Glasgow City Health and Social Care Partnership:

Improving Services in North East Glasgow

Initial Agreement

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1. Executive Summary

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.

The services and building included in this Initial Agreement are located in the North East Locality, which has a population of over 177,000 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

This paper sets out an initial proposal for how we would propose to improve many services for residents of north east Glasgow, through the development of a substantial health and social care hub. The hub would be a focal point for a wide range of health and care services for both the east end and the wider north east of Glasgow. The hub would form a key part of the property strategy for the city: it would facilitate the rationalisation of existing accommodation in the north east, enable investment to be focused on a smaller number of properties, support the longer term sustainability of the HSCP's building infrastructure and shift the balance of care from hospital to community, by providing fit for purpose and welcoming environments for the population of the area and the workforce.

Our next step in developing these proposals will be to commission an open and transparent site option appraisal process, involving all the stakeholders in the project. A team of consultants will work with the City Council and NHSGG&C to identify a long list of suitable sites in the east end area and will then run stakeholder workshops that will score a short list of sites. Our commitment is to include the sites of Parkhead Hospital/Health Centre and Lightburn Hospital in the short list as well as two or three other sites which will be identified by the consultants.

2. Purpose

2.1 Strategic Case

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, working with six partner local authorities.

Scottish Government's most recent Health and Social Care Delivery Plan (HSCDP) is predicated on a "Triple Aim" of Better Health, Better Care and Better Value. It also describes these aims in terms of reducing inappropriate use of hospital services; shifting resources to primary and community care and supporting capacity of community care. In response to this national strategic background NHSGG&C has initiated a major change programme, entitled **Moving Forward Together,** to ensure that our health and social care services keep pace with best available evidence and the on-going transformational change that is taking place nationally and regionally. The programme's objectives are to ensure that future services are safe, effective, person centred and sustainable care to meet the current and future needs of our population. This is entirely in line with NHS Scotland's strategic priorities, particularly in relation to the 2020 Vision and the Quality Strategy.

GCHSCP provides strategic leadership and direction for all community based NHS services in the Glasgow City area and works with partners to improve the health of local people and the services they receive. This approach recognises that good health outcomes are achieved through much more than just clinically led services, important though these are.

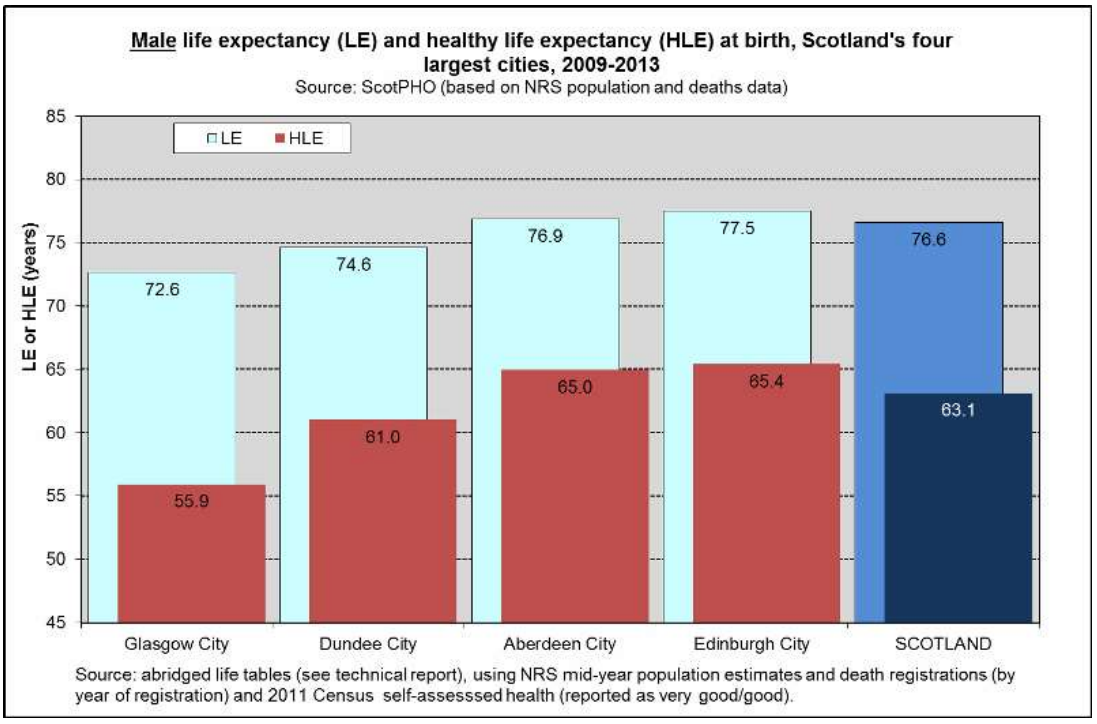
From the HSCP perspective, our planning is underpinned by the five strategic themes.

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

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.

Demographic profile

- Glasgow's population has risen in the last ten years after decades of decline. In 2016 the city's population stood at 615,070. This growth is expected to continue over the next few years.
- 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 12% in 2011.
- 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 12% in 2011.
- Estimated male life expectancy at birth in the city increased by 5.2 years (from 68.2 years to 73.4 years) and by 3.8 years for females (from 75 years to 78.8 years) over a 22 year period (from 1991-93 to 2013-15).
- The likelihood of a 15 year old Glaswegian living to their 65th 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 3.8 years less than in Scotland as a whole and Glaswegian women are predicted to live for 2.3 years less on average (in period 2013-15).
- Glasgow's population will grow by 7% between 2014 and 2039, an increase of 40,000. Projections suggest that the city's population is set to get older with the population over 50 years of age predicted to rise by 46,000 between 2014 and 2039 to 234,000.
- 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 2039 it is forecast they will represent half of all households in the city.[1]



[1] http://www.understandingglasgow.com/indicators/population/overview

- 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.

2.2 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 and internal layouts 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 are services operate from 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.

2.3 Economic Case

In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of flexible integrated working required to make a more positive impact on reducing unequal health outcomes and supporting self-management, particularly in regard to multi-morbidities. The current facilities have been assessed as not meeting the basic needs, so the "Do Nothing" option is not viable. The poor repair and on-going maintenance of the buildings mean that from a repairs perspective it is "money hungry". The proposal also includes the rationalisation of existing leased and owned properties and the proposed solution will result in reduction in rental payments made by the Council and NHSGG&C. The preferred solution is therefore a new-build facility, to be delivered within an overall funding envelope of £40m to £47 m (actual figures depending on the preferred financing route).

2.4 Commercial, Financial and Management Cases

Further discussion will be required with the Scottish Government regarding the financing route for the project. The financial assessment used in this Initial Agreement provides two calculations showing the financial requirements for a "Design, Build, Finance, and Manage" (DBFM) contract and a capital funded project.

The high level timetable for the project is shown in the following table:

Stage	Estimated date
Submission of Initial Agreement	End June 2018
Site Options Appraisal	March to August 2018
Submit Outline Business Case	August 2019
Submit Full Business Case	November 2020
Financial Close (if funded as hub DBFM)	March 2021
Construction	From April 2021

The Governance and Project Management arrangements are based on previous approved schemes, and experience from the developments such as Eastwood and Maryhill will help us improve these areas (see section 6).

2.5 Summary of Objectives

The proposal for an East End Health and Social Care Hub is therefore vitally important in terms of tackling health inequalities, promoting supported self-management, fostering the principles of multi-disciplinary anticipatory approaches and maximising effectiveness in how we work with colleagues in the acute sector. It will contribute to local economic regeneration and the wider Council and Community Planning Partnership objectives, foster economic growth, including improving health for all, resilient communities, including a focus on "place making" and making best use of local facilities and a fairer and more equal Glasgow, including reducing poverty and inequalities.

- Our first objective is, therefore, to **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.

- Our second objective is to **improve access** through a more natural flow of services and 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 too all because the current configuration of services have developed over time largely based on the location of available buildings to occupy.

- Our third objective is to **improve performance across a number of services and themes 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 the community to improve outcomes across a wide range of services and interventions.

- Our fourth objective is to 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.

- Our fifth objective is to **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. with regards to Disability Discrimination Act requirements. One of the overriding themes coming from our stakeholder engagement work was that the hub should be fully accessible as a community asset.

3. Strategic Background

In considering new ways of working we have considered who is affected by our proposal and worked to engage their views at an early stage. We have also considered how our objectives align with and help to deliver the wider strategic NHS priorities, both at national and

NHSGGC levels. Finally, we have taken account of the key external factors that influence or are influenced by our proposal.

We are confident that the anticipated benefits described above and throughout the Initial Agreement will be realised, and that this will deliver genuinely improved outcomes for the people of north east Glasgow.

Who is affected and engagement with key stakeholder?

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
Organisation	The Integrated Joint Board has received a number of detailed reports on the proposals, including at its meetings on the 21 September 2016, 15 February 2017 and 21 March 2018. The Health Board received a detailed background report on the proposals at its meeting on the 15 June 2017 along with the Strategic Assessment Summary. NHSGG&C Board received a report on the Initial Agreement at the following meetings: • Capital planning group – 5 April 2018 • Corporate management team – 3 May 2018 • Board seminar – 1 June 2018 • Finance and Performance Committee – 5 June 2018 • Full Board – 26 June 2018 This proposal is incorporated into the Board's Property and Asset Management Strategy. Glasgow City Council received the Initial Agreement at the following meetings: • Property and Land Services Steering Group – 16 March 2018 • City Administration Committee – 3 May 2018	The Integrated Joint Board for the Glasgow City Health and Social Care Partnership, NHSGG&C and Glasgow City Council fully support these proposals (to be finalised) (text in red shows meetings not yet held and will be turned to black once all the meetings have been completed).

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
	The Locality Engagement Forum for the North East, which meets about 7 to 8 times per year, involves service users and carers has been closely involved in the process and receives regular briefings and updates A wide ranging public engagement exercise was undertaken between March and June 2017 which included seeking the views of patients and service users who attended Parkhead Health Centre, the Newlands Centre, Parkview Resource Centre, Anvil Resource Centre and Templeton Business Centre. Patients and service users were asked to complete a survey questionnaire.	Feedback on the proposals from the engagement activity has been positive. Patients and service users are members of the Project Board and their input has influenced these proposals. Add in dates of project board and delivery group meetings

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
General public	A wide ranging public engagement exercise was undertaken between March and June 2017 which included seeking the views of people using local facilities, including shoppers at local supermarkets and local students at Glasgow Kelvin College.. Presentations have been made at a wide range of meetings with other public sector and third sector. Paper and electronic questionnaires were issued to people if they were interesting in providing views. We have used social media methods, such as Twitter to promote the engagement activity and to ask local people if they wish to send in views. We will use co-production methods to develop these proposals by holding stakeholder events and in involving people in the Delivery Group. The list of agreed engagement sessions were: 20 March 2017- Parkhead Community Council 22 March 2017 - Parkhead Health Centre 23 March 2017 - North East Public Engagement Forum 29 March 2017 - Tesco, Parkhead 30 March 2017 – Parkhead Adult Literacy Group 7 and 13 April 2017 - Asda, Parkhead 19 April 2017 - Baillieston Community Council 27 April 2017 - Tollcross Community Council 28 April 2017- Carers, Templeton Business Centre 24 January 2018 - Cranhill Community Council 5 March 2018 – Mental Health Strategy event	Feedback on the proposals from the engagement activity has been positive.

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
	Members of the North East LEF and carer representatives also visited Maryhill Health and Care Centre on 24 August 2017. Action taken to engage with historically less well-represented groups included visits to: • Parkhead Adult Literacy Group • Meeting with local youth leaders • Attending Asylum and Refugee classes • Addiction Recovery groups and • Meeting with service users from Sandyford Clinic. A total of 116 Parkhead Health and Social Care Hub questionnaires were completed by local people. The most popular requests from local people who completed questionnaires were to have a centre that is: • bright and well lit – 36 • has good car parking available -33 • clear signage – 31 and • has friendly reception staff – 49. Other suggestions included security at entrance, natural lighting, clean and safe environment. There was also a strong theme about making sure the building was accessible, for example, by using 'dementia friendly' designs.	
Staff / Resources	Staff from the following services that are affected by the proposals were involved in workshops and discussions	Staff have been members of the Project Board and

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
	regarding the proposed health and social care hub: • Children and families health and social work services • Adult mental health services, • Drug and alcohol treatment and recovery services • Learning disability health and social work services • Criminal justice social work services • Homelessness services • Older peoples' health and social work services • Health improvement services • Sandyford Sexual Health services • Acute hospital services. • Administrative and secretarial • Training and development • Senior management The views of staff were sought during the public engagement exercise through an online survey questionnaire and at the pop-up stalls which were held in each of the buildings affected by this proposal. 67 Survey Monkey questionnaires completed by staff. The most popular requests were: • uncluttered, clean and private patient/service user areas – 26 • comfortable seating areas – 24 • adequate parking spaces – 30 • well sign posted, information resources and boards – 49 and • welcoming entrance, reception and environment with friendly staff – 32.	participated in the AEDET and Design Statement workshops. Project Board has met on the following occasions: 13 June 2017 5 September 2017 23 January 2018 3 March 2018 17 April 2018 Delivery Group/Project team has met on the following occasions: 2 November 2017 29 November 2017 21 December 2017 8 February 2018 26 February 2018 12 March 2018 29 March 2018

Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
	Managers provided operational policies for their services outlining their requirements when moving into the new hub.	
Other key stakeholders and partners	Engagement took place through face to face meetings with a wide range of local organisations and groups, including local housing association, community councils, church based groups and local organisations which provide care and support services.	Confirmed support for this proposal has been obtained through face-to-face meetings with the full groups or with individual representatives

3.1 NHS Scotland's Strategic Priorities

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

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

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

Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be person centred, safe and effective. The quality outcomes and 2020 vision are the major national drivers of NHS targets and strategic direction for the period 2013-16 and beyond, including the HEAT targets for which the Board will be held to account each year.

NHS Scotland's strategic investment priorities are aligned to the Quality Strategy as:

- Person centred.
- Safe
- Effective quality of care.
- Health of population.
- Value and sustainability.

These themes and priorities directly reflect the vision and values of the HSCP and its ambitions to deliver a healthier future for Glasgow through improved working practice and better integration, both across health services and between health, social care, community planning and the local voluntary and independent sectors.

We will deliver these priorities by retaining a focus on the five themes above, the outcomes for the community plan for Glasgow, the HSCP's vision and objectives in its Strategic plan and the nine national outcomes noted below.

- Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.
- Outcome 2: People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Outcome 5: Health and Social Care services contribute to reducing health inequalities.

- Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- Outcome 7: People using health and social care services are safe from harm.
- Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

To ensure that we are responding to the core strategic investment priorities, we will monitor the effectiveness of our new ways of working based on the following table.

NHS Scotland Strategic Investment Priority:	**How the proposal responds to this priority**	**As measured by:**
Person Centred	Enable speedy access to modernised and integrated Primary Care and Community Health and Social Care Services.	Improved GP Access – 48 hour access / advance booking Implementation of the Quality Framework Implementation of the new General Medical Services contract
	Improve access to primary care services that are person centred, safe and clinically effective.	Reduced hospital bed days on key long term conditions (COPD/Asthma/ Diabetes/coronary heart disease (CHD)
	Self-management of Long Term Conditions will increase the proportion of people with intensive needs being cared for at home.	Reduced hospital bed days lost to delayed discharges Levels of homecare provision
Safe	Multi-disciplinary team working will support holistic care and anticipatory approaches.	Implementation of the new General Medical Services contract Number of Anticipatory Care Plans (ACPs) in place
	Rationalisation of services into a single location will reduce lone working for staff,	Reduced number of instances of staff lone working, particularly out of

NHS Scotland Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
	particularly OOH.	hours
	A new-build would be easier to clean, thus supporting the Patient Safety Programme.	Reduced Healthcare Acquired Infections
Effective Quality of 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.	Fewer delayed discharges (incl Adults With Incapacity) Fewer hospital bed days: COPD/Asthma/ Diabetes/ CHD
Health of Population	Service users will benefit from a single point of access to integrated community teams. This will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.	Number of ACPs in place Increased number of patients with supported self-management
	There will be improved referral pathways between professionals both within the HSCP and acute for e.g. improved flow to diagnostic services.	Inter-service referral rates increased. Reduced time lag for diagnostic results. Earlier diagnosis for key conditions.
	Increased opportunity for opportunistic health inequalities referrals through co-location, particularly to Money Advice Services.	Inter-service referral rates Take up rates for smoking cessation Referrals to Money Advice Levels of additional income generated through Money Advice

NHS Scotland Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
Value & Sustainability	Operating out of a reduced number of buildings will be more energy efficient which will reduce the carbon footprint and running costs. A new-build to modern standards will significantly reduce this further.	Emissions' data Running costs (taking account of previously used but now decommissioned buildings too)
	Delivering a safe high quality physical environment for service users and staff – visible investment in the health of Glasgow people sends a message that we value their health and that they should too.	Take up rates for health improvement services.
	Staff working agile will be equipped with the latest technology allowing them access to the same information they would have in the office but now electronically from patient's home or whilst agile.	Proportion of staff working agile
	Improved Information Governance - Information electronically is protected and therefore reduces the likelihood of data breach.	Number of data breaches.

3.2 Strategies to which the proposals respond

The Glasgow City Integration Joint Board's Strategic Plan outlines the vision and strategic objectives for health and social care in Glasgow, delivered by a Health and Social Care Partnership. The Partnership's vision is that "the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives". The Partnership will do this by:

- Focussing on being responsive to Glasgow's population and where health is poorest.
- Supporting vulnerable people and promoting social wellbeing.
- Working with others to improve health.
- Designing and delivering services around the needs of individual's, carers and communities.
- Showing transparency, equity and fairness in the allocation of resources.
- Developing a competent, confident and valued workforce.
- Striving for innovation.
- Developing a strong identity.
- Focussing on continuous improvement.

The proposal will address the majority of these objectives. For example, given that the north east of Glasgow is one of the most deprived communities with some of the worst health outcomes in Scotland, a new, state of the art health and social care hub will demonstrate the Partnership's commitment to focus on those neighbourhoods and communities where health is the poorest. Furthermore, the purpose built facilities will promote the delivery of services which meet the needs of the local community and provide a more effective environment for incubating innovation and continuous improvement

This proposal directly relates to the **NHS Quality Strategy** that care should be person centred, safe and effective. The vision for the strategy is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

These proposals provide an excellent fit for the priorities in the draft **Community Plan** for Glasgow City, published by Glasgow Community Planning Partnership. The draft plan prioritises

- Economic growth, including improving health for all
- Resilient Communities, including a focus on "place making" and making best use of local facilities.
- A fairer and more equal Glasgow, including reducing poverty and inequalities

Moving Forward Together: A Transformational Strategy for Health and Social Care Services across Greater Glasgow and Clyde

NHSGGC's purpose is to deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities. The aim of **Moving Forward Together** is to develop and deliver a transformational change programme, aligned to national and regional policies and strategies. The programme has involves wide ranging clinical discussions on the principles that will lead on to the development of new models of care. The process is investigating the different tiers of service/specialism and how and where these could be delivered more efficiently and effectively.

The proposed development of tiers of care in the delivery of unscheduled care, planned care, rehabilitation and older people's care, cancer care, primary care and community services is of particular relevance as we consider the development of the health and social care hub.

The principles of having a system where care or support is delivered at the most appropriate

tier for the needs of the person and where seamless processes and practices are in place to support care to be escalated up and flexed down to a more appropriate tier to match the care required as the person's needs change is a fundamental of the tiered approach. Central to this concept is the ability to provide care at the appropriate tier, have a robust monitoring and governance programme to identify early when the needs of a person are changing and to be able to adapt care by early intervention or escalation and/or transfer to another tier of care. In each specialty service group there has been recognition of the potential to deliver a proportion of care in a more appropriate setting.

As part of the process 31 theme-groups were established for specialisms and HSCPs and the themes emerging from the discussions are summarised below:

Local Hospital and Community Based Services

- All specialty groups have identified service provision that could be moved from the hospital base to local or community delivery models.
- Each specialty group has identified a need for more and better supported specialist nurses and AHPs to deliver this transformation.
- Models could be based on physical community / local assets or virtual teams with no fixed infrastructure.
- Support links into the acute consultant body and also into GP clusters enhance this model and are enabled by e-health solutions.

Access to Comprehensive Records and Improved Cross Sector Communication

- This has long been a desire but now there are e-health solutions that can make this a reality.
- A shared cross system record and a shared cross system care plan with better communications across the network of teams is seen as vital to delivering transformational change.
- Working to the top of a licence.
- All specialty groups have identified service provision that could be done by more appropriately qualified staff which would allow each practitioner to spend more time doing only the work that they can do.

Cross System Team Working

- Many of the specialty groups have already shown areas of good cross system working but there is a real enthusiasm that this could be expanded and rolled out to be universal practice.

The opportunities from integration

- Most of the specialty groups felt that the gap between primary community and acute service delivery had closed and that the transformational programme was an opportunity to bring about a much more integrated health and social care system.

Developing 'generalism'

- Multi-morbidity and frailty are driving recognition of the need to support and develop generalist approaches both in hospital and in community, and to have clear structures and governance for how generalist and specialist services interact.

Senior managers from the acute are members of the Project Team/Delivery Group and are helping to shape the proposals so that we can align the new models of services derived by MFT into our hub proposals.

Primary Care Improvement Plan and new General Medical Services Contract

Proposals for a new GP contract were published in November 2017 and agreed in January 2018. The new contract aims to support the development of the Expert Medical Generalist role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multi-disciplinary team in support of general practice.

The new contract offer is supported by a Memorandum of Understanding which requires: "The development of a HSCP Primary Care Improvement Plan (PCIP), in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs". The initial priorities for the PCIPs are:

- **Vaccination services** for children, adult and travel (staged for types of vaccinations but fully in place by April 2021)
- **Pharmacotherapy services** – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
- **Community treatment and care services** (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
- **Urgent care** (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
- **Additional professionals for multi-disciplinary team** dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
- **Community Link Workers**

In addition, to support the sustainability of GPs, Health Boards will gradually take over responsibility for leasing and owning premises.

All these proposed changes have major implications for how we will plan and deliver primary and community services in the future. In particular, there will be major implications for our provision of accommodation and some examples are explained below:

- The potential that some GPs will require to move from their existing premises into health and social care hubs. As part of the planning for this Initial Agreement we been assessing the likelihood that other local practices in the north east of Glasgow may need to move into the proposed hub.
- A requirement for additional clinical and non-clinical space to provide accommodation for additional staff for the MDTs
- There are indications that the existing spaces in GP premises and our health centres may not be sufficient at this point in time.
- Potential need for more space for community treatment room services.
- Greater flexibility and adaptability of accommodation to promote new ways of working.

Development of the Regional Plan for NHS Boards

The West of Scotland regional planning arrangement is a recently established structure comprising 15 HSCPs, 16 local authorities, 5 territorial health boards and 6 national health boards covering west and central Scotland. It is in place alongside the East, North and National Planning arrangements put in place to deliver **The Health and Social Care Delivery Plan (December 2016),** which sets out the Government's aims to create for Scotland high quality services that have a focus on prevention, early intervention and supported self-management. The first Regional Plan will be issued at the end of March 2018. Key aspects of the Regional Plan will be

- Where people need hospital care, the objective is for day surgery to be the norm, and when hospital stays must be longer, people should be discharged as swiftly as it is safe to do so.
- The care model must start with the individual citizen and build through strong local models to hospital care.
- Achieving best value to ensure that, in the West of Scotland, there is a sharing good practice and that services are delivered efficiently and effectively

The work underway is based on the themes of

- Urgent and emergency care
- Local care,
- Planned care,
- Population health
- Shared services.

We will make sure that the development of the health and care hub for the north east will make a substantial contribution to the achievement of the outcomes of the Regional Plan.

Glasgow City Government's Strategic Plan 2017-22 sets out the local authority's vision to have a world class city with a thriving, inclusive, economy where everyone can flourish and benefit from the city's success. The City Government's priority is to reduce inequality across Glasgow by creating inclusive growth - a thriving economy that we can demonstrate benefits the city, its citizens and businesses. This means a growing economy that creates jobs and investment, builds on Glasgow's position as a world class city, helps to tackle poverty, tackles poor health in the city and improves neighbourhoods. The Plan commits the Council to working in partnership with the Health and Social Care Partnership to achieve the following outcomes:

- Glasgow is healthier.
- Services are focussed on prevention and early intervention.
- Citizens and communities are more self-reliant for their health and wellbeing.
- Integrated services with health that support Glaswegians when they need it**.**

3.3 External factors

The national policy context has a critical influence on the development of health and care services in the north east of Glasgow. While not intended to be exhaustive, the following list identifies some of the key national policies that have influenced the current proposals:

- Health and Social Care Delivery Plan (2016)
- National Clinical Strategy
- Getting it Right for Every Child
- Hidden Harm
- Changing Lives
- Reshaping Care for Older People
- Delivering for Health and associated guidance
- Better Health, Better Care
- New GMS contract and forthcoming primary care improvement plans
- Health and Homelessness Standards
- Equality Legislation
- Improving Health in Scotland: the Challenge
- Respect and Responsibility – the national sexual health strategy.
- Equally Well – report of the ministerial task force on health inequalities
- The Christie Commission report
- Co-ordinated, integrated and fit for purpose: A delivery framework for adult rehabilitation in Scotland
- Community planning and community justice agendas.

Each of these policies seeks to improve the health and social care service response to the people of Scotland. It is worth highlighting the key messages in some of these policies.

The Health and Social Care Delivery Plan (2016) sets out the Government's programme to further enhance health and social care services. Working so that the people of Scotland can live longer, healthier lives at home or in a homely setting and that we develop a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Delivery Plan focuses on three areas referred to as the 'triple aim':

- Improving the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('**better care'**).
- Improving everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('**better health'**).
- Increasing the value from, and financial sustainability of, care by making the most effective use of the resources that are available and the most efficient and consistent

delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('**better value'**).

The vision set out in **Delivering for Health** and reaffirmed in **Better Health, Better Care** and in the Scottish Government's Delivery Plan requires an increasing shift in the balance of care from hospitals to providing as much care as possible in the local community, close to people's homes and meeting their needs with a holistic and integrated response.

It is difficult to translate this vision into reality and improve access to new services, when staff are working in a number of different buildings, the existing health centres are operating at full capacity and the poor state of some premises provide unacceptable environments for both staff and service users. The increasing demands of providing services for an ageing population, managing long term conditions and supporting a population that experiences high levels of co-morbidity along with difficult and challenging life circumstances, mean that we need not just to extend our community based facilities; we also design them to enable us to provide new, more effective and flexible service responses, with the close co-operation of multiple agencies across health, social services, training, employment and housing.

In summary this policy context provides the following key drivers for the current project:

- Improving equitable access to services through the availability of a wider range of services in community settings. It will increasingly be possible to provide safe and effective services closer to people's homes and this will benefit people who use the services by improving access. The demand for locally based services will grow and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.
- People's expectations about the services they receive and where and when they receive them will continue to be demanding and striving to meet these expectations will remain a policy priority.
- 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 tailor-made integrated care pathways, supported by a range of agencies working together in partnership. Inter-agency collaboration, multi-disciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Improvement of services through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases, which cause premature death or reduce people's functioning or quality of life (e.g. coronary heart disease, cancer and diabetes).
- Breaking down of 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. Nurses, allied health professionals and social care professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care 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.
- 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-care and services and facilities are needed to motivate people to look after themselves and to help them to do this.
- Tackling health and social inequalities as a result of poverty and/or discrimination because of people's ethnicity, disability, gender or sexual orientation.

- 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.

4. Why is this Proposal a Good Thing?

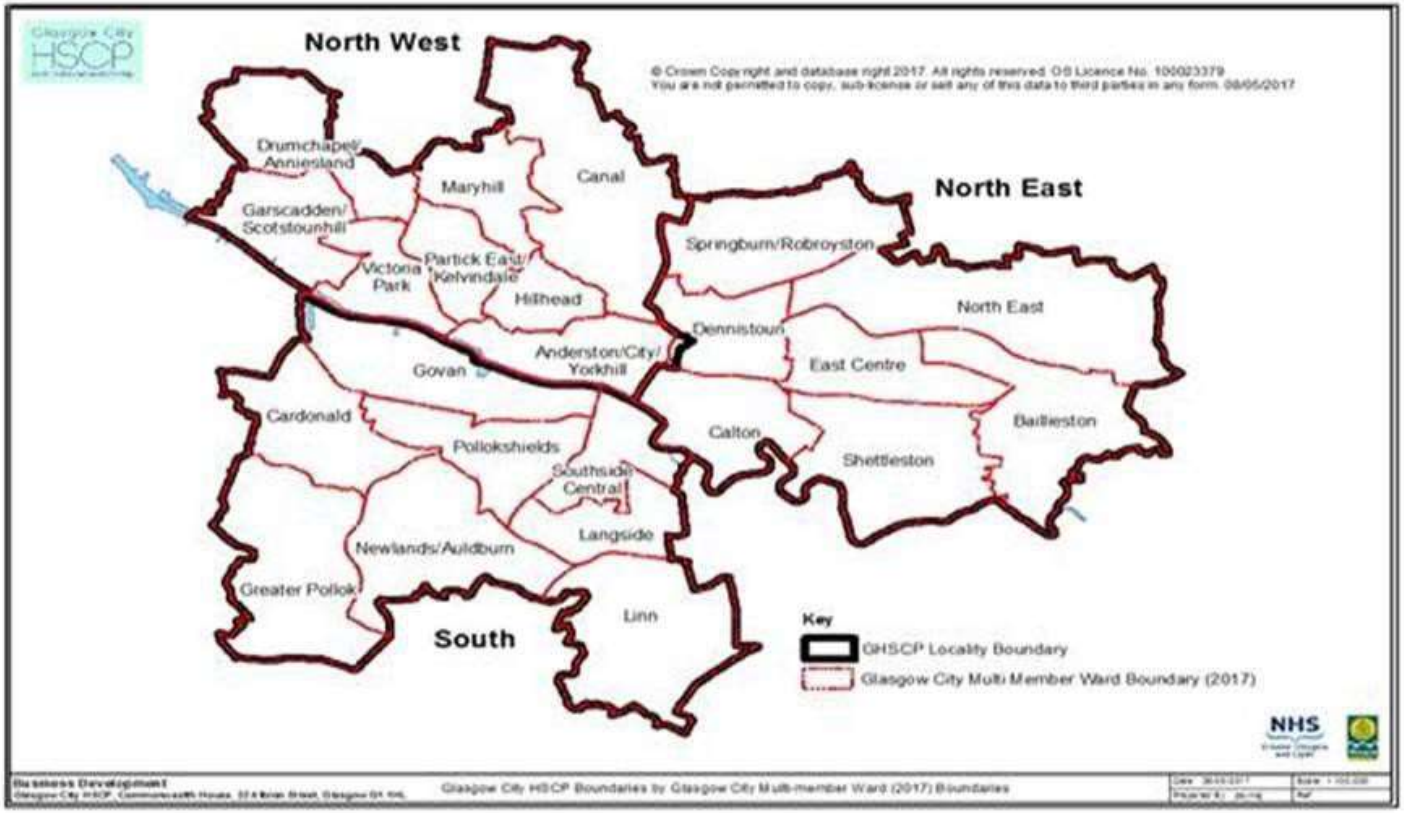
There are many reasons why we need to do things differently. A new-build facility would be the preferred environment, but it is important to stress that change must happen in north east Glasgow regardless of the healthcare setting.

- Changing how we work will support a shift in culture away from organisational outputs and towards a more person-centred way of thinking and working.
- A fit-for-purpose or custom-built environment will support effective, high-quality care and promote a fully patient centred service and “one stop shop”.
- It will help ensure that professional relationships are forged and sustained to robustly tackle inequalities and challenge any associated stigmas.
- Closer working relationships help promote inter-disciplinary learning and could help attract clinicians of all disciplines to the area when vacancies arise.
- An environment in good repair (or a new-build) is easier to clean, making healthcare acquired infections much less likely, and therefore making care and treatment safer.
- Having an environment that supports integrated working across a network of dimensions (NHS – community health, primary care and hospital settings; social work; wider council; 3rd Sector).
- It will provide a platform for sustaining and expanding clinical services, in line with the future model of primary care and the recommendations from the Moving Forward Together programme.
- It will help us to build on the gains we have made in reducing health inequalities using the Community Planning Partnership as the main vehicle for developing and implementing a strategic approach.
- Shifting the location of services out of hospitals and into communities will help to make sure that people receive the right care at the right time, in the right place and delivered by the right person. Such an approach represents better use of our resources (supporting value and sustainability).

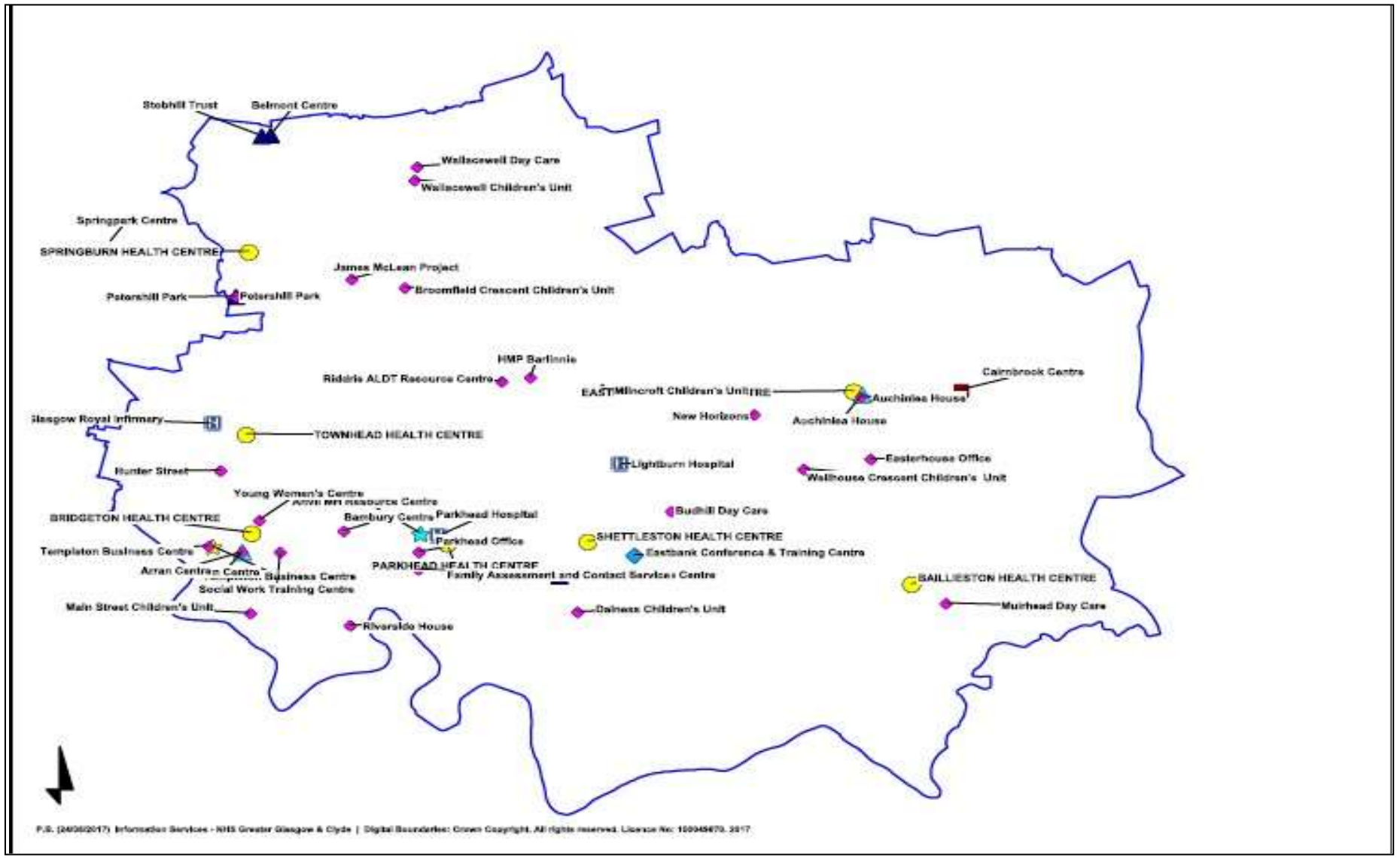
4.1 What are the Current Arrangements?

Map 1 shows how Glasgow has been split into three geographic localities for the delivery of health and social care services. Map 2 focuses on the North East Locality and shows the location of the assortment of health and social care buildings.

Map 1:


North West
North East
South
Drumchapel/ Anniesland
Maryhill
Canal
Garscadden/ Scotstounhill
Victoria Park
Partick East/ Kelvindale
Hillhead
Springburn/Robroyston
North East
Dennistoun
Anderston/City/ Yorkhill
East Centre
Govan
Cardonald
Pollokshields
Southside Central
Calton
Bailleston
Shettleston
Langside
Newlands/Auldburn
Greater Pollok
Linn
Key
GHSCP Locality Boundary
Glasgow City Multi Member Ward Boundary (2017)
NHS
Glasgow City HSCP Boundaries by Glasgow City Multi-member Ward (2017) Boundaries

Map 2:


Stobhill Trust
Belmont Centre
Wallacewell Day Care
Wallacewell Children's Unit
Springpark Centre
SPRINGBURN HEALTH CENTRE
James McLean Project
Broomfield Crescent Children's Unit
Petershill Park
Petershill Park
HMP Barlinnie
Riddrie ALDT Raeource Centre
EASTMilncroft Children's UnitTRE
Auchinlea House
Cairnbrook Centre
New Horizons
Auchinlea House
Glasgow Royal Infirmary
TOWNHEAD HEALTH CENTRE
Lightburn Hospital
Easterhouse Office
Hunter Street
Wallhouse Crescent Children's Unit
Young Women's Centre
BRIDGETON HEALTH CENTRE
Barnbury Centre
Parkhead Hospital
Parkhead Office
Sudhill Day Care
SHETTLESTON HEALTH CENTRE
Templeton Business Centre
Eastbank Conference & Training Centre
Arran Centre
Business Centre
Social Work Training Centre
PARKHEAD HEALTH CENTRE
Family Assessment and Contact Services Centre
BAILLIESTON HEALTH CENTRE
Main Street Children's Unit
Dalness Children's Unit
Muirhead Day Care
Riverside House

Community based health and social care services in the north east of 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.

The health and social care partnership provides the following services in the area:

- Children and families health and social work services
- Adult mental health services,
- Drug and alcohol treatment and recovery services
- Learning disability health and social work services
- Criminal justice social work services
- Homelessness services
- Older peoples' health and social work services
- Health improvement services

The partnership also works closely with the 44 GP practices, 38 dental practices, 51 pharmacies and 36 optometrists to ensure the effective delivery of primary care services.

North East Locality Plan

Since its inception in February 2016, the HSCP has been implementing a strategy that envisages the co-location and integration of health and social work services onto a number of key sites across the north east of Glasgow area, thereby improving the co-ordination and effectiveness of care and support for local residents. So far, this approach has resulted in substantially reducing the number of unsuitable buildings both owned and leased by the NHS and the City Council. Notwithstanding the success of this approach thus far, there remain a number of properties across the north east that are unsuitable for providing modern health and social care services and are not flexible enough to support the integration of care. The current services and buildings, which are included in the proposal for the Parkhead Hub, are outlined in the following paragraphs.

Primary Care Services at Parkhead Health Centre

The North East Locality of Glasgow City HSCP is planning the delivery of health care services around its seven GP clusters of Easterhouse and Baillieston, Parkhead and Cranhill, Shettleston, Bridgeton, Springburn and Townhead and Dennistoun. Parkhead Health Centre is one of 7 health centres in the North East of Glasgow. We expect that health centres will continue to be focal points for most of these clusters. In addition to providing primary and community health care services from health centres, they offer space for outreach clinics and services from the acute hospitals. However, demand for services within the health centres is very high, which places pressure on space with limited capacity to provide accommodation for new or enhanced services. Parkhead in particular was assessed by the Health Board in the last Property and Asset Management Survey (PAMS) in 2013 as being in poor condition and not providing enough flexibility to promote integrated ways of working.

There are two GP practices in Parkhead Health Centre with approximately 8,000 patients between them (as at January 2017).

MacKenzie and Burns Practice	3,250
Lafferty, MacPhee, Danes and Smith Practice	4,750

The pharmacy at Parkhead Health Centre is a busy dispensary; over the past three years it has provided 553,007 items equating to an average of 15,361 per month. On a monthly basis between 0.68% and 0.87% of the Health Board's items were dispensed by the pharmacy at Parkhead Health Centre. In general health centre pharmacies have much higher rates of dispensing than high street outlets.

There are a range of other services operating from the health centre which have high numbers of patients; for example the case load of the podiatry service is 538 people with 300 people discharged per year and on average 43 new patients joining per month.

Mental Health Services at Anvil Resource Centre

The Primary Care Mental Health Team and Psychotherapy Service are located within the Anvil Resource Centre which is based adjacent to Parkhead Health Centre and physically attached to Parkhead Hospital. The number of patients on the caseloads at October 2017 for PCMHT and Psychotherapy Services was 752 and 184 respectively.

Parkhead Hospital

Parkhead Hospital provides inpatient mental health care services and these will be transferred in 2018 to Stobhill Hospital once the new wards become available. After the wards have closed at Parkhead, the building will be secured to prevent vandalism. Alternative accommodation on a temporary basis has been found in local clinics for the Alcohol and Drug Recovery Services that were based in the hospital.

Sandyford East Sexual Health Services

Sandyford East is the local hub for sexual health services and is one of 8 in Glasgow City. An extension was made to the Parkhead Health Centre in 2007 to accommodate the Sandyford services. The demand for services from the hub is very high and patients have queued outside when waiting for their appointments. Between January and December 2016 a total of 3,747 people used the hub equating to 5,612 attendances. Sandyford East is the second busiest clinic testing for Chlamydia in Glasgow with 1,260 people seeking tests between January and December 2016.

Specialist Children's Health Services, Child Health Surveillance, North East headquarters and administrative functions at Templeton Business Centre, Calton

Child and Adolescent Mental Health Services (CAMHS), Community Paediatric services and parenting education services are provided at Templeton Business Centre and provide specialist care for children both in the North East and more widely across Glasgow City. In January 2017 CAMHS teams made 466 appointments to see children and young people. The rate per 1000 under 18 year olds accessing the service in January 2017 in the East of Glasgow was 17.3 which was much higher than the Health Board average of 12.0. In March 2017, 328 appointments to see children with complex disabilities and medical conditions were made by the Community Paediatrics Services. At any one time the caseloads for the CAMHS and Community Paediatric teams based at Templeton Business Centre total over 3,600 children and young people.

North East Locality headquarters includes the senior management team for the North East Locality of Glasgow City HSCP along with its administrative and secretarial support.

Templeton provides meeting and seminar space for services in the North East and also more widely across Glasgow. The offices and clinic space are leasehold with the lease due to expire in 2021.

Children and Families' Social Work, Criminal Justice Social Work and Alcohol and Drug and Alcohol Recovery Services at Newlands Centre, Parkhead

The Newlands Centre was built in 1895 as a primary school and is currently a base for the delivery of social work and addictions' services. Despite on-going substantial maintenance in the building (e.g. asbestos was removed in 2016), it would require major further investment to bring it up to modern standards.

The full range of integrated alcohol and drug recorvery services can be accessed via the Newlands Centre in Parkhead, including those commissioned by other agencies. This includes treatment programmes for alcohol and drug misuse and local community based recovery networks. However, clinics cannot be run from the Newlands Centre because of the layout of the building and instead service users must travel to Easterhouse for a clinical input. In the proposed hub, we would expect to provide local clinics for those who are in the Parkhead catchment area. The scale of the need and demand for services is very high justifying the aspiration to provide clinical services locally:

- 1547 patients attend Opium Replacement Therapy clinics across the North East Locality, provided by our medical staff, nursing staff and social care staff.
- 589 patients attend Shared Care Clinics within GP surgeries. This is where GPs prescribe for the service user, and our social care staff provide support for the clinic and individual service user.
- 915 patients attend alcohol clinics/receive alcohol treatment, or are supported outwith a clinical setting for low level drug and or alcohol use.

We support 60 volunteers within the North East Recovery Community to deliver the 6 recovery cafes; we currently fund an office space in Bridgeton - which has limited space - and we rent venues on different days and evenings for meetings; the proposed hub would offer them additional space to meet with people with lived experience and who are in recovery.

Similarly, there are very busy social work children and families and criminal justice teams provided assessment, care planning and on-going support for some of the most vulnerable people in the city. The north east of Glasgow has the highest rates of vulnerable children in Scotland. There are approximately 4,000 children and family cases that are open across Easterhouse and Parkhead offices with an almost 50% split between both. In Parkhead of the circa 2000 cases, there are approximately 330 on statutory supervision orders, 250 looked after and accommodated children and 100 children on the Child Protection register.

Older People's Mental Health and Rehabilitation Services at Parkview Resource Centre, Shettleston

Whilst Parkview Resource Centre was assessed by the property survey in 2013 as generally in a satisfactory condition, it does not provide optimal space for modern, agile forms of working. In addition, part of the building was previously a day hospital that has been converted into office accommodation and clinic space and, therefore, the building cannot be utilised efficiently or effectively.

Social Work Training Centre, Brook Street, Bridgeton

A wide range of training is provided at Brook Street for social care staff from across Glasgow City and on average 180 people use the centre for training, learning and development on any working day. The building at Brook Street is leased by the City Council. In seeking to reduce its reliance on leased properties the HSCP has been looking to identify an alternative location for its learning and development responsibilities within a developing integrated environment.

Acute Hospital Services

The development of the health and social care hub in the north east of Glasgow provides an ideal opportunity to demonstrate the commitment to shifting the balance of care from hospital provision to community. The hub proposals are being developed at the same time as the Health Board's transformation programme of Moving Forward Together (MFT) and the Primary Care Improvement Plans; the partnership working between the Acute Sector, the HSCPs and primary care contractors as part of these transformation processes will identify those services which would benefit from fundamental re-design, so that more activity can take place in local community settings.

Patients in the north east of Glasgow can access any hospitals in Glasgow for acute hospital services, specifically the following hospitals are the primary acute facilities, which service the north and east of Glasgow, providing a wide range of inpatient and outpatient services:

- **Glasgow Royal Infirmary** - provides district general hospital, regional, supra-regional and national acute clinical services, including an A & E department, a coronary care unit, an acute medical receiving unit and an orthopaedic surgery inpatient unit. It has twenty two dedicated operating theatres and specialist inpatient and outpatient services. GRI also contains the West of Scotland Plastic Surgery and Burns inpatient unit, the West of Scotland Haemophilia & Thrombophilia service and the Scottish Pre-Implantation Genetic Diagnosis service. The Royal Infirmary is fully equipped to serve as the main inpatient hospital for the north and east of the NHSGGC area.

- **The Princess Royal Maternity Hospital** is designed to accommodate the delivery of up to 6000 babies each year. The hospital has five clinical floors. It provides state-of-the-art equipment for mothers and babies, with the added benefit of clinical services, including Adult Intensive Care, on the same site.

- **The Stobhill Campus** has seen a number of major developments over recent years. These include a new Ambulatory Care Centre Hospital with Day Surgery Unit, a number of general and specialist mental health services, a minor injuries unit, GP out of hours and a purpose-built Marie Curie Cancer Care hospice on the campus site.

- **Lightburn Hospital** has two wards, a day hospital; an outpatient clinic area; a WRVS café; and training and office areas for staff.

In line with the Health Board's overarching corporate plan, clinical strategy and the Moving Forward Together programme it is proposed that some of the outpatient clinics and service, currently based in hospital locations, could be delivered more effectively through improved partnership working with community health and social care services. This would involve re-designing existing pathways of care so that these outpatient services could be delivered in a community based location, such as a health and social care hub. Many activities that are currently associated with an outpatient attendance on a hospital site are based on historic ways of working that emerged in a context, whereby sharing of clinical information, diagnostic results and patient records was limited by being paper based. Additionally, development of clinical skills and the broadening of scope of practice nurses, allied health professionals and other practitioners reduce the orientation of care around the

consultation with the doctor. Key to the re-design of services will be realising the potential of e-health and technology which will reduce the necessity for patient-facing activities to take place solely on acute sites.

Within the timeframe of this development it is realistic to envisage that there will be changes with the way that patients interact with our services. To understand the planning requirements for the hub, the activities that will need to be catered for (as a minimum) will be:

- 1 to 1 Patient consultations with doctor, nurse, AHP or other health professional
- Group sessions – patient education courses, including pre hospital admission activities
- Rehabilitation and diagnostic activities supported by Physiotherapy, Speech and Language Therapy, Podiatry, Cardio Rehab
- Delivery of intravenous therapies, ranging from antibiotics to chemotherapy
- Patient attendances that are booked appointments but also capacity for 'walk-in' activities.

Impact of the decision on the proposals for rehabilitation services in the North East of the City including the closure of Lightburn Hospital

In January the Cabinet Secretary for Health and Sport responded to NHSGG&C's proposals for the re-design of rehabilitation services in north east Glasgow. Her letter advised that "given the general access and public health issues recognised by the Health Board as particularly affecting these seriously deprived communities, I welcome the commitment from the Board and its planning partners to develop, as a priority, a Health and Social Care Hub in East Glasgow. I consider this to be an integral part of the Health Board and its planning partners developing a viable and sustainable case for change. Whilst it is reasonable and right for the local Health & Social Care Partnerships to continue to consider how they can appropriately shift the balance of care in line with national policy, I would expect such services to be developed with local communities before any future proposal is considered. As a result I am asking the Health Board to work more closely with the local communities.

As part of this further work, I would like to see the Lightburn Hospital site considered as the potential location for the new East End Health and Social Care Hub, or another health care use/facility for the benefit of the local community. I expect this work to be taken forward with the full and meaningful involvement of local stakeholders".

In response to the Cabinet Secretary's decision NHSGG&C has proposed the following actions:

- The proposed model of service for Rehabilitation patients in the North East of the City was fully developed by clinicians, GP's, staff and Glasgow City IJB. The model was developed in partnership through a comprehensive process involving a Stakeholder Reference Group. This model proposed that patients being discharged from Glasgow Royal Infirmary would follow agreed comprehensive patient pathways to the most suitable care setting in the community, intermediate step down facilities or nursing home care with the majority of patients returning home. Board Officers will review the proposed model as requested by the Cabinet Secretary to ensure Community and Support Services are in place as originally intended.

- Further work is underway to assess the suitability of the Lightburn Hospital site for other healthcare use. As part of the programme of work to transfer services from the current Yorkhill campus, options are being developed to consider which current clinical and support services could be accommodated on the Lightburn site utilising the current estate.

- In respect of the Health and Social Care Hub for the East of Glasgow, a planned programme of work is being led by Glasgow City IJB to develop options including facilities at Parkhead. In developing a range of options the IJB will consider a range of sites in the East End of Glasgow including the current Lightburn Hospital Campus.

- The North Sector Management Team is working in partnership with Glasgow City IJB to agree which Acute Services could be incorporated into the Health and Social Care Hub to ensure services are provided to local communities.

Care pathways and patterns of working

There are a wide range of services involved in this proposal, all with different care pathways and patterns of working. The new way of working, supported by a new-build health and social care facility, will improve the patient/service user care pathways through the provision of integrated services; this will facilitate the development of seamless care supported by a range of agencies, working in partnership for people with complex health and social problems. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce people's functioning or quality of life (e.g. CHD, cancer and diabetes).

Catchment areas

Our aim is to develop a health and social care hub that will help to both sustain existing services in the north east of Glasgow and provide high quality accommodation to attract new services to the area for the benefit of local residents. Therefore, whilst the majority of the services that we envisage being based in the hub will provide care and support primarily only for local residents of north east Glasgow, there will be some specialist services that operate at a Glasgow City and Board-wide level. These will be of benefit also to local people as it will mean that residents of the north east would not need to travel outside their neighbourhood to access these specialist services.

Measuring performance

Good practice requires us to measure our performance over time, to ascertain if what we do and how we do it is making a difference (either positively or negatively). In developing our future delivery model we have identified a suite of key performance measures to gauge our impact.

The following tables highlight the key performance using the Integrated Joint Boards strategic priorities:

Early Intervention and Prevention

Performance Indicator	As at	2016/17 Actual	2017/18 Q3 Actual	2017/18 Target	Direction of Travel
Percentage of HPIs allocated by Health Visitors within 24 weeks	Dec 2017	99%	93%	95%	worsening
Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits (27 to 33 months)	Dec 2017	82%	89%	95%	Improving
Breastfeeding at 6-8 weeks (Exclusive).	Jun 2017	18.5%	20.1%(Q1)	15.6%	Improving
Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	June 2017	17.9%	17.9%(Q1)	19.5%	Improving
Women smoking in pregnancy – general population	Sept 2017	15.4%	14.5% (Q2)	13.0%	Improving
Women smoking in pregnancy – most deprived quintile	Sept 2017	18.6%	18.2%	19.0%	Improving
Alcohol Brief Intervention delivery (ABI).	Dec 2017	1156	1184	1145	Improving
Number of referrals being made to Healthier, Wealthier Children Service	Dec 2017	344	296	344	Improving
Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.	Nov 2017	100%	98.2%	100%	Worsening
% of service users commencing alcohol or drug treatment within 3 weeks of referral.	Sept 2017	98%	98% (Q2)	90%	No change
% of service users with an initiated recovery plan following assessment	Dec 2017	67%	72%	70%	Improving

Psychological Therapies: % of people who started treatment within 18 weeks of referral	Dec 2017	80.2% (April 17)	91%	90%	Improving

Providing Greater Self Determination and Choice

Performance Indicator	As at	2016/17 Actual	2017/18 Q3 Actual	2017/18 Target	Direction of Travel
Number of community service led Anticipatory Care Plans in Place	Dec 2017	136	196	No target for NE. City wide 720	Improving
Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	Dec 2017	N/A as new target for 2017/18	429	550	N/A
Percentage of patients who have their first contact with a Dementia Link worker who have waited no longer than 12 weeks	Dec 2017	58.3%	6.9%	TBA	Worsening

Shifting the Balance of Care

Performance Indicator	As at	2016/17 Actual	2017/18 Actual	2017/18 Target	Direction of Travel
Adults and older people breaching the 72 hour discharge target. (excluding Learning Disability and Mental Health patients)	Dec 2017	6	14	No NE target. City wide 40.	Worsening
Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Dec 2017	4058	1852	No NE target. City wide TBA	Improving
Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Dec 2017	1647	261	No NE target. City wide TBA	Improving
Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	Sept 2017	464	167	Target to be agreed	Improving
% of service users leaving the service following reablement period with no	Dec 2017 (period	37%	42.5%	37%	Improving

Performance Indicator	As at	2016/17 Actual	2017/18 Actual	2017/18 Target	Direction of Travel
further home care support	11)				
New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population	Nov 16-Oct 17	2709	2689	No NE target. City wide TBA	Improving
Number of high cost residential placements for looked after children	Dec 2017	**111**	**76**	Reduce by 30	Improving

Engaging and developing our staff

Performance Indicator	As at	2016/17 Actual	2017/18 Q3 Actual	2017/18 Target	Direction of Travel
% of NHS staff with a eKSF	Dec 2017	46%	54.5%	80%	Improving
NHS Sickness absence rate	Dec 2017	7.24%	5.37%	4%	Improving
Social Work Sickness Absence Rate (Average Days Lost)	Dec 2017	3.4	4.0	2.64	Worsening

Public Protection

Performance Indicator	As at	2016/17 Actual	2017/18 Q3 Actual	2017/18 Target	Direction of Travel
Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	Dec 2018	63%	68%	80%	Improving
Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	Dec 2018	88%	68%	85%	Worsening
Percentage of CPO 3 month Reviews held within timescale	Dec 2018	64%	82%	75%	Improving
Percentage of Unpaid Work (UPW) requirements completed within timescale	Dec 2018	58%	64%	70%	Improving

Percentage of Criminal Justice Social Work Reports submitted to court	Dec 2018	Not reported	84%	80%	Not applicable
Throughcare order licences: Percentage of post sentence interviews held within one day of release from prison	Dec 2018	Not reported	100%	90%	Not applicable

Enabling Independent Living

Performance Indicator	As at	2016/17 Actual	2017/18 Q3 Actual	2017/18 Target	Direction of Travel
Referrals to Telecare: Basic (Glasgow)	Dec 2018	2,581	2,000	2,248	Improving
Referrals to Telecare: Advanced (Glasgow)	Dec 2018	835	913	304	Improving
Carers - Qualitative Evaluation Question: Improved your ability to support the person that you care for	Dec 2018	Not reported	87%	65%	Not available

4.2 What is the need for change?

The proposal is to improve service delivery for service users and patients by developing a purpose-built, high quality health and social hub which will improve the connectedness of practitioners and facilities and

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
Improvement is needed in the health outcomes for people living in the north east of Glasgow, in an area characterised by severe and enduring poverty, very poor health outcomes and high levels of morbidity.	Very high demand for services with services unable to fully meet the level of needs. Practitioners unable to provide sufficient time with each service user to help them with their often, complex multi-dimensional concerns. Improving the health outcomes and reducing health and social inequalities for the local population should reduce the demand for services in the longer term	The very poor health outcomes for north east residents have been known for many years and are a result of inter-related factors of de-industrialisation, high levels of unemployment and intergenerational poverty and exclusion. The demands which these place on health and social care services is becoming unsustainable and could lead to many people being unable to obtain services unless more radical action is progressed. The inequalities gap is likely to widen further in the future.
Improvement is needed in accessing all health & social care services.	Our services are dispersed across a number of locations in the north east of the city. By co-locating and centralising these services this proposal would improve access for local service users. Furthermore, it would mean that service users could come to one building for a range of supports. This would be particularly beneficial for the many local residents who have complex needs and are high intensity users of health and social work services. Integrating and co-	The Health and Social Care Partnership is progressing a major Transformation Programme with a focus on developing new and innovative models of service provision. Developing this proposal at the same time as the transformation programme will ensure that the building and support infrastructure is optimised to the requirements of the future service models.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
	locating services on one site will also help to improve the connectivity between services for the benefit of services users. The proposal provides us with the opportunity to identify a site location which is close to public transport links and to a wide range of other amenities and facilities.	
Increased support is required for vulnerable people and to promote their health & social wellbeing.	The existing facility does not have interior flexibility or sufficient capacity to facilitate the re-shaping of clinical areas and to accommodate related teams or services. This means that patients need to navigate an often complex array of locations to receive multi-disciplinary support. As more and more people are living with multiple long term conditions and wishing to be more active in the management of their own health, our existing service arrangements present more barriers than solutions.	People will be discouraged from engaging with our services as it can be complicated and expensive (travelling between sites etc.); this raises further the risks of individuals coming to services late in their disease progression; treatment options being more limited, and outcomes being less good than they could have been.
Improvements required in partnership working between all health and social care services	Our services are dispersed across the whole of the north east with their current locations based on historical factors related to where either the NHS or the City Council owned or leased existing buildings. We have been undertaking a property strategy which attempts to provide an accommodation infrastructure that can facilitate co-location for health and social work. For example, older people's health and social work services have been brought together in one building in Petershill Park, Springburn as part of	The Health and Social Care Partnership is progressing a major Transformation Programme with a focus on developing new and innovative models of service provision primarily based on improving the partnership work between health, social work services and the third and independent sectors. Developing this proposal at the same time as the transformation programme will ensure that the building and support

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
	the re-structuring of services into neighbourhood teams. Whilst co-location cannot guarantee improvements in partnership working between services, it does make it much easier for staff to work together more effectively for the benefits of service users.	infrastructure is optimised to the needs of the future service models.
The present facilities are not effective or able to respond to modern service models	Parkhead Health Centre is one of 7 health centres in the north east of Glasgow. We envisage that health centres will continue to be focal points for service planning and delivery. In addition to providing primary and community health care services from health centres, they offer space for outreach clinics and services from the acute hospitals. However, demand for services within the health centres is very high which places pressure on space with limited capacity to provide accommodation for new or enhanced services. Parkhead, in particular, was assessed by the last PAM survey in 2013 as being in poor condition and does not provide enough flexibility to promote integrated ways of working. Parkhead Hospital will close in 2018 and will be demolished as part of these proposals. The building is not suitable for longer term use and would be expensive to convert to provide accommodation for modern services. The Newlands Centre is a Victorian school building and its layout does not provide sufficient space, flexibility or technological infrastructure to	Building condition, performance and associated risks will continue to deteriorate if action isn't taken now. Limited capacity and flexibility to support the transformation of care from hospital to the community.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
	meet the needs of modern services. None of our existing buildings are easy to adapt to provide space for integrated health and social care services.	

4.3 There are significant health and social inequalities experienced by local people

The total resident population of north east Glasgow is 177,910 and the following table gives a more detailed breakdown by gender and age and compares these with the Glasgow City profile. The main difference between the north east and Glasgow City population profiles is the higher proportion of older people living in the area compared to the city's population, (7.2% higher for the 65 to 74 age group and 3.7% higher for people aged 75 and over)[2].

	No.	%	Difference from Glasgow
Gender			
Males	85,517	48.1%	-0.3%
Females	92,393	51.9%	+0.3%
Age			
People aged 0 – 15	29,099	16.4%	+1.3%
People aged 16 – 64	122,285	68.9%	-1.4%
People aged 65 – 74	13,781	7.8%	+7.2%
People aged 75 and over	12,324	6.9%	+3.7%

North east Glasgow has some of the most deprived neighbourhoods in Scotland. An analysis of the most recent release of the Scottish Index of Multiple Deprivation (SIMD), which ranks neighbourhoods by overall deprivation, includes 7 data zones from the north east in the 25 most deprived data zones (out of a total of 6977).[3] Many of the residents living in these neighbourhoods are served by Parkhead Health Centre.

Intermediate_Zone (more than one data zone per intermediate zone)	**Population**	**Overall SIMD16 Rank (most deprived in Scotland)**	**Residents most likely to use services at Parkhead HC**
Carntyne West and Haghill	888	2	✓
North Barlanark and Easterhouse South	474	3	
Old Shettleston and Parkhead North	751	4	✓
North Barlanark and Easterhouse South	697	10	
Parkhead West and Barrowfield	1007	12	✓
Central Easterhouse	787	18	
North Barlanark and Easterhouse South	633	20	✓

[2] http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector

[3] http://www.gov.scot/Topics/Statistics/SIMD

Data provided by the Glasgow Centre for Public Health[4] highlight that the health centre at Parkhead is located in an area characterised by severe and enduring poverty, very poor health outcomes and quality of life. The table below gives some comparisons between Parkhead and Dalmarnock and Glasgow City for a number of indicators:

Indicator	Parkhead and Dalmarnock	Difference from Glasgow	Difference from Scotland
Life expectancy for men	67.6 years	6.5% shorter	11.3% shorter
Life expectancy for women	75.8 years	4.8% longer	1% shorter
% of people who report that they are in "good" or "very good" health	67%	13% below	18% below
% of people who say that they are limited a "lot" or a "little" by disability	32%	41% above	62.5% above
Income deprivation	38%	77% above	188% above
% of children living in poverty	52%	62% above	182% above
% of the population who live within 500m of vacant and derelict land	100%	66% above	231% above

The 2015 NHSGGC Adult Health and Well Being Study results show some encouraging findings, as well as where there is more work to do.

The study showed that 1 in 4 people in the north east have a long term condition or illness that affects daily life, and in the Thriving Place boost area (Parkhead/Dalmarnock) this rose to 1 in 3 people. Compared to Glasgow city, the area has more smokers, more people with caring responsibilities and more people who receive any of their household income from benefits.

The Thriving Place boost highlighted significant differences within the north east. Taking the boost as a proxy for the poorest areas, very concerning data emerges in comparison to the overall North East. In the boost area, 47% of people are receiving treatment for at least one condition, 61% of people are exposed to second hand smoke, 32% of people are receiving all their income from state benefits and 61% of people would have difficulty in finding £100 to fund an unexpected expense such as repair or emergency. The expected impact of welfare reform added to this will create more pressures for people already struggling.

Despite all of this, the Study showed where there are real positives. Compared to Glasgow city as a whole, people in the north east are more likely to have two alcohol free days a week, more likely to participate in walking for leisure and are more likely to feel valued as a member of the community.

A resilience index developed using six indicators (such as feeling valued as a member of the community, feel that by working together can influence decisions affecting the community, agreeing that people look out for each other) showed that people in the north east, consistently had very high resilience levels, even in the Thriving Place boost area (Glasgow city, 66% of people had high level of resilience, this rose to 72% in the north east overall and 65% of people in the Thriving Places boost had high resilience.) This suggests that despite many challenges affecting health and wellbeing, many people in the north east respond

[4] http://www.understandingglasgow.com/profiles/neighbourhood_profiles/1_ne_sector

positively to the challenges which life throws at them and this is evident in the richness of community rooted activities and initiatives that take place. This gives the staff of the HSCP many opportunities to build upon and to work with people locally to create better conditions for improved health and wellbeing.

4.. What do we want to Achieve?

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing capacity is unable to cope with future projections of demand	Our vision for the future is to have 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. **INVESTMENT OBJECTIVE 1: Increase accommodation capacity and adaptability.**
Existing service arrangements affect service access and travel arrangements	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 traveling between these locations too. This is costly, and can disproportionately affect those most vulnerable to poor health outcomes. To overcome this, we require improved access to health and social care services that are person centred, safe and effective. **INVESTMENT OBJECTIVE 2: Improve access for public and service users.**
Inefficient service performance	Glasgow City Health and Social Care Partnership has been developing an integrated performance management framework over the past year which provides an overview of performance at a locality and city wide level. Performance is monitored regularly at all management levels within the organisation. The partnership also externally publishes reports on performance through it Locality Plans, an Annual Performance Report and quarterly to the Integration Joint Board. The integrated nature of the performance management system enables the Partnership to understand and take action in a joined up way to tackling the multi-dimensional nature of health inequalities and poof health outcomes experienced by our local communities. This proposal would support this direction of travel by focusing attention on how health and social work can work alongside other partners and the community to improve performance across a wide range of services and interventions. **INVESTMENT OBJECTIVE 3: Improve performance across a number of services and themes to reduce inequalities for**

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
	people living in the north east of Glasgow.
Service is not meeting current or future user requirements	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 reinforce the services relationships with each other. 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 by having better integrated teams. Practitioners need access to Continuous Professional Development and training, and facilities to support this would be built into new arrangements. **INVESTMENT OBJECTIVE 4: Better integrated teams and additional services.**
Increased safety risk from outstanding maintenance and inefficient service performance	Improve safety and effectiveness of accommodation by providing 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. Meet statutory requirements and obligations for public buildings e.g. with regards to Disability Discrimination Act. **INVESTMENT OBJECTIVE 5: Improve Safety and effectiveness of accommodation.**

4.5 Measureable Benefits

By addressing these needs:

- We will achieve improved access to services, particularly among vulnerable groups that experience health inequalities and poor outcomes.
- We will be able to shape more coherent patient pathways and ensure that, for most people, the need to attend multiple locations will be removed.
- We will be able to decommission a number of disparate buildings that currently deliver components of support but are no longer fit for purpose. This should reduce revenue costs and capital charges in the future, and remove running costs that are generally high due to the age and poor repair of many of these buildings.
- We will reduce travel costs for citizens and travel costs to the organisation, through removing the need for staff to be moving between premises as part of their work. Staff time spent travelling will also be reassigned to clinical or client work thereby increasing patient/client-facing capacity.
- Patients and service users will be more likely to access all components of their care plan if this can be done under one roof, so quality of care will improve, DNAs ('do not attends') will reduce and outcomes will be maximised.
- Pressure on hospital services will be reduced as new models of integrated services are introduced.
- Population health will improve as connections are made more explicit about the impact that social, economic and environmental factors have on health outcomes and joint working and referral routes across statutory and voluntary sector organisations become more widely embedded.

These benefits are important because they will help us to deliver our ambition of "Improving Lives" and they are in line with NHS Scotland's 2020 Vision. In particular, by addressing these needs and delivering the investment objectives, we will create a mixed-economy campus environment that fosters a culture of putting the service user at the centre of every interaction.

Services will find it easier to work across disciplines, and staff will gain a better understanding of what other supports need to be in place from a whole person perspective, and importantly, how to ensure that their patients can access everything they need to achieve the best possible outcomes.

This improved access will particularly focus on those most vulnerable to poor outcomes and by achieving these improvements we will improve the overall health of our population, given the large proportion that are from the most deprived quintiles.

The investment will bring value for money in that it will reduce running and property costs elsewhere, and by improving the health of our population, in time health services will be dealing with a reduced disease burden.

These benefits are also in line with NHSGGC's strategic objectives in that the proposed way of working will focus resources on greatest need, improving access and tackling inequalities. Furthermore, the service transformation will aim to improve individual health status and will help us to be a more effective organisation, by capitalising on the benefits that inter-disciplinary and inter-agency working can bring.

Patients and service users will see an improvement in the following:

- Physical environment that is respectful, sensitive and provides for dignity.
- Care pathways that are coherent and responsive to multi-morbidities through increased opportunities for inter professional liaison.
- Access to a range of services not previously available locally.
- A single point of access for integrated support, appropriate to the needs of the individual, including signposting to wider community services and support. This will improve access to information and services, ensuring timely and appropriate support from the most suitable professional, utilising integrated HSCP resources to the best effect.
- A more co-ordinated approach to rehabilitation and promoting independence.
- Improved referral pathways between professionals within the HSCP and with acute in relation to new improved electronic systems (e.g. diagnostic services).

Staff and independent contractors will see an improvement in the following:

- Physical environment that is respectful, sensitive and provides for dignity.
- Care pathways that are coherent and responsive to multi-morbidities through increased opportunities for inter professional liaison.
- Access to a range of services not previously available locally – both for service users/patients and themselves if the need arises.
- A clearer understanding of what colleagues contribute and how their contributions can enhance care and treatment.
- Better training facilities and access to Continuous Professional Development, and opportunities to extend their skill base through carrying out more procedures in primary care (rather than out-patients departments).
- Improved access to electronic systems.

4.6 Risks

The main project risks and mitigation factors are identified at a high level at the IA stage. As the project develops through the OBC and FBC stages a more detailed and quantified risk register will be prepared. A risk register has been compiled for the project and this is included as appendix C.

4.7 Constraints and dependencies

Financial

Improvements must be delivered within the finances available, and the Project Board need to be assured that capital and on-going revenue funding is in place and is sufficient.

Quality

Compliance with all current health guidance must be delivered. There will be a strong focus on developing services which are accessible for service users, especially those with disabilities.

Sustainability

Achievement of BREEAM Health “Excellent” for new build.

Dependencies

This Initial Agreement focuses on the case for a new way of working that brings together a wide range of services related to health and care outcomes and reduces the number of disparate service delivery locations. Taking this option forward is dependent upon the closure of some existing sites and the rationalisation of their services onto a single site.

5. Preferred Solution

5.1 The "Do Nothing" option

Strategic Scope of Option:	Do Nothing
Service provision:	"Do nothing" does not meet any of the investment objectives noted in the section on "what do we want to achieve?". The existing health centre and other premises linked to this proposal are inadequate, of poor fabric with poor access and unfit for future service provision.
Service arrangements:	The service arrangements envisaged by the HSCPs transformation programme cannot be accommodated in existing premises. The service arrangements we aspire to are designed to maximise the relationships between different services that impact on the health and wellbeing outcomes, so are crucial to the investment objectives.
Service provider and workforce arrangements:	To do nothing will prevent the new ways of working for the workforce i.e. agile working, new improved electronic systems and referral access to other services. Current arrangements will not deliver a reduction in referrals to hospital services.
Supporting assets:	The "do nothing" option would prevent the rationalisation of the HSCP's property portfolio and would mean that management and maintenance costs would continue to be required to keep them in operation.
Public & service user expectations:	The public and service user expectations are very clear: that there is a need for premises that will provide improved access to services and person centred care. Service user expectations for supported self-management are difficult to realise when supports are located in a number of buildings that are not within easy reach of each other. A key investment objective is therefore to have services co-located, and the "do nothing" option cannot deliver this.

5.2 Service change proposals

We have adopted a co-production approach and established a Project Board to take forward the development of an east end hub, which involves some of the main stakeholders, including primary care contractors, staff and service users. Our Locality Engagement Forum, which involves local people from across the north east of Glasgow, has also had a strong input into to the thinking that underpins the proposal.

In addition, we are committed to involving and consulting the wider community at different stages of this proposal as detailed in our Communication and Engagement Plan (appendix E), including community based organisations.

We will use a range of methods to consult including survey questionnaires; through organising local information stalls in local supermarkets and local buildings; production of e-newsletters, and face-to-face meetings with a wide range of local organisations and third sector groups. Once the OBC has been agreed we will develop an arts' strategy, which will provide the opportunity for further involvement of potential users of the service and the general public to shape the design, layout and surrounding environment.

A number of assessments and studies have been undertaken on our buildings which have concluded that they are no longer fit for purposed without substantial investment. In addition, a feasibility study was completed in 2014 which investigated a number of options for a new health and care hub in the north east of Glasgow.

We have considered local strategic fit in the context of regeneration of public sector premises across Glasgow. Whilst there has been major recent improvements in the health and social care estate in other parts of NHSGG&C (such as the new health and care hubs), the estate in north east Glasgow has not received the same level of investment.

In terms of deliverability, we are confident that replacing the current estate with a rationalised community health and social care hub in the north east of Glasgow will result in sufficient revenue savings to cover future revenue costs of a new-build.

Based on discussions with stakeholders, including staff, services users, carers and partner agencies our proposal for a new health and social care hub will include the following range of services:

- All the existing health centre services (such as GP, pharmacy, dental, MSK physiotherapy, podiatry, speech and language therapy)
- Specialist Children's Services
- Rehabilitation and enablement services
- District nursing
- Health visiting and school nursing
- Social Work children and family teams
- Older people's mental health services
- Learning disability services
- Sandyford East sexual health services
- Primary care mental health services and psychotherapy services
- Health and social work addiction services
- Criminal justice social work services
- Acute hospital services, such as chronic pain clinics, older people services, speech and language therapy, physiotherapy, Centre for Integrative Care, anti-coagulant services. A full list of acute services will be included in the final model and aligned with the recommendation of the Moving Forward Together Programme.
- Staff Training and development – City wide facilities

- Community use of meeting rooms, such as recovery cafes

5.3 Developing a Shortlist

In considering how the new way of working can be achieved, it has already been identified that the current Parkhead Health Centre and the other buildings included in this proposal have limitations that will significantly compromise delivery. The specific limitations have been considered and detailed at the AEDET workshops, and a range of solutions have since been discussed at the Project Board, based on the investment objectives and the parameters defined within the Scottish Capital Investment Manual. It has been agreed that to do nothing is not a feasible option due to the level of unsuitability of the existing buildings and the growing needs and widening health and social inequalities of the local population. The table below highlights the main points from the Project Board discussion.

Our next step in developing these proposals will be to commission an open and transparent site option appraisal process, involving all the stakeholders in the project. A team of consultants will work with the City Council and NHSGG&C to identify a long list of suitable sites in the east end area and will then run stakeholder workshops that will score a short list of sites. Our commitment is to include the sites of Parkhead Hospital/Health Centre and Lightburn Hospital in the short list as well as two or three other sites which will be identified by the consultants.

Strategic Scope of Option:	Do Nothing	Proposed Solution 2 Refurbish and extend existing buildings	Proposed Solution 3 Develop a new health and care hub
Service provision: Changes to the functional size and layout would support activity that could provide different outcomes and benefits. (Investment Objectives 1,2,3,4 and 5)	Do nothing does not meet any of the investment objectives. The existing health centre and other buildings in this proposal are inadequate, of poor condition, with poor access and unfit for future service provision.	The existing footprint of Parkhead Health Centre is too small to allow changes to the extent that would be needed. Two buildings included in this proposal are leased and could not be extended. The Newlands Centre is a 19th Century building and would be difficult/ expensive to reconfigure or extend.	A new build would be on a site that is large enough to allow changes to the extent that would be needed.
Service arrangements: Changes to service activity and catchment to achieve the model could be undertaken to fit the proposed solution. (Investment Objectives1, 2,3 and 4)	The service arrangements envisaged by the HSCPs transformation programme cannot be accommodated in existing premises. The service arrangements we aspire to are designed to maximise the relationships between different services that impact on the health and wellbeing outcomes, so are crucial to the investment objectives.	Accommodation constraints would require a reduced version of the model, and alternative arrangements would have to be made for service users who use the other buildings included in this proposal.	A new build would be designed to deliver the new model for the existing population, with potential population growth or growth in need factored in.

Service provider and workforce arrangements: The new working model includes partnership with statutory and voluntary sector providers and a focus on agile working whenever possible. (Investment Objectives 1, 2, 3 and 4)	To "do nothing" will prevent the new ways of working for the workforce i.e. agile working, new improved electronic systems and referral access to other services. Current arrangements will not deliver a reduction in referrals to hospital services.	The constraints imposed by the existing buildings' arrangements would still act as a barrier to the full implementation of new ways of working envisaged by the HSCP's transformation programme.	A new build would be customised to support and accommodate these aspects of the model way of working.
Supporting assets: Improved outcomes can potentially be achieved through maximising the connections and relationships between the supporting assets. (Investment Objectives 1, 2, 3, 4, 5)	The "do nothing" option would prevent the rationalisation of the HSCP's property portfolio and would mean that management and maintenance costs would continue to be required to keep them in operation.	The extension of the existing buildings would potentially enable some additional services to move into the existing buildings but would not enable full achievement of the property rationalisation programme as insufficient space would be created from this solution. This would result in management and maintenance costs continuing to be required to keep them in operation.	A new build would be customised to support and accommodate these aspects of the model way of working.

Public & service user expectations: There is a growing expectation amongst service users and the wider public that public buildings are clean, safe and fit for purpose. Poor quality health and social care estate no longer fits with the improving local provision, and to support the achievement of improved health outcomes for local people require a strong and positive response couched in modern facilities fit for the future. (Investment Objectives 2, 3, 4, 5)	The public and service user expectations are very clear: that there is a need for premises that will provide improved access to services and person centred care. Service user expectations for supported self-management are difficult to realise when supports are located in a number of buildings that are not within easy reach of each other. A key investment objective is therefore to have services co-located, and the Do Nothing option cannot deliver this	Extensions to some of the existing facilities would enable service improvements to be made but would not facilitate the full transformation programme and, therefore, patients and service users would not experience the full effect of the improvements across all services.	A new build would be customised to support and accommodate these aspects of the model way of working

5.4 Initial Assessment of Proposed Shortlist

	Do Nothing: As existing arrangements	Proposed Solution 1 Refurbish and extend existing buildings	Proposed Solution 2 Develop a new health and care hub
Advantages (Strengths & Opportunities)	There would be no requirement for immediate major capital investment as the new build project would not proceed. Retains existing services on site known to local people. Parkhead Health Centre and the Mental Health Resource Centre are on a well located site, close to good public transport links and a wide range of amenities.	Capital investment likely to be less than full demolition and new build solution Some service improvements could be made in an expanded buildings. Retains existing services on site known to local people. Offers opportunity to make the existing buildings welcoming to visitors and staff. Well located sites, close to good public transport links and a wide range of amenities. Use of existing buildings owned by NHS/City Council. Some improvements in sustainability could be achieved.	The transformation of services envisaged by the HSCP would be delivered. The hub would enable modern, 21st century health and care services to be delivered. Would facilitate the substantial property rationalisation across the north east of Glasgow with consequent reductions in on-going costs. Depending on location of preferred site, this solution could have major physical regeneration impacts in the north east. Preferred site would need to be well located site, close to good public transport links and a wide range of amenities.
Disadvantages (Weaknesses & Threats)	Current building infrastructure does not meet current service needs and will not be able to meet future requirements.	Whilst capital investment will be less than full demolition and new build solution, substantial investment will be required to refurbish and extend the existing buildings to ensure they are	Capital investment required. Need to ensure that site is of sufficient size to achieve the investment objectives.

	Do Nothing: As existing arrangements	Proposed Solution 1 Refurbish and extend existing buildings	Proposed Solution 2 Develop a new health and care hub
	Limited capacity within buildings to transform services. Ongoing revenue costs to maintain building and likely requirement for capital costs in the future to upgrade existing internal and external building fabric. Buildings not meeting sustainability standards. Unable to rationalise existing property portfolio. On-going costs associated with the large number of buildings which are leased and owned. Current buildings on site are unattractive and not welcoming to visitors or staff. The services are dispersed and people have to travel to buildings across a wide geographic area for their current service provision.	sufficient. Improvement in quality could be achieved but it would be highly unlikely that this option would meet all the sustainability criteria, such as optimal energy efficiency standards Will be able to meet some of the needs of services. Will provide some additional space to improve services. Limited ability to rationalise existing property portfolio. On-going costs associated with the large number of buildings which are leased and owned. Consideration would need to be given to the temporary decant of existing services.	Acquisition costs might be incurred if a non NHS/Council site is the preferred location.

	Do Nothing: As existing arrangements	Proposed Solution 1 Refurbish and extend existing buildings	Proposed Solution 2 Develop a new health and care hub
Investment Objective 1	No	Partially	Fully
Investment Objective 2	No	Partially	Fully
Investment Objective 3	No	Partially	Fully
Investment Objective 4	No	Partially	Fully
Investment Objective 5	No	Partially	Fully
Affordability	Short term yes but longer term could result in high costs	Maybe	Maybe
Preferred / Possible / Rejected	Rejected	Possible	Preferred

Indicative costs of each solution

Costs in £millions	**Proposed Solution 1** Do Nothing (NHS)	**Proposed Solution 2** Refurbish and extend existing building (NHS)	**Proposed Solution 3** Develop a new health and care hub (NHS)
Capital cost (or equivalent value)	0	£8.6m	£26.2m
Whole of life capital costs	£27.2m	£48.7m	£54.7m
Whole of life operating costs	£3.9m	£12.1m	£11.9m
Estimated Net Present Value of Costs	£21.7m	£37.4m	£39.7m

The breakdown of the whole of life capital and operating have been, where relevant, been developed using similar cost categories used in the Generic Economic Model, and as described in the Option Appraisal Guide i.e.:

- Property & opportunity costs - included
- Capital & lifecycle costs - included
- Clinical services costs – current assumption is that there will not be any extra costs but any savings identified in the future will be included at OBC stage.
- Non-clinical operating costs - current assumption is that there will not be any extra costs but any savings identified in the future will be included at OBC stage.
- Building running costs - included
- Net contribution / costs - GPs (subject to clarification/guidance)
- Transitional costs – there will be no decant or double running costs
- Externalities – there are no externalities

In line with the Generic Economic Model we have excluded Vat and inflation.

As per the Green Book the level of appraisal is proportionate to the size and stage of the project.

The capital costs noted have been prepared based on high level costs using £/m2 rates based on historic information. The costs above are only comparing the NHS share of the buildings.

5.5 Design Quality Objectives

During September 2017 an AEDET (Achieving Excellence Design Evaluation Toolkit) assessment of the existing Parkhead Health Centre and the other buildings included in this proposal was carried out and was facilitated by Susan Grant of Health Facilities Scotland. The workshop was attended by staff, management, clinicians and public representatives. The outcome of this was documented in an AEDET Assessment summary which is included in Appendix B. The assessment highlighted the areas where the existing buildings work well:

- Security and safety
- Access to public transport
- Space standards

and also those areas where the buildings were seen as being inadequate:

- Flexibility to respond to changes in services
- Facilitating health promotion for staff, patients, local community
- Lack of adaptability to external changes, such as climate change
- Access for people with disabilities
- Inadequate car parking
- Poor sustainability
- Not cost effective or easy to operate and maintain

A follow-on workshop series was undertaken during October and November 2017 to develop a Design Statement for any new facility. This was facilitated by Heather Chapple from Architecture & Design Scotland, and was attended by broadly the same group of stakeholders who undertook the AEDET Assessment. The Design Statement is included in appendix E, and will form a key part of the briefing documentation to hub and its design team for any site options appraisal and the development of design proposals. The workshop highlighted the key aspects of any new design to be:

- Easy to access the buildings from public transport and private cars.
- Providing a strong sense of security for people arriving at and using the building.
- A welcoming, pleasant and calm place to visit and stay, including having facilities for children and information on local public transport.
- Easy to orientate around the building with walking routes which are short and pleasant.
- Reception areas to be welcoming and comfortable and ensure confidentiality for patients.
- Facilities which promote integration and also provides flexibility so that spaces can be used by third sector organisations and local community groups.
- Office areas to include a range of space types to allow personal choice in the nature of where you work and different activities to take place without interferences.

AEDET Refresh v1.1 Feb 2016 **Project Name** **Summary**

Category	Benchmark	Target	OBC	FBC	POE
Use	1.8	4.5	0.0	0.0	0.0
Access	0.9	4.3	0.0	0.0	0.0
Space	1.9	4.4	0.0	0.0	0.0
Performance	1.1	4.5	0.0	0.0	0.0
Engineering	0.6	3.4	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	1.0	4.5	0.0	0.0	0.0
Form and Materials	1.0	4.7	0.0	0.0	0.0
Staff and Patient Environment	1.2	4.6	0.0	0.0	0.0
Urban and Social Integration	1.5	4.5	0.0	0.0	0.0

NHS National Services Scotland

Health Facilities Scotland

6. Is the organisation ready to proceed with this proposal?

6.1 Commercial Case

The Commercial Case assesses the possible procurement routes which are available for a project. NHSGG&C has been consulting with the Scottish Government on the procurement and finance model which will be used and this will be factored into the process as we move towards Outline Business Case stage.

A summary of the key project dates is provided in the table below (a detailed timeline is included in appendix E).

Stage	Estimated date
Submission of Initial Agreement	End June 2018
Site Options Appraisal	March to August 2018
Submit Outline Business Case	August 2019
Submit Full Business Case	November 2020
Financial Close (if funded as hub DBFM)	March 2021
Construction	From April 2021

Project Management Arrangements

A project board has been established to oversee the initiative and is chaired by the HSCP Chief Officer Finance and Resources and is also the project sponsor. The project board comprises representatives from the:

- Senior Management Group of the HSCP
- Acute Sector (Planning)
- Glasgow City Council
- Locality Engagement Forum representatives
- Staff Partnership Forum
- Staff
- GP Practices
- NHSGG&C Capital Planning team
- NHSGG&C Finance team

The project board will represent the wider ownership interests of the project and oversee the co-ordination of the development proposal.

The project board reports to the HSCP Capital Planning Group, which oversees the delivery of all HSCP projects, and as noted, is chaired by the Chief Officer Finance and Resources.

While the project board will provide strategic leadership and oversee delivery, a delivery group/project team has been established to manage the day to day detailed information and tasks required to brief and deliver the project.

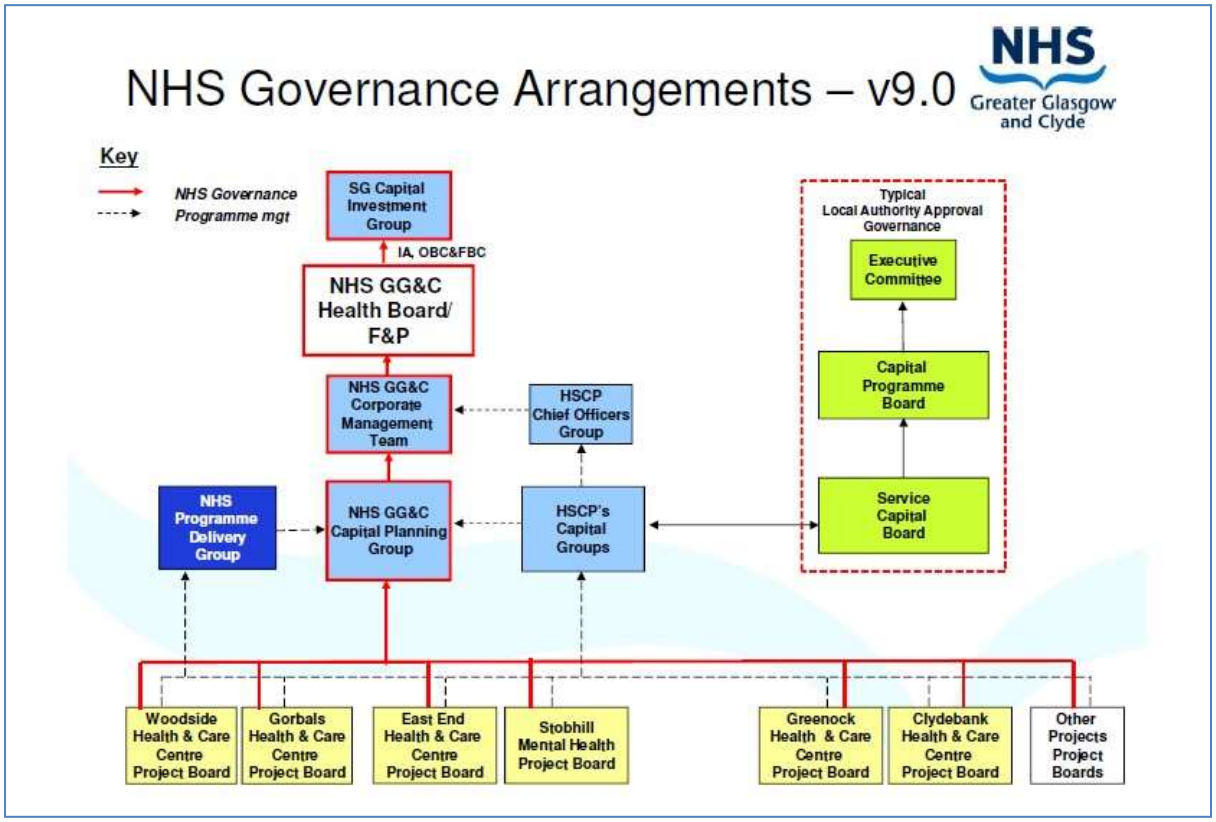
As the project develops a series of sub groups will be established as required and identified in the Guide to Framework Scotland published by Health Facilities Scotland. These task teams will include Design User Group, Commercial, IM&T, Equipment, Commissioning and Public Involvement.

The representatives from NHSGG&C Capital Planning and Finance teams have been involved in a number of "HUB" developments including the Eastwood and Maryhill projects and have a wealth of experience to provide this development.

Glasgow City HSCP has identified a manager who will be seconded for the duration of the project to take the development forward from their perspective and liaise between the various parties.

In relation to the appointment of the design team, this will be taken forward once there is an indication from the Scottish Government that funding will be made available to cover these costs.

The diagram below provides details of the governance arrangements for the health and social care hub projects in Glasgow. The governance arrangements are joint between the NHSGG&C and Glasgow City Council and approval has to obtain approval from each organisation at each stage of the development process. In addition, Glasgow City Integrated Joint Board has a key role to ensure that the agreed solution meets the needs of its services.



6.2 The Financial Case

Scottish Government Health and Social Care has requested that the Board submit an Initial Agreement for Glasgow East End Hub.

The table below represents indicative capital and revenue costs and funding the project. If funded by Scottish Government, as with previous DBFM funded projects, there would be an annual surplus of £45k but if funded through capital there would be an annual deficit of £950k. Future development of the revenue implications will be undertaken in the development of the Outline Business Case (OBC). The current schedule of accommodation shows the following split of area: NHS 50.2%, GP's 5.5%, HSCP Joint 5.6%, Council Social Work 38.7%.

The Health Board has no provision for the Capex within its capital resource limit but has made a provision for the equipment and sub debt. Furthermore, there is no provision for this in Glasgow City Council's financial plan**.**

	DBFM	**Capital**
Capex	**40,277**	**47,050**
Capital Costs	£'000	£'000
Site Acquisition	0	0
Equipment	2,014	2,014
Sub Debt	403	0
Total Capital Cost	**2,417**	**2,014**
Funded by		
Formula Capital	**2,417**	**2,014**

	DBFM	**Capital**
Revenue Costs	£'000	£'000
Capital Repayment	3,826	0
Lifecycle & Hard FM	441	441
Running Costs	703	703
Depreciation Capital (55 years)	0	855
Depreciation Equipment	201	201
IFRS Depreciation	1,611	0
Total Costs	**6,782**	**2,200**
Funded by		
SG Funding	3,956	0
IFRS - SGHCD	1,611	0
Existing Revenue Budgets	912	912
Additional GP/Dental/Pharmacy Funding	100	100
Council Revenue Funding	248	248
Total Funding	**6,827**	**1,260**
Surplus/Deficit (-)	**45**	**-940**

Financial Contributions

There are no financial contributions from external partners in this project.

6.3 Management Case

Project management arrangements

Project	East Hub Health and Social Care Hub	
Parties	NHS Greater Glasgow and Clyde Other to be agreed once procurement route is agreed.	NHSGG&C To be agreed
Project Sponsor	Sharon Wearing	Glasgow City HSCP
Project Director	Gary Dover	Glasgow City HSCP
Capital Planning Project Manager	Eugene Lafferty	NHSGG&C
Finance Manager	Marion Speirs	NHSGG&C
Private Sector Development Partner – Project Manager	Not known at this stage	
Private Sector Development Partner - Tier 1 contractor	Not known at this stage	
Legal	Not known at this stage	
Financial	Not known at this stage	
Technical	Not known at this stage	
Architectural Advisor	Not known at this stage	
M &E Advisor	Not known at this stage	
Civil/Structural Advisor	Not known at this stage	

The financial and contractual route for the project has not been agreed with the Scottish Government. Depending on the route chosen the governance arrangements for the agreed approach will be included in this section.

6.4 Readiness to Proceed Checklist

Project	Improving Services in North East of Glasgow: East End Health and Social Care Hub
Is the reason made clear why this proposal needs to be done now?	Section 2
Is there a good strategic fit between this proposal, NHScotland's Strategic Priorities, national policies and the organisation's own strategies?	Section 3
Have the main stakeholders been identified and are they supportive of the proposal?	Section 3.1 Appendix B
Is it made clear what constitutes a successful outcome?	Section 4 Appendix C
Are realistic plans available for achieving and evaluating the desired outcomes and expected benefits to be gained, including how they are to be monitored?	Section 4. Appendix C
Have the main project risks been identified, including appropriate actions taken for mitigating against them?	Section 4. Appendix D
Does the project delivery team have the right skills, experience, leadership and capability to achieve success?	Section 6
Are appropriate management controls explained?	Section 6.
Has provision for the financial and other resources required been explained?	Section 6.

7. Is this proposal still important?

To achieve the NHS Scotland's strategic priorities such as, person centred, safe, effective quality of care, health of population and Value and sustainability there is a great need for a new facility. A new health and care centre will:-

- Support the wider work to address health and social inequalities for an area of Glasgow which is one of the most deprived in Scotland.
- Enable co-location of teams and better access to services.
- Enable speedy access to modernised and integrated primary care and social care services.
- Contribute to the joint work between HSCPs and the acute hospital sector to enhance primary care (e.g. more out-patient work to be done in community settings where possible). A new build will be the catalyst for change.
- Improve access – fully Disability Discrimination Act compliant, good pedestrian access, nearby public transport.
- Improve service user experience and provide a good working environment for staff, – easy to navigate, improve patient pathways with patient and staff safety
- Enhance integrated working – promote team working, capacity for other public sector to use facilities – design allows out of hours use
- Energy efficient building with reduced carbon footprint and running costs
- Contribution to regeneration of north east Glasgow – clear signal of investment, catalyst for improvement, support to local businesses, attract other investors and consistent with city planning objectives.
- The positive impact of agile working can benefit the organisation, the individual and the environment. By reducing the amount of office space required, we can increase the amount of clinical space.

Benchmark | **Project Name** | **AEDET Refresh** v1.1 Feb 2016

Functionality

Use

		Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied	1	3	YES
A.02	The design facilitates the care model	1	2	YES
A.03	Overall the design is capable of handling the projected throughput	1	1	YES
A.04	Work flows and logistics are arranged optimally	1	3	YES
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2	1	
A.06	Where possible spaces are standardised and flexible in use patterns	1	2	YES
A.07	The design facilitates both security and supervision	1	4	YES
A.08	The design facilitates health promotion and equality for staff, patients and local community	1	1	YES
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2	1	
A.10	The benchmarks in the Design Statement in relation to building USE are met	0		

Access

		Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads	2	3	YES
B.02	There is adequate parking for visitors/ staff cars/ disabled people	1	1	YES
B.03	The approach and access for ambulances is appropriately provided	1	1	YES
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1	1	YES
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	2	1	YES
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	1	
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	1	1	YES
B.08	Car parking and drop-off should not visually dominate entrances or green routes	1	1	
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	0		

Space

		Weight	Score	Notes
C.01	The design achieves appropriate space standards	1	3	YES
C.02	The ratio of usable space to total area is good	1	3	YES
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	2	2	YES
C.04	Any necessary isolation and segregation of spaces is achieved	2	2	YES
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	2	
C.06	There is adequate storage space	1	1	
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	1	1	YES
C.08	The relationships between internal spaces and the outdoor environment work well	1	1	
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	0		

Build Quality

Performance

		Weight	Score	Notes
D.01	The building and grounds are easy to operate	1	1	YES
D.02	The building and grounds are easy to clean and maintain	1	1	YES
D.03	The building and grounds have appropriately durable finishes and components	1	2	
D.04	The building and grounds will weather and age well	1	1	
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	2	1	YES
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	2	1	
D.07	The design minimises maintenance and simplifies this where it will be required	1	1	
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	0		

Engineering

		Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use	1	1	
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1	1	
E.03	The engineering systems are energy efficient	1	1	
E.04	There are emergency backup systems that are designed to minimise disruption	1	1	YES
E.05	During construction disruption to essential services is minimised	1		
E.06	During maintenance disruption to essential healthcare services is minimised	1		
E.07	The design layout contributes to efficient zoning and energy use reduction	1		

Construction

		Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised	0		
F.02	Temporary construction work is minimised	0		
F.03	The impact of the building process on continuing healthcare provision is minimised	0		
F.04	The building and grounds can be readily maintained	0		
F.05	The construction is robust	0		
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion	0		
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	0		
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	0		
F.09	The construction contributes to being a good neighbour	0		
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	0		

Impact

Character and Innovation

		Weight	Score	Notes
G.1	There are clear ideas behind the design of the building and grounds	2	1	YES
G.2	The building and grounds are interesting to look at and move around in	1	1	
G.3	The building, grounds and arts design contribute to the local setting	1	1	YES
G.4	The design appropriately expresses the values of the NHS	1	1	
G.5	The project is likely to influence future designs	1	1	
G.6	The design provides a clear strategy for future adaptation and expansion	2	1	
G.7	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	1	
G.8	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	0		

Form and Materials

		Weight	Score	Notes
H.01	The design has a human scale and feels welcoming	2	1	YES
H.2	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	1	
H.3	Entrances are obvious and logical in relation to likely points of arrival on site	2	1	YES
H.4	The external materials and detailing appear to be of high quality and are maintainable	1	1	
H.5	The external colours and textures seem appropriate and attractive for the local setting	1	1	
H.6	The design maximises the site opportunities and enhances a sense of place	2	1	YES
H.7	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	0		

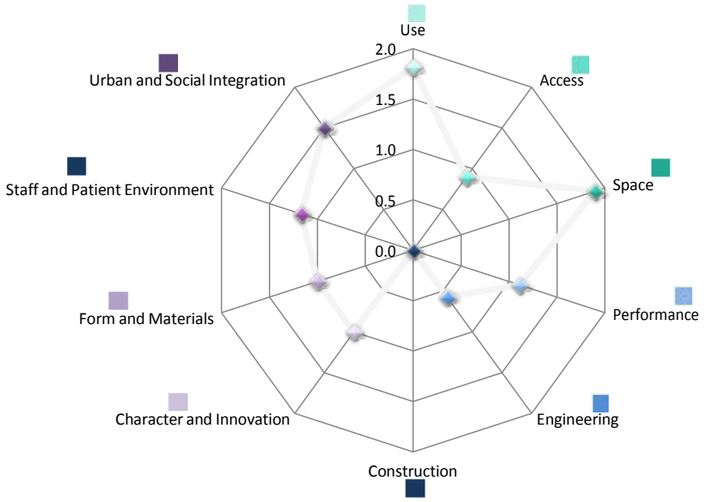
Staff and Patient Environment

		Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2	2	YES
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	1	
I.03	The design maximises the opportunities for access to usable outdoor space	1	1	
I.04	There are high levels of both comfort and control of comfort	1	1	
I.05	The design is clearly understandable and wayfinding is intuitive	1	1	
I.06	The interior of the building is attractive in appearance	1	1	
I.07	There are good bath/ toilet and other facilities for patients	1	1	YES
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	2	1	
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2	1	YES
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	0		

Urban and Social Integration

		Weight	Score	Notes
J.1	The height, volume and skyline of the building relate well to the surrounding environment	1	3	YES
J.2	The facility contributes positively to its locality	1	1	
J.03	The hard and soft landscape contribute positively to the locality	1	1	
J.4	The overall design contributes positively to neighbourhood and is sensitive to passers-by	1	2	
J.5	There is a clear vision behind the design, its setting and outdoor spaces	2	1	YES
J.6	The benchmarks in the Design Statement in relation to INTEGRATION are met	0		

AEDET Refresh Benchmark Summary



	Benchmark
Use	1.8
Access	0.9
Space	1.9
Performance	1.1
Engineering	0.6
Construction	0.0
Character and Innovation	1.0
Form and Materials	1.0
Staff and Patient Environment	1.2
Urban and Social Integration	1.5

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

Project Name

Benchmark

Ref	Note
A.01	Intergated service not working well. Currently in: Templeton, Parkhead Hosp, Parkhead H/C, Easterhouse H/C , Brooke Street, Newlands
A.02	Intergated service will allow staff to work better together. A new facility is an investment in peoples future and a better quality service.
A.03	Ensure has enough space to see patients and enough bookable rooms. Good element from TBC is Children & Families have separate meeting facility with dedicated secure
A.04	Work flow is currently fine.
A.05	
A.06	Clinical space not suitable for wheelchair users/Prams. Lacking somewhere for WC users to change.
A.07	Templeton BC has good security, each level has locked doors. Heatlh Centres are not good. Parkview/Eastbank security good. PHC waiting areas are to close together.
A.08	Parkview, good practise and dementia friendly/equipment in toilets.
A.09	
A.10	
B.01	Some places accessable and some places are not.
B.02	Parking not suitable at any of the venues
B.03	Particular issues at Templeton main entrance
B.04	Delivery vans taking up spaces blocking entry and exits
B.05	Parkhead Hospital not pleasant. Templeton BC is pleasant and suitable for wheelchair users
B.06	
B.07	Templeton BC is good and has accessible shower. Accessibility to Glasgow Green. Parkview resource centre is near Tollcross Park. Other centres no access to green space
B.08	
B.09	
C.01	Templeton room size is fine. Corrider spaces are not good for prams, Wheelchairs or double buggies
C.02	Need additional space - sometimes 2 separate rooms.
C.03	Newlands - not user friendly. Parkview is suitable. Please note don't want to loose link with small spaces and required to walk through 3 corridors to get to next desitination.
C.04	Parkhead HC - Staff rooms are mixed. Always conciuous that required to speak quietly. Easterhouse School Health Records Room is near waiting rooms and again very concious
C.05	
C.06	
C.07	Parkview - some tables/benches for indoor activities
C.08	
C.09	
D.01	Parkhead HC - Womans toilets unpleasant - Templeton has sewage issues - general feel this is issue in all hibs. This requires to be maintained in new building.
D.02	Easterhouse HC - cant open windows -to be cleaned. Financial contraints
D.03	
D.04	
D.05	Parkview/Templeton has access to daylight and near Tollcross Park/ Glasgow Green
D.06	
D.07	
D.08	
E.01	
E.02	
E.03	
E.04	No back up systems in most centres. All computer dependant.
E.05	
E.06	
E.07	
F.01	
F.02	
F.03	
F.04	
F.05	
F.06	
F.07	
F.08	
F.09	
F.10	
G.01	Not in any of current accommodation.
G.02	
G.03	Group expressed how important they all feel design must reflect local community
G.04	
G.05	
G.06	
G.07	
G.08	
H.01	Hospital is not welcoming
H.02	
H.03	Entrances are currently not obvious or logically positioned
H.04	
H.05	
H.06	Not in any of current accommodation.
H.07	
I.01	Make sure private if intimate ie sandyford
I.02	
I.03	
I.04	
I.05	
I.06	
I.07	No - ensure there is male/female/gender sex/baby changing/disabled at new building
I.08	
I.09	Not in any of current accommodation.
I.10	
J.01	Building doesn't fit in. Discussion around play park being moved as not suitable at current location and being used as overflow car park
J.02	
J.03	
J.04	
J.05	
J.06	

Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Initial Agreement Stage

1 AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement
2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target
3 The note section to be completed to provide further briefing information
4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
5 Boards may add project specific criteria. A note must be provided stating the reason for this.
6 Key actions arising from AEDET discussions to be recorded

Ref	Actions	by date	Owner	Completed
	NDAP Design Statement providing bespoke benchmarks to be agreed	re IA submission		

Health Facilities Scotland

NHS National Services Scotland

Target | **Project Name** | **AEDET Refresh** v1.1 Feb 2016

Functionality

Use

		Weight	Score	Notes
A.1	The prime functional requirements of the brief are satisfied	1	4	
A.2	The design facilitates the care model	1	4	
A.3	Overall the design is capable of handling the projected throughput	1	4	
A.4	Work flows and logistics are arranged optimally	1	4	
A.5	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2	5	
A.6	Where possible spaces are standardised and flexible in use patterns	1	4	
A.7	The design facilitates both security and supervision	1	4	
A.8	The design facilitates health promotion and equality for staff, patients and local community	1	4	
A.9	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2	5	
A.10	The benchmarks in the Design Statement in relation to building USE are met	2	5	

Access

		Weight	Score	Notes
B.1	There is good access from available public transport including any on- site roads	2	5	
B.2	There is adequate parking for visitors/ staff cars/ disabled people	1	4	
B.3	The approach and access for ambulances is appropriately provided	1	4	
B.4	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1	4	
B.5	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	2	5	
B.6	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	4	
B.7	Active travel is encouraged and connections to local green routes and spaces enhanced	1	4	
B.8	Car parking and drop-off should not visually dominate entrances or green routes	1	4	
B.9	The benchmarks in the Design Statement in relation to building ACCESS are met	2	5	

Space

		Weight	Score	Notes
C.1	The design achieves appropriate space standards	1	4	
C.2	The ratio of usable space to total area is good	1	4	
C.3	The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	4	
C.4	Any necessary isolation and segregation of spaces is achieved	2	5	
C.5	The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	4	
C.6	There is adequate storage space	1	4	
C.7	The grounds provided spaces for informal/ formal therapeutic health activities	1	4	
C.8	The relationships between internal spaces and the outdoor environment work well	1	4	
C.9	The benchmarks in the Design Statement in relation to building SPACE are met	2	5	

Build Quality

Performance

		Weight	Score	Notes
D.1	The building and grounds are easy to operate	1	4	
D.2	The building and grounds are easy to clean and maintain	1	4	
D.3	The building and grounds have appropriately durable finishes and components	1	4	
D.4	The building and grounds will weather and age well	1	4	
D.5	Access to daylight, views of nature and outdoor space are robustly detailed	2	5	
D.6	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	2	5	
D.7	The design minimises maintenance and simplifies this where it will be required	1	4	
D.8	The benchmarks in the Design Statement in relation to PERFORMANCE are met	2	5	

Engineering

		Weight	Score	Notes
E.1	The engineering systems are well designed, flexible and efficient in use	1	4	
E.2	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1	4	
E.3	The engineering systems are energy efficient	1	4	
E.4	There are emergency backup systems that are designed to minimise disruption	1	4	
E.5	During construction disruption to essential services is minimised	1	4	
E.6	During maintenance disruption to essential healthcare services is minimised	1	4	
E.7	The design layout contributes to efficient zoning and energy use reduction	1	4	

Construction

		Weight	Score	Notes
F.1	If phased planning and construction are necessary the various stages are well organised	1	4	
F.2	Temporary construction work is minimised	1	4	
F.3	The impact of the building process on continuing healthcare provision is minimised	1	4	
F.4	The building and grounds can be readily maintained	1	4	
F.5	The construction is robust	1	4	
F.6	Construction allows easy access to engineering systems for maintenance, replacement & expansion	1	4	
F.7	The construction exploits opportunities from standardisation and prefabrication where relevant	1	4	
F.8	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1	4	
F.9	The construction contributes to being a good neighbour	1	4	
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1	4	

Impact

Character and Innovation

		Weight	Score	Notes
G.1	There are clear ideas behind the design of the building and grounds	2	5	
G.2	The building and grounds are interesting to look at and move around in	1	4	
G.3	The building, grounds and arts design contribute to the local setting	1	4	
G.4	The design appropriately expresses the values of the NHS	1	4	
G.5	The project is likely to influence future designs	1	4	
G.6	The design provides a clear strategy for future adaptation and expansion	2	5	
G.7	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	4	
G.8	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2	5	

Form and Materials

		Weight	Score	Notes
H.1	The design has a human scale and feels welcoming	2	5	
H.2	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	4	
H.3	Entrances are obvious and logical in relation to likely points of arrival on site	2	5	
H.4	The external materials and detailing appear to be of high quality and are maintainable	1	4	
H.5	The external colours and textures seem appropriate and attractive for the local setting	1	4	
H.6	The design maximises the site opportunities and enhances a sense of place	2	5	
H.7	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2	5	

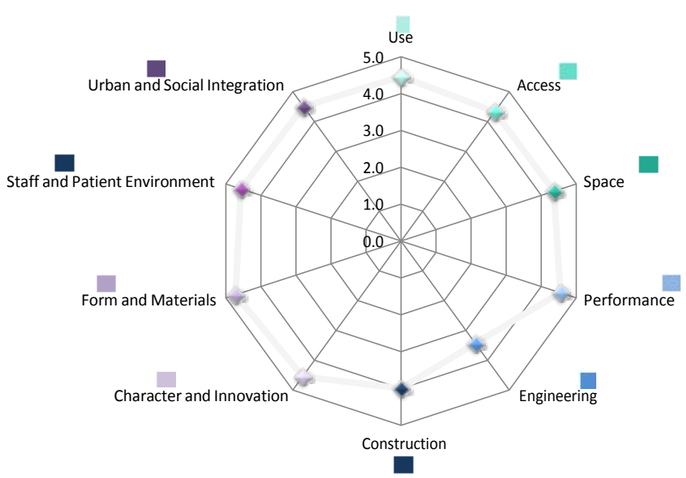
Staff and Patient Environment

		Weight	Score	Notes
I.1	The design reflects the dignity of patients and allows for appropriate levels of privacy	2	5	
I.2	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	4	
I.3	The design maximises the opportunities for access to usable outdoor space	1	4	
I.4	There are high levels of both comfort and control of comfort	1	4	
I.5	The design is clearly understandable and wayfinding is intuitive	1	4	
I.6	The interior of the building is attractive in appearance	1	4	
I.7	There are good bath/ toilet and other facilities for patients	1	4	
I.8	There are good facilities for staff with convenient places to work and relax without being on demand	2	5	
I.9	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2	5	
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2	5	

Urban and Social Integration

		Weight	Score	Notes
J.1	The height, volume and skyline of the building relate well to the surrounding environment	1	4	
J.2	The facility contributes positively to its locality	1	4	
J.03	The hard and soft landscape contribute positively to the locality	1	4	
J.4	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1	4	
J.5	There is a clear vision behind the design, its setting and outdoor spaces	2	5	
J.6	The benchmarks in the Design Statement in relation to INTEGRATION are met	2	5	

AEDET Refresh Target Summary



	Target
Use	4.5
Access	4.3
Space	4.4
Performance	4.5
Engineering	3.4
Construction	4.0
Character and Innovation	4.5
Form and Materials	4.7
Staff and Patient Environment	4.6
Urban and Social Integration	4.5

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

Project Name

Target

	Ref	Note
	A.01	
	A.02	
	A.03	
	A.04	
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Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Initial Agreement Stage

1 AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement
2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target
3 The note section to be completed to provide further briefing information
4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
5 Boards may add project specific criteria. A note must be provided stating the reason for this.
6 Key actions arising from AEDET discussions to be recorded

Ref	Actions	by date	Owner	Completed

Health Facilities Scotland

NHS National Services Scotland

OBC | **Project Name** | **AEDET Refresh** v1.1 Feb 2016

Functionality

Use

		Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied	1		
A.02	The design facilitates the care model	1		
A.03	Overall the design is capable of handling the projected throughput	1		
A.04	Work flows and logistics are arranged optimally	1		
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2		
A.06	Where possible spaces are standardised and flexible in use patterns	1		
A.07	The design facilitates both security and supervision	1		
A.08	The design facilitates health promotion and equality for staff, patients and local community	1		
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2		
A.10	The benchmarks in the Design Statement in relation to building USE are met	2		

Access

		Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads	2		
B.02	There is adequate parking for visitors/ staff cars/ disabled people	1		
B.03	The approach and access for ambulances is appropriately provided	1		
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1		
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	2		
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1		
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	1		
B.08	Car parking and drop-off should not visually dominate entrances or green routes	1		
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	2		

Space

		Weight	Score	Notes
C.01	The design achieves appropriate space standards	1		
C.02	The ratio of usable space to total area is good	1		
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	1		
C.04	Any necessary isolation and segregation of spaces is achieved	2		
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	1		
C.06	There is adequate storage space	1		
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	1		
C.08	The relationships between internal spaces and the outdoor environment work well	1		
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	2		

Build Quality

Performance

		Weight	Score	Notes
D.01	The building and grounds are easy to operate	1		
D.02	The building and grounds are easy to clean and maintain	1		
D.03	The building and grounds have appropriately durable finishes and components	1		
D.04	The building and grounds will weather and age well	1		
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	2		
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	2		
D.07	The design minimises maintenance and simplifies this where it will be required	1		
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	2		

Engineering

		Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use	1		
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1		
E.03	The engineering systems are energy efficient	1		
E.04	There are emergency backup systems that are designed to minimise disruption	1		
E.05	During construction disruption to essential services is minimised	1		
E.06	During maintenance disruption to essential healthcare services is minimised	1		
E.07	The design layout contributes to efficient zoning and energy use reduction	1		

Construction

		Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised	1		
F.02	Temporary construction work is minimised	1		
F.03	The impact of the building process on continuing healthcare provision is minimised	1		
F.04	The building and grounds can be readily maintained	1		
F.05	The construction is robust	1		
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion	1		
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	1		
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1		
F.09	The construction contributes to being a good neighbour	1		
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1		

Impact

Character and Innovation

		Weight	Score	Notes
G.1	There are clear ideas behind the design of the building and grounds	2		
G.2	The building and grounds are interesting to look at and move around in	1		
G.3	The building, grounds and arts design contribute to the local setting	1		
G.4	The design appropriately expresses the values of the NHS	1		
G.5	The project is likely to influence future designs	1		
G.6	The design provides a clear strategy for future adaptation and expansion	2		
G.7	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1		
G.8	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2		

Form and Materials

		Weight	Score	Notes
H.01	The design has a human scale and feels welcoming	2		
H.2	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1		
H.3	Entrances are obvious and logical in relation to likely points of arrival on site	2		
H.4	The external materials and detailing appear to be of high quality and are maintainable	1		
H.5	The external colours and textures seem appropriate and attractive for the local setting	1		
H.6	The design maximises the site opportunities and enhances a sense of place	2		
H.7	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2		

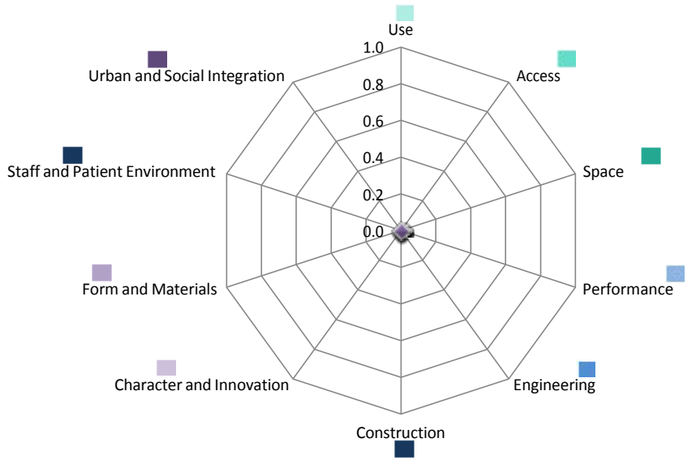
Staff and Patient Environment

		Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2		
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1		
I.03	The design maximises the opportunities for access to usable outdoor space	1		
I.04	There are high levels of both comfort and control of comfort	1		
I.05	The design is clearly understandable and wayfinding is intuitive	1		
I.06	The interior of the building is attractive in appearance	1		
I.07	There are good bath/ toilet and other facilities for patients	1		
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	2		
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2		
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2		

Urban and Social Integration

		Weight	Score	Notes
J.1	The height, volume and skyline of the building relate well to the surrounding environment	1		
J.2	The facility contributes positively to its locality	1		
J.03	The hard and soft landscape contribute positively to the locality	1		
J.4	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1		
J.5	There is a clear vision behind the design, its setting and outdoor spaces	2		
J.6	The benchmarks in the Design Statement in relation to INTEGRATION are met	2		

AEDET Refresh OBC Summary



Target		Progress	
		Prev	Curr
4.5	Use	4.5	0.0
4.3	Access	4.3	0.0
4.4	Space	4.4	0.0
4.5	Performance	4.5	0.0
3.4	Engineering	3.4	0.0
4.0	Construction	4.0	0.0
4.5	Character and Innovation	4.5	0.0
4.7	Form and Materials	4.7	0.0
4.6	Staff and Patient Environment	4.6	0.0
4.5	Urban and Social Integration	4.5	0.0

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016 **Project Name** OBC

	Ref	Note
	A.01	
	A.02	
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Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Outline Business Case Stage

1. AEDET OBC to be recorded near end of OBC Stage and must be submitted for NDAP
2. The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target
3. The note section to be completed to provide further briefing information
4. If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
5. Boards may add project specific criteria. A note must be provided stating the reason for this.
6. Key actions arising from AEDET discussions to be recorded

Ref	Actions	by date	Owner	Completed

Health Facilities Scotland

NHS National Services Scotland

FBC | **Project Name** | **AEDET Refresh** v1.1 Feb 2016

Functionality

Use

		Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied	1		
A.02	The design facilitates the care model	1		
A.03	Overall the design is capable of handling the projected throughput	1		
A.04	Work flows and logistics are arranged optimally	1		
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2		
A.06	Where possible spaces are standardised and flexible in use patterns	1		
A.07	The design facilitates both security and supervision	1		
A.08	The design facilitates health promotion and equality for staff, patients and local community	1		
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2		
A.10	The benchmarks in the Design Statement in relation to building USE are met	2		

Access

		Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads	2		
B.02	There is adequate parking for visitors/ staff cars/ disabled people	1		
B.03	The approach and access for ambulances is appropriately provided	1		
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1		
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	2		
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1		
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	1		
B.08	Car parking and drop-off should not visually dominate entrances or green routes	1		
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	2		

Space

		Weight	Score	Notes
C.01	The design achieves appropriate space standards	1		
C.02	The ratio of usable space to total area is good	1		
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	1		
C.04	Any necessary isolation and segregation of spaces is achieved	2		
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	1		
C.06	There is adequate storage space	1		
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	1		
C.08	The relationships between internal spaces and the outdoor environment work well	1		
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	2		

Build Quality

Performance

		Weight	Score	Notes
D.01	The building and grounds are easy to operate	1		
D.02	The building and grounds are easy to clean and maintain	1		
D.03	The building and grounds have appropriately durable finishes and components	1		
D.04	The building and grounds will weather and age well	1		
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	2		
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	2		
D.07	The design minimises maintenance and simplifies this where it will be required	1		
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	2		

Engineering

		Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use	1		
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1		
E.03	The engineering systems are energy efficient	1		
E.04	There are emergency backup systems that are designed to minimise disruption	1		
E.05	During construction disruption to essential services is minimised	1		
E.06	During maintenance disruption to essential healthcare services is minimised	1		
E.07	The design layout contributes to efficient zoning and energy use reduction	1		

Construction

		Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised	0		
F.02	Temporary construction work is minimised	0		
F.03	The impact of the building process on continuing healthcare provision is minimised	1		
F.04	The building and grounds can be readily maintained	1		
F.05	The construction is robust	1		
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion	1		
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	1		
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1		
F.09	The construction contributes to being a good neighbour	1		
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1		

Impact

Character and Innovation

		Weight	Score	Notes
G.1	There are clear ideas behind the design of the building and grounds	2		
G.2	The building and grounds are interesting to look at and move around in	1		
G.3	The building, grounds and arts design contribute to the local setting	1		
G.4	The design appropriately expresses the values of the NHS	1		
G.5	The project is likely to influence future designs	1		
G.6	The design provides a clear strategy for future adaptation and expansion	2		
G.7	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1		
G.8	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2		

Form and Materials

		Weight	Score	Notes
H.01	The design has a human scale and feels welcoming	2		
H.2	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1		
H.3	Entrances are obvious and logical in relation to likely points of arrival on site	2		
H.4	The external materials and detailing appear to be of high quality and are maintainable	1		
H.5	The external colours and textures seem appropriate and attractive for the local setting	1		
H.6	The design maximises the site opportunities and enhances a sense of place	2		
H.7	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2		

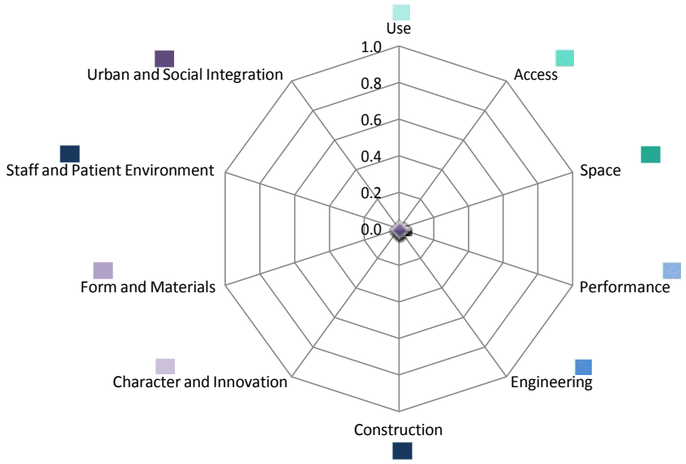
Staff and Patient Environment

		Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2		
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1		
I.03	The design maximises the opportunities for access to usable outdoor space	1		
I.04	There are high levels of both comfort and control of comfort	1		
I.05	The design is clearly understandable and wayfinding is intuitive	1		
I.06	The interior of the building is attractive in appearance	1		
I.07	There are good bath/ toilet and other facilities for patients	1		
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	2		
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2		
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2		

Urban and Social Integration

		Weight	Score	Notes
J.1	The height, volume and skyline of the building relate well to the surrounding environment	1		
J.2	The facility contributes positively to its locality	1		
J.03	The hard and soft landscape contribute positively to the locality	1		
J.4	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1		
J.5	There is a clear vision behind the design, its setting and outdoor spaces	2		
J.6	The benchmarks in the Design Statement in relation to INTEGRATION are met	2		

AEDET Refresh FBC Summary



Target		Progress Prev	Progress Curr
4.5	Use	0.0	0.0
4.3	Access	0.0	0.0
4.4	Space	0.0	0.0
4.5	Performance	0.0	0.0
3.4	Engineering	0.0	0.0
4.0	Construction	0.0	0.0
4.5	Character and Innovation	0.0	0.0
4.7	Form and Materials	0.0	0.0
4.6	Staff and Patient Environment	0.0	0.0
4.5	Urban and Social Integration	0.0	0.0

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

Project Name

FBC

	Ref	Note
	A.01	
	A.02	
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Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Full Business Case Stage

1 AEDET FBC to be recorded near end of FBC (or SBC) Stage and must be submitted for NDAP
2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target
3 The note section to be completed to provide further briefing information
4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
5 Boards may add project specific criteria. A note must be provided stating the reason for this.
6 Key actions arising from AEDET discussions to be recorded

Ref	Actions	by date	Owner	Completed

Health Facilities Scotland

NHS National Services Scotland

POE **Project Name** **AEDET Refresh** v1.1 Feb 2016

Functionality

Use

		Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied	1		
A.02	The design facilitates the care model	1		
A.03	Overall the design is capable of handling the projected throughput	1		
A.04	Work flows and logistics are arranged optimally	1		
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2		
A.06	Where possible spaces are standardised and flexible in use patterns	1		
A.07	The design facilitates both security and supervision	1		
A.08	The design facilitates health promotion and equality for staff, patients and local community	1		
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2		
A.10	The benchmarks in the Design Statement in relation to building USE are met	2		

Access

		Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads	2		
B.02	There is adequate parking for visitors/ staff cars/ disabled people	1		
B.03	The approach and access for ambulances is appropriately provided	1		
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1		
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	2		
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1		
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	1		
B.08	Car parking and drop-off should not visually dominate entrances or green routes	1		
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	2		

Space

		Weight	Score	Notes
C.01	The design achieves appropriate space standards	1		
C.02	The ratio of usable space to total area is good	1		
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	1		
C.04	Any necessary isolation and segregation of spaces is achieved	2		
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	1		
C.06	There is adequate storage space	1		
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	1		
C.08	The relationships between internal spaces and the outdoor environment work well	1		
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	2		

Build Quality

Performance

		Weight	Score	Notes
D.01	The building and grounds are easy to operate	1		
D.02	The building and grounds are easy to clean and maintain	1		
D.03	The building and grounds have appropriately durable finishes and components	1		
D.04	The building and grounds will weather and age well	1		
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	2		
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	2		
D.07	The design minimises maintenance and simplifies this where it will be required	1		
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	2		

Engineering

		Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use	1		
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1		
E.03	The engineering systems are energy efficient	1		
E.04	There are emergency backup systems that are designed to minimise disruption	1		
E.05	During construction disruption to essential services is minimised	1		
E.06	During maintenance disruption to essential healthcare services is minimised	1		
E.07	The design layout contributes to efficient zoning and energy use reduction	1		

Construction

		Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised	0		
F.02	Temporary construction work is minimised	0		
F.03	The impact of the building process on continuing healthcare provision is minimised	1		
F.04	The building and grounds can be readily maintained	1		
F.05	The construction is robust	1		
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion	1		
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	1		
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1		
F.09	The construction contributes to being a good neighbour	1		
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1		

Impact

Character and Innovation

		Weight	Score	Notes
G.1	There are clear ideas behind the design of the building and grounds	2		
G.2	The building and grounds are interesting to look at and move around in	1		
G.3	The building, grounds and arts design contribute to the local setting	1		
G.4	The design appropriately expresses the values of the NHS	1		
G.5	The project is likely to influence future designs	1		
G.6	The design provides a clear strategy for future adaptation and expansion	2		
G.7	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1		
G.8	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2		

Form and Materials

		Weight	Score	Notes
H.01	The design has a human scale and feels welcoming	2		
H.2	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1		
H.3	Entrances are obvious and logical in relation to likely points of arrival on site	2		
H.4	The external materials and detailing appear to be of high quality and are maintainable	1		
H.5	The external colours and textures seem appropriate and attractive for the local setting	1		
H.6	The design maximises the site opportunities and enhances a sense of place	2		
H.7	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2		

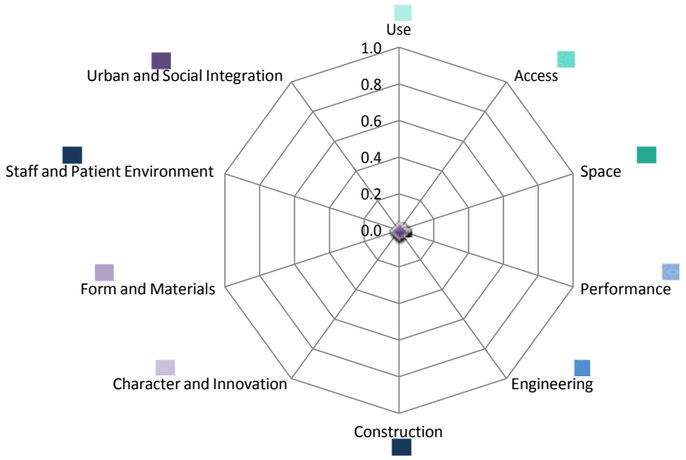
Staff and Patient Environment

		Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2		
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1		
I.03	The design maximises the opportunities for access to usable outdoor space	1		
I.04	There are high levels of both comfort and control of comfort	1		
I.05	The design is clearly understandable and wayfinding is intuitive	1		
I.06	The interior of the building is attractive in appearance	1		
I.07	There are good bath/ toilet and other facilities for patients	1		
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	2		
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2		
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2		

Urban and Social Integration

		Weight	Score	Notes
J.1	The height, volume and skyline of the building relate well to the surrounding environment	1		
J.2	The facility contributes positively to its locality	1		
J.03	The hard and soft landscape contribute positively to the locality	1		
J.4	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1		
J.5	There is a clear vision behind the design, its setting and outdoor spaces	2		
J.6	The benchmarks in the Design Statement in relation to INTEGRATION are met	2		

AEDET Refresh POE Summary



Target		Progress	
		Prev	Curr
4.5	Use	0.0	0.0
4.3	Access	0.0	0.0
4.4	Space	0.0	0.0
4.5	Performance	0.0	0.0
3.4	Engineering	0.0	0.0
4.0	Construction	0.0	0.0
4.5	Character and Innovation	0.0	0.0
4.7	Form and Materials	0.0	0.0
4.6	Staff and Patient Environment	0.0	0.0
4.5	Urban and Social Integration	0.0	0.0

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

Project Name

POE

	Ref	Note
	A.01	
	A.02	
	A.03	
	A.04	
	A.05	
	A.06	
	A.07	
	A.08	
	A.09	
	A.10	
	B.01	
	B.02	
	B.03	
	B.04	
	B.05	
	B.06	
	B.07	
	B.08	
####	B.09	
	C.01	
	C.02	
	C.03	
	C.04	
	C.05	
	C.06	
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	I.03	
	I.04	
	I.05	
	I.06	
	I.07	
	I.08	
	I.09	
	I.10	
	J.01	
	J.02	
	J.03	
	J.04	
	J.05	
	J.06	

Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Post Occupation Evaluation Stage

1 AEDET POE to be set approx 1-2 years after occupation and must be submitted for NDAP Post Project Evaluation
2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target
3 The note section to be completed to provide further briefing information
4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
5 Boards may add project specific criteria. A note must be provided stating the reason for this.
6 Key actions arising from AEDET discussions to be recorded

Ref	Actions	by date	Owner	Completed

Health Facilities Scotland

NHS National Services Scotland

AEDET Refresh v1.1 Feb 2016

Project Name

Summary

Category	Benchmark	Target	OBC	FBC	POE
Use	1.8	4.5	0.0	0.0	0.0
Access	0.9	4.3	0.0	0.0	0.0
Space	1.9	4.4	0.0	0.0	0.0
Performance	1.1	4.5	0.0	0.0	0.0
Engineering	0.6	3.4	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	1.0	4.5	0.0	0.0	0.0
Form and Materials	1.0	4.7	0.0	0.0	0.0
Staff and Patient Environment	1.2	4.6	0.0	0.0	0.0
Urban and Social Integration	1.5	4.5	0.0	0.0	0.0

NHS National Services Scotland

Health Facilities Scotland

Summary Progress

APPENDIX B - Benefits Realisation Register and Plan

Benefits Register						
1. Identification						***2. Prioritisation***
Ref No.	***Benefit***	***Assessment***	***As measured by:***	***Baseline Value***	***Target Value***	***Relative Importance***
1.	*Improves quality of life through care provided.*	*Quantitatively via IJB Performance Report*	Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement. Psychological Therapies: % of people who started treatment within 18 weeks of referral	*167 for North East during third quarter of 2017/18* *91% at end of third quarter 2017/18*	Current target is 550 per year (138 per quarter). This will be updated at OBC/FBC stages. Current target is 90%. This will be updated at OBC/FBC stages.	High
2.	*Improves support to allow people to live independently*	*Quantitatively via IJB Performance Report*	Percentage of care experienced young people currently receiving an aftercare service who are known to be in employment, education or training	*69% for North East as at end of third quarter 2017/18*	Current target is 75%. This will be updated at OBC/FBC stages.	High

Benefits Register						
1. Identification						2. Prioritisation
Ref No.	**Benefit**	**Assessment**	**As measured by:**	**Baseline Value**	**Target Value**	**Relative Importance**
3.	*Increases proportion of people with intensive needs being cared for at home*	*Quantitatively via IJB Performance Report* *Quantitatively via IJB Performance Report*	Number of Community Services led Anticipatory Care Plans (ACPs) in Place Number of people in supported living services	*196completed in the North East during the third quarter of 2017/18* 222 in the North East at the end of quarter 3 2017/18	No target for NE. Glasgow target of 720. This will be updated at OBC/FBC stages. No target for NE. 650 by year end for Glasgow. This will be updated at OBC/FBC stages.	High
4.	*Allows timely discharge from hospital and ensures high quality support for people after discharge*	*Quantitatively via IJB Performance Report* *Qualitative survey of patients and/or their carers*	Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)	*1852 for North East as at end November 2017* *Patient survey*	No targets available but will be developed for OBC.	High

Benefits Register						
1. Identification						2. Prioritisation
Ref No.	**Benefit**	**Assessment**	**As measured by:**	**Baseline Value**	**Target Value**	**Relative Importance**
				to be completed prior to completion		
5.	*Improves functional suitability of the health and social care estate by delivering a safe high quality physical environment for patients, clients and staff. Providing a modern fit for purpose accessible facility.*	*Qualitatively via post completion evaluation*	*Floor area of accommodation in category A or B for functional suitability* *Outcomes from post completion evaluation process*	*Facilities Directorate to Complete as part of OBC* *AEDET Report*	*Facilities Directorate to Complete as part of OBC*	High
6.	*It will improve financial performance*	*Quantitatively via Facilities Directorate Finance Report*	*Reduce running costs through a more energy efficient building*		*To be agreed*	High
7.	*There will benefits to the local community of the east end of Glasgow*	*Quantitatively through analysing data of room usage* *Quantitatively from*	*Number of local community groups using meeting rooms* *Number of local*	*0*	5 groups per week using rooms (1 per night on average)	High

Benefits Register						
1. Identification						***2. Prioritisation***
Ref No.	***Benefit***	***Assessment***	***As measured by:***	***Baseline Value***	***Target Value***	***Relative Importance***
		the contractor	*people obtaining modern apprenticeships during construction phase*	*0*	To be agreed as project is developed	

Benefits' Realisation Plan							
Identification		**Realise**		**Control**			
Ref. No.	**Main Benefit**	**Who benefits?**	**Who is responsible?**	**Investment Objective**	**Dependencies**	**Support Needed**	**Date of Realisation**
1	Improves quality of life through care provided.	Patients/ Services users	Clinicians/ Staff	**Better integrated teams and additional services.** **Improve access for public and service users.**	Stakeholder buy-in	Wider health and social care system Third sector	Completion of Construction
2	Improves support to allow people to live independently	Patients/ Services users	Clinicians/ Staff	**Better integrated teams and additional services.** **Improve access for public and service users.**	Stakeholder buy-in	Wider health and social care system	Completion of Construction
3	Increases proportion of people with intensive needs being cared for at home	Patients/ Services users	Clinicians/ Staff	**Better integrated teams and additional services.** **Improve access for public and service users.**	Stakeholder buy-in	Wider health and social care system Third sector	Completion of Construction
4	Allows timely discharge from hospital and ensures high quality support for people after discharge	Patients/ Services users	Clinicians/ Staff	**Better integrated teams and additional services.**	Stakeholder buy-in	Wider health and social care system	Completion of Construction

Benefits' Realisation Plan							
Identification		**Realise**		**Control**			
Ref. No.	**Main Benefit**	**Who benefits?**	**Who is responsible?**	**Investment Objective**	**Dependencies**	**Support Needed**	**Date of Realisation**
						Third sector	
5	Improves functional suitability of the health and social care estate.	Clinicians/ Staff	Management	**Increase accommodation capacity and adaptability.** **Improve Safety and effectiveness of accommodation.**	New build required		Completion of Construction
6	It will improve financial performance	Management	Management	**Improve performance across a number of services and themes**	New build required		Completion of Construction
7	There will benefits to the local community of the east end of Glasgow	Patients/ Services users/ wider community	Management	**Improve performance across a number of services and themes to reduce inequalities for people living in the north east of Glasgow.**	Stakeholder buy-in	Wider health and social care system Third sector	Completion of Construction

APPENDIX C - Risk Register Plan

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1 - 5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
CLIENT / SERVICE RISKS								
1.0 Business risk								
1.1	Client doesn't have the capacity or capability to deliver the project	**Non - financial**	4	2	Low	NHS	Develop effective governance arrangements for the project including resource planning and individual skills review	Project Board in place. Project support provided by NHSGG&C, City Council and HSCP.
1.2	The project's objectives are not	**Non -**	5	2	Med	HSCP	Set out clear objectives for	Defined as part of Initial

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1 - 5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
	clearly defined	**Financial**					the project as part of the Initial Agreement, linking them to clearly defined & measurable benefits and outcomes	Agreement process
1.3	Lack of funding for the construction	**Financial**	5	4	High	NHS/GCC	Continue to maintain contact with the Capital Investment Group at Scottish Government	

RISK REGISTER			**1. Identification**				**3. Control**	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
1.4	Different stakeholders have different expectations of the outcome of the project	**Non-Financial**	5	3	Med	HSCP	Consult with all stakeholders to gain a consensus on the strategic brief for the project at IA stage and project brief at OBC stage	Public engagement activity using multiple methods has been undertaken and will continue throughout the life of the project.
1.5	Poor stakeholder involvement will result in a lack of support for project	**Non - Financial**	3	2	Low	HSCP	Prepare and implement an appropriate project communicati - on plan	Public engagement activity undertaken and will continue throughout

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
							which includes engaging with all appropriate stakeholders at appropriate stages of the project	the life of the project.
2.0 Reputational risk								

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
(1 - 5)							**(1 - 5)**	

RISK REGISTER			**1. Identification**				**3. Control**	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
2.1	Communication strategy does not consider public perception / consultation feedback / media interest / parliamentary interest / organisational reputation	**Non - Financial**	5	3	Medium	HSCP	Ensure that the project communication plan covers these issues	Communication and engagement plan in place. Continue with engagement activity.
3.0	**Demand risk**							
	Demand for the service does not match the levels planned, projected or presumed	**Non-Financial**	5	2	Med	HSCP	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage any underlying	Analysis of room usage undertaken Health care planner commissioned

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
							risks	
3.0	**Occupancy risk**							
3.1	Failure to agree lease terms with Independent contractors	**Financial**	5	3	Med	HSCP	Early discussion with Contractors detailing estimated lease\running costs	Discussions held with company providing dental services. GPs represented on Project Board.
4.0	**Operational risk**							
4.1	The available accommodation is unable to support the proposed service model	**Financial**	4	2	Med	HSCP	New service model arrangements should be considered and properly tested at the	Analysis of bookable and clinical space requirements completed.

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
							early design planning stages of a project and then further tested throughout the development of the project	Health Care Planner to support analysis of space needs and will undertake detailed scrutiny of operational policies.

RISK REGISTER			1. Identification				3. Control	
Risk No	**Risk Description**	**Financial / Non-Financial / Unquantifiable**	**Consequence (1-5)**	**Likelihood (1-5)**	**Risk**	**Owner**	**Proposed Treatment / Mitigation**	**Action Taken**
5.0	**Decant risk**							
5.1	Unable to decant staff / clients from one site to another in a timely manner	**Financial and Non-Financial**	5	4	High	NHS and HSCP	Level of risk will depend on site chosen. Undertaken pre-	

	during the construction phase.						planning to ensure that temporary accommodation is available, if required.	

APPENDIX D - Design Statement

North East Glasgow Health and Social Care Hub: SCIM Design Statement

The business objectives for the facility are outlined in the Initial Agreement and, in order to meet these, the development must possess the following attributes.

In reading the text below, the journeys and environments described are for all people, and the use of best practice in relation to inclusive design (physical accessibility, sense sensitive design and design for cognitive impairments) will be part of the detailed briefing (to follow) of how these experiences are to be achieved.

1 Non Negotiables for Service Users

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
1.1 The experience of arriving must be easy, and feel safe and welcoming . The location and transport design must ensure that the development of the facility does not negatively impact neighbourhood traffic, particularly during peak times.	• The entrance must be close to public transport; within easy walking distance of bus stops with routes serving a broad number of housing neighbourhoods. • It should be easy for people with mobility problems to access the building from the street. • The external layouts should give consideration to how vehicles access the site and should not impact negatively on local residential areas. • Pedestrian routes (from street and within parking) must be a nice journey, enjoyable to walk. They should have priority over vehicle routes, be easily accessible (barrier free standard, not steep) and direct with line of sight to the entrance, supported by signage to reassure. They must be well lit and observable (you can see people in nearby buildings and they can see you) so that you don't feel you're alone or no-one would spot if there's a problem. There should also be CCTV. Walking routes from the street and public transport must be short, not be visually dominated by parking, and broad enough for scooters and other mobility aid as well as pedestrians. Some views of what success might look like for walking routes

	 
1.2 The facility (both building and grounds) must give an impression of openness, quality and be inviting, communicating that the help, knowledge and people you need are there for you. It must feel a positive part of the area, reflecting the history of the east end of Glasgow, and providing spaces for the community that compliment other facilities in the area.	• External areas, such as parking, landscape and paving areas, must be designed to invite use by the community/kids both 'out of hours' (use of larger areas such as parking for events etc) and (for landscape/paving areas) during normal operation without impacting use/privacy of the building or any adjacent residences. Therefore open (unsecured) external spaces to be placed on the site so they're shielded by buildings or landscape from sensitive rooms and homes. *Some views of what success might look like for a 'East end' initial impression of building and community spaces…* 

	• Entrance must be easy to see from pedestrian routes, with open inviting feel and easy access. Some views of what success might look like for the entrance  
1.3 All service users – irrespective of which service(s) they're using that day - must arrive into the same space. This must be a light, open, friendly and calming mutigenerational community space with direct views to help, and a clear route to the service being sought. This space must also help service users to get home again.	• Welcoming reception desk visible on entry that can check you into most services and guide you to other areas (see ??? below) • Fun and distracting activities for children within 5m of main circulation route and visible from main reception, and other quieter areas to sit visually separated from play areas. • Routes/space for police to access without impacting entrance spaces. • Space to incorporate art and installations from local schools/groups/people. • Information on transport options (ideally live bus information) and view to pick up space so you can wait in the dry and warm in confidence you'll not miss your bus or cab. *Some views of what success might look like for initial space (light, open, calming, uncluttered, fun)*

	 
1.4. The layout must get rid of the barriers between services, maximising opportunities for people to access different services, and support from the third sector, on the same visit. Circulation routes must be pleasant, really obvious and minimise walking distances to and between services and facilities such as education/group rooms.	• Clear signposting on the range of services and support available on arrival. • Routes (to and between services) to have line of sight connection between destination points for each part of the journey so the way is easy to see and understand. • Any stairs and lifts needed to be visible from the initial orientation point/reception. • Routes/destination points to have good daylighting and identity (a space, view or installation that you would recognised when seen again), supported by signage for reassurance. • Waiting areas within 25m of all consulting/treatment rooms to reduce walking distance for patients and allow option of staff collection for initial assessment of mobility/health. *Some views of what success might look like for internal circulation spaces/routes*

	 
1.5 The 'check in' experience must provide for personal preferences and privacy. Reception facilities must be open and calm to promote trust and confidence.	• Electronic check in in main arrival space, close to someone who can help if you're experiencing problems or prefer human interaction. • Reception desks to manage security unobtrusively (they must not to have glazing/barriers, but use deep lunge desks and easy escape to safety), and be acoustically separated from admin areas to reduce noise. Heating and ventilation must be managed to allow staff to sit in comfort. • There must be space close by to take any sensitive conversations. • Waiting areas should not be immediately adjacent to receptions so that discussions can't be overheard (min2m separation). *Some views of what success might look like for receptions*

	 
1.6 The waiting experience must allow for personal preferences and provide a comfortable, safe, calm and reassuring environment with distractions and access to information. (see also 3.1 & 3.2 below)	• Waiting areas must have good daylight, fresh air and views to external green space, and comfortable seats. • There must be options for where you wait, to cater for conflicting needs, so people can be in social groups, occupy children in play, or sit more quietly. It must not be possible to identify, from public areas, those waiting for specific/sensitive services (for example a specific sexual health waiting area on view from main public routes around the facility would not be acceptable). • Service users must have ready access to information on when and where their appointment is (including delays), and how they'll be called, so they can sit where they feel most comfortable, confident they'll not miss the appointment. • There must be pleasant distractions (such as music/Tv/views/art) and information on health promotion and support attractively displayed to encourage use. • The spaces must deal well with noise (lower it) so that the place feels calm. • There should be access to safe external space for a breath of fresh air and to allow children to run off some steam. • Toilet facilities to be within 30m of waiting areas (5m for changing rooms) • *wifi access/information???* *Some views of what success might look like for waiting areas/ internal and external*

	  • There must be somewhere quiet to sit apart to allow people to deal with sensitive situations such as religious observance, while in a distressed state or for those who prefer to breastfeed in private. These places should meet the standards noted above for daylight, distraction etc. *Some views of what success might look like for these* 
1.7 The layout and amenities must encourage and defend use for mutual support and health promotion. (see also 3.1 below)	• Building and grounds zoned to allow Out of hours use by 3rd sector groups for health promotion activities and support , without requiring whole building to be open and heated, or the areas to be accessed through unoccupied parts of the building. • Shared facilities such as group rooms, education spaces, meeting rooms, and external areas for growing/green therapy, to be designed and located to allow use individually (with privacy) and collectively with waiting/social/public areas for different scales of event.

	• The design of these spaces must encourage people to be there, to volunteer and join in, by being friendly welcoming places – *some views of success for group/meeting spaces & use by 3rd sector* 
1.8 Consulting and treatment areas must feel private and calming.	• There must be good sound separation to other building areas. • Daylight and natural ventilation must be able to be maintained alongside privacy of conversations. • Local control over temperature • Seating and fixtures must allow for prams, scooters and chairs for different comfort needs • Art and views to landscape (without compromising privacy) for calming and relief from intensity of difficult/intimate discussions. • Storage within 10m of multipurpose rooms to allow soft furninshings and other equipment to be stored to enable rooms to be adapted to different uses/users needs. *Some views of what success might look like for these areas*

	
1.9 Use of external areas to provide both respite and therapy to be maximised.	• External and internal areas planned together so external spaces can be used without impacting privacy of internal ones. Range of environments to be provided including space for • quiet respite and intimate conversations and mindfullness • organised therapeutic activities with young people and with adults • play and social uses • green therapies • group work These to be arranged to same organising principles as described in 1.4 & 1.7 above. *some views of what success might look like for the range of environments*  

2 Non Negotiables for Staff

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
2.1 staff must be able to arrive and leave reliably and safely.	• Routes to be to standards noted in 1.1 above, with maximum walking distance to staff entrance from site boundary/parking extended to 25m • Parking for peripatetic staff within 5m of entrance • Discrete staff entrance, out of view of main public routes. • Equipment store adjacent (within 10m) to drop-off area • Changing areas and secure storage of personal effects within 25m of route from entrance to working areas
2.2 The facility must be designed to encourage staff from different disciplines and to come together to share learning/experiences develop support and combat isolation, and to enable colleagues to be called to join conversations with service users (where possible) to provide joined up care.	• Meeting and social spaces to be placed where accessible to all services and designed to encourage use • Staff routes around building not separated by department/discipline, but joined so that staff meet each other as part of their normal use of the building, with informal spaces to allow impromptu conversations at natural gathering points. • Office space within 5mins walk of consulting/treatment areas (see 2.3 below) *Some views of what success might look like for organised and impromptu meeting spaces* 

2.3 The design off staff only areas must convey the value placed on staff and enable them to carry out the range of functions required of them without significant administrative load in organising spaces.	Office areas to include a range of space types to allow personal choice in the nature of where you work and different activities to take place without interferences; such as • quiet desk work, • private and sensitive telephone/telehealth conversations with service users and external agencies, • team meetings, and group conversations • 1 to 1 discussions with colleagues for support and feedback Files must be readily accessible (either electronic or within 10m of working area) *Some views of what success might look like*  
2.4 The design must enable staff safety	• Reception desks to have anti-lunge features and escape route away from public areas to place of safety within 5m • Consulting and treatment rooms to be designed to have staff seat placed so they are closer to the door than the member of the public. Emergency call systems to be in place to back this up.
2.5 The design of the facility must support staff wellbeing and personal needs.	• the grounds and facilities should encourage green travel and exercise (showers, bike racks) • space must be available for quiet support conversations and counselling • staff rest areas must be within 5mins walk of working areas, and designed to be attractive to encourage staff out of the working environment for their breaks. They must be separate (visual and audio) from public spaces to allow staff to feel off duty, with places to store and prepare food. There must be a space staff can get a breath of fresh air in their day. • *Some views of what success might look like for staff rest areas*

	 
2.6 materials and waste must be able to be managed unobtrusively.	
2.7 the facility must enable staff learning and education	• IT facilities to enable access to web based learning in staff members choice of environment • Meeting rooms with goof IT facilities for use in training etc • VC facilities to allow support/links to specialist facilities
2.8 the facility must be designed to allow flexibility in use so that services can change/adapt by the day and over time	• Consulting are treatment areas laid out so that the number of rooms used for any once service/clinic can vary without structural change to the building • Common facilities, such as meeting rooms/therapy spaces etc to be located centrally for use by a number of services. • Consulting and therapy rooms to be designed to common footprint to allow change of use over time. • See also 1.7 above re third sector and out of hours use.

3 Non Negotiables for Visitors

The needs of family and carers where discussed and it was felt would generally be met by the criteria established for service users in section 1. The following aspects were highlighted as particularly important.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
3.1 When bringing dependants for appointments that you'll not attend, you must be able to occupy yourself constructively during their appointment (perhaps over an hour), or to have a period of respite, with confidence that you will know when you're needed.	See sections 1.6 and 1.7 for what's expected. These should also be designed to cater for carers during extended stays.
3.2 The needs of family/carers in helping them deal with bad news must be catered for/	See section 1.6 for what's expected

4 Alignment of Investment with Policy

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
4.1 The development, through its location and design, must be a positive part of the regeneration of the area.	**Please refer to Section 1.1** Good regeneration development practices provide a healthy, self-perpetuating cycle, these will include: early, wide and continuous **Community Engagement**; incorporation of **Health Promoting Health Service** (HPHS) principles, enabling healthy decisions, e.g. stair visibility, food outlet standards or usable gardens/ courtyards. Build on wider **Green Infrastructure** locally, to encourage physical activity and biodiversity, e.g. alternative travel routes; trees to reduce energy + CO^2, add to well being, or provide growing spaces; i.e. enable further community engagement. Lighting and observation from site to make streets brighter and feel safer to use in daylight and darkness.

4.2 Anything on Extension space/adaptability for growing/aging/changing population?	The **Site** is to be large enough to consider further expansion. Ideally to an agreed list of percentages for each service/ department; otherwise approx 20% in total. The **Building** design and construction will enable adaptation & flexibility, for example: 'repeatable rooms and standard components'; 'loose fit'; a modular grid; 'soft spaces' built in. **Safety, Accessibility & Equality** will be at the foundation of our design and operations. Collaborative workshops are required at key stages e.g. HAI Scribe, Dementia Design, for a holistic approach to delivering above goals.
4.3. Sustainability	Promote health, social, environment and economic sustainability by delivering whole life value from investment. Collaborative workshops using current **BREEAM** are required at key stages, for a holistic approach to delivering above goals. Early NDAP reviews will allow a pragmatic approach to ensure principles above applied. For example, target for new build is: 2014 NC 'Excellent' rating. Minimum criteria include: Man03: Considerate construction; Man04: Building user guide; Man05: 2yrs seasonal commissioning; Ene01: 6credits; Ene02: sub-meter; Wat01: 1credit; Wat02 + Mat03: Criteria1 only; HEA04: 3credits; and target operational energy consumption ≤200kWhr/m^2 (To verify evidence of above, the proposed/ actual dynamic simulation model (DSM) issued at key NDAP review stages, plus annual DEC or equivalent energy reporting issued for 3yrs or FM contract period, whichever greater.)
4.4 Anything about perceptions of HSCP in the community - Good corporate citizenship.	The building will be part of the regeneration of local community and will be a facility that our neighbours and service users are proud to have in their community. We will also provide an electric scooter bay and Changing Places toilet facility for the use of severely disabled and bariatric members of the community.

The above statement was drafted through the participation of the following stakeholders/groups

Please see attached (Appendix 1)

5 Self Assessment Process (Project team to complete)

Decision Point	Authority of Decision	Additional Skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation.
Site Selection	Decision by Health Board with advice from Project Board	NHS Scotland Design Assessment Process (NDAP) comment sought to inform Authority/ Participants Consideration	Risk / benefit analysis considering capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA Stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects) Cost Estimates (both construction & running costs) based on feasibility
Completion of brief to go to market	Decision by Health Board with advice from Project Board	Peer review by colleague with no previous connection to project	Is the above design statement included I the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	
Selection of Delivery / Design Team	Decision of HUBco Operations & Supply Chain Director with input from NHSGGC PM.	HUBCo , Participant (NHSGGC) & Territory Programme Manager	The potential to deliver 'quality' of the end product in terms of the above criteria shall be greater that the aspects of the quality of service in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria	Sketch 'design approach' submitted with bid (the stage & detail of these to be appropriate to procurement route chosen) Representatives will visit 2 completed buildings by Architects in shortlisted team, to

			for a compliant bid & not part of the quality assessment	view facility & talk to clients
Selection of early design concept from options developed	Decision by Health Board with advice from Project Board	Comment to be sought from NDAP	Stakeholder assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, dayspace, circulation treatment, staff facilities, usable external space).Rough Model
Approval of Design prior to Planning submission	Decision by Health Board with advice from Project Board	Report & support to be sought from NDAP	Stakeholder assessment of options using AEDET or other methodology to evaluate the likelihood of the proposals delivering a development that meets the criteria above	
Approval of Detailed Design proposals to allow construction	Decision by Health Board with advice from Project Board	Report & support to be sought from NDAP	Stakeholder assessment of options using AEDET or other methodology to evaluate the likelihood of the proposals delivering a development that meets the criteria above	
Post Occupancy Evaluations	Consideration by Health Board – lesson fed to SGHSCD		Stakeholder assessment of options using AEDET or other methodology to evaluate completed development delivering the above criteria and business goals they set	

Appendix 1

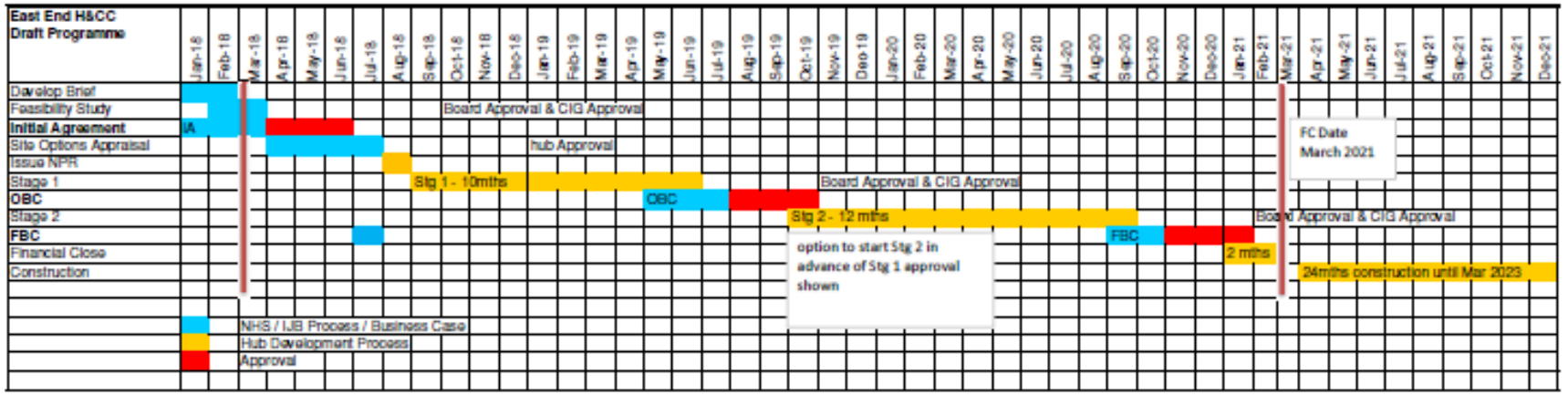
Attendance at Parkhead Hub Workshops

Barbara Watson	HSCP – Health Visitor – Edinburgh Road Surgery
Carole Venters	HSCP – Health Visitor - Parkhead
David McCormick	HSCP – Caretaker - Parkhead
Ali Beaton	HSCP - Business Support - Shettleston
Marie Lowe	HSCP – Nurse Team Lead - Shettleston
Lee Moody	HSCP – Rehab Team Lead - Parkview
Trish Goldy	HSCP – Senior Addictions Worker
Michelle Hamilton	Development Assistant – Recovery Service
Linda Japp	Wider Role Officer – Parkhead Housing Association
Sarah Jane McMahon	HSCP - Easterhouse Community Addictions
Stephanie Small	HSCP - School Nursing - Easterhouse
Iona Davidson	HSCP – Nurse - Learning Disability Team
Ann-Marie Newman	Recovery Cafes Easterhouse
Heather Weir	HSCP – Clinical Coordinator East CAMHS – Templeton BC
Monica Hendry	HSCP – Community Care Asst – Learning Disability Team
Janice Love	HSCP – School Nurse – Easterhouse
Jackie Hicky	HSCP – Social Worker - Springburn
Alan McNeill	HSCP - PCMHT Counsellor – Anvil Centre

Brian McNally	NE Engagement Forum – Pakhead/Tollcross
John Ferguson	Parkhead Project Board Member - Parkhead
Margaret Bell	Parkhead Project Board Member - Tollcross
Marie Stewart	HSCP – Health Improvement - Eastbank
Morag Skinner	Community Rep
Jim Skinner	Community Rep
Gary Dover	HSCP – Head of Planning and Strategy
Eugene Lafferty	NHSGG&C Project Manager - Capital Planning
Tom Golcher	HSCP – Assistant Service Manager
Heather Chapple	Architecture & Design Scotland
Tony Devine	HSCP – PPF Development Worker
Marion Campbell	HSCP – Team Lead – Anvil Centre
Richard Hassle	Clinical Service Manager - Acute - GRI
Ewen Macdonald	Project Manager - Acute
Melissa Pearson	HSCP - Social Work – Petershill Park
George McGuiness	Community Rep
Jimmy Duncanson	Community Rep
J Bell	Community Rep
Alison Hair	HSCP – Pharmacy – Parkhead
Lorraine Kennedy	Community Rep
Lesley Wiseman	HSCP – Business Support – Commonwealth House
Evelyn McKinnon	HSCP – Principal Officer – Commonwealth House
Janette Whitelaw	Community Rep
Charlotte Levy	Community Rep
Ann Souter	Community Rep

Appendix E - Detailed Timeline

Draft East End hub Timeline - March 2018



Appendix F - Communication/Engagement Plan

East End Health and Social Care Hub

Service User, Staff and Wider Community Communication and Engagement Plan

Introduction

The aim of the communications' and engagement plan is to detail the actions to be taken by the Health and Social Care Partnership to disseminate information about the progress of the development and to encourage effective 2-way communication with our stakeholders including partners, staff, patients and the public.

The project needs to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. This proposal focuses on communication and engagement with patients, service users, key community groups, voluntary organisations, traditionally hard to reach groups, the wider community and key decision makers.

With the integration of Health and Social Care services, the new health and social care hub will provide the opportunity to provide high quality integrated primary and community health and social care services to people living in north east Glasgow. In addition, the hub will provide a community resource to be shared and used by the local 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.

Background

Integrated Joint Boards have a duty to involve service users, carers and the public in the planning and development of health and social care services. The IJB's **Participation and Engagement Strategy** outlines the principles and approach we will adopt in Glasgow to ensure that our participation and engagement activities meet local expectations, national standards and the needs of everyone in Glasgow who has an interest in the development and delivery of health and social care services in the city.

Furthermore, Glasgow City Health and Social Care Partnership recently agreed its consultation guidance and this provides good practice examples of how consultation and engagement should be undertaken. With a major service change, such as the development of the new health and social care hub, extensive consultation with the community will be required around issues such as sites, service delivery and design to name but a few areas.

Stakeholders

We have identified our potential stakeholders and who we need to consult and engage around the development. Some of these are external to the organisation, but who have a high degree of power or influence. Through the planning process we will be able to identify who needs to be involved at different levels.

Local residents	Third sector organisations
Service users	Local registered housing associations
Patients	Local churches/religious organisations
Locality Engagement Forum	Local businesses
Staff	Young people
Contractors (GPs, pharmacist)	Project board
Elected members	Delivery group/project team

IJB members	Design team
Community Councils	Scottish Government
Glasgow City Council	Community planning partners
Equality groups	Local networks and forums (such as recovery networks and mental health forum)
Senior management team	

Engagement and communication activity already completed

Determined efforts have been made to include traditionally "hard to reach groups", such as people with substance misuse problems, English not their first language, or those with learning difficulties; all have been contacted at the very earliest stage of the engagement.

A programme of public, staff and wider stakeholder engagement activity was started early in 2017, prior to the completion of the Strategic Assessment. During a 3 month period there was a concentrated effort to seek the views of local people, health and social care practitioners and a wide range of agencies. The communication and engagement with local stakeholders was continued to support the drafting of the Initial Agreement. Examples of activities that have been undertaken are shown below:

- Face to face meetings with a wide range of local people and local organisations
- Community councils and other local groups
- Community planning, housing groups and other local network meetings
- Sought views of local college students
- Held stalls in local supermarkets
- Held stalls in health centre and our other offices to speak to patients, service users and our staff
- Issued newsletters and leaflets
- On line and paper based survey questionnaire
- Asked local organisations to send out the questionnaire to their members
- Held workshops and public meetings
- Regularly provided updates to our Locality Engagement Forum
- Local people and staff are members of the Project Board
- Used Twitter to promote events.

Prior to Outline Business Case submission

The Outline Business Case for the East End Health and Care Hub will include a participation and engagement plan.

Prior to Outline Business Case submission actions/proposals:

- Immediate neighbours engagement meeting
- Wider community engagement meeting – advertise widely – patients, service users, carers, invite key community groups and voluntary organisation, elected members, Celtic Football Trust, Voluntary Sector Network Third Sector, Housing sector Parkhead Housing Ass. Glasgow Housing Ass
- Display plans in Health Centre and carry out engagement information sessions
- Update Locality Engagement Forum regularly
- Presentations at local Community Groups – Parkhead Community Council, Auchenshuggle/Tollcross Community Council, Baillieston Community Council, Cranhill Community Council

- North East Carers Group, Mental Health Network Glasgow Disability Alliance
- Parkhead Church of Nazarene Parkhead Adult Literacy Group.
- Presentation at local Community Planning Partnership,
- Produce and distribute widely Newsletter which will detail of plans, timescale of proposal, stages, arts and environment strategy etc
- Organise access and disability service user engagement Healthcare (BATH), Glasgow Disability Alliance (GDA), Access Panel, Deaf Blind Scotland, North East Integration Network
- Information Stall at local community events and Shopping Centres
- Undertake Equality Impact Assessment on proposals.

Outline Business Case to Full Business Case submission

- Produce and distribute widely newsletter – update on plans, timescales, arts and environment strategy progress
- Carry out further Arts and Environmental Strategy engagement – sessions in Health Centre, key stakeholder etc
- Patient survey to establish Health Centre wellbeing baseline and travel/public transport usage to Health Centre
- Respond to invitations to update key stakeholders – community group and voluntary organisation, Community Planning Partnership etc
- Update Locality Engagement Forum regularly
- Information Stalls at local community events
- Tweets before and after each activity/event

Full Business Case submission to On Site Work starts

- Regularly produce and distribute Newsletter – update on plans, timescales, arts and environment strategy progress
- Letter key stakeholder of progress as necessary– site demolition dates, onsite start date of work etc
- Respond to invitations to update key stakeholders – community group and voluntary organisation, Community Planning Partnership etc
- Update Locality Engagement Forum regularly
- Information Stalls at local community events
- Engagement sessions in Health Centre
- Develop schedule of inputs at team meetings
- Ensure that all communications regarding key processes and stages is effectively and clearly disseminated to all to all identified organisation and media representatives and to the wider media where required.

Work Begins and Beyond

Once the building programme begins communication will include regular newsletters, regular engagement sessions in local venues, update key community and voluntary groups of project progress, Locality Engagement Forum updates, involving the wider community in arts and environmental projects etc.

Once the building ‘handover’ and ‘move in’ date is known a detailed communication plan will be implemented.

Methodologies

We will undertake a range of methods to assist us in our engagement and communication processes. In addition to ensuring that community representatives have opportunity to be consulted in a way that suits them, we will ensure that young people are also involved in manner that suits them.

We will identify a range of methods to inform and consult with the local community including online questionnaires, use of social media such as Twitter and websites, use of local media. We will host drop in events in public places, which are accessible to the local community, such as libraries to promote the site and plans for the Centre as it progresses. We will attend public and community meetings as appropriate. We will inform people by newsletters, online or hard copies, on a quarterly basis and ensure that community and patient and carer representatives are in a position to feedback to their constituents and gather their views.

Evaluation

We will ensure that we closely monitor and evaluate the outcomes from each stage and method of our engagement and ensure that we have evidence of how we are meeting these outcomes to report to the delivery group, project group and ultimately Scottish Government ; Greater Glasgow and Clyde Health Board and Glasgow City Council.