there are opportunities to reduce the number of buildings from which our services operate without compromising the quality of services for local people. The constraints imposed by our existing property infrastructure will also prevent the creation of new forms of community based care through integration of acute and primary care health services and between health and social care services.

The Initial Agreement described how health and social care services in north east Glasgow are provided by over 2000 staff in the homes of service users and from 17 NHS and Glasgow City Council owned and leased buildings located throughout the area. These buildings include health centres, resource centres and offices. In addition the IA explained that the following services are provided by these staff:

- Children and families health and social work services (health visiting, child protection, family support, parenting)
- Adult mental health services (primary care mental health services and psychotherapy)
- Drug and alcohol treatment and recovery services
- Learning disability health and social work services
- Criminal justice social work services
- Homelessness services
- Older people's health and social work services (neighbourhood teams, rehabilitation services and mental health services)
- District nursing and treatment room services
- Physiotherapy and podiatry services
- Public dental services
- Health improvement services

The Health & Social Care Partnership also works closely with the 44 GP practices, 38 dental practices, 51 pharmacies and 36 optometrists that are located in the north east of Glasgow to ensure the effective delivery of primary care services.

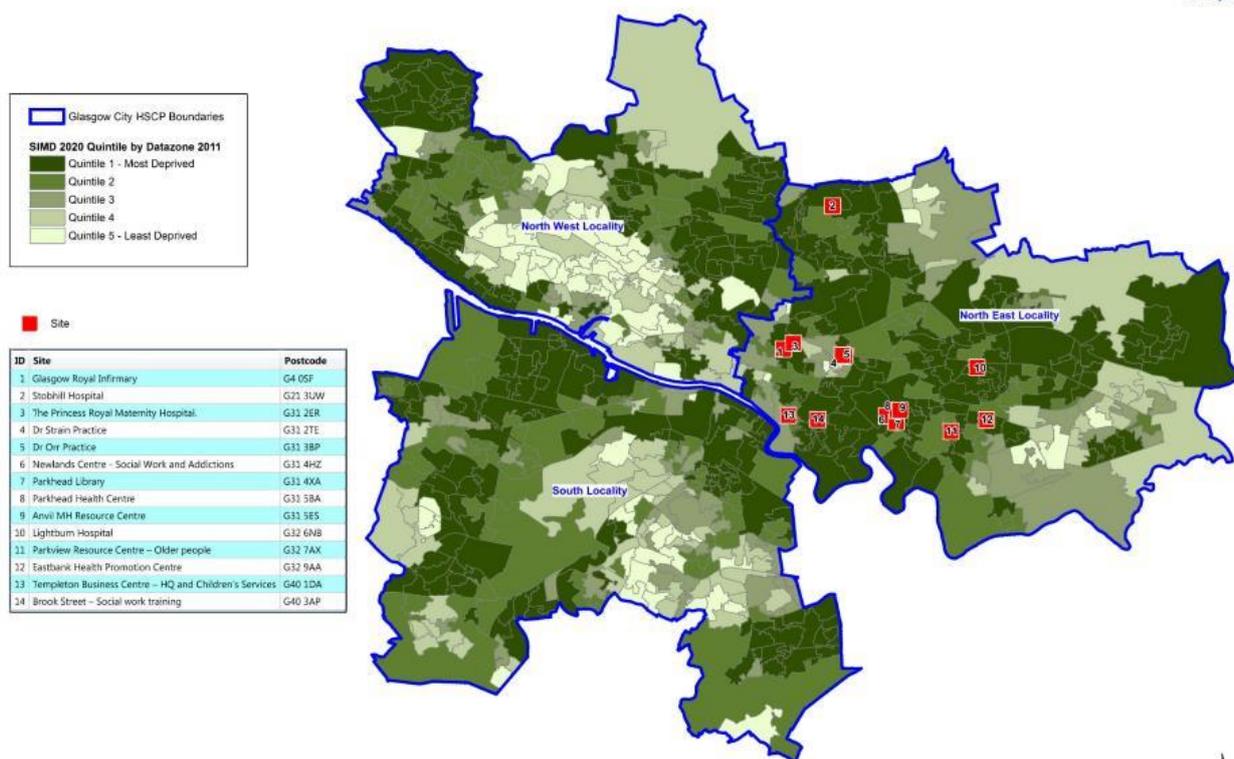
The Initial Agreement explained that patients in the north east of Glasgow can access any hospitals in Glasgow for acute hospital services but that the following hospitals are the primary acute facilities that specifically service the north and east of Glasgow providing a wide range of inpatient and outpatient services.

- Glasgow Royal Infirmary
- The Princess Royal Maternity Hospital.
- The Stobhill Campus

- Lightburn Hospital

The key existing facilities which currently deliver the services referred to in this project are illustrated in section 4.2.10 and are:

- Parkhead Health Centre
- Community Mental Health Resource Centre (Anvil Centre)
- Templeton Business Centre – HQ and Children’s Services
- Newlands Centre - Social Work and Addictions
- Parkview Resource Centre – Older people
- Brook Street – Social work training
- Eastbank Health Promotion Centre – **newly included since IA**
- Dr Orr/Dr Strain surgeries – **newly included since IA**
- Parkhead Library (Tollcross Road) – **newly included since IA**



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### 2.1.3 Key themes addressed in these proposals

It’s clear that previous delivery models have not achieved sufficient improvement to the health and wellbeing of the population.

The Initial Agreement concluded that an integrated service model delivered from a health and social care hub was the preferred option to deliver the Investment Objectives. The prospect of an integrated service model delivered from a health and social care hub will offer the opportunity to address these key themes:

- Focus on prevention and early intervention.
- Equitable access to services through the availability of a wider range of services in community based settings.
- The high priority attached to the improvement of people's health and improvement of community services.
- Significant and sustained improvements in health and well-being are achieved through supported self-management of care.
- Tackling health and social inequalities as a result of poverty and/or discrimination because of people's ethnicity, disability, gender or sexual orientation.
- The creation of sustainable and flexible services and facilities that can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.
- The development of integrated care pathways, supported by a range of agencies working together in partnership for people with complex health and social problems will remain national priorities.
- Inter-agency collaboration, multi- disciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Breaking down the barriers between primary and secondary care and health and social care organisations and professions, through a whole system approach to planning and delivering services.
- Health and social care practitioners will continue to develop their roles in providing care in the context of extended primary care and community teams.
- Working more effectively and efficiently across the public and third sector to join up service provision to achieve better outcomes for the public.
- Improved care for the elderly and younger people through promoting positive health, early intervention, prevention and early identification of needs.
- Community and public participation in service design and provision.
- Working with communities to build their assets and capacity.
- Good partnerships with staff, based on involvement and support to provide new flexible and effective ways of working.
- The use of advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- Medical, information and communications technology will continue to improve and create opportunities for improving local access, especially to diagnostic services.
- To work in partnership to ensure the delivery of a range of accessible, high quality community learning and development (CLD) which makes a real difference to people's personal, family and working lives.
- To enable those who experience poverty and health related inequalities to access and participate in life changing CLD opportunities which builds skills, confidence and aspirations.

## 2.1.4 How will our proposals address the key themes

The Initial Agreement set out our 5 key **investment objectives** and tested these against 3 potential options. The only option which fully met the requirements of the investment objectives was the delivery of a fully integrated service model accommodated within a health & care hub. Across all services, the Hub will allow for better integrated services as a result of colocation, and will make it easier for families who attend multiple services, potentially saving time and money, as compared to the current arrangements where different family's members are attending various services across the North-East. Professionals will also accrue the benefits of colocation, through increased professional dialogue with other services, and a greater understanding of the landscape of services and supports available to families. This will minimise the reliance on traditional 'signposting' methods, and allow more proactive matching of families' specific needs with appropriate sources of support, including community resources, library groups and services, and other local residents, through community café initiatives. This OBC builds upon this conclusion and tests how the key themes will be addressed and delivered by this solution. The Economic Case will also look back at the Do Nothing option and the original Option 2 to ensure that the preferred option remains robust.

Whilst developing the Preferred Option in more detail it's become clearer how many of the opportunities of an integrated service model within a health and care hub can deliver on many of the Key themes noted in the previous section. Their practical implementation will be addressed by:

### a) Children's Services -

- The hub will enable health, social care and third sector services to work together to promote early identification of need, early intervention and joined up working to support families and children in the true spirit of Getting it Right For Every Child.
- The co-location of the library will promote partnership working between the wide range of activities and services taking place in the library setting and the children's health and care services located in the hub. This will support early development and learning, especially for more vulnerable children.
- The Scottish Government has stipulated that GIRFEC "**requires joined-up working** - it is about children, young people, parents, and the services they need working together in a coordinated way to meet the specific needs and improve their wellbeing" (<https://www.gov.scot/policies/girfec/>). Through colocation, the Hub will provide better integrated multi-agency working between professionals, and with families, and will allow more co-ordinated support for all family members.

### b) Older People's Services -

- The hub will facilitate the development of neighbourhood teams for older people's services. This will improve partnership working between health and social care services with the wide range of services in the local area. The focus will be on helping people to remain in their own homes as long as possible, to prevent admission to hospitals and to support speedy discharge from hospital and re-enablement in the community.

**c) Build on the existing initiatives that work to reduce poverty -**

- The range of community activities that will take place in the hub will be focused on reducing poverty through provision of welfare benefits and financial inclusion advice through to employability related services.

**d) Adult Services -**

- This hub will provide a range of flexible facilities for adult services and will promote improved joint working between mental health, drug and alcohol recovery services, criminal justice social work services, pharmacy services and general practice. At the moment these services are located in a number of locations across the north east of Glasgow and this dispersion of services acts as a barrier to collaborative working that will benefit services users who have multiple and complex needs.

**e) Joined up learning and education centre -**

- The hub will enhance our capacity to provide multi-agency learning and education for staff from the public, third sector and community groups.

**f) Delivering acute hospital activity in the hub -**

- The proposed hub will provide a wealth of opportunities to re-design pathways of care that focus on providing acute care within a community setting. The proposals have allocated specific consulting room space for outpatient clinics and in addition the enhanced treatment and care facilities will enable activity that is currently undertaken in acute hospitals and ambulatory care centres to be delivered within the hub. This was one of the key outcomes from the public engagement as many local people find it difficult to access appointments at the main hospitals. Further details on current proposals are outlined in section 2.2.2A.

**g) Digital developments in the hub -**

- We are planning that the hub will be at the vanguard of developments in digital developments to improve care and treatment for service users. Some of the key aspects will include inter- connected IT systems, “attend anywhere” provision and using technology to support education and training. A summary of the key e-health initiatives is outlined in section 2.2.3

**h) Development of multi-disciplinary teams in primary care and delivery of the Primary Care Improvement Plan -**

- The proposed hub will provide the accommodation infrastructure to support the expansion in MDT working advocated in the Primary Care Improvement Plan and the new GP contract which creates the conditions that enable GPs to operate as expert medical generalists by releasing them from work that is capable of being carried out by others. This allows GPs to have more time to spend on the complex

care for vulnerable patients, undifferentiated illness, and to operate as senior clinical leaders of extended primary care teams. These streamlined arrangements will promote improved patient care, especially for those with multiple and complex conditions, and other social and economic vulnerabilities, such as poverty, isolation and poor mental health. There will be space for a pharmacy hub that will provide support for a number of GP clusters located in the north east of Glasgow.

- There is now clear international evidence that strong primary care systems are positively associated with better health and reduced inequalities. As the gateway to health care, the design and accessibility of primary care services is critical in reducing discrimination, stigma and prejudice, and to decrease illness and exclusion for these groups. Evidence supports the idea that services offered within a GP practice provide both accessibility and a high level of acceptability for patients because there is not the same stigma attached to attending a local health centre as there is to attending a mental health service.

**i) Providing a treatment and care hub for the north east of Glasgow -**

- Patients registered with patients from GP practices located from across the north east, but particularly in the neighbourhoods of Parkhead, Dalmarnock, Haghill, and Cranhill will be able to access enhanced treatment and care services from the proposed hub.

**j) Facilitating connectivity between health and social care services and “placed-based” approaches -**

- Services located in the hub are being developed in collaboration with local people and other local organisations and will reflect the outcomes of the local community planning activity including the work of the Parkhead / Dalmarnock Thriving Places initiatives. An example of this is the commitment to develop a drop in service for people suffering from stress and distress.

Numerous consultation and engagement sessions were carried out to capture the views of a range of local residents, including those in traditionally ‘harder to reach’ groups. The consultation process involved:

- Survey of service users over three days at Parkhead Health Centre and Parkhead Social Work locality office, and engagement sessions with service users attending mental health, adult learning, addiction, carers, recovery, and Asylum Refugee groups and services. These sessions were facilitated through attendance at groups, meetings and via video link.
- Engagement stands and survey questionnaire at two supermarkets.
- Engagement sessions with local third sector groups/ voluntary organisations
- Discussion about five site options with local service users (facilitated by private consultants)
- Forty local public meetings
- Site visits to other new Health Centres (led by Hoskins Hub Architects)

- Recent public meetings to explain service delivery plans during the demolition and construction process
- Numerous meetings with staff across various services.

Based on the feedback received, the following elements have been built into the development and proposed design for the Hub:

- Bright, welcoming, secure layout
- Community space, including library, café, and public meeting rooms
- Potential to open the building out with normal working hours
- Continuation of health centre, Anvil Centre and Sandyford clinic services during Hub construction
- Community benefits and opportunities for local people linked to the Hub development
- Survey/Questionnaire Reports publicly available

Between January and February 2020 alone, 76 members of the public took part in engagement sessions, which will continue across the North East at various meetings, event and fora.

In parallel with local stakeholder engagement, a series of approaches were opened with potential strategic partners. NHS GGC and Glasgow HSCP actively engaged with potential partners presenting the planned service change and potential place-based opportunities through:

- Presenting the hub West Territory Partnering Board, which comprises representatives of Local Authorities, emergency services, housing providers and further education organisations.
- Presenting to Glasgow City Council Property & Asset Group
- Engaging with Scottish Futures Trust via the local Territory Programme Director, and the Asset team.

Two significant opportunities emerged from this which comprised the inclusion of the Parkhead Public Library, and its associated health promotion and cancer support services, together with the inclusion of Health Promotion services from Eastbank. Each is described in more detail under section 2.2.

## **2.2 What has changed since Initial Agreement?**

The overriding background, in respect of Strategic Planning, Demographics and Stakeholder Support has remained unchanged since submission of the Initial Agreement in summer 2018. The key development of service proposals, accommodation requirements, sustainability requirements and e-health initiatives are outlined in the following sections.

Alongside this, the response by health and care services to the Covid-19 pandemic has required significant change in service delivery approaches. The learning associated with the pandemic will be subject to ongoing review and will influence the development of service models across the HSCP moving forward.

### 2.2.1 Covid-19 Pandemic

The learning which is emerging from the Covid-19 pandemic, as well as anticipation of a 'new normal' in relation to social distancing, will likely affect service delivery plans and accommodation arrangements within the North-East Hub. Some of the key developments to emerge out of the pandemic relate to increased reliance on digital communication, and agile working, which the Hub will be able to accommodate more effectively than most current buildings. In the event that agile working increases, and there are less practitioners based within the Hub, there will be the opportunity to collocate more services, and to close further buildings. It is also possible that social distancing requirements will lead to fewer work stations being set up within each room, which will mean that each service will require relatively more space within the Hub. The current building specification will allow a flexible response, based on emerging Scottish Government and public health advice. In addition, the ongoing response to the pandemic, and continued review of the learning, will continue to shape service delivery, to ensure that the HSCP is effectively addressing emerging community needs which arise from the pandemic.

The pandemic therefore provides an opportunity to 'reset' services, and to ensure that there is a shared set of philosophies and values underpinning the approach to delivering health and social care, in order to achieve more consistent care to families living in North-East Glasgow.

### 2.2.2 Updates to services proposals since Initial Agreement

- a) **Further development has taken place with the Moving Forward Together Programme** to describe what a tiered model of care could look like across the entire health and social care system. These tiers of care begin in the person's home and move out to universal, local community delivered services through locally delivered hospital-based services and more specialist community delivered services. The final stage of specialist hospital delivered care, would involve sourcing the most appropriate provision from across the range of hospital services within the West of Scotland. Although the aim of the tiered system would be to deliver care locally, the system response to more complex medical needs would be to prioritise safe and timely access to high quality, specialist services, which might involve utilising provision out with the Greater Glasgow and Clyde area.

Throughout this tiered system the focus must be on delivering the care a person needs as locally as possible whenever possible but having a system that ensures safe, effective and timely access to high quality specialist services when required although recognising as complexity and specialisation rise these may not be delivered locally. North East hub is being designed to ensure that these new models of care can be delivered to reflect the need for seamless tiered care for patients.

These new models of care will be further developed in light of the learning described in Section 2.2.1. The principle of "Digital First" will be adopted and allow appointments to be delivered by phone or video.

Recognising that the digital infrastructure may not be available in people's homes the hub will provide the North East population with access to this technology preventing travel to hospital.

Joint working between acute and community teams will develop services to undertake diagnostic investigations in the hub so reducing the travel for patients

Services will include community phlebotomy and ECG services.

Providing these services in the Hub will increase the opportunity for the population to access the wider health and social care supports such as financial inclusion and drug and alcohol services.

The larger clinical spaces in the Hub will be used for group consultations which encourage supported self-care such as the Pain Early Information service Diabetes will also have group consultations in light of the evidence that this leads to better diabetic control and leads to fewer complications requiring further intervention. It is assumed that the current physical distancing measures will not be in place when the hub opens.

Rehabilitation services such as physiotherapy will also be provided in the shared spaces and promote transition to ongoing physical activity and supporting access to information on healthy lifestyles.

Older people's services will be reconfigured to be partly delivered from a community base in the hub including geriatrician outreach into communities and use of frailty practitioners supported by a wider interdisciplinary team of health and social care practitioners. This will facilitate joint work to support older people in their own homes including care homes.

Specialist support delivered by Clinical Nurse Specialist for patients with long term conditions and people living with cancer will be part of services in the hub and will allow shared decision making between patients and the whole multidisciplinary team involved in their care. This will also support different health and social care professional to learn from each other and deliver holistic care to patients

More information on Moving Forward Together can be found at <http://www.movingforwardtogetherggc.org/> The new North East hub is seen as a key project to enable implementation.

- b) **Enhanced community treatment and care services (CTAC)** – The introduction of the new GMS contract and the primary care improvement plan is also providing investment to expand community treatment and care services. These expanded CTAC services will offer services for patients registered with GP practices based in the hub and for the patients of the 12 practices located in GP owned or leased premises that are part of the Parkhead/Cranhill/Dalmarnock area. Services that will require additional clinical space include:

- ECG clinics

- Non-Medical Prescribing
- Nurse Led Ear Microsuction Clinics
- Leg Ulcer Clinics
- Well Leg / Diabetic Foot Clinic (in conjunction with podiatry) – sign posting to third sector resources
- MUST assessment & appropriate training
- Urinary catheterisation
- Enteral Tube Management
- Introduction of hoists in some areas for immobile, non-housebound patients
- Data collection for chronic disease management (vital signs, biometrics)
- Domiciliary Phlebotomy

By the time that the hub is completed a range of long term conditions will be monitored via the community treatment and care clinics as part of the overarching strategic direction to shift the balance of care from hospitals to communities. For example, a Type 2 diabetes pathway project is being developed which will see patients attend the health and care centre for 9 different checks and to receive advice, support and referral to appropriate services.

Again, as with the expansion of MDT working the existing property portfolio does not have enough treatment rooms to accommodate the expansion in activity. The proposed hub has taken account of the need for additional treatment rooms.

- c) **Enhanced community facilities.** We have used the time spent in developing the OBC to work with a range of local people and local community organisations to enhance the proposals for the use of the community spaces. Feedback from local people has identified the need for additional support for people with mental health problems, especially those people experiencing episodes of stress and distress, both in hours and during the out of hours periods.
- d) **Additional GP practice** – Since the initial agreement was approved an additional GP practice is now proposed for inclusion within the health and care hub with a patient list size of 6761.

We engaged again with all local GPs once a preferred site was identified. Whilst only one GP has confirmed that they wish to be included, we have designed the building layout and structure to allow extension at first and second floor to provide additional space if we need to accommodate more GP space at a later date.

- e) **Eastbank Health Promotion Centre** – The current lease between NHSGG&C and the City Council for the training and development facilities currently located in Eastbank will not be renewed in 2023. The Eastbank facilities provide space for health promotion and wellbeing focused activities run by the public sector, voluntary organisations and community groups. To give an understanding of the scale of the activity taking place, an audit was undertaken between the 3<sup>rd</sup> and 31<sup>st</sup> October 2019 which identified a total of 197 training and development sessions that had been held; topics include alcohol and drug recovery, promoting positive mental

health and wellbeing, ESOL, adult literacy, financial inclusion, cardiac rehab, sexual health, early years (ante natal classes, infant massage, Childsmile, family support), smoking cessation, weight management etc. and staff induction. These activities will transfer to the proposed hub and will provide a more efficient use of training, seminar and conferencing space for multi-agency and community events.

The Health Improvement team is currently commissioning 14 voluntary sector organisations to provide a range of services which promote self-management, and a holistic approach to health, for example, Diabetes Education, Stress Management courses, Lifestyle Changes including exercises, and Smoking Cessation.

Organisations will be able to access the training rooms within the new hub to provide these sessions. Other community organisations in the surrounding areas can access the space by using the booking system.

- f) **Additional space to support multi-disciplinary team working in GP practices** – the new GP contract and the requirement that NHS boards should support primary care through the recruitment of additional professional roles (such as pharmacy teams, physiotherapists, mental health workers, community links workers and other practitioners who form part of MDTs) to work as part of enhanced primary care teams is placing significant stress on existing GP and NHS-owned accommodations. Suitable clinic and office space is at a premium and practices have struggled to find accommodation for the new staff. The revised proposals now allow for space for provide accommodation to support MDT working in response to the new GMS contract and Primary Care Improvement Plan. In addition, the design will be sufficiently flexible to allow the space for practices to be increased and decreased to reflect changes in practice needs over time. The hub will enable us to develop a pharmacy hub that will provide support to the wider clusters of GPs in the north east of Glasgow.
- g) **The existing library in Parkhead now forms part of the proposal.** Glasgow City Council has agreed funding to enable the Parkhead Library to be re-located into the proposed hub. The library is currently housed in a large sandstone building which opened in 1906. The library is not fully accessible to all service users and there is no obvious way to address this non-compliance.

**Parkhead Library** offers a wide range of services and activities and had almost 70,000 attendances during 2019. The building is spread over two floors. The ground floor is a public area and houses the adults' and children's sections and 2 PCs and a small private room and community room. The community room is well used with ESOL classes, food and fun sessions and adult numeracy and literacy classes. There is a MacMillan area on the ground floor providing information and drop in services for people affected by cancer. Jobs and Business Glasgow deliver an employability service and Citizens Advice Bureau provide a Universal Credit Support Service. Codeworks and Book Bug sessions are run in the Library area. The first floor is an office space for staff.

This will greatly augment the hub because it will help move away from a building which is focused on health and care to give it a more "welcoming and community feel". It will facilitate improved partnership working between the many services that

are delivered through the library and those delivered by the health and care services. For example, as part of the new GMS contract and the primary care improvement plan, there is a work stream underway that is piloting a number of social prescribing approaches, including “Learning on Prescription”. Another example, is the work of the health visiting, early years’ health improvement and Glasgow Life services that could be delivered in partnership in the library/community areas.

Our vision for the future is to provide a hub for health and social care that brings all the key services (statutory, voluntary and community) under one roof so that service users can access the right support, from the right person and at the right time, to maximise their outcomes. To achieve this we need accommodation that can bring these services together in a way that maximises key service relationships and is easy for the service user to navigate.

Our current arrangements have developed based on the location of buildings rather than the natural flow of services and how they should be used. Service users frequently have to travel between locations to access the full range of support they need, and staff use up valuable clinical time travelling between locations. This is costly, and can disproportionately affect those with the poorest health outcomes. To overcome this requires improved access to health and social care services that are person centred, safe and effective.

Current arrangements dispersed over a number of locations do not meet modern requirements or expectations for good, supportive care that promotes independent living. To meet user requirements for equitable and clear service pathways and connections, we need facilities that can provide a natural flow of services that create effective joint working arrangements. To achieve this, we need a modern, fit for purpose, accessible facility that will facilitate and promote inter-agency and interdisciplinary working, and address health inequalities through better integrated teams. To enhance the quality of their practice, practitioners need access to Continuous Professional Development and training, and facilities to support this will be built into new arrangements. Current accommodation does not allow for this in terms of space or capacity.

### 2.2.3 Updates to accommodation proposals since Initial Agreement

Since the approval of the Initial Agreement, development work has also continued alongside stakeholder engagement. The opportunities outlined above have an impact on accommodation requirements. **Where possible we have included additional services by utilising the sessional use of accommodation in the first instance, rather than adding additional space.** However there are 4 significant changes which are now embedded in the proposals which have required additional, dedicated space. These are:

- a) **Inclusion of an additional GP practice. The inclusion of only 2 at IA stage had been identified by SCIG as an area for further focus. Total additional area requirements is 263m<sup>2</sup>.**
- b) **Inclusion of space to accommodate health promotion services and training space formerly provided at Eastbank Health Promotion Centre. Total additional area requirements is 141m<sup>2</sup>.**

- c) **Inclusion of expanded GP accommodation to provide space to deliver requirements of the GP contract and Primary Care Improvement Plan. Total additional area requirements is 157m2.**
- d) **Inclusion of Parkhead Public Library. This will see the replacement of an existing community facility with significant access and fabric issues, and integration of these services for learning alongside health and social care services. This element will be funded by Glasgow City Council. Total additional area requirements is 566m2.**

The above changes have been agreed through NHSGGC's Proposed Change process and accepted at its Corporate Management Team in Aug 2019. These were also conveyed to Scottish Government in Sept 2019 and agreed as suitable to include in updated OBC proposals.

#### **2.2.4 Updates to e-health proposals since Initial Agreement**

##### **a) Digital -**

The NHSGGC Digital As Usual Strategy sets out a number of enablers that will support services.

The digital strategy sets out 5 key focus areas:

- Integrated Electronic Health & Care Record – Person centred Healthcare, fit for the modern age
- Self-Care & Remote Care – World class innovation, delivered remotely at the point of care
- Informatics and Data Analytics – Exploiting data and analytics to improve patient safety and quality outcomes
- Workforce & Business systems – Empowering people, delivering optimal healthcare
- Technology Infrastructure – Advancing our future digital landscape today

##### **b) Infrastructure -**

Infrastructure for communication networks will be integrated between NHS and Local Authority to ensure that secure communications and information sharing can be undertaken seamlessly across the integrated health and care teams working in the service. This will include Wi-Fi capability across the site and the ability to hot desk and work on an agile basis. Telephones will be implemented on the digital network.

Rooms should be equipped with the necessary video communications equipment to support remote working and virtual consultations and contacts with patients and carers. In addition, as the increase in Technology Enabled Care such as remote monitoring of blood pressure and COPD patients increases in the community, the hub will have the capability to access patient generated data and use digital tools to support workflows across integrated health and care pathways.

Staff will be equipped with appropriate mobile devices to enable access and use of the digital systems such as EHCR, digital forms and workflow tools.

### **c) Supporting Integrated Health & Care -**

NHS GG&C has an integrated Electronic Health & Care Record (EHCR) which delivers a single patient record. There is extended sharing of information to social care practitioners, General Practitioners and Community Pharmacists. Plans to extend this to Optometrists are underway.

The EHCR is used extensively on a day to day basis to support patient care across NHSGGC and the West of Scotland region. In NHSGGC there are 25,000 active system users including acute, GPs, HSCP and other community staff. Approx. 2.25 million patient records were accessed in past year.

The infrastructure currently supports and will be extended to provide communication, decision making and workflow across the integrated Health and care team. The design and implementation of anticipatory care plans has commenced and will further be rolled out in line with the Board's Moving Forward Together Programme. There is a focus on ensuring that staff working in HSCPs and those that are part of the extended health and care team have access to the information they need and are able to record and share data in support of the patients' care.

In addition to local provision, the West of Scotland benefits from portal to portal technology which provides a virtual single patient record regardless of Board boundaries. Recently this has been extended to link to the North of Scotland with scoping underway to further extend this record to the East of Scotland.

Staff will access the Electronic Health & Care Record (EHCR) which includes health, care and social work information. In addition the clinical systems will provide digital tools for the collection of information, care planning and letter production.

On line tools for the ordering of diagnostic tests and reporting of tests and investigations will be available.

Microsoft Office 365 is being rolled out across NHSGGC and includes a full range of business tools for email, instant messaging, desktop video conferencing and virtual meeting capability plus document storage and sharing capability.

Key digital systems include:

- Clinical Portal – to enable access to the EHCR
- EMIS Community – providing care planning and assessment tools
- Order Communications and reporting
- Microsoft Office 365
- Attend Anywhere (Near Me) – for remote consultations with patients

### **d) Citizen Digital Channels –**

People will be provided with digital channels to access services online through the internet and via mobile phone apps. This will include the ability to book online appointments with the hospital clinical services, view their digital health & care record

and view and manage their schedule of appointments, as well as access patient information leaflets previously sent on paper in the post.

Clinic appointments will be held using video technology and other online tools, thus reducing the need for people to travel, saving time and allowing them to be cared for in a homely setting.

## 2.3 Addressing National and Local Outcomes in the Development of the Hub Model for Care and Support

### a) National Performance Framework -

The proposed service hub is designed to have a major impact on the lives of the people living in North East Glasgow, whilst also delivering on a wide range of Scottish Government, NHS Scotland and local government priorities. This includes the contribution that the service and the new community facility will have on the Government’s aspiration for an inclusive net zero carbon economy – as defined through the National Performance Framework and its 11 National Outcomes (see diagram below).



The following information sets out how the proposed integrated health, care and wellbeing hub will contribute to the majority of these National Outcomes, thus demonstrating the positive impact that the proposed investment will have on the whole of society living in the North East of Glasgow.

### b) Poverty -

The North East of Glasgow has a population of over 176,000 and is larger in size than most other cities and large towns in Scotland. It has a proud industrial heritage but has also suffered from catastrophic economic and social decline, resulting in local communities experiencing high levels of poverty and health inequalities. In fact, demographic and economic data published in 2020 indicates that people living in North East Glasgow generally experience poorer outcomes in comparison to the rest of Scotland. For example, 22.5% of the population living in North-East Glasgow are income deprived, as compared to 12.1% across the rest of Scotland. The local population is thus one of the most deprived in Scotland with major problems of poor health and poor quality of life outcomes.

The recognised link between poverty and poor health and quality of life outcomes presents a strong case for the need to transform the current services in the North East of Glasgow so that they can respond more effectively to the complex health needs of this population.

### **c) Human Rights -**

NHS Scotland is commonly respected for providing a quality public service whereby every member of the community it serves is treated with the same high level of dignity and respect. While reaffirming this public expectation, the vision for the hub is that it will also enable equality of access to all the key community health, care and wellbeing services (statutory, voluntary and community) by bringing them together under one roof. This will ensure that all service users will have equal access to the right support, from the right person and at the right time, in order to maximise public health outcomes.

It is also important to note that the proposed service model, and access to enhanced treatment and care services, will not just be for those residents who reside in Parkhead, Dalmarnock, Haghill and Cranhill, but they will also be equally available to all other patients registered with GP practices across the North East of Glasgow.

### **d) Communities -**

Investment in the proposed new service hub is expected to include the construction of a landmark public building that will raise the social capital for this area and enhance the positive sense of place within the North East of Glasgow. It will also offer the opportunity for people to meet-up, socialise and reduce their social isolation through the café area, the community library, the health promotion space, and other enhanced public use spaces.

### **e) Economy -**

The economic contribution to be gained from this new hub will come from the construction of a new infrastructure building in the area, the direct and in-direct employment opportunities it will bring throughout its life; and perhaps more importantly, the positive impact that the new service model will have on the health and wellbeing of the local population to enable them to contribute positively to the local economy while in better health.

### **f) Fair Work and Business -**

This investment in public services will be an important indicator of continuing local authority and Government commitment towards the regeneration of the North East of Glasgow. It will also be a signifier of the collective public sector commitment towards improving the health and wellbeing of a large workforce pool that could be available for any prospective business wanting to bring fair work and business to this area.

#### **g) Environment -**

The design proposals for North East hub are currently planned to offer a zero-carbon heating solution by utilising air source heat pumps and utilising electricity generated by photovoltaic panels and green electricity from the grid. External areas will also be designed to encourage the use of outdoor spaces.

#### **h) International -**

The local health and care system in Glasgow is one of a range of local public services that have helped Glasgow to gain its positive reputation as a welcoming place for everyone to live, experience and work. This is evidenced in the fact that net migration into Glasgow has increased over the last two decades as the number of migrants arriving in Glasgow has exceeded the number leaving, principally due to an increase in overseas migrants coming to Glasgow. The non-UK born population of Glasgow rose from 6% in 2001 to 16% in 2018.

In order to maintain and even enhance this reputation, the new hub service model will be designed to meet the specific health, care and wellbeing characteristics of this demographically and ethnically diverse population.

#### **i) Children, Young People and Education -**

The hub will include community services focussed on supporting the social and physical development of children and young people thereby encouraging their wellbeing and happiness, promoting a healthy start in life, and providing them with the best opportunity to engage fully in education, attain the best grades that they can, and lead towards successful employment later in life.

#### **j) Health -**

While much of the above has focussed on the broader contribution that this investment proposal will have on achieving a net zero carbon economy for the North East of Glasgow, this business case is more specifically directed towards improving the health and wellbeing of these residents through the delivery of an integrated health, care and wellbeing service model. The opportunities and benefits that it will bring to this community are outlined below:

- It will introduce a greater focus on prevention and early intervention.
- It will enable equitable access to services through the availability of a wider range of services in community based settings.
- It will raise the priority given to the improvement of people's health and improvement of community services.

- It will encourage significant and sustained improvements in health and well-being being achieved through supported self-management of care.
- It will tackle health and social inequalities as a result of poverty and/or discrimination because of people's ethnicity, disability, gender or sexual orientation.
- It will create sustainable and flexible services and facilities that can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.
- It will form integrated care pathways that are supported by a range of agencies working together in partnership for people with complex health and social problems.
- It will promote inter-agency collaboration, multi-disciplinary working and service integration, which are vital to the effective provision of services for many groups in the population.
- It will break down the barriers between primary and secondary care and health and social care organisations and professions, through a whole system approach to planning and delivering services.
- It will enable health and social care practitioners to continue to develop their roles in providing care in the context of extended primary care and community teams.
- It will promote more effective and efficient working across the public and third sector to join up service provision and achieve better outcomes for the public.
- It will improved care for the elderly and younger people through promoting positive health, early intervention, prevention and early identification of needs.
- It will encourage community and public participation in service design and provision.
- It will work with communities to build their assets and capacity.
- It will promote good partnerships to be formed with staff, based on involvement and support to provide new flexible and effective ways of working.
- It will use the advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- It will utilise medical, information and communications technology to create opportunities for improving local service access, especially to diagnostic services.
- It will enable partnership working to ensure the delivery of a range of accessible, high quality community learning and development (CLD), which makes a real difference to people's personal, family and working lives.
- It will enable those who experience poverty and health related inequalities to access and participate in life changing CLD opportunities which builds skills, confidence and aspirations.

The success of this investment in enabling service transformation for the betterment of this local community will be demonstrable through delivery of these opportunities and benefits whilst also becoming integral to further regeneration plans for the area, fostering inclusive carbon net zero economic growth, producing an even more resilient community who have a focus on "place making", becoming a fairer and more equal society, and reducing poverty and inequalities. Many of these broader outcomes can only be measured regionally or nationally, however, many of the health outcome and localised benefits of this investment are outlined in the Benefits Register for this business case.

## 2.4 NHS Scotland's Strategic Capital Investment Priorities

In hosting a range of colocated health and social care services, with improved access for service users, the hub also addresses NHS Scotland's strategic capital investment priorities, ensuring **person-centred** care in a community setting, with enhanced digitalisation; **effective quality of care** through state of the art facilities, which encompass a range of primary, secondary and acute health services within a single setting; address **population health** needs through the provision of health services for all ages; and in the context of a safe, bright, well ventilated and welcoming building, which is designed to optimise the effective delivery of 21<sup>st</sup> century, innovative, evidence informed health and social practices to ensure **value and sustainability** in the effort to address the complex range of local needs.

## 2.5 Local Implementation Priorities

In tackling health inequalities, and achieving more accessible, colocated health and social care services, along with increased access to community initiatives, the proposal also addresses a number of priorities outlined in local plans, including 'Moving Forward Together: A Transformational Strategy for Health and Social Care Services across Greater Glasgow and Clyde' (as described in more detail in section 2.2.1.a above), Glasgow City Integration Joint Board's Strategic Plan, and Glasgow City Council's Strategic Plan 2017 – 2022. It is anticipated that the hub will deliver on a wide range of Scottish Government, NHS Scotland and local government priorities, and will make a major impact on the lives of the people living in North East Glasgow.

In hosting a range of colocated services, the development of the hub will facilitate the local implementation of a range of strategies, including, for example, 'The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland' (Scottish Government, 2017), which aims to streamline services for women, babies and their families, to ensure a high quality, holistic approach to maternity and neonatal care. The strategy is designed to be "family-centred", encouraging fathers, partners, and other family members to engage in all aspects of maternal and newborn care, as well as streamlined support for women. The collocation of services within a hub structure offers the potential to develop a range of services which are easily accessible to all family members, and to ensure continuity of care for women with support offered by a consistent team of professionals. One of the aspirations of Best Start is that "[m]ulti-professional team working is the norm within an open and honest team culture, with everyone's contribution being equally valued." Again, the hub structure will optimise the opportunity for professionals to meet for formal and informal learning and development sessions, which will help to develop a clear understanding of roles and responsibilities, and prevent any gaps in care for women and their families. Moreover, a full range of public, third sector and community supports for families will be immediately accessible, which is particularly important for meeting the needs of vulnerable families, along with a range of community resources and facilities. The library and café spaces within the hub will offer the opportunity for informal professional and peer support within a building which is safe and familiar. In addition, several groups and clubs aligned to the implementation of the Best Start strategy will operate from the hub, many of which are commissioned and supported by the Health Improvement team.

## 2.6 Is the case for change still valid?

The Initial Agreement explained that the current arrangements present a number of strategic challenges which the proposal for a fully integrated service model within a health and care hub would address.

Health and social care services in North East Locality are delivered from a portfolio of properties located throughout the area. Many of these properties are no longer fit for purpose because of poor condition, a lack of internal space and restrictive internal layouts, which limit the scope for changing work practices and promoting integration. The environments are poor, and are in many cases hampered by their original designs as schools, offices or reflecting standards which have been superseded by modern guidance on space standards, infection control and healthcare planning efficiencies. In many cases they do not provide accommodation that is suitable for the provision of 21st century health and care services.

Furthermore, given the advent of e-health initiatives outlined above, and more agile forms of working, there are opportunities to reduce the number of buildings from which services operate without compromising the quality of services for local people.

The constraints imposed by our existing property infrastructure will also limit our ability to re-design care pathways and to maximise the potential to transform services through the integration of health and social care.

In addition, given that many residents in the north east of Glasgow - especially those who are frail, have disabilities, are on low incomes or have caring responsibilities - find it difficult to access some services from a number of disparate locations - the development of the hub will reduce the number of times that local people need to travel by co-locating a range of acute and community health and care services. This improved accessibility will have a major positive impact on the quality of life for our service users. In addition, the incorporation of a range of acute services into the Hub will reduce demand for services across the wider Glasgow area, and will therefore have benefits across the city.

The IA assumptions that the proposal for the North East Health and Social Care Hub will reduce health inequalities, promote supported self-management, foster the principles of multi-disciplinary anticipatory approaches and maximise the effectiveness of joined up working with the acute sector continue to be supported and strengthened as work on the OBC has progressed. The hub will contribute to local economic regeneration and the wider Council and community planning partnership objectives, foster economic growth, produce more resilient communities with a focus on “place making” and making best use of local facilities and a fairer and more equal Glasgow, including reducing poverty and inequalities.

The IA then went on to encapsulate five strategic objectives for the proposal. These are reiterated below along with some more detail about how the changes that have been made to the proposals since the IA was approved will further support the achievement of these objectives:

- a) **Improve access to services through a more natural flow of services and greater clarity on how they should be used. Patients and service users frequently have to travel between locations to access the full range of support they need, and**

staff use up valuable clinical time travelling between these locations because the current configuration of services have developed over time, largely based on the location of available buildings to occupy.

- b) **Improve performance across a number of services and service areas to reduce inequalities for people living in the north east of Glasgow. This proposal would support this direction of travel by focusing attention on how health and social work can work alongside other partners and community initiatives/ provision to improve outcomes across a wide range of services and interventions. The re-location of the library to the hub, the expansion in community accessible spaces, and the proposal to establish a drop-in for people experiencing mental health crises are examples of how the enhanced proposals for the hub will support a reduction in inequalities by promoting collaboration between the public and third sector organisations and community groups.**
- c) **Create better integrated teams and additional services. To assist this, we need a modern, fit for purpose, accessible facility that will facilitate and promote inter-agency and interdisciplinary working. Practitioners need access to continuous professional development and training, and facilities to support this would be built into new arrangements. The recent decision to re-locate the training and development facilities from Eastbank Health Promotion Centre in Shettleston to the hub and to integrate these with the social work training centre that will re-locate from Brook Street in Bridgeton, will promote joined up working and will facilitate multi-agency training for health and social care staff. The Health Improvement team commission and support a number of third sector initiatives, which will operate from the Hub, therefore improving access and connections to a range of services for those visiting the Hub. Currently, the team directly commissions 14 third organisations to work across the North-East delivering a range of services, including, for example, breastfeeding groups, peer mentoring and support groups, alcohol and drug services, and mental health supports.**
- d) **Improve safety and effectiveness of accommodation that will deliver improved energy efficiency, reducing CO2 emissions in line with the Government's 2020 target and contributing to a reduction in whole life costs, whilst also meeting statutory requirements and obligations for public buildings e.g. Equalities Act 2010 requirements. The design for the building ensures that all levels and areas are fully accessible to the intended users including public visitors and staff workers. One of the overriding themes coming from our stakeholder engagement work was that the hub should be fully accessible as a community asset.**
- e) **Increase accommodation capacity and adaptability by creating a hub for health and social care that brings all the key services (statutory, voluntary and community) under one roof so that citizens can access the right support, from the right person and at the right time, to maximise their outcomes, and in line with the aspirations of GIRFEC policy for children's services. The proposals will enable the expansion of treatment and consultation room space in response to the new GMS contract and the requirement that all GP treatment and care services are transferred to the HSCP. The space in the proposed hub is also being designed in partnership with the local GPs to ensure that the building will cater for expanded multi-disciplinary teams. Through the Hub Delivery Group,**

**team managers and staff from all of the services that will be located in the Hub were consulted on space requirements for staff and clinical need in terms of patient numbers, including the number of treatment and consulting rooms that would be required in the new facility. The schedule of accommodation was based on current and projected patient numbers including population/age and health demographics. The facility is designed to allow flexibility in use so that services can change/adapt by the day and over time to reflect the aims of new GP contract, the primary care improvement plan and the aspirations of Moving Forward Together.**

## **2.7 Is the choice of preferred strategic / service solution(s) still valid?**

The Initial Agreement concluded that the preferred option of a new health and care hub was the most effective way to deliver the changes required to the services and to meet the Investment Objectives.

The changes made since the IA have strengthened the proposals for the health and care hub, have addressed the issues raised when the IA was approved, and reflect the substantial additional stakeholder engagement that has taken place over the past year. As described above, the proposal is strongly in alignment with national and local strategies.

The strength of evidence gathered suggests that the preferred option for a new health and care hub remains valid.



**Improving Services in the  
North East of Glasgow**

**Economic Case**

**April 2020**



### 3 Economic Case

The main purpose of the Economic Case at OBC stage is to undertake a detailed analysis of the costs, benefits and risks of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the Initial Agreement.

- a) The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services. This analysis includes the following steps:
- To provide a brief background to the on-going project.
  - To present an overview of the option appraisal process.
  - To remind/inform every one of the “benefits/scoring criteria” to be employed.
  - To present an overview of the current facility (and consequently site) requirements based on existing activity analysis, services involved and area required.
  - To present detail on the short-listed site options identified.
  - To determine which of the available options appears to be best overall – from the perspective of participants - through formal “option appraisal” and understand why this appears to be the case.
  - To stimulate evidence-based discussion and objective debate.
  - To appropriately engage with stakeholders and involve them in the decision making process.
- b) The approach taken to developing the economic appraisal for this project reflects the requirements of the new Scottish Capital Investment Manual (SCIM) guidance and was also informed by best practice recommendations from Audit Scotland<sup>9</sup> and the National Audit Office<sup>10</sup>. A fundamental principle has been that options be appraised on their costs and benefits, not on personal preferences of key stakeholders or individuals.
- c) The process built on the highly participative approach to stakeholder engagement that has been a hallmark of the project and that was detailed within the Initial Agreement; and informed by all of the engagement and deliberations undertaken since the inception of the project. All of that intelligence has been considered and reflected upon by the multi-stakeholder Project Board.

#### 3.1 Identify a short-list of implementation options

As detailed within the Initial Agreement, three options were investigated:

- Proposed Solution 1 - Do nothing.
- Proposed Solution 2 - Refurbish and extend existing facilities.
- Proposed Solution 3 - Develop a new health & care hub

The Initial Agreement clearly identified that the only option which would deliver all of the investment Objectives was Option 3 to develop a new health & care hub which would deliver an integrated service model.

As detailed within the Initial Agreement, in scoping the options for re-provision of services, it has been confirmed that the future model of service provision needs to be delivered from premises that are fit-for-purpose; and through a development that delivers on the following business objectives:

- Early intervention, prevention and harm reduction
- Providing greater self-determination and choice
- Shifting the balance of care
- Enabling independent living for longer
- Ensuring public protection

### **3.2 Site Options Appraisal to deliver the Preferred Option**

As detailed within the Initial Agreement, with respect to the Proposed Solution 3 to develop a new health & care hub, a review of potential suitable sites was undertaken.

During the summer of 2018 NHS Greater Glasgow & Clyde appointed Property Advisers, Architects, Designers and Cost Advisers to carry out options appraisals on a series of sites identified as suitable to accommodate a new health and social care hub for the North East of Glasgow. The four sites under consideration had been shortlisted from a long list using criteria identified and agreed by the Project Board chaired by Gary Dover, Head of Planning & Strategy Children's & Families and North East Sector, Glasgow City HSCP. The criteria were developed in consultation with local stakeholders after a number of stakeholder and community meetings held in 2017/18.

The Long-list of sites was developed by external Property Advisers carrying out a market search of available sites alongside discussions with Glasgow City Council and other public sector bodies. The sites were required to fall within the environs of Glasgow City HSCP North East sector and be capable of accommodating a building footprint of circa 3,000m<sup>2</sup> and parking for circa 300 cars. The finalised long list consisted of:

- Site of Parkhead Health Centre & Hospital
- Vacant land at East Wellington St
- Former bus depot at Tollcross Rd
- Former industrial units at Old Shettleston Rd
- Vacant land Biggar St
- Development plot at Springfield Rd / London Road
- Vacant land at Todd St

- Vacant land at Dalmarnock Rd
- Vacant land at Clyde Gateway Rd
- Vacant land at Downiebrae Rd / Dalmarnock Rd
- Site of Lightburn Hospital
- Vacant land at London Rd
- Vacant land at Duke St

A set of criteria were agreed and applied to the sites to shortlist the options. The criteria were based on feedback received from public consultation events and experience from previous projects. The key aspects centred upon capacity, accessibility, deliverability, topography, and town planning status. This resulted in the following shortlist (in alphabetic order):

- Lightburn Hospital
- Parkhead Hospital & Health Centre
- Springfield Rd
- Tollcross Rd

A design team led by Norr consultants was appointed to lead the development of a high-level options appraisal for each of the four sites to analyse their strengths and weaknesses for redevelopment. The team were also commissioned to create a formal presentation for stakeholders outlining each site one-by-one and describing their key attributes. The formal assessment of the four shortlisted sites was taken forward through a non-financial option appraisal process facilitated by Norman Sutherland of Higher Ground Healthcare Planning. A workshop was held in the Calton Heritage & Learning Centre, located on London Rd on Thursday 27th September 2018. The event was widely advertised and invites were sent out to stakeholder representatives and promoted through the community planning networks. The event was attended by a total of 57 people, and the following groups or organisations were represented:

- Local Community Groups
- Allied Health Professionals
- GP Practices Inc. GPs
- CAMHS
- Specialist Children's Services
- Social Work
- NHS Health Improvement
- Local Housing Associations
- Kelvin College
- Strathclyde Partnership for Transport
- Scottish Fire & Rescue Service
- NHS Business Support
- NHS Estates

A copy of the Higher Ground Healthcare Planning non-financial option appraisal process report is available on request.

### 3.3 Non-Financial Site Options Appraisal

The formal non-financial option appraisal process, which was carried out in line with all relevant guidance, involved participants working through a series of questions that attempt to apply a consistent and rational approach to the challenge of identifying a preferred option (in this case site). These are:

- What is the challenge that needs to be addressed?
- What are the benefits criteria (measures) to be applied that identify how well each identified (site) option addresses this challenge?
- What is the relative weighting (importance) of each of these criteria?
- What is the actual weighting (importance) of each of these criteria?
- What are the options (potential sites) available to be scored?
- How well do each of these options (potential sites) realise the agreed benefits criteria?
- All things considered, what is the preferred option/site? (In the absence of further financial analysis/appraisal)

It was emphasised at the workshop that this option appraisal was purely **non-financial** at this stage and that a further financial analysis of the preferred options identified would be conducted as a component of on-going business case development at an appropriate time in the future.

The benefits criteria that options should be measured against were developed based on feedback from previous stakeholder engagement sessions and refined by the Project Board and tested at a range of existing forums and meetings regarding the development proposals: good public transport, good parking and drop-off facilities, co-locating services, local economic benefits, good environmental quality.

The actual weightings applied to the identified benefits criteria were proposed at the wider stakeholder event on 27<sup>th</sup> September 2018 and confirmed as:

- |                                      |       |
|--------------------------------------|-------|
| • Public and staff accessibility     | (35%) |
| • Parking facilities                 | (20%) |
| • Co-location opportunities          | (20%) |
| • Local re-generation considerations | (15%) |
| • Environmental quality              | (10%) |

The outcome of the Qualitative Assessment was a clear preferred option for the site of the previous Parkhead Hospital.

The Parkhead site scored the highest of the four options in 3 out of the 5 categories. It scored highest in relation to Public/Staff access, Co-location, and Local Regeneration.

The site is located next to the primary shopping centre in the east end, the Forge, the Forge Market and other retail and commercial premises. It clearly has the most extensive public transport links with bus routes from around the east end converging on Duke Street beside the site. The site was also recognised as offering potential to accommodate up to 300 cars and would offer a boost to the local economy by creating additional footfall to the significant amount of small local businesses nearby to the site.

The second highest scoring site was Tollcross Road, the site of a former bus garage. It scored highest for Car Parking and Environmental Quality. This site is larger than the Parkhead site and consequently could accommodate more cars. The site was also large enough to accommodate softer landscaping within its boundary, and being located on a less busy road its immediate environment was thought to be less noisy. Conversely its public transport links were less comprehensive.

Third highest scoring was Springfield Road, which did not come top in any category. This site is owned by Glasgow City Council and is located between Celtic Park and the Emirates Stadium. The site offered sufficient space for parking but there were concerns about how parking and vehicle accessibility could be managed when sports events take place. It also has limited direct public transport links to the rest of the North East Area.

Fourth placed was Lightburn Hospital site which did not come top in any category. Its location is primarily residential with limited direct public transport to the rest of the North East area. It scored strongest on Environmental quality due to potential retention of existing mature trees, low rise surroundings and adjacency of parkland.

	<b>Option 1:</b>	<b>Option 2:</b>	<b>Option 3:</b>	<b>Option 4:</b>
	<b>Lightburn Hospital</b>	<b>Parkhead Hospital &amp; Health Centre</b>	<b>Springfield Road</b>	<b>Tollcross Road</b>
Weighted Qualitative Score	<b>37.32</b>	<b>76.56</b>	<b>49.29</b>	<b>71.66</b>

The above table shows the overall scores. A more detailed breakdown is shown in section 3.4 c).

This Parkhead site was also the preferred site of Glasgow City Planning Authority who were consulted during the process. Parkhead Cross Conservation Area is a major area of focus for regeneration by the Council, and the Council are actively seeking ways to support the local economy and help support the sustainability of local businesses. The location of a new health & care hub at the Duke St/ Parkhead Hospital site and its resultant footfall would help support the wider development priorities of the Council and its selection is fully supported by the Planning Authority.

### 3.4 Financial Assessment of Site Options

Tables below set out the initial capital and revenue cost inputs to the GEM model related to each option. They are expressed as an undiscounted annual recurring cost for each category.

#### a) Capital Cost Implications -

<b>Initial Cost Implications:</b>	<b>Option 1: Lightburn Hospital  £'000</b>	<b>Option 2: Parkhead Hospital &amp; Health Centre  £'000</b>	<b>Option 3: Springfield Road  £'000</b>	<b>Option 4: Tollcross Road  £'000</b>
Opportunity Costs	100	375	0	0
Initial Capital Costs	53,102	54,907	52,123	55,254
Transitional Period Costs	0	0	0	0
Cost of Embedded Accommodation	0	0	0	0
<b>Total of Initial Cost Implications</b>	<b>53,202</b>	<b>55,282</b>	<b>52,123</b>	<b>55,254</b>

Opportunity costs have been added for options 1 and 2 as the Board would not be selling the land that the current Hospital and Health Centre sits.

Initial capital costs have been derived from a Site Options appraisal carried out by NORR Architects with cost plans developed by Currie and Brown updated to current costs.

Prime Costs for the above sites were as follows:

- Lightburn £3,063/m<sup>2</sup>
- Parkhead £3,169/m<sup>2</sup>
- Springfield £3,004/m<sup>2</sup>
- Tollcross £3,193/m<sup>2</sup>
- Transitional costs are considered to be nil.
- Cost of embedded accommodation is considered to be nil.
- Discount rate of 3.5% has been applied.
- Optimism bias of 8% has been included as part of the capital cost. This is to provide for the uncertainty with Brexit and any Covid-19 effect on costs.

**b) Revenue Cost Implications -**  
Revenue costs over 25 years

<b>Initial Cost Implications:</b>	<b>Option 1: Lightburn Hospital</b>	<b>Option 2: Parkhead Hospital &amp; Health Centre</b>	<b>Option 3: Springfield Road</b>	<b>Option 4: Tollcross Road</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Life Cycle Costs	5,974	5,974	5,974	5,974
Clinical Service Costs	N/A	N/A	N/A	N/A
Non-clinical Support Service Costs	6,483	6,483	6,483	6,483
Building Related Running Costs	16,742	16,742	16,742	16,742
Net Income Contribution	N/A	N/A	N/A	N/A
Revenue Costs of Embedded Accommodation	N/A	N/A	N/A	N/A
Displacement Costs	N/A	N/A	N/A	N/A
<b>Total recurring revenue cost implications</b>	<b>29,199</b>	<b>29,199</b>	<b>29,199</b>	<b>29,199</b>

- Lifecycle Costs have been calculated for all options, using the benchmark information from previous projects.
- Clinical service costs are not affected.
- Non-clinical service costs are costs for domestic services.
- Building related running costs include heat, light and power and rates.

c) **Non-monetary costs and benefits of options -**

The results of the non-financial benefits appraisal exercise are presented in the table below:

Benefit Criteria	Weighting (%)	Weighted Score			
		Option 1: Lightburn Hospital	Option 2: Parkhead Hospital & Health Centre	Option 3: Springfield Road	Option 4: Tollcross Road
<b>Public / Staff Access</b> - How well served is the site by public transport? Can it provide an easy approach for people walking?	35%	10.86	30.11	14.15	26.61
<b>Parking Facilities</b> - How easily can parking facilities be provided. Spaces required for patients, essential staff, agile staff and visitors using training facilities.	20%	8.63	13.88	11.67	15.25
<b>Co-Location</b> - Is the site likely to provide additional benefits to patients and staff by co-location with other public services	20%	7.63	15.42	10.08	13.00
<b>Local Regeneration</b> - Would the development contribute to any local regeneration initiatives? Would the development help sustain existing businesses?	15%	5.13	11.66	8.28	9.81

<b>Environmental Quality</b> - Is the site likely to meet Orientation and various Environmental factors (noise/pollution/access to greenspace).	10%	5.08	5.50	4.75	6.98
<b>Total Weighted Score:</b>		<b>37.32</b>	<b>76.56</b>	<b>49.29</b>	<b>71.66</b>
<b>Rank:</b>		<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>

The benefits criteria that options should be measured against were developed based on feedback from previous stakeholder engagement sessions and refined by the Project Board and tested at a range of existing forums and meetings regarding the development of a new facility

Category	Score	Definition
Excellent	10	The option performs <b>exceptionally well</b> in relation to the benefit criterion.
Very Good	8 or 9	The option performs <b>very well</b> in relation to the benefit criterion.
Good	6 or 7	The option performs <b>well</b> in relation to the benefit criterion.
Satisfactory	5	The option performs <b>satisfactorily</b> in relation to the benefit criterion.
Poor	3 or 4	The option performs <b>poorly</b> in relation to the benefit criterion.
Very Poor	1 or 2	The option performs <b>very poorly</b> in relation to the benefit criterion.

The scores were aggregated and then an average score was calculated for each section. The average score was then multiplied by the weighting to ascertain overall scoring in relation to the importance of each of the benefit criteria.

#### d) Non-financial risk appraisal -

A non-financial risk appraisal was undertaken and considered the key risks associated with each option. All of the options will achieve the investment objectives in relation to co-location and service integration, and improved facilities but several high level risks in relation to their impact are tied to the accessibility of the sites. This is because the effectiveness of improved services is dependent upon their uptake and the ease of accessibility by the patient population. Some risks were identified around disruption to existing services, potential missed opportunities around support to local businesses, and potential issues in relation to traffic disruption arising from sports events at the Emirates Stadium and Celtic Park.

A key risk for the Tollcross Road site is that it is privately owned and was being marketed for housing at the time of the Options appraisal. The likelihood of it remaining available until there was sufficient certainty of funding availability for the project was seen as a major risk. In the event, the site was subsequently sold, subject to Planning in September 2019 to AS homes to develop 139 residential units.

The non-financial risk appraisal concluded that the lowest risk profile was for the Parkhead Hospital site, and the highest risk profile was with the Lightburn Hospital site.

Risk	Impact Score	Risk Score (Impact x Probability)							
		Option 1: Lightburn Hospital		Option 2: Parkhead Hospital & Health Centre		Option 3: Springfield Road		Option 4: Tollcross Road	
		Prob	Score	Prob	Score	Prob	Score	Prob	Score
Failure to contribute to improving Health Inequalities in North East	10	6	60	2	20	4	40	3	30
Failure to deliver objectives of Moving Forward Together	9	4	36	2	18	3	27	3	27
Failure to deliver integrated services	9	2	18	2	18	2	18	2	18
Failure to improve physical access to services	8	7	56	2	16	4	32	3	24
Failure to deliver potential economic benefits to local businesses	7	7	49	2	14	6	42	5	35
Failure to improve Did Not Attend statistics	8	8	64	3	24	6	48	4	28
Risk of disruption to existing services during construction	8	9	72	6	48	0	0	0	0
Risk of site not being available upon completion of business case process	9	0	0	0	0	2	18	8	72
Risk of disruption of transport and vehicle access when major sports events taking place	8	1	8	6	48	10	72	6	48
Delay to progress due to site acquisition issues	7	0	0	0	0	2	14	8	56
Risk of significant site condition issues emerging during project development	7	6	42	6	42	3	21	4	28
<b>Total Risk Score:</b>			<b>412</b>		<b>248</b>		<b>340</b>		<b>366</b>

Rank:	<b>4</b> (high risk)	<b>1</b> (low risk)	<b>2</b>	<b>3</b>
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### 3.5 Calculate Net Present Value (or Cost) and assess uncertainties

#### 3.5.1 Net Present Value

In line with the Options Appraisal Guide, the NPV or NPC for each option can be calculated using discounted cash flow techniques on the capital and revenue costs associated with each option as entered into the GEM model. The outcomes of these calculations can be summarised in the exemplar table below:

	<b>Option 1:</b> <b>Lightburn Hospital</b>	<b>Option 2:</b> <b>Parkhead Hospital &amp; Health Centre</b>	<b>Option 3:</b> <b>Springfield Road</b>	<b>Option 4:</b> <b>Tollcross Road</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Net Present Value / Cost (£)	72,251	73,781	70,996	74,529

#### Assessing Uncertainty

Sensitivity analysis of both the Net Present Value / Cost and non-financial benefits of each option has been undertaken to assess how reactive these results are to changes in underlying assumptions.

Section 5.2 of the SCIM Option Appraisal Guide provides a list of potential uncertainties that could be analysed. For the purposes of this assessment, land receipts, capital and revenue costs have been flexed to assess the sensitivity.

The NPV results have been summarised in the tables below:

Sensitivity Scenario	Option 1: Lightburn Hospital		Option 2: Parkhead Hospital & Health Centre		Option 3: Springfield Road		Option 4: Tollcross Road	
	NPV (£'000)	Rank	NPV (£'000)	Rank	NPV (£'000)	Rank	NPV (£'000)	Rank
<b>Scenario 1:</b> no changes	72,251	2	73,781	3	70,996	1	74,529	4
<b>Scenario 2:</b> delay in land receipt for existing site	72,351	2	74,156	3	70,996	1	74,529	4
<b>Scenario 3</b> 10% increase in new build capex price	79,647	2	79,647	3	76,208	1	80,054	4
<b>Scenario 4:</b> 5% increase in Parkhead site cost	72,251	2	76,901	4	70,996	1	74,529	3
<b>Scenario 5:</b> 10% increase in revenue costs	75,271	2	77,076	4	73,916	1	77,448	3

- **Scenario 1** – Base scenario.
- **Scenario 2** – This has assessed the impact of a delay in the land receipt for the existing site. This scenario does not change the ranking of the NPVs.
- **Scenario 3** – The scenario assesses the impact of a 10% increase in construction costs in the options. This scenario does not change the ranking of NPVs.
- **Scenario 4** – this assesses a 5% increase in capital costs in the preferred option only. This sensitivity does change the ranking
- **Scenario 5** – this scenario assesses a 10% increase in running costs across the sites. This option does not change the ranking of the NPVs.

### 3.5.2 Assessing Uncertainty

Sensitivity analysis of the non-financial benefits appraisal was carried. The table below illustrates the scores under a series of differing scenarios. In each of the scenarios Option 3, the Parkhead site remains the highest scoring option, albeit the margin is reduced in when the impact of the highest weighted benefit (public and staff access) is removed or reduced.

- **Scenario 1** – Base scenario.

- **Scenario 2** – Equal weighting applied to all benefit criterion.
- **Scenario 3** – Excluding benefit scores of the highest weighting criterion.
- **Scenario 4** – Altering the benefit criteria with the greatest scoring range so that all options score the same mid-range value for that criterion.

Non-financial benefits Sensitivity Scenario	Option 1: Lightburn Hospital		Option 2: Parkhead Hospital & Health Centre		Option 3: Springfield Road		Option 4: Tollcross Road	
	Weighted Score	Rank	Weighted Score	Rank	Weighted Score	Rank	Weighted Score	Rank
<b>Scenario 1:</b> no changes	37.32	4	76.56	1	49.29	3	71.66	2
<b>Scenario 2:</b> Equal weight	39.46	4	69.71	1	53.33	3	69.25	2
<b>Scenario 3:</b> Exclude top rank score	33.25	4	55.83	1	42.29	3	55.29	2
<b>Scenario 4:</b> Mid-range	53.77	4	76.35	1	62.81	3	75.81	2

### 3.6 Identifying the Preferred Option

The combined NPC (Net Present Cost) per weighted benefit score figures clearly identify Option 2 as the preferred option.

The table below shows the rankings of both the economic appraisal and of the risk appraisal exercise which has been undertaken for each of the options

	Option 1: Lightburn Hospital £	Option 2: Parkhead Hospital & Health Centre £	Option 3: Springfield Road £	Option 4: Tollcross Road £
Net Present Cost per weighted benefit score	£193,599	£96,370	£144,037	£104,003

The table shows that the ranking of the options is the same under both the economic and risk appraisal with option 2 being ranked 1st and Option 1, ranking last.

Evaluation Results (out of 100)	Option 1: Lightburn Hospital	Option 2: Parkhead Hospital & Health Centre	Option 3: Springfield Road	Option 4: Tollcross Road
	Rank	Rank	Rank	Rank
Economic Appraisal	4	1	3	2
Risk Appraisal	4	1	2	3

The non-financial site options appraisal event held with stakeholders in September 2018 clearly identified the Parkhead site as its preferred option. This reflected its key advantages of excellent public transport links, its co-location with other key public services and the clear opportunity to bring additional economic activity to existing local businesses around Duke Street and Parkhead Cross.

When the financial elements are considered using Net Present Costs the Parkhead site is slightly more expensive than the other three options. This is principally due to the costs of demolishing two of the existing buildings, and a longer construction period required to develop part of the site whilst retaining operations at the existing Health Centre. However when combined with non-financial scoring Parkhead emerges as the best value-for-money site option.

The second placed site option is Tollcross Road, albeit there is clear water between this and Parkhead. However when risk profiles are taken into account it is clear that there are significant risks in relation to the long-term availability of the site. It was being marketed for housing at the time of the Options Appraisal and has subsequently been sold, subject to Planning, to a housebuilder.

The third placed option at Springfield Road did not score highly in any of the key categories and carries a significant risk in relation to its accessibility when sporting events are taking place at the Emirates Stadium and Celtic Park.

Taking account of all of the appraisal information it is clear that Option 2, the site of Parkhead Hospital & Health Centre is the preferred option which should be taken forward to the next stage.

### **3.7 Support for Preferred Option Site Selection**

On conclusion of the process it was deemed critical to ensure that the selection had widespread local support and political support. A summary of the process was produced and taken to the Board's Finance and Planning Committee on 4<sup>th</sup> December 2018, where the process and selection was supported. The paper was similarly taken to the Health & Social Care Integration Joint Board Committee on 12<sup>th</sup> December 2018 where it was agreed. The outcome has also been conveyed at various active community engagement sessions since then, and the site selection is clearly supported and is not considered to be contentious.

### 3.8 Evaluating new-build on the preferred site vs refurb and extend

The earlier sections in this Economic Case describe the process to identify the best site to locate a new facility.

Whilst that process was underway and then when the preferred site was identified several additional services were identified as potentially relocated. These are identified in earlier section 2.2.1, but can be summarised as:

- Additional GP Practice
- Additional space to accommodate health promotion activities from Eastbank Health Promotion Centre
- Expanded space to accommodate support to GP contract requirements
- Inclusion of Parkhead Public Library

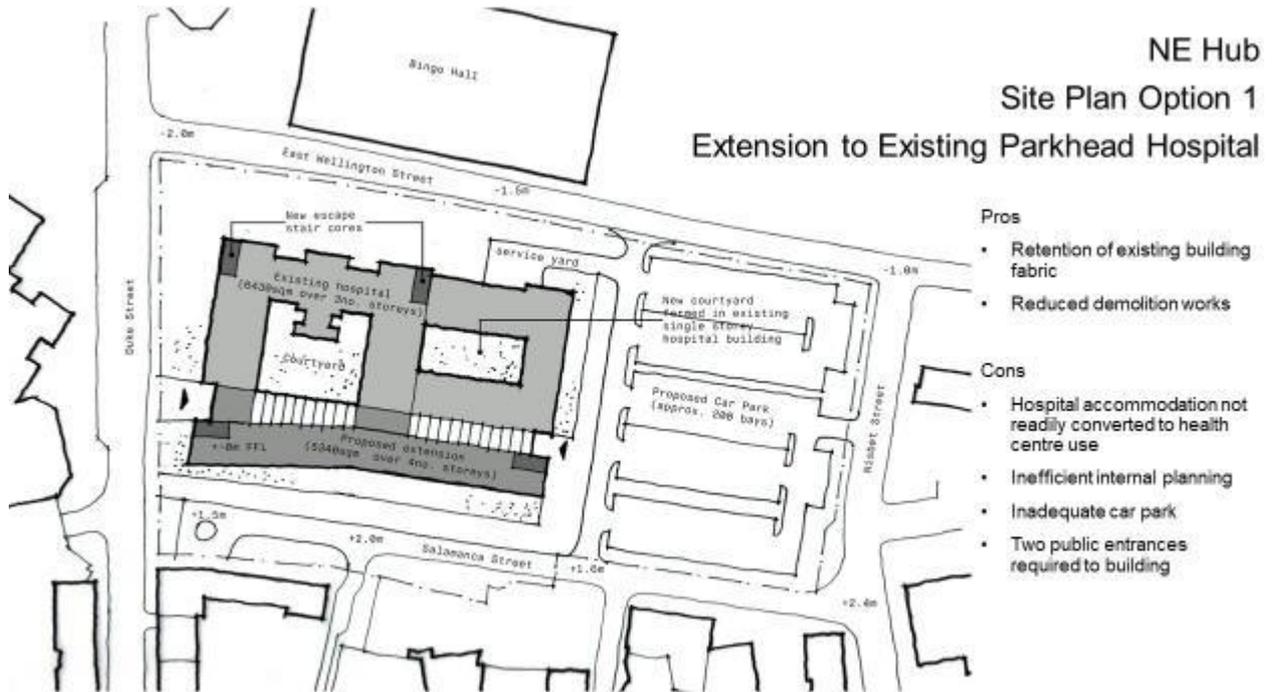
The identification of the Parkhead site as the preferred option highlighted the significant benefits of that site in relation to existing public transport links, co-location with other existing services and opportunities to support local regeneration. The existing site at Parkhead includes the previous Parkhead Mental Hospital building. This building is of relatively modern construction and consisting of circa 6,770m<sup>2</sup> of accommodation. The building is predominantly 3 storeys high, but has a large single storey section which has a deep-plan arrangement which houses most of the services and boiler plant and IT/Comms rooms.

It was considered important to investigate if a refurbishment and extension of the existing facility would be possible, and if this might retain the benefits of the site location, but offer a better value for money option. The criteria used for site selection had widespread support and remained relevant. These were expanded in their definitions to reflect the issues that were likely to differentiate the benefits of new-build vs refurbish and extend. It was important to ensure that the scoring criteria ensured the identification of the best approach to deliver the Investment Objectives and the Benefits.

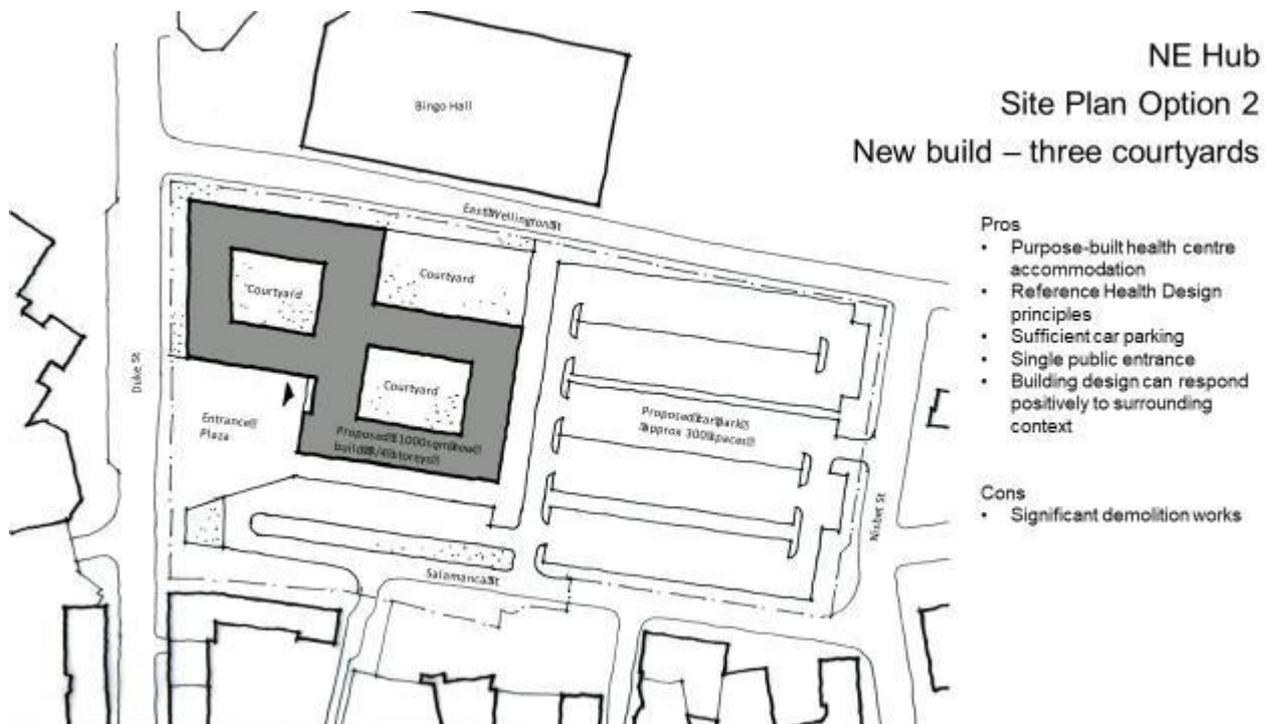
The options considered were:

- **Do Nothing** – ie operate from the existing facilities, carry out required backlog and maintenance. Implement service change/integration within the confines of the existing physical estate.
- **Refurbish and Extend Parkhead Hospital (see diagram 3.8.1.1)** - to achieve the required schedule of accommodation requirements. The total space requirements are greater than new-build to reflect the constraints around working with the existing building depth and structure.
- **New build facility built on the site of Parkhead Hospital (see diagram 3.8.1.2)** – purpose-designed, optimally sized solution, to accommodate standard room layouts, minimise travel distances, simplify wayfinding and achieve zero carbon operating solution.

#### 3.8.1.1 Proposed Solution 1 - Refurbish and extend existing buildings -



**3.8.1.2 Proposed Solution 2 - Develop a new health and care hub -**



**3.9 Non-Financial Options Appraisal**

A non-financial option appraisal process was carried out following the same principles as the site options appraisal. The questions to be addressed are:

- What are the benefits criteria to be applied?
- What is the relative weighting of each of these criteria?
- What are the options available to be scored?
- How well do each of these options realise the agreed benefits criteria?
- All things considered, what is the preferred option? (In the absence of further financial analysis/appraisal)
- The benefits criteria adopted were based on the wider investment objectives and feedback from previous stakeholder engagement sessions and refined by the Project Board. These had been tested at a range of existing forums and meetings regarding the development proposals and widely understood and supported: good public transport, good parking and drop-off facilities, place-making and community, co-locating services, local economic benefits, good environmental quality.
- The definition of the criteria, used for site options, was considered and some adjustments made to ensure that they were applicable to differentiating implementation solutions. **The criteria are shown below and are cross-referenced to the developed Benefits Register at Section 6.3.**

The weightings applied to the identified benefits criteria were:

- **Public and staff access (35%)**  
How well is the solution served by public transport? How easy is the approach for people walking? Can drop-off be accommodated? Can sufficient parking facilities be provided? Spaces are required for patients, essential community-based staff, agile staff and visitors using training facilities. Is internal circulation efficient and minimise distances. How is wayfinding implemented? How easy is it to implement passive security approaches?  
**Benefits** 1,2,3,4,5,6,7,8,9,12,13
- **Community & Placemaking (20%)**  
Will the solution offer a strong sense of community ownership and place? Will it demonstrate a positive message about public investment in health & wellbeing? How well will related services (3<sup>rd</sup> sector, health promotion, library, café) be accommodated to encourage uptake and help reduce social isolation.  
**Benefits** 6e,9,11,12,13
- **Co-location opportunities (20%)**  
Is the solution likely to provide additional benefits to patients and staff by co-location with other public services. Will the solution maximise the opportunities for optimal internal adjacencies to support integration.  
**Benefits** 1,2,3,4,6,7,8,13
- **Local re-generation considerations (15%)**

Would the solution contribute to any local regeneration initiatives? Would the solution help sustain existing businesses?

**Benefits** 9,11

• **Environmental quality (10%)**

Is the solution likely to provide optimal internal comfort conditions? What is the potential to access natural light and ventilation from circulation spaces and all habitable rooms, Orientation and greenspace opportunities. Opportunity to contribution to urban environmental design.

**Benefits** 10,11,12,13

Benefit Criteria	Weighting (%)	Weighted Score		
		Option 1: Do Nothing	Option 2: Redevelop and extend Parkhead Hospital	Option 3: New build on site of Parkhead Hospital
<b>Public / Staff Access</b> - How well is the solution served by public transport? How easy is the approach for people walking? Can drop-off be accommodated? Can sufficient parking facilities be provided? Spaces are required for patients, essential community-based staff, agile staff and visitors using training facilities. Is internal circulation efficient and can it minimise travel distances? How is wayfinding implemented? How are passive security approaches implemented?	35%	10.5	21.0	31.5
<b>Community &amp; Placemaking</b> - Will the solution offer a strong sense of community ownership and place? Will it demonstrate a positive message about public investment in health & wellbeing? How well will related services (3 <sup>rd</sup> sector, health promotion, library, café) be accommodated to encourage uptake and help reduce social isolation.	20%	4.0	14.0	18.0

<b>Co-Location</b> - Is the solution likely to provide additional benefits to patients and staff by co-location with other public services. Will the solution maximise the opportunities for optimal internal adjacencies.	20%	4.0	16.0	20.0
<b>Local Regeneration</b> - Would the solution contribute to any local regeneration initiatives? Would the development help sustain existing businesses?	15%	1.5	10.5	12.0
<b>Environmental Quality</b> - Is the solution likely to provide optimal internal comfort conditions. Access to natural light and ventilation. Orientation and greenspace opportunities. Contribution to urban environmental design.	10%	2.0	6.0	10.0
<b>Total Weighted Score:</b>		<b>22.0</b>	<b>67.5</b>	<b>91.5</b>
<b>Rank:</b>		<b>3</b>	<b>2</b>	<b>1</b>

The outcome of the Qualitative Assessment was a clear preferred option for Option 3, a new-build solution on the site of the previous Parkhead Hospital.

The new build solution scored highest across all five categories. It scored highest due to the following advantages:

- It provides the most efficient internal wayfinding and shortest internal travel distances for patients and clients.
- Ground floor level can be set at optimum level to minimise ramps, steps and retaining walls.
- It allows a single entry point to be designed (which is considered optimal for security and was a key briefing requirement) close to public transport, drop-off and disabled parking spaces.
- It provides the most efficient building footprint tailored to space requirements.
- It provides 50% more car parking spaces than the refurbish and extend option.
- It provides a central access point that all 3<sup>rd</sup> sector accommodation can be clustered around.
- It would provide a well-proportioned, south facing civic space with high quality lighting, finishes and street furniture to improve the urban environment.
- Design will be free of any limitations of refurbishment and can be optimised to provide a strong statement about public investment in community, place and health & wellbeing.

- It provides the option to create optimal internal layouts to co-locate services
- It will bring over 1,500 additional people per day to the site with associated opportunities for local businesses and economic benefit.
- Optimal window sizes and ventilation space can be economically provided to reflect requirements of circulation and waiting spaces and standard room layouts.
- It can provide manageable tree planting and landscaping to improve the quality of pedestrian access and the parking environments. The creation of landscaped courtyards also improves the quality of internal circulation and waiting areas.
- It can deliver a net-zero carbon solution in operation, by utilisation of passivhaus principles throughout the design. New build construction allows the implementation of the critical air permeability requirements to achieve this.

The second highest scoring site was Refurbish and Extend. This offered the opportunity to deliver the required space to allow improvement and co-location of services, but would ultimately be constrained by the existing buildings form and structure. In particular it led to a restriction in its ability to satisfy the requirements by:

- The development of an elongated plan form alongside the existing building to accommodate the entire schedule of accommodation.
- The existing building accommodation requirements are assessed as requiring circa 7% additional space due to inefficiencies in circulation and sub-optimal building depth in the existing building footprint.
- Patient travel distances are extended due to less efficient planning.
- The development occupies the full plot width restricting parking to the rear, and requiring two entrances to be formed.
- Limited area remaining for car parking which would be circa 100 cars less than the briefed requirement.
- Limited opportunities to create tree planting and landscaping.
- Significant change/ reconstruction of existing external walls to accommodate the change of use and size and frequency of window openings required to provide natural light and ventilation to smaller rooms in the cellular floor plans. Compromised solutions are likely to be required.
- Requirement to work to ground floor level of existing building will require extension to be set below street level with corresponding issues with overlooking, privacy, noise and restricted outlook.
- Achievement of air-tightness requirements to achieve low carbon targets unlikely to be achieved without complete demolition and reconstruction of external envelope of existing building.

The lowest scoring option is Do Nothing which does not deliver any of the key Investment Objectives or benefits. It leaves the various services dispersed in different locations through the Glasgow east end, and allows only limited service improvement and accessibility.

### 3.10 Financial Assessment Options

Tables below set out the initial capital and revenue cost inputs to the GEM model related to each option. They are expressed as an undiscounted annual recurring cost for each category.

#### a) Capital Cost Implications -

<b>Initial Cost Implications:</b>	<b>Option 1: Do Nothing £'000</b>	<b>Option 2: Redevelop &amp; extend Parkhead Hospital £'000</b>	<b>Option 3: New build on site of Parkhead Hospital £'000</b>
Opportunity Costs	375	375	375
Initial Capital Costs	0	49,884	50,839
Transitional Period Costs	0	0	0
Cost of Embedded Accommodation	0	0	0
<b>Total of Initial Cost Implications</b>	<b>375</b>	<b>50,259</b>	<b>51,214</b>

Opportunity costs have been added for all options as the Board would not be selling the land that the current Hospital and Health Centre sits.

Initial capital costs have been derived from appraisal carried out by Hoskins Architects and cost plans developed by Currie and Brown.

The total capital cost for Option 2 refurbish and extend, is not significantly lower than Option 3 new build. The key aspects of the works required to deliver a solution for Option 2, and which drive up costs reflect the significant interventions required to accommodate the change of use, and the consequential requirement to replace all layouts, services, finishes, and some key elements of superstructure.

A high-level appraisal of the financial consequences to deliver Option 2 highlighted the following key considerations:

- Reduction in substructure and superstructure costs compared to new-build
- Reduced external costs compared to new-build since there is less room for car parking and landscaping
- Avoidance of costs for sewer diversion
- Increased GIFA requirement due to the inefficiency of working to existing building depths. A study of one wing indicated a minimum of 7% uplift in GIFA would be required within the refurbishment section.

- Increased costs for internal fit outs and finishes, since there is requirements to remove existing finishes and make good substrates for new
- Significant interventions to existing external walls to achieve window sizes and frequency. New windows throughout to achieve required insulation standards.
- New build-ups to external walls and roofs to achieve required insulation standards
- Introduction of additional drainage drops requiring uplift of significant sections of ground floor slab
- Ventilation and service risers requiring apertures through upper floor slabs and roof
- Re-provision of escape stairs to accommodate increased loading capacity
- Increased programme length, due refurbishment complexities, impacting on prelim costs and inflationary uplift.
- Increased costs for professional fees, prelims and risk allowance requirements due to complexities of dealing with existing structure

## b) Revenue Cost Implications

Revenue costs over 25 years

<b>Initial Cost Implications:</b>	<b>Option 1: Do Nothing £'000</b>	<b>Option 2: Redevelop &amp; extend Parkhead Hospital £'000</b>	<b>Option 3: New build on site of Parkhead Hospital £'000</b>
Life Cycle Costs	25,988	5,885	5,618
Clinical Service Costs	0	0	0
Non-clinical Support Service Costs	1,486	8,565	8,147
Building Related Running Costs	4,271	23,993	22,334
Net Income Contribution	0	0	0
Revenue Costs of Embedded Accommodation	0	0	0
Displacement Costs	0	0	0
<b>Total recurring revenue cost implications</b>	<b>31,745</b>	<b>38,443</b>	<b>36,099</b>

- Lifecycle Costs have been calculated for all options, using the benchmark information from previous projects.
- Clinical service costs are not affected.
- Non-clinical service costs are costs for domestic services.
- Building related running costs include heat, light and power and rates.

## c) Non-monetary costs and benefits of options

The results of the non-financial benefits appraisal exercise described in item 3.11 above, are presented in the table below:

Benefit Criteria	Weighted Score		
	Option 1: Do Nothing	Option 2: Redevelop & extend Parkhead Hospital	Option 3: New build on site of Parkhead Hospital
<b>Total Weighted Score:</b>	<b>22.0</b>	<b>67.5</b>	<b>91.5</b>
<b>Rank:</b>	<b>3</b>	<b>2</b>	<b>1</b>

#### d) Non-financial risk appraisal

A non-financial risk appraisal was undertaken and considered the key risks associated with each option.

The risks identified are principally around the delivery of the key Investment Objectives and benefits. In most of these risks the Do Nothing Option scores very poorly. Options 2 and 3 score well in most of these areas since both can achieve the principal objectives of service integration and colocation. However it is risks around the effectiveness of the implementation and the quality of the output that differentiates these two options.

The Option 2 solution occupies a greater proportion of the site with building and will prove more difficult to implement alongside the existing operational health centre once contractor's requirements for working space, amenity blocks and material storage/lay-down space is defined. The refurbishment element will also carry risks of uncertainty about structure and the substantial reconstruction of external walls to achieve the required window openings, and penetration of floors to accommodate the ventilation and recirculation requirements to minimise energy use. The building plan depth and structural layout of the existing hospital also differs significantly from the optimum building depth to implement the standard room layouts that have been developed. Option 2 is also unlikely to be able to achieve a net-zero carbon emissions position due to the limitations of the existing building. The potential public perception of a reduced ambition for investment in the East End is possible and there is likely to be a more limited impact and contribution to improving the public realm. Whilst parking is always a controversial issue for both staff and public, it is a particular risk that insufficient parking may impact on the efficiency of community-based staff and attendance for appointments, both of which are critical to delivery of the services.

The non-financial risk appraisal concluded that the lowest risk profile was for Option 3 new-build solution at Parkhead Hospital site, and the highest risk profile was Do Nothing.

	<b>Risk Score (Impact x Probability)</b>
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Risk		Option 1: Do Nothing		Option 2: Redevelop and extend Parkhead Hospital		Option 3: New build on site of Parkhead Hospital	
		Prob	Score	Prob	Score	Prob	Score
Failure to contribute to improving Health Inequalities in North East	<b>10</b>	6	<b>60</b>	3	<b>30</b>	1	<b>10</b>
Failure to deliver objectives of Moving Forward Together	<b>9</b>	4	<b>36</b>	2	<b>18</b>	2	<b>18</b>
Failure to deliver integrated services	<b>9</b>	7	<b>63</b>	2	<b>18</b>	1	<b>9</b>
Failure to improve physical access to services	<b>8</b>	9	<b>72</b>	3	<b>24</b>	1	<b>8</b>
Failure to deliver economic benefits to local businesses	<b>7</b>	7	<b>49</b>	2	<b>14</b>	2	<b>14</b>
Failure to improve Did Not Attend statistics	<b>8</b>	8	<b>64</b>	5	<b>40</b>	3	<b>24</b>
Risk of disruption to existing services during construction	<b>8</b>	0	<b>0</b>	8	<b>64</b>	6	<b>48</b>
Risk of delay as cost and programme increase due to uncertainty in existing structure / infrastructure	<b>8</b>	0	<b>0</b>	7	<b>56</b>	4	<b>32</b>
Risk of major investment not meeting carbon targets.	<b>9</b>	1	<b>9</b>	5	<b>45</b>	2	<b>18</b>
Risk of investment perceived as being reduced for disadvantaged population.	<b>9</b>	8	<b>72</b>	7	<b>63</b>	1	<b>9</b>
Risk of layouts and utilisation of standard room solutions being compromised.	<b>7</b>	10	<b>70</b>	7	<b>49</b>	2	<b>14</b>
Dilution of wider social impact of investment by restricted opportunities of building design	<b>7</b>	10	<b>70</b>	5	<b>35</b>	2	<b>14</b>

and public realm/place interventions.							
Provision of parking spaces impacts on accessibility, community-based staff efficiency and attendance rates.	8	8	64	6	48	4	32
<b>Total Risk Score:</b>			<b>629</b>			<b>504</b>	<b>250</b>
Rank:			<b>3</b> (high risk)			<b>2</b>	<b>1</b> (low risk)

### 3.11 Calculate Net Present Value (or Cost) and assess uncertainties

#### 3.11.1 Net Present Value

In line with the Optional Appraisal Guide, the NPV or NPC for each option can be calculated using discounted cash flow techniques on the capital and revenue costs associated with each option as entered into the GEM model. The outcomes of these calculations can be summarised in the exemplar table below:

	<b>Option 1: Do Nothing</b>	<b>Option 2: Redevelop and extend Parkhead Hospital</b>	<b>Option 3: New build on site of Parkhead Hospital</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Net Present Value / Cost (£)	22,080	79,594	79,080

#### Assessing Uncertainty

Sensitivity analysis of both the Net Present Value / Cost and non-financial benefits of each option has been undertaken to assess how reactive these results are to changes in underlying assumptions.

Section 5.2 of the SCIM Option Appraisal Guide provides a list of potential uncertainties that could be analysed. For the purposes of this assessment, land receipts, capital and revenue costs have been flexed to assess the sensitivity.

The NPV results have been summarised in the tables below:

Sensitivity Scenario	Option 1: Do Nothing		Option 2: Redevelop & extend Parkhead Hospital		Option 3: New build on site of Parkhead Hospital	
	NPV (£'000)	Rank	NPV (£'000)	Rank	NPV (£'000)	Rank
<b>Scenario 1:</b> no changes	22,080	1	79,594	3	79,080	2
<b>Scenario 2:</b> delay in land receipt for existing site	N/A		N/A		N/A	
<b>Scenario 3</b> 10% increase in new build capex price	22,080	1	84,982	3	84,570	2
<b>Scenario 4:</b> 5% increase in new build capex price	22,080	1	82,288	3	81,825	2
<b>Scenario 5:</b> 10% increase in revenue costs	25,255	1	83,038	3	82,689	2

- **Scenario 1** – Base scenario.
- **Scenario 2** – This has not been assessed as there would not be any land receipt in either case.
- **Scenario 3** – The scenario assesses the impact of a 10% increase in construction costs in the options. This scenario does not change the ranking of NPVs.
- **Scenario 4** – this assesses a 5% increase in capital costs in the Option 2 and 3. This sensitivity does not change the NPV ranking of the options.
- **Scenario 5** – this scenario assesses a 10% increase in running costs across the sites. This option does not change the ranking of the NPVs.

### 3.11.2 Assessing Uncertainty

Sensitivity analysis of the non-financial benefits appraisal was carried. The table below illustrates the scores under a series of differing scenarios. In each of the scenarios Option 3, New Build on the site of Parkhead Hospital, remains the highest scoring option. The margin is reduced in when the impact of the highest weighted benefit (public and staff access) is removed or reduced, but there remains a substantial differential.

- **Scenario 1** – Base scenario.
- **Scenario 2** – Equal weighting applied to all benefit criterion.
- **Scenario 3** – Excluding benefit scores of the highest weighting criterion.
- **Scenario 4** – Altering the benefit criteria with the greatest scoring range so that all options score the same mid-range value for that criterion.

Non-financial benefits Sensitivity Scenario	Option 1: Do Nothing		Option 2: Redevelop & extend Parkhead Hospital		Option 3: New build on site of Parkhead Hospital	
	Weighted Score	Rank	Weighted Score	Rank	Weighted Score	Rank
<b>Scenario 1:</b> no changes	22.0	3	67.5	2	91.5	1
<b>Scenario 2:</b> Equal weight	20.0	3	68.0	2	92.0	1
<b>Scenario 3:</b> Exclude top rank score	11.5	3	46.5	2	60.0	1
<b>Scenario 4:</b> Mid-range	32.5	3	67.5	2	81.0	1

### 3.12 Identifying the Preferred Option

The combined NPC (Net Present Cost) per weighted benefit score figures clearly identify Option 2 as the preferred option.

The table below shows the rankings of both the economic appraisal and of the risk appraisal exercise which has been undertaken for each of the options.

	Option 1: Do Nothing	Option 2: Redevelop & extend Parkhead Hospital	Option 3: New build on site of Parkhead Hospital
	£	£	£
Net Present Cost per weighted benefit score	100,365	117,917	86,426

The table shows that Option 3, new build on the site at Parkhead Hospital, is ranked first in both the Economic and Risk appraisal. Option 2 is ranked lowest in the Economic appraisal and second in the Risk appraisal. Option 1 is lowest for the Risk appraisal.

Evaluation Results (out of 100)	Option 1: Do Nothing	Option 2: Redevelop & extend Parkhead Hospital	Option 3: New build on site of Parkhead Hospital
	Rank	Rank	Rank
Economic Appraisal	2	3	1
Risk Appraisal	3	2	1

The non-financial options appraisal clearly identified Option 3 as the preferred option. This reflected its key advantages of the site location, alongside the ability to create a purpose designed facility which will optimise adjacencies supporting service delivery, minimise internal travel distances, implement standard room layouts, implement net zero-carbon approaches, create high quality landscaping, accommodate the operational parking requirements and create a significant contribution to the urban realm.

The new-build also has the ability to create a single, central entry point and bring related services, including café, library, health promotion and space for 3<sup>rd</sup> sector in a cluster, accessed off a major public place and create a very real sense of place and community ownership. The highly visible provision of these services will encourage their uptake, taking the proposal towards a fully integrated facility. Further, it's design will be free of any limitations of refurbishment and can be optimised to provide a strong statement about public investment in community, place and health & wellbeing.

When the financial elements are considered using Net Present Costs the new-build option is slightly more expensive than the refurbish & extend option. The cost differential is low because of the extensive reconfiguration that would be required to refurbish the hospital. Clearly the internal configurations would need altered but all finishes, mechanical and electrical systems and windows and doors would need replaced. Insulation values in existing external walls and roofs will need to be upgraded which will require complete new build-ups in the existing roofs. Given the extent of new window apertures required to deal with the cellular accommodation requirements, it's likely that some sections of the external walls may also be removed and built afresh. The requirement for the new build extensions to tie into the existing floor levels also creates sub-optimal space, since the site slopes up from north to south and creates an accommodation level which is below street level with the level difference taken up by embankments. The existing escape stairs are not suitable for the increased occupancy load associated with the change of use and these will also need to be supplemented with new-build stairs to achieve required widths and travel distances. The deep-plan of the single storey element is not consistent with the briefed accommodation requirements and a section would need to be removed to create a courtyard to reduce the plan depth. The inherent inefficiency arising from the existing plan depths and pre-determined configuration will also generate a larger gross internal floor area to provide the same functional space.

When the risk profiles are considered, the risks around the new-build Option 3 are significantly lower. Key areas are reduced risk of disruption to existing services and more certainty over cost and programme since there are no unknowns to be resolved in existing buildings and structures. Option 2 risks the investment ultimately being hampered by compromised room layouts, less efficient circulation and reduced impact due to compromises to retain the existing building. Finally the risk of failing to meet net-zero carbon ambitions is significant, since the achievement of the required air permeability standards required would be massively challenging, utilising existing structures. The existing building's concrete frame and external wall structure would be retained but is circa 30 years old, and the remaining lifespan of these components would need to be carefully examined to determine any additional remedial work required to deliver an acceptable lifespan.

Whilst re-utilising the existing building has some initial attractions, upon more detailed examination the extent of interventions required to make it fit-for-purpose, the compromises on layout and operational requirements and the marginal cost differential soon make it clear that this would be a riskier and ultimately sub-optimal solution. Taking account of all of the appraisal information Option 3, new-build at Parkhead Hospital site is the preferred option which should be taken forward from the Economic Case and assessed under the Commercial and Financial Cases.



**Improving Services in the  
North East of Glasgow**

**Commercial Case**

**April 2020**



## **4 Commercial Case**

The main purpose of the Commercial Case at OBC is to outline the proposed commercial arrangements and implications for the project.

### **4.1 Determine the Procurement Strategy**

#### **4.1.1 Procurement Route**

The North East HUB Health and Care Centre will be delivered using the hub procurement initiative, as procurement of NHS projects are mandated to be delivered through this Partnership arrangement. The project which is capital funded accordingly will be delivered via a Design Build, Development Agreement. (DBDA) contract.

#### **4.1.2 Procurement Plan**

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

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

The TPA prescribes the stages of the procurement process including:

- New Project Request;
- Stage 1 (submission and approval process);
- Stage 2 (submission and approval process); and
- conclude DBDA Agreement (financial close)

#### **4.1.3 External Advisers**

The External Advisers to support the HSCP/NHS GGC Capital Planning team for this project have been appointed, utilising the Public Contracts Scotland for procurement, and where applicable the OJEU process.

The Advisers appointed are:

- Healthcare Planning – Higher Ground Health Care Planning Ltd
- Technical Advisers – Thomas and Adamson
- Legal Advisers – CMS

### **4.2 Scope and Content of Proposed Commercial Arrangements**

### 4.2.1 Existing Arrangements

The current services are currently delivered out of 10 existing facilities in various locations in the Glasgow North East area. The premises and services are described in some detail in the Initial Agreement and illustrated in section 4.2.10 of this document. In summary the facilities are:

- Parkhead Health Centre:
- Dr Orr GP Practice
- Newlands Centre
- Anvil Centre
- Templeton Business Centre;
- Parkview Resource Centre
- Sandyford East Sexual Health Services
- Brook St Training Facility.
- Eastbank Health Promotion Centre
- Parkhead Library

### 4.2.2 The Site

The preferred site is located within the Parkhead area of North East Glasgow, on the same site as the existing Parkhead Health Centre. The site was formerly the location of Parkhead Hospital which will be demolished as part of these works. It is planned to complete the demolition before we enter the main works contract to allow “dark ground” risk to be transferred to the building contractor.

The land is currently under the ownership of NHS Greater Glasgow and Clyde.

A Schedule of Accommodation (SOA) has been arrived at following extensive stakeholder engagement and a series of meetings with the users and project team and totals a floor area of 11,237m<sup>2</sup>. A copy of the SOA is included as Appendix 1 which details all the services to locate within the new facility. These include General Practitioners, Community Dental, CAMHS, Physiotherapy, Podiatry, Sandyford Sexual Health, Social Work etc.

### 4.2.3 Site Access, Constraints and Orientation

The site is under the ownership of NHS Greater Glasgow and Clyde. It is surrounded on all four sides by adopted roads. There have been early discussions with the Planning Authority and the Road Authority and it is not anticipated that there will be any access issues on to the site.

To further support the proposed design and Stage 1 costings, site investigations and topographical surveys have been undertaken by hub west to determine the full extent of topography, ground conditions and any possible contaminants on the site. As pockets of contamination have been identified on the site a Remediation Plan will be developed, and will be presented to the Pollution Office.

The services currently delivered from Parkhead Health Centre need to be maintained and the proposals have been developed to reflect a phased completion of the project. The Stage 1 costs take account of this and there is a longer final completion date to allow for demolition of the existing centre after the new centre is occupied. This will then allow completion of the final car park configuration.

Initial assessments considered that services in the Anvil Centre could be maintained during the construction of the new facility. However as design works progressed it became clear that its retention was constraining design solutions, would require additional utility diversions to separate it from the hospital, and it would be difficult to maintain a safe environment for staff and patients during construction. Recognising the growing constraints it was decided to re-provide the services temporarily and include the Anvil Centre in the proposed hospital demolition. This would avoid additional costs, reduce health & safety risks for staff and clients, allow retention of demolition materials on-site (to meet sustainability requirements), and avoid risks of service disruption.

At present it has not been possible to complete site investigations below the footprint of the existing buildings. Consequently the Stage 1 costs use interpretation of extensive survey information outwith the footprint to predict likely site conditions. It is proposed that demolition of the hospital and Anvil Centre will commence when at the start of Stage 2, subject to OBC approval and funding, to allow an unqualified Stage 2 price to be developed for the Full Business Case.

#### **4.2.4 Design Development**

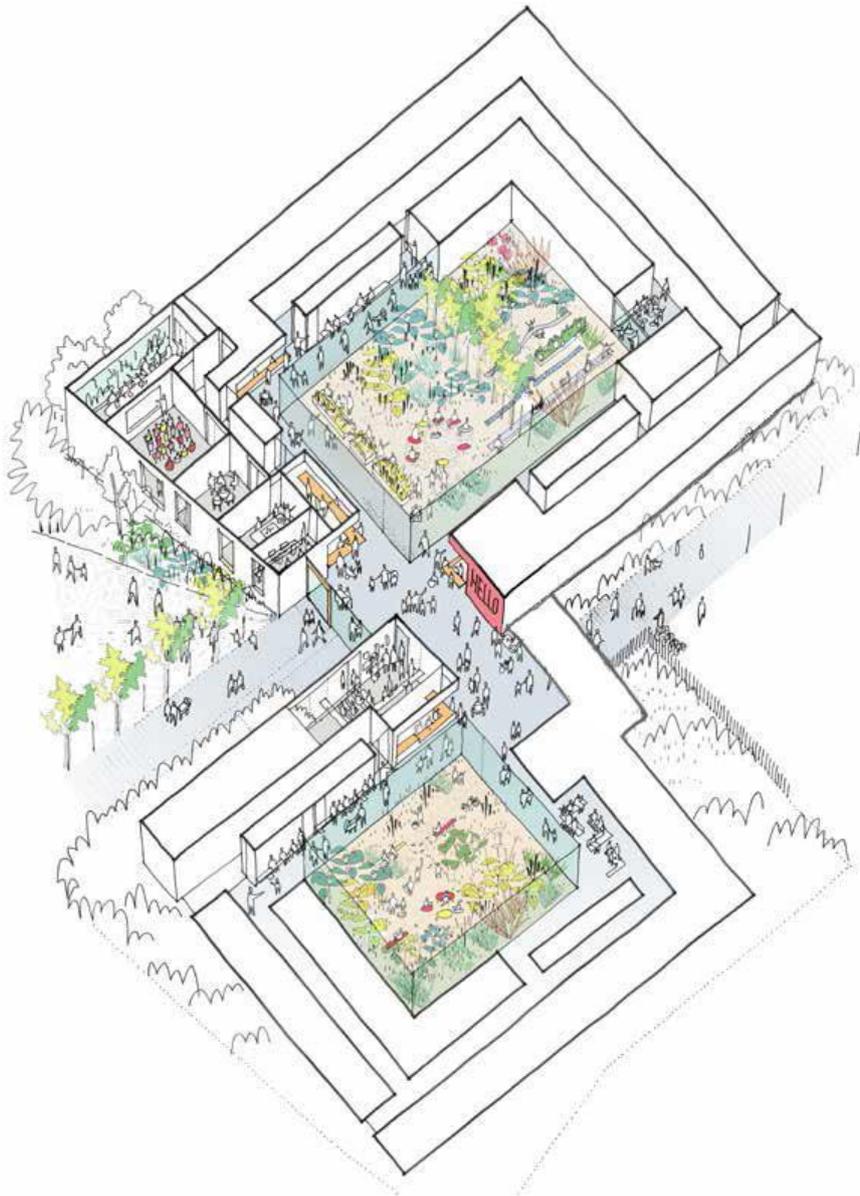
The design has been developed by using the Eastwood Health and Care Centre as the reference point. The objective of the reference project was to demonstrate that “Excellent design is achievable within the Affordability Caps.” NHS GGC have further developed the principles of the Reference Design on subsequent projects, and the learning from each is carried forward through, experience and updated common project documentation (Briefing, Authority Construction Requirements and Standard Room layouts).

For North East Hub Project the competitive design process undertaken at the Reference Design was replicated. This allowed two shortlisted teams to work up competing proposals whilst in dialogue with client representatives, hub project management and Local Authority Planners. This quality-led process ensured that designers were focussed on developing the key design principles through to a relatively advanced stage. The successful proposals were unanimously adopted and supported by the Planning Authority.

Hoskins Architects have been appointed as the lead designers, and bring with them lessons learned from the completed Eastwood project and the Greenock Health & Care Centre which is currently under construction.

A key question was how to deal with the size of this facility in comparison to the previously undertaken projects. It was important to retain the key elements of a single, central entry point leading to a central circulation route. Making sure wayfinding was intuitive, and that circulation and waiting areas had natural light and views out, were also considered important. The concept developed creates two main courtyards that all circulation is

wrapped around. Waiting areas and receptions are located off the circulation, creating a clear and intuitive route through the building. This approach alongside the utilisation of standard room types, creates a very flexible model that allows the building to be zoned, and accommodation to be utilised flexibly. This will provide long-term flexibility to respond to changing service requirements and will be invaluable in responding to changes arising from service delivery response to Covid-19.



The implications of the response to Covid-19 and its long-term impact on the planning of healthcare/public facilities will be under review during Stage 2. Hubco and its design team will be vigilant to ensure that the design is compliant with any updated technical guidance and highlight where derogations are required, as new guidance emerges. NHSGGC, Glasgow City HSCP and Glasgow City Council may require changes to the client brief as standards are adjusted or developed. Hubco and its design team will also ensure that the design development during Stage 2 takes account of emerging best-practice.

Hubco will provide a design statement within the RIBA Stage 3 design submission detailing any design changes since RIBA Stage 2, and any potential design changes that may be appropriate, and any derogations that may be required, in consideration of the current COVID-19 pandemic and any future post pandemic reviews.

The current design has been refined and developed in some detail now and signed-off by stakeholders and the HSCP. Summary design reports, which provide further detail are included within Appendix 7. These provide high-level descriptions of the Architectural and Mechanical & Electrical design principals. Fully detailed reports are available if required.

#### 4.2.5 Net Zero carbon requirements: Towards a Gold Standard

The Infrastructure Commission report of January 2020 confirmed a key priority of working towards a zero carbon future. It states that

***“All Scottish Government funded projects included in its 2020 Infrastructure Investment Plan should be prioritised against available inclusive net zero carbon economy outcomes.”***

Glasgow City Council introduced a Gold Standard for Planning Applications in 2019 that similarly required net zero carbon developments.

The design proposals for North East hub, and accompanying cost plans have been developed to achieve this through rigorous examination of design, specification and construction proposals. The current design will offer a zero-carbon heating by utilising air source heat pumps and utilising electricity generated by photovoltaic panels and green electricity from the grid.

The building fabric includes passivhaus principles of high air-tightness requirements and heat recovery from ventilation systems. Triple glazing is used throughout with a presumption towards using natural light and natural ventilation where possible.

The current energy use of the existing facilities is shown in the table below. The projected energy use of the new facility is also shown. The development of the new hub will provide a significant saving in utilities use and a substantial reduction in carbon emissions, whilst delivering improved service integration and delivery.

	Property Name	Annual Gas Use (KWh)	Annual Electrical Use (KWh)	Annual Water Use (m3)	Estimated Carbon (Tonnes)
1	Parkhead Health Centre	549,122	96,521	917	132
2	Parkhead Hospital and Community Mental Health Resource Centre (Anvil Centre)	971,198	226,034	2061	250
3	Templeton Business Centre	666,615	241,328		197

4	Newlands Centre	676,304	147,444	982	162
5	Parkview Resource Centre	265,374	49,761	1043	64
6	Brook Street	*265,000	*49,000	*1040	*60
7	Eastbank Health Promotion Centre	431,822	225,364	817	150
8	Dr Orr/Dr Strain surgeries	*120,000	*25,000	*50	*30
9	Parkhead Library	128,894	25,176	54	30
	<b>Total</b>	<b>4,074,329</b>	<b>1,085,628</b>	<b>6,964</b>	<b>1,075</b>
	<b>New North East Health &amp; Care hub</b>	0	1,340,000	6,050	372
	<b>Net Savings</b>	4,074,329	-254,372	914	703
	Based on 450 permanent staff at 40litres/day, & 310 part time staff/patients at 10litres/day. Assumed lower consumption during weekend operation.				
	Based on a carbon factor of 0.277kgCO <sub>2</sub> /kWh (UK Government GHG Conversion for Company Reporting 2019. Electricity generation + distribution.				
	Figures for North East Health Hub based on 7 day building operation				
*	Denotes approximate figure as actual figures not available.				

A more detailed description of the high-level technical aspects of this approach are outlined below.

The North East Health Hub has been designed to be an energy efficient, low carbon building in order to meet several targets including:

- Glasgow City Council Gold Planning Standard
- BREEAM Accreditation
- EPC rating of B
- A move away from reliance on fossil fuels

In order to meet these targets, the facility has been designed on a 'fabric first' approach, maximising the performance of the building in relation to passive design and reducing the reliance on mechanical heating, cooling & ventilation.

To achieve the Gold Standard, the North East Health Hub must provide a betterment of 38% in relation to the Target Emission Rates (carbon) noted in the Scottish Non-Domestic

Technical Handbook. Of this, 20% must be through the inclusion of low or zero carbon generating technology (LZCGT).

The project design team have undertaken a comprehensive LZCGT study and benchmarked energy usage for other similar facilities to identify the most appropriate technologies to be adopted and the required thermal performance of the building itself. The LZCGT also looked at lifecycle costs associated with relevant solutions to ensure that both CAPEX and OPEX were taken cognisance of.

Various technologies such as ground source heat pumps, sewer source heat pumps and photovoltaics were considered, with the ultimate solution consisting of an air-source heat pump and PV combination to meet the 20% abatement values. By selecting an air source heat pump, we have been able to remove any requirement for natural gas in the building, providing a significant portion of the buildings energy from on-site renewables and reducing the amount of imported energy required. As the electrical grid continues to 'de-carbonise', the predicted carbon savings will continue to improve – the facility is currently modelled on current SAP values (SAP is a building energy and carbon model used to demonstrate compliance with the building grids), however projected values are much lower as the mix of technologies within the electrical grid move towards greener solutions such as wind & wave.

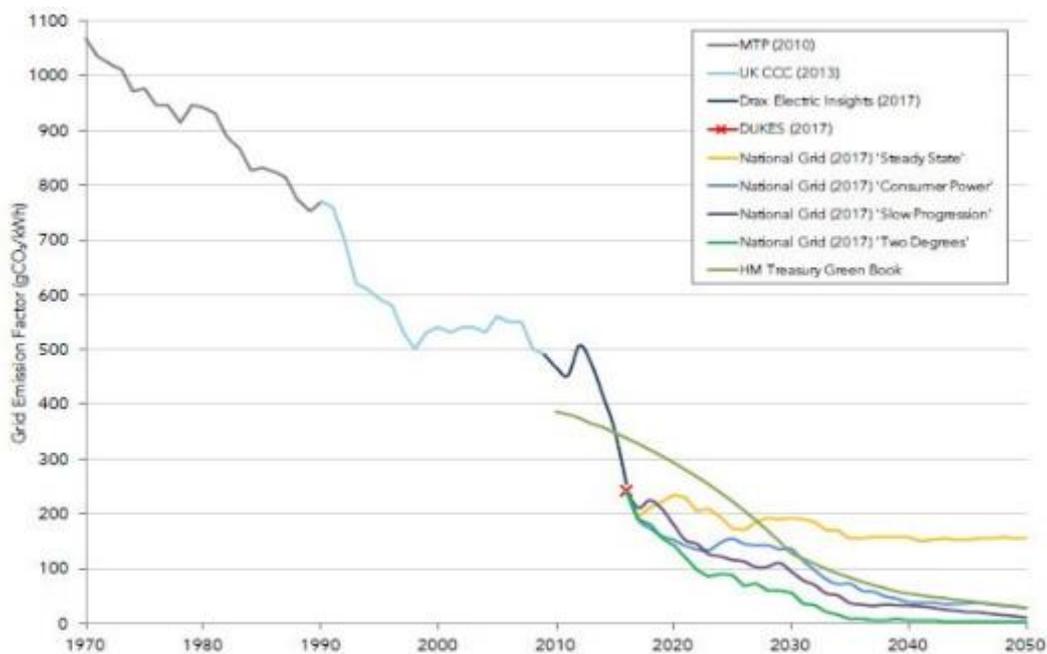


Figure 1.01 – Historic and projected carbon content of electricity

A dynamic thermal model has been created to model the performance of the building and to inform the passive elements that can be maximised. This has led to a significant betterment of the mandatory requirements outlined within the Scottish Non-Domestic Technical Handbook, with an air-tightness value of 2 being targeted and improvements in U-values. Openable windows have also been maximised where possible and the use of daylighting. The facility essentially relies upon openable windows in the summer to maximise natural ventilation and closing the windows in the winter to retain as much heat as possible and limit the amount of energy needed to reach appropriate thermal comfort

levels. The summary of passive measures implemented follows the “energy efficiency pyramid” and is as follows:

- Using super-high insulation
- Optimising building orientation
- Optimising solar gain through the provision of openings and shading
- Optimising natural ventilation
- Using the thermal mass of the building fabric
- Using energy from occupants and electronic devices, where possible



The current Stage 1 energy and carbon assessment indicates a betterment of c40%, which indicates the project is on track to achieve the Gold Standard.

From a BREEAM perspective, the significant credit around reduction of the carbon emissions and operational energy is “Ene01 Reduction of energy use and carbon emissions”. The aim of this BREEAM credit is to minimise operational energy demand, primary energy consumption and CO2 emissions. An EPRNC is a metric unique to BREEAM and uses modelled outputs from the approved building simulation energy calculation software to calculate a ratio of regulated operational heating and cooling energy demand, primary energy consumption and CO2 emissions, measured against BREEAM benchmarks. The project is currently projected to obtain between 4 and 6 credits for this particular criteria.

BREEAM credits	EPR <sub>NC</sub>	Minimum standards	
		Rating	Minimum requirements
1	0.1		Requires a performance improvement progressively better than the relevant national building regulations compliant standard (see Energy performance on the next page).
2	0.2		
3	0.3		
4	0.4	Excellent	Requires 4 credits to be achieved (equivalent to an EPR <sub>NC</sub> of at least 0.4).
5	0.5	Outstanding	Requires 6 credits to be achieved (equivalent to an EPR <sub>NC</sub> of at least 0.6) and 4 credits for Energy modelling and reporting.
6	0.6		
7	0.7		
8	0.8		
9	0.9 AND zero net regulated CO <sub>2</sub> emissions*		

With respect to the EPC target, the project is currently on track to achieve the B rating, with a potential to better this and achieve an A rating.

### Steps to Achieving ‘Zero Carbon’

The World Green Building Council definition of a net zero carbon building is “a building that is highly energy efficient and fully powered from on-site and/or off-site renewable energy sources.” The current design for the North East Health Hub is built on a number of Passivhaus design concepts and the provision of onsite renewables through photovoltaics. By removing any reliance on natural gas (utilising an air source heat pump and thermal store for heating), we have ensured that the building is 100% electrically powered. Ultimately should the electrical grid reach a ‘carbon neutral’ status, the North East Hub by default would become ‘Zero Carbon’. In the interim further opportunities exist that would move the building towards this target sooner including:

- Enhancement of the building fabric performance, moving even closer towards Passivhaus standards, thus reducing energy consumption.
- Increase the contribution from on-site electrical generation by providing additional PV or enhancing efficiency of existing PV, thus reducing the reliance on imported energy. The use of battery storage could also be investigated.
- Review potential operational energy usage through user behaviours, including measures that could be implemented post occupancy to ensure efficient use of the building and identify continual areas for improvement.

#### 4.2.6 NHS Scotland Design Assessment Process (NDAP)

As part of the embedding of the design process in the various business case stages, the Scottish Government has advocated a formalised design process facilitated by Architecture and Design Scotland (A&DS) and Health Facilities Scotland (HFS). NHS GGC has taken steps to consult with both bodies in the development of the design of the new Health and Care Centre.

An initial Design Statement (DS) was prepared by NHS GGC in conjunction with Stakeholders, in late 2017, with workshop support from A&DS. This has been used as a key quality control document to measure the developing design against the project's design objectives, however it was not submitted to NDAP or formalised at IA stage. HFS and A&DS provided feedback on the draft DS on 4 October 2019 as a number of aspects of the document remained incomplete at the time. Sign-off for this together with the incorporation of agreed sustainability targets for the project will be part of the NDAP OBC stage report.

1st design review meeting with HFS and A&DS took place on 24 Oct 2019 and both parties were very supportive of the site selection and overall concepts. A full OBC stage package of design information has now submitted and is awaiting formal review and reporting in the next few weeks.

#### **4.2.7 HAI-Scribe**

A HAI-Scribe Stage 1 and 2 was completed for the in January 2020 for the demolition phase of the project.

A number of hazards were identified and mitigation measures agreed to ensure staff, patients and public remain staff during these works. These are summarised below:

- Asbestos – Use of licensed contractors under controlled conditions.
- Dust – Use of dust suppression (mist cannon) where required.  
Solid hording around site perimeter.
- Noise – Good working practices.
- Vibration - Good working practices.
- Possible Linking Ducts – Seal any ducts found.

It has been agreed with all parties that HAI-Scribe for the main works will be completed prior to Stage 2 starting.

#### **4.2.8 Clinical and Design Brief**

- The Health Planner for the project has attended the Delivery Group meetings and met with various stakeholders to look at the operational policy documents provided by NHS GGC to review the accommodation requested. A full report was produced by the Health Care Planner and presented to the Project Board on August 2018.
- The design briefing documents included:
- High Level written design brief, referring to key design principles and reference documents
- Detailed Schedule of Accommodation
- Portfolio of standard room layouts to be utilised
- Detailed Authority Construction Requirements evolved through best practice and lessons learned sessions though the NHS GGC primary care development programme.

#### 4.2.9 Staff to be accommodated in the new facility

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

Staff numbers

<b>Services</b>	<b>Estimated No. of Staff</b>
GP Practices	45
Community Facilities	20
Bookable Area (Acute, District Nursing, Sandyford Sexual Health, Criminal Justice)	60
Adult Services (Addictions, Psychology, Psychotherapy, Primary Care Mental Health)	50
Children's Services (SCPT, CAMS, Child & Family)	32
Physiotherapy	11
Podiatry	3
HSCP Education and Learning Centre	55
Agile Area	466
• SPCT & CAMHS	
• Health Improvement	
• Criminal Justice	
• Business Support	
• Sandyford	
• Physio	
• PCMH	
• Psychotherapy	
• Children & Family - Health Visitor	
• Addictions	
• Children & Families - Newlands	
• School Nursing	
• District Nursing	
• OP + Rehab	
• Admin - Fixed Desks	
Pharmacy	8
Dental	14
Library	4

#### 4.2.10 Surplus Estate

The OBC is predicated on the basis that we will be vacating the following buildings following the opening of the new centre:

1. Parkhead Hospital –



2. Parkhead Health Centre –



3. Community Mental Health Resource Centre (Anvil Centre) –



4. Templeton Business Centre – HQ and Children’s Services –



5. Newlands Centre - Social Work and Addictions –



6. Parkview Resource Centre – Older people –



7. Brook Street – Social work training –



8. Eastbank Health Promotion Centre – newly included since IA –



9. Dr Orr/Dr Strain surgeries – newly included since IA –



## 10. Parkhead Library (Tollcross Road) – newly included since IA –



The table below details tenure, future status and potentials saving from each building.

	Site	Tenure	Future Status	Revenue Saving £k	Potential Capital Receipt	Comments
1	Parkhead Hospital	NHS Owned	Demolished as part of the works.			Included in Health Centre
2	Parkhead Health Centre	NHS Owned	Demolished as part of the works.	638		
3	Community Mental Health Resource Centre	NHS Owned	Demolished as part of the works.			Included in Health Centre
4	Templeton Business Centre	NHS Leased	leases will be terminated	350	N/A	
5	Newlands Centre	GCC Owned	GCC are exploring options for future use of these buildings in line with the objectives of the Council's Heritage Asset Plan.	184	TBC	
6	Parkview Resource Centre	NHS Leased	leases will be terminated	3	N/A	
7	Brook Street	GCC Leased	leases will be terminated	466	N/A	
8	Eastbank Health	NHS Leased	leases will be terminated	1	N/A	

	Promotion Centre					
9	Dr Orr / Dr Strain Surgeries	GP Owned	GP will determine what will happen.	0	0	
10	Parkhead Library	GCC Owned	GCC are exploring options for future use of these buildings in line with the objectives of the Council's Heritage Asset Plan.		TBC	

## 4.2.11 Commercial Arrangements

### 4.2.11.1 GP Practices

In respect of GP Practices, NHSGGC using its standard methodology for GP Charges, has had a series of engagements with GP Practices and provided each of the Practices with an estimate of their Standing Charge for their New Accommodation within the New Facility based on the approved Schedule of Accommodation. It was intended to complete an exchange of letters prior to OBC but understandably due to the requirements to focus attention on Covid-19 it has not been possible to achieve this. Based on the earlier discussions we expect to secure this in due course. These costs are recognised as still requiring to be finalised and will be confirmed/adjusted and agreed prior to completion of the Full Business Case.

### 4.2.11.2 Pharmacy

There will be a requirement for NHSGGC to negotiate a lease with the Pharmacy Contractor located within the existing Health Centre prior to the move to the New Facility. This will be in conjunction with the Pharmacy Directorate and the District Valuer. A series of meetings have taken place between the Board and the current Pharmacy operator. It was intended to complete an exchange of letters prior to OBC but understandably due to the requirements to focus attention on Covid-19 it has not been possible to achieve this. Based on the earlier discussions we expect to secure this in due course. These costs are recognised as still requiring to be finalised and will be confirmed/adjusted and agreed prior to completion of the Full Business Case. It is imperative that a lease is agreed with the Pharmacy provider, prior to the New North East HUB Health & Care Centre opening.

### 4.2.11.3 Library

Parkhead Library proposal to co-location in the North East HUB Health and Care Centre was approved at Glasgow City Council City Administration Committee on 26<sup>th</sup> September 2019. There will be a requirement for legal agreement(s) with Glasgow City Council prior to financial close, and this will be accommodated in a Participant Interface Agreement based upon documentation already developed between NHS GGC and Glasgow City Council for the Woodside and Gorbals projects. Costs are recognised as still requiring to be finalised and will be confirmed/ adjusted and agreed prior to Full Business Case.

### 4.3 Risk Allocation

#### 4.3.1 Transferred Risks

Inherent construction and operational risks are to be transferred to the Sub-hubco. These can be summarised as follows:

#### 4.3.2 Risk Allocation

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

#### 4.3.3 Shared Risks

The Territory Partnering Agreement (to which NHS Greater Glasgow and Clyde form is a signatory) requires Participants to enter into a Design Build Development Agreement (the Standard form Project Agreement) for Approved Projects. The Template Standard Project Agreement is contained as a Schedule to the Territory Partnering Agreement and must be entered into in substantially the form set out in that Template. All changes to the Standard Project Agreement require SFT approval, which will only normally be given to changes required for project specific reasons or to reflect changing guidance or demonstrable changing market circumstances.

In respect of allocation of risk this has been addressed in a transparent manner.

The key features of the Hub Initiative are:

- The parties are encouraged to work together as partners in an open and transparent approach and to ensure that this partnering ethos is maintained
- A clear and transparent system is in place
- A level of cost certainty is determined
- A quantitative and qualitative analysis is used Risk owners are clearly identified to ensure that whoever is best placed to manage, mitigate and control specific risks is responsible to do so.

#### **4.4 Payment Structure**

The North East Hub Health and Care Centre is a Scottish Government capital funded project as a Design & Build (D&B). During Stage 1 and 2 payments will be made to designers and consultants at set agreed milestones during development. Under D&B, an agreed cash flow will be agreed at Financial Close and monthly payments will be made to Hub West Scotland during construction after approval of monthly interim certificate. Connection and service connection changes are paid direct by NHS GGC to the provider.

#### **4.5 Project Bank Accounts**

Following on from publication of CPN 1/2019 we will be adopting the use of Project Bank accounts for North East Hub Health and Care Centre which was included in the tender documentation. We have been in discussion with the Tier 1 contractor and Hub West and will continue discussion throughout Stage 2 submission.

#### **4.6 Contractual Arrangements**

The hub initiative in the West Territory is provided through a joint venture company bringing together local public sector participants, Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP). The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To date hub West Scotland has successfully delivered 5 primary care health centres, and 1 mental health facility for NHS Greater Glasgow and Clyde. A further two primary care health centres are under construction at present along with a second mental health facility.

The hub programme supports both revenue funded as well as capital funded models of project delivery. The North East HUB Health and Care Centre is to be delivered as a capital funded project utilising the Scottish Future's Trust (SFT) standard Design and Build Development Agreement (DBDA) with any derogations from the standard form position agreed in advance of contract close. Hub West Scotland (hubco) will therefore be responsible for the procurement, development and delivery of design and construction services. Options are also being explored through the hub initiative for the provision of complementary facilities management and lifecycle services separately from the DBDA.

Hubco will delegate the design and construction delivery obligations of the Project Agreement to its building contractor under a Construction Agreement with whom professional team appointments will also be established. Direct agreements, professional team warranties and collateral warranties from sub-contractors with design responsibility will be provided to NHS GGC. It is proposed that, as an adaptation to the standard form, NHS GGC and 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, attending site progress, reporting on completion status, identifying non-compliant work, inspections and certifying completion. Delay Events, Relief Events and Compensation on Termination will follow the standard contract positions with any project specific amendments agreed prior to financial close

NHS GGC will retain responsibility for the provision of certain items of equipment (Group 2 and Group 3 items of equipment) which will be procured, supplied and for Group 3 items will also be installed by NHS GGC.

Glasgow City Council will have pro-indiviso ownership of the asset in a share which reflects their contribution to include Parkhead Library. The terms of this will be formally recorded and agreed in a Participant Interface Agreement. NHS GGC will set out its construction requirements in a series of documents against which hubco is contractually obliged to design and construct the facilities in accordance with. NHS GGC will not be responsible for the costs of any additional maintenance and/or corrective measures if the design and/or construction of the facilities do not meet the Authority Construction Requirements.

#### **4.7 Personnel Implications**

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

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

#### **4.8 Facilities Management and Lifecycle Maintenance**

Major Hub projects provided to date for NHSGGC have been procured using a DBFM model which includes hard FM services and Lifecycle Maintenance. This has proven successful in terms of maintaining the building fabric and ensuring that budgets are ring-fenced to deliver lifecycle replacement as required. Hub West Scotland, with support from Scottish Futures Trust, have proposed to develop a model that allows this option to be explored for DBDA contracts, and test this for Value for Money. Exploratory discussions are taking place to review this alongside other available options and this will be developed further at the next stage.



**Improving Services in the  
North East of Glasgow**

**Financial Case**

**April 2020**



## 5 Financial Case

### 5.1 Introduction

It is proposed that the North East Hub Health and Care Centre project will be delivered by Design & Build (D&B) being procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGGC) through a Design Build Development Agreement (DBDA).

The financial case for the preferred option, New Build on the site of Parkhead Hospital & Health Centre, sets out the following key features:

- Revenue Costs and associated funding
- Capital Costs and associated funding.
- Statement on overall affordability position

The overall Stage 1 cost position has increased from £47,050k at IA stage to £59,574k. A number of changes have increased costs. These are outlined in more detail in section 2.2.1 and include:

- Further development has taken place with the Moving Forward Together Programme.
- Enhanced community treatment and care services (CTAC).
- Enhanced community facilities.
- Additional GP practice.
- Eastbank Health Promotion Centre.
- Additional space to support multi-disciplinary team working in GP practices.
- The existing library in Parkhead now forms part of the proposal.
- Glasgow City Council Planning requirement for major developments to meet Gold Standard for sustainability / carbon reduction.
- Abnormal costs associated with site selection, including demolitions, sewer diversion, off-site sewer connection works, additional ventilation requirements and ground conditions.

A table showing a high level breakdown of costs is showing in appendix 6.

Discussions took place with Scottish Government in July 2019 and September 2019 to review the increase in costs. Following on from this confirmation was provided by Scottish Government that the Board should proceed with the submission of an OBC on this basis.

The overall costs have been examined by the Board's technical advisers who have confirmed that the costs represent value for money.

### 5.2 The Financial Model for the Preferred Option

The Financial Model complies with the Board's accounting policies and with the relevant applicable accounting standards. Compliance with accounting standards relating to the NHS Scotland Annual Accounts Manual and the Capital Accounting Manual were followed.

### 5.2.1 Impact on Operating Costs

The preferred option will result in recurrent revenue costs of £2.7m. This will be fully funded from current revenue budgets from the Board, Glasgow HSCP and Glasgow City Council detailed below.

### 5.2.2 Depreciation

For Buildings, an estimated life of 55 years has been used to calculate the depreciation charge. The actual life will be provided by Appointed/District Valuer on completion.

Equipment is 7 years and IT is based on a 5 year life.

### 5.2.3 Property Lifecycle Costs

Lifecycle and Hard FM have been calculated from existing information available and will be further refined during the preparation of the Full Business Case.

### 5.2.4 Inflation

We have taken advice from market industry cost advisors. Construction inflation of 6.0% has currently been provided for. Construction costs in the latest financial model are up to date prices provided by cost advisors. Inflation has been calculated on a 3% pa rather than BCIS as BCIS rates are not following current market trends.

### 5.2.5 VAT

VAT of 20% have been included on construction costs and other non-claimable items. VAT will be reclaimed by Glasgow City Council on their contribution.

## 5.3 Capital and Revenue Costs & Funding

### 5.3.1 Proposed method of capital financing and any associated charges

It is proposed that this scheme will be delivered as a traditional capital project through a Design Build Development Agreement (DBDA), funded by Scottish Government along with the Library share funded by Glasgow City Council.

### 5.3.2 Summary of capital costs and funding requirements

<b>Capital Costs</b>	<b>£'000</b>
Capex (Stage 1) including VAT	59,574
Optimism Bias 8%	4,766
<b>Total Capex incl Optimism Bias</b>	<b>64,340</b>
Group 2 & 3 equipment Including VAT	2,979
<b>Total Capital cost</b>	<b>67,319</b>
<b>Sources of Funding</b>	
SGHSCD	61,322

NHSGGC Formula Capital	2,979
Glasgow City Council	3,018
<b>Total Sources of Funding</b>	<b>67,319</b>

Capex (Stage 1) includes a 3.85% risk allowance (£1.333k included in attached construction risk register) and includes all construction costs and associated fees. This follows the standard hub methodology where detailed risk registers are developed and costed, as opposed to applying standard risk allowances. The extent of site investigation and detailed design development at Stage 1 is beyond the level generally expected at this stage, hence there is a high degree of confidence in the design proposals. All risk allowances will be tracked and reviewed during Stage 2.

An 8% allowance for Optimism Bias has been included to reflect uncertainty around non-project risks including Brexit and Covid-19.

Group 2 & 3 equipment has been calculated at 5%.

Glasgow City Council funding for the Library is based on a percentage of the GIFA at 4.69% and will be finalised at FBC stage.

### 5.3.3 Cash Flow

Year	Total Capital Spend £000s	Existing Resources £000s	Partner contributions £000s	Formula Capital £000s	SG Additional Funding Requirement £000s
2019/20	1,200	0	0	0	1,200
2020/21	1,633	0	0	0	1,633
2021/22	10,489	0	3,018	0	7,471
2022/23	27,855	0	0	0	27,855
2023/24	24,635	0	0	2,979	21,656
2024/25	1,507	0	0	0	1,507
<b>Total</b>	<b>67,319</b>	<b>0</b>	<b>3,018</b>	<b>2,979</b>	<b>61,322</b>

### 5.3.4 Revenue Cost associated with the project

	£000s
Hard FM	309
Lifecycle	284
Utilities	254
Cleaning	303
Rates	326
Depreciation (Capital & Equipment)	1,222
<b>Total Recurring Revenue Cost</b>	<b>2,698</b>

### 5.3.5 Heat, Light & Power, Rates & Soft FM Costs

Heat, Light & Power costs are derived from existing new Health Centre costs and a rate of £22.57/m<sup>2</sup> has been used.

Rates are derived from existing Health Centre costs and a rate of £29.00/m<sup>2</sup> has been used.

Soft FM costs are derived from existing Health Centre costs and a rate of £27.00/m<sup>2</sup> has been used.

## 5.4 Costs with regard to Services provided in new Health Centre

HSCP staffing and non-pay costs associated with the running of the health centre are not expected to increase with regard to the transfer of services to the new facility.

### 5.4.1 Sources of recurring revenue funding

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

Sources of revenue funding

	£'000
Existing NHS GG&C Revenue Funding	625
GHSCP Revenue Funding	1,298
Additional Revenue Funding – GPs & Pharmacy	78
Council Revenue Contribution (Library)	67
<b>Total Recurring Revenue Funding</b>	<b>2,068</b>

The current revenue budget available shows a deficit of £630k, this will be included in the IJB's Medium Term Financial Plan to enable the project to be delivered on a cost neutral basis. This was agreed at the IJB meeting on 13<sup>th</sup> May 2020.

### 5.4.2 Heat, Light & Power, Rates & Soft FM 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 NHS GG&C contribution. Current budget provision for service charge of existing GP premises will also transfer to the new facility as reflected above.

### 5.4.3 Additional Revenue Funding

This relates to indicative additional annual revenue contributions from GPs and Pharmacy within the new facility.

### 5.4.4 Non-Recurring Revenue Costs

There will be non-recurring revenue costs estimated below:

<b>Non-Recurring Revenue Costs</b>	<b>£'000</b>
Advisors Fees	200
Decommissioning	500
Commissioning and PPE	70
Security (6months)	54
<b>Total Non-Recurring Revenue Costs</b>	<b>824</b>

The non- recurring costs identified reflect a 2/3 month commissioning period in which staff will receive training and orientation and removal costs.

An amount has also been added for Post Project Evaluation (PPE) costs that will be incurred on the completion of the project.

Decommissioning includes an estimate for dilapidation costs for Templeton and Eastbank leases.

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

#### **5.4.5 Statement on Overall Affordability**

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

#### **5.5 Value for Money**

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

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

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

#### **5.6 Confirming Stakeholder(s) Support**

Appendix 5 contains a "Draft" copy of the HSCP Letter of support from the project. This will confirm that Glasgow City Health and Social Care Partnership and NHS Greater Glasgow and Clyde have been actively involved in developing the North East HUB Health and Care Centre scheme through its various stages, confirm acceptance of the strategic aims and investment objectives of the scheme, its functional content, size and services and confirmation that the financial costs of the scheme can be contained within the agreed and available budget and a willingness and ability to pay for the services at the specified contribution level.



**Improving Services in the  
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**Management Case**

**April 2020**



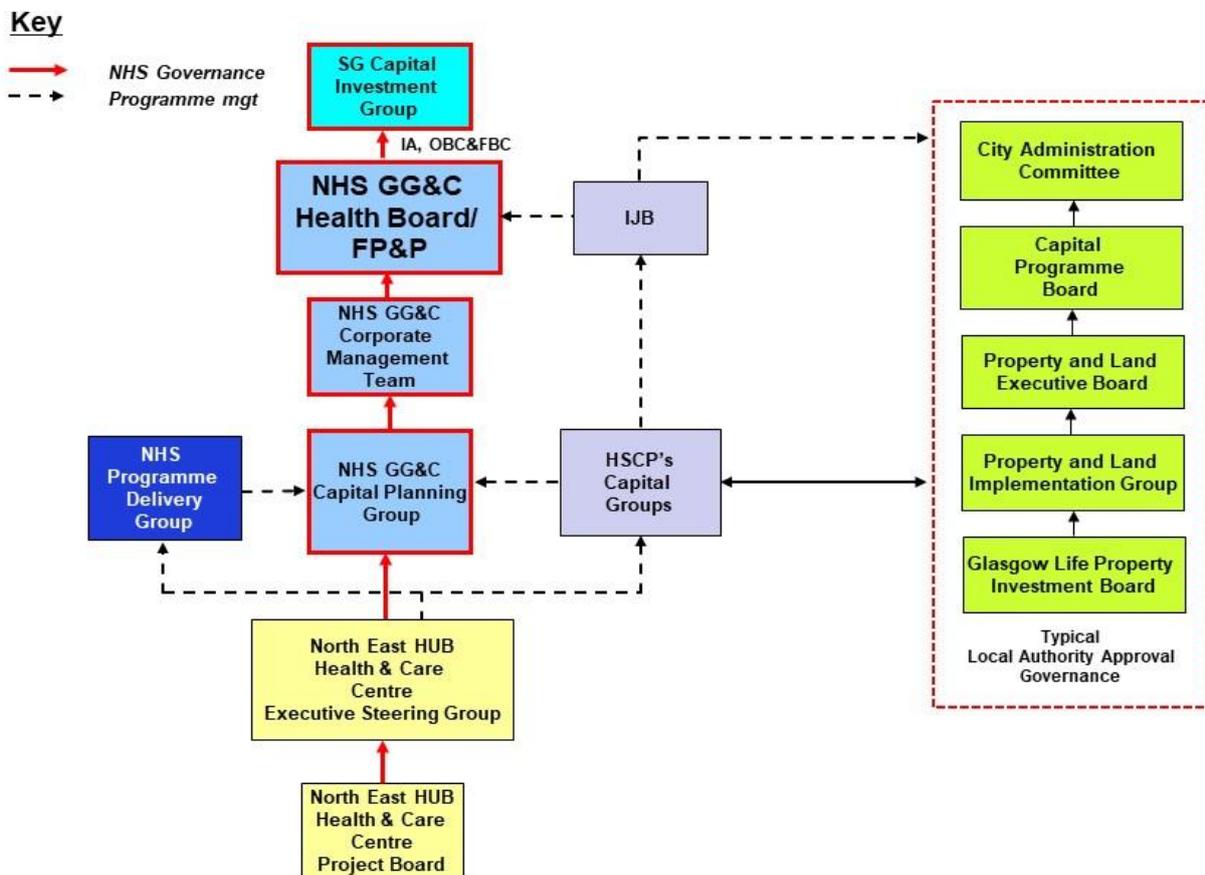
## 6 Management Case

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 project. In particular, it summarises the approach to the project to date, as well as looking forward to the management arrangements during the delivery and operation of the new facility.

### 6.1 Project Management Proposals

#### 6.1.1 Reporting structure and governance arrangements

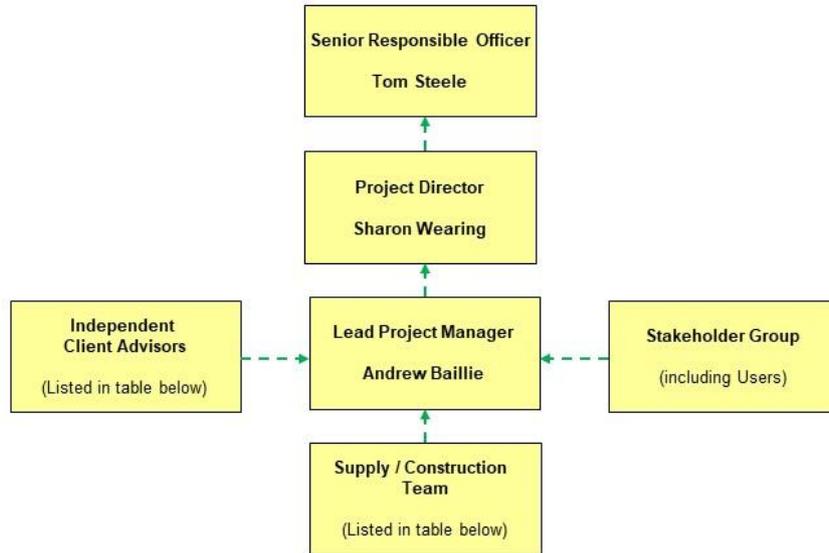
## Governance Arrangements



# Project Reporting Structure

**Key**

--> Project Governance

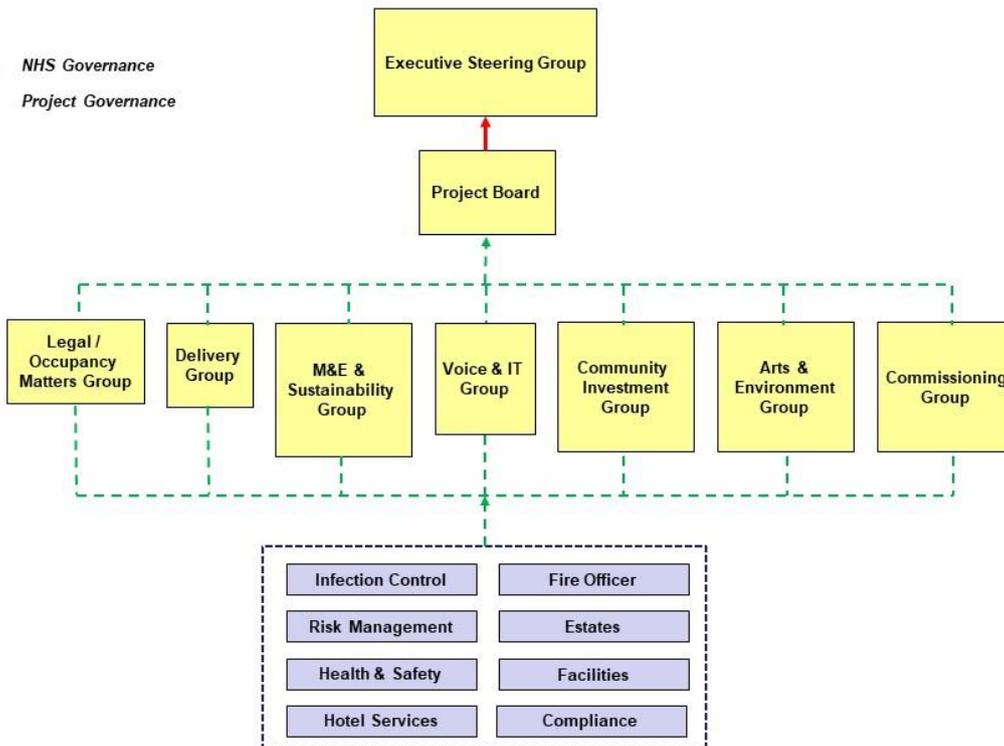


# Sub Group Reporting Structure

**Key**

→ NHS Governance

--> Project Governance



### 6.1.2 Key roles and responsibilities

The **Senior Responsible Officer (SRO)** – Tom Steele – Director of Estates and Facilities for NHS Greater Glasgow and Clyde

The **Project Director** – Sharon Wearing - Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership

The **NHS Capital Planning lead** – John Donnelly - Senior General Manager, Property & Capital Planning, NHS Greater Glasgow & Clyde

The **Lead Project Manager** – Andrew Baillie, Senior Project Manager, Capital Planning, NHSGGC

The **Glasgow City Council** technical lead - Jane Williamson - Group Manager, Project Management and Surveying, DRS, Glasgow City Council.

<b>Key Management Team members:</b>		
<b>Project role &amp; main responsibilities:</b>	<b>Named person:</b>	<b>Relevant experience:</b>
<p><b>Organisation's senior business / finance representative</b> - Representing the organisation's business &amp; financial interests.</p>	<p><b>Tom Steele</b> – Director of Estates and Facilities for NHS Greater Glasgow and Clyde.</p> <p>(Tom will be available at key stages over the project life to provide strategic overview and challenge)</p> <p><b>Substitute</b> Gerry Cox, Deputy Director of Estates &amp; Property</p>	<p>The Director of Estates and Facilities plays a key role in the strategic and operational direction of NHS Greater Glasgow and Clyde, with the purpose of delivering high quality, patient focused care. Tom has had an extensive career within NHS delivering projects. Prior to joining NHSGGC Tom was Director of Facilities at National Services Scotland, and prior to that Director of Estates and Facilities at NHS Forth Valley where he was responsible for delivering the new Royal Hospital and Stirling Care Village.</p> <p>Gerry Cox has day-to-day responsibility for managing the Board's Estates and Property services including Capital Planning and Asset Management. Gerry has</p>

	<p><b>Sharon Wearing</b> - Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership</p> <p>(Sharon will provide Day to Day leadership to the project)</p> <p><b>Substitute</b> Margaret Hogg – Assistant Chief Officer – Finance, Glasgow City Health and Social Care Partnership</p>	<p>had a lengthy career in NHS delivering capital projects and prior to joining NHS GGC was Head of Estates at the Golden Jubilee Hospital where his remit included oversight of the major project to develop an Elective Centre.</p> <p>Supporting the Chief Officer, Sharon has lead responsibility for the strategic planning, policy development and operational delivery of the Finance and Resources (including the Property and Capital Programme), Human Resources, Organisational Development and Business Development functions across the HSCP’s integrated health and social care system. This includes the provision of expertise and advice on essential financial matters and reporting, and ensuring there are controls in place for their effective management.</p> <p>Margaret supports the Chief Finance Officer in her role in and her lead responsibilities for the strategic planning, policy development and operational delivery of the Finance and Resources (including the Property and Capital Programme). This includes the provision of expertise and advice on essential financial matters and reporting, and ensuring there are controls in place for their effective management.</p> <p>Margaret has a wide range of experience in capital planning and delivery including the role of project sponsor and project lead for capital delivery as well as corporate roles supporting overall capital programming, monitoring and funding of significant capital programmes. In addition she has experience of</p>
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	<p><b>Marion Speirs</b> - Hub Accountant - NHS Greater Glasgow &amp; Clyde</p> <p>(Marion will commit 30% -50% of her time to the project)</p>	<p>working on Hub West Scotland projects</p> <p>Marion has acted as Financial Lead on all NHSGGC hub projects to date. These have included: Completed Projects (Maryhill H&amp;CC, Eastwood H&amp;CC, Woodside H&amp;CC, Gorbals H&amp;CC and Inverclyde Integrated Care)</p> <p>Projects currently on site (Greenock H&amp;CC, Clydebank H&amp;CC and Stobhill Mental Health Wards)</p> <p>Projects currently in development (North East HUB Health and Care Centre)</p>
<p><b>Senior service representative</b> - Representing the end user interests.</p>	<p><b>Dr Dominique Harvey</b> – Head Planning and Strategy (Children’s Services &amp; North East Locality) of for Glasgow City Health and Social Care Partnership</p> <p>(Dominique will commit 5% -20% of her time to the project)</p> <p><b>Gary Dover</b> - Assistant Chief Officer Primary Care and Early Intervention for Glasgow City Health and Social Care Partnership</p> <p>(Gary will commit 5% - 10% of his time to the project)</p>	<p>Dominique is responsible for coordinating planning for the North East locality, and children’s services, and leads on the development and integration of the Integrated Children’s Services Plan. Dominique has previously worked alongside a range of stakeholders to design supported accommodation for care experienced young people.</p> <p>Supporting the Chief Officer, Gary provides strategic leadership and co-ordination for the development, delivery and continuous improvement of all Primary Care Services across Glasgow City HSCP, including General Medical Services, Optometry, Dental, Pharmacy and relevant HSCP services. Gary is the chair of the HSCP’s Primary Care Strategy Group, and he leads on the development of the Primary Care Strategy for Glasgow City. He is responsible for ensuring that the prescribing budget remains in balance, and that spend to save and</p>

		cost reduction schemes are identified and implemented.
<b>Senior Technical / Estates / Facilities representative -</b> Representing the technical aspects of the project	<b>John Donnelly - Senior General Manager Property &amp; Capital Planning</b>  (John will commit 20% - 30% of his time to the project)	John has acted as Technical Lead on all NHSGGC hub projects to date. These have included: Completed Projects (Shields Centre, Maryhill H&CC, Eastwood H&CC, Woodside H&CC, Gorbals H&CC and Inverclyde Integrated Care)  Projects currently on site (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards)  Projects currently in development (North East HUB Health and Care Centre)
	<b>Andrew Baillie – Senior Project Manager NHS Capital Planning</b>  (Andrew will commit 70% -90% of his time to the project)  <b>Substitute</b> Ian Docherty – Senior Project Manager NHS Capital Planning	Andrew has acted as Project Manager on a number NHSGGC hub projects to date. These have included: Completed Projects (Maryhill H&CC, Woodside H&CC and Inverclyde Integrated Care)  Projects currently on site (Stobhill Mental Health Wards)  Projects currently in development (North East HUB Health and Care Centre)  Ian has acted as Project Manager on a number NHSGGC hub projects to date. These have included: Completed Projects (Eastwood H&CC, Gorbals H&CC and Clydebank H&CC)

<p><b>Stakeholder representative(s) -</b> Representing stakeholders' interests:</p>	<p><b>Jane Williamson -</b> Group Manager, Project Management and Surveying, DRS, GCC Representing the technical interests of Glasgow City Council.</p> <p>(Jane and her team will commit 5% -40% of his time to the project)</p>	<p>Jane has acted as technical adviser to GCC / HSCP on previous NHS GGC hub projects. These include – Completed projects Woodside H&amp;CC and Gorbals H&amp;CC. She has extensive experience of delivering Capital projects within the GCC estate through various procurement routes.</p>
	<p><b>Tom Sweeney –</b> Principal Officer (Business Development) of for Glasgow City Health and Social Care Partnership</p> <p>(Tom will commit 5% - 40% of his time to the project)</p>	<p>Tom has acted in the same roll for the HSCP in it's city-wide care home replacement program.</p>
	<p><b>Alison Hair -</b> Superintendent Pharmacist.</p> <p><b>John Ferguson MBE –</b> Parkhead Housing Association</p> <p><b>Margaret Bell -</b> Auchenshuggle community council</p>	<p>Representing GPs and Pharmacists.</p> <p>John is one of the founding members of Parkhead Housing Association (PHA) and over the last 40 years he has served the Board with distinction. He has been a past Chair of PHA and to this day he is still totally committed to the aims and objectives of the Housing Association. John has played an important part of what PHA has achieved since its inception and has seen the organization grow from nothing to what we see today.</p>

<p><b>e-health representative(s) -</b> Representing e-health' interests:</p>	<p><b>Denise Brown</b> - Head of eHealth Strategy &amp; Programmes, NHS GGC</p> <p><b>David Daly</b> - Infrastructure Development Consultant, NHSGGC</p> <p>(David will commit 2% - 20% of his time to the project)</p> <p><b>David Murphy</b> – Advanced Network Specialist/ Team Lead Partnership, NHSGGC</p> <p><b>Shirley Anne Moore</b> - ICT Business Partner, HSCP</p> <p>(Shirley Anne will commit 2% -20% of his time to the project)</p>	<p>Completed Projects (Shields Centre, Maryhill H&amp;CC, Eastwood H&amp;CC, Woodside H&amp;CC, Gorbals H&amp;CC and Inverclyde Integrated Care), Projects currently on site (Greenock H&amp;CC, Clydebank H&amp;CC and Stobhill Mental Health Wards).</p> <p>Completed Projects (Shields Centre, Maryhill H&amp;CC, Eastwood H&amp;CC, Woodside H&amp;CC, Gorbals H&amp;CC and Inverclyde Integrated Care), Projects currently on site (Greenock H&amp;CC, Clydebank H&amp;CC and Stobhill Mental Health Wards)</p> <p>Completed Projects (Woodside H&amp;CC, Gorbals H&amp;CC),</p>
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<b>Independent Client Advisors:</b>	
<b>Project role:</b>	<b>Organisation &amp; Named lead:</b>
<b>Project Director &amp; Business Case author:</b>	<b>Glasgow City Health and Social Care Partnership - Sharon Wearing</b>
<b>Clinical / service lead: Healthcare Planner</b>	<b>Higher Ground Health Care Planning Ltd - Norman Sutherland</b>
<b>Site Options Appraisal Consultant Lead</b>	<b>NORR Architects – Calum MacCalman</b>
<b>Technical advisor:</b>	<b>Thomas and Adamson – Andrew Thornton</b>
<b>Legal advisor:</b>	<b>CMS – Ailsa Ritchie</b>
<b>Medical equipment advisor:</b>	Not Applicable
<b>Commissioning advisor:</b>	To Be Confirmed
<b>Other advisors:</b>	<b>HUB West Scotland - Development Partner</b>  <b>Hoskins Architects - Project Architect</b>  <b>AECOM – M&amp;E and ICT Consultants</b>  <b>AECOM – Structural &amp; Civil Engineers</b>  <b>Jeremy Gardiner – Fire Consultants</b>  <b>Currie &amp; Brown – Cost Consultants</b>  <b>ERZ – Landscape Designers</b>

### 6.1.3 Project recruitment needs

NHS Greater Glasgow and Clyde have extensive experience managing Hub Projects. The New North East HUB Health & Care Centre Project will be Property & Capital Planning's tenth such development.

The Project Structure is a tried and tested process as per detailed in section. Should there become resource gaps within the Project Structure; these will be reported to the Project Board and immediate action will be taken to fill roles which would have an impact on the Project, Programme or both.

Should any gaps be identified, the opportunity to work and share resources with other NHS Boards will be explored, in the first instance, thereafter, the normal recruitment process will be followed, with any interim requirements being covered, where appropriate by the Property & Capital Planning Department.

#### 6.1.4 Project Program and key milestones

OBC Consideration\Approval	July 2020
Stage 2 Submission	May 2021
FBC Consideration\Approval	July 2021
Financial Close	August 2021
Completion date	Q1 2024 (Phase 2 main building) Q4 2024 (Phase 3 demo and car park)
Services Commencement	Q1 2024

Full development program is included with Appendix 2

## 6.2 Change Management Arrangements

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

### 6.2.1 Operational and service change plan

A number of service meetings have taken place with all teams and GP practices moving into the new development. The first set of meetings took place in May 2016 where meetings were held with every service and discussed their accommodation requirements at length. Follow up meetings were arranged to clarify details. There have been monthly Project Board meetings scheduled since June 2017 and regular bi monthly Delivery Group meetings where officers have discussed the new ways of working mobile /agile working and this will be explored further at future workshops. The Arts Strategy Group has to be established. That group will provide strategic direction to enable a co-ordinated and inclusive approach to the integration of therapeutic design, art and ongoing creative and performing arts activity influencing health and wellbeing at the New North East HUB Health and Care Centre, and local area.

### 6.2.2 Facilities change plan

The new development has presented opportunities to rationalise some elements of the HSCP estate and bring related services together at a single location. There is also a wider piece of work ongoing to complete an accommodation plan within the HSCP incorporating both local authority and community health buildings. A key driver for the development is for it to be revenue neutral.

The new development will not only assist with the new Health and Social Care Partnership working but will enable full engagement for GP practices to be involved in the integration agenda.

The new development will be one of the HSCP key sites with integrated teams co-located, and through the rationalisation of the HSCP estate this will result in the decommissioning of 3 local authority and 7 health buildings which will release revenue for re-investment in the new centre.

As part of the rationalisation process the following sites are incorporated within the final options:-

- Relocating local authority and community health staff from Parkhead Health Centre to the new development in North East HUB. The health centre will be demolished as part of phase two of the construction project to create the car park once the new hub has been completed.
- Staff providing sexual health services in Sandyford annex of Parkhead Health Centre will re-locate to the new North East Hub Development. The Sandyford annex will be demolished as part of phase two of the construction project to create the car park once the new hub has been completed.
- Mental health services' staff based in the Anvil Centre will relocate to the new North East hub development. The Anvil Centre is scheduled to be demolished in Summer 2020. The staff has been temporarily re-located to a number of locations to ensure that the services can be delivered during the development period.
- Parkhead Hospital is currently vacant as the wards were relocated to Stobhill and Gartnavel Hospitals as part of the Modernising Mental Health Strategy. The Hospital will be demolished in July 2020 as part of the pre-construction phase.
- CAMHS and North East Locality headquarters' staff currently based in Templeton Business Centre located to the North East HUB new health and care centre development. The lease for Templeton Business Centre will be relinquished.
- Children and Families Social Work staff, Criminal Justice Social Work staff and Alcohol and Drugs Service staff currently based in the Newlands Centre in Parkhead will relocate to the North East HUB new development. The future for the Newlands Centre will be agreed as part of the Town Centre regeneration programme over the next three years.
- Older people's mental health service and the Rehabilitation Service staff based in Parkview Resource Centre in Shettleston will relocate to the North East Hub new development. The future of the Resource Centre will be agreed by the health board over the next three years.
- Health improvement staff located in Eastbank Health Promotion Centre will relocate to the new North East Hub. The lease for the building will be relinquished.
- The learning and education staff and facilities based in the social work training centre at Brook Street and Eastbank Health Promotion Centre will move to the new North East Hub development. The lease for Brook Street will be relinquished.
- Library staff along with the community facilities delivered in Parkhead Library in Tollcross Road will move to the new library based in the hub. The creation of the North East Hub will result in two GCC owned buildings both grade B listed buildings being vacated- Parkhead Library and Newlands Centre. Early discussion have occurred with

Parkhead Housing Association regarding the Library's future use. GCC are exploring options for future use of these buildings in line with the objectives of the Council's Heritage Asset Plan.

- Staff and services from Dr Orr's practice located on Alexandra Parade will transfer to the new health and care hub.

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

### **6.2.3 Stakeholder engagement and communication plan**

With the integration of Health and Social Care services, the new centre will provide the opportunity to provide high quality integrated primary and community health and social care services to people living in North East HUB and beyond. In addition, the Centre will provide a community resource to be shared and used by the wider community and third sector organisations. The Project development should not only enhance and improve the health inequalities of experienced by local people, but also help to address some of the economic regeneration in the area. A copy of the engagement plan is included within appendix 3.

### **6.2.4 Background and aims**

NHS Boards have a statutory duty to involve patients and the public in the planning and development of Health services. Scottish Government guidance sets out how this should be done CEL 4(2010) Informing, Engaging, and Consulting People in developing Health and Community Care. With a major service change, such as the development of the new Health and Care Centre, extensive consultation with the community will be required around issues such as sites, service delivery and design to name but a few areas.

- Aims of the Consultation Process:-
  - We will involve patient and carer representation as well as community councillors and community representatives in the planning process throughout all stages of the development.
  - We will also engage with third sector partners in the planning and consultation stages.
  - Our People Involvement Network, is supported by staff at Your Voice the patient body. This is the local organisation, which consults with patients, carers and service users, as well as the wider community, about issues relating to health and social care. The organisation then feeds these issues into the HSCP through our People Involvement Framework.

## **6.3 Benefits Register & Realisation**

The benefits identified within this OBC will be monitored and evaluated during the development of the project to maximise the opportunities for them to be realised and measurable indicators will be reviewed on a quarterly basis at the Project Board.

The benefits have been identified with Table 7.3.1.

Table 7.3.2 identifies who each of the benefits will be realised and a timescale to do this.

In summary the Project will deliver the following main benefits:

- Speedy access to modernised and integrated Primary Care and Community Health and Social Care Services.
- Improved referral pathways between professionals both within the HSCP and acute e.g. improved flow to diagnostic services.
- Improved access to primary care services that are person centred, safe and clinically effective.
- Self-management of Long Term Conditions will increase the proportion of people with intensive needs being cared for at home.
- Contribute to the overall health wellbeing of the population.
- Multi-disciplinary team working will support holistic care and anticipatory approaches to patient care.
- Co-location of teams (i.e. district nursing and homecare) will enhance team working ensuring effective communication and timely discharge from hospital. This will also allow patients to be seen by the right professional at the right time and in an accessible local environment.
- Greater focus placed on inequalities, prevention and anticipatory care.
- Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA.
- Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities.

## 6.3.1 Benefits Register Table

No.	Main Benefit	Assessment	As Measured by	Baseline Value	Target Value	Relative Importance
1	Speedy access to modernised and integrated Primary Care and Community Health and Social Care Services	Quantitative Qualitative	Reduced service waiting times across all services  Improved positive experience rating  Reduced rate of outpatient appointments for all 65+ specialities	Access to Services: (HSCP performance report)	To be identified	10
2	Improved referral pathways between professionals both within the HSCP and acute e.g. improved flow to diagnostic services	Quantitative Qualitative	Increased inter-service referral rates Reduced time lag for diagnostic results Earlier diagnosis for key conditions	Improved overall health of the population Improved early diagnosis	To be identified	9
3	Improved access to primary care services that are person centred, safe	Quantitative	Service waiting times GP access targets: Patient activity and registration	Scottish Health and Care Experience Survey  HSCP Performance Report	To be identified	5

	and clinically effective		Reduced hospital bed days lost to delayed discharge Reduced unplanned admissions Reduced GP Out of Hours attendance Improved positive experience rating			
4	Integrated working between primary care, community health services, specialist children's services and social work services	Quantitative and Qualitative	Patients' ratings of referral arrangements to other services Monitoring of Integration Delivery Principle Monitor levels of liaison between all services Review community use of facilities Improve percentage of people expressing a positive experience	Local survey to be undertaken to establish baseline performance  Scottish Health and Care Experience Survey	To be identified	10
5	Self-management of Long Term Conditions will increase the proportion of people with intensive needs	Quantitative	Level of re-enablement/ homecare services Reduced hospital bed days on key long term conditions	Level of Homecare provision HSCP Performance Report  Number of service users receiving enablement	To be identified	8

	being cared for at home.		(COPD/Asthma/ Diabetes/coronary heart disease (CHD) Reduced unplanned bed days	service after referral to Homecare		
6	Contribution to the overall health and wellbeing of the population					
6a	Prevention and improved outcomes related to long term physical health conditions through early detection and effective treatment	Quantitative	Standardised prevalence rate of patients with long term physical health conditions Reduced morbidity Uptake of cancer screening among eligible population Treatment targets Lower rates of high risk prescribing for older people	SMR06 cancer registry PCI dashboard NRS NHS NSS Prescription Information System (PIS) SCI Diabetes NHS NSS PIS Trakcare TBI Extract from LIMS	To be identified	8
6b	Prevention and improved outcomes related to long term mental health conditions through early detection and effective treatment	Quantitative	Standardised prevalence rate of patients with long term mental health conditions Treatment targets Crude rate of patients with SEMHN who have an agreed care plan in place as defined by TQA Reduced referrals	PCI Dashboard TBI EMIS NHS NSS PIS	To be identified	8

			Improved access to additional services e.g. complementary treatments and signposting to local authority and third sector organisations			
7	Multi-disciplinary team working to support holistic care and anticipatory approaches to patient care	Quantitative	Implementation of the new General Medical Services contract  Number of Anticipatory Care Plans (ACPs) in place  Reduction in emergency admissions/ falls/ rate of readmission 28 days	HSCP performance Report	To be identified	9
8	Co-location of teams (i.e. district nursing and homecare) to enhance team working, ensuring effective communication and timely discharge	Quantitative	Reduced delayed discharge over target figure Reduced number of bed days Fewer delayed discharges (including Adults With Incapacity)	HSCP Performance Report Sharepoint Total number of bed days lost to delays	To be identified	10

	from hospital. This will also allow patients to be seen by the right professional at the right time and in an accessible local environment		Fewer hospital bed days: COPD/Asthma/ Diabetes/ CHD Reduced A&E attendances GP referrals			
9	Greater focus placed on inequalities, prevention and anticipatory care	Quantitative and Qualitative	Referrals to financial inclusion services, money advice and employability Level of anticipatory care plans Carers assessments Screening and immunisation rates Increased number of ACPs Increased number of social prescribing referrals Increased carers assessments Increased uptake of immunisation and screening programmes	HSCP Performance Report Sharepoint Immunisation uptake	To be identified	9

10	Delivers a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs	Quantitative and Qualitative	North East Locality share of HSCP target for reduced carbon emissions	Will be assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)	10
11	Achievement of a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Quantitative and Qualitative	Use of quality design and materials to create a pleasant environment for patients and staff; - HAI cleaning audits (regular NHSGG&C process); - building	Will be assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP).	10
12	Meets statutory requirements and obligations for public buildings e.g. with regards to DDA	Quantitative and Qualitative	Carry out DDA audit and EQIA of building; - involvement of BATH (Better Access to Health) Group in checking building works for people with different types of disability; - engagement with local people to ensure building is welcoming	Will be assessed upon facility becoming operational	Compliance with Disability Discrimination Act, Building Control Standards and NHS SHTMs	10

			– PPF to carry out survey of users			
13	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Quantitative and Qualitative	Health & Wellbeing Survey Results	Reference Scottish Public Health Observatory neighbourhood profiles	Health and wellbeing indicators to be identified	10

### 6.3.2 Benefits Realisation Table

Identification		Control		Realise		
Ref. No.	Main Benefits	Who Benefits	Who is Responsible	Investment Objective	Dependencies	Date of Realisation
1	Enable speedy access to modernised and integrated Primary Care and Community Health and	Service users and staff	Service leads within GHSCP NE Locality	Improve access  HSCP Performance Management Reports/Surveys	Linked to broader HSCP Strategies including Primary Care Improvement Plan and Moving Forward Together	Review after year 1 of Facility being operational

	Social Care Services					
2	Improved referral pathways between professionals both within the HSCP and acute e.g. improved flow to diagnostic services	Service users and staff	Service Leads within GHSCP NE Locality	Streamlining of care pathways between HSCP and acute. Improved access to diagnostic services  Improved acute interface work	Linked wider strategies / Moving Forward To Together	Review after year 2 of Facility being operational
3	Improve access to primary care services that are person centred, safe and clinically effective	Service users and staff	Service Leads within GHSCP NE Locality	Improve patient experience/good working environment  Carry out Patient surveys/Focus Groups	Links to wider HSCP Strategies including Primary Care Improvement Plan	Review after 1 year of Facility being operational
4	Integrated working between primary care, community health services,	Service users and staff	Service Leads within GHSCP (NE)	Better integrated teams and additional services	Linked to wider strategies including Primary Care Improvement Plan/	Review after 1 year of facility being open

	specialist children's services and social work services				Integrated Children's Services Plan Transformational Agenda and Maximising Independence for Older People	
5	Self-management of Long Term Conditions will increase the proportion of people with intensive needs being cared for at home.	Service users and Carers	Service Leads within GHSCP (NE)	Fewer admissions to hospital  Fewer Care Home admissions  Reduce the number of acute bed days consumed by LTCs  HSCP Performance Report	Linked to wider strategies including Maximising Independence/Moving Forward Together	Review after 1 year of facility opening
6	Contribute to the overall health	Service users and population of NE Glasgow	GHSCP	Better Health and Wellbeing	GHSCP	Review after 5 years of

	wellbeing of the population		Health Improvement and Third Sector Partners	outcomes for the population  Neighbourhood Profiles	Health and Wellbeing Outcomes  Adult Health and Wellbeing Study	facility being operational
6a	Supports achievement of the cancer treatment targets  Supports early cancer detection	Service users and wider population	Service Leads GHSCP (NE)	Supports achievement of the cancer treatment targets  Supports early cancer detection  Increased choice of place of death	Links to wider Strategies including GHSCP Palliative Care Strategy for Adults and Older People/Scottish Government Cancer Plan	Review after 5years of facility becoming operational
6b	CHD and Stroke/TIA  Fewer deaths due to stroke/TIA	Service users and wider population	Service Leads GHSCP (NE)	Reduction of Crude rate of patients on CHD disease register as defined by TQA  Practise/Cluster Activity Reports	Links to wider Strategies including Primary Care Improvement Plan/Moving Forward Together	Review after 5years of facility being operational
6c	Diabetes	Service Users	Service Leads GHSCP(NE)	Reduction Standardised rate of new	Links to wider Strategies including	Review after 5years of facility

	Fewer patients newly diagnosed with diabetes			diabetes diagnoses and Standardised rate of patients with a diabetes diagnosis	Primary care Improvement Plan	becoming operational
6d	COPD  Fewer patients with a diagnosis of COPD	Service Users	Service Leads GHSCP(NE)	Reduction in Crude rate of patients on COPD disease register as defined by TQA and Standardised rate of patients with COPD discharge (1st position)	Links to wider Strategies including Primary care Improvement Plan	Review after 5years of facility becoming operational
6e	Mental Health - Depression and Anxiety  Fewer People are diagnosed with depression or anxiety disorders in the population	Population of NE Glasgow	GHSCP/Third sector Partners.	Reduction in the Crude rate of patients on depression or anxiety disease registers as defined by TQA	Links to wider Strategies Primary Care Improvement Plan/Mental Health Strategy	Review after 2years of facility becoming operational
6f	High Risk Prescribing	People 65+	GPs	Reduction in Standardised	Links to wider HSCP strategies including	Review after 2years of

	Lower rates of high risk prescribing for older people			rate of patients aged 75+ co-prescribed an NSAID with a diuretic and an ACEI or ARA (“Triple Whammy” prescribing) OR regularly prescribed medicine(s) with a high incidence of ant cholinergic adverse effects OR prescribed of sulfonylurea (patient count Reduction in Standardised rate of patients (patient count) prescribed strong opioids (including Tramadol) long term (>2 years)	Primary Care Improvement Plan/Maximising	facility becoming operational
6g	Hepatitis C  More patients being treated for Hepatitis C	Service users/wider population	ADRS	Reduction in Crude rate of Hepatitis C test requests		Review after 2years of facility

						becoming operational
7	Multi-disciplinary team working will support holistic care and anticipatory approaches	Service user/ wider population	Service Leads GHSCP	Numbers of older with ACPs will increase and prevent emergency admissions to hospital. Holistic care will improve patient experience and wellbeing	Links to wider Strategies/ Primary Care Improvement Plan/Maximising Independence	Review after 1year of facility becoming operational
8	Co-location of teams (i.e. district nursing and homecare) will enhance team working ensuring effective communication and timely discharge from hospital. This will also allow patients to be seen by the right professional at	Service users	Service Leads GHSCP	Better integrated working  Improved patient experience  Timely discharge from hospital/reduced delayed discharges	Links to wider GHSCP Strategies/Primary Care Improvement Plan/Maximising Independence	Review 1year after facility becoming operational

	the right time and in an accessible local environment			Improved environment for patients and staff  GHSCP Performance Report		
9	Greater focus placed on inequalities, prevention and anticipatory care  Increased health and wellbeing of the population	Service user/wider population	GHSCP Health Improvement  Third sector partners	Improved performance across a number of services and themes. Greater partnership working with the third sector to reduce inequalities for the people living in the NE of Glasgow	Adult Health and Wellbeing Survey	Review after 5years of facility becoming operational
10	Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing	Public	HUB	Sustainability	Climate change imperatives	

	to a reduction in whole life costs					
11	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Public/Service Users/Staff	HUB	Improved patient experience/good working environment.  Carry out an AEDET with Hub Delivery Group	Health and wellbeing outcomes	Review after 1 month of facility being operational
12	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	Public/Service Users/Staff	Capital Planning/Facilities Leads within NHSGGC	Improved access. Carry out survey with local disability groups including Your Voice	DDA compliance	Review after year 1 of facility being operational
13	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Public/Service Users	NHSGGC/GHSCP/Glasgow District Council	Improve patient experience/Carry out survey/Focus Groups	Linked to social factors including employment education and housing	Review after 5years of facility being operational

BOARD OFFICIAL

				Health and Wellbeing Indicators		
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## **6.4 Risk Management**

The main project risks and mitigation factors are identified at a high level at the OBC stage. This take to form of 2 registers, first in the standard HUB format to deal with construction and site risks, the second in NHS format to look at operation and business risks. As the project develops through the FBC stages a more detailed and quantified risk register will be prepared. The operation and business risks still being reviewed. The main risks at this stage are highlighted in Appendix 4. The Risk Registers will be continually be reviewed and discussed at the Project Board.

## **6.5 Commissioning**

### **6.5.1 Technical Commissioning**

The NHSGGC Property & Capital Planning Project Manager will be responsible for overseeing the final stages of the project including all training needs for the new building and final commissioning certificates. They will liaise with the Main Contractor and other specialist contractors, along with the Commissioning Group to ensure a smooth transition to the New Facility.

### **6.5.2 Non-Technical Commissioning**

A Transition and Commissioning Group will be established during the construction stage with membership from the various stakeholders in the project including, amongst others, Clinical User representation, Non Clinical User representation, IT, Telecoms, Estates, Procurement, Facilities Management, Estates and input from Infection Control. The Group will be led by the in-house Commissioning Team drawing on experience of previous new builds including the Gorbals and Woodside Health and Care Centres to develop an agreed Commissioning programme in conjunction with users.

The group will also be responsible for the development of a migration programme for the service move to the new facility and co-ordination of all the service teams to achieve the migration timescale, in line with the contract programme.

As many of the new ways of working as possible will be implemented prior to the move albeit taking into account the restrictions of the current facilities. Agile working and paperlite will be promoted and a back scanning exercise is already underway, this will create not only less storage requirement but provide more secure data storage.

## **6.6 Project Evaluation**

Post Project Evaluation will be undertaken in line with the SCIM guidelines to determine the project's success and identify lessons to be learnt.

In more detail there will be an evaluation during the Construction Phase in the form of monitoring the project with regards to time, cost, the procurement process contractor's performance, and any initial lessons learnt.

Six to twelve months after commissioning of the facility a more wide ranging evaluation (Stage 3) will take place. This will assess, amongst other factors: how well the project objectives were achieved; was the project completed on time, within budget and according

to specification; whether the project delivered value for money; how satisfied patients, staff and other stakeholders are with the project results and the lessons learnt about the way the project was developed, organised and implemented. The Post Project Report will also provide information on key performance indicators.

A key focus will be sharing the information gathered so that the lessons to be learned is made available to others.

Longer term outcomes (Stage 4) will be evaluated 2 to 5 years post migration to the new facility as by this stage the full effects of the project will have materialised. The evaluation will be undertaken by the in-house Post Project Evaluation team and both quantitative and qualitative data will be collected during stages 3 and 4 evaluation through the use of questionnaires and workshops.

NHS GGC has been engaged with Scottish Futures Trust to review potential improvements to Project Evaluation. The Board's Capital Planning team have provided input alongside information on current practice and previous reports. Any new guidance or approaches that arise from this study can be easily applied to this project to help pilot its application.

## **6.7 Building Design and Construction Quality**

There has been a considerable increased focus on quality in recent years following upon high-profile issues in publicly procured facilities across the country.

North East hub represents a significant public investment in an area that desperately needs improvement to health inequalities. It is therefore critical that the investment is secured in a facility that truly represents best quality alongside value for money. As outlined in the earlier parts of this document, the proposal brings together services from ten different facilities in the area. It is therefore clear that a failure to deliver quality on this project would have significant effect on the population.

Considerable focus has been placed on quality throughout the development of the North East hub and is embedded in the project management plans, and more importantly, has been implemented in all activities to date. Quality is not achieved simply by improving site inspections. It needs to be embedded in a project from its inception. The key actions taken to date to ensure quality are:

- Appropriately experienced and resourced client team.
- Clear governance structure.
- High quality briefing documentation.
- Realistic budget and programme.
- Quality-led design team selection.
- Design Team appointment with enhanced independent reporting requirements.
- Quality-led Tier 1 contractor selection with clear requirements for independent design team reporting.
- Comprehensive stakeholder engagement through site selection and design development process.

- Open and honest culture about quality throughout the development process.

As we move into the next stages the focus on quality will continue. This has been adopted by hub, the Tier 1 contractor and the design teams, and therefore quality is part of the culture of the project development. Some of the key actions that will be taken forward include:

- Sense checking all aspects of design proposals as they are developed
- Ongoing review of ACRs as current projects complete and lessons learned processes are undertaken.
- Stakeholder engagement and updates throughout the development process.
- Thorough processes for examination of Contractors Proposals utilising experienced in-house resource supplemented by appointed Technical Advisers.
- Quality Control meetings during the construction process.
- Proposed appointment of Site Monitor (quasi-Clerk of Works) through construction period.
- Fortnightly 3<sup>rd</sup> party photo-shoot of construction process and recording of structure, fireproofing and M&E installation prior to covering up.

Scottish Futures Trust is currently running a Construction Quality initiative promoting the benefits and potential approaches to improving quality and NHS GGG have been engaged in this process with the current hub bundle at Stobhill/Greenock/Clydebank forming one of the case studies under review. Any further recommendations that arise from this will be implemented and detailed in the Full Business Case.

## **6.8 Soft Landings**

Soft Landings is a key element of the design and construction process maintaining the “golden thread” of the building purpose through to delivery and operation, with early engagement of the end users and inclusion of a Soft Landings champion on the project team, and commitment to aftercare post construction.

The project will follow the Soft Landings process set out the NHS Scotland Soft Landings Guidance document.

Key activities carried during the OBC stage are:

- Adoption of an approach that addresses the outcomes required and how targets will be set, delivered and measured.
- Using BIM and associated digital simulation techniques to assess the early design.
- Agree key performance indicators and targets for the design and completed building to be measured against.
- Detailed engineering assessment of previously completed buildings of this type to ensure systems and processes are optimised.
- Early engagement with NHS estates and compliance teams to ensure lessons from operational buildings are included.

- Embed soft landings into the tender process.

Key activities going forward will include:

- Creation of a Post Project Evaluation Plan and continue to update.
- Establishing when SL gateway review meetings are required and their purpose..
- Undertake a soft landings kick-off meeting.
- Appoint a Soft Landings Champion.



**Improving Services in the  
North East of Glasgow**

**Appendices**

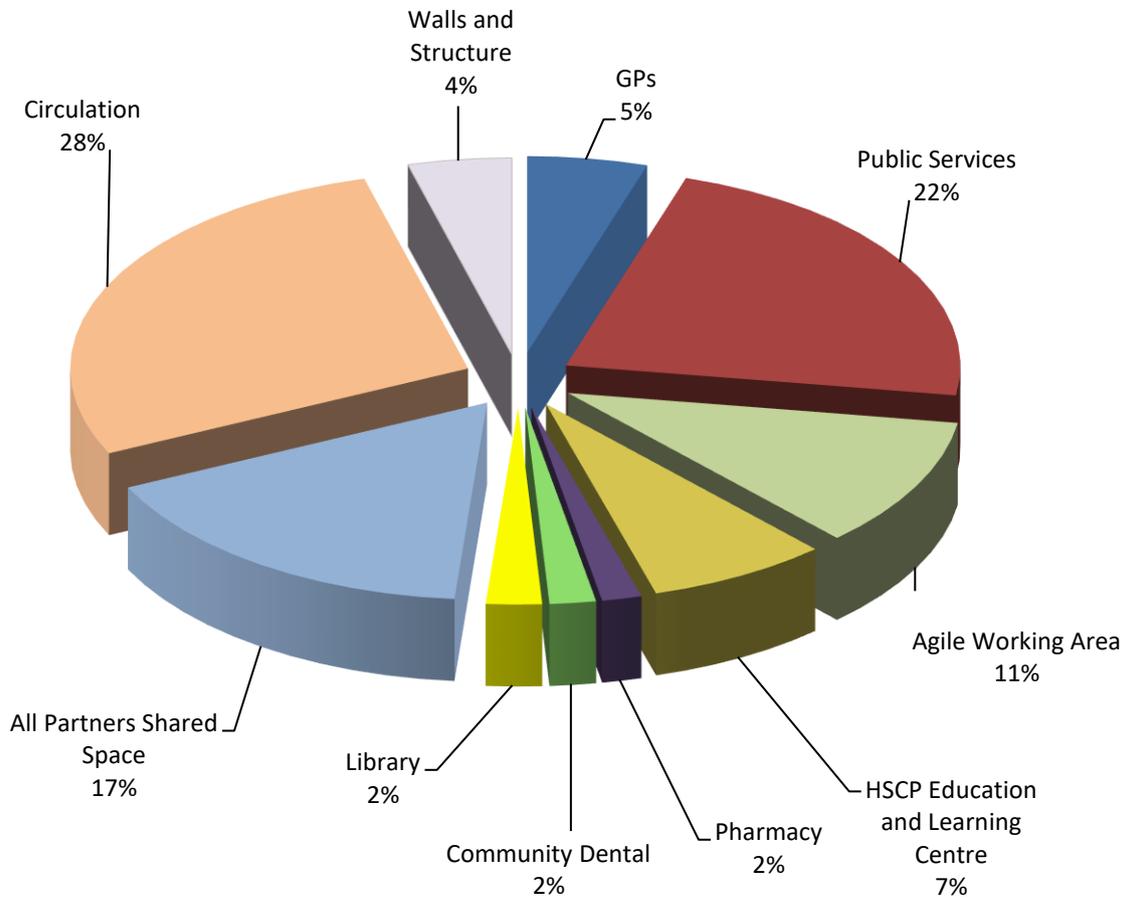
**April 2020**



## **7 Appendices**

### **7.1 Appendix 1 - Schedule of Accommodation.**

Project:	North East HUB Health & Care Centre	
Title:	Schedule of Accommodation	
Revision:	V12	
Date:	03/03/2020	
Issue:	-	
SERVICE	BRIEF AREA - M <sup>2</sup>	COMMENTS
GPs	548.7	
Public Services	2533.8	
Agile Working Area	1207.2	
HSCP Education and Learning Centre	827.7	
Pharmacy	181.1	
Community Dental	211.3	
Library	255.0	
All Partners Shared Space	1866.1	
Circulation	3133.0	
Walls and Structure	473.0	
<b>TOTAL AREA</b>	<b>11237</b>	



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Project:	North East HUB Health & Care Centre				
Title:	Schedule of Accommodation				
Revision:	V12				
Date:	03/03/2020				
Issue:	-				
CAT	ROOM NUMBER	SERVICE	ROOM TYPE	DESCRIPTION	ACTUAL AREA - M <sup>2</sup>
<b>Dr Lafferty &amp; Partners</b>					
	1/051		Reception	2 People	12
	1/044		Admin Office	6 People	27.6
	1/036		Practice Manager's Office		15.2
	1/146		Waiting Area	including Check In Area	34
	1/037		Consulting Room		15.2
	1/038		Consulting Room		15.2
	1/039		Consulting Room		15.2
	1/040		Consulting Room		15.2
	1/041		Consulting Room		15.2
	1/042		Consulting Room		15.2
	1/043		Consulting Room		15.2
	1/046		Interview Room		12.3
	1/048		Dirty Utility Room		5.3
	1/049		Store		8.4
				<b>Sub Total</b>	<b>221.2</b>
<b>Drs Mackenzie &amp; Burns</b>					
	1/128		Reception	2 People	12
	1/001		Admin Office	8 People	26.8
	1/115		Practice Manager's Office		15.3
	1/011		Waiting Area	including Check In Area	25.1
	1/002		Consulting Room		15.2
	1/003		Consulting Room		15.3
	1/004		Consulting Room		15.2
	1/005		Consulting Room		15.2
	1/007		Interview Room		12.2
	1/013		Dirty Utility Room		5.3
	1/012		Store		8.4
				<b>Sub Total</b>	<b>166.0</b>
<b>Drs Orr &amp; Strain</b>					
	1/071		Reception	2 People	12.2
	1/062		Admin Office	5 people	25.8
	1/152		Waiting Area	including Check In Area	30
	1/064		Consulting Room		15.3
	1/065		Consulting Room		15.3
	1/066		Consulting Room		15.3
	1/067		Consulting Room		15.3
	1/063		Nurse Consulting Room		18.2
	1/074		Dirty Utility Room		5.4
	1/073		Store		8.7
				<b>Sub Total</b>	<b>161.5</b>
<b>Community</b>					
	0/108		Reception	3 People	15.8
	0/109		Office		19.1
	0/001		Cafe		103.7
	0/008		Multi - Faith Room		10.6
	0/038		Group Room	30 People	61
	0/004		Group Room	20 People	42.4
	0/006		Group Room	20 People	40.1
	0/007		Group Room	20 People	40.1
	0/003		Group Room	12 People + 6 PCs	30.9
	0/005		Group Room	8 People	15.3
	0/187		Interview Room	4 Person	12.3
	0/089		Interview Room	4 Person	12.3
				<b>Sub Total</b>	<b>403.6</b>

BOARD OFFICIAL

Bookable				
2/025		Reception	2 People	11.9
2/026		Admin Office	3 people	15.3
0/091		Waiting Area	including Check In Area	34.3
1/019	Acute	Waiting Area	including Check In Area	31
2/019	Sandyford	Waiting Area	including Check In Area	20
1/017	Acute	Consulting Room		15.2
1/018	Acute	Consulting Room		15.2
1/020	Acute	Consulting Room		15.2
1/021	Acute	Consulting Room		15.2
1/022	Acute	Consulting Room		15.2
1/026	Acute	Consulting Room		15.2
1/027	Acute	Consulting Room		15.2
1/028	Acute	Consulting Room		15.2
0/096		Treatment Room	Phlebotomy	18.1
0/099	DN Treatment Room	Treatment Room		18.1
0/100	DN Treatment Room	Treatment Room		18.1
0/101	DN Treatment Room	Treatment Room		18.1
0/102	DN Treatment Room	Treatment Room		18.1
0/097		Treatment Room		18.1
0/098		Treatment Room		18.1
2/018	Sandyford	Treatment Room		18.2
2/020	Sandyford	Treatment Room		18.2
2/021	Sandyford	Treatment Room		18.2
2/022	Sandyford	Treatment Room		18.2
2/027	Sandyford	Treatment Room		18.2
2/028	Sandyford	Treatment Room		18.2
2/024	Sandyford	Sandyford - Microscopy \ Test Room		18.1
2/029	Sandyford	Sandyford - Specimen WC		4.6
2/031	Sandyford	Sandyford - Specimen WC		4.1
2/032	Sandyford	Sandyford - Specimen WC		4
0/088	DN Treatment Room	Interview Room		12.3
1/117	Criminal Justice	Interview Room		12.2
1/118	Criminal Justice	Interview Room		12.2
1/119	Criminal Justice	Interview Room		12.2
1/120	Criminal Justice	Interview Room		12.2
1/121	Criminal Justice	Interview Room		12.2
1/122	Criminal Justice	Interview Room		12.2
1/123	Criminal Justice	Interview Room		12.2
1/124	Criminal Justice	Interview Room		12.2
0/085		Interview Room	Including attend anywhere facility	12.3
0/086		Interview Room	Including attend anywhere facility	12.3
0/087		Interview Room	Including attend anywhere facility	12.3
0/082		Dirty Utility Room		5.3
1/032		Dirty Utility Room		4.3
2/030		Dirty Utility Room		4.6
Feb-23		Sandyford Store		11.1
0/084		Store		11
1/016		Store		8.4
1/100		Store		10
			<b>Sub Total</b>	<b>702.3</b>
Adult Services				
1/105		Reception	3 People	15.8
1/125		Admin Office	3 people	20
1/104		Waiting Area	including Check In Area	64
1/126		Waiting Area	including Check In Area	41.2
1/102	Addictions	Consulting Room	with En-Suite WC (close of addictions reception)	15.1
1/109	Addictions	En-Suite WC		2.4
1/111	Addictions	Consulting Room	with En-Suite WC (close of addictions reception)	15.2
1/110	Addictions	En-Suite WC		2.7
1/103	Addictions	Consulting Room		15.2
1/096	Addictions	Consulting Room		15.2
1/094	Parkview / Psychology	Consulting Room		15.1
1/095	Parkview / Psychology	Consulting Room		15.1
1/056	Parkview / Psychology	Consulting Room		15.1
1/088	Parkview / Psychology	Consulting Room		16.7
1/023	Psychotherapy	Consulting Room		16.1
1/024	Psychotherapy	Consulting Room		15.2
1/029	Psychotherapy	Consulting Room		15.2
1/030	Psychotherapy	Consulting Room		15.2
1/034	Psychotherapy	Consulting Room		15.2
1/035	Psychotherapy	Consulting Room		15.2
1/089	PCMH	Consulting Room		15.1
1/090	PCMH	Consulting Room		15.1
1/091	PCMH	Consulting Room		15.1
1/092	PCMH	Consulting Room		15.1
1/093	PCMH	Consulting Room		15.1
1/081	PCMH	Interview Room		12.2
1/082	PCMH	Interview Room		12.2
1/083	PCMH	Interview Room		12.2
1/084	PCMH	Interview Room		12.2
1/085	PCMH	Interview Room		12.2
1/101	Addictions	Interview Room		12.2
1/112	Addictions	Interview Room		12.2
1/113	Addictions	Interview Room		12.2
1/114	Addictions	Interview Room		12.2
1/115	Addictions	Interview Room		12.2
1/116	Addictions	Interview Room		12.2
1/086		Interview Room		12.2
2/069		Visor Room		8.2
2/064		Script Room		8.4
1/098		Dirty Utility Room		5.7
1/080		Store		10.2
1/087		Store		12.4
			<b>Sub Total</b>	<b>627.7</b>

Children Services				
0/057		Reception	3 People	17.1
0/046		Admin Office	3 people	15.2
0/058		Waiting Area	including Check in & Play Area	63.7
0/071	SCPT	Consulting Room		15.1
0/072	SCPT	Consulting Room		15.1
0/073	SCPT	Consulting Room		15.1
0/074	SCPT	Consulting Room		15.1
0/075	SCPT	Consulting Room		15.1
0/076	SCPT	Consulting Room		15.1
0/078	SCPT	Consulting Room		15.1
0/079	SCPT	Consulting Room		15.1
0/080	SCPT	Consulting Room		15.1
0/067	CAMS	Consulting Room		15.1
0/064	Health Visitors / School Nursing	Interview Room		12.2
0/065		Interview Room		12.2
0/048	Child & Family	Contact Room		20.2
0/049	Child & Family	Contact Room		20.2
0/050	Child & Family	Contact Room		20.2
0/051	Child & Family	Contact Room		20.2
0/052	Child & Family	Contact Room		20.2
0/036	Child & Family	Case Conference Room	15 People	30.8
0/037	Child & Family	Case Conference Room	15 People	30.8
0/047	Child & Family	Case Conference Room	15 People	30.8
0/066	CAMS	Play Room		15.2
0/068	CAMS	Observation Room	En Suite between to Screening Room	10.2
0/069	CAMS	Screening Room	En Suite between to Observation Room	15.2
0/070	CAMS	Therapy Room		18.1
0/179	CAMS	Therapy Room		18.1
0/061		Store		12.4
			<b>Sub Total</b>	<b>554</b>
Physiotherapy				
0/023		Admin Office	3 people	15.4
0/033		Waiting Area	including Check In Area	27.7
0/016		Consulting Room		15.2
0/017		Consulting Room		15.2
0/018		Consulting Room		15.2
0/019		Consulting Room		15.2
0/020		Consulting Room		15.2
0/021		Consulting Room		15.2
0/026		Gym		50.5
0/027		Changing Room - Male		7.7
0/028		Changing Room - Female		7.7
0/029		Shower Room - Male		2.6
0/030		Shower Room - Female		2.6
0/025		Store	Ensuite to Gym	10.4
			<b>Sub Total</b>	<b>215.8</b>
Podiatry				
0/014		Waiting Area	including Check In Area	0
0/015		Treatment Room		15.2
		Store		15.2
			<b>Sub Total</b>	<b>30.4</b>
HSCP Education and Learning Centre				
3/035	Brook Street	Reception		11.8
3/032	Brook Street	Admin Office	5 people	32.8
3/026	Brook Street	Training Room	25 People	48.4
3/027	Brook Street	Training Room	25 People	48.4
3/028	Brook Street	Training Room	25 People	48.4
3/029	Brook Street	Training Room	25 People	48.4
3/030	Brook Street	Training Room	25 People	48.4
3/031	Brook Street	Training Room	25 People	48.4
3/002	Brook Street	IT Training Room		22
3/003	Brook Street	IT Training Room		24.4
3/004	Brook Street	IT Training Room		24.2
3/007	Brook Street	IT Training Room		24.2
3/005	Brook Street	E - learning Suite		24.7
3/006	Brook Street	E - learning Suite		25.2
3/019	Brook Street	Small Training Room		20.2
3/020	Brook Street	Small Training Room		20.1
3/021	Brook Street	Small Training Room		20.1
3/022	Brook Street	Small Training Room		20
3/015	Brook Street	Admin Area - Brook St etc.	31 Desks - Agile Configuration	60.5
3/016	Brook Street	Admin Area - Brook St etc.		63.8
3/016	Brook Street	Store		7.4
3/045	Brook Street	Store		8.4
3/075	Brook Street	Store		9.4
3/074	Brook Street	Print Area		3.7
3/076	Brook Street	Print Area		6.4
3/054	Brook Street	Delegate Welfare - Breakout / Rest		61.7
0/089	Brook Street	Breakout Space		13.5
3/001	Eastbank	Group Room	15 People	32.8
			<b>Sub Total</b>	<b>827.7</b>

BOARD OFFICIAL

Agile Area			
2/036	Agile Desk Space	280 Desks @ 2.5m2 per desk	185.1
2/038	Agile Desk Space		164.3
2/065	Agile Desk Space		28.5
2/071	Agile Desk Space		65.2
2/078	Agile Desk Space		233.5
2/083	Agile Desk Space		28
	SPCT & CAMHS Templeton & Bridgeton	27	
	Health Improvement Team	20	
	NE Criminal Justice Team	20	
	Business Support Parkhead	1	
	Business Support Parkview	24	
	Sandyford East	2	
	Physio	2	
	PCMH	6	
	Psychotherapy - Anvil	5	
	NE HQ Business Support & Senior Man	15	
	Children & Family - Health Visitor	9	
	Addictions - Newlands	46	
	Children & Families - Newlands	56	
	School Nursing	0	
	District Nursing Treatment Room Staff	12	
	OP + Rehab Team	5	
	Admin - Fixed Desks	30	
2/088	Breakout / Flexible Working Spaces		25.5
2/048	Breakout / Flexible Working Spaces		9.9
2/089	Breakout / Flexible Working Spaces		17.2
0/012	Meeting Room		15.3
0/013	Meeting Room		15.2
0/090	Meeting Room		9.6
1/010	Meeting Room		8.2
1/025	Meeting Room		12
2/037	Meeting Room		8.5
2/044	Meeting Room		9.7
2/045	Meeting Room		8.2
2/047	Meeting Room		8.2
2/063	Meeting Room		8.2
2/070	Meeting Room		8.1
2/072	Meeting Room		8.3
2/073	Meeting Room		8.4
2/074	Meeting Room		25
2/080	Meeting Room		8
2/081	Meeting Room		8
2/082	Meeting Room		40
2/084	Meeting Room		7.8
2/085	Meeting Room		7.8
2/086	Meeting Room		7.9
2/087	Meeting Room		7.7
2/090	Meeting Room		23.4
2/106	Meeting Room		8.4
3/017	Meeting Room		37.2
3/034	Meeting Room		19.3
3/056	Meeting Room		13.9
3/057	Meeting Room		16.5
3/055	Meeting Room		36.7
2/046	Meeting Room		8.2
2/041	Store		11.2
2/052	Store		9.1
2/066	Store		12.2
2/040	Store		13.8
		<b>Sub Total</b>	<b>1207.2</b>
Main Entrance			
0/110	Foyer		114.7
0/115	Foyer		209.4
0/170	Foyer		40.5
0/171	Foyer		99.5
0/092	Infant Feeding Room		6.2
0/093	Nappy Change		6.2
0/106	Changing Places Room		13.6
		<b>Sub Total</b>	<b>490.1</b>
Staff Welfare			
2/050	Staff Rest \ Kitchen Area		177.9
2/055	Staff Changing		41.4
2/056	Shower Room		2.7
2/057	Shower Room		2.8
2/058	Shower Room		2.7
2/059	Shower Room		2.8
2/060	Shower Room		4.6
2/061	Shower Room		4.5
2/068	Drying Room		8.2
0/034	Tea Prep Area	2No per Floor	5.1
0/060	Tea Prep Area	2No per Floor	5.1
1/009	Tea Prep Area	2No per Floor	4.7
1/078	Tea Prep Area	2No per Floor	7.1
2/039	Tea Prep Area	2No per Floor	5.3
2/076	Tea Prep Area	2No per Floor	4.3
3/023	Tea Prep Area	2No per Floor	9.1
		<b>Sub Total</b>	<b>288.3</b>

FM & Support				
0/024		DSR	2No per Floor	11.5
0/063		DSR	2No per Floor	9.3
1/045		DSR	2No per Floor	11.4
1/079		DSR	2No per Floor	10.5
2/035		DSR	2No per Floor	11.1
2/067		DSR	2No per Floor	8.6
3/011		DSR	2No per Floor	11.2
0/081		Resus Room	1No Per Clinical Floor	4.8
1/077		Resus Room	1No Per Clinical Floor	5.2
2/001		Resus Room	1No Per Clinical Floor	5.3
0/009		IT \ Comms Room		13.9
0/053		IT \ Comms Room		15.5
0/083		IT \ Comms Room		11.6
1/031		IT \ Comms Room		15
1/070		IT \ Comms Room		31.7
1/099		IT \ Comms Room		13.1
2/033		IT \ Comms Room		13.9
2/051		IT \ Comms Room		15.5
2/079		IT \ Comms Room		8.9
3/009		IT \ Comms Room		8.9
3/010		IT \ Comms Room		15.5
0/035		Disposable Hold	2No per Floor	4.8
0/062		Disposable Hold	2No per Floor	8.7
1/008		Disposable Hold	2No per Floor	4.7
2/054		Disposable Hold	2No per Floor	6.5
2/043		Disposable Hold	2No per Floor	5.2
3/079		Disposable Hold	2No per Floor	6
3/072		Disposable Hold	2No per Floor	8.2
0/043		Bin Store		32.4
0/042		Recycle Store		16.9
0/045		Store		60.6
0/055		Cycle Store		29.9
0/056		Cylinder Store		5
1/068		FM Office		15.5
0/044		FM Store		27.1
0/054		FM Store		21.3
			<b>Sub Total</b>	<b>505.2</b>
Pharmacy				
1/060		Reception		10.1
1/058		Dispensary		74.1
1/059		Booth		3.2
1/053		Consulting Room		15.8
1/055		Consulting Room		12.7
0/190		Store		9.9
1.054		Store		9.9
1/061		Store		7.3
1/145		Waiting Room		38.1
			<b>Sub Total</b>	<b>181.1</b>
Community Dental				
2/012		Reception		12.2
2/002		Admin Office	3 people	21.3
2/013		Waiting Area		24.6
2/003		Consulting Room		15.2
2/004		Consulting Room		15.2
2/005		Consulting Room		15.2
2/006		Consulting Room		15.2
2/007		Consulting Room		15.1
2/011		Consulting Room		18.1
2/010		Recovery Area		10.2
2/009		Child Smile Room		10.6
2/015		Clean Utility Room		8.4
2/016		Decontamination Room - Dirty		8.4
2/017		Decontamination Room - Clean		8.4
2/014		Staff Cubicles		8.2
2/008		Compressor Room		5
			<b>Sub Total</b>	<b>211.3</b>
Library				
0/02		Library		255
		Browsing/ express Lending zone		
		Adult Lending Area		
		MacMillan Area		
		Children's Lending Area		
		Young Person's Lending Area		
		Staff Office		
		Storage Room/ Area		
		Storage Room/ Area		
		Tea Prep Area		
			<b>Sub Total</b>	<b>255.0</b>
<b>Sub Total</b>				<b>7048.4</b>

Toilets				
0/10		Acc WC	7.4	
0/22		Acc WC	7.7	
0/59		Acc WC	8.9	
0/94		Acc WC	7.5	
0/184		Acc WC	5.7	
1/14		Acc WC	6.6	
1/50		Acc WC	6.7	
1/72		Acc WC	7.4	
1/97		Acc WC	9.6	
1/107		Acc WC	8.7	
2/34		Acc WC	6.9	
2/77		Acc WC	8.7	
2/107		Acc WC	5	
2/172		Acc WC	5.1	
3/14		Acc WC	9.6	
3/08		Acc WC	8.3	
3/13		Acc WC	8.2	
3/65		Acc WC	4.5	
0/11		WC	4.5	
0/31		WC	3.7	
0/32		WC	3.6	
0/105		WC	2.1	
0/107		WC	2.2	
0/151		WC	3.6	
0/154		WC	2.1	
0/155		WC	2.2	
0/156		WC	2.1	
0/157		WC	3.1	
0/158		WC	2.9	
0/159		WC	2.1	
0/160		WC	2.9	
0/161		WC	2.1	
0/162		WC	2.1	
0/163		WC	2.9	
0/182		WC	5.3	
1/15		WC	4.4	
1/33		WC	4.1	
1/47		WC	4.8	
1/75		WC	2.7	
1/76		WC	2.6	
1/106		WC	5.9	
1/168		WC	3.4	
2/108		WC	2.3	
2/109		WC	2.1	
2/110		WC	2.1	
2/111		WC	2.1	
2/112		WC	2.1	
2/113		WC	2.1	
2/114		WC	2.3	
2/115		WC	2.1	
2/116		WC	2.1	
2/117		WC	2.2	
2/118		WC	3.3	
2/119		WC	2.3	
2/120		WC	2.3	
2/121		WC	2.3	
2/122		WC	3.3	
2/123		WC	2.3	
2/124		WC	2.3	
2/125		WC	2.3	
2/165		WC	5.2	
2/169		WC	3.3	
3/63		WC	2.1	
3/64		WC	2.1	
3/66		WC	2.1	
3/67		WC	2.1	
3/68		WC	2.1	
3/69		WC	2.2	
3/71		WC	3.4	
0/166		WC Circulation	8	
0/167		WC Circulation	8	
2/49		WC Circulation	7.8	
2/92		WC Circulation	8.2	
3/70		WC Circulation	7.8	
0/152		WC	2.7	
0/153		WC	2.6	
			<b>Sub Total</b>	<b>321.5</b>

Auxiliary Space				
		Toilet Allowance	5%	
		Engineering Allowance	7%	261
			<b>Sub Total</b>	<b>261.0</b>

Circulation Allowance				
		Circulation Allowance	33%	3133
			<b>Sub Total</b>	<b>3133.0</b>

Wall Allowance				
		Wall Allowance	10%	473
			<b>Sub Total</b>	<b>473.0</b>

<b>Grand Total</b>				<b>11237</b>
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## 7.2 Appendix 2 - Project Program



### **7.3 Appendix 3 - Stakeholder Communication Plan**

## Stakeholder Communication Plan

During 2019/ 20, ten local engagement forum meetings/events and several city wide engagement sessions were held across the city, using a variety of methods, including:

- Focus groups
- Face to face interviews
- Public meetings and presentations at Community Councils and Community Groups meetings
- Pop up stalls and 'drop-in' information sessions and wider community events such as Summer/Winter Fetes and Health Days etc.
- Senior manager inputs to user/carer networks and fora
- Targeted sessions for key stakeholders e.g. GP's, 3rd Sector, housing partners etc.
- Written and online questionnaires/surveys
- Information leaflets and posters translated into several community languages.
- Use of the HSCP website and HSCP and Chief Officer Twitter profiles

The development of the North East hub was discussed at many of these sessions, either as part of the planned agenda, or in response to emerging questions and discussions. In addition, 'North East Hub News' was circulated, and the HSCP Newsletter was also used to update on progress.

Working in partnership with the Mental Health Foundation, the North East Locality Engagement Forum (LEF) members took part in the production of an information video explaining the importance of civic participation, with a focus on promoting engagement of refugees and asylum seekers in the development of local services. The production crew filmed discussions at one of the regular North East LEF meetings and they also interviewed the chair of the Forum who spoke about the contribution members can make to improving local services. The video covered three service areas - Health, Education and Housing - and a key aspect of this project was to make sure that every member of the community feels welcome to be included and involved in ongoing civic participation opportunities, such as the Locality Engagement Forums, rather than one-off focus groups. The video was released on 25 September 2019 at the 'Voice and Visibility, The New Scots' launch event and shared across the local refugee and asylum seekers network and key stakeholder organisations.

Over the course of the last year these mechanisms been used to consult and engage on a number of key citywide and locality developments, with the feedback shaping key management decisions and plans, including:

- Glasgow City HSCP Participation and Engagement Strategy
- North East Locality Plan 2019 - 22
- Review of Glasgow City IJB Public Engagement Committee
- Glasgow City HSCP Communication Strategy

- Glasgow’s Integrated Children’s Services Plan
  - Continued engagement on the review of Greater Glasgow & Clyde Out of Hours Services.

Plans have been in place to continue this cycle of stakeholder engagement and feedback, but unfortunately some sessions have been cancelled due to the Covid-19 pandemic, taking into account feedback from members of the public that they do not want to proceed with these events in the current circumstances; an update is provided below.

- 25<sup>th</sup> March - Youth Engagement Session Cancelled
- 27<sup>th</sup> March – Forum meeting cancelled
- 30<sup>th</sup> April - Forum meeting cancelled
- 28<sup>th</sup> May - Forum meeting cancelled
- 25<sup>th</sup> June - Forum meeting cancelled

The Public Engagement Committee scheduled for August 2020 will include an agenda item on the progress with the North East hub.

A full summary of all engagement activity which has taken place from January 2019 to present is included below.

Date	Organisation	Activity
17/01/2019	North East HSCP	Learning and Awareness Session Reidvale Neighbourhood Centre.
17/01/2019	Locality Engagement Forum Meeting	Report decision of the 18 <sup>th</sup> Dec GG&C Board meeting and explain the proposals procedures for the Outline Business Case.  Feedback from the Learning and Awareness Session.

Date	Organisation	Activity
24/01/2019	Thriving Places	Supply information explaining Hub proposals and highlighted the opportunities around environmental regeneration, training and employment Community participation and involvement.
31/01/2019.	Auchenshuggle Community Council	Report decision of the 18th Dec GG&C Board meeting and explain the proposals procedures for the Outline Business Case distributed newsletter T.D. attendance 15 people present
07/02/2019 08/02/2019	Glasgow City Council; one member Glasgow City Council; four members	Elected members briefing session City Chambers John Street Board Room 1.4
18/02/2019	Parkhead Community Council	Report decision of the 18th Dec GG&C Board meeting and explain the proposals procedures for the Outline Business Case, and set out the planned engagement activity
19/02/2019	Baillieston Community Council	Report decision of the 18th Dec GG&C Board meeting and explain the proposals procedures for the Outline Business Case, and set out the planned engagement activity
21/02/2019	Locality Engagement Forum Meeting	Report on current engagement activity and provide feedback on the issues raised at the various community forums
22/02/2019	Distributed Newsletter to various local groups	Local Housing Associations Parkhead, Thenu, West of Scotland, GHA, GPs, Community Councils, Parkhead, Auchenshuggle, Baillieston, East End Carers, East End Community Carers, Macmillan, Parkinson's Support Group , GHA Locality Forum, Health Improvement, Thriving Places, Mental Health Network,

Date	Organisation	Activity
05/03/2019	Parkhead Housing Association Tenants	Report decision of the 18th Dec GG&C Board meeting and explain the proposals procedures for the Outline Business Case, and set out the planned engagement activity
28/03/2019	Locality Engagement Forum Meeting	Reported ongoing engagement activity and explained the criteria for the Hub Community take-up grant
08/04/2019	Cranhill Community Council	Reported on the decision to appoint Hoskins as the architects and explained the proposals and procedures for the Outline Business Case, and the opportunities to take part in future planned engagement activity.
16/04/2019	Baillieston Area Partnership Attendance 13	Health Improvement Officer explained the proposals and procedures for the Outline Business Case, and the opportunities to take part in future planned engagement activity.
17/04/2019	East Centre Area Partnership Attendance 11	Health Improvement Officer explained the proposals.
17/04/2019	Springburn/Robroyston Area Partnership Attendance 10	Health Improvement Officer explained the proposals and the consultation process.
25/04/2019	Locality Engagement Forum meeting Attendance 16	Members were provided with the information on the next stage consultation including workshops and engagement sessions with the Architects and Design Team Planners.
25/04/2019	Shettleston Area Partnership Attendance 13	Health Improvement Officer explained the proposals and the consultation process.
29/04/2019	North East Area partnership Attendance 9	Health Improvement Officer reported on Hub proposals and procedures for the Outline Business Case, and the opportunities to take part in future planned engagement activity.
03/05/2019	North East Carers Forum Attendance 12	Reported on Hub proposals and procedures for the Outline Business Case, and the opportunities to take part in future planned engagement activity.

Date	Organisation	Activity
16/05/2019	Dennistoun Area Partnership Health Improvement - Senior Andy Scott Attendance - not recorded	Reported on Hub proposals and the opportunities to take part in future planned engagement activity.
	Primary Care Implementation Group for the NE report - Gary Dover Attendance 9	Reported on the decision to appoint Hoskins as the architects and explained the proposals and procedures for the Outline Business Case, and the opportunities to take part in future planned engagement activity.
07/05/2019 22/05.2019 13/06/2019	Hoskins Hub Architects	Three Hub engagement workshops and site visits to recently completed HSCP facilities involving staff, third sector/community groups, and service users.
15/08/2019	North East Locality Engagement Forum Meeting	HSCP Officer reported on the various Hub design options and explained how the views expressed at the public engagement sessions were being incorporated into the Hub design process.
28/08/2019	Health and Social Care Public Engagement Committee	HSCP Officer reported to the Committee that the prime focus for community engagement continued to be around plans for the North East Hub, and advised that from January 19, 31 public meetings had taken place covering a wide range of groups, including IJB Board members, Local Engagement Forums, Community Councils, Area Partnerships, Tenant Associations, Carers Groups Third Sector organisations, MacMillan, Glasgow Disability Alliance, Marie Curie, Mental Health Network, staff, and service users.
28/08/2019 25/09/2019 26/10/2019	Civic Participation involving Asylum Seekers and Refugees	Working in partnership with the Mental Health Foundation, officers attended 3 public meetings and contributed to the production of a video explaining civic participation. The Hub engagement and consultation process was used as an example of how the local community groups and

Date	Organisation	Activity
		service users can influence service provision.
26/11/2019	Health Social Care Partnership Information Session to give local people an opportunity to find out more about the Hub proposals and how they can get involved in planning services.	The priorities and actions set out within the draft locality plans are the product of a broad range of engagement activity. This has ranged from community engagement on previous locality plans to service specific engagement events.
12/12/2019	North East Locality Engagement Forum Attendance 15	Report on current engagement activity and provide feedback on the issues raised at various community forums.
24/01/2020	North East Locality Engagement Forum Templeton Business Centre Attendance 31	Review of North East Participation and Engagement Activity.
27/02/2020	North East Locality Engagement Forum Attendance 18	Report on the changing service model that will be delivered from Health Centres and G.P Practices, explaining how the new Hub Model will influence service provision.
27/02/2020	Auchenshuggle Community Council Attendance 27	Report on how services will continue to be provided during the demolition of the former site buildings and the development of the new facilities

<b>NE Hub Delivery Group Meetings 2019/20</b>
26 February 2019
23 April
8 October
2 March 2020
<b>NE Hub Project Board Meetings 2019/20</b>
5 February 2019
19 March
30 April
11 June
3 September
15 October
26 November
3 December
14 January 2020
11 February
10 March

**7.4 Appendix 4 – Risk Register.**

23.3.20

North East Hub Health Centre

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
S1	02.09.19	Restrictive title conditions and reserved rights	Title conditions or access rights prejudice design scope or construction logistics	Stage 1	3	4	2	12	not priced	No associated legal cost allowed for Overall programme shift and associated impact on inflation allowances	1. NHS to prepare land schedule based on current title information	NHS (GL)	NHS (GL)	4.2.20 - information is still be assembled by NHS GGC. Legal adviser is currently in tender period to be concluded w/c 10.2.20. 18.2.20. NHS are registering title and seeking to extinguish historical rights of access.	NHS to provide title information by (end Feb 20)	Open
S2	02.09.19	Land boundary confirmation	potential for delay in confirming land boundary	Stage 1	2	3	2	6	not priced	No associated legal cost allowed for Overall programme shift and associated impact on inflation allowances	1. NHS to confirm land boundary for purpose of project	NHS (GL)	NHS (GL)	4.2.20 - red line boundary confirmed by NHS as to exclude the area of existing sub station site to the south/adjacent Salamanca Street. 18.2.20. Hoskins development boundary updated for Stage 1.	NHS to confirm as part of Stage 1 Approval.	Open
S3	02.09.19	Ground obstructions discovered	Potential for existing foundations and or ground obstructions to be discovered during SI over those identified in Stage 0 surveys	Stage 1/2	3	2	3	9	£ 43,250	Additional cost and/or programme exposure	1. hWS to procure ground investigation works pre Stage 1	BAM	hWS	2/12/19 - Awaiting GI report. No significant findings identified from initial SI. 4.2.20 - existing foundations anticipated as to be piled under Hospital building. Awaiting further SI following completion of Phase 1 demolition works 18.2.20 - 5% risk allowance on Stage 1 foundation costs	Phase 1 demolition works to be procured (July 20)	Open
S4	02.09.19	Contamination identified	Potential for further hazardous hot spots to be identified on site	Stage 1	3	2	3	9	£ 28,500	Additional cost and/or programme exposure	1. hWS to procure ground investigation works pre Stage 1. Risk allowance of +60m3. 2. Dark ground under hospital & Anvil footprint to be surveyed on completion of enabling works	BAM	NHS	2/12/19 - Awaiting GI report. No significant findings identified from initial SI. 4.2.20 - factual GI report issued via AECOM. Limited area of hazardous contamination identified. Balance contaminated (non hazardous) 18.2.20. Stage 1 cost plan includes allowance for known hydrocarbon area. Dark ground under hospital and anvil to be surveyed on completion of demo works NHS held risk where dark ground SI findings are in excess of risk allowance.		open
S5	02.09.19	Potential for invasive weeds	Potential costs arising if invasive weeds are discovered	Stage 1	3	2	3	9	£ -	Additional cost and/or programme exposure	1. hWS to procure ecology / specialist survey	BAM	hWS	2.12.19 - Ecology survey commissioned via BAM. Results awaited. 4.2.20 - Ecology survey undertaken. No invasive weeds identified.		Closed

SITE ISSUES

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	BOARD OFFICIAL Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
S6	02.09.19	Risk of Remediation Strategy being required to meet planning conditions	Additional fee to prepare and agree remediation strategy	Stage 2	4	2	2	£ 20,000	Cost allowance for potential specialist input and or peer review	Mitigate through survey during Stage 1. specialist input allowed.	BAM	hWS	4.2.20 - limited areas of contamination identified on site. Content to be discussed with Glasgow City Council and requirement for remediation strategy document to be defined.	hWS/AECOM to discuss with Glasgow Planning	Open	
S7	02.09.19	Archaeological Investigation	Potential for archaeology find during the work	Const	2	2	2	£0		Mitigate through survey during Stage 2. £15k specialist input allowed.	BAM	BAM	4.2.20 - No requirement for archaeology watching brief. Confirmed with Glasgow City Council.		Closed	
U1	02.09.19	Responsibility for Utility diversions	Risk of utility diversions to be carried out by the project	Stage 1	3	3	2	9	£ 30,000	risk to final price and or construction phasing Prime cost includes for existing drainage diversion and gas meter house relocation	1. Further surveys to be commissioned during Stage 1	BAM	hWS	2/12/19 - further trail pits to be undertaken to support Phase 1 enabling works pricing 4.2.20 - Location of existing LV supply to health centre still to be established. Further investigations required.	BAM to assess network information (via FES utilities)	Open
U2	02.09.19	Scottish Water Approvals	Scottish Water approval timescales for approval and confirmation of works required (if any)	Stage 1	3	3	2	9	£ 25,000	risk to final price and or construction phasing	1. AECOM/BAM to engage with Scottish Water and seek technical approvals	BAM / AECOM	hWS	2/12/19 - AECOM have submitted a PDE (Nov 19) 4.2.20 - Technical approval awaited. CCTV survey to be issued to Scottish Water. 18.2.20 - technical approval pending from Scottish Water for Phase 1 diversion works	AECOM to issue CCTV survey to Scottish Water.	Open
U3	02.09.19	Insufficient water mains pressure	Risk of mains upgrade works being required	Stage 2	2	3	3	6	£35,000	Allowance for testing / DIA preparation	Purify during Stage 2 design	BAM	hWS	4.2.20 - Scottish Water PDE response awaited.	See above action on risk U2.	Open

UTILITY ISSUES

UTIL

THIRD PARTY ISSUES

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	BOARD OFFICIAL Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
U4	02.09.19	New utility connections	Risk of increased cost	Stage 2	3	2	2	6	£40,000	risk to final price and or construction phasing	1. BAM to engage with utility companies early in Stage 1	BAM / AECOM	hWS	4.2.20. SPEN have confirmed to AECOM that sufficient capacity exists to supply the site from the existing network. 18.2.20 - Approval to be formally sought during Stage 2 from Scottish Power.	BAM to confirm action require to secure network capacity prior to Stage 2 Submission.	Open
TP1	02.09.19	Building Control sign off	Change to design may be necessary	Stage 2	3	2	3	9	incl in D1		1. AECOM to engage with local fire officer in Stage 1	BAM / AECOM	hWS	4.2.20 meeting with BCO still to take place. To be arranged for early in Stage 2 once fire strategy is in place. 18.2.20 - Above roof mounted PV panels proposed for NEH. Comment to be sought from Glasgow CC Building Control in relation to risk of spread of flame.	hA to arrange for meeting for early in Stage 2	Open
TP2	03.09.19	G99 compliance with SPEN	Risk of UPS being required to prevent offsite energy export	Stage 2	3	2	2	6	£0		1. AECOM to engage with SPEN in Stage 1	AECOM	BAM	4.2.20 - AECOM have confirmed with SPEN that a connection into the existing network is possible. Rsk allowance for on site battery storage omitted.		Closed
TP3	03.09.19	Offsite works	Risk of junctions improvements being sought off site	Stage 2	4	2	3	12	Excluded (save for pedestrian crossing to Duke Street)		1. Pedestrian crossing to Duke Street included within Stage 1 Submission cost plan. Salamanca Street narrowing included in Stage 1 cost plan. 2. TIA concluded and no offsite works recommended. No allowance at Stage 1 for any further offsite works. No allowance for offsite lighting upgrades.	hWS	NHS	2.12.19: TIA report now received from Curtins. No offsite works are deemed necessary by Curtins. Report has been issued to Glasgow Roads Department for their review. 4.2.20 - TIA shared with Glasgow City Council roads department. Whilst this remains subject to formal review initial indications are that a crossing on Duke Street is required. No other works anticipated	Response to submitted TIA to be sought from Glasgow Roads Dept via planning engagement.	Open
TP4	03.09.19	Fire Strategy development and sign off	Risk of fire glazing to atrium (pending fire modelling)	Stage 1 / 2	3	2	3	9	£206,640	Increase in project cost over NPR cost model	1. Allowance for 60 minute fire glazing to upper atrium void glazing pending review with Glasgow Building Control.	BAM	BAM	4.2.20 - Peer review comments sought on building fire strategy. Currently under review 18.2.20 - Peer review with JGA suggests smoke control glazing to atrium. This is subject to fire engineering and approval by GCC.	Peer review comments to be assessed prior to Stage 1 Submission.	Open

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	BOARD OFFICIAL Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
TP5	18.2.20	Additional Electric Vehicle Charging Point required	Risk of additional charging points being required via GCC planning policy	Stage 2	3	2	2	6	£96,000	Increase in project cost over NPR cost model	1. Allowance for 12 number dual chargers to meet overall 10% car parking numbers (12+5 = 17)	HA	BAM	18.2.20 - Stage 1 cost plan based on Glasgow policy note SG11 / 2% active EV.	Peer review comments to be assessed prior to Stage 1 Submission.	Open
TP6	23.3.20	COVID-19	Risk of programme delay during social distancing measures and market inflation.	Stage 2	5	5	4	25	not priced	Delay to programme & associated impact on costs	1. Government guidance to be continually reviewed and actions taken in agreement with NHS 2. Professional team now working remotely and using on line meet up tools. Design work is able to continue using this medium.	hWS	NHS	23.3.20 Stage 1 Submission review underway and due to conclude by 17th April.	1. NHS to continue with Stage 1 Review. 2. NHS to seek approval to continue with next stage of design.	Open
D1	02.09.19	Design Development	Increase in cost over Stage 0 / NPR cost model	Stage 1 / 2	4	2	3	12	£ 698,000	Increase in project cost over NPR cost model	1. Based on 2% risk allowance to be carried into Stage 2	BAM	hWS	18.2.20 - updated at Stage 1 Submission. Risk % retained at 2% due to late Stage 1 redesign to stair cores		Open
D2	02.09.19	Room Layout Sign Off	Risk of programme delay due to prolonged room layout review/sign off	Stage 1/2	3	3	2	9	not priced	Delay to programme	1. Programme and ownership plan for layout development and sign off to be prepared	NHS	hWS			Open
D3	02.09.19	Extra over for water proof concrete	Increased cost	Sage 2	2	2	2	4	£0	Excluded as basement removed pre NHS stage	1. To be reviewed during detailed design	AECOM	BAM	4.2.20. Requirements not priced within Stage 1 cost plan as per AECOM stage 1 report.		Closed
D4	02.09.19	Revised ACRs for NE hub	Increased cost over Clydebank	Stage 1/2	3	2	2	6	£0	Increase in project cost over NPR cost model	1. To be reviewed during detailed design	NHS	NHS	18.2.20 - Stage 1 Reports now include for advised NHS requirements.		Open

DESIGN ISSUES

SPECIAL ISSUES

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	BOARD OFFICIAL Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
D5	02.09.19	Risk of gas venting being required	Increased cost over Clydebank	Stage 1/2	3	2	2	6	£0	Increase in project cost over NPR cost model	1. To be reviewed during detailed design	AECOM	BAM	4.2.20. SI has identified that a gas membrane is required. Included now within Stage 1 cost plan.		closed
D6	02.09.19	Fire Strategy	Increased cost over Clydebank	Stage 1/2	3	2	2	6	incl in TP4	Increase in project cost over NPR cost model	1. To be reviewed during detailed design	AECOM	BAM	4.2.20 - Peer review comments sought on building fire strategy. Currently under review	Peer review comments to be assessed prior to Stage 1 Submission.	Open
D7	02.09.19	Extra over for suspended ground floor slab (in lieu of ground bearing)	Increased cost over Clydebank	Stage 1/2	3	2	3	9	£0	Increase in project cost over NPR cost model	1. To be reviewed during detailed design	AECOM	BAM	4.2.20. SI has identified poor ground bearing conditions. Suspended slab included now within Stage 1 cost plan.		closed
D8	02.09.19	Risk of screed to first floor slab (due to UF heating to meet energy strategy)	Increased cost over Clydebank	Stage 1/2	3	2	2	6	£0	Increase in project cost over NPR cost model	1. To be reviewed during detailed design	AECOM	BAM	2.12.19: UFH markups reviewed with AECOM 26/11/19. UFH to ground floor atria only. Risk was £61,200 now removed..		Closed
D9	03.09.19	Achievement of Glasgow Council Gold Standard (Energy)	Increased cost over NRP cost model	Stage 1/2	3	2	3	9	£72,000	Increase in project cost over NPR cost model	1. Energy model to be prepared in Stage 1. 2. Dialogue to take place with Glasgow Council Planning and Building Control	AECOM/BAM	hWS	4.2.20. AECOM stage 1 proposals based on 46% betterment on target building. This achieves Gold Standard. Measures included in stage 1 cost plan. 18.2.20 - risk allowance for revised Stage 1 proposal @ 41% betterment. risk is difference of 560m2 PVs over 800m2 initial recommendation		Open
D10	18.2.20	Achievement of acoustic performance - vibrations through floor	Increased cost over Stage 1 cost model	Stage 2	2	2	2	4	£23,285	Increase in project cost over Stage 1 cost model	1. completion tests on Greenock to be assessed prior to finalisation of Stage 2 proposals.	Hoskins	BAM	18.2.20 - risk allowance for additional layer over 4657m2 @ £5/m2		Open
C1	02.09.19	Wayleaves required for site services (on third party land)	Impact on programme	Stage 2	2	2	2	4	£15,000	Impact on final price due to legal fees involved	1. BAM to confirm new utility routes during Stage 1	BAM	hWS	4.2.20. Requirement remains under review into Stage 2.		Open

COMMERC

Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	BOARD OFFICIAL Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Current Status
		Risk Title	Risk Description													
C2	02.09.19	Risk of sub contractor insolvency/failure pre FC	Impact on final price	Stage 2	3	2	2	6	not priced. To be reviewed during Stage 2	impact on programme and market tested cost	Supply chain financial checks to be undertaken as part of market testing process	BAM	BAM			Open
C3	02.09.19	Risk of increased inflation above NHS/SFT methodology (financial close)	Impact on final price due to extended construction programme and or market variances (eg post UK withdrawal from EU)	Stage 2	5	2	5	25	excluded in agreement with NHS	impact on market tested price	1. hWS to seek guidance on methodology from SFT in order that NHS funding can recognise differences in NE hub programme over benchmark rates being used.	hWS	NHS	18.2.20. Stage 1 Submission has adopted an alternative allowance based on c3% per annum. BCIS as at Stage 1 Submission to be monitored during Stage 2. Any increases as measured against BCIS benchmark at Stage 1 Submission would result in increased affordability.	1. NHS to raise with Scottish Government ahead of OBC submission	Open
C4	19.9.19	Market Pricing (UK withdrawal from EU)	Risk of exceptional market pricing following UK withdrawal from EU due for example to currency exchange, material and or labour rate fluctuations and available supply chain)	Stage 2	3	5	5	15	excluded in agreement with NHS		1. hWS and NHS to engage with Scottish Government in order to agree an appropriate risk strategy.	hWS	NHS	See risk C3 above		open
C5	18.2.20	Project Bank Account operation	Risk of increased costs due to (i) additional administration and (ii) loss of working capital	Stage 2	3	2	4	12	excluded in agreement with NHS		1. hWS and NHS to engage with Scottish Government in order to defined responsibilities. Approach to be agreed prior to market testing.	hWS	NHS	18.2.20. NHS are currently reviewing operating policies across Glasgow Board projects	1. NHS GCC to confirm policy approach across projects/	open
C6	28.2.20	Insurance market pricing	Increase in main works insurance costs (above Stage 1 allowance) based on market pricing	Stage 2 /FC	4	1	2	8	excluded in agreement with NHS		hWS to obtain market price quote 30 days out from financial close.	hWS	NHS	28.2.20. JLT estimate from Stage 1 shared with NHS. Agreed that hWS will reprice prior to FC. Any change in costs will be met by NHS GGC in addition to Stage 2 price (or any benefit received by NHS)	1. hWS to obtain market price quote 30 days out from financial close.	Open
				Sub Total					£1,332,675							

North East HUB Health Centre Operational Risk Register

Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	PRE-CONTROL				Risk Treatment Approach	Control and Mitigation Actions	POST-CONTROL				Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date
			Risk Title	Risk Description					Likelihood	Impact / Consequence	Inherent Risk	Risk Status			Likelihood	Impact / Consequence	Residual Risk	Risk Status				
NEH 001	Open	24/02/2020	Delay in identifying network provider.	<b>RISK:</b> The network provider is not identified at a sufficiently early stage in the procurement process, resulting in abortive works. <b>CAUSE:</b> Potential delay to contract due to rectifying abortive works. <b>EFFECT:</b> Change Order required to cover these works	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	1	1	3		Alternative approach to installation was successfully used for Gorbals and Woodside. Additional ducts added for various providers. There will be an element of over provision.								
NEH 002	Open	24/02/2020	Data network incompatibility	<b>RISK:</b> GCC and GG&C data networks do not have the ability to share wire infrastructure. <b>CAUSE:</b> Data protection regulations. <b>EFFECT:</b> Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	1	1	3		Cabinets within comms rooms have the ability to be split to ensure very dual network point has 1 point going to NHS System and 1 point goes to GGC System .								
NEH 003	Open	24/02/2020	Voice network incompatibility	<b>RISK:</b> GGC and GG&C voice networks do not have the ability to be merged. <b>CAUSE:</b> Organisations use different systems. <b>EFFECT:</b> Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	4	3	12		Systems being trialled by GCC.								
NEH 004	Open	24/02/2020	Delay in network provider installing infrastructure.	<b>RISK:</b> Network providers do not engage early and are out with control and influence. <b>CAUSE:</b> No network connection to building <b>EFFECT:</b> Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	4	1	12		Placing order early doesn't work. There is no mitigation where network providers don't engage and GG&C and GCC have no influence.								
NEH 005	Open	24/02/2020	Change of services- new occupants	<b>RISK:</b> Requirement to make adjustments to layouts to suit service needs. <b>CAUSE:</b> Service Change. <b>EFFECT:</b> Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	2	6		Room template offers a high degree of flexibility. Room layouts were reviewed and signed off 2019.								
NEH 006	Open	24/02/2020	Changes to services- service development	<b>RISK:</b> Requirement to make adjustments to layouts to accommodate changed service needs. <b>CAUSE:</b> Service Change. <b>EFFECT:</b> Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	3	3	6		Room template offers a high degree of flexibility. Room layouts to be produced and signed off early in Stage 2.								
NEH 007	Open	24/02/2020	Changes to services- changed personnel	<b>RISK:</b> Requirement to make adjustments to layouts / services due to change in Service Lead. <b>CAUSE:</b> Service Change. <b>EFFECT:</b> Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	1	1	2		Room template offers a high degree of flexibility. Room layouts to be produced and signed off early in Stage 2.								

Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	BOARD OFFICIAL				Risk Treatment Approach	Control and Mitigation Actions	Likelihood	Impact / Consequence	Residual Risk	Risk Status	Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date			
			Risk Title	Risk Description					Likelihood	Impact / Consequence	Inherent Risk	Risk Status													
NEH 008	Open	24/02/2020	No commitment to tenancy.	<b>RISK:</b> Independent Contractor do not commit to move to new centre <b>CAUSE:</b> Cost increase is not acceptable. <b>EFFECT:</b> Impact in revenue stream.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	2	2	4													
NEH 009	Open	24/02/2020	Reduction in area uptake.	<b>RISK:</b> Independent Contractors seek to reduce their footprint at a late stage of project. <b>CAUSE:</b> Area is unaffordable. <b>EFFECT:</b> Impact in revenue stream.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	1	1	1	1													
NEH 010	Open	24/02/2020	Changes to Practices	<b>RISK:</b> Independent Contractors seek to merge and require adjustment of layout. <b>CAUSE:</b> To ensure practice remains viable. <b>EFFECT:</b> Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	2	2	4													
NEH 011	Open	24/02/2020	Delay in Operational commissioning	<b>RISK:</b> Lack of Capital Planning GGC and HSCP resource requires procurement of external commissioning team. <b>CAUSE:</b> Workload presures on other projects. <b>EFFECT:</b> Additional Professional fees.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	1	2	6													
NEH 012	Open	24/02/2020	Delay in Operational commissioning	<b>RISK:</b> Lack of manufacture resource affects deliveries and installation of agile furniture. <b>CAUSE:</b> Workload presures on other projects. <b>EFFECT:</b> Delay in completing commissioning installation and occupancy of building.	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	1	3	1	3													
NEH 013	Open	24/02/2020	Delay in Operational commissioning	<b>RISK:</b> Delay to Practical Completion causes a knock on effect for Operational; Commissioning . <b>CAUSE:</b> Building not handed over in time. <b>EFFECT:</b> Delay in completing commissioning installation and occupancy of building.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	1	6													
NEH 014	Open	24/02/2020	Delay in Operational commissioning	<b>RISK:</b> Clinical pressure around period for commissioning. <b>CAUSE:</b> Uncertainty within the team and regarding operational date. <b>EFFECT:</b> Delay in completing commissioning installation and occupancy of building.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	1	6													
NEH 015	Open	01/04/2020	Operational requirements not achieved	<b>RISK:</b> Participant operational requirements may not be achieved. <b>CAUSE:</b> Requirements not fully defined at appropriate stages. <b>EFFECT:</b> Negative impact on operation of new building. Late design changes may be required at additional cost.	Operational	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	1	6													

Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	BOARD OFFICIAL				Risk Treatment Approach	Control and Mitigation Actions	Likelihood	Impact / Consequence	Residual Risk	Risk Status	Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date
			Risk Title	Risk Description					Likelihood	Impact / Consequence	Inherent Risk	Risk Status										
NEH 016	Open	01/04/2020	Legal agreements for shared occupancy to be concluded in conjunction with the above.	<b>RISK:</b> Potential delays to legal agreements for shared occupancy. <b>CAUSE:</b> Availability of resources. <b>EFFECT:</b> Delays to release of funding for library and entry into building.	Financial	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	1	6		Establish Shared Occupancy project group within governance structure.								
NEH 017	Open	01/04/2020	Operational requirements not achieved due to availability of stakeholders as a result of Covid-19 pandemic / UK government lockdown.	<b>RISK:</b> Potential delays / deficiencies in briefing as a result of Covid-19. <b>CAUSE:</b> Availability of participants due to UK government lockdown. <b>EFFECT:</b> As risk NEH 015.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	4	4	4	16		Monitor availability of participants to attend project groups.								
NEH 018	Open	29/04/2020	Accommodation requirements change following review of services as a result of Covid-19 pandemic.	<b>RISK:</b> Change to accommodation requirements. <b>CAUSE:</b> Change to service models and working practices. <b>EFFECT:</b> Redesign changes will result additional and abortive cost.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	5	3	3	15		Monitor guidance and review against current design. Current flexible layout and widespread use of standard rooms can accommodate various additional services relocating to the building if current services space requirements reduce.								
				<b>RISK:</b> <b>CAUSE:</b> <b>EFFECT:</b>																		

**7.5 Appendix 5 – Draft “Statement of Support” Letter.**

## **DRAFT Stakeholder Letter of Support**

Mr Paul Gray  
Director-General  
Health and Social  
Care and  
Chief Executive NHS  
Scotland  
ST Andrews House,  
Regent Road,  
Edinburgh,  
EH1 3DG

### SAMPLE LETTER – once OBC approved formal letter to be attached

Dear Mr Gray

The letter should be provided by the appropriate individual(s) within the organisation – usually the chief executive officer.

Glasgow City Health and Social Care Partnership and NHS Greater Glasgow and Clyde have been actively involved in developing the North East HUB Health and Care Centre scheme through its various stages.

There is jointly confirmed acceptance of the strategic aims and investment objectives of the scheme, its functional content, size and services.

This letter is confirmation that the financial costs of the scheme can be contained within the agreed and available budget and a willingness and ability to pay for the services at the specified contribution level.

In the unlikely event that the scheme's costs breach the agreed ceiling joint support is requires be re-validated.

The scheme is affordable via the Capital Funded DBDA route.

Yours sincerely

Chief Officer

**7.6 Appendix 6 - High level breakdown of costs.**

## Appendix 6 - High Level Breakdown of Costs

	Rate	Revised Figures 06/03/20
<b>Approx Floor Area (m2)</b>		11,237
Total Prime Cost	£3,220	36,188,100
Risk Allowance	3.74%	1,352,425
<b>Total Prime Cost</b>		<b>37,540,525</b>
Prelims		3,806,827
<b>Total Prime Cost + Prelims</b>		<b>41,347,352</b>
Construction Risk	1.00%	413,474
Overheads & Profits	4.00%	1,701,018
<b>Total Construction Cost</b>		<b>43,461,844</b>
Total Development Costs	11.91%	4,507,439
<b>Total Construction Cost (Excl Inflation &amp; VAT)</b>		<b>47,969,283</b>
Inflation Allowance Q4 2018 - Q3 2021	6.00%	2,878,157
<b>Total Cost Excl VAT</b>	<b>£4,629</b>	<b>50,847,440</b>
VAT (1)	20.00%	8,726,369
<b>Total Capital Cost/Affodability Cap</b>		<b>59,573,809</b>
Optimism Bias 8%		<b>4,765,905</b>
		<b>64,339,714</b>
<b>Capital Cost Library (funded for by GCC)</b>		<b>3,017,533</b>
<b>Net NHS Cost</b>		<b>61,322,181</b>

(1) VAT calculated on construction cost and construction insurance.

**7.7 Appendix 7 – Architectural and M&E Design Principals.**

# Hoskins Architects

North East Hub Health  
& Care Centre  
Outline Business Case  
Design Statement  
April 2020



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# Preface



This DRAFT Design and Access Statement has been prepared by Hoskins Architects on behalf of hub West Scotland for NHS Greater Glasgow & Clyde (NHSGGC). It describes the architectural proposals for a new health and care campus for the north east area of Glasgow, comprising the co-location of a number of existing NHS and HSPC services as well as a library operated by Glasgow Life. It will support the associated application for full planning permission for the proposed development.

This document explains the research, analysis and appraisals undertaken to inform the team's approach to the proposed development, and illustrates how the approach to the site, the design of the new building and public realm, have all been informed by that careful and methodical process.

The work has been supported by a wider design team: AECOM for engineering input (Structures & Civil, Mechanical & Electrical, Fire and BREEAM), Currie + Brown as Principal Designer and Cost Consultants and erz landscape architects.

Prepared with reference to Planning Advice Note 68: Design Statements, this document is to be read in conjunction with all drawings, reports and appendices included with the application.

**Hoskins Architects**  
March 2020

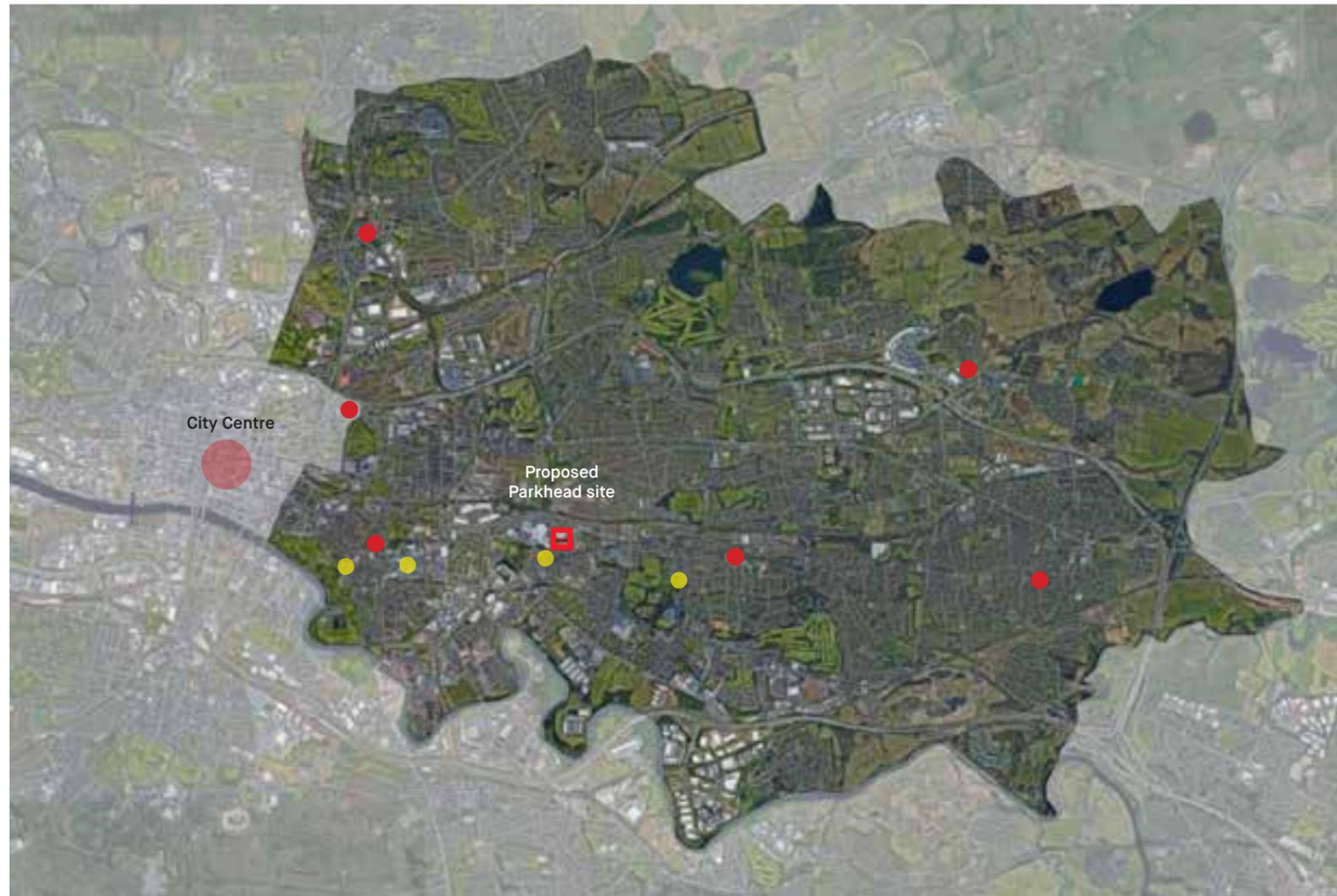
# Introduction

1.1	Introduction	05
1.2	The Team	06
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## 1.1 Introduction

1. Aerial map of North East Glasgow NHS area.



- Co-locating services
- Existing North East Glasgow health centres

The North East Hub project brings together a range of primary and social care services, including the existing Parkhead Health Centre, Specialist Children’s Services, Primary Care Mental Health Services, acute hospital clinics, Health and Social Work Addiction Services and Community Facilities.

The new Hub aims to deliver improved population health through the co-location of services. Bringing this wide range of services together under one roof will develop the design and deliver concepts of the Primary Healthcare Reference Design creating a flagship hub of services within the heart of one of Scotland’s most deprived communities. The ambition to improve outcomes and overall population health includes bringing together Glasgow City Council (GCC) and NHS Greater Glasgow & Clyde (NHSGGC) staff to develop more integrated and efficient ways of delivering services.

One of the core aims of the NE Hub is to reduce pressure on hospital services through the delivery of integrated service models with patients and service users more likely to access all components of their care plan if this can be delivered under one roof. Critical to this concept is the creation of an open, welcoming and caring facility that is easy to navigate and pleasant, calm and uplifting to inhabit.

## 1.2 The Team

1. Eastwood Health and Care Centre(NHSGGC / Hoskins Architects)
2. Eastwood Health and Care Centre(NHSGGC / Hoskins Architects)



### Applicant

NHS Greater Glasgow and Clyde

NHS GGC have been pioneering in their development of Primary Health Care facilities with a focus on design quality and place making. Central to their ambition has been the delivery of the Eastwood Health and Care Centre as their first Reference Health Care Project on which all new primary care centres are now based. The design has won multiple awards and has been operating successfully for over three years. Building on this success Hoskins Architects are currently delivering Greenock Health Centre for NHSGCC with the centre on course to open later this year. The North East Hub continues this successful partnership between NHSGCC, Hoskins Architects and Hub West Scotland.

### Partners

hub West Scotland  
Health and Social Care Partnership  
Glasgow Life

### Architect

Hoskins Architects

Hoskins Architects is a leading international architecture practice with studios in Glasgow and Berlin. Their conviction is that good architecture, urban design and placemaking benefits people and communities in profound ways, and so their practice is focused on making it possible. Working in Scotland and beyond, the practice has won plaudits for its work at The Bridge arts centre, Easterhouse; Culloden Battlefield Visitor Centre; National Museum of Scotland in Edinburgh; the V&A Museum in London and The World Museum in Vienna amongst others. The team have already undertaken Eastwood Health and Care Centre which was commissioned as NHSGGC Reference Health Project. The project has won a number of awards including a

European Healthcare Award and a Building Better Healthcare Award

Hoskins Architects' projects are regularly singled out by the leading industry awards bodies. Their work has won nine RIBA and RIAS awards and has twice been midlisted for the Stirling Prize. They have won numerous Scottish Design Awards and Civic Trust Awards, have twice been finalists in the BD Architect of the Year awards, and have been finalists for the World Architecture Festival Culture Prize. They have won, received a special mention for, and on six occasions been a finalist for, the UK's largest architectural prize - the Andrew Doolan Award.

### Structural and Civil Engineer

Aecom

### Mechanical and Electrical Engineer

Aecom

### Landscape Architects

erz

### Cost Consultant / Principle Designer

Currie + Brown



### 1.3 The Brief

The key aim of this stage of work was to develop the design with the wider Stakeholder Group to arrive at a shared project vision that included the following matters:

- a site strategy including a concept landscape design that addresses amenity, parking, drop off and servicing
- resolution of key departmental adjacencies and understanding of layouts within departments
- detailed layouts for all standard room types
- qualitative approach to the design in terms of the external appearance and character/feel of internal spaces
- coordination of structural and M&E concept designs

The project brief demands a design that is flexible, adaptable and capable of expansion.

Our design proposals continue to take cognisance of the 2013 Primary Care Reference Design Project Report and review the opportunities to take the reference design project forward within the North East Hub development.

We have summarised below the key briefing points from previous stage workshops which were used as the basis for the work undertaken to develop a design for the North East Hub:

- North East Glasgow has 7 of the 25 most deprived data zones in Scotland, many of the people within these zones are served by Parkhead Health Centre
- Bring together a range of Health & Social Care and Community services from across the North East of Glasgow under one roof to improve access to range of services and reduce inequalities for people living in the North East of Glasgow
- Movement between services should be clear, simple and intuitive to make it easy for people to access the full range of services
- The design should facilitate better integrated teams of staff working across the range of health and care disciplines through well designed agile workspaces and shared

facilities

- The new NE Hub should be open and welcoming, with a human scale creating a caring environment for everyone accessing services
- The architecture should create a sense of civic pride and be a landmark for the local area
- A single public entrance should address Duke Street
- Contained green space advantageous given the harsh urban environment surrounding the site
- The brief will evolve during the design development and post completion. The design concept should be flexible, adaptable and capable of future expansion both during design development and post completion
- The design should create safe, secure spaces for all building users
- Learning & Development spaces will be regularly accessed by Social Work staff from across Glasgow
- The design needs to be inclusive and accessible

# Site Details

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1. Aerial view of site and local area



## 2.1 Site Location

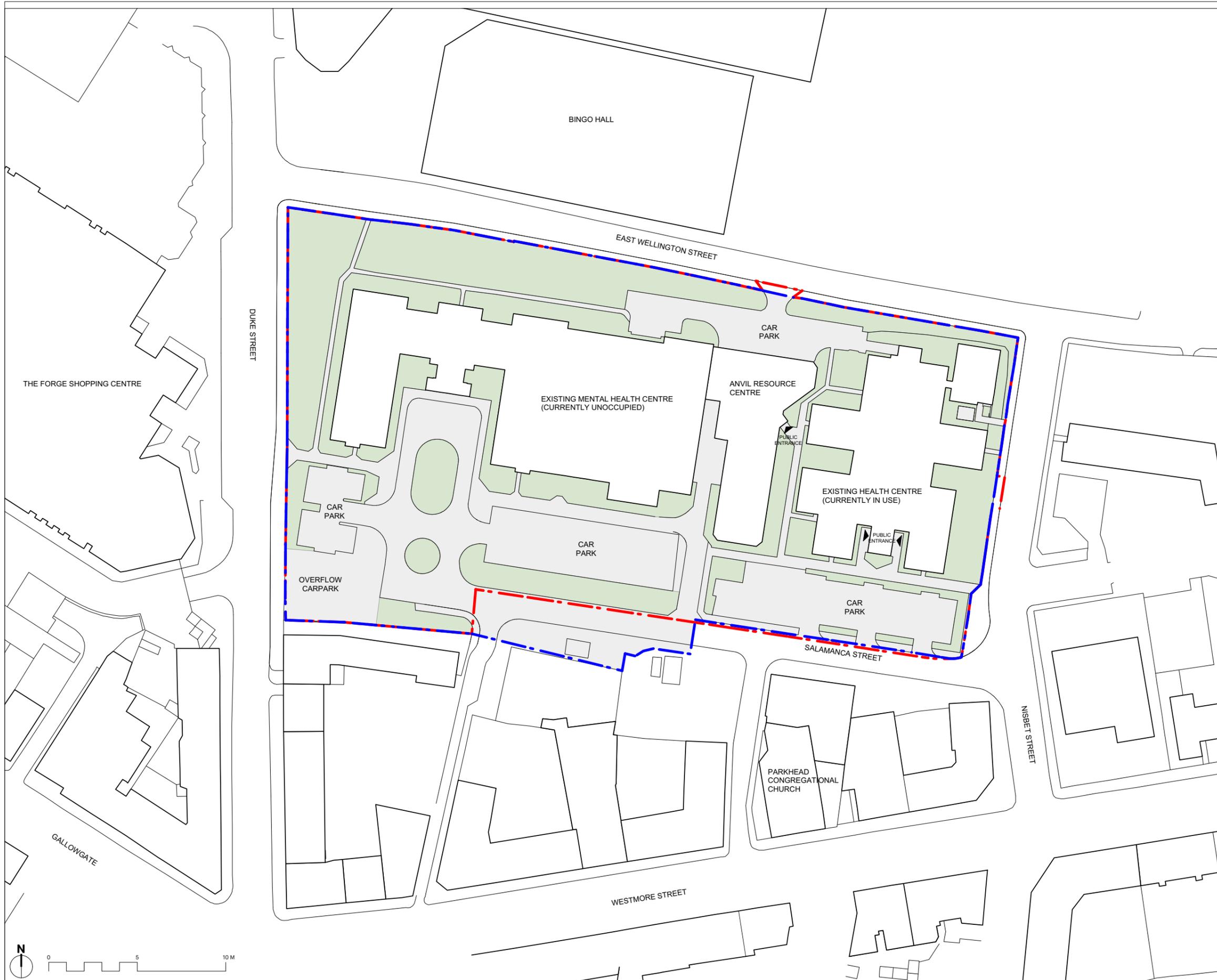
The site is located in the east of Glasgow close to Parkhead Cross.

The east end of Glasgow suffered significant economic decline with the closure of many significant industrial employers in the 1970s. The area presently contains seven of the twenty five most deprived data zones in Scotland with Healthy Life Expectancies among the lowest in the city.

The surrounding area has also been the focus of a range of regeneration initiatives including the development of the Forge Shopping Centre and more recently the 2014 Commonwealth Games.

Parkhead is part of the Thriving Places initiative which aims to deliver a range of services *with* local community organisations rather than for them to build on successful projects already being undertaken within local communities. The local community have been extensively consulted through a number of initiatives which has highlighted concerns with lack of green space, poor quality/poorly maintained built environment and too much traffic.

The wider area has large portions of derelict land, surface car parking and significant arterial roads that divide neighbourhoods. These are all challenges that have been considered by Hoskins Architects during the design development for North East Hub.



USE FIGURED DIMENSIONS ONLY. DO NOT SCALE FROM THIS DRAWING. ALL DIMENSIONS IN MM UNLESS NOTED OTHERWISE.  
 ALL DIMENSIONS TO BE VERIFIED ON SITE BEFORE PROCEEDING WITH WORK.  
 HOSKINS ARCHITECTS [HA] TO BE NOTIFIED IN WRITING OF ANY DISCREPANCIES PRIOR TO ORDERING MATERIALS OR COMMENCING WORK.  
 TO BE READ IN CONJUNCTION WITH ALL OTHER HA DRAWINGS, SCHEDULES AND SPECIFICATIONS.  
 ALL DRAWINGS TO BE READ IN CONJUNCTION WITH ENGINEER'S DRAWINGS.  
 REFER TO CONSULTANTS' DRAWINGS FOR STRUCTURAL AND SERVICES INFORMATION.

- SITE OWNERSHIP BOUNDARY
- - - APPLICATION EXTENTS BOUNDARY
- GRASS SURFACE
- TARMAC SURFACE

Application boundary amended to include new kerbing and landscape in SW corner C  
RMC  
 COLOUR CODING OF BOUNDARIES CORRECTED TO REFLECT PLANNING GUIDELINES B  
13/03/2020  
RMC  
 Drawing scale corrected. A  
24/01/2020  
AM  
 FIRST ISSUE -  
11/02/20

<b>Hoskins Architects</b>			
<b>h</b>			
401 South Block, 60/64 Osborne Street, Glasgow G1 5QH +44 (0) 141 553 5800 www.hoskinsarchitects.com			
PROJECT P18-027 NORTH EAST HUB - GLASGOW			
CLIENT HUB WEST SCOTLAND LTD			
SITE PLAN: EXISTING			
DWS. NO. P18-027-AL(00)100	REVISION C	DRAWN BY AM	CHECKED BY --
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## 2.2 Ownership & Existing Buildings

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# Contextual Analysis

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3

### 3.1 Understanding the Context

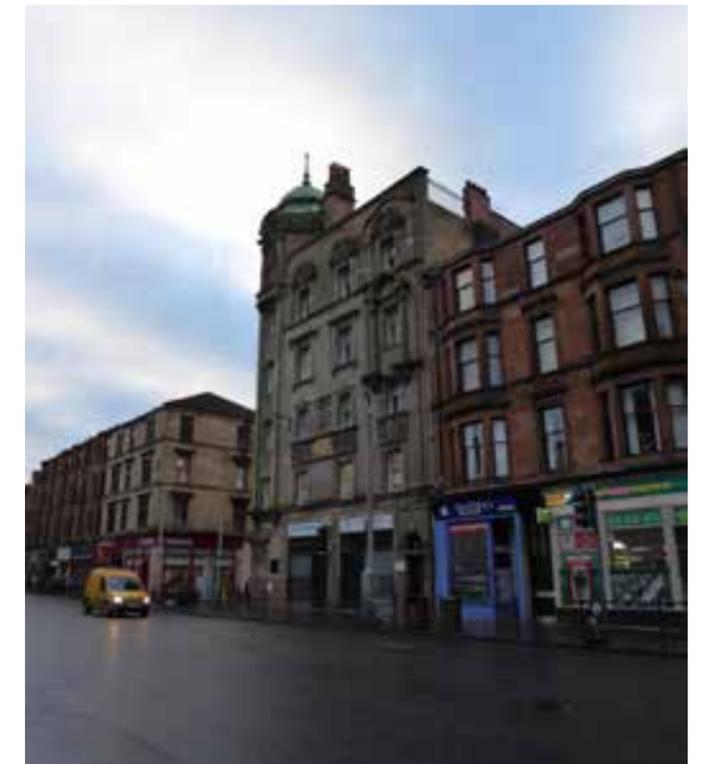
1. Aerial view of site (applicant ownership line shown in red)



The site for the new North East Hub Health and Care Centre (HCC) is located on the site of Parkhead Hospital adjacent to the existing Health Centre, Sandyford Clinic and Anvil Centre. The existing Health Centre and Snadyford Clinic will remain operational during the construction of the new centre. The site is a short walk from Parkhead Cross, opposite The Forge Shopping Centre and is well located to make a very positive statement about health and well-being, facing onto to the key arterial route of Duke Street. The site is easily accessible by public transport from across the north-east of the city and is located close to other well used public facilities such as shops, schools and community facilities.

The surrounding area contains a diverse mix of uses including residential, community, retail, leisure and post industrial wasteland. The west of the site is dominated by well used Forge Shopping Centre for which there is an entrance that faces the site, there is also access to delivery/service yards off Duke Street. The north of the site is faced by the blank wall of the single storey bingo hall and associated car park. The corner of East Wellington Street and Duke Street has an ill defined public space shared by a bank, Forge Market and Bingo Hall. To the west of the site the scale of development is low rise and ill defined. The south side of Salamanca Street, with the exception of the corner with Duke Street, is 'fronted' by the back courts and yards of Westmuir Street. There is a recently constructed six storey tenemental housing block to the corner of Duke Street. The red line site boundary includes what would have originally been the termination of Salamanca Street which no longer intersects with Duke Street.

The streets are wide, a relic of their industrial past when the density of the surrounding streets was much higher. As the historic maps show on the previous pages the site would originally have been crossed by Ravel Row and Dervaig Street and was consolidated into one plot for the construction of the hospital and health centre.



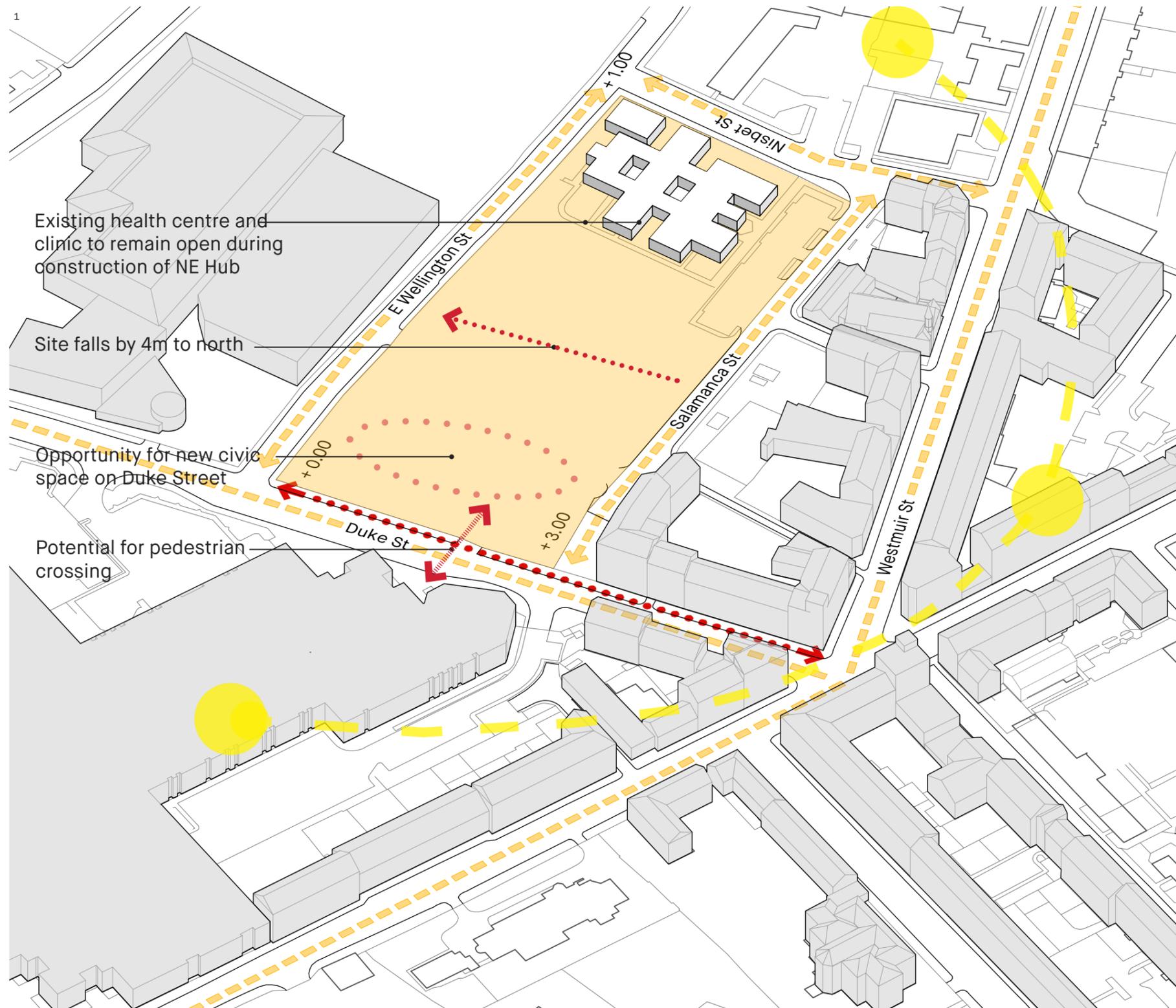
## 3.2 Urban Character

1. View north from Parkhead Cross
2. View south towards Parkhead Cross
3. The Forge Shopping Centre
4. East Wellington Street and public realm



Observations from visits to the site have established a number of key considerations when assessing the current site conditions:

- The site comprises three consolidated urban blocks resulting in long boundaries to the north and south with shorter frontages to Duke Street and Nisbet Street.
- The site has a very open aspect on all four sides with the majority of neighbouring buildings being relatively low rise.
- The traditional tenemental street pattern, intact around Parkhead Cross, breaks down around Salamanca Street and immediately south of the site. A tenemental street pattern would never have existed to the south of East Wellington Street due to the Chemical works and then the Forge and Steelworks
- Unattractive aspects on all sides of site with views of service yards, backs of tenements and large areas of parking
- Surrounding streets provide a mix of residential, retail, community, leisure, work space and surface car parking.
- The site is located directly opposite entrance to The Forge Shopping Centre.
- The site is well served by public transport though as a result of this Duke Street is a very busy thoroughfare and not attractive or particularly safe for pedestrians.



### 3.3 Site Constraints and Opportunities

- The existing health centre must remain open until the new Hub is operational, this necessitates the new building being located to the west end of the site, adjacent to Duke Street with the car park being provided to the east side of the site following demolition of the existing buildings.
- This building location affords the opportunity for the new facility to address busy Duke Street in a welcoming and attractive way.
- There is the opportunity to prioritise the public realm. With two-thirds of the car park expected to be for staff use the building can face Duke Street and provide a suitable civic response to the surroundings. The new public-serving development will give Parkhead and its surrounding communities a civic space they deserve.
- The site itself slopes down by 4m from south to north. This offers the potential for upper level accommodation to address Duke Street with lower level accommodation opening onto East Wellington Street if the briefed accommodation supports such a move.

# Design Principles & Consultation

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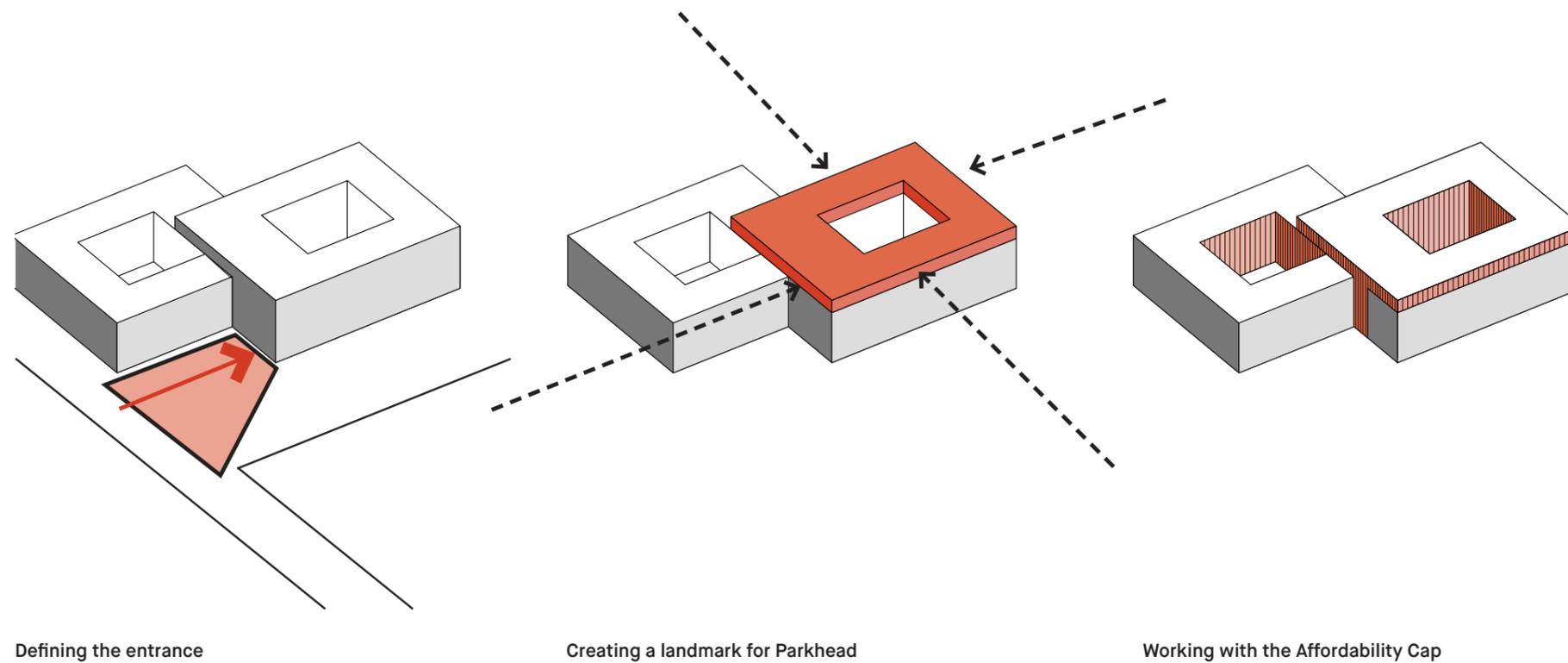
## 4.1 Site Plan Concept

### 1. Site Concept



1. Examples of extruded curtain walling cap fins
  2. Example of interior space with views framed behind fins
  3. Example of brick and metal used alongside each other, Allermuir HC
  4. Example of brick and metal by Stanton Williams
  5. Patterned metal screen, Mecanoo
  6. Examples of extruded curtain walling cap fins from interior
- All projects by Hoskins Architects unless otherwise stated

## 4.2 Architectural Concept

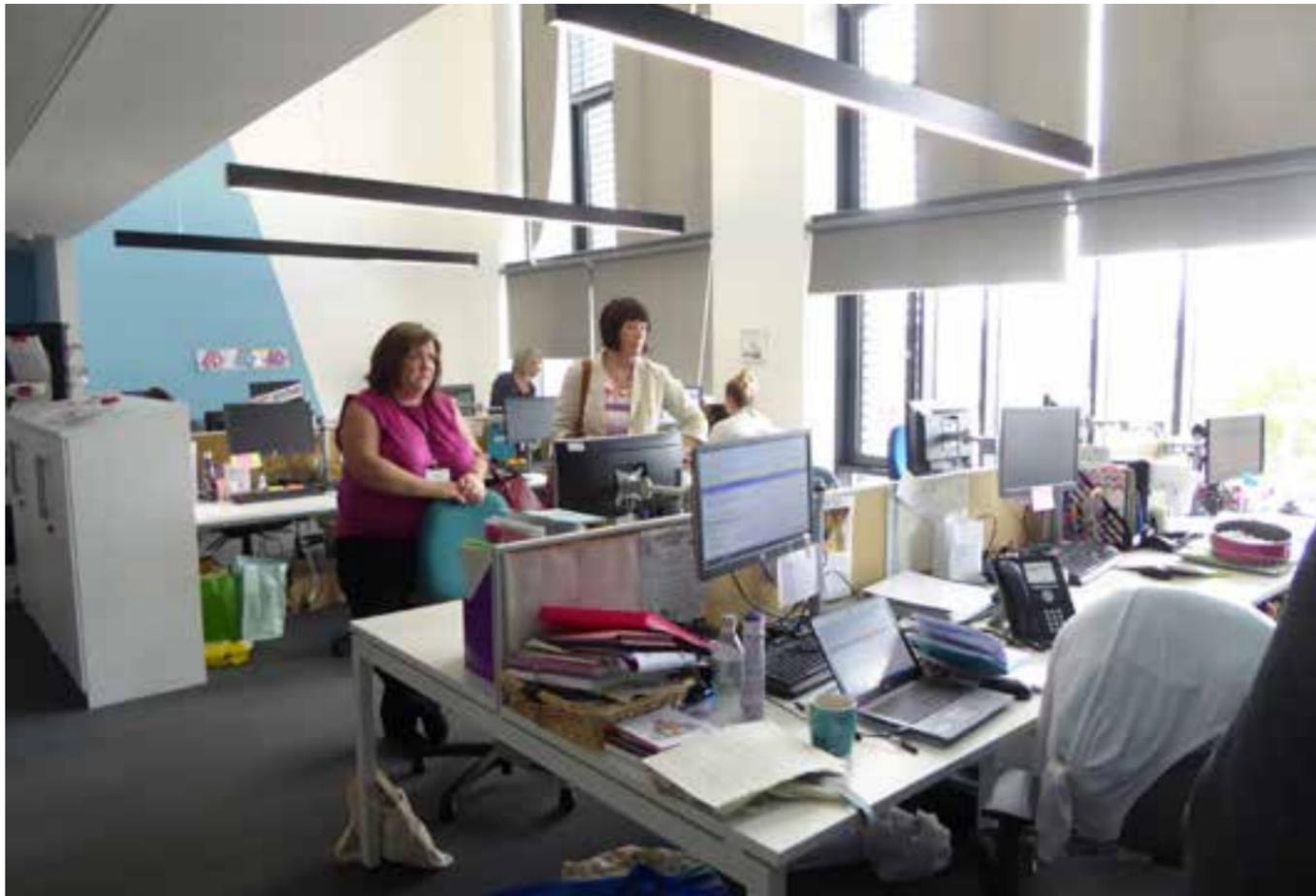


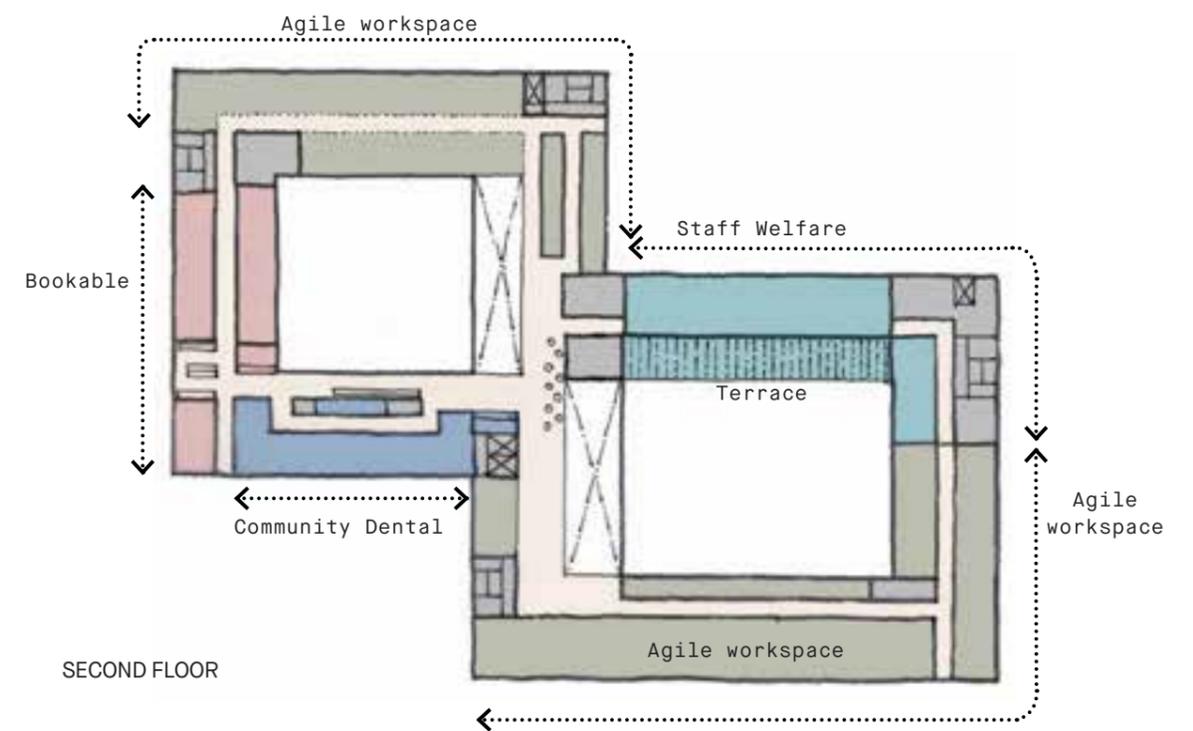
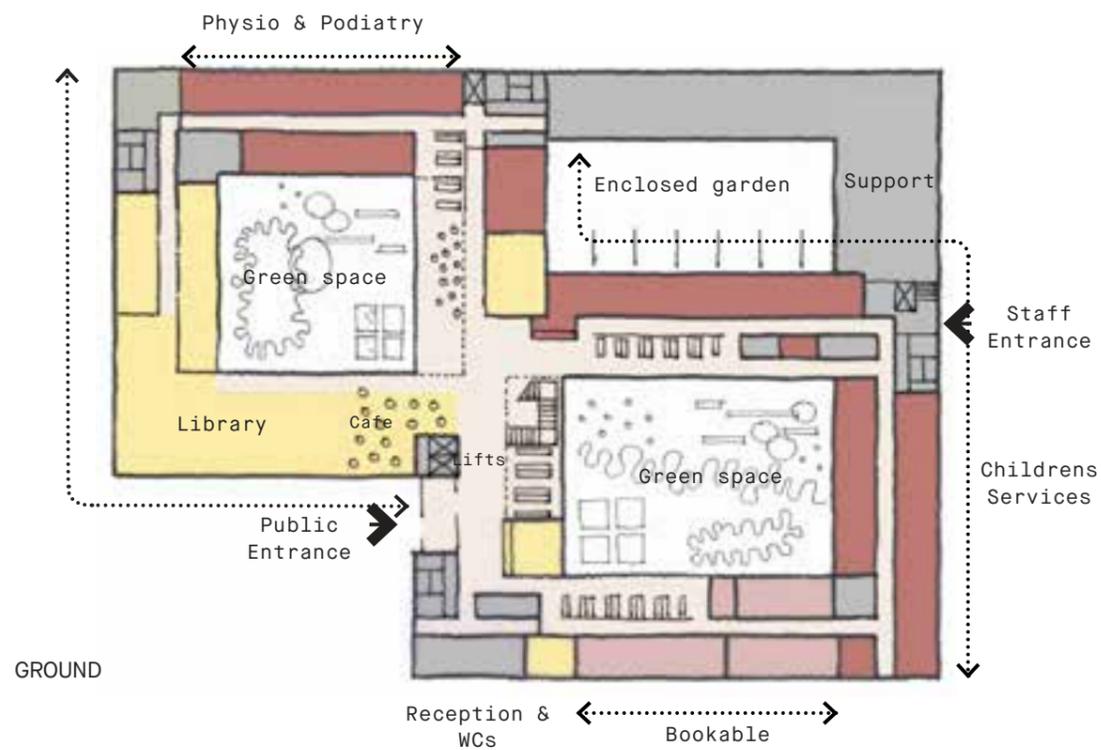
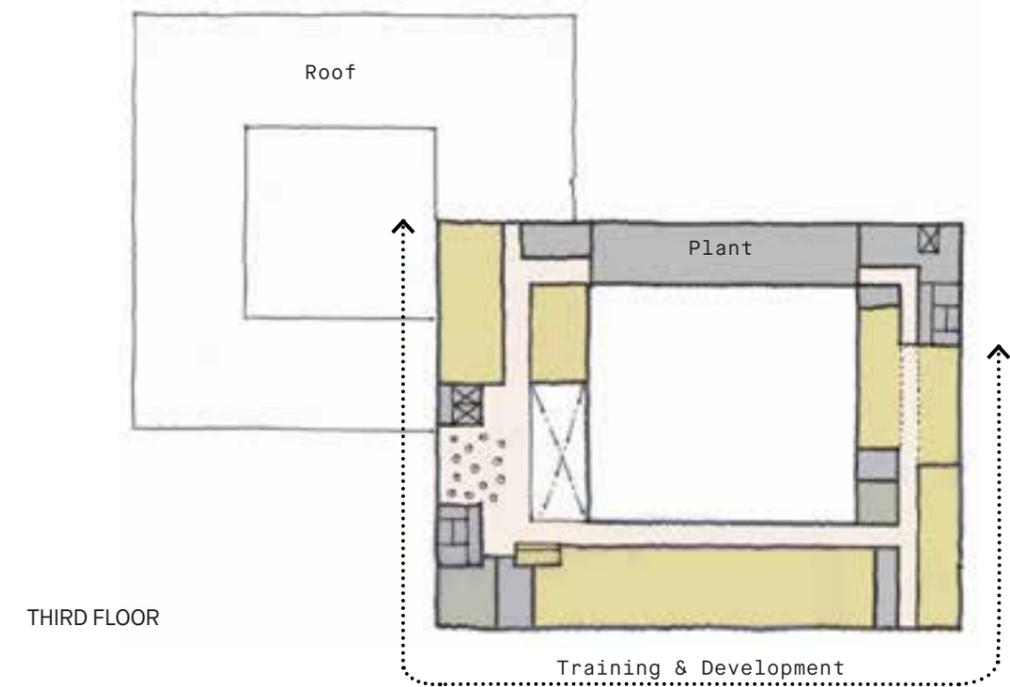
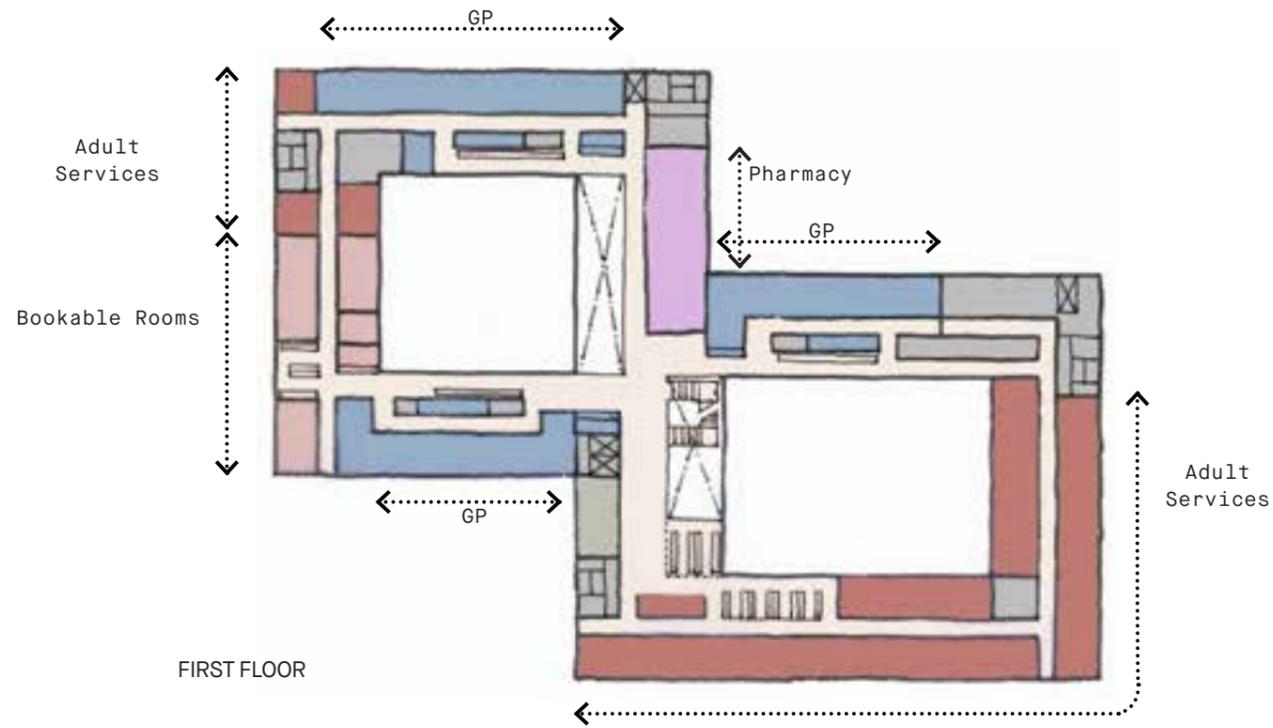
The architectural concept seeks to embrace the existing busy public realm through the creation of an entrance plaza that allows the building's front door to address Duke Street directly. The site and nature of the project demand a building that will engage with the urban grain of Parkhead and the wider city to create a building that is civic in character. It seeks to create a landmark for Parkhead in the way civic buildings of the past offered the city something more than functional necessity. The building does not seek to create novelty through the architecture but instead a playful reference to the historic industry of Parkhead through the use of brick and metal.

The uppermost storey of the building is envisaged as a 'crown' of metal fins, presently they have been shown conceptually in gold to contrast with the brick but this is a decision that would require a great deal of testing and engagement with local stakeholders and the Planners prior to any final decision being taken on the colours or materiality.

The architectural intent is that the brick be simply detailed with minimal numbers of window types to keep the costs for the facade to a minimum and allow an appropriate budget for the crown which reveals itself when the exterior brick skin is interrupted at the main entrance, cafe and within the courtyards. Internally the building is softer and warmer with timber back boxes to the curtain walling and timber top rails to the balustrades.

The succeeding pages illustrate the plans, sections, elevations and visualisations we have prepared in order to explain our design concepts.





## 4.3 Building Organisation

The building is organised over four levels around two courtyards. The plan arrangement creates an open, welcoming civic space to Duke Street and an enclosed garden to the quieter north side of the site. The courtyards are connected by a central spine containing the primary circulation lifts and stairs.

Clinical accommodation is located across the ground, first and second floors with agile workspace predominantly on the second floor and Learning & Development occupying the third floor. The diagrams on the facing page illustrate the zones for each department on each level. Consulting rooms are organised around the perimeter of the building, to take advantage of views, natural light and ventilation, with a layer of support accommodation (toilets/stores/services) between the circulation and waiting areas. Waiting areas are organised around the courtyards and atrium spaces.

### Ground Floor

The building is accessed via a single entrance addressing Duke Street. Upon entry the visitor is greeted by a direct generous view to the landscaped courtyard beyond and the main community reception facing them to the right. The stair and lift are centrally located and visible upon entry and from the main reception desk. There are atria associated with each courtyard, connected by a central organisational foyer space on ground, first and second floors, which extend up through the building.

The café and library are visible from the external entrance plaza and open out onto the three storey western courtyard. Next to the library, the community spaces wraps round the South Western corner and gives views back towards Duke St. Large group rooms are located towards the North Western corner beyond the community space. Due to the natural slope across the site these rooms are afforded greater privacy.

A main public toilet block is located adjacent to the main reception, close to the café, with smaller blocks distributed through the plan to serve the various departments and reduce

travel distances to wcs.

Two sides of the Eastern Courtyard are occupied by Children's Services, allowing the waiting area to take advantage of the open external space offered by the courtyard as well as the more private secure garden to the north which is enclosed by plant/service space and therefore not overlooked at ground floor. The 3 Case Conference rooms are located on the ground floor next to a vertical circulation core, this facilitates ease of movement for attendees approaching from both inside and outside the building.

The ground floor also accommodates Physiotherapy and Podiatry and a range of bookable rooms. This location allows ease of movement for the often elderly and mobility impaired patients to reach the waiting area. The physio waiting area and gym have direct access into the Western courtyard for gait analysis and rehabilitation exercises.

Within the suite of ground floor bookable rooms to the South of the Eastern courtyard there are the range of treatment and consultation rooms accommodating the District Nursing service and Immunisations.

The North East corner houses plant and support spaces, clustered around the staff entrance. Their lower level location allows access from East Wellington St. Due to these spaces having no requirement for windows they are used to enclose the private garden space used by the Childrens Services contact rooms.

### First Floor

The first floor accommodates three GP practices, Pharmacy, Adult Services, Criminal Justice and another bank of bookable rooms. The position of the bookable rooms on the first floor allows the GP practices to share some of the facilities if required.

The three GP practices are visible from the stair/lift arrival point within the first floor foyer space. The GP receptions all have direct access to their administration offices as well as overlooking their respective waiting areas, establishing a direct connection to the waiting spaces (i.e. are not crossed by patients circulating to other services). The Pharmacy is co-located with the GP practices to reinforce the perception of single, cohesive service.

The Adult Services reception is located close to the stair/lift arrival. Addiction Services has been located within Adult Services as the users may be using several of the services at any one time. There is additional flexible waiting space in the foyer to allow adult services to expand into the bookable zone as required.

The suite of bookable rooms arranged along the western edge of the building has a sub-waiting space and have a mix of room types to accommodate departments such as the Acute Services. There is the option for there to be a sub-reception.

The central foyer space connects both blocks and courtyards allowing patients and service users to easily navigate around the building. There are a variety of different waiting spaces, ranging from quiet to busier spaces to cater to the needs of as many users as possible.

### Second Floor

The second floor contains the majority of the agile staff areas, some additional bookable meeting rooms are located on the first floor and in the Learning & Development department on the third floor. There are also two publicly accessible services on this floor: Community Dental and Sandyford. As such the main open public stair extends to this level.

The Community Dental and Sandyford are arranged around the West courtyard. Arrangement of the Community Dental accommodation follows the same strategy as the GPs surgery

with a clear reception adjacent to a waiting area overlooking the courtyard. A bank of clinical rooms separate two circulation routes with consultant rooms are arranged along the external façade. The Sandyford suite of rooms, like the bookable rooms on the first floor, are arranged along the western edge of the building and have a sub-reception and sub-waiting space.

The positioning of the public facilities on this floor allows for a clear line of security between staff and the public. Staff arrive on the second floor by either the public stair and lift or the dedicated staff stair & lift in the North East corner. This floor is planned to enable the open plan office spaces to have the potential for natural cross ventilation and natural light.

On this floor is the staff welfare space with a south-facing balcony across the width of the Eastern courtyard. It is proposed that this area will act as a point of congregation for staff, opposed to the previously disparate services. Various break out spaces are arranged next the atria and are flooded with light from the rooflight above. There are some bookable meeting rooms clustered around the stair and lift within the secure line of the staff area, so they are accessible to all staff or visitors coming from outwith the building.

### Third Floor

The third floor contains all Learning & Development spaces, training rooms of varying sizes, breakout space and open plan office space for support staff and those who deliver the training. The four larger training rooms along the south edge of the building are flexible and can be combined if required.

The third floor is accessed by stair or lift from the main ground floor reception, a dedicated reception is positioned to be clearly visible upon arrival. The agile workspace is located close to the staff core with views to the east and into the landscaped courtyard.

# Design Response

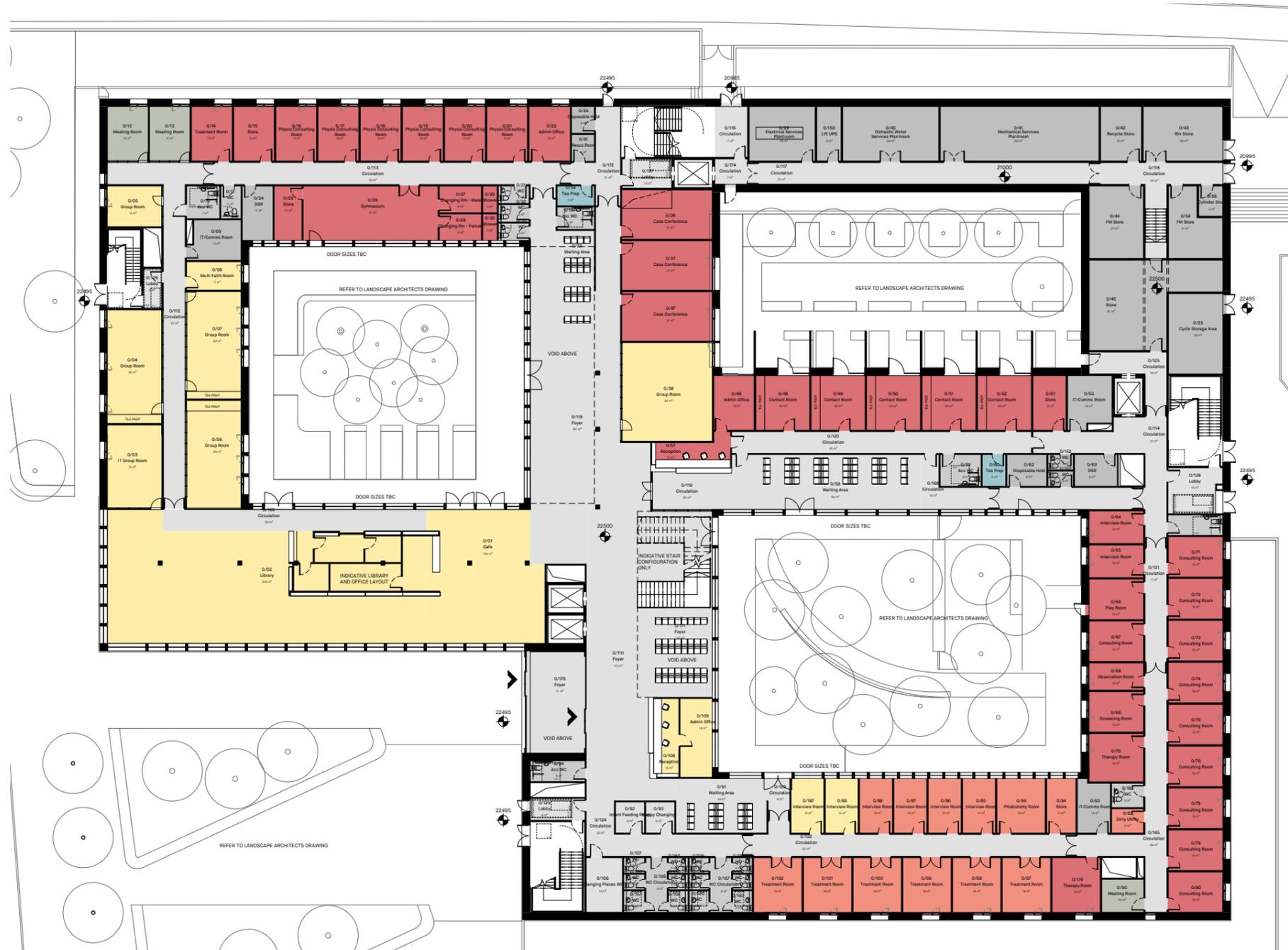
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# 5.1 Site Strategy



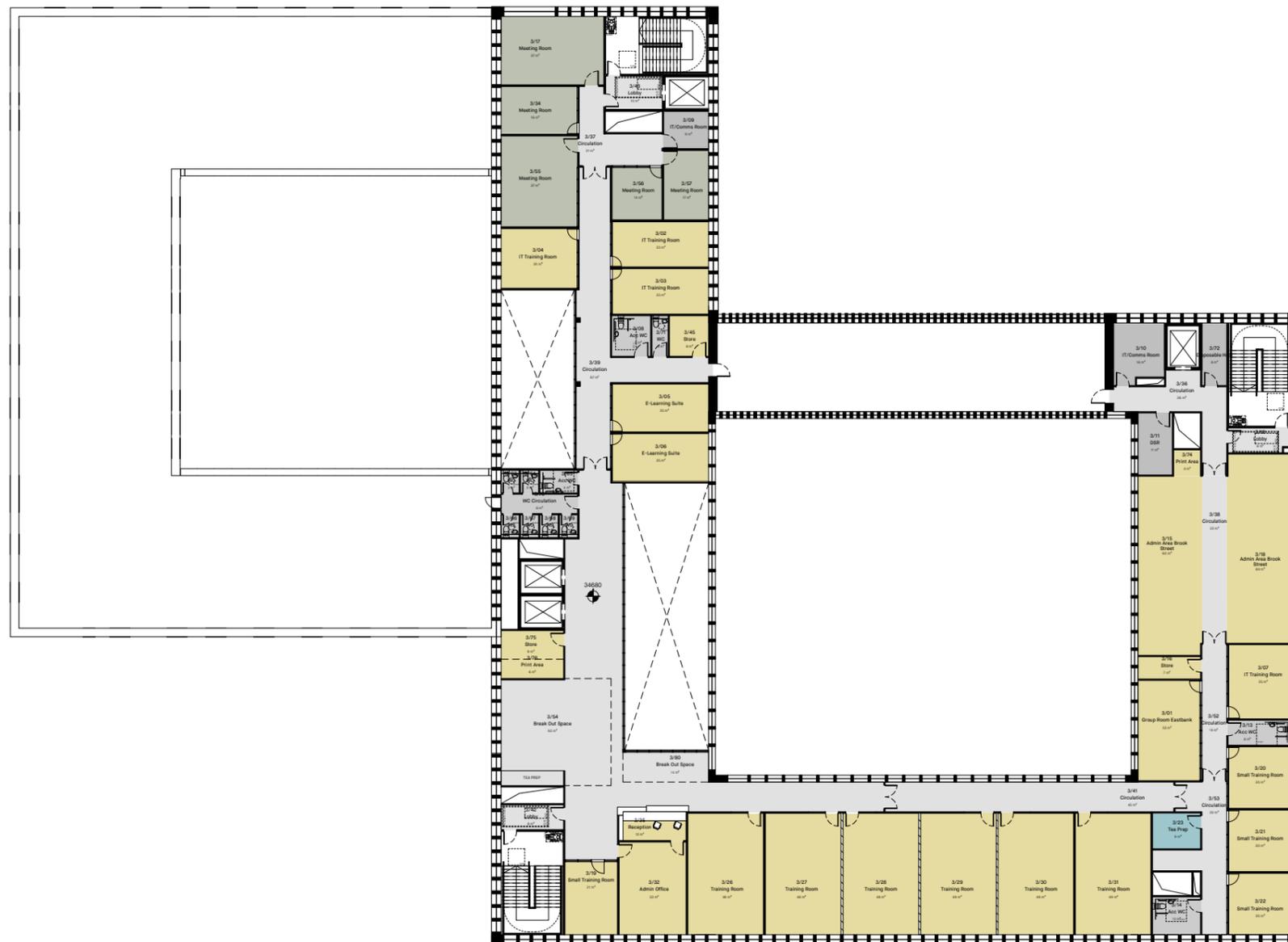
## 5.2 Ground Floor Plan



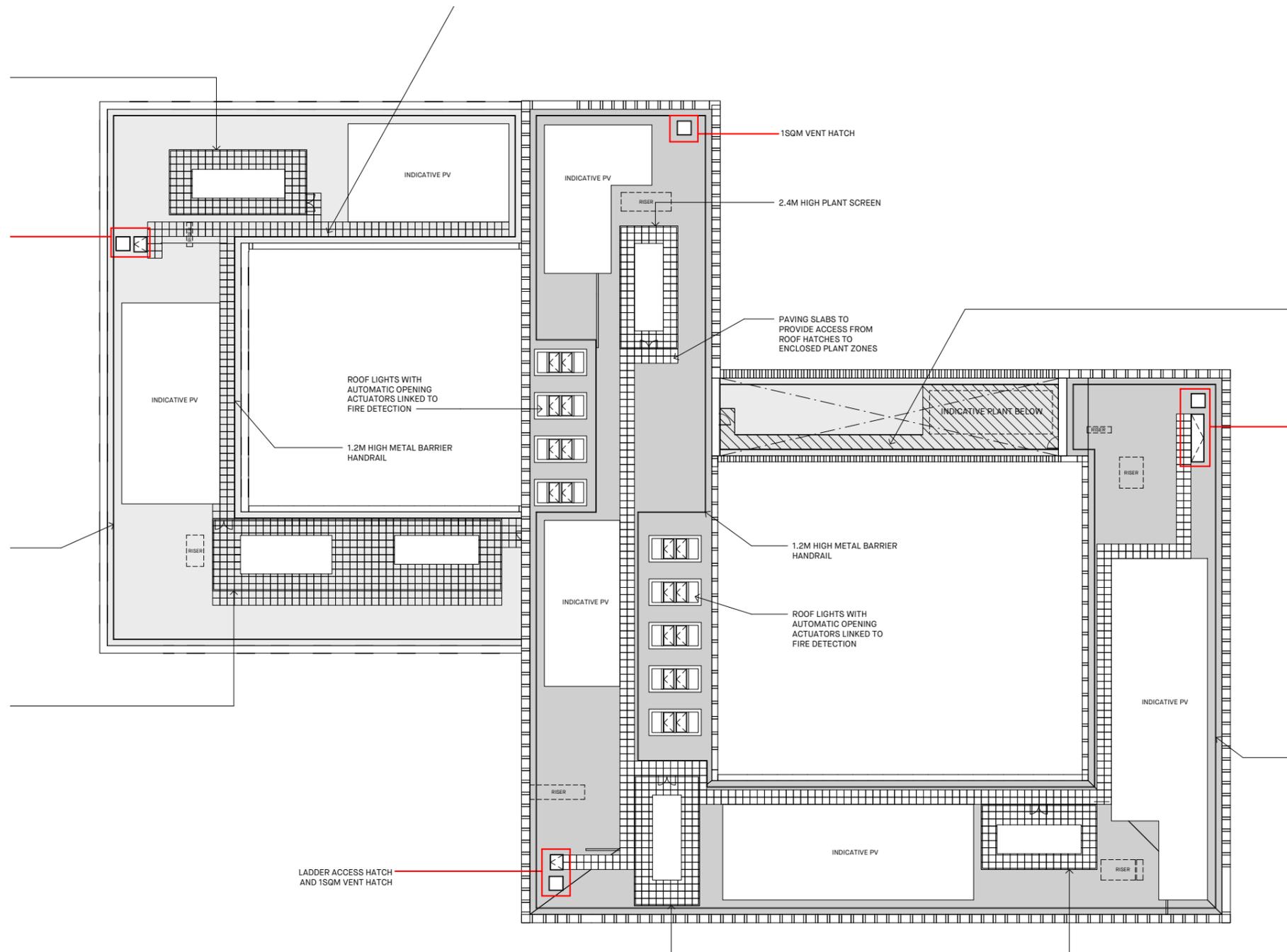




# 5.5 Third Floor Plan



## 5.6 Roof Plan



## 5.7 Scale and Form



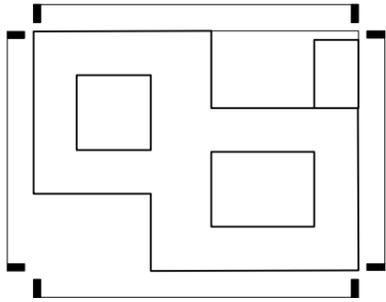




## 5.8 Internal Visualisations







## 5.9 North & South Elevations

1



2



### 5.10 East & West Elevations

3



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# North East Health Hub – OBC - MEP Systems Overview April 2020

**AECOM** Imagine it  
Delivered



# Demolition Phase

**Demolition works** conducted across multiple project phases.

Phase 1: Demolition of two buildings (Hospital & Anvil building). Existing services serving the retained building (healthcare centre) to be protected during demolition works.

Phase 2: No demolition works conducted

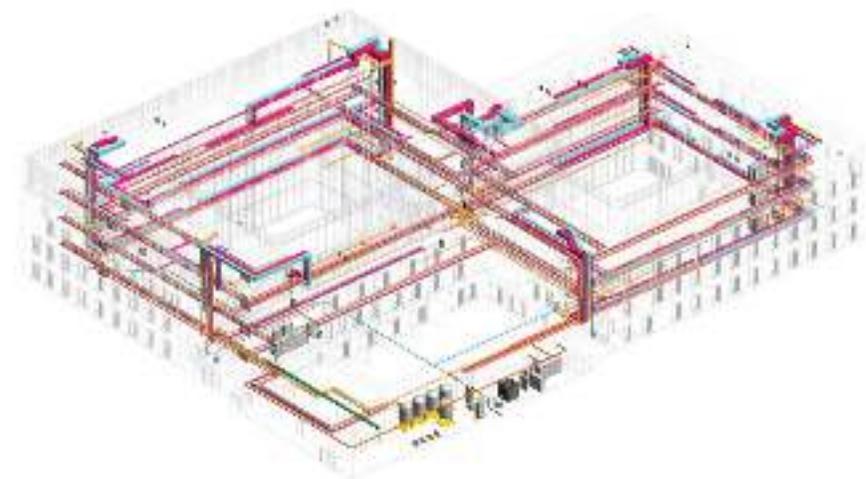
Phase 3: Demolition of the healthcare centre.

Protection of existing buried power cables, data cables, and hydrant connection points around site required during phase 1 demolition. Protection necessary to ensure continuity of services to facilities out-with the Parkhead site.

Where practical, existing incoming utility connection points are to be reused to supply service to the new Healthcare building. New water main proposed based on discussions with NHS GG&C AE.



Image: Hoskins Architects

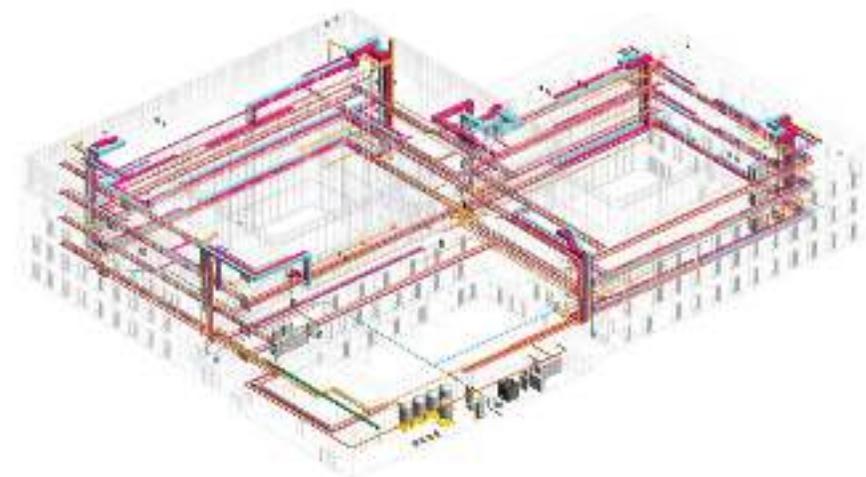


# Ventilation Design

**Passive, Low Carbon HVAC Design** Taking a fabric first approach and Incorporating Passive Natural Ventilation wherever possible, with a key focus on adaptive comfort and user control inline with CIBSE TM52 guidance (all 3 criteria to be complied with)

Where **Mechanical Ventilation** is used, a low velocity design has been incorporated with local roof mounted AHU minimising duct runs, and thereby fan energy use. Keeping SFP's down is key to energy strategy.

Mechanical System focusses on emulating naturally ventilated spaces through use of variable air volume system with localised user control, inline with TM52 adaptive comfort guidance



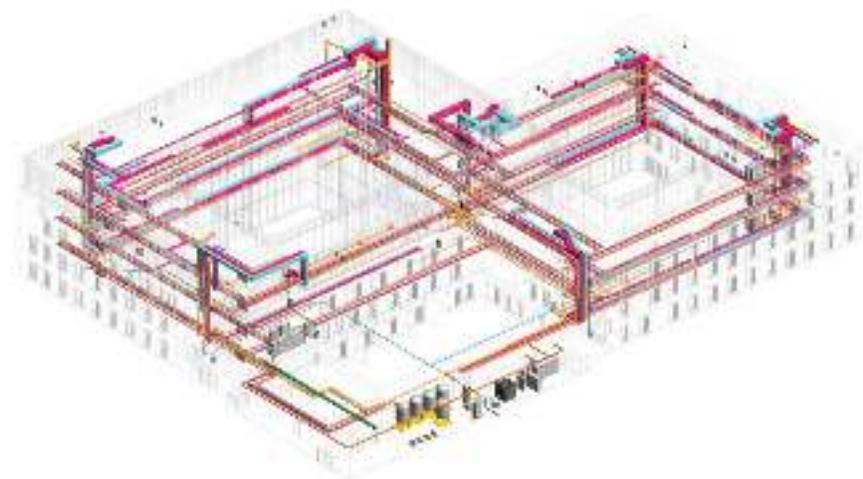
# Heating Design

Use of **low carbon Air Source Heat Pumps (ASHP)** which take advantage of decarbonisation of electricity grid, in combination with high volume thermal stores to assist in load shifting

**LTHW System** incorporates low flow and return temperatures in order to maximise ASHP Efficiencies

Fabric first approach to minimise heat loss through fabric elements and infiltration

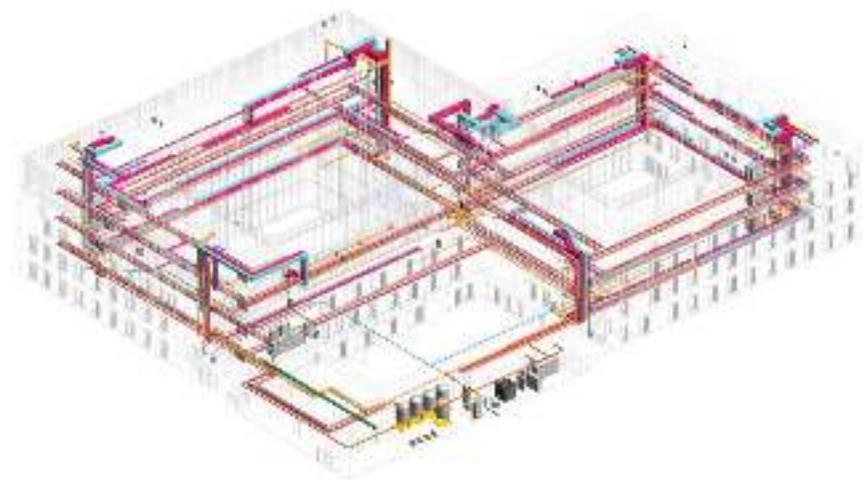
Individual metering of zones allows for deeper interrogation of energy use post occupancy



# Water services

Localised instantaneous hot water heaters provided rather than a centralised system. This not only reduces distribution losses but also avoids significant heat gain from ceiling voids, assisting in mitigating summertime overheating

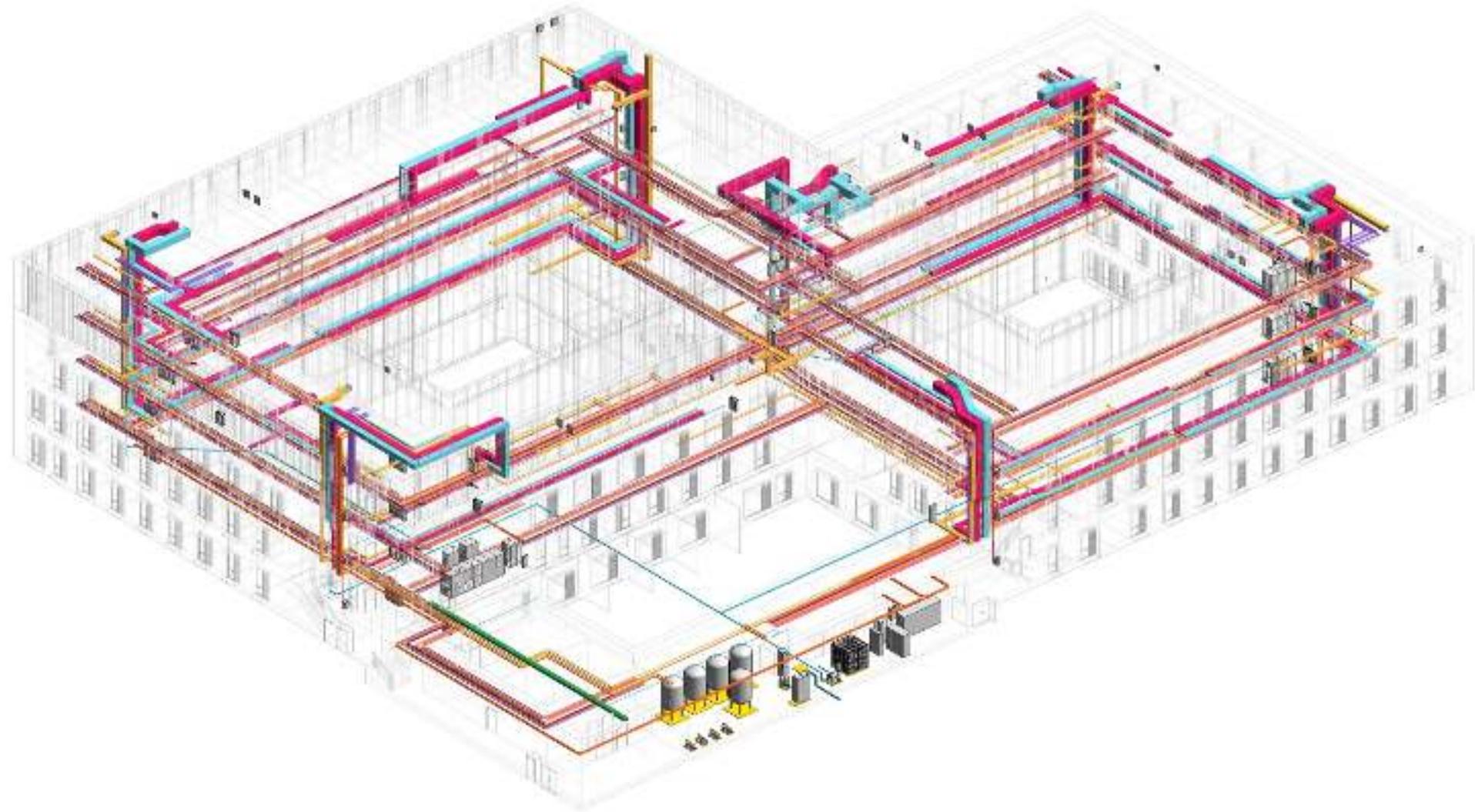
Cold water supply routed below ground, entering at several points to serve risers. This reduces pipework runs and mitigates chance of increased water temperatures during summer periods, which may lead to increased requirements for full system flushing



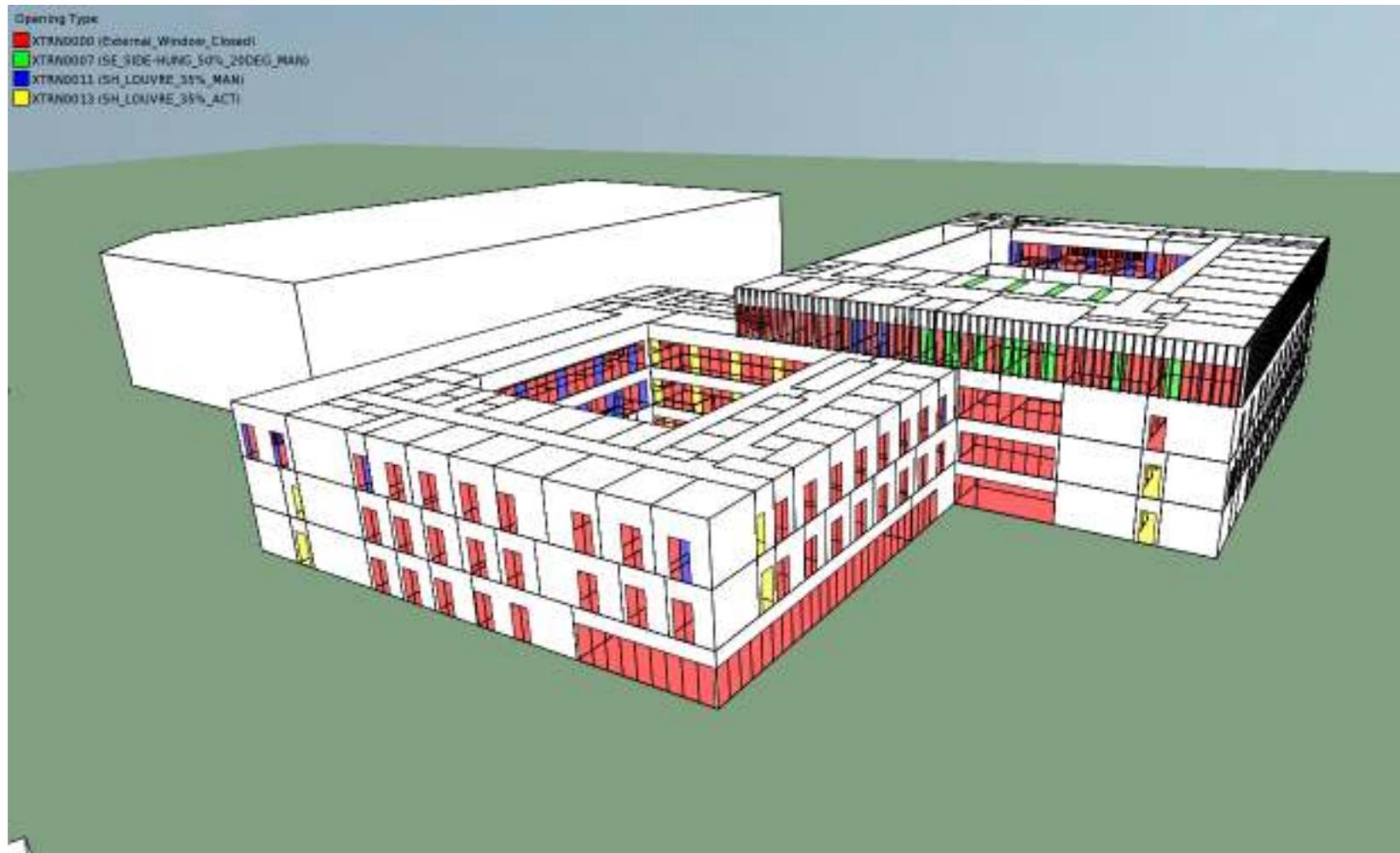
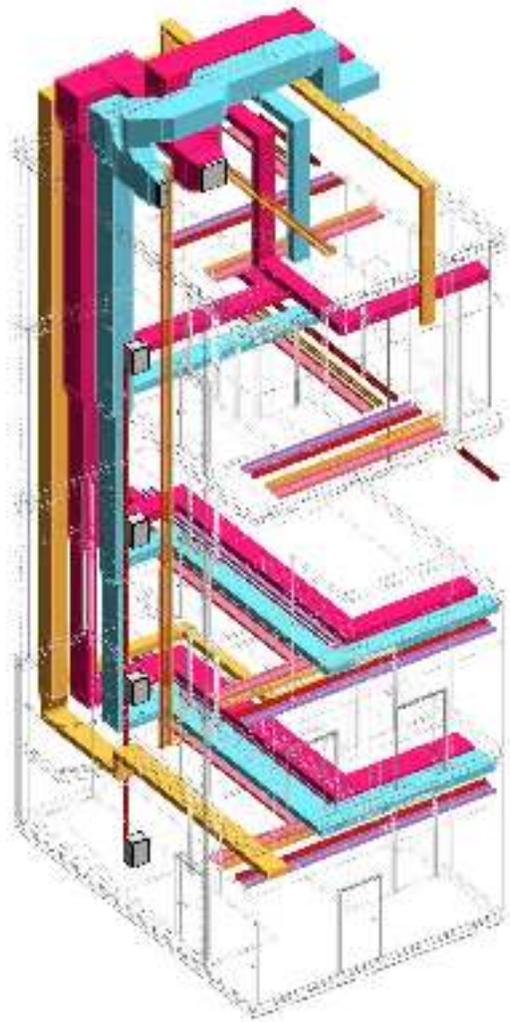
# Services modelling

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# Services modelling

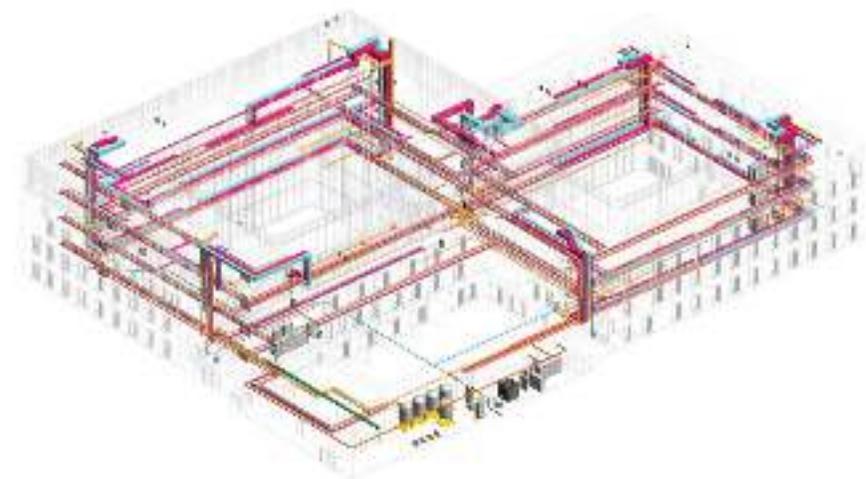


# Electrical Design (general)

**Main electrical plant** installed on ground floor, facilitating ease of access for future plant replacement, and access to third parties (Scottish Power, BT). Site is a low voltage customer.

**Central electrical risers** positioned around floorplate, providing a central vertical pathway for distribution of all electrical services, increasing usable floorspace for client activities.

**Rising busbar** solution employed, allowing a significant reducing in outgoing submain cables from the main switchboard, and main switchboard room size.

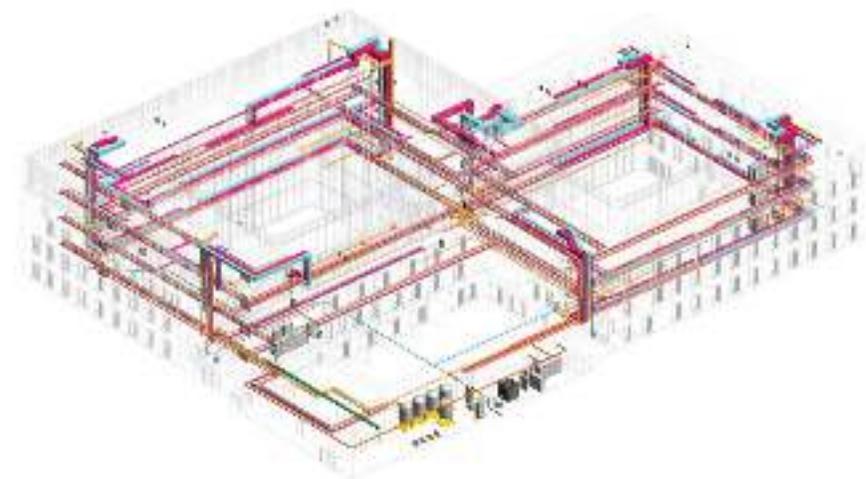


# Lighting and small power

Lighting and small power to be provided for all spaces to suit user requirements.

**LED light** linked to smart lighting controls used across site. Where practical, daylight linking and dimming of carpark luminaires to be employed.

All emergency luminaires and exit signs to be provided with an integral battery pack and monitoring functionality, allowing all devices to be centrally monitored via the Building Energy Management System (BEMS).

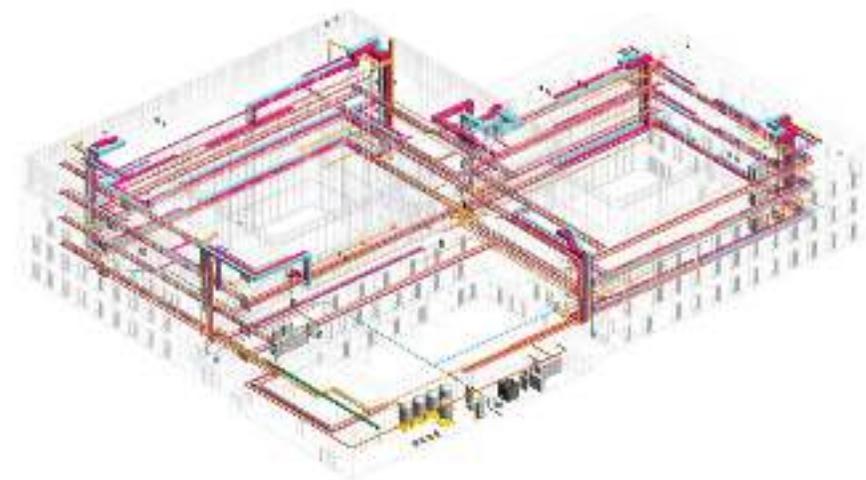


# Energy efficiency and intelligent building

**PV solar** will be capable of providing power to the building, and can export excess power back to the local grid, reducing ongoing building **OPEX expenditure**.

An **intelligent room booking/monitoring system**, capable of monitoring room usage, allows the client to better manage room allocation, and determine how best to use spaces within the building.

All **lighting, small power, and mechanical circuits to be metered**. All meter data collated at BMS for review and analysis.

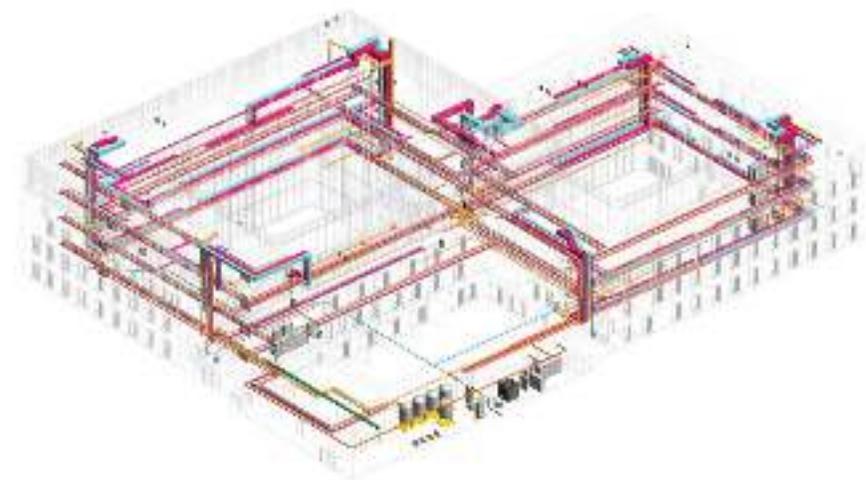


# External Services

Electric vehicle charging stations will allow the public to rapidly charge their vehicles, reducing the need for the public to upgrade private installations.

A generator connection point provisioned, allowing a temporary generator to be connected to site, providing a secondary, independent source of power.

Lighting to complement external CCTV system. CCTV coverage provisioned for all external spaces. Well lit pathways, roads and parking bays enhances CCTV coverage, and perceived safety to staff and members of the public using facilities at night.



# IT and Communications Design (general)

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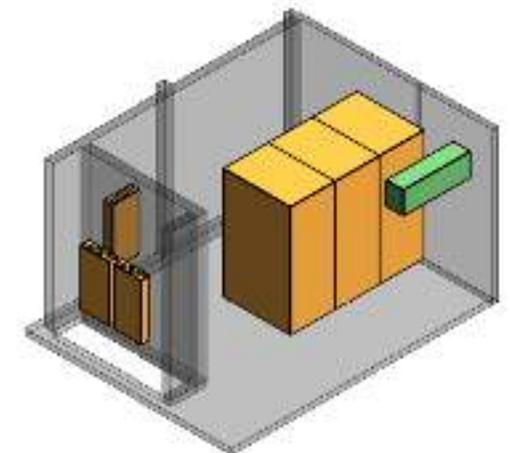


Three Key Elements in scope for the provision of IT and Communications services, namely:-

- IT Accommodation
- Structured Cabling System
- Active IP LAN – Building Services Systems

**IT Accommodation** consists of one Main Communications Room on the 1<sup>st</sup> floor and 10 Comms Rooms distributed throughout the building to ensure compliance with the standards and the 90m cable length for horizontal copper cabling.

The IT Accommodation is serviced by a standard wall mount high level air-conditioning solution in each room and a centralised N+1 UPS solution for all the IT Accommodation. The centralised UPS solution is accommodated within the Main Comms Room on level 1



IT/ COMMS ROOM 1/31 ( TYPICAL )

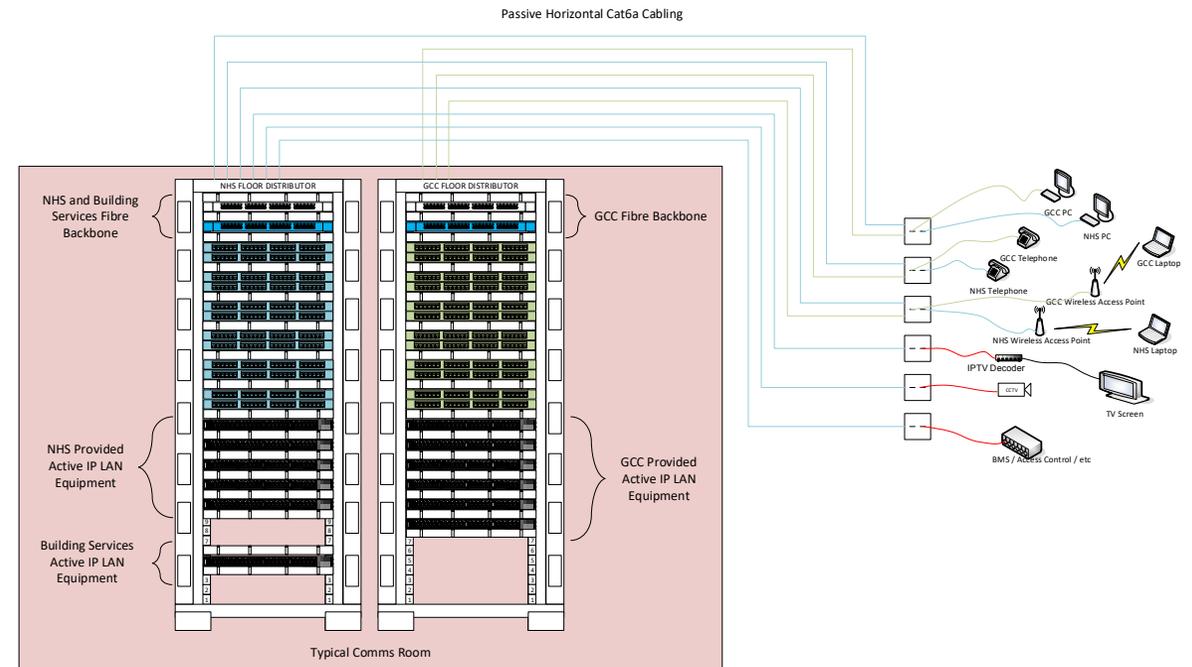
# IT and Communications Design (general)

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The **Structured Cabling System** will utilise a shielded Cat6a solution for the horizontal cabling subsystem and a resilient blown fibre solution for the backbone cabling subsystem. Key principles for the structured cabling system are:-

- Totally separate cabinets for each stakeholder
- A dual RJ45 user outlet has one socket cabled back to the NHS cabinet and the other socket cabled back to the GCC cabinet
- There will be two totally separate sets of wireless access points throughout the entire building
- Dual RJ45 user outlets located throughout the building in accordance with the Room Data Sheets will be able to be used by either the NHS or GCC



# IT and Communications Design (general)

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The **Active IP LAN – Building Services Systems** will be provided to support the IP connectivity of all building services systems that utilise IP technology. These building services systems will include, but not be limited to:-

- CCTV
- Access control
- BMS
- Lighting control

