



Item No: 23

Meeting Date: Wednesday 1st December 2021

Glasgow City Integration Joint Board

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North East Health and Social Care Hub

Purpose of Report:

To note the content of the Full Business Case (FBC) and approval of funding for the HSCP contribution of costs for the North East Health and Social Care Hub, and progression of the FBC to the Scottish Government's Capital Investment Group.

Background/Engagement:

The Outline Business Case for the North East Hub was presented to the IJB on [24 June 2020](#), and it was subsequently approved by the Board of NHS GGC and the Scottish Government's Capital Investment Group.

Since then, work has focused on the development of the Full Business Case, and has involved the following key activities:

- Review of the design of the Hub in relation to the learning during the Covid-19 pandemic, to ensure that the building can accommodate the types of measures introduced during the pandemic.
- Refinement of the benefits register following stakeholder workshops.
- Further scoping of services to be delivered from the Hub which are normally provided in an acute setting.
- Development of a change management strategy to support the transition of services and teams to the Hub.
- Application for planning consent, which was granted on 31 August 2021.

The Full Business Case (FBC) was approved by the HSCP North East Hub Executive Group on 19 October 2021 and

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	<p>was approved by the Health Board Corporate Management Team on 4 November 2021. The FBC will now be presented to the Scottish Government's Capital Investment Group on 15 December 2021. Throughout the process of developing the Full Business Case, the feedback from Scottish Government has been very positive, and recent communication about the development of the FBC have suggested that the Scottish Government continues to strongly support the project.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note the contents of this report;b) note the contents of the Full Business Case; andc) note the progression of the FBC to the Scottish Government's Capital Investment Group on 15 December 2021.
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Relevance to Integration Joint Board Strategic Plan:

<p>The Strategic Plan states that the HSCP "[is] committed to working with a range of partners across the City to improve the overall health and wellbeing and prevent ill-health of the people of Glasgow, including increasing healthy life expectancy and reducing health inequalities and the impact of deprivation through the delivery of services where they are needed most. We will continue to promote positive health and wellbeing, prevention, early intervention and harm reduction. Services have transformed over recent years to shift the balance of care away from institutional, hospital-led services that are better able to support people in the community and promote recovery and greater independence wherever possible..., and we aim to continue to build on our successes in future years by investing in local people, neighborhoods and communities to help us shift the balance of care. Over the next 10 years we will increasingly move towards health and social care services being delivered in local communities across Glasgow" (pages 23 – 24). The objectives governing the development of the Hub fully align with these aspirations for Glasgow's health and social care services and will support the implementation of Maximising Independence and Moving Forward Together, as well as addressing health inequalities through the purpose built, welcoming and accessible Hub building which includes community facilities.</p>

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The project will make a contribution to all 9 outcomes.
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Personnel:	Staff will be required to relocate to the new Hub or to alternative locations and there will be ongoing engagement as part of the development process through a change management strategy, which is being developed with Organisational Development colleagues. Staff will be expected to work differently as part of the transformation of services that will be facilitated by the new build.
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Carers:	Carers will benefit from the delivery of local services in an improved facility and through the integration and co-location of services.
Provider Organisations:	The Hub will provide a location for the delivery of services by provider organisations in partnership with HSCP services.
Equalities:	The first draft of the EQIA of the proposals has been prepared, and work is underway to ensure that we engage with a diverse cross section of the local community. The new building will be fully accessible for children, young people and adults with disabilities.
Fairer Scotland Compliance:	Details of the finance arrangements and implications are included in the Full Business Case.
Financial:	Details of the finance arrangements and implications are included in the Full Business Case.
Legal:	Normal legal processes and procedures for Glasgow City Council and the Health Board (e.g. in relation to building contracts) will be followed in the development of the Hub.
Economic Impact:	There will be positive economic and regeneration impacts at a local level as a consequence of consolidating public services in an area with a wide range of existing shops and leisure facilities.
Sustainability:	We will reduce our reliance on out dated, poor quality buildings through the construction of a modern, state-of-the-art facility. We envisage a reduction in energy costs as a result of the new build facility.
Sustainable Procurement and Article 19:	The procurement process will meet all legislative requirements, and article 19 of the UNCRC.
Risk Implications:	If Scottish Government funding is not made available the IJB will need to revise the accommodation strategy for the North East as properties will require an ongoing investment programme to ensure that they remain viable in the longer term. In addition, the scope for service improvements will be limited in the absence of a purpose-built, digitally compliant facility which can support co-location of health, social care, third sector and public provision, and integrate the learning from the pandemic.

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	There are also public credibility risks associated with not progressing the project as there has been substantial publicity about the Health Board's commitment to developing a Hub for the east end of Glasgow, and there has been significant public engagement.
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Implications for Glasgow City Council:	The development of the integrated Health and Social Care Hub is part of a wider accommodation strategy for the North East which will see the rationalisation of Council owned and leased buildings and the relocation of a range of services to one site. Approval of the recurring revenue costs of the building was granted by the IJB on 13 May 2020. There are many positive aspects to the development of the new Hub and these are fully outlined in the Full Business Case.
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Implications for NHS Greater Glasgow & Clyde:	In line with the Health Board's overarching corporate plan and clinical strategy, some outpatient clinics, currently based in hospital locations, will be delivered from the Hub in order to ensure more integrated services through improved partnership working with community health and social care services. This will involve re-designing existing pathways of care to ensure seamless pathways to care for members of the local community.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

1. Purpose

- 1.1 The purpose of this report is to update the IJB on the approval of the Full Business Case (FBC) for the North East Health and Social Care Hub by the Health Board Corporate Management Team on 04 November 2021, and the plan to present the FBC to the Scottish Government's Capital Investment Group on 15 December 2021.

2. Background

2.1 Approvals Process

The Full Business Case for the North East Health and Social Care Hub was approved by the North East Hub Executive Group on 19 October 2021 and was presented to the Health Board Corporate Management Team on 4 November 2021. The CMT have approved its progression to the Scottish Government's Capital Investment Group, which is scheduled for 15 December 2021.

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2.2 Development of Full Business Case

Considerable work has been undertaken to develop the Full Business Case, including:

- Adjustments to service arrangements and plans to reflect HSCP learning from Covid mitigation strategies and measures.
- Refinement of the benefits register following stakeholder workshops.
- Further scoping of services to be delivered from the Hub which are normally provided in an acute setting.
- Development of a change management strategy to support the transition of services and teams to the Hub.
- Application for planning consent, which was granted on 31 August 2021.
- Confirmation of stage 2 costs, which have increased from £59,574,000 at OBC stage to £67,556,000 due to market volatility associated with the pandemic; feedback from Scottish Government suggests that this increase is in line with other similar projects.
- Agreement of Heads of Terms in respect of Pro-Indivisio ownership of the building in relation to GCC contribution.
- Project governance through the newly formed NHS Scotland Assure process.
- Design development, ensuring technical compliance and achievement of Net Zero and sustainability targets.

2.3 Key Milestones

Key milestones for the programme are detailed below:

FBC Consideration\Approval	December 2021
Financial Close	February 2022
Site Start	March 2022
Completion date	Q2 2024 (Phase 2 main building) Q3 2025 (Phase 3 demo and car park)
Services Commencement	Q3 2024

2.4 Costings

The detailed design and pricing has been developed in the context of continuing challenges associated with the pandemic, which has created difficulties in providing a fixed price at a time of market volatility around labour and material availability and costs. The outcome has been an increase in the costs from those predicted in Spring 2020 when the Outline Business Case (OBC) was prepared. Full scrutiny of the submitted prices has been confirmed and agreed by independent costs consultants.

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The total costs are as follows:

OBC Approval (SG)	28 January 2021
OBC Capital Cost	£59,574,000
FBC Date	December 2021
Capital expenditure Stage 2 (including VAT)	£67,666,000
Optimism bias/ contingency fund (1.5%)	£1,015,000
FBC Capital Cost (including VAT and Optimism Bias)	£68,681,000
Glasgow HSCP contribution (library – including VAT and Optimism Bias)	£3,345,000
Scottish Government investment	£65,336,000

The annual recurring revenue costs for the project is currently estimated at £2,891,000, which is comprised of various streams of income, reinvestment of existing resource and Scottish Government funding, with the HSCP contributing £1,038,000.

The costs have been reviewed by the Health Board's independent costs consultants, who have confirmed that the submission is compliant and represents value for money.

It is proposed that this scheme will be delivered as a traditional capital project through a Design Build Development Agreement (legal contract to deliver the project), funded by Scottish Government.

2.5 Governance Arrangements

The Full Business Case is scheduled to go to the Scottish Government Capital Investment Group on 15 December 2021, having been approved by the Health Board.

3. Recommendations

3.1 The Integration Joint Board is asked to:

- a) note the contents of this report;
- b) note the contents of the Full Business Case; and
- c) note the progression of the Full Business Case to the Scottish Government's Capital Investment Group on 15 December 2021.

Improving Services in the North East of Glasgow

North East HUB Health and Care Centre

Full Business Case

November 2021
V14



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1 Executive Summary

1.1 Current Context

The pandemic has demonstrated the need to be able to deliver services in new ways. A key enabler of this is the availability of flexible premises. The experience of the last year has demonstrated the value of premises which are able to respond to change and which comply to the latest infection control guidance alongside safe circulation for service users and staff, and effective ventilation systems. The learning from managing the impact of the Covid-19 pandemic has informed the ongoing planning and design work for the Hub, and the experience of managing the risk assessment process, and adapting current buildings in line with the latest public health guidance, has been used as a barometer to check that the Hub can address all of the elements necessary to ensure safety for service users and staff. This process is detailed in section 4.2.4, and highlights that the design of the Hub can address all of the factors highlighted in risk assessments. The HSCP regards the development of the North East hub, and other similar projects, as a key part of the response to the current situation, and any future pandemic challenges, in order to provide safe consultation space for patients, and a safe working environment for staff. Despite challenges posed by the pandemic, the priority continues to be meeting the needs of the local population, by facilitating safe patient contact, and continuing to reduce health inequalities in the North East of the City.

1.2 Background

NHS Greater Glasgow and Clyde (NHSGGC) is the largest NHS Board in Scotland, and Glasgow is Scotland's largest city. The services and facilities outlined in this Full Business Case are located in the North East Locality of Glasgow, which has a population of over 176,000 and is larger in size than most other cities in Scotland. In spite of a range of regeneration programmes, the local population remains one of the most deprived in Scotland with major problems of poor health and poor quality of life outcomes. A key priority for Glasgow HSCP is therefore to invest in improved services across the partnership to address some of the underlying causes of poor health and inequality. The ongoing programme of transformational change in health and social care services requires a new model of service delivery to maximise the opportunity for early intervention, prevention and harm reduction; providing greater self-determination and choice; shifting the balance of care; enabling independent living for longer; and ensuring public protection, within the local community of the North East locality. The Hub will therefore provide an unprecedented opportunity to implement a range of transformation programmes which will improve access to health, social care and community-based services for local residents, whilst supporting wider regeneration initiatives in the area.

1.3 Strategic Case

The proposal for the North East Hub service delivery model covers services for children, adult community care groups, acute, primary care, mental health, addictions, criminal justice, homelessness and health improvement activity, delivered by a range of public and third sector organisations. The constraints imposed by the existing property infrastructure is preventing the creation of new forms of community-based care through effective integration of acute and primary care health services, and health and social care services.

Furthermore, the experience over the course of the pandemic has also revealed the inflexibility of layout of some current buildings, and the need for modern, fit for purpose buildings, which are well ventilated and fully compliant with infection control standards.

A range of transformation programmes, including Maximising Independence; the implementation of the General Medical Services contract and transfer of all GP treatment and care services to the HSCP; Moving Forward Together; the Children's Services Transforming Pathways programme, are all focused on shifting the balance of care to earlier intervention and prevention, and to promoting independent living within local communities and neighbourhoods. The planning and design of the Hub therefore provides an opportunity to 'reset' services, and to ensure that there is a shared set of philosophies and values underpinning the approach to delivering health and social care, in order to achieve more consistent, high quality care to families living in North-East Glasgow. This aligns with the Scottish Government's National Performance Framework and particularly its focus on inclusive, safe communities, addressing poverty, realising potential, healthy and active lifestyles, thriving and diverse communities and protection of human rights.

Across all services, the model of care being proposed will allow for better integrated services as a result of colocation and will improve access for families who attend multiple services. Professionals will also accrue the benefits of colocation, through increased professional dialogue with other services, and a greater understanding of the landscape of services and supports available to families. This will minimise the reliance on traditional 'signposting' methods and allow more proactive matching of families' specific needs with appropriate sources of support. Families will also be able to access a range of community resources, library groups and services, and meet other local residents through community café initiatives.

1.3.1 What has changed since the Outline Business Case?

The overriding background, in respect of Strategic Planning, Demographics and Stakeholder Support has remained unchanged since submission of the Outline Business Case in 2020. At the time of submission of the OBC, the impact of the pandemic was starting to emerge, in terms of the radical shift to digital communication platforms, and a reduction in face-to-face appointments and restricted access to community facilities and groups. The learning which is emerging from the Covid-19 pandemic, as well as anticipation of a 'new normal' in relation to social distancing, will likely affect service delivery plans and accommodation arrangements within the North-East Hub, and this is being built into the planning for the use of space. The increased reliance on digital communication, and agile working will be easier to accommodate in the Hub than most other buildings in North East, as the current building specification will allow a flexible response, based on emerging Scottish Government and public health advice.

1.3.2 Developments since the Publication of the Outline Business Case

Delivering Acute Hospital Activity in the Hub

The North East Hub will provide accessible models of care which will focus on delivering services which were traditionally accessed through acute hospital settings. The allocated consulting space for acute services, in addition to the enhanced treatment and care

facilities, will enable activity undertaken in acute hospitals and ambulatory care centres to operate from the Hub, which will better meet the needs of the local community and will support the implementation of the Moving Forward Together programme. Alongside a range of multi-disciplinary professionals and partners from the third and voluntary sectors, there will also be access to alternative services, which will complement the range of acute services, thereby contributing to improving access to services and addressing health inequalities.

1.3.3 Alignment with national priorities

The Hub will deliver on a wide range of Scottish Government, NHS Scotland and local government priorities. In hosting a range of colocated health and social care services, with improved access for service users, the Hub also addresses NHS Scotland's strategic capital investment priorities, ensuring **person-centred** care in a community setting; **effective quality of care** through state of the art facilities, which encompass a range of primary, secondary and acute health services within a single setting; meeting **population health** needs through the provision of health services for all ages; and, in the context of a safe, bright, well ventilated and welcoming building, will ensure **value and sustainability** in the effort to address the complex range of local needs. In tackling health inequalities, and achieving more accessible, colocated health and social care services, along with increased access to community initiatives, the proposal also addresses a number of priorities outlined in local plans, including 'Moving Forward Together: A Transformational Strategy for Health and Social Care Services across Greater Glasgow and Clyde', Glasgow City Integration Joint Board's Strategic Plan, and Glasgow City Council's Strategic Plan 2017 – 2022.

1.3.4 Is the case for change still valid?

The assumptions outlined in the Outline Business Case that the North East Health and Social Care Hub will help to reduce health inequalities, promote supported self-management, foster the principles of multi-disciplinary anticipatory approaches and maximise the effectiveness of joined up working with the acute sector continue to be supported and strengthened as work on the Full Business Case has progressed. The Hub will contribute to local economic regeneration and the wider Council and Community Planning Partnership objectives, foster economic growth, produce more resilient communities with a focus on "place making" and making best use of local facilities, and a fairer and more equal Glasgow, including reducing poverty and inequalities. The Hub will support the implementation of a number of transformational change programmes initiated by the HSCP, the Health Board and Scottish Government, which aim to improve quality of services, support people to live in their homes and communities for longer and ensure access to local neighbourhood services and supports.

1.3.5 Validity of preferred strategic service solution

The preferred option for a new health and care Hub remains valid. There are no substantive changes in the strategic case since the publication of the OBC, and in fact, the strategic case has been strengthened throughout the experience of the pandemic which

has highlighted the need for fully flexible space, which complies with the most recent infection control standards, and is easy to ventilate and clean. The rapid shift to digital communication platforms has demonstrated the need for a robust digital infrastructure, and the progress in supporting transformational change across a number of programmes within children's, adults and older people's services highlights the added benefits of colocated teams and more effective multi-disciplinary working.

1.4 Economic Case

1.4.1 Site Options Appraisal

The analysis provided in the Outline Business Case confirmed that the only option which could deliver all of the investment objectives was to develop a new health & care hub which would deliver an integrated service model, and improve access to a range of health, social care and community services for the North East Glasgow community. A high-level options appraisal of four potential shortlisted sites, and engagement events, which included representation from local community groups and from services moving into the Hub, identified Parkhead Hospital and Health Centre as the most appropriate option. The site is located beside a shopping centre, has excellent public transport links, can accommodate parking for 282 cars, and will support local regeneration programmes, thereby contributing to the local economy by enhancing footfall for a number of small local businesses. This site was also the preferred site of Glasgow City Planning Authority who were consulted during the process.

Demolition at the preferred site commenced in August 2020, highlighting the commitment of key partners to the creation of the new Hub. The demolition work progressed well, and was completed in May 2021, in spite of some of the challenges presented during the pandemic.

1.4.2 Summary of Assessment of Site Options

Although capital costs were slightly higher for the Parkhead site than the other sites, the difference was not significant in the context of the scale of the programme. Revenue costs were calculated to be the same, regardless of site location. The results of the non-financial benefits appraisal exercise demonstrated that the Parkhead site ranked number one for public and staff access, parking facilities, colocation, local regeneration, and environmental quality. The non-financial risk appraisal concluded that the lowest risk profile was for the Parkhead Hospital site, with the least risks associated with failure to meet a range of targets relating to reducing health inequalities, delivering joined up services, improving attendance, and minimising disruption.

Sensitivity analysis of both the Net Present Value / Cost and non-financial benefits of each option showed that the Parkhead site was ranked as 3 or 4, though the sensitivity in relation to the delay in land receipt for the existing site has been superseded by the onset of the demolition work.

Sensitivity analysis of the non-financial benefits appraisal was carried out, and the Parkhead site was the highest scoring option, albeit the margin was reduced when the impact of the highest weighted benefit (public and staff access) was removed or reduced.

1.5 Summary of Support for Preferred Option Site Selection

The analysis of both the economic appraisal and the risk appraisal exercise showed that Parkhead ranked first in relation to both indices. When the financial elements are considered using Net Present Costs, the Parkhead site is slightly more expensive than the other three options. This is principally due to the costs of demolishing two of the existing buildings, and a longer construction period required to develop part of the site whilst retaining operations at the existing Health Centre. However, when combined with non-financial scoring Parkhead emerges as the best value-for-money site option. The initiation of advance works to complete the demolition work has effectively offset part of the impact on timescales.

1.5.1 Identifying the Preferred Option

The selection of the Parkhead site had widespread local community and political support and was approved by the Board's Finance and Planning Committee on 4th December 2018, and the Health & Social Care Integration Joint Board Committee on 12th December 2018. The outcome of the site selection process has been discussed at various active community engagement sessions since then, and the site selection is clearly supported and is not considered to be contentious.

1.5.2 Summary of evaluation of new build on the preferred site vs refurb option

The possibility of refurbishing and extending the existing Parkhead Hospital was carried out, and concluded that the new build option was preferable on the basis that the accommodation will: be more accessible, with shorter travel distances for patients and service users; provide a single point of access to address security concerns; achieve a more efficient footprint tailored to space requirements; eliminate the constraints of refurbishment and promote investment in community, place, health and wellbeing, with high quality fixtures and finishes and wider economic benefits; optimise ventilation space; and deliver a net-zero carbon solution. Furthermore, analysis showed that the total cost to refurbish and extend was not significantly lower than developing a new build, which can achieve these significant advantages.

1.5.3 Outcome of Options Appraisal

The combined Net Present Cost per weighted benefit score figures, the economic and risk appraisal exercise, and the non-financial options appraisal all clearly identified the new build as the preferred option. This reflected the key advantages of the site location, alongside the ability to create a purpose designed facility which will optimise adjacencies supporting service delivery, minimise internal travel distances, implement standard room layouts, implement net zero-carbon approaches, create high quality landscaping, accommodate the operational parking requirements and create a significant contribution to the urban realm.

The risks around the new-build option were also significantly lower. Key areas considered were reduced risk of disruption to existing services and more certainty over cost and programme since there are no unknowns to be resolved in existing buildings and structures, and no need to compromise on room layouts, and the ambition to achieve net-zero carbon targets.

Confidence in these analyses, and the overwhelming community and political support for the new build, resulted in the commissioning of the demolition work.

1.6 Commercial Case

The North East HUB Health and Care Centre will be delivered using the hub procurement initiative. The project, which is capital funded, will be delivered via a Design & Build Development Agreement (DBDA) contract. Key partners for the project, working alongside local public sector Participants (including NHS GGC and GCC), are Hub West Scotland Limited (HWS) and Scottish Futures Trust (SFT). The External Advisers to support the HSCP/NHS GGC Capital Planning team, who have been appointed utilising the Public Contracts Scotland for procurement, are Higher Ground Health Care Planning Ltd. (responsible for healthcare planning), Thomas and Adamson (technical advisers & site monitor) and CMS (legal advisers).

As described in the Economic Case, the demolition work has been completed in order to allow “dark ground” risk to be transferred to the building contractor. The site is under the ownership of NHS Greater Glasgow and Clyde and is surrounded on all four sides by adopted roads. There have been detailed discussions with the Planning Authority and the Road Authority during the planning consultation and the proposed new development access points agreed; planning consent was granted on 31 August 2021.

To further support the proposed design and Stage 2 costings, post demolition site investigations and topographical surveys have been undertaken by HWS to determine the full extent of topography, ground conditions and any possible contaminants on the site. As localised pockets of contamination have been identified at various locations across the site, a remediation plan will be developed, agreed with planning, and presented to the Pollution Office on completion of the works.

The services currently delivered from Parkhead Health Centre and Sandyford Building need to be maintained and the proposals have been developed to reflect a phased completion of the project. The Stage 2 programme takes account of this and there is a period following completion of the new building to allow for decant and demolition of the existing centre after the new centre is occupied. This will then allow completion of the final car park configuration.

At present it has not been possible to complete site investigations below the footprint of the existing Parkhead Health Centre and Sandyford Building as these remain operational. Consequently, the board will retain responsibility for ground conditions below the footprints of these buildings until such time as the buildings are demolished and can be surveyed.

1.6.1 Design Development

The design has been developed using the Eastwood Health and Care Centre as the reference point, taking account of learning from subsequent projects. Hoskins Architects have been appointed as the lead designers and bring with them lessons learned from the Eastwood and Greenock Health & Care Centre projects. Taking account of scale, and the need for accessibility and flexibility, the design has focused on two main courtyards, with circulation wrapped around, and waiting areas and receptions are located off the circulation, creating a clear and intuitive route through the building. This has created a very flexible model that allows the building to be zoned and allows departmental accommodation to shrink and stretch in order to respond to changing service requirements, and to the type of measures introduced during the pandemic, when required.



The design of the North East Health and Social Care Hub has been informed by the learning acquired throughout the HSCP's response to the pandemic, and the robust process of risk assessing and reviewing all HSCP buildings to implement the measures introduced by the Scottish Government. These risk assessments have provided critical learning about the ways in which buildings require to be planned to accommodate social distancing, and this has been incorporated into the design of the Hub. The design has therefore been reviewed to consider infection control standards and the enhanced cleaning regimes; one-way systems and circulation space; implementation of 'give way' systems; flexibility of access/ appointment times linked to extended opening hours; digital infrastructure; room usage; and staff welfare needs. The outcome of this review has concluded that the developed design allows for full flexibility and adaptability of the building to accommodate prevailing public health guidance to optimise the safety and wellbeing of patients, service users and staff.



1.6.2 Net carbon requirements: Towards a Gold Standard

The Infrastructure Commission report of January 2020 confirmed a key priority of working towards a zero-carbon future. The design proposals for the Hub, and accompanying cost plans have been developed to achieve this through rigorous examination of design, specification and construction proposals. The current design will offer zero-carbon heating by utilising air source heat pumps and utilising electricity generated by photovoltaic panels and green electricity from the grid. The building fabric includes passivhaus principles of high air-tightness requirements and heat recovery from ventilation systems. Triple glazing is used throughout with a presumption towards using natural light and natural ventilation where possible.

1.6.3 Design Assessment Process

In line with Scottish Government's recommendations, NHS GGC has consulted with Architecture and Design Scotland and Health Facilities Scotland in the development of the design of the Hub, which informed the initial Design Statement and subsequent planning.

A new national service has been established to improve the quality and management of healthcare construction and refurbishment projects across NHS Scotland. NHS Scotland Assure brings together experts to improve quality and support the design, construction and maintenance of major healthcare developments. This world first interdisciplinary team will include microbiologists, infection prevention and control nurses, architects, planners, and engineers.

All HAI-Scribe stages have been completed for the demolition phase of the project, with mitigation measures in place to manage asbestos, dust, noise, vibration, and to seal linking ducts. The HAI-Scribe process is underway for the main works and will be completed prior to commencement of Stage 2.

1.6.4 Commercial Arrangements

In respect of GP Practices, NHSGGC using its standard methodology for GP Charges, has had a series of engagements with GP Practices and provided each of the Practices with an estimate of their Standing Charge for their New Accommodation within the New Facility based on the approved Schedule of Accommodation. An exchange of letter has taken place to agree design, room layouts and indicative costs during FBC development

There will be a requirement for NHSGGC to negotiate an occupancy agreement with the Pharmacy Contractor located within the existing Health Centre prior to the move to the New Facility. This will be in conjunction with the Pharmacy Directorate and the District Valuer. An exchange of letters has taken place to agree design, room layouts and indicative costs during FBC development.

Parkhead Library's proposal to relocate to the North East HUB Health and Care Centre was approved at Glasgow City Council City Administration Committee on 26th September 2019. Glasgow City Council will be granted pro-indivisio ownership of the asset in a share which reflects their contribution to include the Parkhead Library. There is a requirement for legal agreement(s) with Glasgow City Council to be agreed prior to financial close, and this will be accommodated in a Participant Interface Agreement (PIA) based upon documentation already developed between NHS GGC and Glasgow City Council for the Woodside and Gorbals projects.

1.6.5 Risks

The key principle is that risk has been allocated to the party best able to manage it, with the objective to optimally allocate risk.

Inherent construction and design risks are to be transferred to the HUB Co.

1.6.6 Payments and Contractual Arrangements

As a Scottish Government capital funded Design & Build (DBDA) project, Stage 1 and 2 payments are being made to designers and consultants at set agreed milestones during development. Under DBDA, an agreed cash flow will be agreed at Financial Close and monthly payments will be made to Hub West Scotland during construction after approval of monthly interim certificate. Connection and service connection changes are paid direct by NHSGG&C to the provider.

The hub initiative in the West Territory is provided through an institutional public private partnership bringing together local public sector participants and a Private Sector Development Partner (PSDP). The hub initiative was established by Scottish Futures Trust (SFT) who continue to be programme managers. Hub West Scotland (hubco) is responsible for the procurement, development and delivery of design and construction services. Hubco will subcontract the design and construction delivery obligations of the Project Agreement to its building sub-contractor under a Construction Agreement with whom professional team appointments will also be established. Direct agreements,

professional team warranties and collateral warranties from sub-contractors with design responsibility will be provided to NHS GGC.

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

1.7 Financial Case

The overall cost position has increased from £67,319k at OBC to £71.660k. A number of changes have increased costs.

	OBC	FBC	Difference
Capital Costs (inc VAT)	£'000	£'000	£'000
Capex including VAT	59,574	67,666	8,092
Optimism Bias (8%-OBC / 1.5%-FBC)	4,766	1,015	-3,751
Total Capex incl Optimism Bias	64,340	68,681	4,341
Group 2 & 3 equipment Including VAT	2,979	2,979	0
Total Capital cost	67,319	71,660	4,341
Sources of Funding			
SGHSCD	61,322	65,336	4,014
NHSGGC Formula Capital	2,979	2,979	0
Glasgow City Council Including VAT	3,018	3,345	327
Total Sources of Funding	67,319	71,660	4,341

An estimated cash flow is shown at 5.3.3.

A 1.5% allowance for Optimism Bias has been retained. This is included to cover the remaining “dark ground” risk below the current operational health centre, and the final outcome of the NHS Assure process, which is well advanced, but has still to be concluded.

The Final Cost provided by Hub West in their Stage 2 submission has been reviewed by external advisers and validated as representing value for money.

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

1.8 Management Case

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

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

The high-level programme dates are as follows:

OBC Approval	January 2021
Stage 2 Submission	October 2021
FBC Consideration\Approval	December 2021
Financial Close	February 2022
Completion date	Q2 2024 (Phase 2 main building) Q3 2025 (Phase 3 demo and car park)
Services Commencement	Q3 2024

1.8.1 Change Management Arrangements

A change management strategy is being developed in order to support the transition of services and teams into the Hub, given the unprecedented opportunity to provide more seamless access to services and support through colocated teams, and greater access to social and peer support for local service users, through the inclusion of community facilities and bookable space. A change management action plan is being implemented to produce greater coordination and more effective multi-disciplinary working across teams and services. This will involve facilitating a series of workshops to support teams to develop their service plans based on the opportunities related to moving to the Hub, and to plan a series of engagement sessions with staff who will be based in the Hub. This will involve exploring the benefits and challenges, to allow the Change Management Steering Group, managers and the project team to help to plan the work needed to support staff with the transition, and to address any barriers or concerns for individual practitioners and teams. To maximise the potential to join up local services and supports, the Change Management Strategy will focus on capitalising on the opportunities for multi-disciplinary working, developing more effective inter-disciplinary approaches, improving service user pathways, and integrating the range of community and neighbourhood supports and initiatives. Therefore, in addition to planning the transition to a different physical space, and the phased transition from existing buildings in line with the construction timetable, the Change Strategy will be developed on the basis of the human dimensions of change, with the key aims of: creating alignment; building trust and relationships; effective communication and engagement; developing a shared vision for the use of the building and its ethos and environment; developing capability and a method for sustaining the different ways of working; and creating a culture of continuous learning.

1.8.2 Ongoing operational and programme support

The regular programme of monthly Project Board and Project Delivery meetings have continued, in order to provide an overview of the range of activity, which is also reported

into the Executive Steering Group. The key elements of this work have focused on developing room layouts, the change management strategy, community engagement, developing the framework for the arts strategy, and the benefits realisation plan.

Extensive consultation has been conducted with staff around room layouts and the community around issues such as sites, service delivery and design, and will continue in relation to naming the facility, and ensuring seamless access to the range of health, social care and community services and facilities. Given the restrictions associated with the pandemic, much of this engagement has taken place online; this approach to engagement has been very successful and two community engagement events carried out last year have been showcased as an example of good practice by Healthcare Improvement Scotland.

The Arts Strategy Group is providing strategic direction to enable a co-ordinated and inclusive approach to the integration of therapeutic design, art and ongoing creative and performing arts activity in order to improve health and wellbeing of service users, local residents and staff. A framework for the arts strategy has been developed by a sub-group of stakeholders from the Project Delivery Group, with representation from HSCP, NHS, Glasgow Life, Hoskins Architects and Hub West Scotland. The framework sets out the parameters for the delivery of a strategy that will: promote a co-ordinated and inclusive approach to the integration of therapeutic art and design; build relationships and involve the local and wider community and service users and carers; contribute to the positive health and well-being of those who will visit and work within the NE Hub; respect the past and look towards the future; generate creative opportunities for service users and staff; and enhance community social and economic benefits.

The benefits identified within this FBC will be monitored and evaluated during the development of the project to maximise the opportunities for them to be realised and measurable indicators will be reviewed on a quarterly basis at the Project Board. The key community investment workstreams are an education programme, a construction work academy, a wellbeing programme, a community and volunteering programme, and a SME development programme.

The project will deliver timely access to modernised and integrated Primary Care and Community Health and Social Care Services; improved access to primary care services that are person centred, safe and clinically effective; a welcoming environment and increased engagement; greater focus on prevention and anticipatory care through colocated teams and seamless pathways, effective multi-disciplinary team working; support with management of long-term conditions; improved referral pathways; and delivery of a more energy efficient building, achievement of a high design quality which meets DDA compliance and current infection control standards.

The project will integrate culture, leisure and community activities with health and social care to create a vibrant hub for the provision of a wide range of local services.

The Benefits Register table and Benefits Realisation plan are included in sections 6.3.1 and 6.3.2.

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

Longer term outcomes will be evaluated 2 to 5 years post migration to the new facility to allow for a review of longer-term service and community benefits. The evaluation will include both quantitative and qualitative data collected during stages 3 and 4 through the use of questionnaires and workshops.

SFT has been developing an evaluation framework with support from Ryder Architects Limited. North East hub was invited to be a pilot project in the application of this newly developed approach. Work has been undertaken in collaboration with the project team, to develop a range of strategic objectives, linked SMART objectives and measures to assess progress.

Core group meetings are being held every four weeks to oversee key elements of monitoring, including affordability assessment, works delivery costs, project programme, project scope changes, health and safety performance, risk management issues, design and technical considerations, and construction quality. A series of design and technical meetings complement these meetings, with stakeholders represented and an ongoing process of risk review.

1.8.3 Building Design and Construction Quality

Considerable focus has been placed on quality throughout the development of the North East hub and is embedded in the project management plans, and more importantly, has been implemented in all activities to date. Quality has been embedded in the project from its inception, and key actions to ensure quality have been: appropriately experienced and resourced client team; clear governance structure; high quality briefing documentation; realistic budget and programme; quality-led design team selection; quality-led Tier 1 contractor selection with clear requirements for independent design team reporting; and thorough processes for examination of Contractors Proposals utilising experienced in-house resource supported by external Technical Advisers.

1.8.4 Soft Landings

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

1.9 Conclusion

Building on the Outline Business Case, this Full Business Case explains the additional work carried out to further develop the service models to support transformational change to health and care services in North East Glasgow which will deliver key elements of the Board’s Moving Forward Together programme, and a range of other transformational programmes across adult, older people’s and children’s services. Through integrating the library and other culture, leisure and advice services the project aims to tackle some of the underlying determinants of poor health and inequality. The sections on benefits and

Benefits Realisation demonstrate the changes that can be delivered through this investment proposal.

The work carried out in preparation of the FBC, alongside demolition work, and adherence to project timescales in spite of the challenges associated with the pandemic, demonstrates the partners' level of commitment to the project. Through ongoing engagement and place-based planning, the scope of the project has increased and includes fit for purpose health and social care space alongside training facilities, health promotion space, a public library and a cafe. Design proposals have been developed for a zero-carbon facility which meets Glasgow City Council's Gold Standard and supports the Board's sustainability targets.

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

Improving Services in the
North East of Glasgow

Strategic Case

2 Strategic Case

2.1 Strategic Case Overview

The strategic case for the Hub has not changed since the submission of the Outline Business Case. A summary is presented below, incorporating some of the learning from the pandemic, and the likely future impact on the health and wellbeing needs of the population of residents living in North East Glasgow.

As described in the OBC, NHS Greater Glasgow & Clyde (NHSGGC) is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £2.8 billion, and it employs over 40,000 staff. Services are planned and provided through the Acute Division and six Health and Social Care Partnerships (HSCP), working with six partner local authorities, of which Glasgow is the biggest, being Scotland's largest city. Due to the level of deprivation, ill health and inequality in Glasgow, the HSCP and wider community planning partnership is focused on addressing these issues, and considers the Hub, and its combination of health, social care and community facilities to be central to meeting the needs of the population of residents within the East of the city, who experience short life expectancy, and increased levels of poverty and deprivation, due to de-industrialisation and economic and social decline.

Glasgow Health and Care Partnership is therefore committed to investing in improving services in the north east of Glasgow in partnership with a wide range of other public and third sector organisations, in order to address some of the underlying causes of poor health and inequality.

The major priority for the HSCP in the north east is facilitate new models of service delivery, in line with the transformational change agenda and the focus on:

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

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

2.1.1 Demographic profile

The North East Locality has a population of over 176,000 and is larger in size than most other cities and large towns in Scotland. Across a breadth of domains, the North East area of Glasgow compares unfavourably with the rest of Scotland. For example, 22.5% of the population living in North-East Glasgow are income deprived, as compared to 12.1%

across the rest of Scotland, whilst 22.7% of the North-East population of working age have no qualifications, as compared to 13.1% of adults across Scotland (see table below).

Indicator	Count	North East Glasgow %age	Scotland %age	%age Difference from Scotland	Time Period
Working Age Population	121796	69.1%	64.4%	4.70%	2020
Overcrowded households	35678	20.2%	0.3%	19.90%	2020
People suffering employment deprivation	19198	10.9%	6.0%	4.90%	2020
Working age people with no qualification	40017	22.7%	13.1%	9.60%	2020
Young People not in education, employment or training		4.9%	3.7%	1.20%	2020
People with income deprivation	39589	22.5%	12.1%	10.40%	2020
People of working age in employment deprivation	19198	10.9%	6.0%	4.90%	2020
Prime Rate per 10,000 pop	438		288	52.00%	2020
People limited "a lot" or "a little" by disability	37790	21.4%	13.2%	8.20%	2020
Male Life Expectancy	73.4 Years		77.1 Years	-4.80%	2016-18
Female Life Expectancy	78.7 Years		81.1 Years	-3.00%	2016-18

In planning services across the city, other relevant factors are that:

- Evidence suggests that Glasgow's population will increase, and that the population of older adults will increase. Projections suggest that the cohort of adults aged 50 years and above is predicted to rise by 47,000 between 2020 and 2041, to 238,000¹.
- Glasgow has the most ethnically diverse population in Scotland. The percentage of Glasgow's Black and Minority Ethnic population increased from 5% in 2001 to over 13% in 2019².
- Total net migration has increased, with the non-UK born population of Glasgow having increased from 6% in 2001 to 16% in 2018³.
- Estimated male life expectancy at birth in the city increased by 5.2 years (from 68.2 years to 73.4 years) and by 3.7 years for females (from 75 years to 78.7 years) over a 25-year period (from 1991-93 to 2016-18)⁴, but continues to be lower than for other parts of Scotland and the UK⁵.
- The number of households in Glasgow is predicted to rise by 16% in the next 25 years, with single adult households expected to represent half of all households in the City by 2041⁶.

2.1.2 Current Arrangements

As described in the OBC, health and social care services in North East Locality are delivered from a portfolio of properties located throughout the area, many of which are no longer fit for purpose. The constraints imposed by the existing property infrastructure is limiting the development of new forms of community-based care through integration of acute and primary care health services, and between health and social care services.

² <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/population-by-country-of-birth-and-nationality/jul-18-jun-19>

³ [ibid.](#)

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies>

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

⁶ <https://www.understandingglasgow.com/indicators/population/households>

Some current properties also lack the appropriate infrastructure for supporting the use of digital communication platforms such as Attend Anywhere. The pandemic has also revealed the inflexibility of layout of some current buildings, and the need for modern, fit for purpose buildings, which are well ventilated and fully compliant with infection control standards.

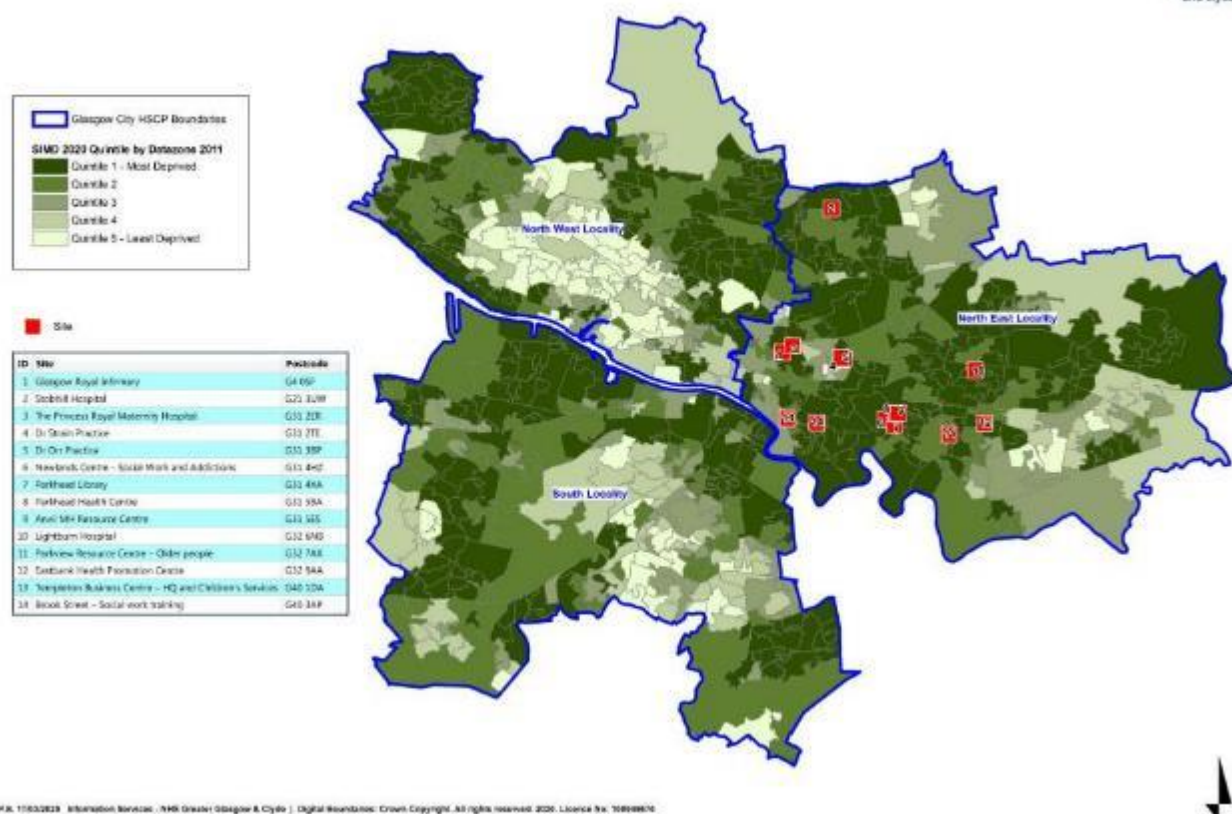
Current services are delivered from 17 NHS and Glasgow City Council owned and leased buildings located throughout the North East area. These buildings include health centres, resource centres and offices, and encompass a range of services:

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

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

The new health and social care Hub will include the following services, which will complement the range of acute services available to the local population, including those based in Glasgow Royal Infirmary, the Princess Royal Maternity Hospital, Stobhill Campus, and Lightburn Hospital:

- Parkhead Health Centre
- Community Mental Health Resource Centre (Anvil Centre)
- Templeton Business Centre – North East headquarters and children's services
- Newlands Centre - Social Work and Addictions
- Parkview Resource Centre – Older people's services
- Brook Street – Social work training
- Eastbank Health Promotion Centre
- Dr Orr/Dr Strain surgeries
- Parkhead Library (Tollcross Road)



2.1.3 Implementation of Key Programmes of Transformational Change

As outlined in the Initial Agreement and Outline Business Case, the health and social care Hub provides a unique opportunity to support the implementation of a number of transformational change programmes, and therefore remains the preferred option for delivering the Investment Objectives. The following sections provide a summary of how the Hub will support the implementation of a number of key initiatives across the HSCP. The inclusion of community facilities offers the potential to more closely align these initiatives with the full range of supports available to local residents, and provides scope to provide more holistic, 'whole family' approaches and interventions across a range of integrated services.

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

a) Older People's Services

The Hub will support the implementation of the older people's transformational change programme by allowing older people to continue to experience a more joined up and co-ordinated input from HSCP staff, irrespective of their particular professional role; this is exemplified by the implementation of integrated operational older people's teams across

the city, and the shift to enable older people to live independently in the community for as long as possible. The Hub will host integrated neighbourhood teams, supported by service managers with integrated responsibility for social work, rehabilitation and enablement, and district nursing teams, which will facilitate local health and social work activity working together more efficiently and effectively, and strengthen links with local GP clusters as well as local communities, carers, third and independent sector providers and community organisations.

The Hub will also facilitate more effective co-ordination between HSCP and Acute staff, as has been achieved in relation to delayed discharges over recent years and will support the strengthening of pathways and processes in relation to unscheduled care. The collocation of health and social care services will also minimise the potential for service users presenting at the wrong location for support.

The Hub will also provide a place for older people to visit and utilise community facilities and support, thereby reducing loneliness and social isolation, and possibly reducing the number of older people with non-medical needs presenting to their GPs. The facilities in the Hub will also potentially provide sources of community and peer support for carers, building on the significant progress made in this area over recent years, in line with the Carers Act.

The bookable and community rooms will also strengthen the HSCP's partnership, building upon the partnership activity in key areas such as community connectors and the third sector transformation fund. The third sector has a key role in supporting and enabling the city's older people and mitigating against their premature presentation to the health and social care system, which will help to relieve pressure on services and support older people to live in the community for longer.

b) Adult Services

Adult services comprise community justice services, sexual health services, alcohol and drug services, mental health services, homelessness services, and disability services. Similar to the older people's transformational change agenda, a programme of whole system transformational change in adult services is supporting a shift in the system culture in order to strengthen the network of support available to adults with complex needs to remain living independently in the community for as long as possible. Due to collocation and access to community space and bookable rooms, the Hub will support the strengthening of the network of relationships with third and independent sector organisations, and the co-productive approach to the development and delivery of purchased services. Adult service programmes are focusing on developing a range of preventative and effective early intervention services and supports, including a recovery approach which is peer led and provides support for self-management, as determined by services users' needs and their lived experiences. The community rooms and facilities within the Hub will facilitate service users' engagement with formal and informal supports, thereby building community capacity. The Hub will also provide access to more intensive services to ensure there are effective, sustainable, safe and secure outcomes for service users with complex needs, within an open, welcoming and non-stigmatised setting, which is utilised by all members of the local community. In accommodating collocated teams and increasing the available skill mix, the Hub will also support Sandyford Sexual Health

Service to improve patient pathways and access to a range of supports, again ensuring that services are accessible, and able to meet the needs of the most vulnerable groups.

The programme of deregistration of supported accommodation for service users with acute mental health needs, and shift towards independent tenancies highlights the need for a range of local, community resources. The Hub will allow professionals to work in partnership with third sector colleagues, community connectors and volunteers, in order to meet the range of needs of local residents, therefore achieving an optimal balance between living independently and access to appropriate neighbourhood supports. Similarly, the Hub will also support the implementation of Recovery-Oriented Systems of Care, which is a coordinated network of community-based services and supports that are person-centred, and build on the strengths and resilience of individuals, families and communities. It recognises there are many pathways to recovery and offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs. The Hub will be able to provide a range of these services through colocated teams, its flexible design, and the available bookable and community spaces. This will help to achieve the objective of Recovery Communities by shifting cultures, creating community ownership and control, and building on community assets through making best use of partnerships across different types of service provision.

c) Children's Services

Children's services teams are working on a programme of transformational change to shift the balance of care from crisis intervention to earlier intervention, in order to increase the number of children and young people who remain living with their families, and within their communities. This work is aiming to reduce the number of children who are accommodated by focusing on improving the range and quality of family support, particularly at times of greatest need, including evenings and weekends, to ensure a joined up and consistent approach from the professionals supporting families. This work is focusing on developing a practice model to guide the approach to interacting with children, young people and families, and is aiming to clearly articulate a strengths-based and trauma informed approach, as well as focusing on building an infrastructure of support for practitioners to allow them to focus their time and effort on the interaction with children, young people and families. Having colocated teams based within the Hub will help to progress this work as it will allow teams to explore the roles and responsibilities of each professional in supporting families, thereby building a more coherent pathway of support for families, as well as increased consistency in the approach. Specialist Children's Services was also integrated into the HSCP in April 2020, at the time that there was a considerable focus on emergency contingency planning to address the challenges of the pandemic across all services. Whilst work is continuing to align services across health visiting, specialist children's services (Child and Adolescent Mental Health Service and Community Paediatrics) and social work, colocated teams and the movement of the HSCP North East senior management team for children's services into the Hub will support the integration agenda, and help to provide more seamless support for children, young people and their families.

The Hub will also support the implementation of the Scottish Government's Children and Young People's Mental Health and Wellbeing Framework, which is aiming to develop and expand mental health supports, to ensure that children and young people receive support at the earliest opportunity. This will also help to address the waiting list for the Child and

Adolescent Mental Health Service (CAMHS), following the conclusion of a scoping exercise which suggested that the needs of approximately 50% of children considered for referral to CAMHS may be better met by non-clinical, community level supports.

d) Primary Care Improvement Plan

The proposals will enable the expansion of treatment and consultation room space in response to the new GMS contract and the requirement that all GP treatment and care services are transferred to the HSCP. The space in the proposed hub is also being designed in partnership with local GPs to ensure that the building will cater for expanded multi-disciplinary teams in order to ensure that patients see the right professional to meet their needs. Through the Hub Delivery Group, team managers and staff from all of the services that will be located in the Hub were consulted on space requirements for staff and clinical need in terms of patient numbers, including the number of treatment and consulting rooms that would be required in the new facility. The schedule of accommodation was based on current and projected patient numbers including population/age and health demographics. The facility is designed to allow flexibility in use so that services can change/ adapt by the day and over time to reflect the aims of new GP contract, the primary care improvement plan and the aspirations of Moving Forward Together.

e) Maximising Independence

The aim of the Maximising Independence (MI) programme within Adults and Older People's Services is to maximise the opportunity for people to live independently in their homes, and in their community, for as long as possible, and to make decisions about the choices that affect them. The Hub will help to facilitate the implementation of this programme by providing a range of multi-disciplinary teams, including acute services, which are accessible to local residents, and their families and carers. Given the inclusive nature of the Hub, and the inclusion of community resources, including the library and café, and bookable space for community initiatives, the Hub will promote an open and welcoming environment, encouraging the utilisation of both formal and informal supports. The collocation of a wide range of support will mean that service users are familiar with accessing the building, which will hopefully reduce the number of missed appointments, and build a level of trust and confidence in the accessibility and ethos of services collocated in the Hub. The collocation of staff, in turn, will help to create a joined-up approach and promote a team-based approach to assessing and addressing the needs of service users with multiple and complex health and wellbeing needs. One of the key aims of MI is to bring together service users and staff representatives from the HSCP, third sector, local community, housing sector, and community planning partners to shift the balance of care to support service users to live independently in the community, which will be more easily facilitated within the Hub model of service delivery.

By being local, and custom built to promote accessibility and a welcoming ethos and environment, as well as a robust travel plan, the Hub will promote footfall from service users with a range of different needs. The inclusion of a wide range of health and social care services, including acute services, will also help to address the changing needs of the local population over time, which will help to deliver the key objectives of the MI programme to shift from caring **for** communities to caring **with** communities. The

availability of this range of services locally will also address the needs of the ageing local population and emerging patterns of demand in the future, which is a focus of the MI work.

f) Moving Forward Together

In alignment with the HSCP Adult and Older People's transformational change programmes, the aim of Greater Glasgow and Clyde Health Board's Moving Forward Together programme is to support and empower people to improve their own health and to manage long term conditions; to support people to live at home for longer with access to the care they require within their communities; and to allow people to access high quality primary and community care services within their neighbourhood. The Hub presents an opportunity to align health, social care, third sector and community supports for service users living independently in the community. The work with acute services to transfer services into the Hub will also mean that an increased range of health services will be accessible to those with complex and long-term conditions who wish to live independently. The collocation of teams will also provide scope to review appointment times to ensure that service users can access multi-disciplinary support more seamlessly, with the potential to minimise journeys for those with mobility problems and other conditions which make travelling challenging.

g) Place-based approaches and community facilities

Services located in the Hub are being developed in collaboration with local people and other local organisations and will reflect the outcomes of the local community planning activity including the work of the Parkhead / Dalmarnock Thriving Places initiatives. An example of this is the commitment to develop a drop-in service for people suffering from stress and distress. Children's Neighbourhoods Scotland also provides a place-based approach to planning within the Dalmarnock and Parkhead areas, which is based on collective impact methodology, and aims to bring together people, resources and organisations in neighbourhoods in order to strengthen partnership approaches and work towards better lives for local children, young people and families.

The Health Improvement team will be based in the Hub, and they support a range of third sector and community initiatives which seek to link local residents into a range of neighbourhood supports, which will complement the range of health and social care interventions. Local residents will also have access to MacMillan Cancer Support, Book Bug, free wi-fi, and other community resources due to the inclusion of the Parkhead Library. The extended opening hours of the Hub will support a welcoming, community ethos and mean that local residents will access the building for multiple reasons, which will remove any stigma of attending the range of services provided.

2.2 What has changed since Outline Business Case?

The overriding background, in respect of Strategic Planning, Demographics and Stakeholder Support has remained unchanged since submission of the Outline Business Case in 2020. At the time of submission of the OBC, the impact of the pandemic was starting to emerge, in terms of the radical shift to digital communication platforms, and a reduction in face-to-face appointments and restricted access to community facilities and groups. The impact of the lockdown and the restrictions imposed by Scottish Government

and public health is explored further below, in relation to the design and planning for the Hub, along with updated sections on the transfer of acute services into community settings, adaptability of accommodation requirements in a post-COVID context, as well as the role and function of the Hub model in addressing social isolation and wellbeing needs, as the mental health impact of the pandemic becomes better understood.

2.2.1 Covid-19 Pandemic

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

Section 4.2.4 provides detailed information on how the design of the Hub has been reviewed in the context of the learning from the pandemic, and the implications of the measures which have been introduced.

2.2.2 Updates to service proposals since Outline Business Case

The aim of acute services operating from the Hub is to deliver effective care to meet individual patients' needs as locally as possible, whilst ensuring safe, effective and timely access to high quality specialist services when required, recognising that as the complexity of a patient's needs increases, there may be a requirement to access specialist services which cannot be provided locally. The North East Hub is being designed to ensure that new models of care, including integrated acute services, can be delivered effectively, capitalising on the collocation of teams and the potential for greater multi-disciplinary working.

The Hub will accommodate a number of outpatient clinics, including, for example, Cardiac, COPD and Stroke Services, and the developing multi-disciplinary pain management clinics (including secondary care pain education, pain service early information and community pain education, as detailed further below). A Musculoskeletal Hub (MSK) operating as a 'One Stop Shop', which will include access to various Allied Health Professional Services, will also operate from the Hub, and there is a plan in place to develop joint working between acute services and community teams to undertake diagnostic investigations in the Hub, thereby reducing the need for travel to hospital sites. Larger clinical spaces in the Hub will be used for group consultations which will encourage supported self-care in relation to diabetes, weight management and community pain education, in line with the

aim of Moving Forward Together and Maximising Independence. Specific specialist support delivered by Clinical Nurse Specialist(s) for patients with long term conditions and people living with cancer will be developed, with greater potential for a full multidisciplinary team to be involved in their care.

Older people's services will be reconfigured to be partly delivered from a community base in the Hub, including geriatrician outreach into communities and use of frailty practitioners supported by a wider interdisciplinary team of health and social care practitioners; this team will facilitate joint work to support older people in their own homes (including care homes), in order to promote independent living and achieve the aspirations of Moving Forward Together and Maximising Independence.

The hub will provide sufficient treatment room space to meet the aspirations of the health board's integrated, community-based phlebotomy services so that, regardless of the service they are receiving (acute or primary care), patients will be able to attend a local clinic to provide their blood samples.

Providing these services in the Hub will increase the opportunity for the population to access the wider health and social care supports such as financial inclusion, drug and alcohol services and social opportunities in the community setting, which will complement the acute services operating out of the Hub and maximising the potential for members of the local community to live independently for as long as possible.

The details of the acute clinics which will operate from the Hub are included below.

a) Outpatient Clinics

Ten outpatient clinics will operate from the Hub each week, including 6 cardiac, 3 COPD, and 1 stroke clinic, with 8 staff members based within the Hub.

b) Dietetics

Eight general community clinics will operate per month, with four diabetes total meal replacement clinics per month, four paediatric dietetic clinics for vulnerable children, and four weight management bariatric clinics for people with very high BMI. It is envisaged that group rooms will be accessed by this service 8 times per month, to meet demand for face-to-face groups providing professional and peer support, in addition to the specialist clinics.

c) Chronic Pain

Seven staff will be based in the Hub to support the delivery of the GGC Pain Management Programme. This team will require 2-3 clinic rooms per session, with 4 sessions anticipated per week to meet local demand. The Pain Management Programme will deliver three sessions per week, which will include 10 patients in each. Multi-disciplinary Pain Management Clinics will be delivered across three sessions per week, from 4 clinical rooms, and the Pain Service Early Information group and Secondary Care Pain Education group will each be delivered once a week from one of the large group rooms.

The Community Pain Education programme will be delivered in collaboration with secondary care and patient volunteers to support members of the local community prior to referral to the pain service; this group will be convened based on a process of self-referral,

which will be promoted by multi-disciplinary teams and communications across the Hub and will require use of a large group room once per week.

d) AHP MSK Services (including rheumatology)

Plans are in place to develop an MSK Hub to support the NE Glasgow population. This will be a multi-disciplinary model (incorporating Physiotherapy, OT, podiatry, orthotics, and potentially sonography) with clinical experts and AHP advanced practitioners working collaboratively to meet patients' needs associated with a range of different diagnoses and treatments. This will provide a single point of access for MSK presentations with referral pathways from NHS24, Flow Navigation Centre, self-referral and GP practices, and it is anticipated that the model will prevent presentations to Emergency Departments and Minor Injuries Units and will also support GP practices without access to Physiotherapy first contact practitioner resource.

The Hub will provide a one stop model for patients, scheduling appointments on a booked basis and hot spot/ same day system. The service will provide triage, assessment, and treatment intervention, including injection therapy and referral for imaging/ sonography. Specialist lower and upper limb clinics will take place twice each week. The aim will be to see and treat patients, with self-management support resources and a Post Infection Review pathway for patients who require further investigations and treatment. The MSK / Rheumatology Service will deliver 6 sessions per week, using 2 clinical rooms, with one member of staff based in the Hub.

The Upper limb specialist clinic and Lower limb specialist clinics will deliver two sessions per week, each using 1 clinical room. Overall, these clinics will support approximately 72 local patients per week, based on a 90% attendance rate.

e) Children's and Young People's Diabetes Service

This clinic will take place over 1 – 2 days per week, utilising 2 clinical consultation rooms, 1 clinical measurement room, 1 breakout (interview/ meeting room). A minimum of two weekly clinics will take place on two mornings, with afternoon sessions in the same accommodation used for nurse or dietetic reviews, and patient education and training.

The number of patients attending this clinic has increased following the pandemic, and there is no local base serving the East of the City, therefore the inclusion of this clinic in the Hub will prevent unnecessary travel to existing acute sites.

The re-design of acute services as part of the Moving Forward Together Programme and our remobilisation plan is a dynamic process and it is likely that further services will be relocated to community-based facilities.

2.2.3 Updates to accommodation proposals since Outline Business Case

There have been no major changes to accommodation proposals since the Outline Business Case, though further design work has refined the plans for the entrance, the main staircase and some of the corridors and waiting areas. This work has taken account of the learning from the pandemic, and the potential need for social distancing, as well as the privacy of service users (e.g., of families accessing the case conference rooms where

sensitive discussions may be taking place, and the proximity of these rooms to a physiotherapy waiting area).

There has been additional work on room layouts, and the configuration of staff work and welfare areas, in order to consider the most flexible arrangements for managing a range of potential situations, for example, pandemic restrictions, change of use, and increase in staffing numbers. The design has been developed to ensure that it is flexible enough to accommodate measures such as those introduced during the pandemic, and to manage an expansion in services and staff due to the agile working areas and bookable rooms. The room booking system and technology to monitor room usage will allow for the use of space to be optimised at all times of day and may support further rationalisation of buildings in the future, where appropriate.

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

a) National Performance Framework -

As outlined in the OBC, the Hub will deliver on a wide range of Scottish Government, NHS Scotland and local government priorities, including the National Performance Framework and its 11 National Outcomes (see diagram below).



A summary of how the Hub will contribute to the National Outcomes is provided below:

National Outcome	Hub Implementation Plan
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Poverty	Collocation of services offers potential to address complex health needs of population, and to provide more seamless access to support within non-stigmatised community facilities which have extended opening hours, and open access to all
Inclusive, safe communities	Increased social capital will emphasise positive sense of place, and offer opportunities for informal meet ups, and access to community facilities to reduce social isolation and improve wellbeing, thereby mitigating the impact of the pandemic
Realising potential	Community benefits work offers local children and young people the opportunity to participate in a range of programmes to gain employability experience, and access to a range of community groups and activities offers a range of opportunities to promote wellbeing
Education and contribution to society	Focus on social inclusion and wellbeing through community activities, access to modern, fit for purpose library, and designated children's area with stimulating indoor and outdoor facilities, and a comprehensive community benefits and arts strategy to engage local children and young people.
Thriving and innovative businesses	Increased social capital and footfall will bring additional business and work opportunities and will enhance local regeneration efforts.
Healthy and active	An active travel plan is being developed, with safe storage for bikes and
Protect and enhance environment	A zero-carbon heating solution has been developed by utilising air source heat pumps and utilising electricity generated by photovoltaic panels and green electricity from the grid. External areas have been designed to encourage the use of outdoor spaces, with a children's area adjacent to the contact rooms for families to access.
Diversity is expressed and enjoyed	The aim of the Hub is to provide accessible health, social care and community services and facilities, which are open to all over extended hours, including evenings and weekends. The Hub will be subject to an Equalities Impact Assessment, to ensure that they are accessible to local residents with protected characteristics.
Human rights	In line with the NHS vision to provide a quality public service and treat every patient with the same high level of dignity and respect, the aim of the Hub is to provide all community health, care and wellbeing services (statutory, voluntary and community) under one roof, and ensure that service users have equal access to the right support, from the right person and at the right time, in order to maximise public health outcomes.
Sustainable economy	The Hub will provide a number of direct and indirect employment opportunities throughout the construction stage, and then as a fully functional integrated building,

	with new employment/ employability opportunities through the development of the café and other community initiatives By focusing on improving the health of local residents through more seamless access to integrated services, the Hub will improve the health and wellbeing of the population to enable them to contribute positively to the local economy.
International contribution	The local health and care system in Glasgow is one of a range of local public services that have helped Glasgow to gain its positive reputation as a welcoming place for everyone to live, experience and work. Glasgow's motto that 'People Make Glasgow' is supported by the increase in net migration and proportion of non-UK born population residing in the city.

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

2.4 NHS Scotland's Strategic Capital Investment Priorities

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

2.5 Local Implementation Priorities

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

2.6 Is the case for change still valid?

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

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

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

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

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

The assumptions outlined in the Outline Business Case that the North East Health and Social Care Hub will help to reduce health inequalities, promote supported self-management, foster the principles of multi-disciplinary anticipatory approaches and maximise the effectiveness of joined up working with the acute sector continue to be supported and strengthened as work on the Full Business Case has progressed. The Hub will contribute to local economic regeneration and the wider Council and Community Planning Partnership objectives, foster economic growth, produce more resilient communities with a focus on “place making” and making best use of local facilities, and a fairer and more equal Glasgow, including reducing poverty and inequalities. The Hub will support the implementation of a number of transformational change programmes initiated by the HSCP, the Health Board and Scottish Government, which aim to improve quality of services, support people to live in their homes and communities for longer and ensure access to local neighbourhood services and supports.

The five strategic objectives for the development of the Hub, and the way in which the Hub will support a number of transformation programmes, are summarised below:

- a) **Improve access to services** through a more natural flow of services and greater clarity on how they should be used. Patients and service users frequently have to travel between locations to access the full range of support they need, and staff use up valuable clinical time travelling between these locations because the current configuration of services have developed over time, largely based on the location of available buildings to occupy.
- b) **Improve performance** across a number of services and service areas to reduce inequalities for people living in the north east of Glasgow. The Hub will support this direction of travel by focusing attention on how health and social work can work alongside other partners and community initiatives to improve outcomes across a wide range of services and interventions. The re-location of the library to the Hub, the expansion in community accessible spaces, along with the proposal to establish a drop-in for people experiencing mental health crises, are examples of how the services operating from the Hub will support a reduction in inequalities by promoting collaboration between the public and third sector organisations and community groups.
- c) **Create better integrated teams and additional services** within a modern, fit for purpose, accessible facility that will facilitate and promote inter-agency and interdisciplinary working. The purpose-built citywide training suite will support continuous professional development and training of staff, which will complement the work of the Health Improvement team, and the community learning and development initiatives they support. This will promote joined up working and will facilitate multi-agency training for health and social care staff, and will improve access and connections to a range of third sector and community services for those visiting the Hub (for example, breastfeeding groups, peer mentoring and support groups, alcohol and drug services, and mental health supports).
- d) Improve safety and effectiveness of accommodation that will deliver **improved energy efficiency**, reducing CO2 emissions in line with the Government's 2020 target and contributing to a reduction in whole life costs, whilst also meeting statutory requirements and obligations for public buildings, for example, in relation to the Equalities Act 2010 requirements. The design for the building ensures that all levels and areas are fully accessible to the intended users, including service users, visitors and staff in response to the theme that emerged from the stakeholder engagement work which highlighted that the Hub should be fully accessible as a community asset.
- e) **Increase accommodation capacity and adaptability** by creating a Hub for health and social care that brings all the key services (statutory, voluntary and community) under one roof so that citizens can access the right support, from the right person and at the right time, to provide a range of responses, from early intervention and prevention support, to acute service responses to address the needs of service users with more complex conditions.

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

The preferred option for a new health and care Hub remains valid. There are no substantive changes in the strategic case since the publication of the OBC, and in fact, the strategic case has been strengthened throughout the experience of the pandemic which has highlighted the need for fully flexible space, which complies with the most recent infection control standards, and is easy to ventilate and clean. The rapid shift to digital

communication platforms has demonstrated the need for a robust digital infrastructure, and the progress in supporting transformational change across a number of programmes within children's, adults and older people's services highlights the added benefits of colocated teams and more effective multi-disciplinary working.

The proposal is strongly in alignment with national and local strategies and priorities.

Improving Services in the
North East of Glasgow

Economic Case

3 Economic Case

3.1 Summary of Options Appraisal Process

As detailed within the Outline Business Case, three options were investigated for the economic case:

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

The analysis provided in the Outline Business Case confirmed that the only option which could deliver all of the investment objectives was to develop a new health & care hub which would deliver an integrated service model, and improve access to a range of health, social care and community services for the North East Glasgow community.

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

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

3.2 Summary of Site Options Appraisal to deliver the Preferred Option

As detailed within the Initial Agreement and Outline Business Case, with respect to the Proposed Solution 3 to develop a new health & care hub, a review of potential suitable sites was undertaken. A high-level options appraisal of four potential shortlisted sites, and engagement event which included representation from local community groups and from services moving into the Hub, identified Parkhead Hospital and Health Centre as the most appropriate option. The site is located next to the primary shopping centre in the east end, the Forge, the Forge Market and other retail and commercial premises. It clearly has the most extensive public transport links with bus routes from around the east end converging on Duke Street beside the site. The site can also accommodate up to 282 cars and will support local regeneration programmes and contribute to the local economy by creating additional footfall to the significant amount of small local businesses. This site was also the preferred site of Glasgow City Planning Authority who were consulted during the process. Parkhead Cross Conservation Area is a major area of focus for regeneration by the Council, and the Council are actively seeking ways to support the local economy and help support the sustainability of local businesses. The location of a new health & care hub at the Duke St/ Parkhead Hospital site and its resultant footfall will help support the wider development priorities of the Council and its selection is fully supported by the Planning Authority.

Demolition at the preferred site commenced in August 2020, highlighting the commitment of key partners to the creation of the new Hub. The demolition work progressed well and was completed in May 2021.

Given that work has been completed, the Economic Case will focus on a summary of the analysis to select the site, acknowledging that there has been no change in the outcome of the outcome, and in fact, a commitment to building on this site, and to progress the work to continue to work towards an opening date of 2024, in spite of some of the challenges of the pandemic.

3.3 Summary of Financial Assessment of Site Options

Although capital costs were slightly higher for the Parkhead site than the other sites (at £55,282 as compared to £52,123 - £55,254 for the three other sites, expressed as an undiscounted annual recurring cost, including optimism bias of 8% given the uncertainty with Brexit and any Covid-19 effect on costs), the difference was not significant in the context of the scale of the programme. Revenue costs were calculated to be the same figure, regardless of site location (at £29,199, expressed as an undiscounted annual recurring cost).

Summary of non-monetary costs and benefits of options

The results of the non-financial benefits appraisal exercise demonstrated that the Parkhead site ranked number one for public and staff access, parking facilities, colocation, local regeneration, and environmental quality. The analysis was based on feedback from previous stakeholder engagement sessions and refined by the Project Board and tested at a range of existing forums and meetings regarding the development of a new facility.

Summary of non-financial risk appraisal

The non-financial risk appraisal concluded that the lowest risk profile was for the Parkhead Hospital site, with the least risks associated with failure to: contribute to improving health inequalities; deliver objectives of Moving Forward Together; deliver integrated services; improve physical access to services; deliver potential economic benefits to local businesses; improve Did Not Attend statistics; disrupt existing services during construction; site not being available upon completion of business case; disrupt transport and vehicle access during major sports events; delay of progress due to site acquisition process; and significant condition issues emerging during project development.

3.4 Summary of Calculation of Net Present Value (or Cost) and assessment of uncertainties

3.4.1 Net Present Value

The Net Present Value (calculated using discounted cash flow techniques on the capital and revenue costs associated with each option as entered into the GEM model) showed that the NPV for the Parkhead site was £73,781, as compared to £70,996 – 74,529 for the other sites. Sensitivity analysis of both the Net Present Value / Cost and non-financial benefits of each option was undertaken to assess how reactive these results are to changes in underlying assumptions. Using Section 5.2 of the SCIM Option Appraisal Guide, which provides a list of potential uncertainties, land receipts, capital and revenue costs were flexed to assess the sensitivity. Across a range of sensitivities, the Parkhead

site was ranked as 3 or 4, though the sensitivity in relation to the delay in land receipt for the existing site is superseded by the onset of the demolition work.

3.4.2 Assessing Uncertainty

Sensitivity analysis of the non-financial benefits appraisal was carried out, and the Parkhead site was the highest scoring option, albeit the margin was reduced when the impact of the highest weighted benefit (public and staff access) was removed or reduced.

3.5 Identifying the Preferred Option

The combined Net Present Cost (NPC) per weighted benefit score figures clearly identified the Parkhead site as the preferred option, with the NPC per weighted benefit score lower for Parkhead than for the other site options (at £96,370, as compared to between £104,003 - £193,599 for the other sites). The analysis of both the economic appraisal and the risk appraisal exercise showed that Parkhead ranked first in relation to both indices.

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

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

3.6 Summary of Support for Preferred Option Site Selection

The selection of the Parkhead site had widespread local community and political support and was approved by the Board's Finance and Planning Committee on 4th December 2018, and the Health & Social Care Integration Joint Board Committee on 12th December 2018. The outcome of the site selection process has been discussed at various active community engagement sessions since then, and the site selection is clearly supported and is not considered to be contentious.

3.7 Summary of Calculation of Net Present Value (or Cost) and assessment of uncertainties

3.7.1 Net Present Value

In line with the Optional Appraisal Guide, the NPV or NPC for each option was calculated using discounted cash flow techniques on the capital and revenue costs associated with each option as entered into the GEM model. The outcome of these calculations showed

that the NPV for the new build option is £79,080, for the refurbishment and extension of Parkhead Hospital is £79,594, and £22, 080 for the option to do nothing.

3.7.2 Assessing Uncertainty

Sensitivity analysis of both the Net Present Value /Cost and non-financial benefits of each option was undertaken to assess how reactive these results are to changes in underlying assumptions. Based on Section 5.2 of the SCIM Option Appraisal Guide, potential uncertainties in relation to land receipts, and capital and revenue costs were flexed to assess the sensitivity. The NPV results showed predictably that the 'do nothing' option was the lower risk option across the five dimensions which were assessed (no changes; delay in land receipt for existing site; 10% increase in new build capex price; 5% increase in new build capex price; 10% increase in revenue costs), the new build option consistently ranked as the second lowest risk, and the development of Parkhead Hospital was associated with the highest risk of impact.

Sensitivity analysis of the non-financial benefits appraisal was carried out. In each of the four scenarios (base scenario; equal weighting applied to all benefit criteria; excluding benefit scores of the highest weighting criterion; altering the benefit criteria with the greatest scoring range so that all options score the same mid-range value for that criterion), the new build on the site of Parkhead Hospital was the highest scoring option. The margin was reduced when the impact of the highest weighted benefit (public and staff access) was removed or reduced, but there remained a substantial differential, with the new build scoring 60 as compared to 46.5 for the refurbishment option.

3.8 Conclusion

The combined Net Present Cost per weighted benefit score figures, the economic and risk appraisal exercise, and the non-financial options appraisal all clearly identified the new build as the preferred option.

This reflected the key advantages of the site location, alongside the ability to create a purpose designed facility which will optimise adjacencies supporting service delivery, minimise internal travel distances, implement standard room layouts, implement net zero-carbon approaches, create high quality landscaping, accommodate the operational parking requirements and create a significant contribution to the urban realm.

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

When the financial elements were considered using Net Present Costs, the new build option was slightly more expensive than the refurbish and extend option. The cost differential was low because of the extensive reconfiguration that would be required to refurbish the hospital and is offset by the potential of the new building to deliver all of the investment and business objectives. The risks around the new-build option were also

significantly lower. Key areas considered were reduced risk of disruption to existing services and more certainty over cost and programme since there are no unknowns to be resolved in existing buildings and structures, and no need to compromise on room layouts, and the ambition to achieve net-zero carbon targets.

Confidence in these analyses, and the overwhelming community and political support for the new build, has resulted in the commissioning of the demolition work.

Improving Services in the
North East of Glasgow

Commercial Case

4 Commercial Case

4.1 Procurement Route

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

4.1.1 Procurement Plan

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

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

The TPA prescribes the stages of the procurement process including:

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

4.1.2 External Advisers

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

The Advisers appointed are:

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

4.2 Scope and Content of Proposed Commercial Arrangements

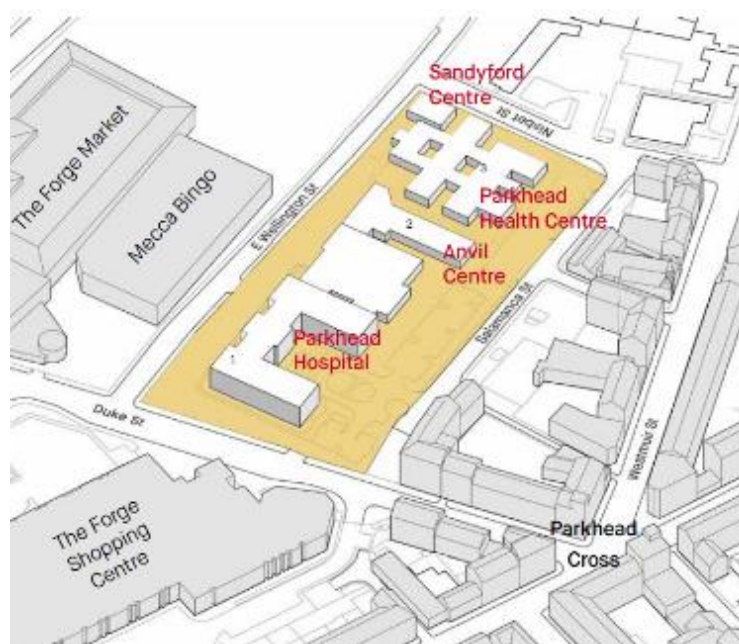
4.2.1 Existing Arrangements

The current services are currently delivered out of 9 existing facilities in various locations in the Glasgow North East area. The premises and services are described in some detail in the Initial Agreement and illustrated in section 4.2.11 of this document. In summary the facilities are:

- Parkhead Health Centre.
- Newlands Centre.
- Anvil Centre.
- Templeton Business Centre.
- Parkview Resource Centre.
- Sandyford East Sexual Health Services.
- Brook St Training Facility.
- Eastbank Health Promotion Centre.
- Parkhead Library.

4.2.2 The Site

The preferred site is located within the Parkhead area of North East Glasgow, on the same site as the existing Parkhead Health Centre. The site was formerly the location of Parkhead Hospital. Demolition has been completed before the main works contract to limit “dark ground” risk to the area below the existing health centre, which needs to remain operational.



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

A Schedule of Accommodation (SOA) has been arrived at following extensive stakeholder engagement and a series of meetings with the users and project team and totals a floor area of 11,264m². A copy of the SOA is included as Appendix 1 which details all the services to locate within the new facility. These include General Practitioners, Community Dental, CAMHS, Physiotherapy, Podiatry, Sandyford Sexual Health, Social Work etc.

4.2.3 Site Access, Constraints and Orientation

The site is under the ownership of NHS Greater Glasgow and Clyde. It is surrounded on all four sides by adopted roads. There have been detailed discussions with the Planning Authority and the Road Authority during the planning consultation and the proposed new development access points agreed. Planning consent was granted on 31st August 2021.

To further support the proposed design and Stage 2 costings, post demolition site investigations and topographical surveys have been undertaken by hub west to determine the full extent of topography, ground conditions and any possible contaminants on the site. As localised pockets of contamination have been identified at various locations across the site a remediation plan is to be developed, agreed with planning, and presented to the Pollution Office on completion of the works.

The services currently delivered from Parkhead Health Centre and Sandyford Building need to be maintained and the proposals have been developed to reflect a phased completion of the project. The Stage 2 programme takes account of this and there is a period following completion of the new building to allow for decant and demolition of the existing centre after the new centre is occupied. This will then allow completion of the final car park configuration.

At present it has not been possible to complete site investigations below the footprint of the existing Parkhead Health Centre and Sandyford Building as these remain operational. Consequently, the board will retain responsibility for ground conditions below the footprints of these buildings until such time as the buildings are demolished and can be surveyed.

4.2.4 Design Development

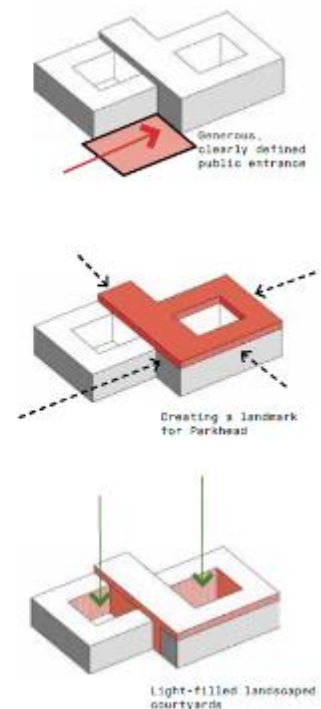
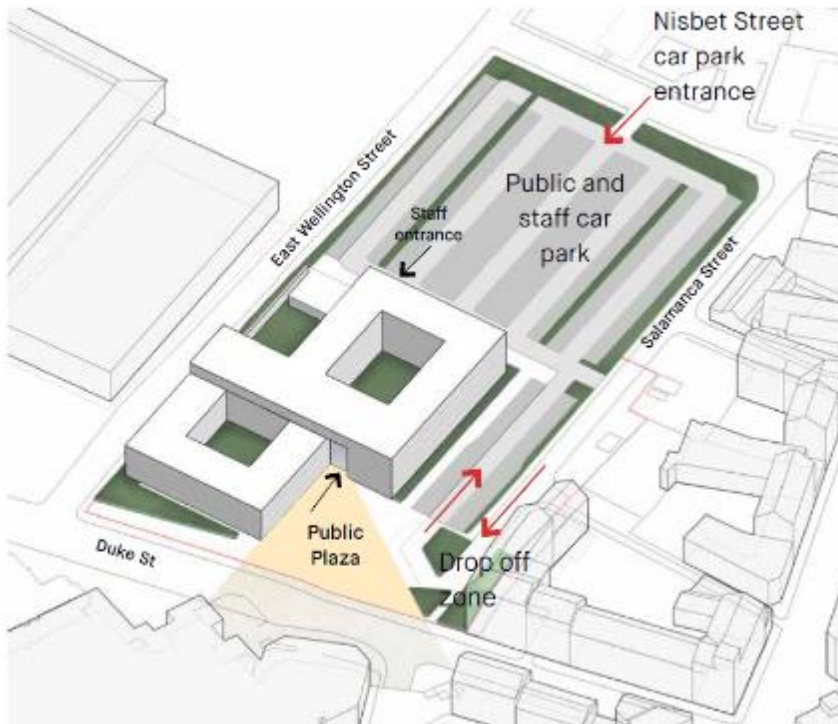
The design has been developed by using the Eastwood Health and Care Centre as the reference point. The objective of the reference project was to demonstrate that “Excellent design is achievable within the Affordability Caps.” NHS GGC have further developed the principles of the Reference Design on subsequent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

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

Hoskins Architects have been appointed as the lead designers and bring with them lessons learned from the completed Eastwood and Greenock Health & Care Centre.

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

important. The concept developed creates two main courtyards that all circulation is wrapped around. Waiting areas and receptions are located off the circulation, creating a clear and intuitive route through the building. This approach alongside the utilisation of standard room types, creates a very flexible model that allows the building to be zoned, and accommodation to be utilised flexibly. This will provide long-term flexibility to respond to changing service requirements.



The design of the North East Health and Social Care Hub has been informed by the learning acquired throughout the HSCP's response to the pandemic, and the robust process of risk assessing and reviewing all HSCP buildings to implement the measures introduced by the Scottish Government. These risk assessments provided critical learning about the ways in which buildings can be adapted to accommodate social distancing, which have been incorporated into the design of the Hub.

The list below provides examples of how the design of the Hub has been reviewed to take into account the learning from the pandemic, and to allow adaptation of the space in response to pandemic measures:

- The standards being applied to the design of the Hub will ensure that the building meets all infection control standards and can be cleaned in line with current COVID-19 protocols. The North East Hub Arts Strategy Group has built this into the framework governing the development of the artwork which will be displayed.
- The need to introduce one-way systems in corridors in current buildings which are less than 2 metres wide has led to a review of service user movement around the building, and an exploration of how the Hub can accommodate social distancing using one-way systems, and by utilisation of the outdoor courtyards.
- One way systems could also be introduced at the point of enter to the building by the inclusion of an additional single door to allow separate entry and egress.

- The introduction of 'give way' systems at staircases in some current buildings has also led to a discussion about the number and width of staircases and managing patient flow throughout the building.
- Given this is a health, social care and community hub, and includes a library and café which will have longer opening times, discussions have explored the potential for spacing appointments across longer periods of the day (subject to workforce planning and HR considerations), which will potentially provide greater flexibility to patients, as well as supporting social distancing.
- The rapid acceleration of the shift towards digital models of service delivery has also prompted a review of the digital infrastructure within the Hub, and the number of network access points within the community and staff welfare areas.
- To support the move the digital services, 2 larger meeting rooms have been removed and replaced with 6 additional small meeting rooms which will support Video / Teams calls or digital consultations.
- Projected usage of rooms and supporting the need to achieve a balance between direct patient contact (in clinical rooms) versus 'Attend Anywhere' digital contacts, has also been analysed, using data from the space utilisation survey carried out to inform the development of the Hub prior to the pandemic, and taking into account the increased use of online appointments.
- Discussions have also recognised the impact of the pandemic on staff, recognising that some staff will need/ prefer to work within offices in order to manage a workload and the balance between face-to-face and digital appointments, as well as the need to protect patient confidentiality, seek quiet space, benefit from the support of colleagues, and alleviate isolation and improve wellbeing etc. The impact of the pandemic on staff suggests the need for an adaptable staff welfare area, which can accommodate informal contact between staff, improve collaboration and joint working, provide additional touch down space, yet also be flexible in design in order to reduce the number of seats, if required.
- Ventilation has been regarded as a key weapon against viruses, all ventilation has been changed to ensure the building has no recirculating air units.

The key outcome of these discussions, which have taken place with the Executive Group members, the Delivery Group, the Project Board and the Arts Strategy group, is that the space within the Hub will need to be adaptable. Whilst more space might be beneficial to cope with any future pandemic (and also acknowledging the impact the pandemic may have on longer term behaviours, and a preference for social distancing among patients and staff), this need may be offset by the rapid increase in the number of staff who have the equipment and experience to work remotely. There is also a shift in newer HSCP buildings to create agile workspaces, as opposed to allocated desks, and to develop a booking system for use of these areas. The learning from the pandemic suggests that this will be a useful model moving forward and will help to manage social distancing if this continues to be required.

The table below provides an overview of the types of issues encountered in the process of risk assessing, and adapting current HSCP buildings to accommodate the measures imposed by Scottish Government and public health bodies, and the incorporation of the learning into the design of the Hub:

Challenges in relation to accommodating health and safety measures	Response within current HSCP buildings	Incorporation of learning into design of Hub
Touch points and keypads		
Maintaining hygiene of high touch areas, including door handles and light switches	Enhanced cleaning regimes were introduced to ensure thorough and regular cleaning of all touch points, with approved cleaners for reducing risk of transmission of COVID-19.	Similar management policy can be employed at Parkhead Hub if required
Use of touch keypad entry pads	Where possible and safe to do, these were disabled to minimise need to gain entry through touch pads. Where required for security, these were subject to additional cleaning, and hand sanitiser stations were mounted on the wall beside keypads.	Wherever possible the door control system proposed uses card readers and not touch pads. Some push pads are required for accessibility purposes and here a similar cleaning regime could be employed
Building design		
Narrow corridors	One-way and give way systems were introduced in all corridors which could not accommodate social distancing, with signs mounted on walls to remind staff and service users of the need to give way and/ or adhere to one way system.	All main corridors are generally 1800mm wide. Points of narrowing, required to accommodate main structure, are minimised in number and length and are always at least 1400mm wide. The 'double courtyard' building layout allows the introduction of one-way and give-way systems if required.
Limited/ narrow stair ways	One way, or give way systems introduced, with lifts being used to help manage social distancing, where appropriate.	All main stairs are 1800mm wide, sufficient give way systems. There are two centrally located, publicly accessible, high-capacity lifts serving all 4no. floors that can aid social distancing.
Use of lifts	Signs were introduced to remind staff and service users to use lifts	Temporary signage can be introduced as appropriate

	individually (or in family groups, as appropriate)	
Limited number of entrances and exits to manage patient flow	Give way systems were introduced, and some fire exits were converted into entrances or exits in health centres.	One public entrance can be used to manage patient flow, door arrangement can allow one way system to be introduced if required. Staff entrance can be repurposed as a 'managed' secondary exit from the Children's Services department if required.
Small, enclosed reception areas	Screens were erected, and barriers and floor stickers were used to support social distancing.	All receptions are open and allow compliant ventilation. Similar management policy to allow temporary low-level screens can be employed at Parkhead Hub if required
Installation of screens	High quality, temporary screens have been installed to protect staff and service users, which have been checked by health and safety, and which are subject to enhanced cleaning.	Similar management policy can be employed at Parkhead Hub if required
Storage of additional furniture (e.g., due to the removal of chairs from meeting rooms to ensure adherence to social distancing requirements)	Some furniture was removed from meetings rooms and waiting areas, where possible, and for buildings with insufficient storage and fixed storage, barriers and signage was used to discourage use.	Similar management policy can be employed at Parkhead Hub if required
Shared/ open plan offices	Some desks were blocked for use by staff, in order to maintain social distancing. This was supported through signage and the removal of IT equipment, where possible.	Similar management policy can be employed at Parkhead Hub if required
Access to breakout space for MS Teams meetings and to accommodate social distancing etc.	Some challenges were experienced by staff in open plan areas in relation to accessing quiet/ private space for meetings. This was addressed through the guidance for staff to work	Similar management policy can be employed at Parkhead Hub if required

	from home where possible, and by use of headphones, informal breakout space and meeting rooms by staff working in offices.	
Access to staff welfare areas, and tambour units, whilst maintaining social distancing and managing need for access to desks.	Desks were blocked out of use where necessary to allow access to kitchens, toilets and tambour units etc.	Similar management policy can be employed at Parkhead Hub if required
Lack of ventilation in some buildings	Doors were left open, where appropriate and staff were required to wear masks when leaving their desks. Advice was for staff to work from home, where possible.	Similar management policy can be employed at Parkhead Hub if required
Size and layout of toilet cubicles and sinks	Where toilet layouts could not accommodate social distancing, signs were mounted to advise that only one person could access the toilet at a time.	All toilets are single-occupancy cubicles with wash hand basins within the cubicles.
Shift to use of hand dryers for environmental reasons, and lack of paper towel holders	Initial guidance was to avoid use of hand dryers due to evidence cited at the start of the pandemic that suggested that this may increase the risk of transmission of COVID-19, therefore hand dryers were switched off in some buildings, or signage was mounted to indicate that they were not in use. Hand towels were provided but could not be inserted into holders in some toilets, which led to challenges in relation to storage and hygiene. This advice has now changed, and hand dryers have been approved for use during the pandemic.	Hand dryers are specified for Parkhead Hub
Size and layout of kitchens	Signage was used to remind staff of the need to follow social distancing, and of the importance of	Staff welfare space has two open-plan kitchens that can facilitate social distancing if required.

	one member of staff accessing the kitchen at a time. Signage was also used to encourage staff to use the approved cleaning detergent, to wash hands and equipment (e.g. microwaves and handles etc.), and to minimise the use of fridges, where possible.	Similar signage and management policy can be employed at Parkhead Hub if required
Equipment and infrastructure		
Siting of electricity/ IT cables, restricting the positioning of furniture to allow social distancing	Positioning of cabling restricted the adaptability of some spaces to accommodate social distancing, therefore leading to a higher proportion of desks being out of use than was necessary to accommodate social distancing.	Cabling infrastructure has been designed not only to suit the agreed furniture layout but to allow flexibility in adapting the layout for future needs.
Lack of access to laptops and mobile phones required for agile working by some cohorts of staff (e.g., admin workers)	Initial delays in sourcing laptops from approved suppliers were overcome, and many more staff now have access to laptops to facilitate remote working.	Similar management policy can be employed at Parkhead Hub if required
Storage of coats and personal items	Coat stands were removed, and staff were encouraged to hang their coats and jackets on the back of their chair.	Similar management policy can be employed at Parkhead Hub if required
Lack of outdoor facilities for staff to take breaks	Staff were encouraged to access to parks and green spaces near their offices, and a small number of buildings introduced some seats and tables for staff, where possible.	External terrace provided adjacent to staff welfare space

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

4.2.5 Net Zero carbon requirements: Towards a Gold Standard

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

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

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

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

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

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

	Property Name	Annual Gas Use (KWh)	Annual Electrical Use (KWh)	Annual Water Use (m3)	Estimated Carbon (Tonnes)
1	Parkhead Health Centre	549,122	96,521	917	132
2	Parkhead Hospital and Community Mental Health Resource Centre (Anvil Centre)	971,198	226,034	2061	250
3	Templeton Business Centre	666,615	241,328		197
4	Newlands Centre	676,304	147,444	982	162
5	Parkview Resource Centre	265,374	49,761	1043	64
6	Brook Street	*265,000	*49,000	*1040	*60
7	Eastbank Health Promotion Centre	431,822	225,364	817	150
8	Meadowpark Surgery	*120,000	*25,000	*50	*30
9	Parkhead Library	128,894	25,176	54	30
	Total	4,074,329	1,085,628	6,964	1,075
	New North East Health & Care hub	0	1,389,000	6,050	385

	Net Savings	4,074,329	-303,372	914	690
	Based on 450 permanent staff at 40litres/day, & 310 part time staff/patients at 10litres/day. Assumed lower consumption during weekend operation.				
	Based on a carbon factor of 0.277kgCO ₂ /kWh (UK Government GHG Conversion for Company Reporting 2019. Electricity generation + distribution.				
	Estimated figures for North East Health Hub based on 7-day building operation and occupancy patterns as detailed in Operational Energy Report (NEH-ACM-00-00-RP-BS-0400)				
*	Denotes approximate figure as actual figures not available.				

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

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

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

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

To achieve the Gold Standard, the North East Health Hub must provide a betterment of 38% in relation to the Target Emission Rates (carbon) noted in the Scottish Non-Domestic Technical Handbook. Of this, 20% must be through the inclusion of low or zero carbon generating technology (LZCGT).

The project design team have undertaken a comprehensive LZCGT study and benchmarked energy usage for other similar facilities to identify the most appropriate technologies to be adopted and the required thermal performance of the building itself. The LZCGT also looked at lifecycle costs associated with relevant solutions to ensure that both CAPEX and OPEX were taken cognisance of various technologies such as ground source heat pumps, sewer source heat pumps and photovoltaics were considered, with the ultimate solution consisting of an air-source heat pump and PV combination to meet the 20% abatement values. By selecting an air source heat pump, we have been able to remove any requirement for natural gas in the building, providing a significant portion of the buildings energy from on-site renewables and reducing the amount of imported energy required. As the electrical grid continues to ‘de-carbonise’, the predicted carbon savings will continue to improve – the facility is currently modelled on current SAP values (SAP is a building energy and carbon model used to demonstrate compliance with the building grids), however projected values are much lower as the mix of technologies within the electrical grid move towards greener solutions such as wind & wave.

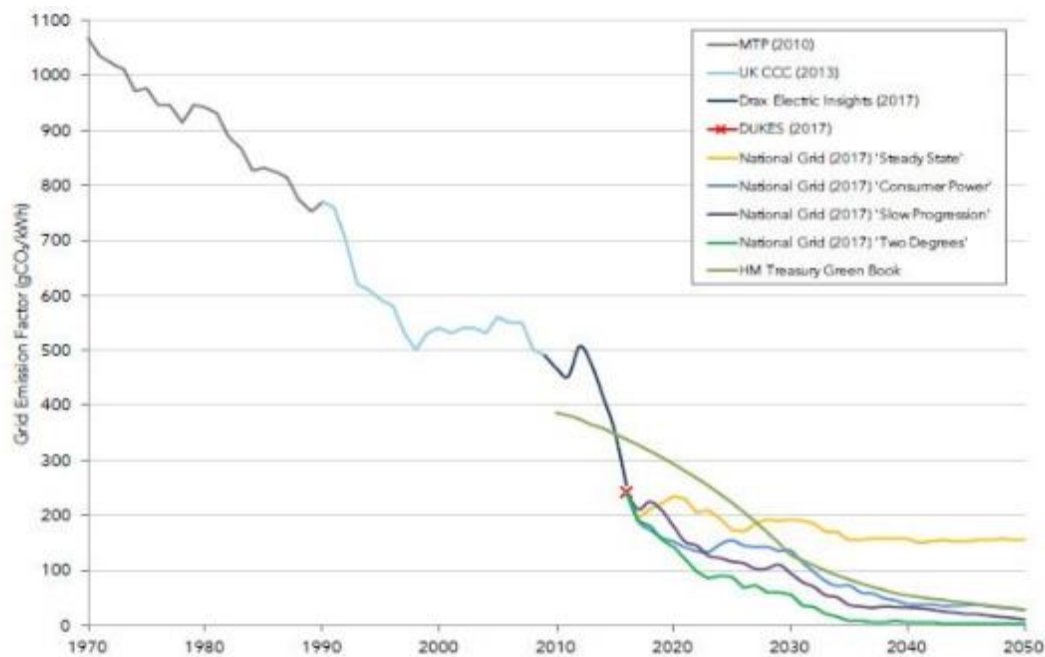


Figure 1.01 – Historic and projected carbon content of electricity

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

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



The current design energy and carbon assessment indicates a betterment of 38.5%, which indicates the project is on track to achieve the Gold Standard.

From a BREEAM perspective, the significant credit around reduction of the carbon emissions and operational energy is “Ene01 Reduction of energy use and carbon emissions”. The aim of this BREEAM credit is to minimise operational energy demand, primary energy consumption and CO₂ emissions. An EPRNC is a metric unique to BREEAM and uses modelled outputs from the approved building simulation energy calculation software to calculate a ratio of regulated operational heating and cooling energy demand, primary energy consumption and CO₂ emissions, measured against BREEAM benchmarks. The project is currently projected to obtain 7 credits for Ene01 credit.

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

With respect to the EPC target, the project is currently on track to achieve an A rating, bettering the project target of B.

Steps to Achieving ‘Zero Carbon’

The World Green Building Council definition of a net zero carbon building is “a building that is highly energy efficient and fully powered from on-site and/or off-site renewable energy

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

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

4.2.6 NHS Scotland Design Assessment Process (NDAP)

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

During Stage 2, design review meetings have been held with Health Facilities Scotland (HFS) and Architecture & Design Scotland (A&DS) as part of the NDAP process and their comments have been addressed as part of the Stage 2 design development. The response to the design has been positive and it is anticipated the design will be endorsed (through the NDAP process) as part of the Stage 2 approval process.

4.2.7 NHS Scotland ASSURE Process

A new national service has been established to improve the quality and management of healthcare construction and refurbishment projects across NHS Scotland.

NHS Scotland Assure brings together experts to improve quality and support the design, construction and maintenance of major healthcare developments. This world first interdisciplinary team will include microbiologists, infection prevention and control nurses, architects, planners, and engineers.

Commissioned by the Scottish Government and established by NHS National Services Scotland, the service will work with Health Boards to ensure healthcare buildings are designed with infection prevention and control practice in mind, protecting patients and improving safety.

NHS GGC has taken steps to engage with ASSURE in the development of the design of the new Health and Care Centre, including going through the FBC KSAR process.

Key Stage Assurance Reviews (KSAR) focus on making sure that infection prevention and control are a key consideration in the following parts of a build project:

- water and drainage
- ventilation
- electrical
- medical gases
- fire.

4.2.8 HAI-Scribe

An HAI-Scribe Development Stage 2 infection control assessment of the preferred option site was carried out on 19th January 2021 with NHS GGC Infection Control, Estates, HSCP, Main Contractor, Architect and MEP Engineer. The HAI-Scribe Development Stage 2 Strategy and Risk Assessment was completed at this meeting and fully signed off.

4.2.9 Clinical and Design Brief

The Health Planner for the project has attended the Delivery Group meetings and met with various stakeholders to look at the operational policy documents provided by NHS GGC to review the accommodation requested. A full report was produced by the Health Care Planner and presented to the Project Board in August 2018.

The design briefing documents included:

- High Level written design brief, referring to key design principles and reference documents
- Detailed Schedule of Accommodation
- Portfolio of standard room layouts to be utilised
- Detailed Authority Construction Requirements evolved through best practice and lessons learned sessions through the NHS GGC primary care development programme.

4.2.10 Staff to be accommodated in the new facility

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

Staff numbers

Services	Estimated No. of Staff
GP Practices	45
Community Facilities	20
Bookable Area (Acute, District Nursing, Sandyford Sexual Health, Criminal Justice	60
Adult Services (Addictions, Psychology, Psychotherapy, Primary Care Mental Health)	50

Children's Services (SCPT, CAMS, Child & Family)	32
Physiotherapy	11
Podiatry	3
HSCP Education and Learning Centre	55
Agile Area (Including):	466
• SPCT & CAMHS	
• Health Improvement	
• Criminal Justice	
• Business Support	
• Sandyford	
• Physio	
• PCMH	
• Psychotherapy	
• Children & Family - Health Visitor	
• Addictions	
• Children & Families - Newlands	
• School Nursing	
• District Nursing	
• OP + Rehab	
• Admin - Fixed Desks	
Pharmacy	8
Dental	14
Library	4

4.2.11 Surplus Estate

The OBC was predicated on the basis that we will be vacating the following buildings following the opening of the new centre. This has been confirmed for FBC:

1. Parkhead Hospital –



2. Parkhead Health Centre –



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



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



5. Newlands Centre - Social Work and Addictions –



6. Parkview Resource Centre – Older people –



7. Brook Street – Social work training –



8. Eastbank Health Promotion Centre –



9. Parkhead Library (Tollcross Road) –



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

	Site	Tenure	Future Status	Revenue Saving £k	Potential Capital Receipt £k	Comments
1	Parkhead Hospital	NHS Owned	Demolished as part of the works.		N/A	Included in Health Centre
2	Parkhead Health Centre	NHS Owned	Demolished as part of the works.	638	N/A	Included in Health Centre
3	Community Mental Health Resource Centre	NHS Owned	Demolished as part of the works.		N/A	Included in Health Centre

4	Templeton Business Centre	NHS Leased	leases will be terminated	350	N/A	
5	Newlands Centre	GCC Owned	GCC are exploring options for future use of these buildings in line with the objectives of the Council's Heritage Asset Plan.	184	TBC	
6	Parkview Resource Centre	NHS Owned	NHS will seek to either re-use or dispose this property in line with its Property & Asset Strategy.	3	100	
7	Brook Street	GCC Leased	leases will be terminated	466	N/A	
8	Eastbank Health Promotion Centre	GCC Owned/ NHS Leased	leases will be terminated by NHS. GCC will seek to determine future in line with its Property & Asset Strategy.	1	N/A	
9	Parkhead Library	GCC Owned	GCC are exploring options for future use of these buildings in line with the objectives of the Council's Heritage Asset Plan.		TBC	

4.2.12 Commercial Arrangements

a) GP Practices

In respect of GP Practices, NHSGCC using its standard methodology for GP Charges, has had a series of engagements with GP Practices and provided each of the Practices with an estimate of their Standing Charge for their New Accommodation within the New Facility based on the approved Schedule of Accommodation. An exchange of letter has taken place to agree design, room layouts and indicative costs during FBC development.

f) Pharmacy

There will be a requirement for NHS GGC to negotiate an occupancy agreement with the Pharmacy Contractor located within the existing Health Centre prior to the move to the New Facility. This will be in conjunction with the Pharmacy Directorate and the District Valuer. A series of meetings have taken place to agree design, room layouts and indicative costs during FBC development. It is imperative that an occupancy agreement is agreed with the Pharmacy provider, prior to the New North East HUB Health & Care Centre opening.

g) Library

Parkhead Library proposal to co-location in the North East HUB Health and Care Centre was approved at Glasgow City Council City Administration Committee on 26th September 2019. Glasgow City Council will be granted pro-indivisio ownership of the asset in a share which reflects their contribution to include the Parkhead Library. There is a requirement for legal agreement(s) with Glasgow City Council to be agreed prior to financial close, and this will be accommodated in a Participant Interface Agreement (PIA) based upon documentation already developed between NHS GGC and Glasgow City Council for the Woodside and Gorbals projects. An exchange of correspondence has taken place to agree design, room layouts and indicative costs during FBC development. Principle terms for the PIA are agreed with Glasgow City Council.

4.3 Risk Allocation

4.3.1 Transferred Risks

The key principle is that risk has been allocated to the party best able to manage it, with the objective to optimally allocate risk.

Inherent construction and design risks are to be transferred to the HUB Co.

These can be summarised as follows:

	Risk Category	Potential Allocation		
		Public	Private	Shared
1	Client/business risks (title, ground conditions, where not disclosed)	100%	0%	
2	Design	0%	100%	
4	Development and construction (note dark ground contamination remain with public)	0%	100%	
5	Transition and implementation (commissioning, migration, Board responsibility)	0%	100%	
6	Availability and performance (with defect risk remaining with hub company/contractor for a period of 12 months following completion)	100%	0%	
7	Operating	100%	0%	

	Risk Category	Potential Allocation		
		Public	Private	Shared
8	Revenue	100%	0%	
9	Termination	50%	50%	✓
10	Technology and obsolescence	50%	50%	✓
11	Control	100%	0%	
12	Financing	100%	0%	
13	Change in law	100%	0%	
14	Pandemic	50%	50%	✓

4.3.2 Shared Risks

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

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

The key features of the Hub Initiative are:

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

4.4 Payment Structure

The North East Hub Health and Care Centre is a Scottish Government capital funded project as a Design & Build (DBDA). During Stage 1 and 2 payments will be made to designers and consultants at set agreed milestones during development. Under DBDA, an agreed cash flow will be agreed at Financial Close and monthly payments will be made to Hub West Scotland during construction after approval of monthly interim certificate.

Connection and service connection changes are paid direct by NHSGG&C to the provider.

4.5 Project Bank Accounts

Following on from publication of CPN 1/2019 we will be adopting the use of Project Bank accounts for North East Hub Health and Care Centre which was included in the tender

documentation. The project bank account will be set up and operated by HUB West Scotland and will be a dual-party account between HUB West Scotland and BAM.

NHS Greater Glasgow and Clyde will not be a party to the project bank account but have fully promoted its use and have agreed to fast payment dates to it to operate efficiently.

4.6 Contractual Arrangements

The hub initiative in the West Territory is provided through an institutional public private partnership bringing together local public sector participants and a Private Sector Development Partner (PSDP). The hub initiative was established by Scottish Futures Trust (SFT) who continue to be programme managers. Hub West Scotland (hubco) is responsible for the procurement, development and delivery of design and construction services. Hubco will subcontract the design and construction delivery obligations of the Project Agreement to its building sub-contractor under a Construction Agreement with whom professional team appointments will also be established. Direct agreements, professional team warranties and collateral warranties from sub-contractors with design responsibility will be provided to NHS GGC.

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

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

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

Glasgow City Council will have pro-indiviso ownership of the asset in a share which reflects their contribution to include Parkhead Library. The terms off this will be formally recorded and agreed in a Participant Interface Agreement. NHS GGC will set out its construction requirements in a series of documents against which hubco is contractually obliged to design and construct the facilities in accordance with. NHS GGC will not be

responsible for the costs of any additional maintenance and/or corrective measures if the design and/or construction of the facilities do not meet the Authority Construction Requirements.

4.7 Personnel Implications

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

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

4.8 Facilities Management and Lifecycle Maintenance

Major Hub projects provided to date for NHSGGC have been procured using a DBFM model which includes hard FM services and Lifecycle Maintenance. This has proven successful in terms of maintaining the building fabric and ensuring that budgets are ring-fenced to deliver lifecycle replacement as required.

The assessment of FM options has concluded that there was only marginal benefit of employing external companies to manage or deliver this service, assuming that the NHS resource is fully funded to the same levels to deliver the hard FM and lifecycle requirements of the asset. On that basis the proposal is to adopt the default arrangement of in-house maintenance arrangements supported by the required budgets and resources.

Scottish Government has agreed to support 100% of the lifecycle costs with NHS funding 100% of the maintenance. Both Lifecycle and hard-FM costs noted in section 5.3.4, include for both physical materials and resourcing requirements.

The legal agreement in respect of the pro-indivisio share of the building between NHSGGC and Glasgow City Council is scheduled to be completed by the end of October 2021. GCC has ring-fenced the funding for its pro-rata share of the hard-FM and Lifecycle funding.

Improving Services in the
North East of Glasgow

Financial Case

5 Financial Case

5.1 Introduction

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

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

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

The overall Stage 2 cost position has increased from £59,574k at OBC stage to £67,556k

The OBC was approved by Scottish Government on 28th January 2021. There are no significant changes. The key areas of development since OBC stage are:

- Adjustments to service arrangements and plans to reflect HSCP learning from Covid mitigation strategies and measures.
- Further detail around services to be delivered which are normally provided in an acute setting.
- Planning consent granted, defining requirements around materials, landscaping, parking, roads and drainage.
- Conclusions around FM strategy to confirm hard FM and Lifecycle to be managed by in-house NHS resource.
- Project is being processed through newly formed NHS Scotland Assure.
- Refinement of the benefits register following stakeholder workshops.
- Design development, ensuring technical compliance and achievement of Net Zero and sustainability targets.

The due diligence period to review main contractor and sub-contractor submissions was extended to allow full scrutiny of costs, given the challenges around securing fixed costs and the range of costs reflecting the market conditions. During this period the total costs were reduced by over £2m.

The hub methodology pegs design team percentage fees to the Stage 1 costs. Beyond this, hub has limited its hubco fee, and BAM has limited its overheads and profits fees to be similarly based upon Stage 1 costs to help mitigate the increases. The external cost advisers are now content that the pricing is fully compliant and represents value for money.

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

Scottish Government has been alerted to the increase and confirmed that the position is within the range of increases experienced on other contracts and that, subject to appropriate due diligence of the cost increases, the project should be brought forward through FBC submission to CIG.

5.2 The Financial Model for the Preferred Option

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

5.2.1 Impact on Operating Costs

The preferred option will result in recurrent revenue costs of £2.9m. This will be fully funded from current revenue budgets from the Board, Glasgow HSCP Scottish Government and Glasgow City Council detailed below.

5.2.2 Depreciation

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

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

5.2.3 Property Lifecycle Costs

Lifecycle and Hard FM have been calculated from existing information available.

5.2.4 Inflation

Market conditions are more volatile than they have been for several years due in main to the effects of both the Covid 19 pandemic and Brexit. Extensive shortages in both the labour and material markets have led to increased cost pressure with tender costs increasing markedly as a result. Inflationary pressure has seen the costs increase beyond the allowances included at OBC stage. The normal measure for predicting inflation is BCIS and it is widely recognised that this has not yet reflected the market conditions experienced over the last 3-6 months.

The due diligence period to review main contractor and sub-contractor submissions was extended to allow full scrutiny of costs, given the challenges around securing fixed prices and the range of submissions reflecting the market conditions.

The external cost advisers are now content that the pricing is fully compliant, reflects genuine competitive tendering and represents value for money in the current market.

5.2.5 VAT

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

5.3 Capital and Revenue Costs & Funding

5.3.1 Proposed method of capital financing and any associated charges

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

5.3.2 Summary of capital costs and funding requirements

	OBC	FBC	Difference
Capital Costs (inc VAT)	£'000	£'000	£'000
Capex including VAT	59,574	67,666	8,092
Optimism Bias (8%-OBC / 1.5%-FBC)	4,766	1,015	-3,751
Total Capex incl Optimism Bias	64,340	68,681	4,341
Group 2 & 3 equipment Including VAT	2,979	2,979	0
Total Capital cost	67,319	71,660	4,341
Sources of Funding			
SGHSCD	61,322	65,336	4,014
NHSGGC Formula Capital	2,979	2,979	0
Glasgow City Council Including VAT	3,018	3,345	327
Total Sources of Funding	67,319	71,660	4,341

A 1.5% allowance for Optimism Bias has been retained. This is included to cover the remaining "dark ground" risk below the current operational health centre, and the final outcome of the NHS Assure process, which is well advanced, but has still to be concluded.

Group 2 & 3 equipment has been kept at the same level as OBC.

Glasgow City Council funding for the Library is based on a percentage of the GIFA at 4.87%.

5.3.3 Cash Flow

Year	Total Capital Spend £000s	Existing Resources £000s	Partner contributions £000s	Formula Capital £000s	SG Additional Funding Requirement £000s
2019/20	1,200	0	0	0	1,200
2020/21	1,633	0	0	0	1,633
2021/22	6,334	0	448	0	5,886
2022/23	32,774	0	1,596	0	31,178
2023/24	26,923	0	1,166	2,979	22,778
2024/25	2,643	0	128	0	2,515
2025/26	153	0	7	0	146
Total	71,660	0	3,345	2,979	65,336

5.3.4 Revenue Cost associated with the project

	£000s
Hard FM	369
Lifecycle	237
Utilities	270
Soft FM	315
Rates	360
Depreciation (Capital & Equipment)	1,340
Total Recurring Revenue Cost	2,891

Scottish Government has agreed to support 100% of the lifecycle costs with NHS funding 100% of the maintenance. Both Lifecycle and hard-FM costs noted this section include for both physical materials and resourcing requirements.

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

Heat, Light & Power costs are derived from existing new Health Centre costs and a rate of £24.00/m2 has been used.

Rates are derived from existing Health Centre costs and a rate of £32.00/m2 has been used.

Soft FM costs are derived from existing Health Centre costs and a rate of £28.00/m2 has been used.

5.4 Costs with regard to Services provided in new Health Centre

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

5.4.1 Sources of recurring revenue funding

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

Sources of revenue funding

	£'000
Existing NHSGG&C Revenue Funding	427
GHSCP Revenue Funding	1,038
Additional Revenue Funding – GPs & Pharmacy	77
Council Revenue Contribution (Library)	72
SG Depreciation	1,040
SG Lifecycle Funding	237
Total Recurring Revenue Funding	2,891

5.4.2 Heat, Light & Power, Rates & Soft FM Costs & GP's Contribution

All heat, light & power, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGG&C contribution.

Current budget provision for service charge of existing GP premises will also transfer to the new facility as reflected above.

5.4.3 Additional Revenue Funding

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

5.4.4 Non-Recurring Revenue Costs

There will be non-recurring revenue costs estimated below:

Non-Recurring Revenue Costs	£'000
Decommissioning	500
Commissioning and PPE	150
Total Non-Recurring Revenue Costs	650

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

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

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

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

5.4.5 Statement on Overall Affordability

The current financial implications of the project in both capital and revenue terms as presented in the above tables confirm the projects affordability.

5.5 Value for Money

Hub Stage 2 design and cost submission has been reviewed by our Technical Advisors (Thomas & Adamson) who have confirmed the design meets all the requirements for the authority construction requirements and, considering the current market conditions, the rates applied throughout are comparable to those that they have obtained on other current projects that have been competitively tendered, therefor the final price can be considered to represent value for money for the works.

5.6 Confirming Stakeholder(s) Support

Appendix 5 contains a copy of the HSCP Letter of support from the project. This will confirm that Glasgow City Health and Social Care Partnership and NHS Greater Glasgow and Clyde have been actively involved in developing the North East HUB Health and Care Centre scheme through its various stages, confirm acceptance of the strategic aims and investment objectives of the scheme, its functional content, size and services and

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

Improving Services in the
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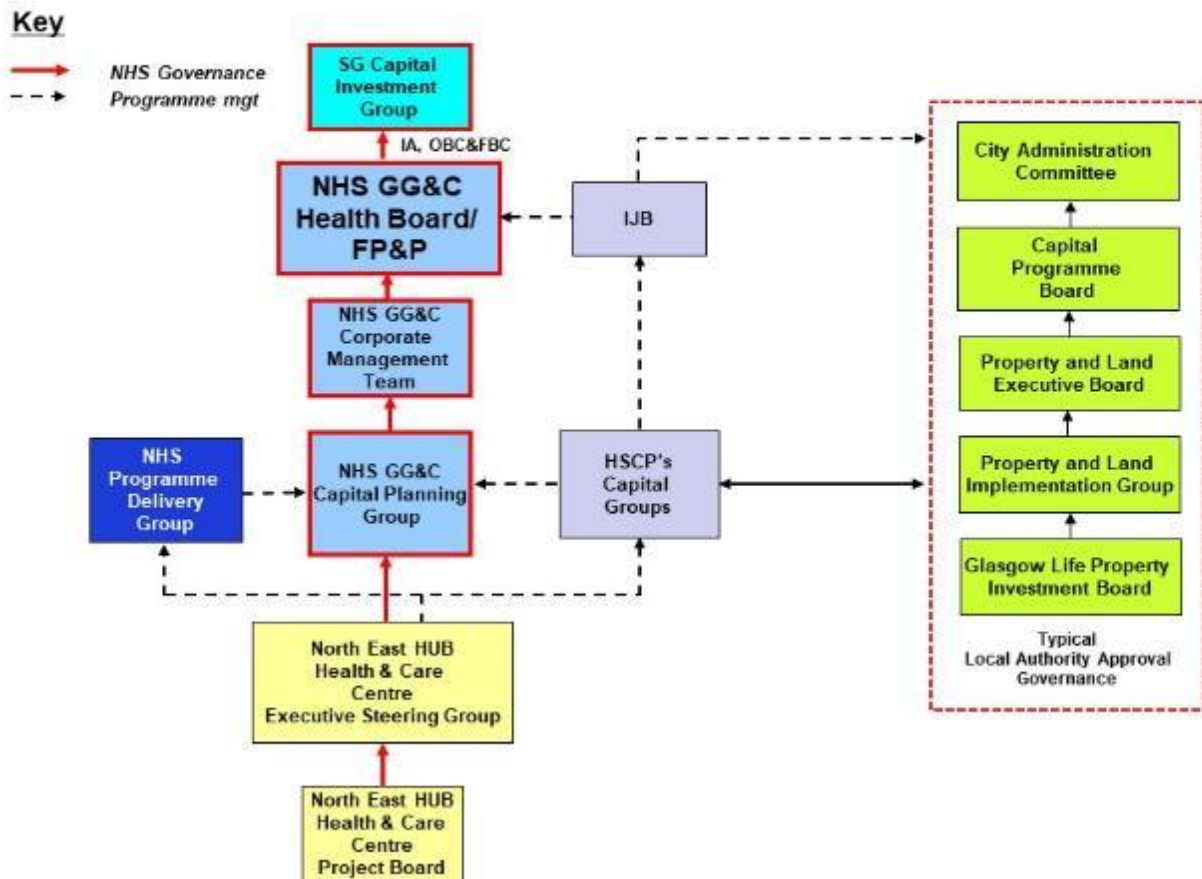
Management Case

6 Management Case

6.1 Project Management Proposals

6.1.1 Reporting structure and governance arrangements

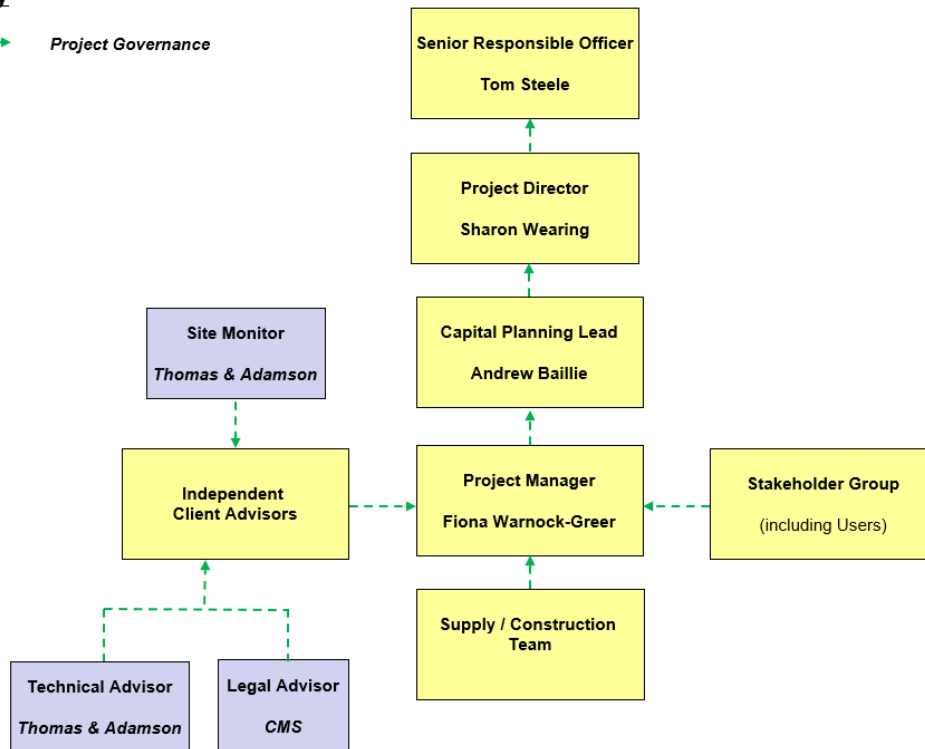
Governance Arrangements



Project Reporting Structure

Key

---> Project Governance

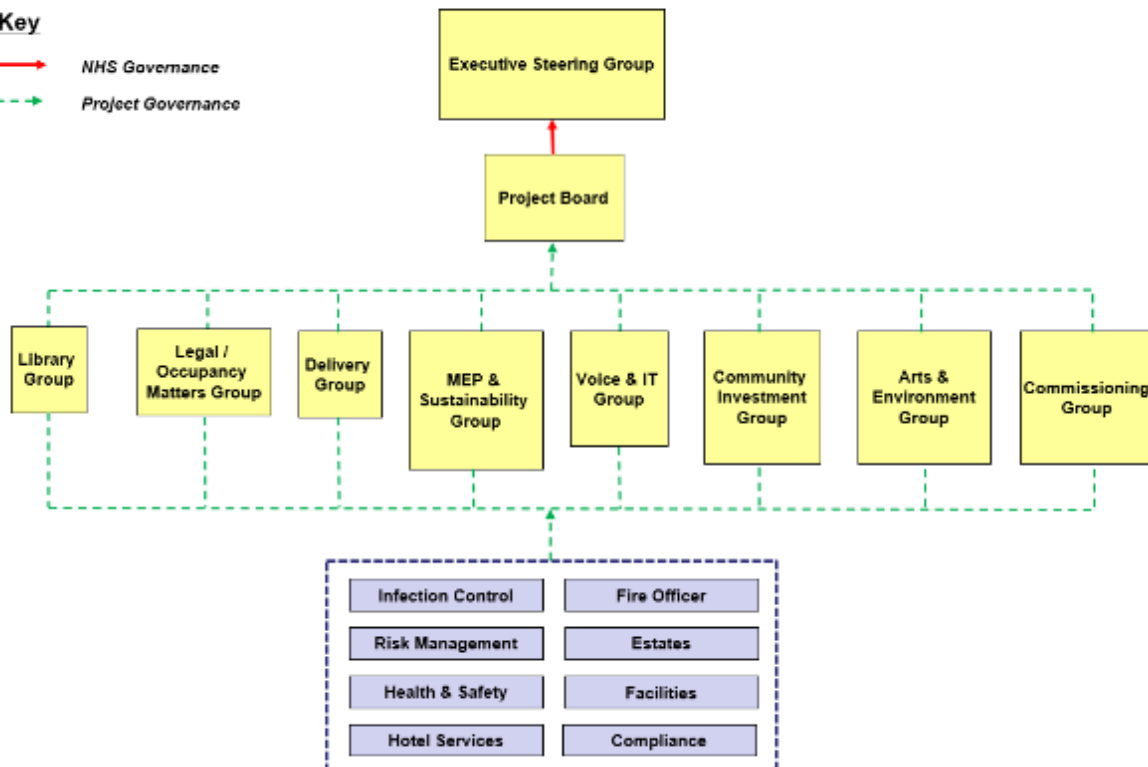


Sub Group Reporting Structure

Key

→ NHS Governance

---> Project Governance



6.1.2 Key roles and responsibilities

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

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

The **NHS Capital Planning lead** – Andrew Baillie – Assistant Head of Capital Planning, Property & Capital Planning, NHS Greater Glasgow & Clyde

The **Lead Project Manager** – Fiona Warnock-Greer, Project Manager, Capital Planning, NHSGGC

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

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

		<p>Estates at the Golden Jubilee Hospital where his remit included oversight of the major project to develop an Elective Centre.</p>
	<p>Sharon Wearing - Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership</p> <p>(Sharon will provide Day to Day leadership to the project)</p>	<p>Supporting the Chief Officer, Sharon has lead responsibility for the strategic planning, policy development and operational delivery of the Finance and Resources (including the Property and Capital Programme), Human Resources, Organisational Development and Business Development functions across the HSCP's integrated health and social care system. This includes the provision of expertise and advice on essential financial matters and reporting and ensuring there are controls in place for their effective management.</p>
	<p>Substitute</p> <p>Margaret Hogg – Assistant Chief Officer – Finance, Glasgow City Health and Social Care Partnership</p>	<p>Margaret supports the Chief Finance Officer in her role in and her lead responsibilities for the strategic planning, policy development and operational delivery of the Finance and Resources (including the Property and Capital Programme). This includes the provision of expertise and advice on essential financial matters and reporting and ensuring there are controls in place for their effective management.</p> <p>Margaret has a wide range of experience in capital planning and delivery including the role of project sponsor and project lead for capital delivery as well as corporate roles supporting overall capital programming, monitoring and funding of significant capital programmes. In addition, she has experience of working on Hub West Scotland projects</p>

	<p>Marion Speirs - Hub Accountant - NHS Greater Glasgow & Clyde</p> <p>(Marion will commit 5% - 10% of her time to the project)</p>	<p>Marion has acted as Financial Lead on all NHSGGC hub projects to date. These have included: Completed Projects (Maryhill H&CC, Eastwood H&CC, Woodside H&CC, Gorbals H&CC, Inverclyde Integrated Care, Greenock H&CC and Stobhill Mental Health Wards)</p> <p>Projects currently on site (Clydebank H&CC)</p> <p>Projects currently in development (North East HUB Health and Care Centre)</p>
Senior service representative - Representing the end user interests.	<p>Dr Dominique Harvey – Head Planning and Strategy (Children’s Services & North East Locality) of for Glasgow City Health and Social Care Partnership</p> <p>(Dominique will commit 5% -20% of her time to the project)</p> <p>Gary Dover - Assistant Chief Officer Primary Care and Early Intervention for Glasgow City Health and Social Care Partnership</p> <p>(Gary will commit 5% - 10% of his time to the project)</p>	<p>Dominique is responsible for coordinating planning for the North East locality, and children’s services, and leads on the development and implementation of the Integrated Children’s Services Plan along with Community Planning Partners. Dominique has previously worked alongside a range of stakeholders to design supported accommodation for care experienced young people.</p> <p>Supporting the Chief Officer, Gary provides strategic leadership and co-ordination for the development, delivery and continuous improvement of all Primary Care Services across Glasgow City HSCP, including General Medical Services, Optometry, Dental, Pharmacy and relevant HSCP services. Gary is the chair of the HSCP’s Primary Care Strategy Group, and he leads on the development of the Primary Care Strategy for Glasgow City. He is responsible for ensuring that the prescribing budget remains in balance, and that spend to save and cost reduction schemes are identified and implemented.</p>

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

<p>e-health representative(s) - Representing e-health' interests:</p>	<p>Denise Brown - Head of eHealth Strategy & Programmes, NHS GGC</p> <p>Findlay Craig – Strategy, development and Program Manager, NHS GGC</p> <p>David Daly - Infrastructure Development Consultant, NHSGGC</p> <p>(David will commit 2% - 20% of his time to the project)</p> <p>David Murphy – Advanced Network Specialist/ Team Lead Partnership, NHSGGC</p> <p>Shirley Anne Moore - ICT Business Partner, HSCP</p> <p>(Shirley Anne will commit 2% -20% of his time to the project)</p>	<p>Completed Projects (Shields Centre, Maryhill H&CC, Eastwood H&CC, Woodside H&CC, Gorbals H&CC and Inverclyde Integrated Care), Projects currently on site (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards.</p> <p>Completed Projects (Shields Centre, Maryhill H&CC, Eastwood H&CC, Woodside H&CC, Gorbals H&CC and Inverclyde Integrated Care), Projects currently on site (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards</p> <p>Completed Projects (Woodside H&CC, Gorbals H&CC),</p>
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Independent Client Advisors:	
Project role:	Organisation & Named lead:
Project Director & Business Case author:	Glasgow City Health and Social Care Partnership - Sharon Wearing
Clinical / service lead: Healthcare Planner	Higher Ground Health Care Planning Ltd - Norman Sutherland
Site Options Appraisal Consultant Lead	NORR Architects – Calum MacCalman
Technical advisor:	Thomas and Adamson – Zander Muego, Andrew Thornton
Legal advisor:	CMS – Ailsa Ritchie, Iona Hunter
Site Monitor:	Thomas and Adamson – Zander Muego, Andrew Thornton
Commissioning advisor:	To Be Confirmed
Other advisors:	<p>HUB West Scotland - Development Partner</p> <p>Hoskins Architects - Project Architect</p> <p>AECOM – MEP and ICT Consultants</p> <p>AECOM – Structural & Civil Engineers</p> <p>Jeremy Gardiner – Fire Consultants</p> <p>Currie & Brown – Cost Consultants</p> <p>ERZ – Landscape Designers</p>

6.1.3 Project recruitment needs

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

The Project Structure is a tried and tested process as per detailed in section 6.1.1. Should there become resource gaps within the Project Structure; these will be reported to the Project Board and immediate action will be taken to fill roles which would have an impact on the Project, Programme or both.

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

6.1.4 Project Program and key milestones

OBC Approval	January 2021
Stage 2 Submission	October 2021
FBC Consideration\Approval	December 2021
Financial Close	February 2022
Completion date	Q2 2024 (Phase 2 main building) Q3 2025 (Phase 3 demo and car park)
Services Commencement	Q3 2024

Full development program is included with Appendix 2.

6.2 Change Management Arrangements

A change management strategy is being developed in order to support the transition of services and teams into the Hub. The Hub offers an unprecedented opportunity to collocate teams and to provide more seamless access to services and support, including social and peer support for local service users, through the inclusion of community facilities. Due to the scale of the project, and the number of teams moving into the Hub, a Change Management Strategy is being developed, along with a Change Management Steering Group to oversee the implementation of the Strategy. This group includes stakeholders from each of the key service areas (Adult Services, Older People's Services and Children's Services), covering the range of transformational change programmes, as well as representation from Organisational Development, Human Relations, Business Development and Administration, and Trade Unions. This group is being facilitated by two members of the project team (Assistant Chief Officer for Primary Care and Early Intervention, and Head of Planning for Children's Services and North East Locality), who will be supported by the Organisational Development team.

The vision for this work is that the Steering Group will develop an action plan to outline each stage of the Change Management Strategy, which will be implemented by a number of cascading teams, in order to explore the opportunities for greater coordination and more effective multi-disciplinary working across teams and services. This will involve facilitating a series of workshops to support teams to develop their service plans around the opportunities related to moving to the Hub, and to plan a series of engagement sessions with staff who will be based in the Hub. This will involve exploring the benefits and challenges, to allow the Change Management Steering Group, managers and the project team to help to plan the work needed to support staff with the transition, and to address any barriers or concerns for individual practitioners and teams.

This work will also take place alongside a broader initiative for the HSCP where new buildings (and redesign work) are being planned which have agile, open plan workspace to support full flexibility in use of space, and to encourage more effective joint working through informal networking and peer support, as well as through more formal integration and governance processes. Current work related to the Primary Care Improvement Plan is focusing on reconfiguring space within health centres (including in health centres in the North East) in order to create additional treatment and consulting rooms, and to increase access to agile working space. This process is being supported by a Change Management group, due to the need to support staff and teams to change their current service delivery models and ways of work to incorporate use of bookable treatment rooms and agile working areas. For some teams, this transition has been helpfully accelerated by the pandemic and the need to move to an agile model, but for others, this has been more difficult (e.g., due to lack of access to agile equipment, and the impact of lack of 'in person' support and supervision etc.), and the lessons learned about the challenges will continue to inform the development of the change strategy for the Hub.

Section 2.1.3 above highlights that the key aim of the transformational programmes across the HSCP is to shift the balance of care and support more service users to live independently in the community, with access to appropriate support in their neighbourhoods, and with a focus on early intervention and prevention. This is reflected in the Health Board's Moving Forward Together programme, the Primary Care Improvement Programme, Maximising Independence, the Mental Health Strategy and in the Children's Services transformation programme. This is underpinned by place-based planning and a focus on local community and neighbourhood access to the full range of HSCP supports, and additional acute and community services, as well as the range of third sector initiatives which will be hosted in the Hub. To maximise the potential to join up local services and supports, the Change Management Strategy will focus on improving joined up working, providing more seamless access to support, improving service user pathways, developing more effective multi-disciplinary approaches, and capitalising on the range of community and neighbourhood supports and initiatives. Therefore, in addition to planning the transition to a different physical space, and the phased transition from existing buildings in line with the construction timetable, the Change Strategy will be developed on the basis of the human dimensions of change, with the key aims of:

- Creating alignment – working with our staff and partners to make the case for change, exploring the benefits of the new environment and exploring opportunities for improvement in services, as well as acknowledging the loss

- Building trust and relationships, and introducing teams who will be colocated and working together
- Communication and engagement, which is related to both points above, and critical to all aspects of our change by providing opportunities to listen and hear, as well as to impart information and raise awareness
- Developing a shared vision for the use of the building and its ethos and environment through creating a common sense of purpose, identity, values and beliefs, capabilities, and behaviours.
- Developing capability and a method for sustaining the different ways of working and supporting a continuous process of feedback and engagement
- Creating a culture of continuous learning, and a shared learning approach, to continue to identify and address challenges, and build an effective, multi-disciplinary model of service delivery.

An initial meeting has taken place with the Assistant Chief Officers for Older People, Adults, Children's Services and Human Relations, as well as the Head of Organisational Development, who are all actively promoting this approach, and are identifying members of their team to join the Steering Group. The trade unions have also been contacted and have advertised the opportunity to their members. The learning from the wider Health Centre Change Planning workstream, being chaired by the Assistant Chief Officer for Primary Care and Early Intervention (who is a member of the NE Hub Executive Group) will inform this work, and a plan of activity will be developed to implement the strategy between September 2021 and September 2024, when the first set of teams will be relocated into the Hub.

6.2.1 Ongoing operational and programme support

The regular programme of monthly Project Board and Project Delivery meetings have continued, in order to provide an overview of the range of activity, which is also reported into the Executive Steering Group. A number of meetings have also taken place with all teams and services moving into the new development to explore the room layouts, and these have now been signed off by the key stakeholders involved. The change management workstream and steering group (described in section 6.2) is currently developing a plan to support staff with the transition to a colocated base, and to adopt new ways of working, aligned to the vision for the Hub. This will build on the learning from the rapid shift to agile working during the pandemic, and some of the opportunities and challenges presented.

To achieve successful change management outcomes key staff will continue to be involved in a process of developing detailed operational policies and service commissioning plans that will be incorporated into the benefits realisation plan (see section 6.3.2).

6.2.2 Stakeholder engagement and communication plan

With the integration of Health and Social Care services, the new hub will provide the opportunity to provide high quality, integrated primary and community health and social

care services to people living in North East and beyond. In addition, the Centre will provide a community resource to be shared and used by the wider community and third sector organisations. The Project development should not only enhance and improve the health inequalities experienced by local people, but also help to address some of the economic regeneration in the area. Given the scale of the project, and the significant public interest, a comprehensive communication plan has been developed to align the process across the key partners, and to ensure appropriate governance and consistency of messaging (see appendix 3).

6.2.3 Engagement in the Development and Design of the Hub

a) Community Engagement

NHS Boards have a statutory duty to involve patients and the public in the planning and development of Health services. Scottish Government guidance sets out how this should be done through CEL 4(2010) on Informing, Engaging, and Consulting People in developing Health and Community Care.

- Aims of the consultation process are to:
 - Involve patients, carers, community councillors and community representatives in the planning process throughout all stages of the development.
 - Engage with third sector partners in the planning, consultation and design stages in order to ensure continuity of service provision, and to ensure that services are fully integrated with the services being provided within the Hub.
 - Inclusion of People Involvement Network, as supported by staff at Your Voice (patient body). This is the local organisation, which consults with patients, carers and service users, as well as the wider community, about issues relating to health and social care. The organisation then feeds these issues into the HSCP through our People Involvement Framework.



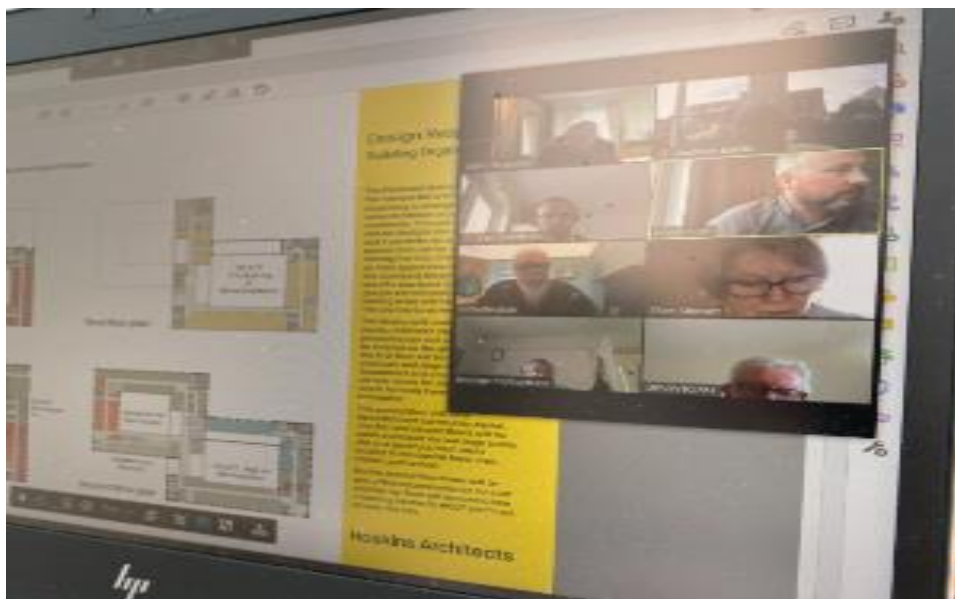
Over the course of the pandemic, planned consultations had to be cancelled, and only a small number of groups and one Community Council (Dennistoun) have transitioned to online meetings. This has restricted the level of public engagement, although a plan is being developed to move towards a blended model of online and in person community engagement, in anticipation of lockdown measures being eased, and public interest being reignited following planning approval (which was granted on 31 August 2021). The team is keen to continue to offer online engagement opportunities, whilst recognising the preferences of some local residents for face-to-face meetings, and will therefore offer both options, when Scottish Government and public health advice permits physical meetings of this nature to take place. A number of online sessions have taken place, as described below:

b) Online Engagement Events with Project Team (23 July and 27 August 2020)

These online engagement events involved partners from the HSCP, Greater Glasgow and Clyde Health Board, Hoskins Architects, Hub West and Glasgow Life, and used a live chat function to allow members of the public to access a website containing information on the Hub. The chat box allowed members of the public to pose questions and comments directly to specific members of the project team. Visitors to the website were also able to view information boards and leave feedback via an online feedback form. The technology worked well, and has been showcased as an example of good practice by HIS (<https://www.hisengage.scot/equipping-professionals/engaging-differently/examples/parkhead-hub-consultation/>). In total, there were 145 visitors to the website, 26 feedback forms were downloaded, and the project information boards were downloaded 5 times.



c) Hub Plan Consultation Group involving Parkhead, Auchenshuggle, Dennistoun and Baillieston Community Councils (30 July 2020)



The planning application was presented by the Project Manager to a small group of representatives of the North East Community Councils. The main issues raised were in relation to parking – with some participants requesting more parking spaces, and others suggesting less – and there were also questions about the number of staff working from the Hub, and site security during the building process.

d) North East Mental Health Network (17 August 2020)

Fourteen members of the public attended this event, which was facilitated by the Project Manager and Hoskins Architects. A number of members spoke about their positive experience of visiting Hub facilities in Gorbals and Eastwood and felt that many of their suggestions such as designated community spaces, public access after 5pm and at weekends, and more services provided locally, as well as closer working with voluntary and third sector groups, had been included within the design and service model.

e) Thriving Places Engagement Event (18 May 2021)

A presentation was delivered by the Project Manager and Hoskins Architects to update 10 local residents and staff on the latest plans. A number of questions were raised in relation to the criteria and eligibility requirements governing the Hub Community Benefits programme.

f) HSCP North East Hub Community Engagement Event (27 May 2021)

A recent HSCP Hub community engagement event was attended by 40 members of the public and staff, with representation from community groups, third sector organisations, HSCP, NHS and Glasgow Life. Hoskins Architects facilitated a presentation on the plans and layout of the Hub, and Hub West provided an update on the community benefits work. Both presentations were well received, and a range of questions were posed in relation to the available services (including access to creche facilities and translation services), the

configuration of toilet areas, transport links, gardening and community spaces, bike storage and the process for consulting with third sector partners and housing associations.

g) Staff Engagement

A series of workshops were also held with stakeholders within the Health and Social Care Partnership in order to develop suitable room layouts for the services which will move into the Hub. A series of workshops involving a range of staff representing each of the services moving into the Hub were delivered between June 2020 and January 2021, facilitated by the Project Manager and members of the design team, including the architects, MEP Engineer and Main Contractor. All room layouts have now been signed off by representatives of each of the services, and the chair of the Executive Group.

In addition, a programme of meetings involving a range of key stakeholders have culminated in the development of a framework to govern the arts strategy for the Hub, and a plan for realising a range of community benefits, which are outlined further below:

• Arts Strategy

The Arts Strategy Group is providing strategic direction to enable a co-ordinated and inclusive approach to the integration of therapeutic design, art and ongoing creative and performing arts activity in order to improve health and wellbeing of staff, service users and local residents. A framework for the arts strategy has been developed by a sub-group of stakeholders from the Project Delivery Group, with representation from HSCP, NHS, Glasgow Life, Hoskins Architects and Hub West Scotland. The framework sets out the parameters for the delivery of a strategy that will:

- Enable a co-ordinated and inclusive approach to the integration of therapeutic design and art and on-going creative and performing arts activity that is inclusive and relevant to local communities in Parkhead and the wider NE/ Glasgow area
- Build relationships and involve the local and wider community and service users and carers
- Contribute to the positive health and well-being of those who will visit and work within the NE Hub
- Respect the past and look towards the future, enhance the internal environment of the NE Hub and align with the external environment.

The Strategy will incorporate elements of local industrial, cultural and social heritage, through a series of 2-dimensional artwork that will be wall/ surface mounted and in a form that meets the high standards of infection control required within a modern health and social care setting. Examples include photography, paintings, drawings, prints or tapestries framed with glass or cleanable coverings.

The theme driving the arts strategy will be developed in partnership with local stakeholders. Arts projects will be commissioned specifically with the aim of simultaneously enhancing the physical environment and promoting social inclusion, thus promoting the health and wellbeing both of the individuals using and working in the building, and the wellbeing of the wider community. The vision underpinning the Strategy will be based on an analysis of the key characteristics of the area, feedback from

community engagement sessions, and the evidence base around use of art to improve health and wellbeing outcomes.

The detailed plan will identify key areas where the artwork will be most effective, in line with the architectural features of the building, and lighting. All artwork will align with the elements of the external areas and landscaping and create a focus on the use of art to promote positive health and wellbeing of those using the facility.

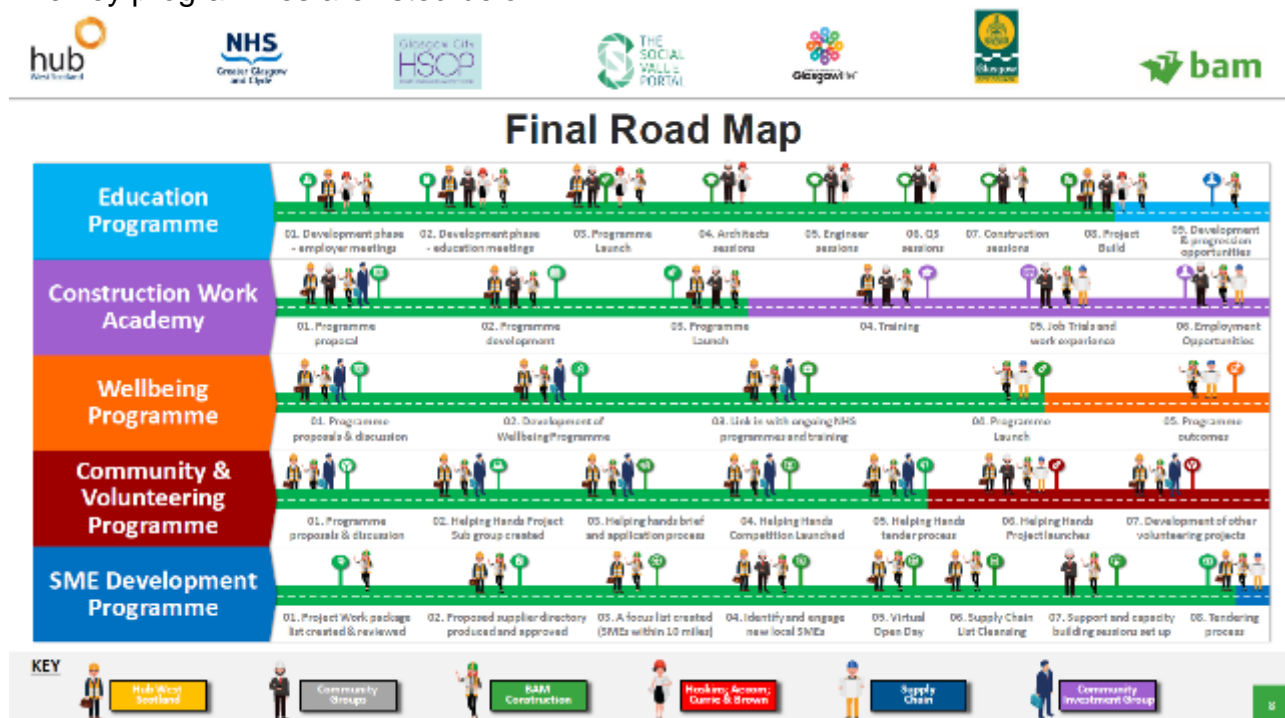
- **Community Benefits**

Community Investment Road Map

The HUB Community Investment Group has been meeting regularly to progress the roadmap agreed by the HUB Executive Group.

By supporting a number of initiatives, the HUB development programme will contribute to the regeneration of the Parkhead area by creating employment opportunities in order to support young people and members of the local community affected by long term unemployment back into employment and employability opportunities. Support and funding will be available to local businesses to provide learning and development activities for different priority groups, which will also be aiming to tackle social isolation.

The key programmes are listed below.



Education Programme: This project started with 12 pupils from Parkhill School. BAM and Skills Development Scotland colleagues have been tutoring pupils on the Parkhead site to achieve Level 1 Foundation Skills. Four pupils will be put forward for apprenticeships when work starts on site.

Construction Work Academy: This has been developed and targeted at supporting rehabilitation work with offenders and supporting people recovering from drug addictions, and service users with mental health issues back into employment. A training programme

has been developed with the Wise Group to support the employment programme, and planning work is now progressing to review key dates in the supply chain for developing the Hub, to finalise the employability programme. The intention is to rerun this programme several times throughout the duration of the build. A cohort of 12 candidates will be selected with the help of the Wise group, Jobs and Business Glasgow Recreate Service and other local providers, based on the timescale of the programme and participants' availability.

Wellbeing Programme: A wellbeing programme has been developed by the HSCP and NHS to provide relevant training and support with promoting positive health and wellbeing throughout the period of the build. This will be a rolling programme focusing on Mental Health and Wellbeing, Occupational Health and Physical Health, with a link to ongoing Health Improvement work, and will also be available to the wider community.

Community and Volunteering Programme: Funding will be awarded to local community projects for materials and labour to support the upgrading of an existing community resource through the Helping Hands Project. Nine applications were received by the closing date, covering a wide range of potential beneficiaries and spanning the areas of mental health, employability and recreation. A scoring panel will be convened to review the applications, and the strongest applicants will be invited to visit the site (if Scottish Government, public health and HSCP guidance permits this).



SME Development Programme: BAM has provided a range of supports to local companies to engage in the Tendering process and to support the BAM supply chain, with a focus on 6 local companies that are within a 10mile radius of the project; these companies are not currently on the BAM or HUB supply chain, so they all represent new businesses that are being supported to engage in the tendering process, to promote positive outcomes for the local community.

6.3 Benefits Register & Realisation

The benefits identified in Benefits Register and Benefits Realisation Plan below will be monitored and evaluated during the development of the project to maximise the opportunities for them to be realised and measurable indicators will be reviewed on a quarterly basis at the Project Board.

In summary, the Project will deliver the following main benefits:

- Timely access to modernised and integrated Primary Care and Community Health and Social Care Services.
- Improved access to primary care services that are person centred, safe and clinically effective.
- Through the inclusion of a range of community projects and facilities, the hub will offer a welcoming environment, and increase engagement with services and supports, thereby contributing to improving the overall health and wellbeing of local residents.
- Greater focus on prevention and anticipatory care through colocated teams and more seamless pathways to a range of health, social care and community supports, thus reducing health inequalities for the local population.
- Effective multi-disciplinary team working to support holistic care and anticipatory approaches to patient care. This will also allow patients to be seen by the right professional at the right time and in an accessible local environment.
- Co-location of teams (for example, district nursing and homecare) will enhance joint working, and will support effective communication and timely discharge from hospital. Support with self-management of long-term conditions by teams based in the hub will increase the proportion of people with intensive needs being cared for at home.
- Improved referral pathways between professionals across the HSCP and acute services, including improved flow to diagnostic services.
- Delivery of a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Achievement of a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.
- Development of a purpose built, fit for purpose building which meets statutory requirements and guidance for public buildings, for example with regards to DDA compliance and infection control standards.

Evaluation of all benefits will be led by the NHSGGC Post Project Review Manager with the assistance of the Project Board, Project Design & Delivery Group, and where necessary stakeholder representatives from staff, patients and visitors' groups.

6.3.1 Benefits Register Table

No.	Main Benefit	Assessment	As Measured by	Baseline Value	Target Value	Relative Importance
1	Speedy access to modernised and integrated Primary Care and Community Health and Social Care Services	Quantitative and Qualitative	<p>Service waiting times</p> <p>reduced waiting times across all services</p> <p>Improve positive experience rating</p> <p>Increase number of musculoskeletal annual appointments</p> <p>Reduced rate of outpatient appointments all specialities 65+</p>	<p>Access to Services: (HSCP performance report) - access to specialist CAMHS: 57.58% seen within 18wks March 2021(HSCP performance report)</p> <p>PCMHT RTT in 18 weeks Psychiatric therapies NE March 2021: 52.1%: (HSCP performance report)</p> <p>RTT Drug/Alcohol treatment 3wks NE Q2 2020/21:96%</p> <p>AHPs Q2 2021 seen within 4wks GGNHS: MSK Physio: 45%</p> <p>Podiatry: 48.1%</p>	<p>100% 2020/21</p> <p>90% 2020/21</p> <p>90% 2020/21</p> <p>2020/21 90%</p> <p>90%</p>	10

				Dietetics: 100%	100%	
				Health and Wellbeing Survey results before and after development Stakeholder Satisfaction Surveys as part of post project reviews		
2	Improved referral pathways between professionals both within the HSCP and acute e.g., improved flow to diagnostic services	Quantitative and Qualitative	Increased Inter service referral rates Reduced time lag for diagnostic results Earlier diagnosis for key conditions Promote a greater level of integrated working between Acute, Primary care, HSCP services and patient/service users.	Improved overall health of the population Improved early diagnosis Health and Wellbeing Survey reports pre-and post-move. National Health Indicators pre and post move.	To be identified	9
3	Improved access to primary care services that are person centred, safe and clinically effective	Quantitative and Qualitative	Service waiting times GP access targets: % positive rating for accessing GP practice urgently	Scottish Health and Care Experience Survey		5

			<p>% able to make appointment 3 days in advance</p> <ul style="list-style-type: none"> - monitor patient activity and throughput in treatment rooms. - monitor levels of patient activity / consultations across all services. - patient registration with general practice <p>Reduced hospital bed days lost to delayed discharge</p> <p>Reduced unplanned admissions</p> <p>Reduced unplanned admissions 65+</p> <p>Reduced GP out of Hours Cases</p> <p>Reduced GP out of hours cases 65+</p> <p>Improve positive experience rating</p> <ul style="list-style-type: none"> - increased number of patients consultations; - increased patient throughput in treatment rooms; 	<p><i>HSCP Performance Report</i> Audit of Treatment Room usage baseline to be set</p> <p>%able to make an apt with a GP 3or more working days in advance17/18 GHSCP 76%</p> <p>%able to speak to a GP or nurse within 2 working days 94% GHSCP 2017/18</p> <p>% of People with positive experience of the care provided by the GP Practice NE 83.3% Care Exp Survey 2017/18</p> <p>Unscheduled bed days acute18+ Q2 2020/21:109,990</p> <p>Geriatric long stays unscheduled bed days Q2 2020/21:14,192</p>	<p>90% 2020/21</p> <p>90% 2020/21</p> <p>To be identified</p> <p>2020/21 453,866</p> <p>2020/21 33,260</p>	
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			-increased patient registration in line with demographic projections	Health and Wellbeing Survey reports pre-and post-move. Stakeholder Satisfaction Surveys as part of post project reviews,		
4	Integrated working between primary care, community health services, specialist children's services and social work services ;	Quantitative and Qualitative	Patient's rating of referral arrangements to other services -Monitoring of Integration Delivery Principle: 'services are integrated from the point of view of services users' - monitor levels of liaison including meetings and informal contacts between all services. - review community use of facilities Improve percentage of people expressing a positive experience - increased levels of liaison between GPs and SWS. - increased levels of liaison between	Local survey to be undertaken to establish baseline performance Scottish health and care experience Survey Stakeholder Satisfaction Surveys as part of post project reviews, National Health Indicators pre and post move.		10

			community health services and SWS. - increased levels of liaison between SCSs and SWS. - increased levels of liaison between community health services and SCS. - increased levels of liaison between GPs and SCS			
5	Self-management of Long-Term Conditions will increase the proportion of people with intensive needs being cared for at home.	Quantitative	Level of re enablement/homecare services Reduced hospital bed days on key long-term conditions (COPD/Asthma/ Diabetes/coronary heart disease (CHD) Reduced unplanned bed days Reduced unplanned bed days 65+	Level of Homecare provision <i>HSCP Performance Report</i> Nos service users receiving enablement service after referral to Homecare Q2 2020/21:77% community referral 71% Hospital referral	2020/21 Hosp 70% Community-70%	8
6	Contribute to the overall health wellbeing of the population, through access to widest range of primary,	Quantitative and Qualitative	Health & Well Being Survey Results	Health and Wellbeing Survey reports pre-and post-move.		

	HSCP and 3 rd Sector services possible. Positive patient/service user feedback on both physical environment and services provided.			Stakeholder Satisfaction Surveys as part of post project reviews, National Health Indicators pre and post move.		
6a	Supports achievement of the cancer treatment targets					
	Supports early cancer detection	Quantitative	Standardised prevalence rate of patients with any cancer diagnosis Standardised rate of urgent suspicion of cancer referrals Standardised rate of bowel screening uptake Standardised rate cervical screening uptake among eligible population Crude rate of patients on palliative care	SMR06 cancer registry	To be identified	8

			<p>register as defined by TQA</p> <p>Reduced deaths due to cancer</p> <p>Reduced no's of new cases diagnosed</p>			
6b	CHD and Stroke/TIA					
	Fewer no's of Patients with CHD diagnosis	Quantitative	Crude rate of patients on CHD disease registers as defined by TQA	PCI dashboard	To be identified	7
			Crude rate of patients with Stroke/TIA disease registers as defined by TQA	PCI Dashboard	To be identified	
			Crude rate of patients with on Stroke/TIA disease register as defined by TQA	NRS	To be identified	
	Fewer deaths due to stroke/TIA		Standardised rate of stroke/TIA deaths (1st position)	NRS		7
			Standardised statin prescribing (patient count)	NHS NSS Prescription Information System (PIS)		

6c	Diabetes					
	Fewer patients newly diagnosed with diabetes		Standardised rate of new diabetes diagnoses	SCI Diabetes To be identified (TBI)	To be identified	8
			Standardised rate of patients with a diabetes diagnosis	SCI Diabetes TBI	To be identified	
			Crude rate of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months	SCI Diabetes TBI	To be identified	
			Standardised rate of patients prescribed >2 distinct classes of antidiabetic agent (patient count)	NHS NSS PIS TBI	To be identified	
			Standardised rate of patients prescribed metformin (patient count)	NHS NSS PIS TBI	To be identified	
6d	COPD					

	Fewer patients with a diagnosis of COPD	Quantitative	Crude rate of patients on COPD disease registers as defined by TQA	PCI Dashboard TBI	To be identified	7
			Standardised rate of patients with COPD discharge (1st position)	Trakcare TBI	To be identified	
6e	Mental Health - Depression and Anxiety					
	Fewer People are diagnosed with depression or anxiety disorders in the population	Quantitative	Crude rate of patients on depression or anxiety disease registers as defined by TQA	PCI Dashboard TBI		7
	Reduced prevalence rates of Severe and enduring Mental health in the population	Quantitative	Crude prevalence rate of Severe and Enduring Mental Health as defined by TQA	PCI Dashboard TBI	To be identified	7
	More people have care plans in place	Quantitative	Crude rate of patients with SEMHN who have an agreed care plan in place as defined by TQA	PCI Dashboard TBI	To be identified	7
	Reduced referrals Improved access to additional services	Quantitative and Qualitative	Standardised rate of referrals to MHT/PCMHT	EMIS TBI	To be identified	8

	e.g. complementary treatments and signposting to local authority and Third sector organisations					
	Fewer people reliant on anti-depressant medications	Quantitative	Standardised rate of patients prescribed antidepressants > 2 years (patient count)	NHS NSS PIS TBI	To be identified	8
			Standardised rate of patients prescribed antidepressants (DDDs	NHS NSS PIS TBI		
6f	High Risk Prescribing					
	Lower rates of high risk prescribing for older people	Quantitative	Standardised rate of patients aged 75+ co-prescribed an NSAID with a diuretic and an ACEI or ARA ("Triple Whammy" prescribing) OR regularly prescribed medicine(s) with a high incidence of anticholinergic adverse effects OR prescribed of sulfonylurea (patient count	NHS NSS PIS TBI	To be identified	7

			Standardised rate of patients (patient count) prescribed strong opioids (including Tramadol) long term (>2 years).	NHS NSS PIS		7
6g	More patients being treated for Hepatitis C	Quantitative	Crude rate of Hepatitis C test requests	Extract from LIMS TBI	To be identified	6
7	Multi-disciplinary team working will support holistic care and anticipatory approaches to patient care Building provides space which encourages community use and health and wellbeing activities	Quantitative	Implementation of the new General Medical Services contract Number of Anticipatory Care Plans (ACPs) in place Reduction in emergence admissions Reduced Falls 65+ Reduced rate of readmission 28 days Reduced rate of readmission 65+	HSCP performance Report Baseline to July 2020/21 Q2 emergency admissions GHSCP:16,194 Q2 2020/21 ACP summaries with GPs: 33 Rate of readmissions per 1000 admissions Q1 2019/20: 100(GHSCP) Falls rate 65+ per 1000 Q1 2019/20 6.5%(GHSCP) Target 27 total 6.75 per 1000 Quarter	2020/21 66,624 2020/21 200pa 2020/21 27 total 6.75 per 1000 Quarter	9

	Engaged workforce - Staff who work in health and social care services are positive about their role and supported to Improve the care and treatment they provide.		Staff satisfaction surveys on all aspects of physical environment and health and wellbeing.	Falls 65+ Q1 2019/20 6.5 per 1000 (GHSCP) Stakeholder Satisfaction Surveys as part of post project reviews, Health and Wellbeing Survey results before and after development		
8	Co-location of teams (i.e., district nursing and homecare) will enhance team working ensuring effective communication and timely discharge from hospital. This will also allow patients to be seen by the right professional at the right time and in an	Quantitative	Reduced DDs over target figure Reduced no's of bed days Fewer delayed discharges (incl Adults with Incapacity) Fewer hospital bed days: COPD/Asthma/ Diabetes/ CHD Reduced A&E attendances Reduced A&E attendances65 65+	<i>HSCP Performance Report</i> Sharepoint GHSCP All delays excl OPMH/MH Dec 2019:29 Total no of bed days lost to delays18+ 14,527 to Q2 2020/21 GHSCP A&E Oct 2019/20 GHSCP{total:98,622 Target 153,791 DD 65+ AWI Q2 2020/21 1841 NE	2020/21 39,919 2020/21 153,791 2020/21 1910	10

	isolation and create employment		range of community groups and activities			
10	<p>Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs</p> <p>Provides future infrastructure to allow the building to be net zero carbon</p> <p>Achieve a BREEAM Healthcare rating of 'Excellent'</p>	Quantitative and Qualitative	<p>Contribute to NE's Locality's share of HSCP target for reduced carbon emissions</p> <p>independent assessment by BREEAM accredited assessor</p>	Will be assessed upon facility becoming operational	<p>Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)</p> <p>BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent</p>	10
11	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Quantitative and Qualitative	use of quality design and materials to create a pleasant environment for patients and staff.	Will be assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP).	10

			<ul style="list-style-type: none"> - HAI cleaning audits (regular NHS GG&C process); - building 			
12	Meet statutory requirements and obligations for public buildings e.g., with regards to DDA	Quantitative and Qualitative	<ul style="list-style-type: none"> carry out DDA audit and EQIA of building. - involve of BATH (Better Access to Health) Group in checking building works for people with different types of disability. - engagement with local people to ensure building is welcoming – PPF to carry out survey of users 	Will be assessed upon facility becoming operational	Compliance with Disability Discrimination Act, Building Control Standards and NHS SHTMs	10
13	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Quantitative and Qualitative	Health & Well Being Survey Results	Reference Scottish Public Health Observatory neighbourhood profiles	Health and Wellbeing indicators to be identified	10

6.3.2 Benefits Realisation Plan

The Benefits Realisation Plan provided (below) has been reviewed and confirmed as both appropriate and viable for this stage. Whilst the core benefits have remained in place from the Strategic Assessment, the Plan has been expanded upon from that included in the OBC to provide a baseline measurement and a target outcome to ensure there is a clear ability to monitor progress and quantify success through subsequent project evaluation.

Softer benefits have been included in Benefits Realisation Plan as a result of ongoing discussion with the user group. These will be included in any monitoring and evaluation through the construction, commissioning and post occupancy phases.

Evaluation of all benefits will be led by the NHSGGC Post Project Review Manager with the assistance of the Project Board; Project Design & Delivery Group, and where necessary stakeholder representatives from staff, patients and visitors' groups.

Identification		Control			Realise		
Ref No.	Main Benefits	Who Benefits	Who is Responsible	Impact	Investment Objective	Dependencies	Date of Realisation
1	Enable speedy access to modernised and integrated Primary Care and Community Health and Social Care Services	Service users and staff	Service leads within GHSCP NE Locality Head of Older People's Services Primary Care Programme Manager Head of Adult Services Head of Children's Services Head of Planning for Children's Services and NE Locality	Reduced waiting times <u>Monitoring Arrangements</u> HSCP quarterly Performance Reports Primary Care Improvement Plan Performance Framework	Improve local access to a greater range of modernised services Increase integration of multi-disciplinary teams and services	Linked to broader HSCP Strategies including Primary Care Improvement Plan, Transformational Change Programme Maximising Independence	Review after 18 months of Facility being operational

	Design of the building improves the range of services being offered in one location			<p>HSCP Annual Performance Report Children's Integrated Services Plan Monitoring and Evaluation Framework</p> <p>Co-location of Primary, HSCP and community services provide a more holistic service for patients/service users.</p>	<p>Multi agency services based in one location</p> <p>Improved community interaction and access to a vast range of public, third and independent sector activities</p>		
2	Improved referral pathways between professionals both within the HSCP and acute e.g. improved flow to diagnostic services	Service users and staff	<p>Service Leads within GHSCP NE Locality</p> <p>Head of Older People's Services</p> <p>Primary Care Programme Manager</p> <p>Head of Adult Services</p> <p>Head of Children's Services</p>	<p>Reduced Hospital Admissions,</p> <p>Faster access to diagnostics</p> <p>Reduced A&E attendances</p> <p><u>Monitoring Arrangements</u></p> <p>HSCP Quarterly Performance Report</p>	<p>Streamlining of care pathways between HSCP and acute.</p> <p>Improved access to diagnostic services</p> <p>Improved acute interface work</p> <p>A more co-ordinated</p>	Linked wider strategies / Moving Forward To Together	Review after year 2 of Facility being operational

				<p>Improve service co-ordination allowing service users to receive best possible care. Services working in partnership with patients/service users and Carers.</p>	<p>approach to rehabilitation</p> <p>Speedier referral pathways between professionals.</p>		
3	<p>Improve access to primary care services that are person centred, safe and clinically effective</p> <p>Through the inclusion of a range of community projects and</p>	Service users and staff	Service Leads within GHSCP NE Locality Primary Care Programme Manager Head of Planning for Children's Services and NE Locality	<p>User experience is positive and uplifting</p> <p>Performance management arrangements will include qualitative approaches including Patient surveys and focus groups</p>	<p>Improve patient experience</p> <p>Create a good working environment</p> <p>Improve local access to a greater range of modernised services</p> <p>Services working in partnership with patients,</p>	Links to wider HSCP Strategies including Primary Care Improvement Plan	Review after 18 months of Facility being operational

	facilities, the hub will offer a welcoming environment, and increase engagement with services.			Patient/Service Users feel more supported to care for themselves Carers feel more supported in their roles	users and carers.		
4	Integrated working between primary care, community health services, specialist children's services and social work services Design of the building promotes spaces to enable cross boundary working	Service users and staff	Service Leads within GHSCP (NE) Head of Children's Services Head of Planning for Children's Services and NE Locality Head of Specialist Children's Services Head of Children's Services Children's Services Plan Steering Group (CSP)	Implementation of the Transformational agenda: More children supported in communities in a family support setting More young people accessing specialist support <u>Monitoring Arrangements</u> HSCP Quarterly Performance Report	Better integrated multi-disciplinary teams, Partnership working with the 3 rd sector and additional services Improved mental health and wellbeing of Children and Young People Promote a greater level of integrated working between primary, HSCP	Linked to wider strategies including: Primary Care Improvement Plan Integrated Children's Services Plan (CSP) Transformational Agenda	Review after 1 year of facility being open

				Integrated Children's Services Plan Monitoring and Evaluation Framework	and community services to provide a "one stop shop" care service for children and families.		
5	Self-management of Long Term Conditions will increase the proportion of people with intensive needs being cared for at home.	Service users and Carers	Service Leads within GHSCP (NE) Head of Older People's Services Head of Adult Services	Fewer admissions to hospital Fewer Care Home admissions Reduce the number of acute bed days consumed by LTCs <u>Monitoring Arrangements</u> HSCP Quarterly Performance Reports	Demonstrate a shift in the balance of care from hospitals and care homes to the community	Linked to wider strategies including Maximising Independence Moving Forward Together	Review after 2 year of facility opening
6	Contribute to the overall health wellbeing of the population through	Service users and population of NE Glasgow	GHSCP Health Improvement and Third Sector Partners Health Improvement Manager	Increased healthy Life expectancy <u>Monitoring Arrangements</u> HSCP Performance	Improved Health and Wellbeing outcomes for the population	GHSCP Strategic Plan Mental Health Framework	Review after 3 years of facility being operational

	<p>access to widest range of primary, HSCP and 3rd Sector services possible.</p> <p>Positive patient/service user feedback on both physical environment and services provided.</p>			<p>Quarterly Report Adult H&W Survey Neighbourhood Profiles</p>	<p>Improve safety and quality of facilities in which services delivered and based</p>		<p>Review after 6 months of facility being operational</p>
6a	<p>Supports achievement of the cancer treatment targets</p> <p>Supports early cancer detection</p>	<p>Service users and wider population</p>	<p>Service Leads GHSCP (NE)</p>	<p>Improved cancer 5year survival rates</p> <p><u>Monitoring Arrangements</u></p> <p>Treatment targets monitored by GHSCP Palliative Care Strategy Group</p>	<p>Achievement of the cancer treatment targets</p> <p>Early cancer detection</p> <p>Increased choice of place of death</p>	<p>Links to wider Strategies including GHSCP Palliative Care Strategy for Adults and Older People/Scottish Government Cancer Plan</p>	<p>Review after 5years of facility becoming operational</p>

6b	CHD and Stroke/TIA Fewer deaths due to stroke/TIA	Service users and wider population	Service Leads GHSCP (NE) Head of Older People's Services Primary Care Programme Manager Head of Adult Services	Reduction of Crude rate of patients on CHD disease register as defined by TQA <u>Monitoring Arrangements</u> Primary Care Improvement group Cluster/Practice Activity Reports		Links to wider Strategies including Primary Care Improvement Plan Moving Forward Together	Review after 5years of facility being operational
6c	Diabetes Fewer patients newly diagnosed with diabetes	Service Users	Service Leads GHSCP(NE) Head of Older People's Services Primary Care Programme Manager Head of Adult Services	Reduction Standardised rate of new diabetes diagnoses and <u>Monitoring Arrangements</u> Standardised rate of patients with a diabetes diagnosis Practice Activity Reports	Lower rates of LTC within the population Increased Healthy Life Expectancy	Links to wider Strategies including Primary care Improvement Plan	Review after 5years of facility becoming operational

6d	COPD Fewer patients with a diagnosis of COPD	Service Users	Service Leads GHSCP(NE) Head of Older People's Services Head of Adult Services Primary Care Programme Manager	Reduction in Crude rate of patients on COPD disease register as defined by TQA and <u>Monitoring Arrangements</u> Standardised rate of patients with COPD discharge (1st position)	Lower rates of LTC within the population Increased Healthy Life Expectancy	Links to wider Strategies including Primary care Improvement Plan	Review after 5years of facility becoming operational
6e	Mental Health - Depression and Anxiety Fewer People are diagnosed with depression or anxiety disorders in the population	Population of NE Glasgow	GHSCP/Third sector Partners. GPs/Third sector Partners Health Improvement Youth Services Head of Health Improvement Primary Care Programme Management	Monitored by Primary Care Implementation group Mental health GHSCP Performance management quarterly Report Reduction in the Crude rate of patients on depression or	Improved mental health within the population	Links to wider Strategies Primary Care Improvement Plan Mental Health Strategy	Review after 2years of facility becoming operational

				anxiety disease registers as defined by TQA			
6f	High Risk Prescribing Lower rates of high risk prescribing for older people	People 65+	GPs Clinical Director Clusters/Cluster Leads/Practise Activity Reports	Reduction in Standardised rate of patients aged 75+ co-prescribed an NSAID with a diuretic and an ACEI or ARA ("Triple Whammy" prescribing) OR regularly prescribed medicine(s) with a high incidence of ant cholinergic adverse effects OR prescribed of sulfonylurea (patient count) Reduction in Standardised rate of patients (patient count) prescribed strong opioids (including	Reduced risk to older people	Links to wider HSCP strategies including Primary Care Improvement Plan/Maximising	Review after 2years of facility becoming operational

				Tramadol) long term (>2 years			
6g	Hepatitis C More patients being treated for Hepatitis C	Service users/wider population	ADRS Head of Addictions	Reduction in Crude rate of Hepatitis C test requests Monitoring Arrangements HSCP Quarterly Performance Report	Reduced nos of people with HEPC		Review after 2years of facility becoming operational
7	Multi-disciplinary team working will support holistic care and anticipatory approaches Building provides space which encourages community use and health and	Service user/ wider population	Service Leads GHSCP Head of Older People's Services	Numbers of older people with ACPs will increase Reduced emergency admissions to hospital. Holistic care will improve patient experience and wellbeing More people supported at home	Shift in the balance of Care from Hospital to the Community One door access to integrated community teams; improving service co-ordination and ensure that service users receive the	Links to wider Strategies/ Primary Care Improvement Plan/Maximising Independence	Review after 1year of facility becoming operational

	wellbeing activities				best possible care from the professional with the skills best suited to their needs. Improved health and welfare of staff.		
	Engaged workforce - Staff who work in health and social care services are positive about their role and supported to Improve the care and treatment they provide.						
8	Co-location of teams (i.e. district nursing and homecare)	Service users	Service Leads GHSCP Head of Older People's Services Service Manager, Older People' Services	Better integrated working	Shift in the Balance of Care from Hospital to Community	Links to wider GHSCP Strategies/Primary Care Improvement	Review 1year after facility becoming operational

	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			Improved patient experience Timely discharge from hospital/reduced delayed discharges Improved environment for patients and staff <u>Monitoring Arrangements</u> GHSCP Performance Report Patient surveys/Focus Groups	Improve local access to a greater range of modernised services Increase integration of multi-disciplinary teams and services	Plan/Maximising Independence	
9	Greater focus placed on health inequalities, prevention and anticipatory care	Service user/wider population	GHSCP Health Improvement Manager Health Improvement Third sector partners	Improved performance across a number of services and themes. Linked to social factors including employment opportunities, income	Increased health and wellbeing of the population Improved Mental Health Greater partnership working with the third sector to reduce inequalities for	Adult Health and Wellbeing Survey GHSCP Strategic Plan Mental Health Framework	Review after 5 years of facility becoming operational

	Building has facilities for lifelong learning / public access to technology/ access to library services designed by the community Café to combat social isolation and create employment			maximisation and Housing Maximum use of community space by the Community including the Library and Cafe	the people living in the NE of Glasgow Extending use of social Hub for community activities. Positive feedback from community groups		Review after 1 year of facility becoming operational
	Contributes to regeneration of area – supports the development of the surrounding area. Building demonstrates investment and care in the area from the NHS and council and	Wider population	<i>NHSGGC / Glasgow City Council HUB Executive Group</i>	Creation of local employment Apprenticeships Support for local SMEs Support for Community organisations e.g., Men's Shed Support to Schools and young people	<i>Linked to other regeneration initiatives which have an impact on the wider economy and on community growth</i>		Review after 5years of facility becoming operational

	extends into the community through garden space and provision of spaces and services that promote local investment and employment			<u>Monitoring Arrangements</u> HUB Community Investment Group is responsible for monitoring the implementation of the Road Map and Action Plan			
10	<p>Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs</p> <p>Provides future infrastructure to allow the</p>	Staff, service users and general public	HUB <i>Capital Planning and Facilities leads within NHSGGC</i>		Sustainability	Climate change imperatives	<p>Review after 2 years of facility being operational</p> <p>Review after 6 months of facility being operational</p>

	building to be net zero carbon						
	Achieve a BREEAM Healthcare rating of 'Excellent'						
11	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Public/Service Users/Staff	HUB <i>Capital Planning and Facilities leads within NHSGGC</i>	Carry out an AEDET with Hub Delivery Group	Improved patient experience/good working environment.	Health and wellbeing outcomes	Review after 1 month of facility being operational
12	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	Public/Service Users/Staff	Capital Planning/Facilities Leads within NHSGGC	Carry out survey with local disability groups including Your Voice	Improved access.	DDA compliance	Review after 6 months of facility being operational

13	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Public/Service Users	NHSGGC/GHSCP/Glasgow District Council	Carry out survey/Focus Groups Health and Wellbeing Indicators	Improve patient experience/	Linked to social factors including employment education and housing	Review after 5years of facility being operational
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6.4 Risk Management

The main project risks and mitigation factors are identified at a high level at OBC stage. These took the form of 2 registers, first in the standard HUB format will deal with construction and site risks, the second in NHS format to look at operation and business risks. As the project has developed through FBC stage any remaining risks on the HUB risk register had been transferred to the HUB. The operation and business risks still being reviewed. The remaining risks at this stage are highlighted in Appendix 4. The Risk Registers will be continually reviewed and discussed at the Project Board and Executive Group.

6.5 Commissioning

6.5.1 Technical Commissioning

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

6.5.2 Non-Technical Commissioning

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

Through identification of the non-technical items for commissioning the following has been established and has been used for the development of the Commissioning Master Plan and Commissioning Requirements Brief:

- Agreed procurement routes for items including understanding if existing routes and supply chains exist or if new routes are required
- Implementing routes to tendering carried out in accordance with NHSGGC standing financial instructions
- Established protocols for stakeholder engagement and review periods to finalise items for procurement and commissioning
- Established timescales for item commissioning reviewed and agreed in line with overall project programme. Timescales now include engagement and review periods, lead in, install and testing, commissioning and training required
- Established if item commissioning requires Contractor input regarding any preparatory or install works. Contractor works have taken cognisance of such work identified which now forms part of the construction and installation works
- Overall works and commissioning programme and construction contract agreed in such a way to provide beneficial access agreed through the construction contract

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

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

6.6 Project Evaluation

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

As detailed in section 6.7 there will ongoing evaluation of the Project during the Construction Phase in the form of monitoring the project with regards to time, cost, the procurement process, contractor's performance, and any initial lessons learnt. A final review and evaluation of these project outcomes will be undertaken within 3 months of occupation and will provide a final project monitoring report for inclusion within the Post Project Evaluation Review (PPE).

Project Reviews will be undertaken at 3 milestone stages post completion of the project. The timetabling of these reviews reflects the benefits realisation timetable contained within Section 6.3:

1. Initial Post Project Evaluation (PPE) undertaken 6-12 months post occupancy. At this stage review will comprise:
 - Final Project Monitoring Report
 - Lessons to be learnt from project
 - Initial Stakeholder feedback on the new development
 - Initial review of Benefits Plan
2. Post Occupancy Evaluation (POE) undertaken 18-24 months post occupancy; allowing for a reasonable bedding in period for services. The main focus of the evaluation will involve:
 - Assessment of whether and to what extent the project has realised its expected benefits. This is the main review of Benefits Realisation Plan
 - Gaining feedback from stakeholders on the project outcomes i.e., how stakeholder expectations have been met.
 - Reviewing the impact of any service change on operational activities, processes and people.
 - Understanding of how well the project has impacted on service activity and performance.
 - Reflection of what went well and what could have been improved to provide learning to be passed on to other similar projects.

3. Final Service Benefits Review undertaken 3-5 years post occupancy; allowing for a review of longer-term service and community benefits. This is the final review of the project and comprises:
 - A final review of Benefits Realisation Plan; has project achieved its expected targets in respect of service change, operational activity and performance and impact on local community.
 - Final reflection on lessons learnt from project and outcome of any recommendations made.
 - Does Stakeholder expectations continue to be met, further stakeholder feedback exercise reviewing both staff and public satisfaction with building long-term.

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

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

The Evaluation of all benefits, both quantitative and qualitative, will be led by the NHSGGC Post Project Review Manager with the assistance of the Project Board, Project Design & Delivery Groups, and where necessary stakeholder representatives from staff, patients and community groups.

6.7 Project Monitoring and Service Benefits Evaluation Plan

This section provides comprehensive detail of the Project Monitoring and Service Benefits Evaluation Plan previously outlined at OBC stage.

Project Monitoring plans and methodologies have been developing throughout the OBC and FBC process to ensure plans, methods, timescales and means of engagement forming part of the monitoring and evaluation process have been agreed by all parties.

The following provides an explanation of monitoring undertaken for the various components of the project. Evident here is how key the function of the core group is. Reporting carried out through the core group is not only related to output required for project monitoring but is also a requirement within the contractual arrangements in place with the appointed DBFM Co.

As described in the current Project Execution Plan a variety of meeting types are in place to ensure appropriate monitoring and compliance with the contractual arrangements. A summary of the approach, including the key core group, is presented below and further described in the Project Monitoring and Evaluation Plan below.

1. Core group meetings (Project Board) will be held every 4 weeks with key elements of monitoring forming part of the agenda.
 - Affordability Assessment: Monitoring overall project affordability will be carried out through the joint cost advisor role with representation and input by costs advisors from both PSC and PSCP. Assessment will be against baseline costs presented in the FBC.
 - Works Delivery Costs: A project spend profile has been developed to include the Target Price and all project related costs. The joint cost advisors will review, and report spend against the profile highlighting any issues.
 - Project Programme: Monitoring will be in accordance with the requirements of the NEC3 contract. An updated programme will therefore be provided every 4 weeks or as required / requested through the contract allowing ongoing up to date monitoring.
 - Project Scope Changes: Changes, either through client or PSCP requirements, will be discussed and follow the established Change Control and Governance Procedures as well as the NEC3 Compensation Event process with impact on cost and programme reported accordingly for all.
 - Health & Safety Performance: All have a role in monitoring performance. Formal reporting will be provided by the PSCP with input and review from the appointed CDM Advisor, NEC3 Supervisor and user group Health and Safety representative.
 - Risk Management Issues: Full review of current project Risk Register by core group. Follow up risk reduction meetings will be arranged as required.
 - Design & Technical: Update from designers will be provided along with any request for stakeholder engagement in line with agreed contract protocols.
 - Construction Quality: Achieving required quality is the responsibility of the PSCP. Quality monitored and reported on at core group by Site Monitor and CDM Advisor through regular site visits, both planned and ad- hoc.
2. Design & technical meetings will be held every 4 weeks, alternating frequency with the core group, or as required. Discussions requiring stakeholder engagement will be arranged in accordance with the engagement protocols in place to ensure required representation.
3. Stakeholder Engagement. Stakeholders will be represented at the core group meeting and be engaged for design and technical discussion and any elements of change. Stakeholders are identified in the PEP, with the most appropriate representatives forming part of the monitoring and evaluation process. Further detail on how

stakeholders will be kept engaged is provided in the communication plan provided in Appendix 3

4. Risk review will be an ongoing process and form part of all project meeting agendas. In accordance with the NEC3 contract, risk reduction meetings will be held as required by the Early Warning process.

6.7.1 Monitoring & Evaluation Plan: Project Monitoring Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Project Monitoring stage:			
Affordability Assessment	As part of the FBC approval. Ongoing assessment at Project Board meetings as part of change management and cost reporting.	Commercial report provided for each Project Board meeting. Final assessment report as part of Outturn Cost Report (3 months post occupation)	<p>Affordability will largely be assessed as part of the FBC submission. On approval and construction commencing the Financial Close information will form the baseline for reporting. An Addendum to the FBC will be produced and forwarded to SGHSCD. Ongoing affordability will be assessed during the implementation stage through the change management process as part of the regular Project Board meetings. Costs will be assessed against the approved capital spend.</p> <p>Post construction the affordability will be assessed as part of the outturn cost reports.</p>

Works Delivery Costs	Ongoing assessment at Core Team meetings as part of change management and cost reporting	Commercial report provided for each core group meeting. Final assessment report as part of Outturn Cost Report Within 3 months post completion	Comparison between monthly spend profile and agreed forecast at contract award. Carried out by Joint Cost Advisors.
Outturn Capital Costs	By Financial Close	Within 3 months post completion	Comparison between FBC & Final Cost. The report will provide a detailed breakdown of any cost changes and impact of risks realised or mitigated.
Outturn Revenue Costs	June 2022	18 months post occupancy	The revenue costs will be assessed against the baseline and the target reductions identified within the FBC and benefits register. The resulting report will provide a breakdown of the actual costs against forecast. This forms part of the initial POE review 18months post occupancy, allowing for full year review data availability.
Stakeholder Support	Minimum 4 Weekly Project Board during implementation.	Recorded as part of meeting minutes published within 5 working days of each meeting.	Signed stakeholder support letters to be provided as part of the FBC submission. Regular Project Board meetings throughout the project to maintain support and direction from project SRO. Key project information to be passed to those forming Stakeholder support.

Stakeholder Engagement	<p>Monthly Progress Meetings during implementation with stakeholder representation.</p> <p>Stakeholder engagement meetings as required through project.</p>	<p>One month after construction start</p> <p>Service Benefits Evaluation Report produced: 6-12 months post occupancy 2-3 years post occupancy 4-5 years post occupancy</p>	<p>Pre- Start, progress and Commissioning meetings will be held throughout implementation to ensure continued stakeholder engagement as outlined within the PEP.</p> <p>Part of the Service Benefits Evaluation Report initially undertaken after 6 months post occupancy will seek stakeholder feedback on engagement through the project.</p>
Project Programme	Minimum monthly during implementation	Report provided for each Delivery Group/ progress meeting.	Programme status contained on monthly PSCP and PM reports Comparison between contract completion dates and planned completion dates reviewed: identify slippage or otherwise.
Project Scope Changes	<p>4 Weekly Project Board during implementation</p> <p>OR</p> <p>As required for urgent emerging issues</p>	Recorded as part of Delivery / progress/ design & technical meeting minutes published within 5 working days of each meeting	Significant changes in project scope are reviewed at the Project Board to ensure stakeholder and SRO support. Change management discussed at Delivery group on a monthly basis to review changes to the works.
Health & Safety Performance	Ongoing through project.	Report provided for each Delivery Group meeting. Report as required by any party in	Health & Safety issues captured and reviewed on the monthly DBFMCo, NEC3 Supervisor & CDM Advisor reports.

		event of emergency.	
Construction Quality	Ongoing through construction and commissioning.	Project completion date and on completion of Commissioning and Soft landings process. Concluded through issue of Independent Tester defects certificate.	Provision of quality to the required standard is the responsibility of the DBFMCo. Monitoring of quality will be carried out and reported on by the DBFMCo, NEC3 Supervisor and CDM advisor DBFMCo target is zero snagging and defects at completion.
Design & Technical Aspects	Monthly during of Delivery / progress/ design & technical meeting or as required for specific issues	Recorded as part of meeting minutes published within 5 working days of each meeting	Technical design meetings are to be held every four weeks involving the Delivery Group and if required external stakeholders. This provides the opportunity to review the delivery of the design and agree on new design solutions or clarifications during implementation.
Risk Management Issues	Monthly as part of Project Board meetings	Report and risk register review as part of each project board meeting. Risk review meeting held as required.	Monthly Project Board meetings during implementation to review mitigate and add risks as required. Shared risks are avoided in order to reduce any potential for lack of ownership. Designated client risks are defined in the contract with all other risks passed to the DBFMCo at Financial Close.
Community Benefits	Quarterly as part of Delivery group/ progress meetings.	DBFMCo will provide monthly reports at the Delivery Group/	DBFMCo have agreed a community benefits plan that exceeds baseline targets for a project of this size. An updated community benefits

		progress meetings. Targets were agreed on DBFMCo appointment and updates on achieving targets or otherwise will be provided through the project.	tracker has been developed at FBC detailing progress to this stage. Many benefits will be realised through the construction stage and a final report on those achieved will be provided on completion of the commissioning and soft landings process.
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A Project Monitoring Report will be provided to SGHSCD shortly after project completion incorporating:

- An updated Project Cost Monitoring Form
- A Programme Monitoring Form
- Summary of significant scope changes
- Summary of Health and Safety performance
- An overview of achievement of the project design objectives
- A review of the management of risk throughout the project development

6.7.2 Monitoring & Evaluation Plan: Service Benefits Evaluation

Provided within section 6.3 is the project Benefits Realisation plan and Benefits Register comprising core benefits identified and developed from the Strategic Assessment. As an addition, softer benefits have been developed post OBC, which have now been included in this FBC Benefits plan. For both core and additional benefits, ongoing development has included the addition of Baselines and Targets which will form the basis of the evaluation of the service benefits. Further details on the approach and engagement through the evaluation process are provided in the 'Monitoring & Evaluation Plan – Service Benefits Evaluation' table below. A supplementary table to Section 6.3's Benefits plan and Benefits Criteria tables which provided detailed targets and realisation dates for each benefit. The table also contains information on the approach to gaining overall feedback on the project from the stakeholder groups.

Project Reviews will be undertaken at 3 stages post completion of the project as detailed in section 6.7

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Service Benefits Evaluation stage:			
Expected benefits; detailed in Benefits Register section 6.3	Onwards within a 6 month – 5year timeframe depending on the benefit being evaluated	6 months –5 years following completion depending on the benefit being evaluated	Benefits register completed and endorsed by Object Owners. Evaluation to be completed against the agreed target/ baseline and within the specified 6 – 24-month timescale. A detailed breakdown per expected service benefit is provided in Benefits Register Section 6.3
It will improve access to modern and integrated primary care and community services and contribute to reducing health inequalities, improving health outcomes and life expectancy rates of the NE population.	Initial review 18 months post occupancy with full review 5 years post occupancy	Initial review 18-24 months post occupancy	Long term aspiration to positively affect poor health and wellbeing indicators linked to areas of deprivation. Feedback from Health and wellbeing survey results Detailed breakdown of service benefits are included in Benefits Register Section 6.3 will include Reduced waiting times across all services
Multi-disciplinary team working will support holistic care and anticipatory approaches to patient care	Measured quarterly HSCP performance Reporting Framework	Initial Review 18-24months post occupancy	Detailed breakdown of service benefits is included in Benefits Register Section 6.3 will include: Reduced emergency hospital admissions Reduced rates of readmissions Reduced A&E attendances
Contributes to regeneration of area – supports the development of the surrounding area.	Initial review 18 months post occupancy with full review 3 years post occupancy	Initial review 18-24 months post occupancy	Location of Health and Social care Centre will contribute to the overall regeneration of Parkhead, Health and Social Care patient satisfaction survey Community Investment Approach: Community space in the building

			Building has facilities for lifelong learning / public access to technology/ access to library services designed by the community Café to combat social isolation and create employment opportunities/apprenticeships and support to priority groups developed through the construction period and beyond
Deliver a more energy efficient building within the NHSGGC estate reducing CO2 emissions and contributing to a reduction in whole life costs.	Review 2 years after occupation	Review 2 years after occupation	Initially will be assessed during first year of occupation on how facility meets the sustainability standards as detailed in (ACRs) with final review after 2 years occupancy.
Achieve a BREEAM Healthcare rating of “Good” & UN Goals KPIs	6 months after occupation	6 months after occupation	Independent assessment by BREEAM & KPI assessor
Achieve a high design quality in accordance with the Board’s Design Action plan and guidance available from A+DS	1 month post occupation	1 month post occupation	AEDET assessment and joint supporting statement from A+DS and HFS
Meet statutory requirement and obligations for public buildings e.g., with regards to DDA	6 months post occupation	6 months post occupation	DDA audit and EQIA of facility involving local disability groups with different types of disability
Stakeholder expectations	Initially at 6 months post occupation; then at 18 months and 3 years	Review at all 3 stages of post project reviews	Undertaken through all stages of review from initial post occupancy stage, Main review as part of the Service Benefits Evaluation Report undertaken after 18 months of occupation. This will assess how well the project achieved its objectives with feedback direct from the stakeholders.

			Follow up long term review at 3-5 years.
Impact of service change	Initially at 6 months post occupation; then at 18months and 3 years	Review at all 3 stages of post project reviews	A Service Benefits Evaluation Report in, line with the benefits register will be undertaken 18 months after occupation and will capture feedback from staff patient and carer surveys. Long term benefits reviewed at 3-5 years
Service activity & performance	Initially at 6 months post occupation; then at 18months and 3 years	Review at all 3 stages of post project reviews	In line with the benefits register the service activity and performance will be evaluated as part of the Service Benefits Evaluation Report.

6.8 Building Design and Construction Quality

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

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

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

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

- Comprehensive stakeholder engagement through site selection and design development process.
- Open and honest culture about quality throughout the development process.
- Sense checking all aspects of design proposals as they are developed
- Ongoing review of ACRs as current projects complete and lessons learned processes are undertaken.
- Stakeholder engagement and updates throughout the development process.
- Thorough processes for examination of Contractors Proposals utilising experienced in-house resource supplemented by appointed Technical Advisers.

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

- Quality Control meetings during the construction process.
- The appointment of Thomas and Adamson as Site Monitor (quasi-Clerk of Works) through construction period.
- Fortnightly 3rd party photo-shoot of construction process and recording of structure, fireproofing and M&E installation prior to covering up.
- 2/3 Site visits by NHS ASSURE reviewing construction against FBC design review.
- Review and sign off of contractor design elements.

6.9 Soft Landings

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

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

1. Key activities carried during the FBC stage are:

- Update Post Occupancy Evaluation [POE] / Monitoring Plan
- Undertake a soft landings kick-off meeting
- Appointed an NHS Soft Landings Champion (Karen Bradley – HSCP Principal Officer)
- Appointed a Contractor Soft Landings Champion (Michael Hannan – Site Manager)

2. Key activities going forward will include:

- Construction & Commissioning Stage
 - Soft Landings Site Visits

- Pre-handover Soft Landings Activities
 - Review logging of performance targets
 - Preparation of a building readiness programme
 - Check commissioning records
 - Train the Board's Operational Team
 - Planning of end user migration
 - Adequate space for the aftercare team
 - Guidance documentation
 - BIM and the digital O&M
- Project Monitoring & Evaluation
 - Handover and Close Out

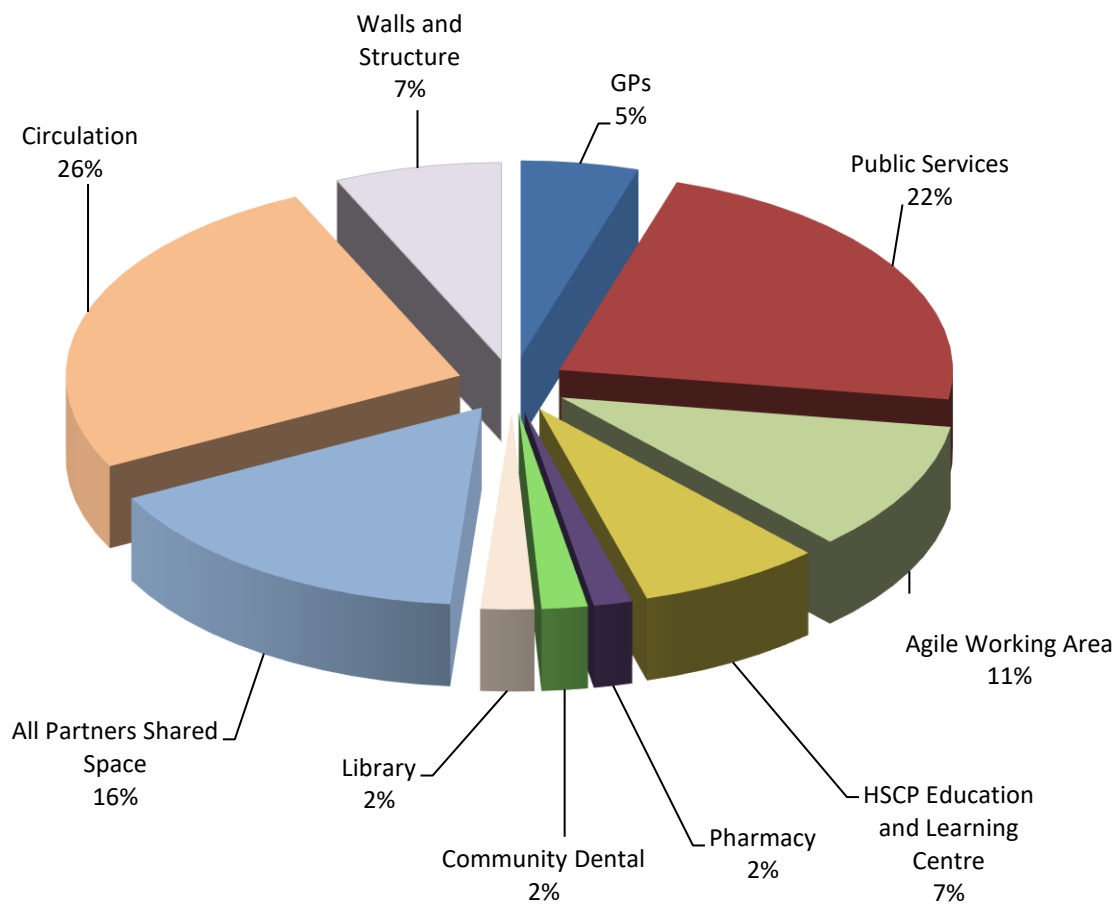
Improving Services in the
North East of Glasgow

Appendices

7 Appendices

7.1 Appendix 1 - Schedule of Accommodation.

Project:	North East HUB Health & Care Centre	
Title:	Schedule of Accommodation	
Revision:	V15	
Date:	26/02/2021	
Issue:	-	
SERVICE	BRIEF AREA - M ²	Area Percentage %
GPs	544.6	4.83%
Public Services	2540.7	22.56%
Agile Working Area	1200.9	10.66%
HSCP Education and Learning Centre	850.5	7.55%
Pharmacy	178.9	1.59%
Community Dental	212.9	1.89%
Library	246.9	2.19%
All Partners Shared Space	1815.5	16.12%
Circulation	2902.0	25.76%
Walls and Structure	771.0	6.84%
TOTAL AREA	11264	100%



Project:	North East HUB Health & Care Centre
Title:	Schedule of Accommodation
Revision:	V15
Date:	26/02/2021
Issue:	-

CAT	ROOM NUMBER	SERVICE	ROOM TYPE	DESCRIPTION	ACTUAL AREA - M ²
Forge Medical Practice					
	1/058		Reception	2 People	11
	1/050		Admin Office	6 People	27.8
	1/042		Practice Manager's Office		15.2
	1/061		Waiting Area	including Check In Area	33.7
	1/043		GP Consulting Room		15.2
	1/044		GP Consulting Room		15.2
	1/045		GP Consulting Room		15.2
	1/046		GP Consulting Room		15.2
	1/047		GP Consulting Room		15.2
	1/048		GP Consulting Room		15.2
	1/049		Nurse Consulting Room		15.2
	1/053		Interview Room	Including attend anywhere facility	12.2
	1/055		Dirty Utility Room		5.3
	1/056		Store		8
				Sub Total	219.6
Drs Mackenzie & Burns					
	1/001		Reception	2 People	14.3
	1/002		Admin Office	8 People	24.5
	1/007		Practice Manager's Office		15.2
	1/016		Waiting Area	including Check In Area	25.5
	1/003		GP Consulting Room		15.2
	1/004		GP Consulting Room		15.2
	1/005		GP Consulting Room		15.2
	1/006		Nurse Consulting Room		15.2
	1/008		Interview Room	Including attend anywhere facility	12.4
	1/011		Dirty Utility Room		5.5
	1/010		Store		7.9
				Sub Total	166.1
Medowpark Street Practice					
	1/073		Reception	2 People	12.2
	1/074		Admin Office	5 people	28.7
	1/093		Waiting Area	including Check In Area	30
	1/076		GP Consulting Room		15.3
	1/077		GP Consulting Room		15.3
	1/078		GP Consulting Room		15.3
	1/079		GP Consulting Room		15.3
	1/075		Nurse Consulting Room		15.3
	1/085		Dirty Utility Room		4.6
	1/084		Store		6.9
				Sub Total	158.9
Community					
	0/002		Reception	3 People	19.4
	0/003		Admin Office	3 people	13.9
	0/005		Cafe		77.6
	0/007		Cafe Storage		14.2
	0/006		Cafe Servery		12.2
	0/020		Multi Faith Room		10.5
	0/014	Shared with Library	IT Group Room		29.4
	0/015		Group Room		44
	0/017		Group Room		14
	0/018		Group Room		40.2
	0/019	Shared with Library	Group Room		39.9
	0/056		Group Room		61
	0/159		Store		5.3
	0/133		Interview Room	Including attend anywhere facility	12.2
	0/134		Interview Room	Including attend anywhere facility	12.3
				Sub Total	406.1

Bookable					
	2/031	Sandyford	Reception	2 People	12
	2/032	Sandyford	Admin Office	3 people	15.3
	0/157		Waiting Area	including Check In Area	44.7
	1/022	Acute	Waiting Area	including Check In Area	30.7
	2/024	Sandyford	Waiting Area	including Check In Area	18.8
	1/020	Acute	Nurse Consulting Room		15.2
	1/021	Acute	Nurse Consulting Room		15.1
	1/023	Acute	Nurse Consulting Room		15.1
	1/024	Acute	Nurse Consulting Room		15.2
	1/025	Acute	Nurse Consulting Room		15.2
	1/030	Acute	Nurse Consulting Room		15.2
	1/031	Acute	Nurse Consulting Room		15.2
	1/032	Acute	Nurse Consulting Room		15.2
	0/128		Treatment Room	Phlebotomy	17.8
	0/123	District Nursing	Treatment Room		18.2
	0/124	District Nursing	Treatment Room		18.2
	0/125	District Nursing	Treatment Room		18.2
	0/126	District Nursing	Treatment Room		18.2
	0/121		Treatment Room		18.2
	0/122		Treatment Room		18.2
	2/028	Sandyford	Treatment Room		18.1
	2/025	Sandyford	Treatment Room		18.2
	2/026	Sandyford	Treatment Room		18.1
	2/027	Sandyford	Treatment Room		18.1
	2/033	Sandyford	Treatment Room		18.2
	2/034	Sandyford	Treatment Room		18.2
	2/030	Sandyford	Sandyford - Microscopy \ Test Room		12.2
	2/035	Sandyford	Sandyford - Specimen WC		4.6
	2/037	Sandyford	Sandyford - Specimen WC		4
	2/038	Sandyford	Sandyford - Specimen WC		4
	0/132	District Nursing	AMH Interview Room	Including attend anywhere facility	12.3
	1/127	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/128	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/129	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/130	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/131	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/132	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/133	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	1/134	Criminal Justice	AMH Interview Room	Including attend anywhere facility	12.3
	0/129		AMH Interview Room	Including attend anywhere facility	12.2
	0/130		AMH Interview Room	Including attend anywhere facility	12.3
	0/131		AMH Interview Room	Including attend anywhere facility	12.2
	0/115		Dirty Utility Room		5.6
	1/037		Dirty Utility Room		7.4
	2/036		Dirty Utility Room		4.6
	0/127		Sandyford Store		17.1
	1/014		Store		8.3
	1/137	Criminal Justice	Store		9.9
	2/017	Sandyford	Store		10.8
				Sub Total	714.7
Adult Services					
	1/144		Reception	3 People	15.7
	1/135		Admin Office	3 people	20
	1/143		Waiting Area	including Check In Area	61.5
	1/149		Waiting Area	including Check In Area	41.8
	1/141	Addictions	AMH Clinical Consulting Room	with En-Suite WC (close of addictions reception)	15.2
	1/139	Addictions	En-Suite WC		4.1
	1/138	Addictions	AMH Clinical Consulting Room	with En-Suite WC (close of addictions reception)	14.9
	1/140	Addictions	En-Suite WC		3.3
	1/107	Addictions	AMH Clinical Consulting Room		15.2
	1/142	Addictions	AMH Clinical Consulting Room		15.2
	1/103	Parkview/ Psychology	AMH Consulting Room		15.2
	1/104	Parkview/ Psychology	AMH Consulting Room		15.1
	1/105	Parkview/ Psychology	AMH Consulting Room		15.2
	1/106	Parkview/ Psychology	AMH Consulting Room		15.1
	1/026	Psychotherapy	AMH Consulting Room		15.2
	1/028	Psychotherapy	AMH Consulting Room		14.1
	1/033	Psychotherapy	AMH Consulting Room		15.2
	1/034	Psychotherapy	AMH Consulting Room		15.2
	1/040	Psychotherapy	AMH Consulting Room		15.2
	1/041	Psychotherapy	AMH Consulting Room		15.2
	1/098	PCMH	AMH Consulting Room		15.1
	1/099	PCMH	AMH Consulting Room		15.2
	1/100	PCMH	AMH Consulting Room		15.2
	1/101	PCMH	AMH Consulting Room		15.2
	1/102	PCMH	AMH Consulting Room		15.1
	1/109	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/110	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/111	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/112	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/113	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/114	PCMH	AMH Interview Room	Including attend anywhere facility	12.3
	1/121	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	1/122	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	1/123	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	1/124	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	1/125	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	1/126	Addictions	AMH Interview Room	Including attend anywhere facility	12.3
	2/094		Visor Room		10.4
	2/106		Script Room		4.4
	1/117		Dirty Utility Room		5.9
	1/108	PCMH	Store		11.4
	1/115		Store		10.5
				Sub Total	623.6

Children Services					
	0/059		Reception	3 People	15.2
	0/060		Admin Office	3 people	14
	0/076		Waiting Area	including Check in & Play Area	55
	0/098	SCPT	AMH Consulting Room		15.2
	0/099	SCPT	AMH Consulting Room		15.2
	0/100	SCPT	AMH Consulting Room		15.2
	0/101	SCPT	AMH Consulting Room		15.1
	0/102	SCPT	AMH Consulting Room		15.2
	0/103	SCPT	AMH Consulting Room		15.1
	0/104	SCPT	AMH Consulting Room		15.2
	0/105	SCPT	AMH Consulting Room		15.1
	0/106	SCPT	AMH Consulting Room		15.2
	0/110	CAMS	AMH Consulting Room		15.2
	0/107	Health Visitor / School Nursing	AMH Interview Room	Including attend anywhere facility	12.3
	0/108		AMH Interview Room	Including attend anywhere facility	12.3
	0/061	Child and Family	Contact Room		20.2
	0/062	Child and Family	Contact Room		20.2
	0/063	Child and Family	Contact Room		20.2
	0/064	Child and Family	Contact Room		20.2
	0/065	Child and Family	Contact Room		20.2
	0/053	Child and Family	Case Conference Room		28
	0/054	Child and Family	Case Conference Room		30.8
	0/055	Child and Family	Case Conference Room		30.7
	0/109	CAMS	Play Room		14.8
	0/111	CAMS	Observation Room	En Suite between to Screening Room	10
	0/112	CAMS	Screening Room	En Suite between to Observation Room	15.1
	0/113	CAMS	Therapy Room		16.8
	0/118	CAMS	Therapy Room		18.2
	0/066		Store		12.4
	0/160		Store		6.7
	0/161		Buggy Park		8.1
				Sub Total	553.1
Physiotherapy & Podiatry					
	0/034		Admin Office	3 people	15.4
	0/057		Waiting Area	including Check In Area	26.5
	0/028		Physio Consulting Room		15.2
	0/029		Physio Consulting Room		15.2
	0/030		Physio Consulting Room		15.2
	0/031		Physio Consulting Room		15.2
	0/032		Physio Consulting Room		15.2
	0/033		Physio Consulting Room		15.2
	0/038		Gym		49.5
	0/039		Changing Room - Male		6.4
	0/040		Changing Room - Female		6.5
	0/041		Shower Room - Male		3.7
	0/042		Shower Room - Female		3.8
	0/037		Store	Ensuite to Gym	9.8
	0/026		Podiatry Treatment Room		15.2
	0/027		Store		15.2
				Sub Total	243.2
HSCP Education and Learning Centre					
	3/047	Brook Street	Reception		11.9
	3/045	Brook Street	Admin Office	5 people	32.7
	3/044	Brook Street	Training Room		48.5
	3/043	Brook Street	Training Room		48.6
	3/042	Brook Street	Training Room		48.6
	3/041	Brook Street	Training Room		48.4
	3/040	Brook Street	Training Room		48.3
	3/039	Brook Street	Training Room		48.4
	3/005	Brook Street	IT Training Room		32.4
	3/006	Brook Street	IT Training Room		32.4
	3/015	Brook Street	IT Training Room		32.4
	3/025	Brook Street	E-Learning Suite		24.6
	3/010	Brook Street	E-Learning Suite		34.6
	3/011	Brook Street	IT Training Room		32.4
	3/046	Brook Street	Small Training Room		20.4
	3/027	Brook Street	Small Training Room		20.2
	3/028	Brook Street	Small Training Room		20.2
	3/029	Brook Street	Small Training Room		20.2
	3/031	Brook Street	Admin Area Brook Street		46
	3/024	Brook Street	Admin Area Brook Street		41.4
	3/063	Brook Street	Store		4.6
	3/032	Brook Street	Store		4.9
	3/007	Brook Street	Store		9.1
	3/052	Brook Street	Store		17.2
	3/030	Brook Street	Print Area		9.3
	3/051	Brook Street	Print Area		71.5
	3/050	Brook Street	Break Out Space		10.9
	3/033	Brook Street	Group Room Eastbank		30.4
				Sub Total	850.5

Agile Area				
	2/046		Agile Desk Space	80.8
	2/047		Agile Desk Space	99.9
	2/104		Agile Desk Space	47
	2/092		Agile Desk Space	61.8
	2/110		Agile Desk Space	106.6
	2/117		Agile Desk Space	48.6
	2/059		Agile Desk Space	79.4
	2/049		Agile Desk Space	65.8
	2/061		Agile Desk Space	55
	2/041		Agile Desk Space	109
	0/024		Meeting Room	15.3
	0/025		Meeting Room	15.3
	0/117		Meeting Room	8.9
	1/019		Meeting Room	8.1
	1/029		Meeting Room	12
	2/045		Meeting Room	5.9
	2/051		Meeting Room	9.4
	2/052		Meeting Room	9.4
	2/053		Meeting Room	9.4
	2/054		Meeting Room	7.4
	2/093		Meeting Room	9.2
	2/105		Meeting Room	8.1
	2/090		Meeting Room	6.3
	2/095		Meeting Room	16.3
	2/115		Meeting Room	6.4
	2/116		Meeting Room	6.4
	2/118		Meeting Room	8.2
	2/119		Meeting Room	6.4
	2/120		Meeting Room	6.4
	2/121		Meeting Room	6.6
	2/112		Meeting Room	40
	2/044		Meeting Room	7.4
	3/012		Meeting Room	30.7
	3/013		Meeting Room	30.9
	3/003		Meeting Room	33.8
	2/055		Store	22.6
	2/058		Print Area	8.6
	2/083		Print Area	9.3
	2/113		Store	9.4
	2/111		Print Area	9.5
	3/064		Lockers	12.8
	2/122		Lockers	22
	2/096		Lockers	28.6
			Sub Total	1200.9
Main Entrance				
	0/001		Foyer	112.4
	0/058		Foyer	173.9
	0/000		Entrance	37.8
	0/004		Foyer	87.6
	0/158		Entrance	28.1
	0/154		Infant Feeding Room	6.6
	0/153		Nappy Changing	6.6
	0/150		Changing Places WC	14.2
			Sub Total	467.2
Staff Welfare				
	2/082		Staff Rest / Kitchen Area	192.9
	2/097		Changing Room	29.3
	2/098		Shower Room	3.6
	2/099		Shower Room	4.1
	2/101		Shower Room	4.1
	2/102		Shower Room	3.6
	2/100		Shower Room Acc	8.1
	2/103		Shower Room Acc	8.1
	2/085		Drying Room	8.2
	0/049		Tea Prep	5
	0/069		Tea Prep	5
	1/018		Tea Prep	4.7
	1/087		Tea Prep	4.8
	2/056		Tea Prep	6.5
	2/108		Tea Prep	4.7
	3/034		Tea Prep	4.9
			Sub Total	297.6

FM & Support				
	0/036		DSR	10.2
	0/072		DSR	10.4
	1/052		DSR	10.2
	1/091		DSR	10.4
	2/043		DSR	9.2
	2/087		DSR	10.9
	3/022		DSR	11.3
	0/048		Resus Room	4.2
	1/088		Resus Room	4.9
	2/013		Resus Room	3.7
	0/021		IT/Comms Room	13.9
	0/067		IT/Comms Room	15.7
	0/116		IT/Comms Room	11.6
	1/035		IT/Comms Room	13.4
	1/081		IT/Comms Room	31.7
	1/136		IT/Comms Room	11.2
	2/039		IT/Comms Room	13.9
	2/084		IT/Comms Room	15.5
	2/114		IT/Comms Room	9.2
	3/002		IT/Comms Room	10.3
	3/019		IT/Comms Room	15.5
	0/047		Disposable Hold	4.2
	0/070		Disposable Hold	7.5
	1/009		Disposable Hold	4.6
	2/057		Disposable Hold	4.1
	2/088		Disposable Hold	6.5
	3/020		Disposable Hold	8.2
	1/082		Disposable Hold	6.2
	0/083		Bin Store/Recycle Store	44
	0/093		Store	59.8
	0/092		Cycle Storage Area	28.2
	0/087		Cylinder Store	5
	1/080		FM Office	15.5
	0/085		FM Store	26.9
	0/086		FM Store	21.2
			Sub Total	489.2
Pharmacy				
	1/069		Reception	10.8
	1/067		Dispensary	93.8
	1/068		Booth	3.1
	1/062		Consulting Room	15.3
	1/064		Consulting Room	12.5
	1/065		Store	5.4
	1/072		Waiting Area	38
			Sub Total	178.9
Community Dental				
	2/001		Reception	14.3
	2/002		Admin Office	21.7
	2/018		Waiting Area	24.5
	2/005		Consulting Room	15
	2/006		Consulting Room	15.2
	2/007		Consulting Room	15.2
	2/008		Consulting Room	15.2
	2/009		Consulting Room	15.2
	2/022		Special Needs Consulting Room	17.9
	2/010		Recovery Area	15.2
	2/131		OPT Room	10.1
	2/023		Child Smile Room	7.7
	2/016		Dirty Store	5.7
	2/015		Clean Store	10.5
	2/012		Staff Cubicles	7.1
	2/004		Compressor Room	2.4
			Sub Total	212.9
Library				
	0/012		Library	218.1
	0/008		Library Storage	7.5
	0/010		Staff Office	10.1
	0/011		Staff Service Point	11.2
			Sub Total	246.9
Sub Total				7029.4

Toilets				
	0/022		Acc WC	7.9
	0/097		Acc WC	8.1
	0/068		Acc WC	9.3
	0/152		Acc WC	7.2
	0/051		Acc WC	8.7
	1/012		Acc WC	7.6
	1/057		Acc WC	7
	1/083		Acc WC	7.6
	1/118		Acc WC	8.4
	1/148		Acc WC	7.9
	2/040		Acc WC	7.9
	2/125		Acc WC	7.9
	2/107		Acc WC	6.5
	2/014		Acc WC	7.4
	3/009		Acc WC	7.8
	3/026		Acc WC	7.3
	3/035		Acc WC	9.4
	1/151		WC	2.8
	3/065		WC	3.7
	0/035		WC	4.1
	0/043		WC	3.6
	0/044		WC	4
	0/139		WC	2.5
	0/146		WC	2.5
	0/045		WC	4
	0/071		WC	2.8
	0/073		WC	2.8
	0/147		WC	2.5
	0/144		WC	2.5
	0/148		WC	3.3
	0/140		WC	2.5
	0/141		WC	2.5
	0/136		WC	2.5
	0/137		WC	2.5
	0/138		WC	3.3
	0/114		WC	5
	1/013		WC	3.4
	1/051		WC	2.9
	1/054		WC	4.7
	1/089		WC	2.8
	1/090		WC	2.8
	1/116		WC	5.3
	1/086		WC	2.8
	2/062		WC	3.2
	2/063		WC	2.3
	2/064		WC	2.3
	2/068		WC	2.3
	2/066		WC	2.3
	2/067		WC	2.3
	2/069		WC	2.3
	2/070		WC	3.2
	2/071		WC	3.5
	2/072		WC	2.3
	2/073		WC	2.3
	2/074		WC	2.1
	2/076		WC	2.3
	2/077		WC	2.3
	2/078		WC	2.3
	2/079		WC	3.4
	1/036		WC	2.9
	3/055		WC	2.6
	3/056		WC	2.3
	3/059		WC	2.3
	3/060		WC	2.3
	3/061		WC	2.3
	3/062		WC	2.3
	3/008		WC	3.2
	0/149		WC Circulation	7.9
	2/065		WC Circulation	7.3
	2/075		WC Circulation	7.7
	3/058		WC Circulation	6.7
			Sub Total	308.5

Auxiliary Space				
			Toilet Allowance	4.4%
			Engineering Allowance	3.6%
			Sub Total	253.0

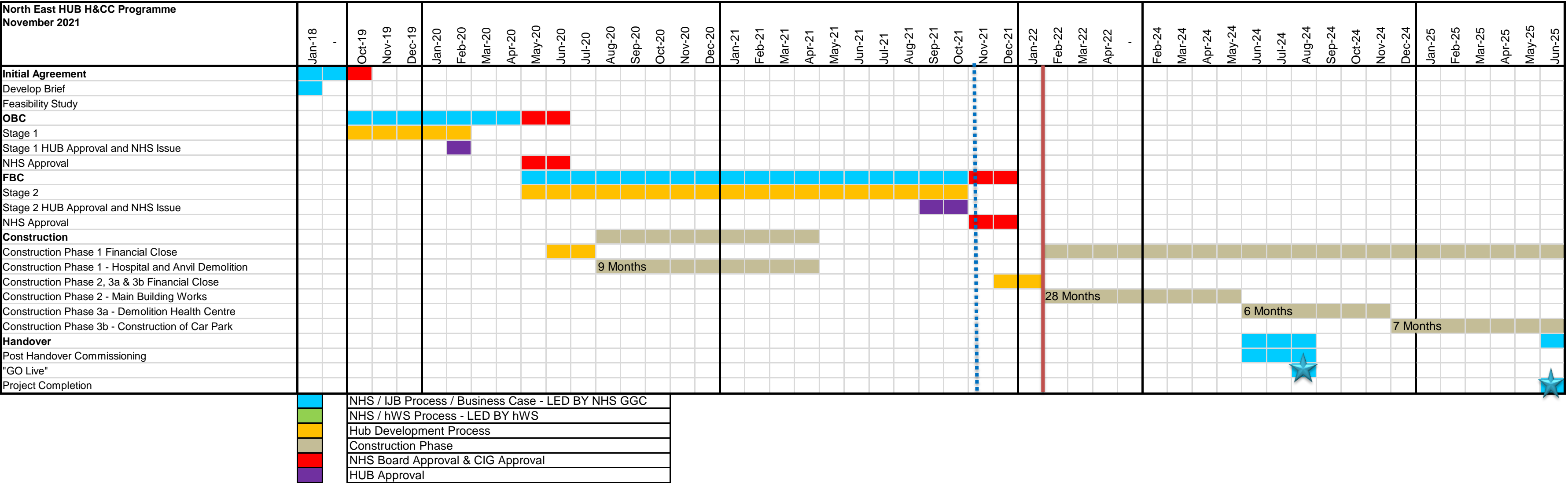
Circulation Allowance				
			Circulation Allowance	38.2%
			Sub Total	2902.0

Wall Allowance				
			Wall Allowance	10.2%
			Sub Total	771.0

Grand Total				11264
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7.2 Appendix 2 - Project Program

North East HUB Timeline - FBC



7.3 Appendix 3 - Stakeholder Communication Plan

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PARKHEAD HUB

Communication and Engagement Strategy

Date: December 2020

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Appendix 3 Communication Activity Record

Document control

Version	Note of amendments	Date	Amended by	Authorised by

Document status

This is a live document that will be updated through the life cycle of the project

1.0 Introduction

This document sets out arrangements for the following:

- Coordination of Communications
- Engagement with Stakeholders
- Recording Engagement

The Communication and Engagement Strategy for this project will allow the partners to prepare to meet the challenges and take opportunities of dialogue with the various audiences taking an interest in the project.

The aim of the plan is to detail the actions to be taken by the project team to disseminate information about the progress of the development and to encourage effective two-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 includes focusing on communication with patients, service users, key community groups, voluntary organisations, traditionally hard to reach groups and the wider community.

2.0 Project Background

The Parkhead Hub project brings together a range of primary and social care services, including the existing Parkhead Health Centre, Specialist Children's Services, Primary Care Mental Health Services, acute hospital clinics, Health and Social Work Addiction Services and Community Facilities. The new Hub aims to deliver improved population health through the co-location of services. Bringing this wide range of services together under one roof will develop the design and deliver concepts of the Primary Healthcare Reference Design creating a flagship hub of services within the heart of one of Scotland's most deprived communities.

The ambition to improve outcomes and overall population health includes bringing together Glasgow City Council (GCC) and NHS Greater Glasgow & Clyde (NHSGGC) staff to develop more integrated and efficient ways of delivering services.

One of the core aims of the Parkhead Hub is to reduce pressure on hospital services through the delivery of integrated service models with patients and service users more likely to access all components of their care plan if this can be delivered under one roof.

The facility will bring together a number of public facing community health and social care services, which are currently located over nine different sites. The facility will also provide community spaces including bookable rooms and café provision, along with the relocation of the existing Parkhead library service into the Hub which was approved by the City Administration Committee in September 2019.

The building will utilise over 11,000 sq/m of accommodation to deliver services for children and adult community care groups, mental health services, addictions, criminal justice, homelessness and health improvement including General Practitioner services, community pharmacy and dental. NHS Greater Glasgow and Clyde has appointed hub West Scotland as its development partner to deliver the project.

2.2 Key project milestone

These milestones are only an indication of the type of planning required to ensure that communication messages accompany the strategy at key stages of its development, adaption and progress.

As outlined in section 3 this will be regularly monitored through established project governance and reporting.

OBC Approval	January 2021
Stage 2 Submission	October 2021
FBC Consideration\Approval	December 2021
Financial Close	December 2021

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Completion date	Q2 2024 (Phase 2 main building) Q3 2025 (Phase 3 demo and car park)
Services Commencement	Q3 2024

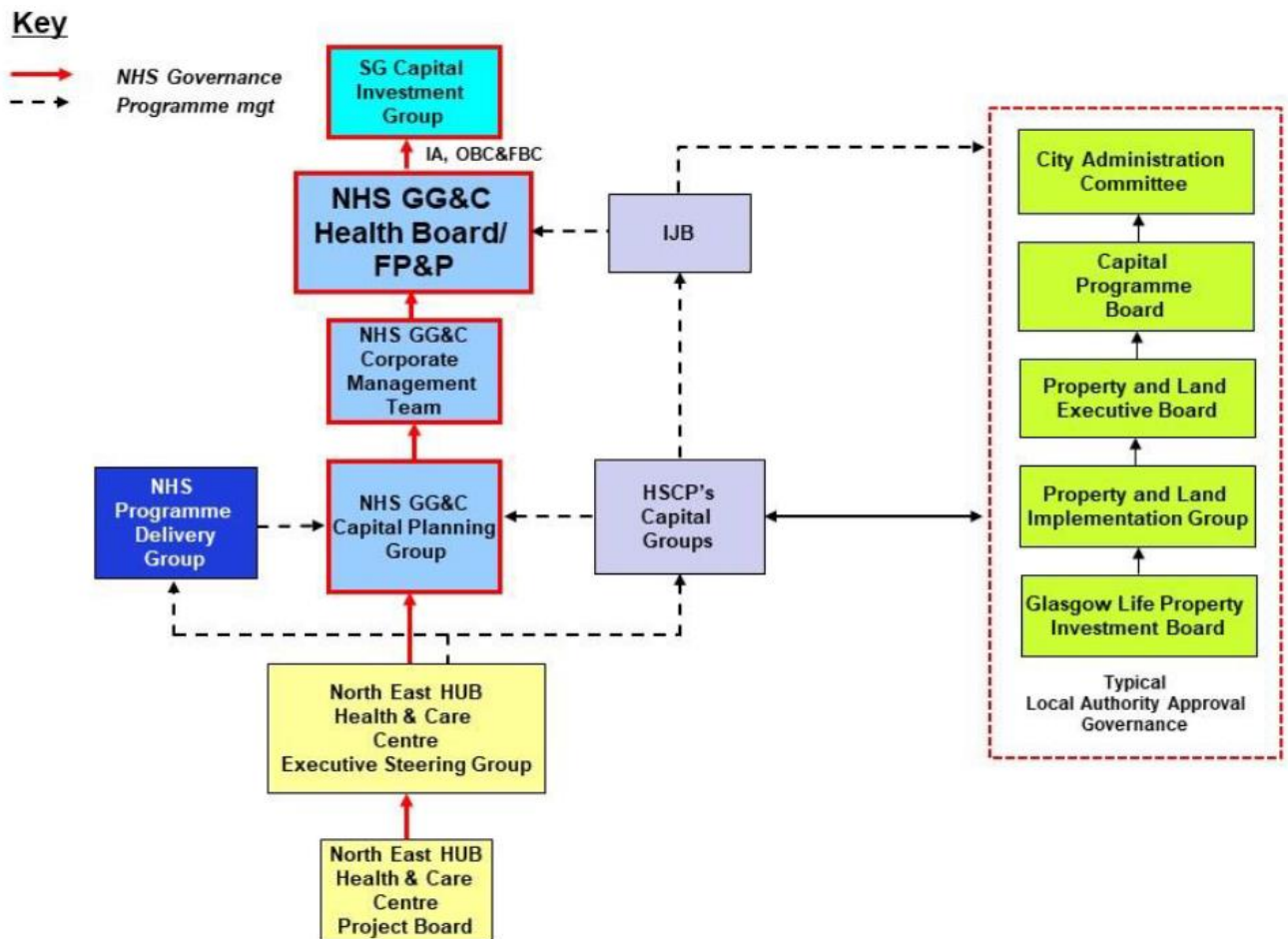
2.2 Stakeholders

At the inception of the project, discussions took place with North East Locality Engagement Forum whose members helped to identify local stakeholders and also developed initial engagement programme, involving all relevant partners, patients, service users and carers, as well as, community representatives and third sector organisations health and social care staff.

The list of stakeholder is captured in appendix 1- Engagement Plan.

3.0 Governance

Parkhead Hub has a clear governance and reporting structure which is outlined in detail in the Business Case.



The Communication and Engagement and Strategy will be approved by the Executive Steering Group and will be monitored by the Project Board throughout the duration of the project.

Communications will be a standing item at the Project Board. The appendixes in the Communication and Engagement plan will be issued to Project Board members regularly to ensure all stakeholders are aware of communications.

HSCP are the lead stakeholder for communications.

4.0 Communication and Engagement

4.1 Communication approach and strategic context

A clear and defined approach to communication with communities and other stakeholders will be important to the project's success. This document summarises communication approaches adopted and engagement activities undertaken to support the creation of the Parkhead Hub.

This plan is informed by NHS and council policies as well as national legislation in addition to the Community Empowerment (Scotland) Act 2015 which promotes effective engagement and participation to enable communities to achieve more influence in decisions which affect them¹.

The following have been taken into consideration:

- GCC Strategic Plan
- Glasgow City HSCP Participation and Engagement Strategy
- North East Locality Plan 2019 - 22
- Review of Glasgow City IJB Public Engagement Committee
- Glasgow City HSCP Communication Strategy
- Glasgow's Integrated Children's Services Plan
- Continued engagement on the review of Greater Glasgow & Clyde Out of Hours Services

4.2 Communication Principles

Engagement allows communities and other stakeholders to be involved in the design, planning and management of the Parkhead Hub.

NHS, Glasgow City Council and HSCP are committed to quality community engagement supported by the principles and standards outlined within the Integrated Joint Board's Consultation and Engagement Guidelines ². Activities will:

- have a clear and concise plan, with a purpose, including defined aims and objectives, processes and timescales;
- be focussed and targeted where appropriate, reaching out to individuals, groups and communities who may be affected by or have a particular interest in proposals;
- be needs-led, and tailored to the needs and circumstances of those involved.

¹National Standards for Community Engagement
http://www.voicescotland.org.uk/media/resources/NSfCE%20online_October.pdf

²<https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2006%20-%20Strategic%20Plan%20%E2%80%93%20Consultation%20C%20Communications%20and%20Engagement%20Strategy.pdf>

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- be accessible, supporting stakeholders to participate and avoiding creating of 'barriers' that may serve to inadvertently exclude particular individuals or groups from taking part
- be inclusive, and take specific actions to increase engagement amongst stakeholders who have historically been less involved in such activity
- have integrity, with honest intent and strong relationships built with individuals, groups, communities and organisations; valuing, respecting and considering stakeholders' views
- be informative, with sufficient appropriate information made available to stakeholders to allow them to fully participate in activities
- adopt a clear, accessible and inclusive approach to communications, to create awareness and understanding of the purpose of consultation, communication and engagement activities
- adopt a range of methods and approaches to consultation, engagement and communication to support inclusiveness and maximise participation, for example not relying solely on online / digital methods and
- be transparent, and fairly represent the views of stakeholders in the decision-making process, with the outputs and outcomes of activities fed back to participants.

The engagement approach seeks to adopt the above principles and will cover five main forms of engagement:

1. **Informing** ensures transparency and conveys balanced and objective information to the relevant people.
2. **Consulting** is a formal process by which stakeholders are asked for feedback to inform decision-making. Public consultation is also a statutory requirement of the Pre Application Consultation process which must be undertaken at least 12 weeks before submitting a formal major planning application.
3. **Involving** entails working directly with stakeholders throughout the process and ensuring concerns and aspirations are understood and considered.
4. **Collaborating** involves partnering with stakeholders at key stages in the process, including developing alternatives and identifying preferred solutions or proposals.
5. **Empowering** places final decision-making in the hands of communities and stakeholders.

4.3 Equalities and Inclusivity

Our consultation, engagement and communication activity will be designed to be accessible and inclusive to all. In planning consultation, engagement and communication activity, we will actively look to create more opportunities to engage with individuals who normally would not participate in consultation process.

Specific Actions:

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- We will continue to engage with a wide range of people as part of the development process for the hub and we will continue to make concerted efforts to ensure that people with protected characteristics can participate in the consultation and involvement activities.
- To support this engagement, we will work with Equalities Groups to seek their input in the proposed development. In light of the covid-19 pandemic and resultant restrictions that occurred in March 2020 with no face to face meetings being able to occur, the method of consultation required a fundamental review and has resulted in an increase in digital communication and engagement. This has the potential to be less inclusive than other forms of engagement and the project team are therefore exploring ways to support groups to participate and become involved in the consultation and engagement process.

Measures:

- Engagement feedback
- Use of the community facilities by protected characteristic groups
- Uptake patterns by protected characteristic groups for services located within the hub
- Patient feedback

4.4 Communication Mechanisms

Existing Communication Mechanisms

- NHSGG&C, HSCP, and Council/Glasgow Life meetings
- Hub Steering Groups/Project, Design /Arts/Community Benefits meetings
- Local Community Planning Meetings
- Locality Engagement Forum meetings
- Meetings of Staff Partnership forum
- Local Voluntary sector networks and Third Sector organisations
- Local housing networks

Less Formal means of communication

- Newsletters and team briefs –NHSGG&C Health News,
- Council, Glasgow Life
- Community Councils, Housing Associations, Local Data Bases

5.0 Actions by work stage

Architectural plans agreed and to Outline Business Case submission

Once the Delivery Group and Parkhead Design Project Board have agreed the final architectural plans and 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, 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 – Community Councils Parkhead, Auchenshuggle/Tollcross Community Council, Baillieston Community Council DennistounCC
- 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
- Secondary Schools – East Bank Academy, Saint Mungo's, Saint Andrews
- Primary Schools – Dalmarnock Primary, Quarry Brae Primary, Saint Michael's Primary

Outline Business Case to Full Business Case submission

- Produce and distribute information, including update on plans, timescales, arts and environment strategy progress
- Carry out further Arts Strategy engagement
- Patient survey to establish Health Centre wellbeing baseline and travel/public transport usage to Health Centre
- Respond to invitations to update key stakeholders – community groups and voluntary organisations, Community Planning Partnership etc
- Update Locality Engagement Forum regularly
- Information Stalls at local community events, when possible (*replaced by online engagement events*)
- Tweets before and after each activity/event

Full Business Case submission to commencement of Onsite Work

- Regularly update Newsletter/ website – update on plans, timescales, arts and environment strategy progress

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- Progress updates for key stakeholders in relation to site demolition dates, onsite start date of work etc
- Respond to invitations to update key stakeholders – community groups and voluntary organisations, Community Planning Partnership etc (when possible)
- Update Locality Engagement Forum regularly
- Information Stalls at local community events (when possible)
- Engagement sessions in Health Centres (when permitted, and in line with public health and Scottish Government guidance)
- Develop schedule of inputs at team meetings
- Ensure that all communications regarding key processes and stages is effectively and clearly disseminated to all identified organisations and media representatives and to the wider media where required

Commencement of Build

Once the building programme begins communication will include regular Newsletters, development of a website, engagement sessions in Health Centre, update key community and voluntary groups of project progress, Locality Engagement Forum updates, involving the wider community in arts and environmental projects etc.

6.0 Press Release Protocol

HSCP is the lead stakeholder for press releases, and the governance of press releases for the NE Hub will follow the existing HSCP press release protocol (<https://glasgowcity.hscp.scot/communications-strategy>) as follows:

“We have a joint media protocol for our external communications, which has been developed between our partner organisations. It covers guidelines on dealing with media enquiries, proactive communications promoting our work and services and the key corporate communication channels of our partner organisations that we link into. It also includes relevant press office contacts in our partner organisations. Any engagement with the media must adhere to the protocol.”

7.0 Live Documents

Appendix 1 outlines the Engagement Plan which identifies stakeholders and engagement required for specific stakeholder groups. This Plan records who is leading on this engagement activity and timescales for engaging with stakeholder groups.

Appendix 2 outlines the Communication Plan outlines the specific communication tasks and records who is leading on this engagement activity and date for implementation.

Appendix 3 records the communication activity which has already occurred and feedback.

These documents will be a standing item on the Project Board and will provide the Project Board with visibility on the extent of communication, engagement and feedback from this through the life cycle of the project.

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Appendix 1 - Engagement Plan

CEO – Community Engagement Officers

CT – Communications Team

GL- Glasgow Life

Parkhead Engagement Plan				
Stakeholders:	Engagement Required:	Action:	Timescale:	Lead:
Individuals and groups interested in and/or affected by the review	What engagement activity is required by each stakeholder group?	By what method will the engagement activity take place?	Frequency of activity?	Who will lead on the engagement activity?
HSCP Patients and Service Users				
Locality Engagement Forum				
Staff				
Glasgow Life				

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Other Partners/Stakeholders				
Hub West				
Community Planning Partners				
Community and Third Sector inc Housing				
Elected members – Local MSPs /Councillors Community Councillors				

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Appendix 2 - Communication Plan

Action	Task	Lead	Date
Communication Plan Review	Communication Plan agreed by Hub Project Board	Andrew Bailey	October 2020
Website social media	www.ParkheadHub.Scot live consultation will take place on 23 rd July 2020 and 27 th August 2020. This will enable members of the public etc. to ask questions to 5 selected officers	Hub West	July August 2020
Focus Groups Presentations and feedback on Planning submission	Virtual platform meetings with north east Community Councils And north east Mental Health forum Network	Community Engagement officer	30 th 07/20/ C.C. 17/08/20/ MHN
Winter Newsletter	Issued to all Stakeholders and placed on GG&C HSCP and G.L websites	Communications Team	November 2020
Press Release	Issued following receipt of planning permission on 31/08/21	HSCP, GCC and NHS	September 2021

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Appendix 3 - Communication Activity Record

North East Hub Community Engagement Activity January-December19 to July-September21

Date	Organisation	Activity	Action/Feedback
17/01/2019	North East HSCP	Learning and Awareness Session Reidvale Neighbourhood Centre.	North East Hub - update and proposals - what the hub will include and estimated timescales for development officers Community representatives spoke about their experiences from the New Gorbals and Maryhill Centres.
17/01/2019.	Locality Engagement Forum Meeting	Report decision of the 18 th Dec GG&C Board meeting and explain the proposals procedures for the Out Line Business Case. Feedback from the Learning and Awareness Session.	Forum members felt they had learned a lot from the session particularly the importance of the out line stage as this was the time for the community to submit their ideas on what services should be included and to have their say in the design and layout of the building. The level of commitment required four full days would be challenge especially given peoples other commitments.
24/01/2019.	Thriving Places Bradley Meabh	Met with Meabh Bradley Supply information explaining Hub proposals and highlighted the opportunities around environmental regeneration, training and employment Community participation and involvement.	Agreed to explore future opportunities and provide updates on Hub progress.
31/01/2019.	Auchenshuggle Community Council	Report decision of the 18 th Dec GG&C Board meeting and explain the proposals procedures for the Out Line Business Case distributed news letter T.D. attendance 15 people present	Elected representatives Police and members of the public in attendance points raised. Building and surrounding area should be of good quality build and design as this sited on such a prominent location, car park security important Vandal proofing measures incorporated within the design If possible services currently provided in hospital setting delivered locally from the Hub.

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Date	Organisation	Activity	Action/Feedback
07/02/2019 08/02/2019	Glasgow City Council one member Glasgow City Council four members	Elected members briefing session City Chambers John Street Board Room 1.4	Questions on agreed funding commitments, time line for the construction, and parking provision.
18/02/2019	Parkhead Community Council	Report decision of the 18 th Dec GG&C Board meeting and explain the proposals procedures for the Out Line Business Case, and set out the planned engagement activity	Eight people attended very supportive of the Hub concept really keen that the design raises the areas profile and that local traders and business benefit from increased staffing levels.
19/02/2019	Baillieston Community Council	Report decision of the 18 th Dec GG&C Board meeting and explain the proposals procedures for the Out Line Business Case, and set out the planned engagement activity	
21/02/2019	Locality Engagement Forum Meeting	Report on current engagement activity and provide feedback on the issues raised at the various community forums	Listed the engagement activity and provided summary of the comments received so far.
22/02/2019.	Distributed News Letter to various local groups.	Local Housing Associations – Parkhead, Thenu, West of Scotland, GHA, GPs, Community Councils, Parkhead, Auchenshuggle, Baillieston, East End Carers, East End Community Carers, Macmillan, Parkinson's Support Group , GHA Locality Forum, Health Improvement, Thriving Places, Mental Health Network,	Received requests for more information
05/03/2019	Parkhead Housing Ass Tenants	Report decision of the 18 th Dec GG&C Board meeting and explain the proposals procedures for the Out Line Business Case, and set out the planned engagement activity	Very supportive of the decision to locate the Hub on the current Parkhead site. Asked if there would be an x-ray facility at the Hub?
28/03/2019.	Locality Engagement Forum Meeting	Reported ongoing engagement activity explained the criteria for the Hub Community take up grant	Forum members agreed to contact local groups and explore options that would fit the grant criteria and feedback on any proposals
08/04/2019.	Cranhill Community Council	Reported on the decision to appoint Hoskins as the architects and explained the proposals procedures for the Out Line Business Case, and the opportunities to take part in future planned	The most important consideration raised was the need to have good transport links to the Hub from residential areas and not just from existing main bus routes, access to alternative therapy

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Date	Organisation	Activity	Action/Feedback
		engagement activity.	medicines should be provided.
16/04/2019.	Baillieston Area Partnership attendance 13.	Health Improvement Senior Barbara Adzajlic explained the proposals procedures for the Out Line Business Case, and the opportunities to take part in future planned engagement activity.	Main points raised will there be more accessible opening times for people who may need support Example mental health and addictions? Would there be job losses?
17/04/2019	East Centre Area Partnership attendance 11.	Health Improvement Senior Michele Hunt explained the proposals.	Main points raised was the need to have good transport links to the Hub from residential areas
17/04/2019	Springburn/Robroyston Area Partnership attendance 10.	Health Improvement Senior Douglas O`Malley explained the proposals and the consultation process	Asked why the Stobhill site was not the site for the Hub and if there were any plans to return mental health services to the Parkhead site.
25/04/2019	Locality Engagement Forum meeting Attendance 16	Members were provided with the information on the next stage consultation including workshops and engagement sessions with the Architects and Design Team Planners	Members that asking community representatives to attend four separate all day engagement sessions placed a big demand on people who had many other prior commitments.
25/04/2019	Shettleston Area Partnership attendance 13.	Health Improvement Senior Carol McGurin explained the proposals and the consultation process	The Hub should have flexible opening times such as evening and weekends, they said they valued the opportunity to contribute to the consultation.
29/04/2019	North east area partnership Attendance 9	Health Improvement Senior Ruth Donnelly Reported on Hub proposals procedures for the Out Line Business Case, and the opportunities to take part in future planned engagement activity	Transport there are issues with buses from parts of the north east ward to Parkhead There is a plan to introduce a parking permit scheme being are the planners aware of this?
03/05/2019	North East Carers Forum attendance 12	Reported on Hub proposals procedures for the Out Line Business Case, and the opportunities to take part in future planned engagement activity	Very supportive and asked to be kept informed of future developments
16/05/2019.	Dennistoun Area Partnership Health Improvement Senior Andy Scott attendance not recorded	Reported on Hub proposals and the opportunities to take part in future planned engagement activity	With Parkview Resource Centre and Sandyford clinic buildings being part of the rationalised – programme will the day respite service still be provided?

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Date	Organisation	Activity	Action/Feedback
	Primary Care Implementation Group for the NE report Gary Dover Attendance 9	Reported on the decision to appoint Hoskins as the architects and explained the proposals procedures for the Out Line Business Case, and the opportunities to take part in future planned engagement activity.	Which GPs are going into the hub, Is their potential for additional GPs to move in the future? Will there be continued investment in existing buildings?
07/05/2019. 22/05.2019. 13/06/2019	Hoskins Hub Architects	Three Hub engagement workshops and site visits to recently completed HSCP facilities involving staff, third sector/community groups, and service users.	Hub Architects answered questions, and listened to comments and ideas on design layout and access to services some suggestions were Hub should become a focal point for community activity. The design should allow for part of the Hub to be closed off from the rest the building. allowing community use and service provision in the evenings and at weekends.
15/08/2019.	North East Locality Engagement Forum Meeting	Gary Dover Assistant Chief Officer for Primary Care reported on the various Hub design options explain how the views of expressed at the public engagement sessions were being incorporated into the Hub design process	Forum members recorded their support the views expressed by the North East Mental Health Network that the Hub should provide a base for peer led support groups, and local community activity.
28/08/2019.	Health and Social Care Public Engagement Committee	Gary Dover Assistant Chief Officer for Primary Care reported to the committee that the prime focus for community engagement continued to be around plans for the North East Hub. From January 19 31 public meetings had taken place covering a wide range of groups. Including IJB Board members, Local Engagement Forums, Community Councils, Area Partnerships, Tenant Associations, Carers Groups Third Sector organisations MacMillan, Glasgow Disability Alliance, Marie Curie, Staff, Mental Health Network, and service users	The Hub should be more than a health centre it should become the focal point for local community activity. Local people should share access to Hub facilities for example meeting rooms, information stands, and café. The community should have access in the evenings and weekends. Third Sector services should have a visible presence inside the building and the opportunity to promote their services.

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Date	Organisation	Activity	Action/Feedback
28/08/2019. 25/09/2019. 26/10/2019.	Civic Participation involving Asylum Seekers Refugees	Working in partnership with the Mental Health Foundation officers attended 3 public meetings and contributed to the making of a video explaining civic participation The Hub engagement and consultation process was used as an example of how the local community groups and service users can influence service provision	Most of those attending did not understand the gate keeping role of the G.P.in authorising access to specialty care, hospital care, and diagnostic tests. Information stands and a higher visible presence for third sector services will help to raise awareness with specific communities where knowledge of health and social care systems and structures is low.
26/11/2019.	Health Social Care Partnership Information Session to give local people an opportunity to find out more about Hub proposals and how they could become involved in planning services.	The priorities and actions set out within the draft locality plans are the product of a broad range of engagement activity. This has ranged from community engagement on previous locality plans, service specific engagement events	Positive comments regarding the policy of providing more community-based services from local Hub centres reducing reliance on having to use hospital-based services More peer-led local community support groups Suggested locating a community café in the Hub as this would become a focal point for community involvement and encourage better partnership working between statutory services and third
			People can become socially isolated for a variety of reasons, such as getting older or weaker, the deaths of spouses and friends, or through disability or illness. Loneliness and social isolation can have a serious effect on health. Shifting the balance care to a robust community-based service was welcomed if properly funded.
12/12/2019	North East Locality Engagement Forum Attendance 15	Report on current engagement activity and provide feedback on the issues raised at the various community forums	Forum members noted the engagement activity so far and asked to kept informed of future development.

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Date	Organisation	Activity	Action/Feedback
24/01/2020	North East Locality Engagement Forum Templeton Business Centre Attendance 31.	Review of North East Participation and Engagement Activity.	Tangible examples of change as a result of North East Locality Engagement Forum members' involvement input to the design/development of Parkhead Hub
27/02/2020	North East Locality Engagement Forum	Reporting the changing service model that will be delivered from Health Centres and G.P Practices explaining how the new Hub Model will influence service provision	Discussed the HSCP decision to close the Anvil Centre members accepted the reasons for the decision and supported the plans for alternative service provision
27/02/2020	Auchenshuggle Community Council	Reporting on how services will continue to be provided during the demolition of the former site buildings and the development of the new facilities	Suggested naming the proposal the Parkhead Hub they felt this linked the development to the local area. Asked if there were services plans to relocate acute based services into the Hub.
30/07/2020	Hub Plan Consultation Group	Andrew Bailey Delivered Hub Planning Submission Presentation To North East Community Councils Parkhead, Auchenshuggle, Dennistoun Bailliston Attendance 8	Parking different views expressed some asked for fewer parking spaces to encourage use of public transport others wanted more parking on site security during building how many staff working from Hub what services would be based
23/07/2020 and 27/08/2020	Online Engagement Events with Project Team	These online engagement events involved partners from the HSCP, Greater Glasgow and Clyde Health Board, Hoskins Architects, Hub West and Glasgow Life, and used a live chat function to allow members of the public to access a website containing information on the Hub. The chat box allowed members of the public to pose questions and comments directly to specific members of the project team. Visitors to the website were also able to view information boards and leave feedback via an online feedback form. The technology worked	In total, there were 145 visitors to the website, 26 feedback forms were downloaded, and the project information boards were downloaded 5 times.

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Date	Organisation	Activity	Action/Feedback
		well, and has been showcased as an example of good practice by HIS (https://www.hisengage.scot/equipping-professionals/engaging-differently/examples/parkhead-hub-consultation/).	
30/07/2020	Hub Plan Consultation Group involving Parkhead, Auchenshuggle, Dennistoun and Baillieston Community Councils	The planning application was presented by the Project Manager to a small group of representatives of the North East Community Councils.	The main issues raised were in relation to parking – with some participants requesting more parking spaces, and others suggesting less – and there were also questions about the number of staff working from the Hub, and site security during the building process.
17/08/2020	Hub Plan Consultation	Andrew Bailey Delivered Hub Planning Submission Presentation To North East Mental Health Forum Network	A number of members spoke about their positive experience of visiting Hub facilities at both Gorbals and Eastwood they found both centres had open and welcoming entrances. They said that the public areas were felt spacious the glass and public courtyards created a bright friendly safe environment and that they sometimes spent time just sitting in the common areas watching people come and go throughout the building. Most of the members have been involved from the very beginning and had taken part in the various site visits participated the engagement sessions. They felt that many of their suggestions such as designated community spaces public access after 5pm and at weekends more services provided locally closer working with voluntary and third sector groups have been included within the design and service model

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Date	Organisation	Activity	Action/Feedback
17/08/2020	North East Mental Health Network	Fourteen members of the public attended this event, which was facilitated by the Project Manager and Hoskins Architects.	A number of members spoke about their positive experience of visiting Hub facilities in Gorbals and Eastwood and felt that many of their suggestions such as designated community spaces, public access after 5pm and at weekends, and more services provided locally, as well as closer working with voluntary and third sector groups, had been included within the design and service model.
18/05/2021	Thriving Places Engagement Event	A presentation was delivered by the Project Manager and Hoskins Architects to update 10 local residents and staff on the latest plans.	A number of questions were raised in relation to the criteria and eligibility requirements governing the Hub Community Benefits programme.
27/05/2021	HSCP North East Hub Community Engagement Event	A HSCP Hub community engagement event was attended by 40 members of the public and staff, with representation from community groups, third sector organisations, HSCP, NHS and Glasgow Life. Hoskins Architects facilitated a presentation on the plans and layout of the Hub, and Hub West provided an update on the community benefits work.	Both presentations were well received, and a range of questions were posed in relation to the available services (including access to creche facilities and translation services), the configuration of toilet areas, transport links, gardening and community spaces, bike storage and the process for consulting with third sector partners and housing associations.

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7.4 Appendix 4 – Risk Register.

North East HUB Health Centre Operational Risk Register



Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	PRE-CONTROL				Risk Treatment Approach	Control and Mitigation Actions	POST-CONTROL				Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date
									Likelihood	Impact / Consequence	Inherent Risk	Risk Status			Likelihood	Impact / Consequence	Residual Risk	Risk Status				
NEH 001	Open	24/02/2020	Delay in identifying network provider.	RISK: The network provider is not identified at a sufficiently early stage in the procurement process, resulting in abortive works. CAUSE: Potential delay to contract due to rectifying abortive works. EFFECT: Change Order required to cover these works	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	1	3	Low	Treat	Additional ducts added for various providers. There will be an element of over provision. Alternative approach to installation successfully used for Gorbals and Woodside could be adopted.	2	1	2	Low	28/09/2021	Remain Static	Ongoing action on the Voice and IT Group	26/10/2021
NEH 002	Open	24/02/2020	Data network incompatibility	RISK: GCC and GG&C data networks do not have the ability to share wire infrastructure. CAUSE: Data protection regulations. EFFECT: Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	1	3	Low	Tolerate	Cabinets within comms rooms have the ability to be split to ensure very dual network point has 1 point going to NHS GG&C System and 1 point goes to GGC System .	1	1	1	Low	28/09/2021	Remain Static	Ongoing action on the Voice and IT Group	26/10/2021
NEH 003	Open	24/02/2020	Voice network incompatibility	RISK: GGC and GG&C voice networks do not have the ability to be merged. CAUSE: Organisations use different systems. EFFECT: Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	4	12	High	Treat	Systems being trialled by GCC and NHS.	3	2	6	Medium	28/09/2021	Remain Static	Ongoing action on the Voice and IT Group	26/10/2021
NEH 004	Open	24/02/2020	Delay in network provider installing infrastructure.	RISK: Network providers do not engage early and are out with control and influence. CAUSE: No network connection to building EFFECT: Delay in commissioning and additional construction, equipment and revenue costs.	Physical / assets	E-Health and IT	Infrastructure Development Consultant for NHS GGC	Head of eHealth Strategy & Programmes for NHS GGC	3	4	12	High	Treat	Placing order early doesn't work. There is no mitigation where network providers don't engage and NHS GG&C and GCC.	3	4	12	High	28/09/2021	Remain Static	Ongoing action on the Voice and IT Group & executive Group	26/10/2021
NEH 005	Open	24/02/2020	Change of services- new occupants	RISK: Requirement to make adjustments to layouts to suit service needs. CAUSE: Service Change. EFFECT: Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	6	Medium	Treat	Standard Room Design Types offers a high degree of flexibility. Room layouts have been produced and signed off.	3	2	6	Medium	28/09/2021	Remain Static	Keep a close view on learning exercises following COVID-19 Pandemic	26/10/2021
NEH 006	Open	24/02/2020	Changes to services- service development	RISK: Requirement to make adjustments to layouts to accommodate changed service needs. CAUSE: Service Change. EFFECT: Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	3	6	Medium	Treat	Standard Room Design Types offers a high degree of flexibility. Room layouts have been produced and signed off.	2	3	6	Medium	28/09/2021	Remain Static	We now have 95% of rooms signed off. Risk to be closed when remained of rooms signed off.	26/10/2021
NEH 007	Open	24/02/2020	Changes to services- changed personnel	RISK: Requirement to make adjustments to layouts / services due to change in Service Lead. CAUSE: Service Change. EFFECT: Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	1	2	Low	Treat	Standard Room Design Types offers a high degree of flexibility. Room layouts have been produced and signed off.	2	1	2	Low	28/09/2021	Remain Static	We now have 95% of rooms signed off. Risk to be closed when remained of rooms signed off.	26/10/2021
NEH 008	Open	24/02/2020	No commitment to tenancy.	RISK: Independent Contractor do not commit to move to new centre CAUSE: Cost increase is not acceptable. EFFECT: Impact in revenue stream.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	2	4	Low	Treat	Early dialogue has taken place regarding costs with GPs. Pharmacy and Library to ensure everyone understands new costs.	2	2	4	Low	28/09/2021	Remain Static	Letters to be issued regarding current costs with GPs. Pharmacy and Library at each design stage to ensure everyone understands new costs. Occupancy agreements will be put in place prior to FC.	26/10/2021
NEH 009	Open	24/02/2020	Reduction in area uptake.	RISK: Independent Contractors seek to reduce their footprint at a late stage of project. CAUSE: Area is unaffordable. EFFECT: Impact in revenue stream.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	4	12	High	Treat	Early dialogue has taken place regarding costs with GPs. Pharmacy and Library to ensure everyone understands new costs.	1	1	1	Low	28/09/2021	Increased	Letters to be issued regarding current costs with GPs. Pharmacy and Library at each design stage to ensure everyone understands new costs. Library to fully agree to there proposal. Occupancy agreements will be put in place prior after FC.	26/10/2021
NEH 010	Open	24/02/2020	Changes to GP Practices	RISK: Independent Contractors seek to merge and require adjustment of layout. CAUSE: To ensure practice remains viable. EFFECT: Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	2	4	Low	Treat	Standard room design offers a high degree of flexibility base on a number of years development with NHS GG&C buildings.	1	1	1	Low	28/09/2021	Remain Static	Any changes should be able to be incorporated within the current deign. Any further changes would be need to be approved by the Executive Steering Group.	26/10/2021
NEH 011	Open	24/02/2020	NHS GG&C Capital Planning and HSCP operational commissioning resource	RISK: Lack of Capital Planning GGC and HSCP resource requires procurement of external commissioning team. CAUSE: Workload pressures on other projects. EFFECT: Additional Professional fees.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	1	3	Low	Treat	Bring in external resource as Implemented for Eastwood, Maryhill, Gorbals and Woodside H&CC's.	2	1	2	Low	28/09/2021	Decreased	executive group to monitor workload	26/10/2021

Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	Likelihood	Impact / Consequence	Inherent Risk	Risk Status	Risk Treatment Approach	Control and Mitigation Actions	Likelihood	Impact / Consequence	Residual Risk	Risk Status	Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date
			Risk Title	Risk Description																		
NEH 012	Open	24/02/2020	Materials delays effect operational commissioning	RISK: Lack of manufacture resource affects deliveries and installation of agile furniture. CAUSE: Workload pressures on other projects. EFFECT: Delay in completing commissioning installation and occupancy of building.	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	3	9	Medium	Treat	Procurement entering into dialogue with suppliers at the appropriate time.	2	2	4	Low	28/09/2021	Remain Static	Procurement to advise as the project progresses	26/10/2021
NEH 013	Open	24/02/2020	Construction delays impact on operational commissioning	RISK: Delay to Practical Completion causes a knock on effect for Operational; Commissioning . CAUSE: Building not handed over in time. EFFECT: Delay in completing commissioning installation and occupancy of building.	Environmental	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	6	Medium	Treat	Regular updates on site progress. Occupancy dates kept flexible.	2	2	4	Low	28/09/2021	Remain Static	Executive group to monitor program	26/10/2021
NEH 014	Open	24/02/2020	Delay in operational commissioning - Clinical Pressure	RISK: Clinical pressure around period for commissioning. CAUSE: Uncertainty within the team and regarding operational date. EFFECT: Delay in completing commissioning installation and occupancy of building.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	6	Medium	Treat	NHS GG&C, GCC and HSCP have committed to 10 week commissioning period. Regular updates on site progress. Occupancy dates kept flexible.	2	2	4	Low	28/09/2021	Remain Static	Provide regular updates via executive steering group and sub groups.	26/10/2021
NEH 015	Open	01/04/2020	Operational requirements not achieved	RISK: Participant operational requirements may not be achieved. CAUSE: Requirements not fully defined at appropriate stages. EFFECT: Negative impact on operation of new building. Late design changes may be required at additional cost.	Operational	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	2	6	Medium	Treat	Governance structure and communication strategy establish to include relevant participants in project groups and sharing of information.	2	2	4	Low	28/09/2021	Remain Static	Workstage review and layout sign off as well as technical advisor reviews are ongoing.	26/10/2021
NEH 016	Open	01/04/2020	Legal agreements GCC Capital contribution	RISK: Potential delays to legal agreements for shared occupancy. CAUSE: Availability of resources. EFFECT: Delays to release of funding for library and entry into building.	Financial	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	3	9	Medium	Treat	Shared Occupancy project group has be establish within governance structure.	2	2	4	Low	28/09/2021	Increased	Ongoing meetings to conclude interface agreement	26/10/2021
NEH 017	Open	01/04/2020	Operational requirements not achieved due to availability of stakeholders as a result of Covid-19 pandemic / UK government lockdown.	RISK: Potential delays / deficiencies in briefing as a result of Covid-19. CAUSE: Availability of participants due to UK government lockdown. EFFECT: As risk NEH 015.	HR / people	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	4	8	Medium	Treat	Availability of participants to attend project groups has been established.	1	1	1	Low	28/09/2021	Decreased	Continue meetings to conclude design using Microsoft Teams and monitor attendance.	26/10/2021
NEH 018	Open	29/04/2020	Accommodation requirements change following review of services as a result of Covid-19 pandemic.	RISK: Change to accommodation requirements. CAUSE: Change to service models and working practices. EFFECT: Redesign changes will result additional and abortive cost.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	3	6	Medium	Treat	Monitor guidance and review against current design has taken place. Current flexible layout and widespread use of standard rooms can accommodate various additional services relocating to the building if current services space requirements reduce.	3	3	9	Medium	28/09/2021	Decreased	Establish COVID-19 response lessons learned document for review by Executive Steering Group	26/10/2021
NEH 019	Open	10/06/2020	Delay due to Covid-19	RISK: Elongation of programme and delayed Completion CAUSE: COVID-19 - Workplace distancing measures resulting in extra time to complete activities or handle supplies and materials coming into work site. EFFECT: Delay to Practical Completion and services occupying the new building.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	4	3	12	High	Treat	Process established for Project Manager to report on programme delays due to COVID-19 to the Executive Steering Group.	5	3	15	High	28/09/2021	Decreased	Project Manager to hold regular review meeting with HUB and BAM and report to Executive Steering Group on a monthly basis.	26/10/2021
NEH 020	Open	10/06/2020	Disruption to supplies / material due to Covid-19	RISK: Disrupted or cancelled supplies/materials orders to the work site CAUSE: COVID-19 - Supply chains affected by financial viability, workplace measures and/or staff availability, resulting in delays in programme and additional costs from sourcing materials from other suppliers or waiting for existing orders to be fulfilled; EFFECT: Costs increase from time delays, extra staff time and commodity price changes. Delay to Practical Completion and services occupying the new building.	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	5	5	25	V High	Treat	Project budget contains a 8% optimism bias.	5	5	25	V High	28/09/2021	Remain Static	Project Manager to hold regular review meeting with HUB and BAM and report to Executive Steering Group on a monthly basis.	26/10/2021
NEH 021	Open	10/06/2020	Increase costs due to Covid-19	RISK: Cost of overall works increases CAUSE: Covid-19 - Contractors costs increase and Compensation Events issued to cover costs EFFECT: Increase in overall costs of project and which may see quality / extents reduce where cost saving measures are required	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	5	5	25	V High	Treat	Project budget contains a 8% optimism bias.	5	5	25	V High	28/09/2021	Remain Static	Project Manager to hold regular review meeting with HUB and BAM and report to Executive Steering Group on a monthly basis.	26/10/2021

Risk Ref No.	Status	Date Identified	Summary Description of Risk		Primary Risk Category	Organisational Area	Risk Manager(s)	Accountable Owner	Likelihood	Impact / Consequence	Inherent Risk	Risk Status	Risk Treatment Approach	Control and Mitigation Actions	Likelihood	Impact / Consequence	Residual Risk	Risk Status	Date Reviewed	Movement in the period	Planned Next Steps and Future Actions Required	Next Review Date
			Risk Title	Risk Description																		
NEH 022	Open	10/06/2020	Reputational risk from Covid-19	RISK: NHS / GCC seen as progressing works against risk to workers CAUSE: COVID-19 - Contractor starts up working but public opinion is that mitigation measures around construction are not safe EFFECT: Social media and traditional news outlet reporting of works progressing over health or workers; NHS required to instruct contractor not to work and risk claim	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	4	3	12	High	Treat	Project is following Scottish Government COVID-19 Construction Sector Guidance. Executive Steering Group has established a comms SLWG with results to be review and managed by Project.	2	2	4	Low	28/09/2021	Remain Static	Monitor Scottish Government guidance.	26/10/2021
NEH 023	Open	10/06/2020	Disruption to design team from Covid-19	RISK: Disruption to project team working CAUSE: Home working and restricted access to the office and computer systems will impact on the efficiency of the design team EFFECT: Increased time required to complete design activities delaying pre contract design programme or delaying responses to contractor technical questions during construction	Change	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	3	6	Medium	Treat	Microsoft Teams has been established as a method for holding meetings remotely.	2	3	6	Medium	28/09/2021	Decreased	Meetings are to continue be held using Microsoft Teams.	26/10/2021
NEH 024	Open	09/07/2020	Evolving library operational requirements	RISK: Future changes to library shelving and soft furnishing requirements. CAUSE: Use of libraries is evolving rapidly - requirements are likely to change by 2024. EFFECT: Design changes may be required to suit library requirements when the building opens.	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	4	2	8	Medium	Treat	Flexibility incorporated into proposals. Extra provision small power & data. Shelving & soft furniture are movable.	3	1	3	Low	28/09/2021	Remain Static	Project Manager to report any changes to requirements to Exec. Steering Group - to be agreed via change control, or separate activity by GL following PC.	26/10/2021
NEH 025	Open	07/04/2021	HFS new Sustainable Design and Construction Guide for new buildings.	RISK: New guidance may have to be incorporated. CAUSE: Guidance under development EFFECT: Design changes may be required to ensure compliance.	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	2	4	Low	Tolerate	New draft guidance has been reviewed against current BREEAM Standards.	2	2	4	Low	28/09/2021	Remained Static	Project Manager to continue to dialogue with HFS regarding implementation.	26/10/2021
NEH 026	Open	06/07/2021	NHS Assure	RISK: New process of review to be undertaken. CAUSE: New national guidance. EFFECT: Design changes and program increase may be required following review	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	2	4	8	Medium	Tolerate	Design has been developed to ensure compliance with all standards	2	4	8	Medium	28/09/2021	Remained Static	Project Manager to continue to dialogue with HFS regarding implementation.	26/10/2021
NEH 027	Open	28/09/2021	Planning Conditions	RISK: Client conditions to be discharged. CAUSE: Planning Consent. EFFECT: Delays and Cost Risk in the development contract	Physical / assets	HSCP	Head Planning and Strategy (Children's Services & North Easy Locality) for Glasgow City Health and Social Care Partnership	Chief Officer Finance and Resources for Glasgow City Health and Social Care Partnership	3	4	12	High	Treat	Conditions to be discharged	1	2	2	Low	28/09/2021	New	Project Manager to work with GCC to discharge conditions	26/10/2021

7.5 Appendix 5 – “Statement of Support” Letter.



Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Commonwealth House
32 Albion Street
Glasgow
G1 1LH

www.glasgow.gov.uk
www.nhsggc.org.uk

Our ref: SM/CF
Your ref:
Date: 19th October 2021

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

New North East HUB (Parkhead) Health and Social Care Stakeholder Letter of Support

Dear Sir / Madam,

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

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

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

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

The scheme is affordable via the Capital Funded DBDA route.

Yours sincerely

Susanne Millar
Chief Officer Glasgow City Health and Social Care Partnership

OFFICIAL



If phoning or visiting, please ask for Susanne Millar
Telephone 0141 287 8853
Email: susanne.millar@glasgow.gov.uk

7.6 Appendix 6 - High level breakdown of costs.

High Level Breakdown of Costs

	OBC	FBC	Difference
Capital Costs (inc VAT)	£'000	£'000	£'000
Capex including VAT	59,574	67,666	8,092
Optimism Bias (8%-OBC / 1.5%-FBC)	4,766	1,015	-3,751
Total Capex incl Optimism Bias	64,340	68,681	4,341
Group 2 & 3 equipment Including VAT	2,979	2,979	0
Total Capital cost	67,319	71,660	4,341
<u>Sources of Funding</u>			
SGHSCD	61,322	65,336	4,014
NHSGGC Formula Capital	2,979	2,979	0
Glasgow City Council Including VAT	3,018	3,345	327
Total Sources of Funding	67,319	71,660	4,341

7.7 Appendix 7 – Architectural, MEP, ICT and C&S Design Principals.

Hoskins Architects

North East Hub – FBC
Presentation

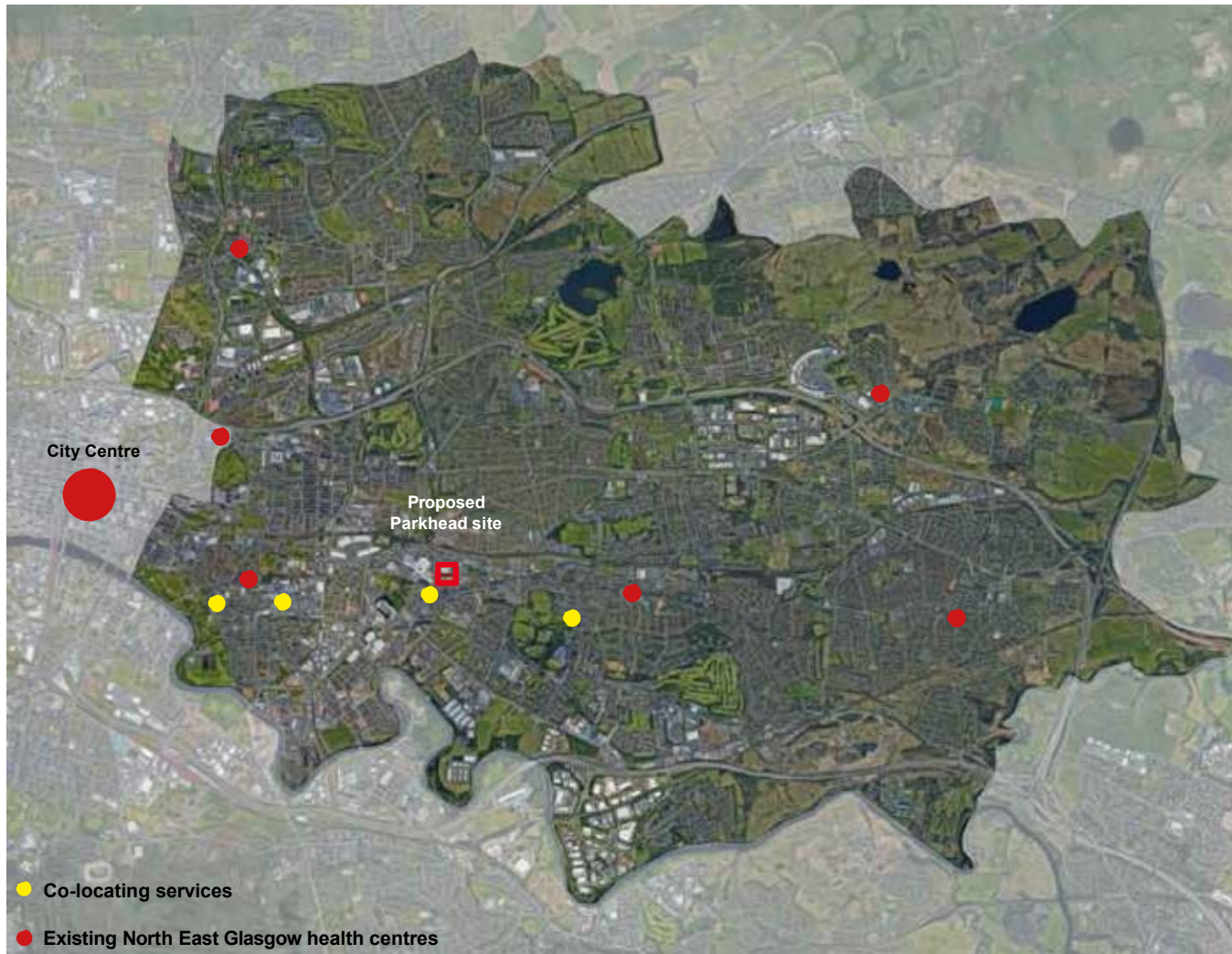


Introduction



Introduction

1. Aerial map of North East Glasgow NHS area.



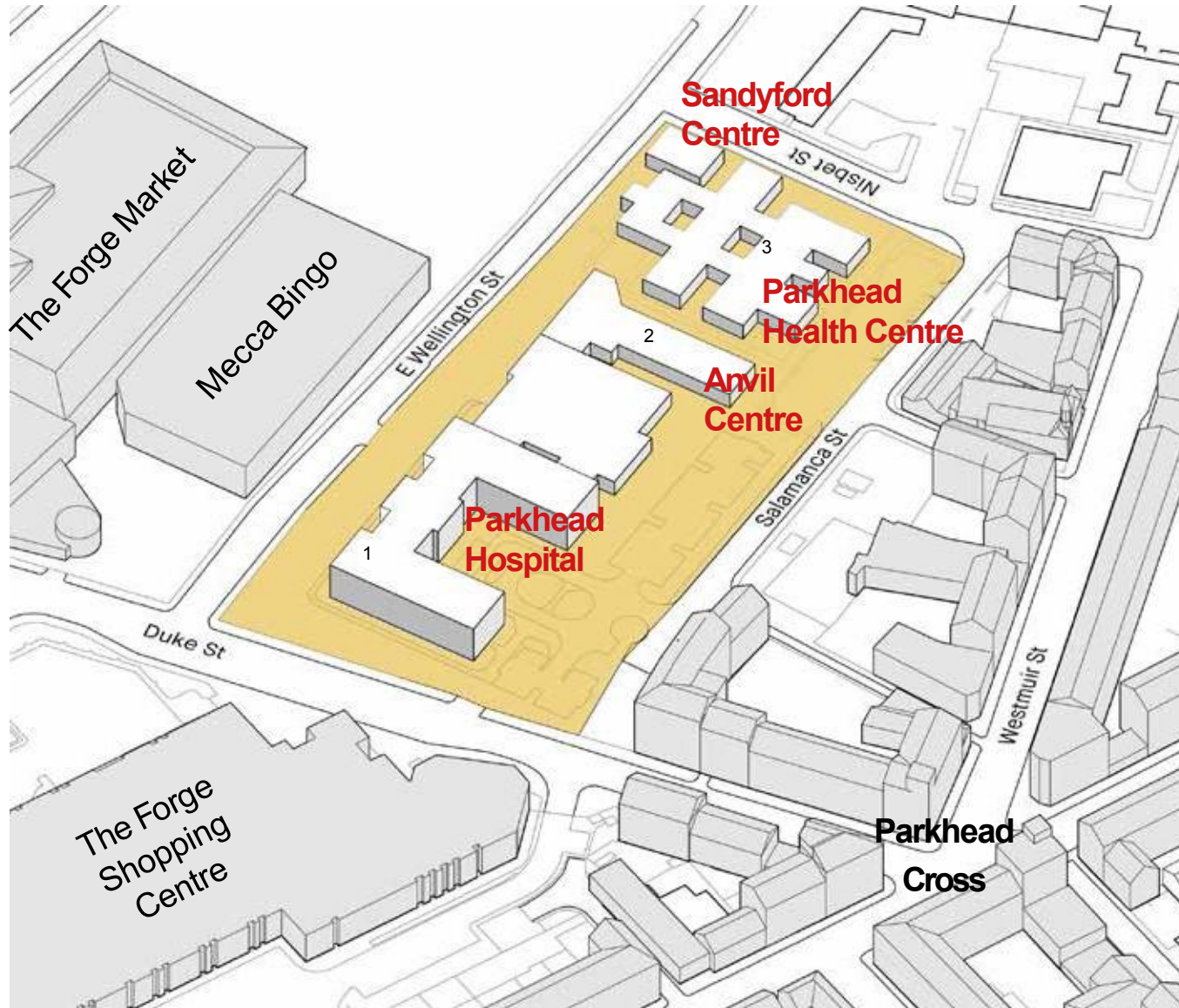
- Bringing together a wide range of community, health and social care services all under one roof.
- A community building that is open and welcoming
- Creating a caring environment
- Movement between services to be clear, simple and intuitive
- Better integration health and social care disciplines
- A building that creates a sense of civic pride and to be a landmark for the local area
- A flexible, adaptable building that is capable of future expansion
- A design that offers a safe, secure space for all building users
- Training spaces for social care staff from across the city

Location



- Located in the heart of the East end, just north of Parkhead Cross
- Site currently occupied by the, now closed, Parkhead Hospital, the Anvil Resource Centre, Sandyford Clinic and the existing Parkhead Health Centre.
- On the edge of Parkhead Conversation Area
- Bounded by Duke St. East Wellington St. Nisbet St. and Salamanca St.
- Opposite The Forge Retail Centre
- Predominantly retail uses at ground floor

Existing Site

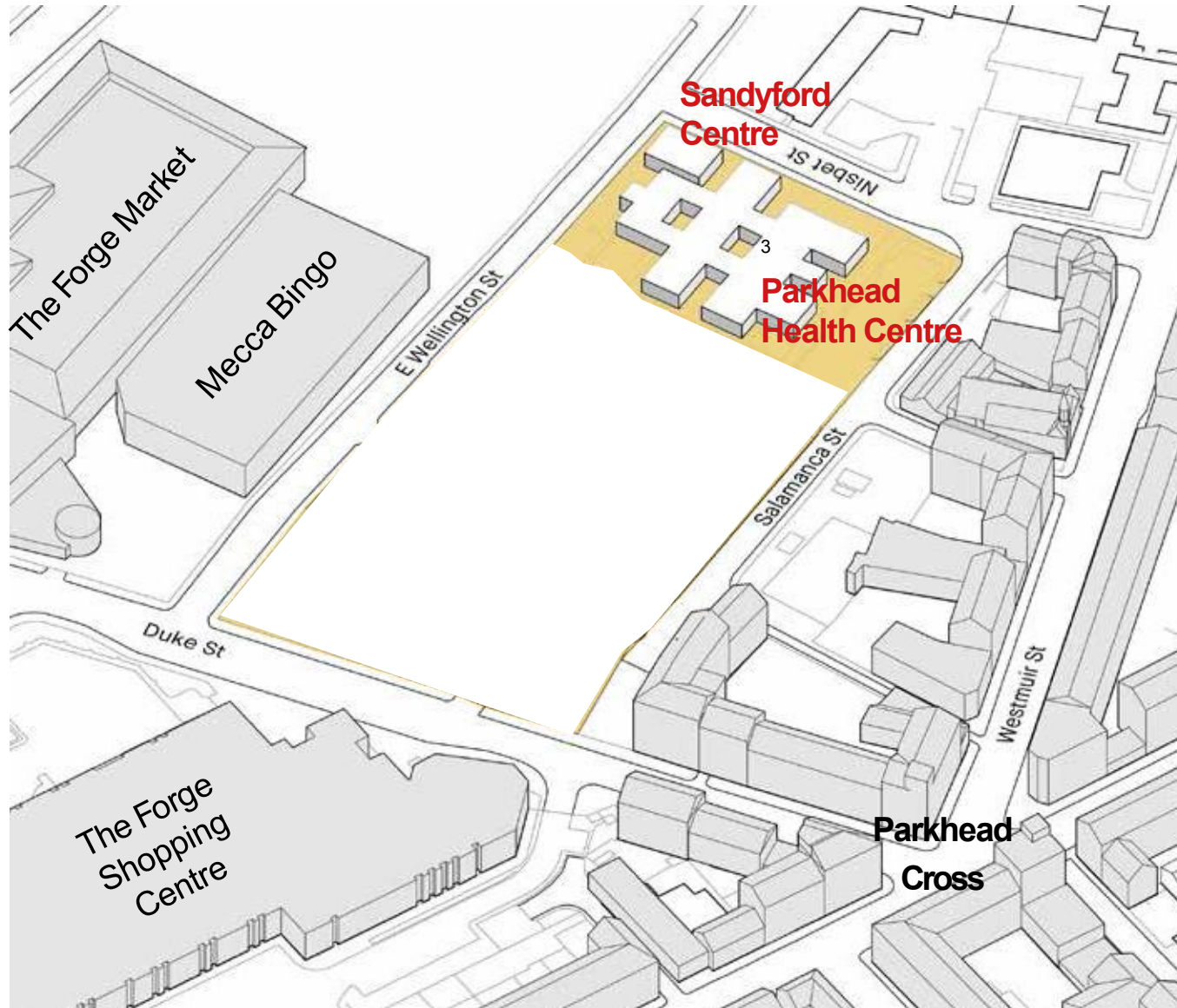


Pre-demolition site photographs



1. Parkhead Hospital
2. Anvil Resource Centre
3. Parkhead Health Centre

Existing Site



Pre-demolition site photographs



1. Parkhead Hospital
2. Anvil Resource Centre
3. Parkhead Health Centre

Site Strategy



Option 1 - Building across width of site, addressing both street and car park

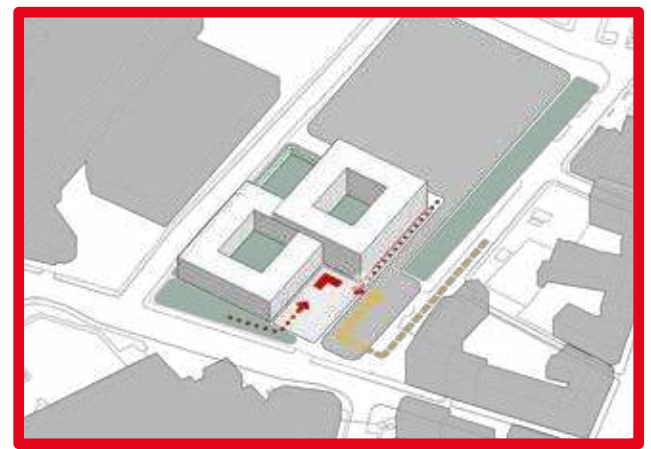
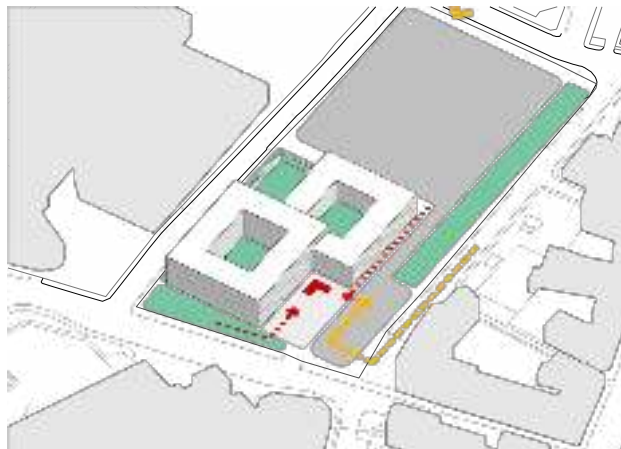
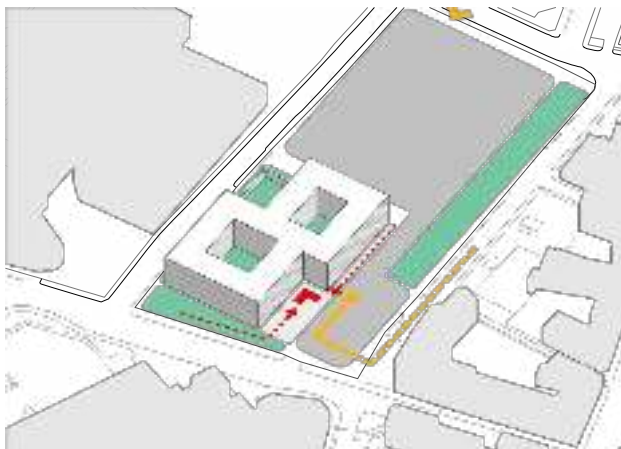
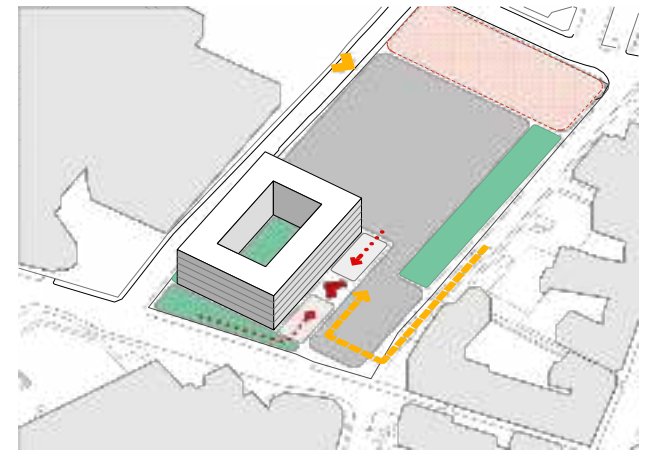


Option 2 - Building to south of site, addressing busy retail environment

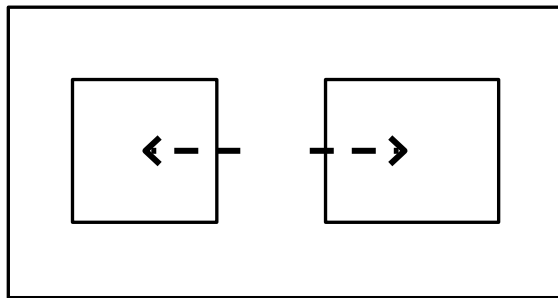


Option 3 - Building to north of site, defining the edge and providing south facing public realm

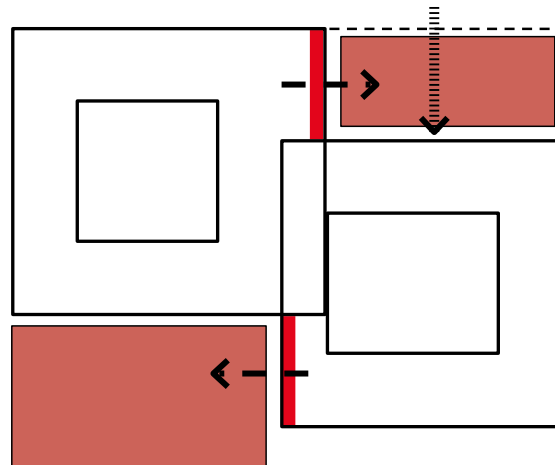
Massing strategy



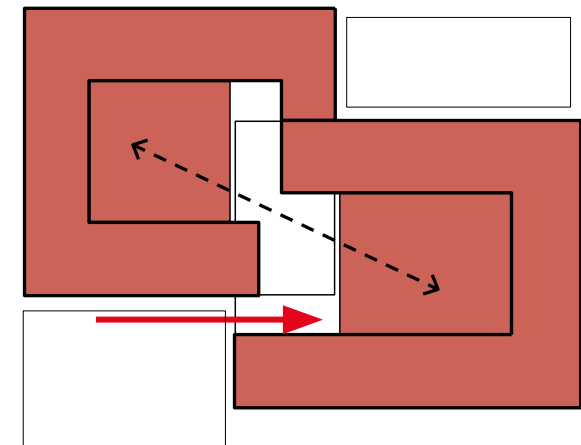
Development of the Plan



1. Two courtyard spaces - two blocks



2. Push one block south
- create two new spaces,
break down the mass and
increase perimeter wall



3. Unwrap the block and
connect the courtyards

Early energy analysis



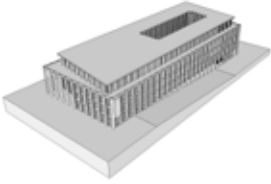


NORTH EAST HUB

EARLY STAGE SUSTAINABILITY ANALYSIS

This short report has been prepared to present the results of an early stage sustainability analysis, comparing three massing options for the North East Hub project in Glasgow.

The purpose of this report is to provide energy and sustainability data to support the architects options appraisal. As a comparative assessment, the performance of the building fabric and building services is irrelevant as each option is assessed using the same data.

The three massing option files provided are as follows:

		
OPTION A	OPTION B	OPTION C
Sketchup File: Reiach & Hall 3D Massing	Sketchup File: Competition Submission 3D Massing	Sketchup File: Competition Development 3D Massing

3.0 | RESULTS

Type	Output	Results		
		Option A	Option B	Option C
Energy	Heating energy demand (kWh/m²)	16	15	17
	Cooling energy demand (kWh/m²)	65	62	70
	Percentage of heat loss through:			
	External walls	11%	9%	9%
	Roof	8%	6%	7%
	Exposed floor	9%	7%	8%
	Glazing	71%	78%	76%
Sunlight/ Daylight	Annual Probable Sunlight Hours	50%	52%	54%
	Visible Sky Component	96%	94%	99%
Thermal Comfort	Peak solar heat gain (kW)	279	325	322
	Annual solar heat gains (kWh/m²)	33	41	47

The results of the early stage sustainability analysis demonstrate that Option B has the lowest thermal energy demand per square meter, giving the lowest operational costs and CO₂ emissions to conditioning the building out of the three options.

Elevated levels of natural daylight will help promote the health and well-being of building users as well as reducing the energy consumed by the artificial lighting system. The results show that all options ensure building occupants will experience enhanced levels of natural daylight, with Option C performing marginally better.

In summer months, solar heat gains can increase the risk of overheating, leading to occupant discomfort and an increase in energy demand from cooling equipment. Option A is subject to considerably lower solar heat gains than Options B & C, which is largely due to the building orientation. Should Options B or C be preferred, a facade optimisation exercise should be performed to reduce solar heat gains through passive design measures such as solar shading and reduced solar transmittance (g-value) of the glazing. Should rooms still be deemed as overheating active design measures may be required (i.e. mechanical ventilation and/or cooling equipment). A CIBSE TM52 thermal comfort study will confirm this as the designs develop.

1. Eastwood Health Centre Clinical wing plan
2. Eastwood Health Centre Waiting Area
3. Eastwood Health Centre Standard Consulting Room



Building upon previous experience

- Courtyard model
- Depth of plan
- Increased allowance for improved fabric performance
- Standard rooms layouts
- Limit complicated envelope junctions to increase chance of achieving high tightness values
- Change in scale
- Change in balance of services
- Developments in brief

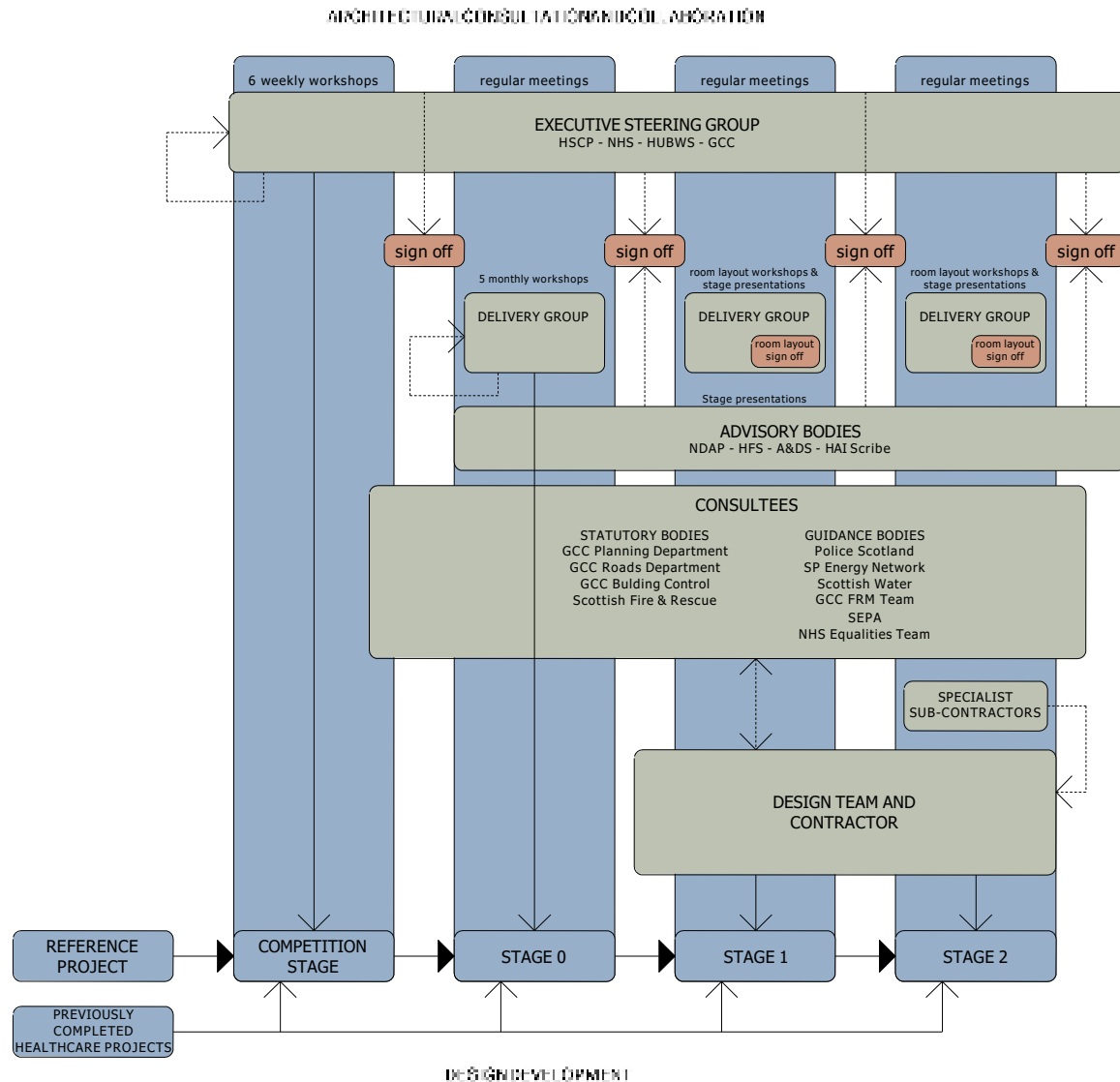


Consultation

Initial intensive regular workshops with Steering Group and Delivery group/Stakeholders. Outcomes were recorded and presented with our design response in following workshop.

Presentations to advisory bodies with discussion. Feedback and design team responses recorded in trackers and documented in Staged reports.

Feedback and progress is documented and issued for sign off by executive group and end of each stage.



Room Layout Sign-Off



Ground Floor





First Floor



Second Floor



Third Floor

-  Room layout signed-off
-  Room layout prepared and issued for sign-off

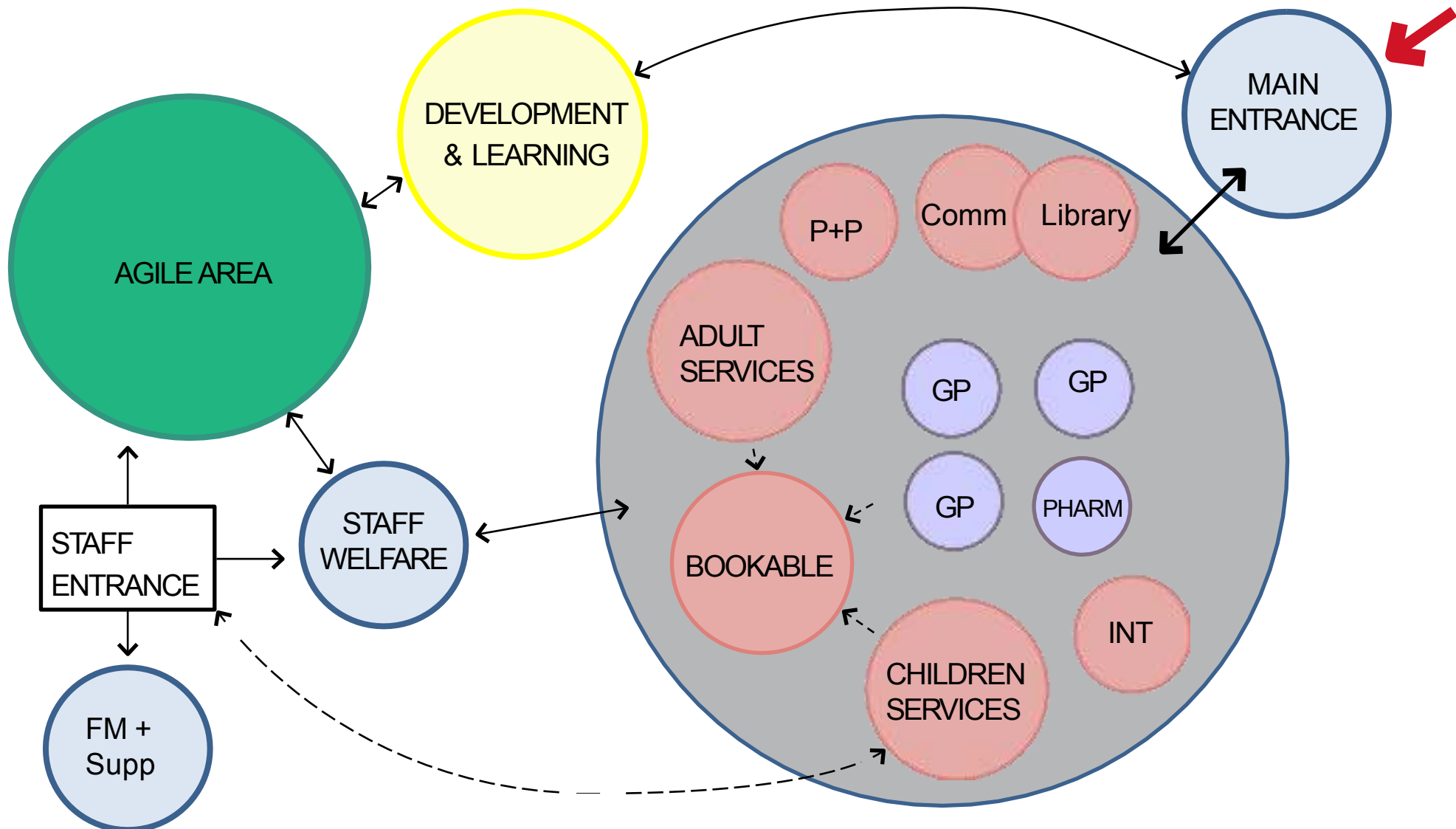
Consultation



Wider stakeholder groups

- Community Groups
- GP practices and Pharmacy
- Pharmacists
- Community Dental
- Adult Services (including PCMH, OAMH & Addictions)
- Criminal Justice
- Children's Services (CAMHS, SCPT and Social Work)
- Sandyford Services
- District Nursing
- Physiotherapy & Podiatry,
- Health Improvement Team
- Glasgow Life
- Glasgow HSCP
- NHSGGC Facilities Management
- NHS GCC
- NHS Equality Team

Relationship Diagram



Consultation

Traffic/parking/drop-off strategy

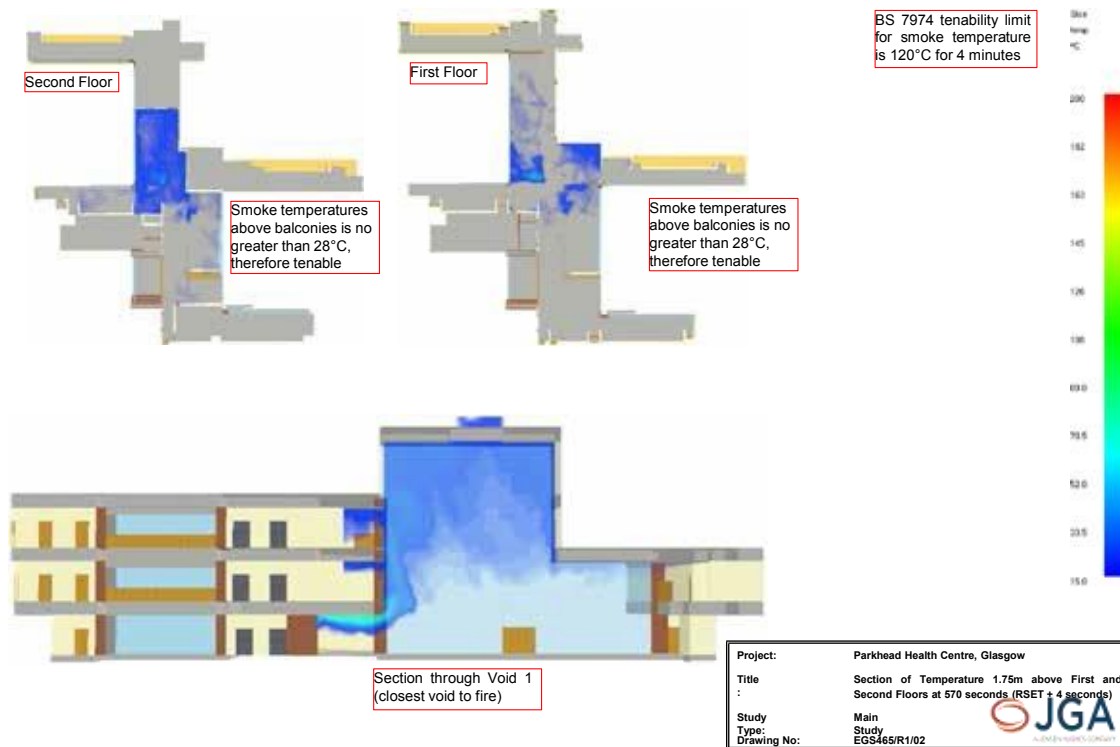


- GCC Planning Department
- GCC Roads Department
- GCC Urban Design
- GCC Building Control
- Police Scotland
- Architecture & Design Scotland
- Health Facilities Scotland
- SEPA
- Scottish Power Networks
- Scottish Water
- GCC Flood Risk Management
- Ecology Surveyors
- Community Councils

Fire Engineering

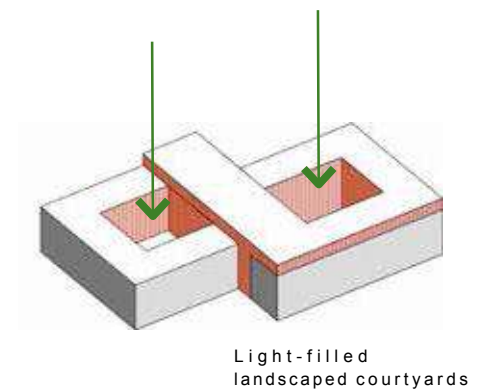
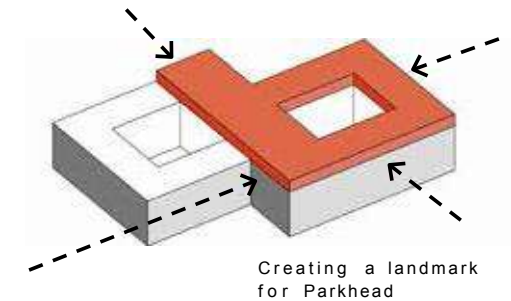
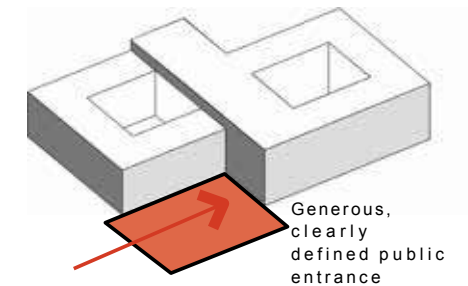
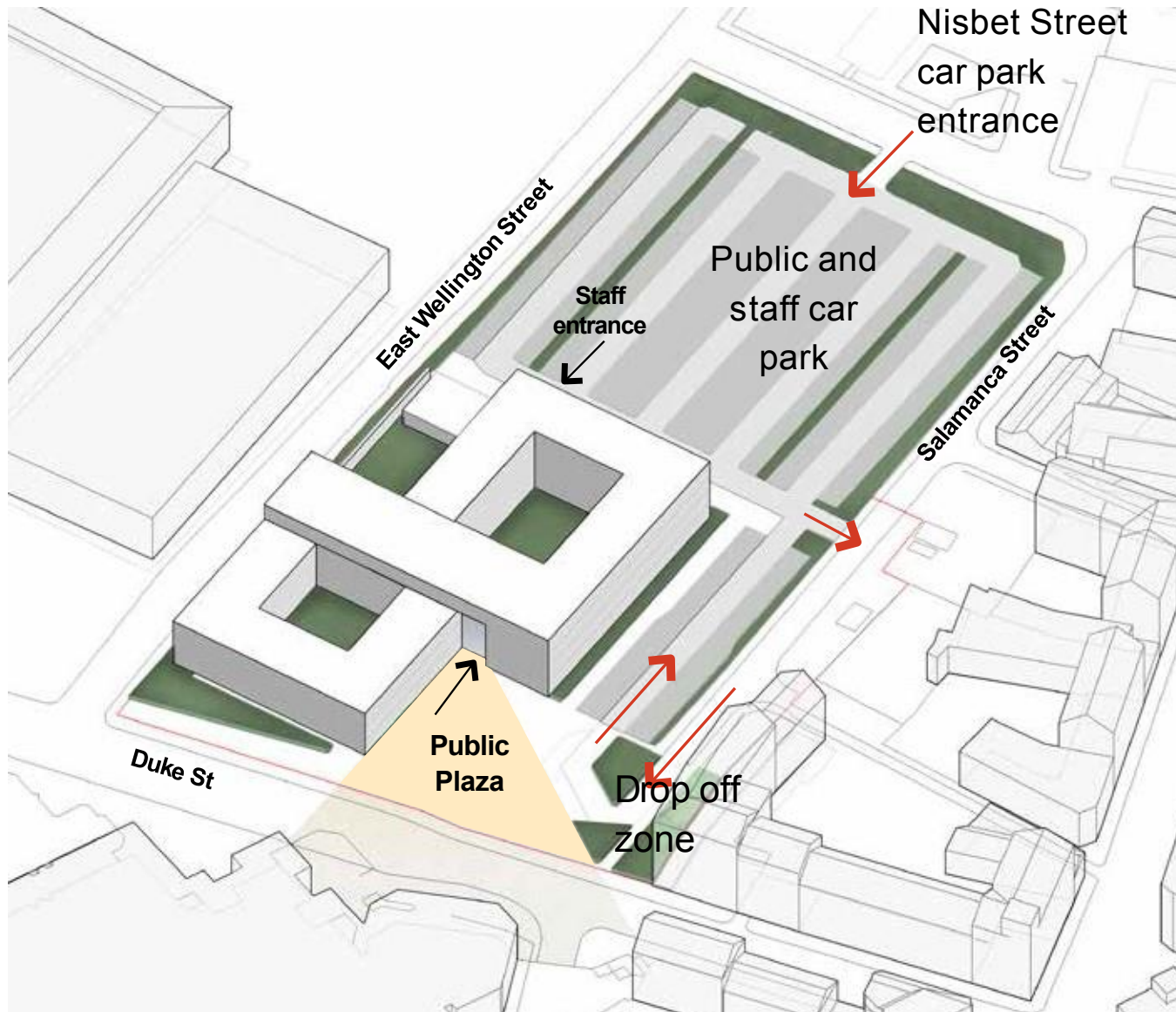
Traffic/parking/drop-off
strategy

- Key stage reviews
 - Review of initial fire strategy
 - Smoke modelling
 - Input into Building Warrant
- Alternative Means of Compliance



Design Response

Overview of proposed site strategy



Public Realm

1. Landscape Plan



- Strong planted edge of trees to car park to screen parking
- Retaining thick bank of existing trees along Nisbet Street
- Efficient parking layout to maximise planting
- Central runs of trees to visually break up parking and zone areas
- Realignment of Salamanca street
- Routes to stitch into urban fabric
- Reinstatement of Salamanca pedestrian route to Duke St.
- Raised planters to building perimeter to define site and provide privacy
- Raised planters in plaza to gather together planting, create informal seating and address scale open space

1. Plaza Sketch
2. Carpark Sketch
3. Eastwood Health and Care Centre, Hoskins Architects
4. Royal Edinburgh Hospital, erz Ltd

1



2



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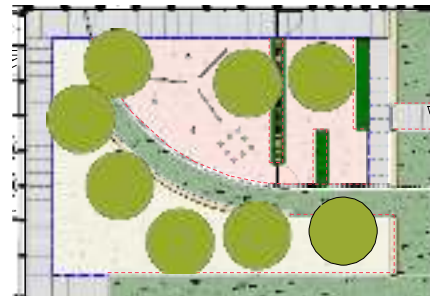
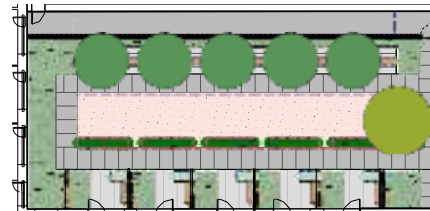
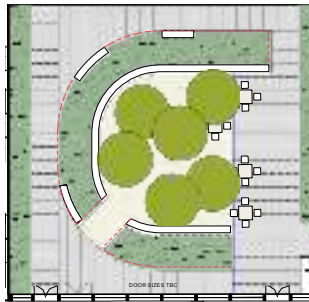
3



4



Courtyards



- Greening the building
- arranging the accommodation around open accessible courtyards
- view of the green courtyard on entry
- help to orientate visitors through the building
- natural light to all rooms
- pleasant aspect to the waiting areas
- two publicly accessible courtyards
- differing functions for courtyards
- one is divided to provide a secure space for the childrens department
- third 'walled garden' accessed only by children department contact rooms

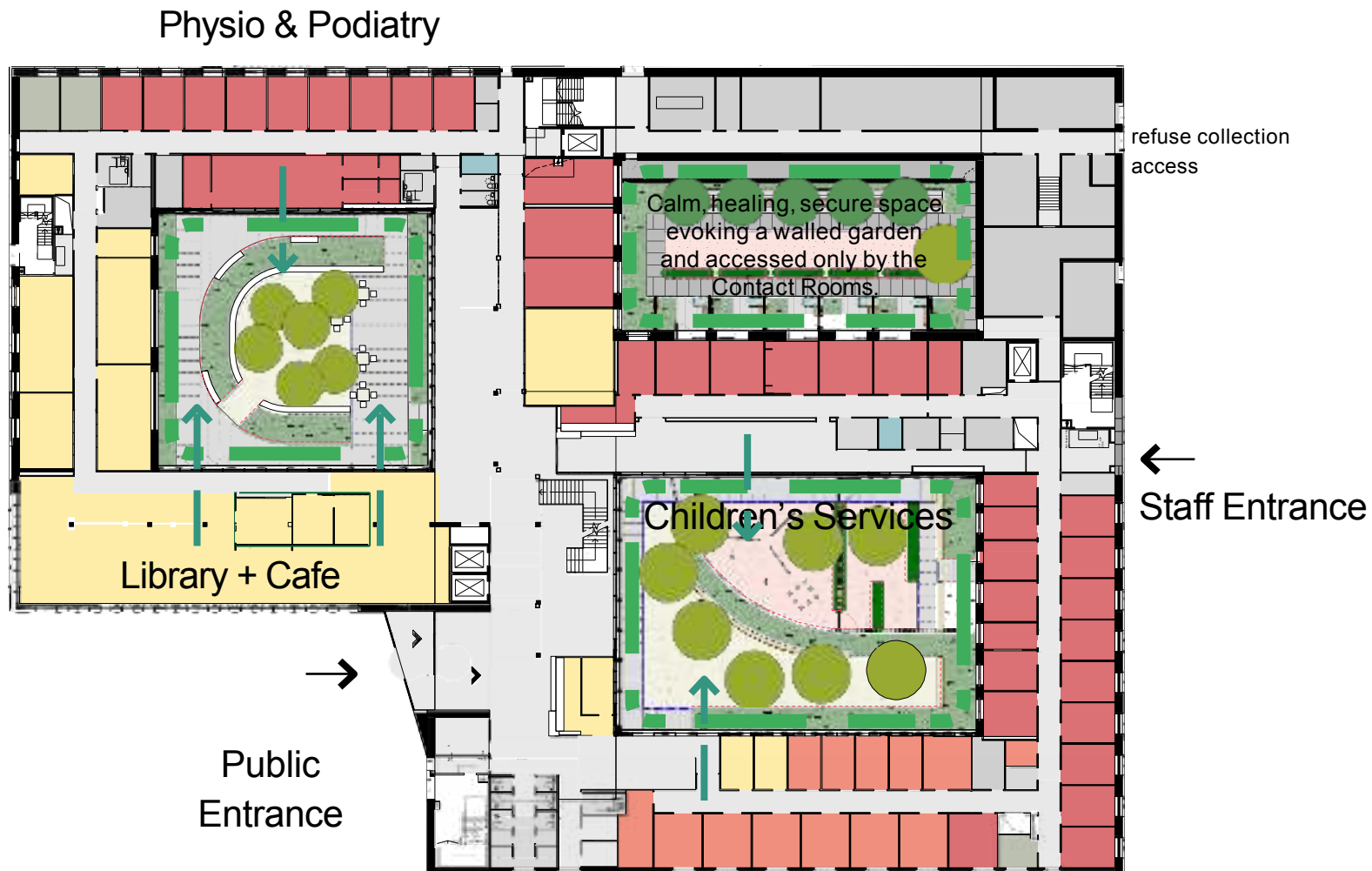
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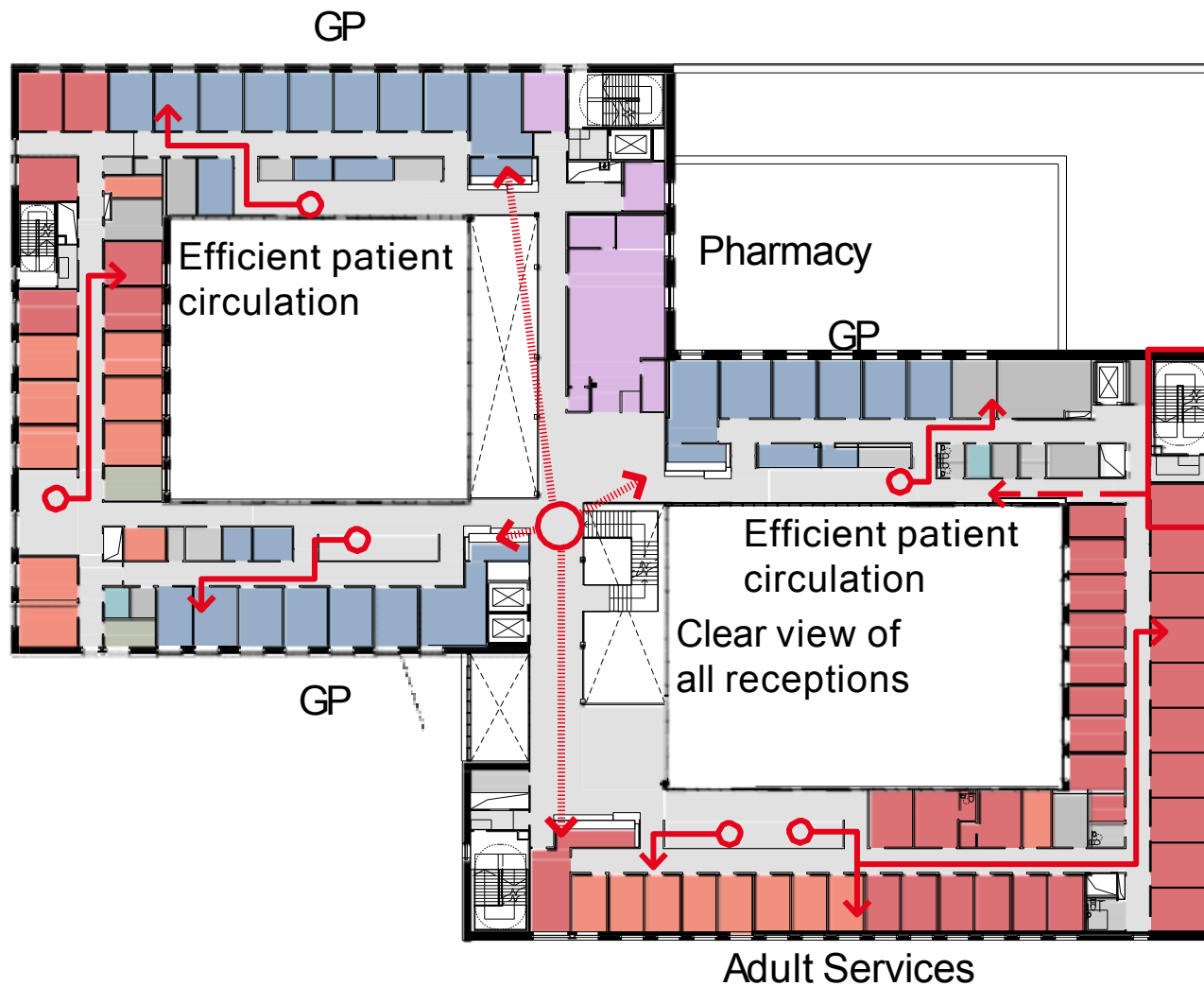
Building Organisation

Ground Floor Plan



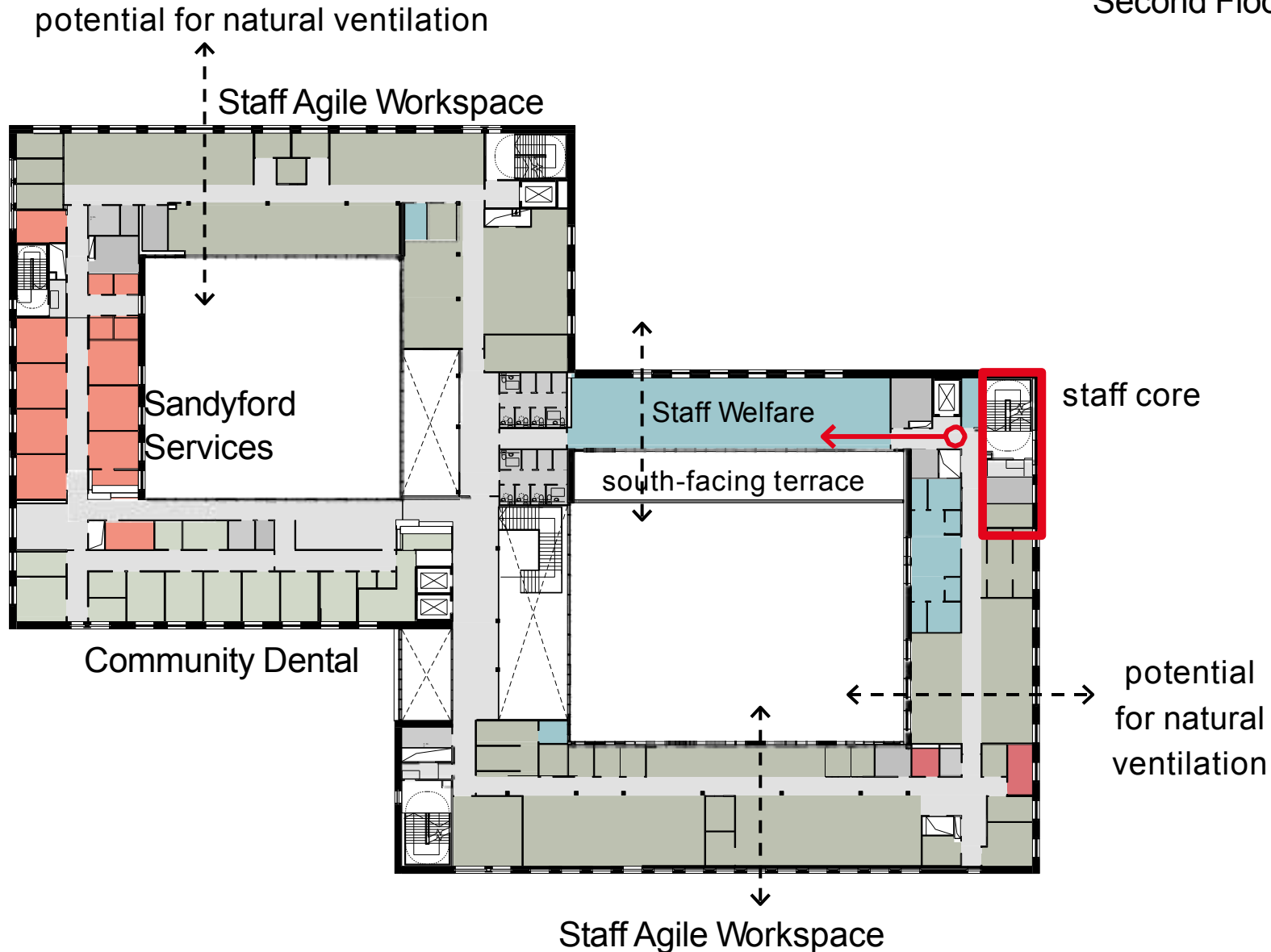
Building Organisation

First Floor Plan



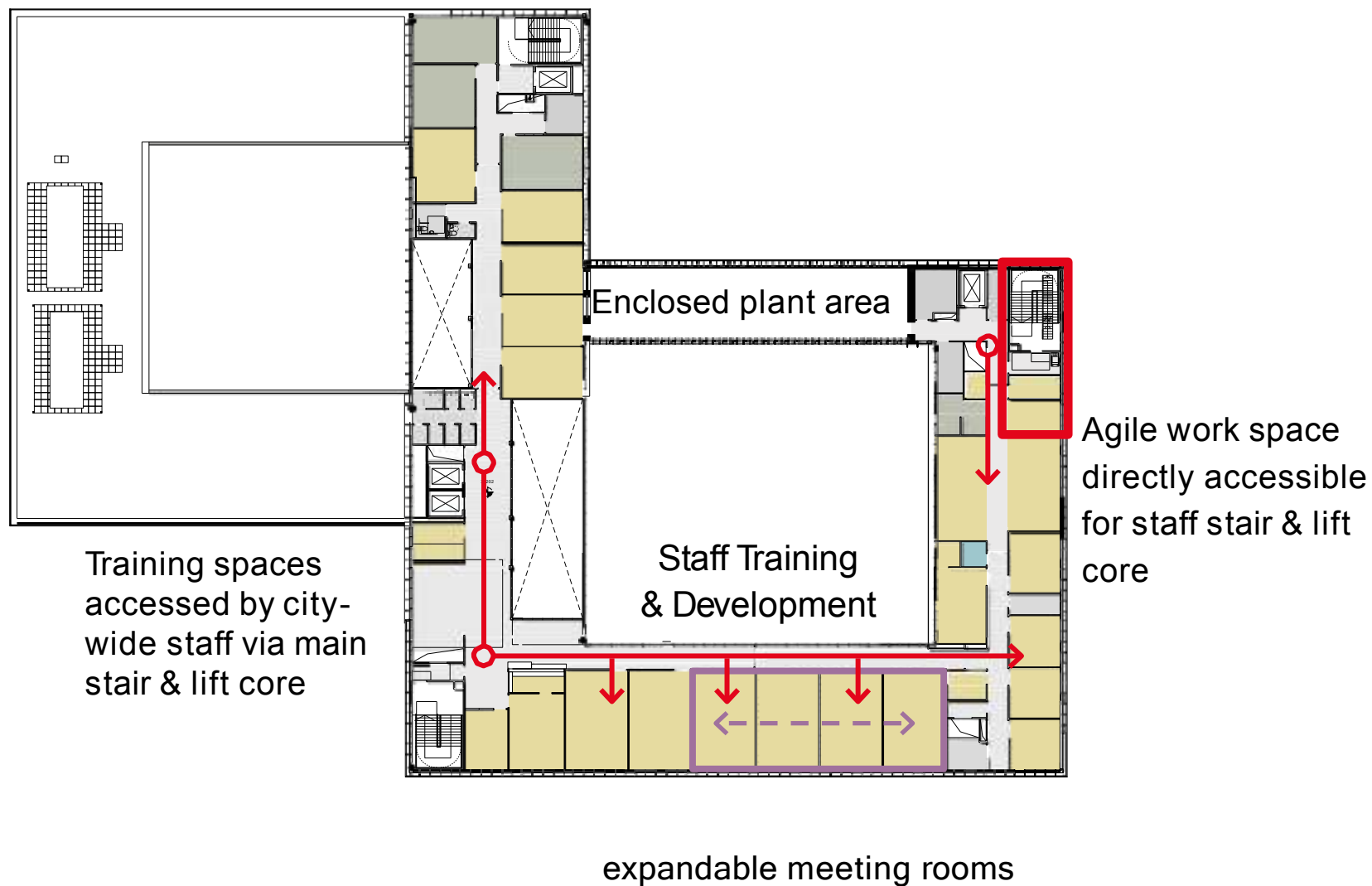
Building Organisation

Second Floor Plan



Building Organisation

Third Floor Plan



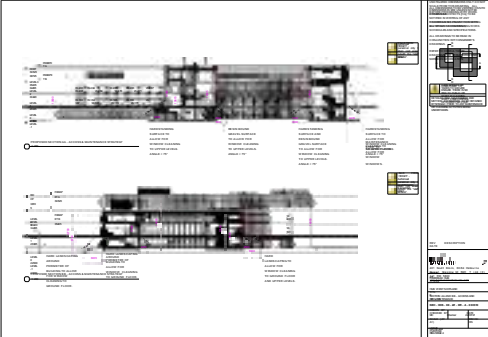
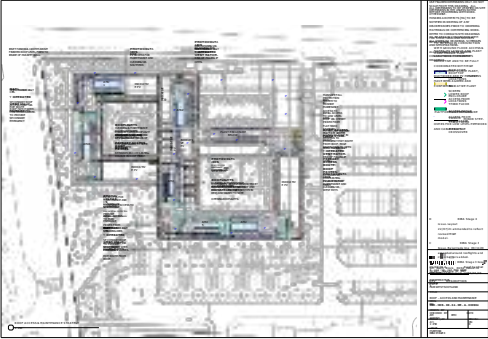
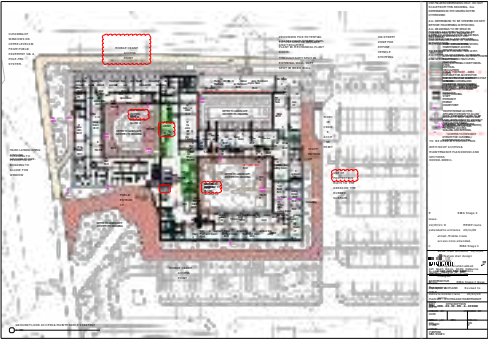
Access & Maintenance

Hoskins
Architects

Access & Maintenance Strategy (to be read in conjunction with 000900's series drawings)	
Project:	Parkhead Hub
Item/Ref:	P18-027
Date:	July 2021

NOTE - DETAILED RISK ASSESSMENT AND METHOD STATEMENTS TO BE PREPARED PRIOR TO ACCESS TO ROOF AND PRIOR TO UNDERTAKING ACCESS/CLEANING/MAINTENANCE NOTED BELOW

EXTERNAL WALLS	Description/Location	Maintenance Requirements	Access Proposal	Cleaning Strategy
External Wall Type	Brick External Walls	Annual visual inspection from ground level. Typical lifespan of materials as follows (in years): Bricks - 100+ Mortar - 5-20 Coping/Flashings - 20-75 Anchors & Ties - 15+ Refer to Elevation and Section drawings 000200's & 000300's Series	From hand standing areas or designated paths around perimeter of building Unscheduled maintenance access may require cherry picker access from car park (east and south facade). Access based on Nationwide Platforms model T184S 18m truck mount (or equal) For elements adjacent roofs, provide appropriate protection to membrane.	In accordance with BS 8221-1:2012 Code of practice for cleaning and surface repair of buildings if required. Direct jet cleaning of the brick slips should be avoided and if brick slips are stained the advice of the Certificate holder should be sought. If the brick work becomes damaged or stained, the advice of the Certificate holder should be sought.
Brick soffits and lintels	Brick soffits and lintels - above all windows, doors and curtain walling screens.	Regular checks should be made on the installed systems, including: - visual inspection of the brick slips for signs of movement. Dislodged slips must be re-fixed in manner compliant with mechanical fixing system. - visual inspection of architectural details designed to shed water to confirm that they are performing properly. - visual inspection to ensure that water is not leaking from external downpipes or gutters; such leakage could penetrate behind the brick slips. - damaged brick slips are removed and replaced with new ones, using the mechanical fixing system. - direct jet cleaning of the brick slips should be avoided and if brick slips are stained the advice of the Certificate holder should be sought. Damaged areas must be repaired using the appropriate components and procedures detailed in the Certificate holder's installation instructions and the advice of the Certificate holder should be sought. Service life of at least 50 years (in accordance with relevant BBA certificate guidance).	From hand standing areas or designated paths around perimeter of building allowing MEWP access. Unscheduled maintenance access may require truck based platform access to high level. Access based on Nationwide Platforms model T184S 18m truck mount (or equal) Scaffold access required for courtyard. For elements adjacent roofs, provide appropriate protection to membrane.	Direct jet cleaning of the brick slips should be avoided and if brick slips are stained the advice of the Certificate holder should be sought. If the brick work becomes damaged or stained, the advice of the Certificate holder should be sought.
External Wall Cladding	Aluminium cladding to external main entrance. Refer to Elevation drawings 000300's Series	Annual visual inspection from ground level.	From hand standing areas around main entrance of building.	In accordance with BS 8221-1:2012 Code of practice for cleaning and surface repair of buildings if required.
ROOFS	Description/Location	Maintenance Requirements	Access Proposal	Cleaning Strategy
Main Roof Type (Level 4)	Reinforced bitumen membrane roof covering with pebble ballast. Refer to Roof Plan drawing 000104.	Inspect the roof at least twice a year - ideally before and after the winter period. Inspection to cover elements recommended by manufacturer. 35 year + system guarantee. Annual (or frequency specified by manufacturer) inspection of roof edge protection system and plant screens. Inspection of roof edge protection balustrade fixings and connections to ensure no evidence of corrosion.	Direct access from stair 04 via roof access hatch with secondary escape through hatch and ladder from stair 05. Access ladder specified can be lowered from roof side to allow escape. Paving slab route for level access to plant areas. Parapet and fixed handrail provide 1100mm high edge protection. Refer to Drawing 000904.	In accordance with manufacturers recommendations. As required by roof edge/plant screen protection manufacturer
Main Roof Type (Level 3)	Reinforced bitumen membrane roof covering with pebble ballast. Refer to Roof Plan drawing 000104.	Inspect the roof at least twice a year - ideally before and after the winter period. Inspection to cover elements recommended by manufacturer. 35 year + system guarantee. Annual (or frequency specified by manufacturer) inspection of roof edge protection system and plant screens. Inspection of roof edge protection balustrade fixings and connections to ensure no evidence of corrosion.	Direct access from level 3, gate from terrace to ballast roof with secondary means of escape through hatch and ladder from stair 02. Paving slab route for level access to plant areas. Parapet and fixed handrail provide 1100mm high edge protection.	In accordance with manufacturers recommendations. As required by roof edge/plant screen protection manufacturer
Plant Roof Type (Level 3)	Reinforced bitumen membrane roof covering with pebble ballast. Refer to Roof Plan drawing 000104.	Inspect the roof at least twice a year - ideally before and after the winter period. Inspection to cover elements recommended by manufacturer. 35 year + system guarantee.	Direct access from level 3. Paving slab route for level access to plant areas.	In accordance with manufacturers recommendations.
Green Roof Type (Level 1)	Sedum Green Roof. Refer to Roof Plan drawing 000104.	Preliminary Maintenance Procedures Remove all dead vegetation and debris from the roof surface, taking particular care to ensure that all chute outlets, gutters and downpipes are clear. Where the species mix incorporates wild flowers and grasses it is recommended that all dead vegetation is trimmed off and the waste lowered to the ground and carted away. Rooftops in the vicinity of taller trees will need more frequent maintenance. We recommend removing dead leaves during the spring and again in the autumn, to ensure that they do not damage the roof vegetation. Remove the tops of all inspection chambers, ensure that all rainwater outlets and downpipes are free from blockages and that all water can flow freely away. Ensure that any protective metal flashings and termination bars remain securely fixed in place, repair or renew as necessary. Examine all mastic sealant and mortar pointing for signs of degradation, repair or renew as necessary. Vegetation Maintenance Tasks The following tasks should be carried out annually - 1. Plant encasement Any vegetation which has encroached into drainage outlets, walkways and the vegetation barriers (pebbles) should be removed. The vegetation removed may be set aside and used to repair any bare patches if required (see below). If movement/settlement of the pebble vegetation barrier has occurred, additional washed stone pebbles similar to the existing are to be added. 2. Monitor the colour and rate of growth. The colour and rate of growth of the vegetation should be reviewed to establish the health of the plants. It should be noted that many factors can affect the growth and colour of the vegetation and that plants tend to be greener in wetter, mild conditions (springtime) and where the roof pitch is shallow. Refer to manufacturers documents for further guidance in cluding irrigation requirements	Access to low level roof via cherry picker from flat hard standing area. Main safe flat protection system to provide maintenance access to roof.	In accordance with manufacturers recommendations



1. Allermuir Health Centre, Edinburgh
2. Glazing with projected mullions (size not reflective of NEH proposal) , St.Andrews Sq, Edinburgh
3. Ballymena Health Centre, Northern Ireland



Massing & Materials



Architectural Form



Architectural Form



Architectural Form



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North East Health Hub – MEP Systems FBC Presentation



Agenda

Mechanical:

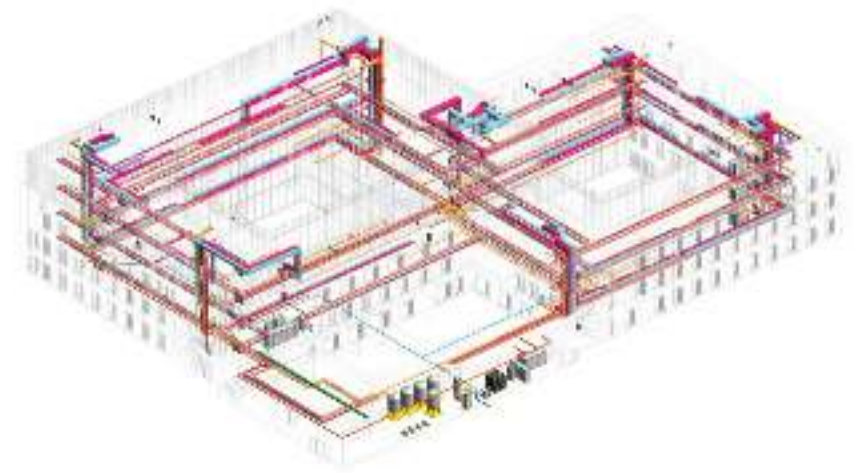
- Demolition & phasing
- Utilities
- Project Energy Targets
- Ventilation System
- Heating System
- Mechanical Cooling
- Domestic Water System
- Hot Water System
- Fire Protection Systems
- Medical Gas Systems
- Metering
- BMS
- Expansion/Spare Reserve

Electrical:

- General
- Photovoltaic
- Standby Power
- Medical Grouping
- Lighting & EM Lighting
- Life Safety Systems
- External Services

IT:

- IT Accommodation
- Structured Cabling System
 - Fibre Backbone Cabling Subsystem
 - Copper Cabling
- Active IP LAN – Building Services Systems



Demolition Phases

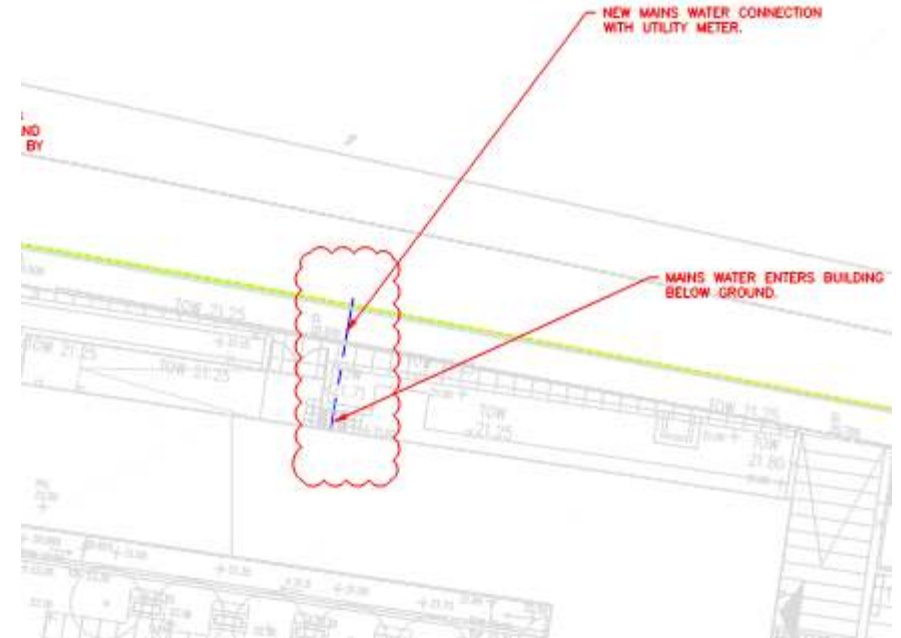
Demolition works conducted across multiple project phases:

- **Phase 1:** Demolition of two buildings (Hospital & Anvil building). Existing services serving the existing building (healthcare centre) retained.
- **Phase 2:** Erection of North East Hub. No demolition works conducted
- **Phase 3:** Demolition of the existing healthcare centre.



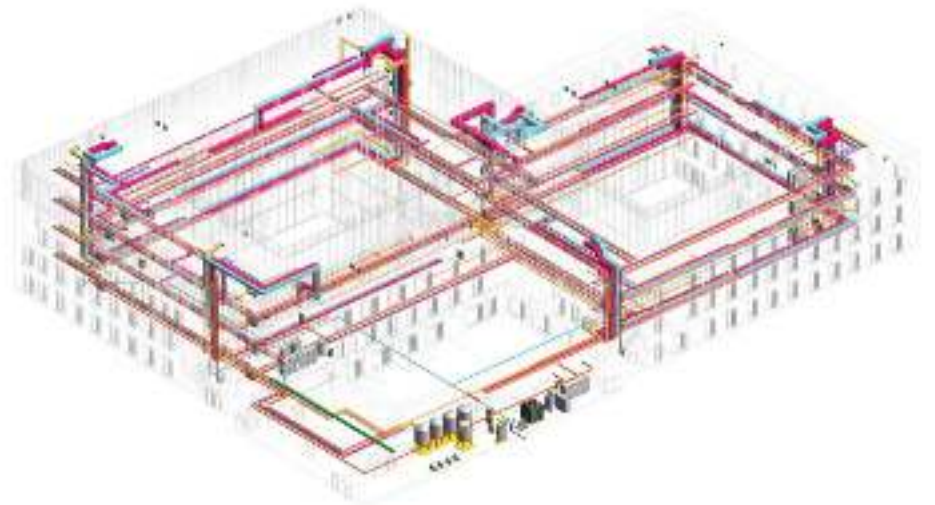
Utilities

- **Gas:** (Existing external gas meter building)
 - Metered feed to hospital disconnected at Ph1
 - Metered feed to existing Healthcare bldg. retained at Ph1
 - Anvil building has no gas supply
 - Metered feed to existing Healthcare bldg. removed at Ph3
 - Gas Meter Building removed Ph3
 - No gas supply to new NEH bldg.
- **Water:**
 - Feed to Hospital removed at Ph1
 - Independent feed to existing Healthcare bldg. retained at Ph1
 - Anvil building has no water supply
 - New SW connection to new NEH. at Ph2 – from E. Wellington St
 - Feed to existing Healthcare removed at Ph3



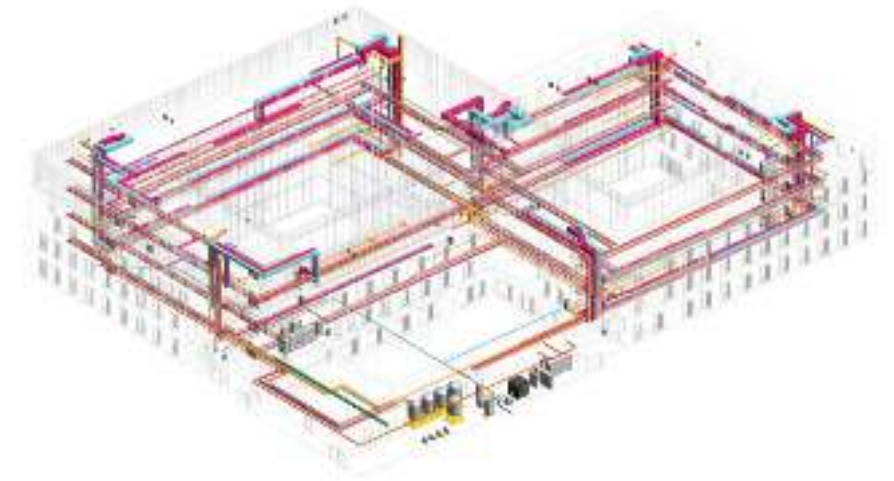
Project Energy Targets

- BREEAM – Good (54.25%)
- Bespoke KPIs (Assure/NHS UN aligned)
- Glasgow City Council Gold Standard (Aspect 1)
 - to comply with the GDP SG 5 the building must show a **38%** improvement on the Target Emissions Rating, of this improvement, **20%** must be due to abatement from renewable technologies.
- EPC rating of B
- A move away from reliance on fossil fuels



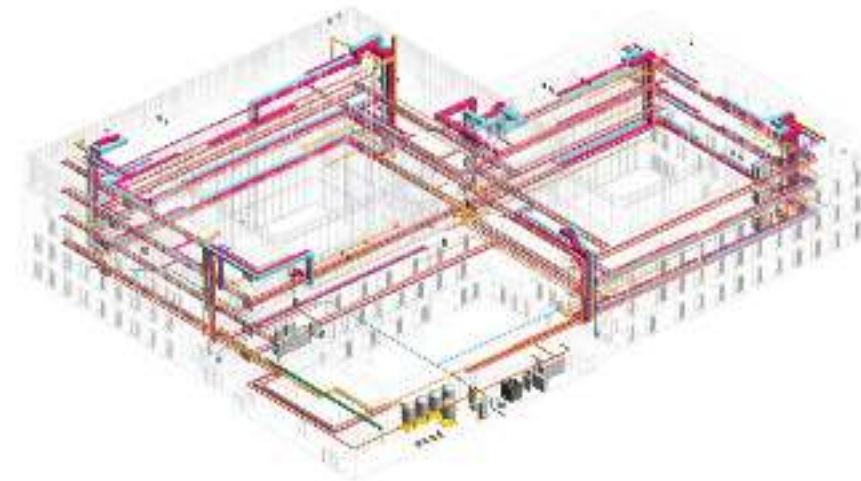
Energy Approach

- Passive design measures
 - Fabric first
 - Robust insulation – towards Passivhaus levels
 - Robust air tightness – $2\text{m}^3/\text{m}^2@50\text{Pa}$ (BSRIA low energy office best practice)
 - Optimising natural ventilation (where possible)
- LZC Approach
 - CHP - No
 - DH - No
 - Wind Turbines - No
 - Solar PV - Potential
 - Solar Thermal - No
 - ASHP - Potential
 - GSHP - Potential
 - Energy from waste water - Potential
 - Biofuels - Potential
- Based on Authority agreement that the assessment should be based on achieving the agreed energy targets and best 20 year return the proposed solution is
 - ASHP
 - PV
- The energy strategy is based on hot water being produced by electric point of use water heaters.

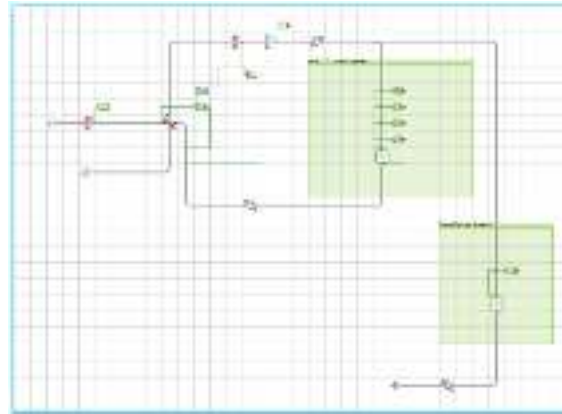


Dynamic Modelling

- TM52 Overheating Modelling
 - Used to inform design development of window opening sizes
 - All 3 criterion
 - CIBSE 2011-2040 Medium & Low
 - CIBSE 2050 for BREEAM
 - Inclusion of ceiling void gains
 - Ceiling voids modelled against TM59 overheating risk
 - No corridor voids exceed 28°C for more than 3% of annual hours
 - Occupancy profiles agreed with Authority as worst case
 - Area of agile floor (L2) marginal fail of Criteria 2 (Blinds)
 - Waiting Area (1/093) marginal fail of Criteria 2 (Blinds)
 - All occupied rooms comply with SHTM03-01 and CIBSE TM52 overheating criteria



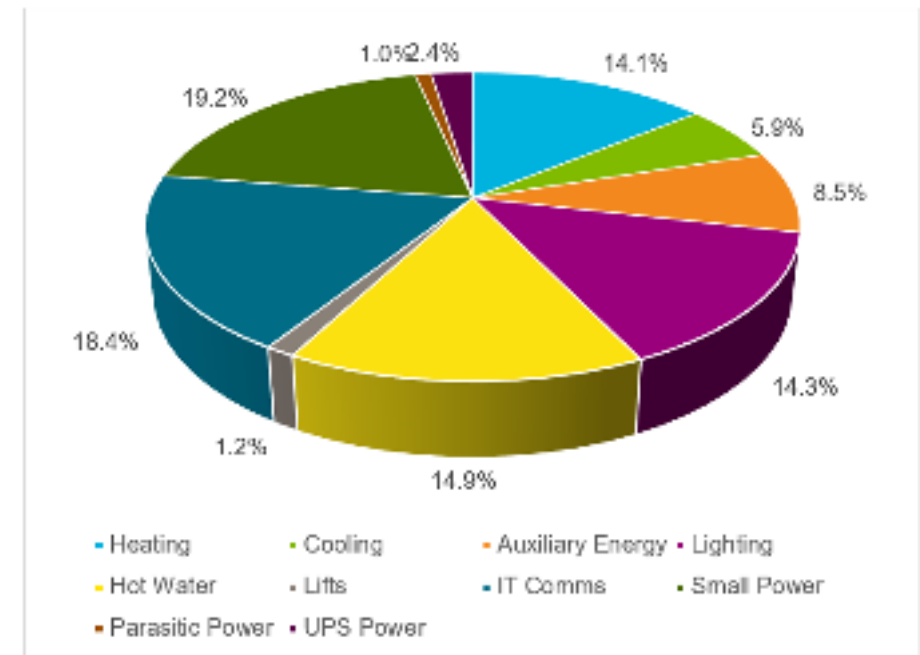
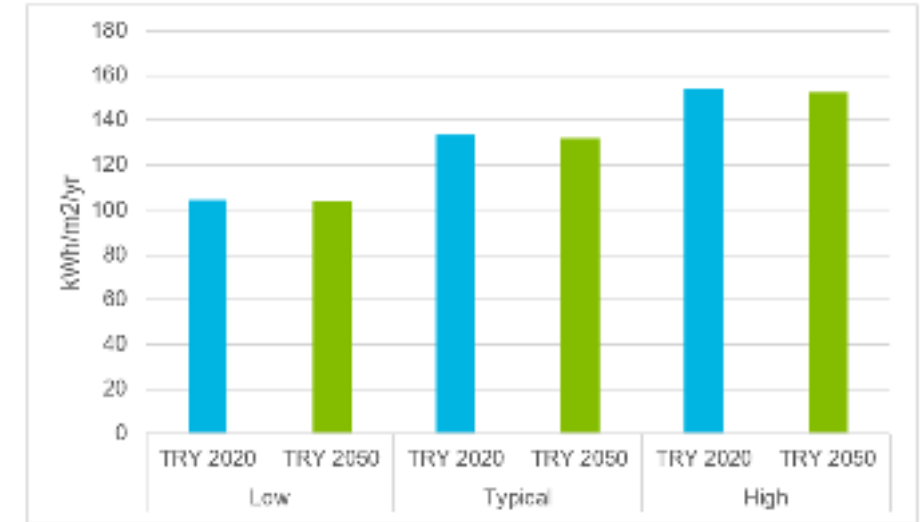
Dynamic Modelling



- TM54 Operational Energy

- Energy Density of 130kWh/m² (in line with ACR target)
 - Excludes EV, Cancer Screen Truck, External Lighting
- Approach
 - Detailed occupancy and room usage patterns developed with Authority
 - Dynamic Simulation Modelling (IES-Apache) - for HVAC systems and usage profiles
 - Bespoke excel modelling – for unregulated energy loads
- Sensitivity Analysis
 - Baselines
 - CIBSE TRY 2050 High 50th Percentile
 - DSY 2020 High 50th Percentile
 - Off Axis Scenarios
 - Low – 5 day week, lower water use, IT/Comms few cabinets than design
 - High - Extra hour either side of working day, higher water use, full IT/Comms capacity

AECOM



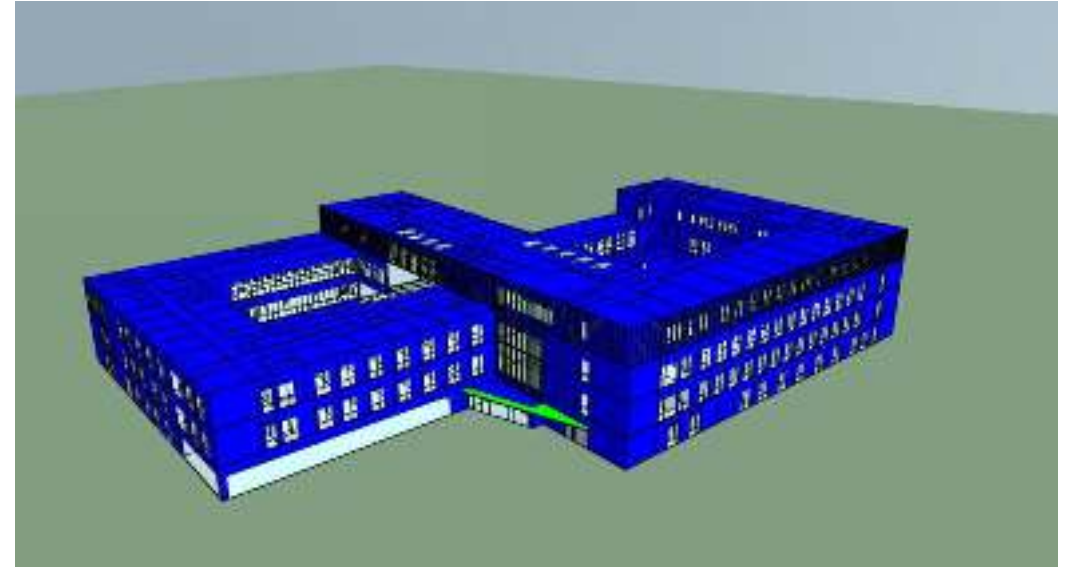
- TM54 Operational Energy
 - Room Templates
 - Typical/Low/High Profiles
 - Small Power/Lifts/Servers/HW profiles

Process Name	Flowchart ID	Version	Author	Reviewer	Approval	Effective Date	Expiry Date	Frequency	High Risk	Low Risk	Medium Risk	Overall Risk	Impact	Severity	Frequency	Overall Risk
1. Process Name	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
2. Process Name	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
3. Process Name	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
4. Process Name	4.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
5. Process Name	5.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
6. Process Name	6.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7. Process Name	7.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
8. Process Name	8.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
9. Process Name	9.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
10. Process Name	10.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
11. Process Name	11.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
12. Process Name	12.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
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14. Process Name	14.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
15. Process Name	15.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
16. Process Name	16.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
17. Process Name	17.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
18. Process Name	18.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
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22. Process Name	22.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
23. Process Name	23.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
24. Process Name	24.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
25. Process Name	25.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
26. Process Name	26.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
27. Process Name	27.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
28. Process Name	28.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
29. Process Name	29.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
30. Process Name	30.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
31. Process Name	31.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
32. Process Name	32.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
33. Process Name	33.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
34. Process Name	34.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
35. Process Name	35.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
36. Process Name	36.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
37. Process Name	37.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
38. Process Name	38.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
39. Process Name	39.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
40. Process Name	40.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
41. Process Name	41.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
42. Process Name	42.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
43. Process Name	43.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
44. Process Name	44.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
45. Process Name	45.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
46. Process Name	46.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
47. Process Name	47.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
48. Process Name	48.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
49. Process Name	49.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
50. Process Name	50.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
51. Process Name	51.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
52. Process Name	52.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
53. Process Name	53.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
54. Process Name	54.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
55. Process Name	55.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
56. Process Name	56.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
57. Process Name	57.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
58. Process Name	58.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
59. Process Name	59.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
60. Process Name	60.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
61. Process Name	61.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
62. Process Name	62.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		

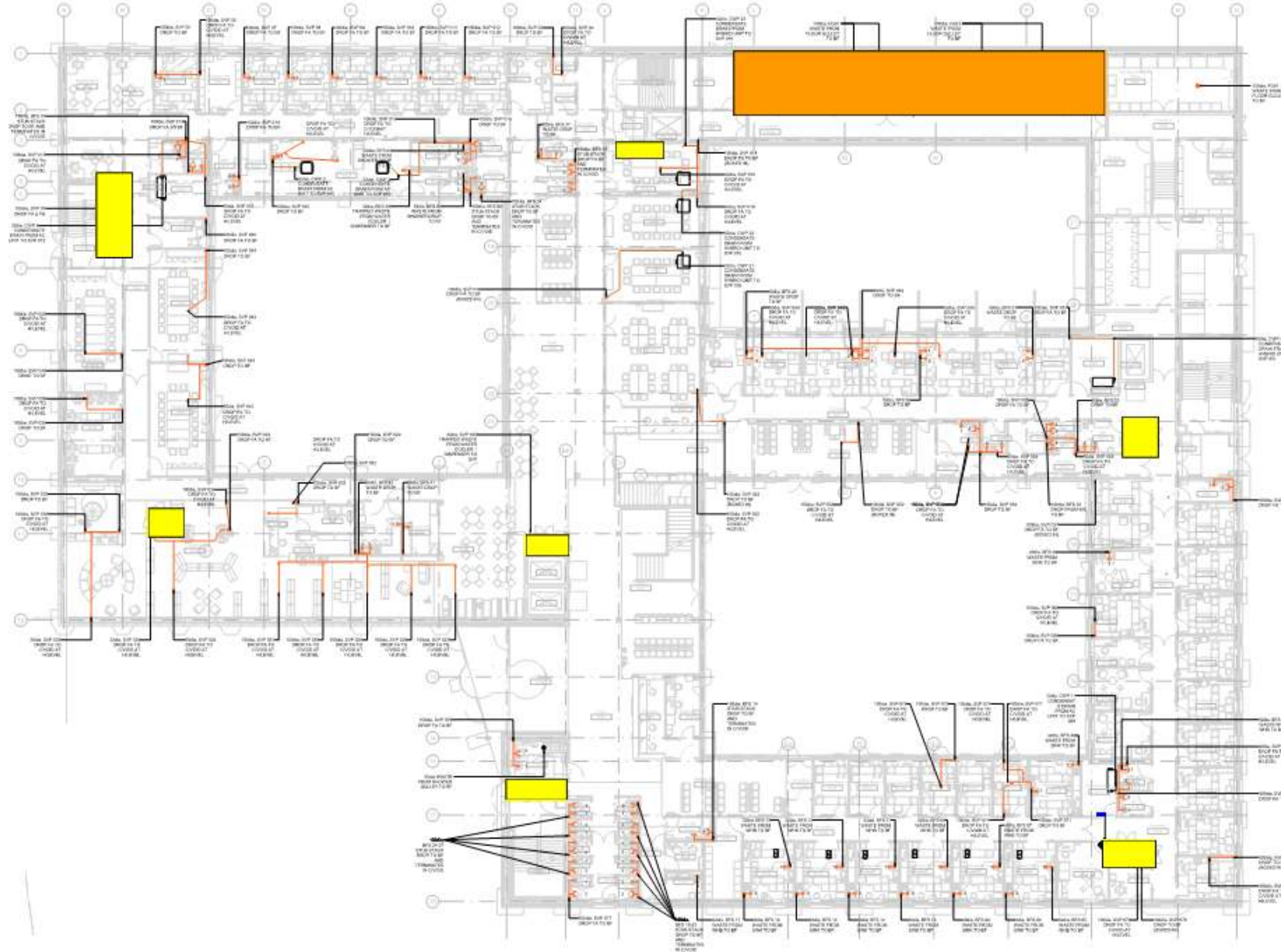
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Dynamic Modelling

- Section 6 Compliance
 - Glasgow Gold Standard
 - BER 14.4kg CO₂/m²
 - TER 23.4 kgCO₂/m²
 - Pass Margin 38.5%
 - Baseline Building Emissions (no renewables) 19.8 kgCO₂/m²
 - Proposed emissions with LZCT 14.4 kgCO₂/m²
 - Percentage reduction 27%

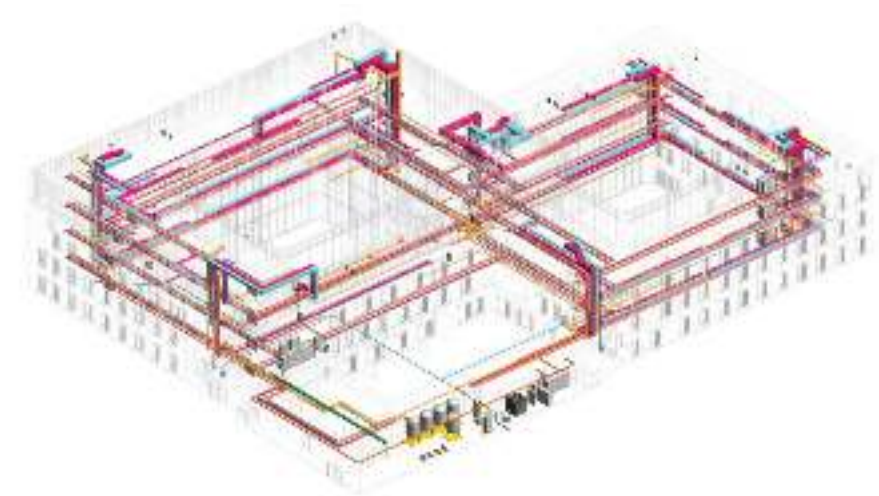


General Distribution



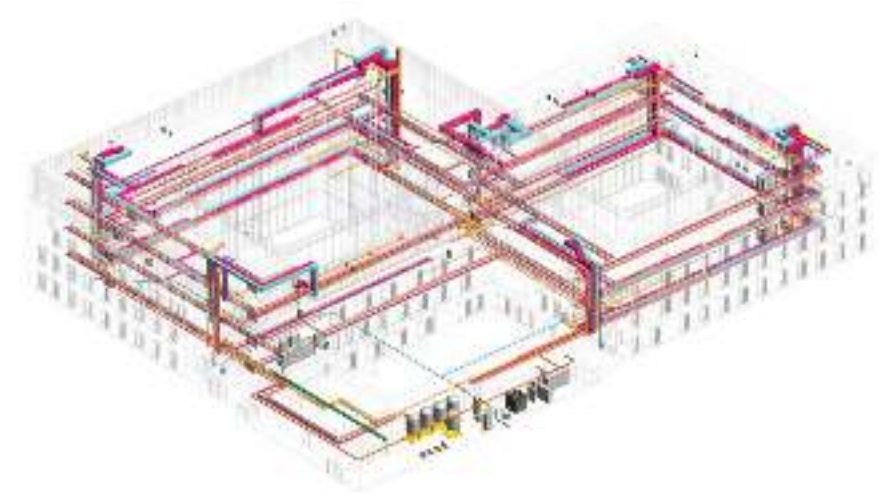
Ventilation System

- Mech vent where required for SHTM compliance
 - Treatment rooms
 - Dirty Utility/DSR etc
- Ventilation assessment for other areas based on:
 - TM52
 - Acoustics
 - Background air pollution
 - Registration of cooling towers in Glasgow City Council Area as at June 2020 has been consulted.
- Background noise levels & limiting internal criteria dominant
 - On-site acoustic survey
 - Alternative acoustic criteria modelled and assessed but dismissed as not viable
 - Impact of future electrification of vehicles assessed (TDN-13)
- Covid Considerations (TDN-09) – CIBSE/REHVA
 - Nat vent considered low risk – 50% NEH Nat vent
 - Purging – already incorporated in general strategy (adjustable)
 - No recirc in AHUs or Thermal wheels
 - Lowering CO2 setpoints (400ppm) – Can be done within constraints of absolute air vols
 - Avoidance of recirculation air – no occupied to occupied room transfer of air, only to transient.
 - Run WC vent 24/7 – Possible via BMS overrides etc



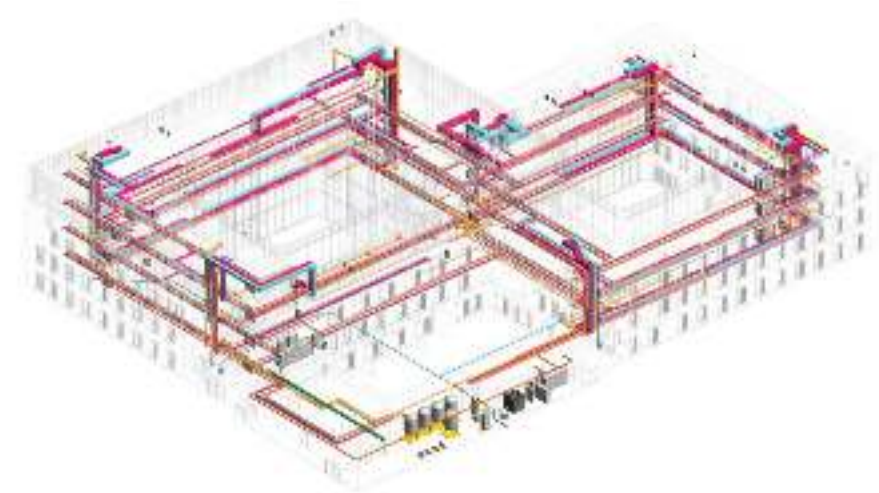
Ventilation System

- Separate dirty extract systems
- Neg Press to stores (except clean store-NDAP comment)
- Systems split where possible into areas requiring:
 - Fixed ACH (treatment rooms)
 - Variable ACH
- Roof mounted AHU
 - shut off damper,
 - LTHW frost coil,
 - plate heat exchanger,
 - supply & extract fan,
 - DX coil (peak lopping)
 - filters.
 - Attenuators
- Roof bird protection (*TDN-14*) - actual system/product being reviewed
- Fire Rated Ductwork – as required at Protected escape lobbies only
- Combined Fire/Smoke Dampers:
 - Mech risers generally protected at slabs to provide easier access to dampers
- Intake separation distances



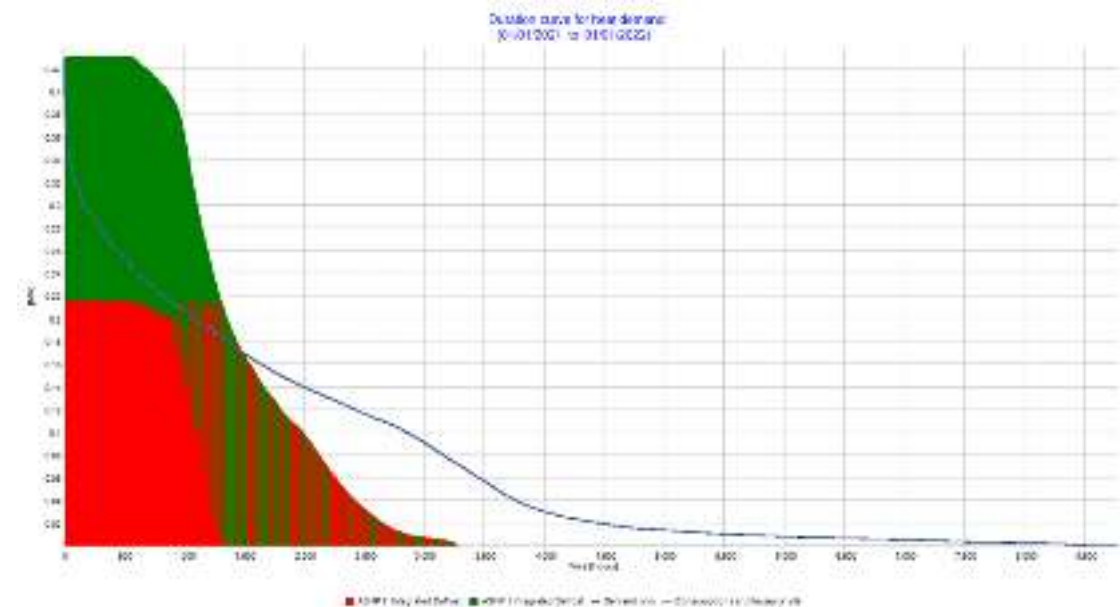
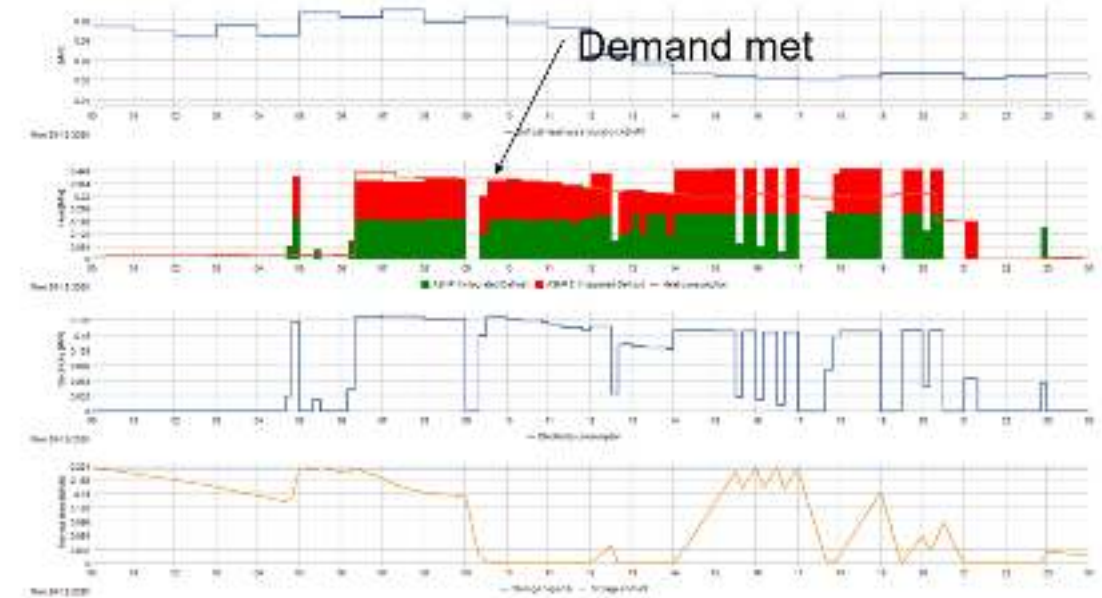
Natural Ventilation

- Generally manual control windows
- Actuated control to atrium and some corridor areas
- Atrium
 - Low level actuated windows
 - Roof level combined smoke/nat vent openers
 - BMS controlled linked to weather station
- Smoke Control
 - Low level actuated doors
 - Roof level combined smoke/nat vent openers



Heating System

- 2No. 305kW ASHP
- Each twin refrigeration circuits
- 5No. thermal stores
- DSM to understand expected hourly load
- EnergyPro to model defrost cycles and reduction in capacity
 - Defrost timer 20mins
 - Elapsed compressor start
 - Defrost duration
 - Scaled on external temps
- Scenarios ignoring internal gains and including have been run
- Potential benefit of heat island from heat rej. ignored.
- 450kW ASHP meets peak demand
- 3+1 circuits, i.e. 2 units allowing for 1 circuit in fault.
- Radiant Panels
- Local reheat batteries (drip trays/detection)
- U/F heating

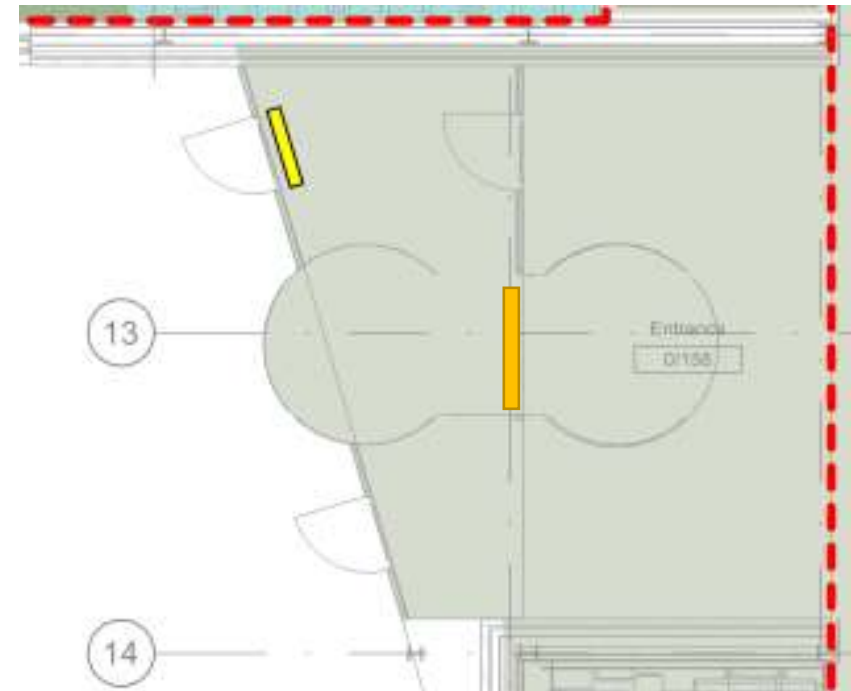


Mechanical Cooling

- Comms rooms
 - Required to offset equipment heat gains and protect equipment such as batteries.
 - DX ceiling suspended splits to satisfy the equipment heat load
 - Duty only. Single unit
- Main Comms room
 - Required to offset equipment heat gains and protect equipment such as batteries.
 - DX ceiling suspended splits to satisfy the equipment heat load
 - Duty/Standby arrangement. Three units at 50% peak demand each
- Dispensary
 - Required to limit maximum temperature to protect the storage of drugs (SHTM)
 - Load includes heat gains from Robot.
 - DX Wall mounted units and ceiling unit
- Gym
 - Required for occupant comfort under physical effort.
 - DX ceiling cassette
- R32

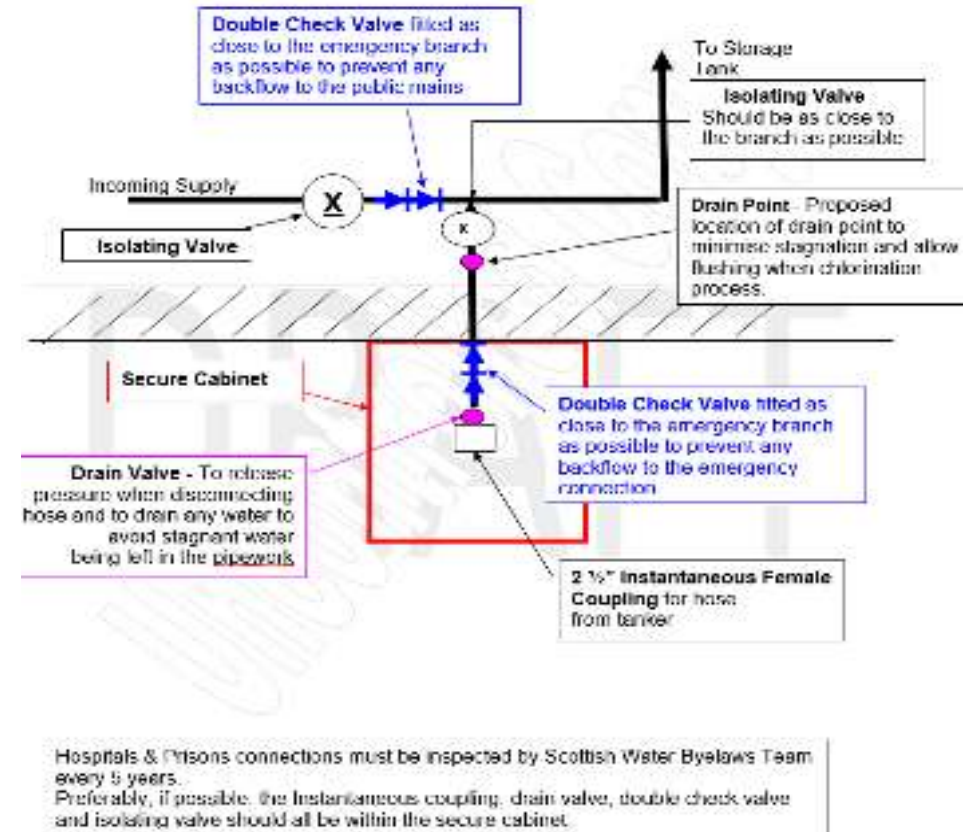
Air Curtains

- Integrated air curtain within BoonEdam Twintour revolving door
- Separate air curtain at lobby passdoor
 - LTHW with electric boost



Domestic Water

- 1No. (split) potable water tank
- 4hrs storage / 0.5l/m^2 (as per ACRs)
- 5.5m^3 Storage
- Ventilated plantroom (high & low level)
- Emergency connection for water tanker
 - Contingency plan discussed with Authority
 - Meeting with Business Stream
 - Scottish Water approved fill detail included
 - Fill point from East Wellington St
- Distribution from plantroom to main risers via buried pipework
 - Meters at plantroom and base of each riser for leak detection
 - Swept bend sleeve from below ground to riser
 - One piece pipework
- Convert to S/S
 - Drain at base of riser
- (TDN-04, 24,25,29. Designers Water Risk Assessment)



Domestic Water

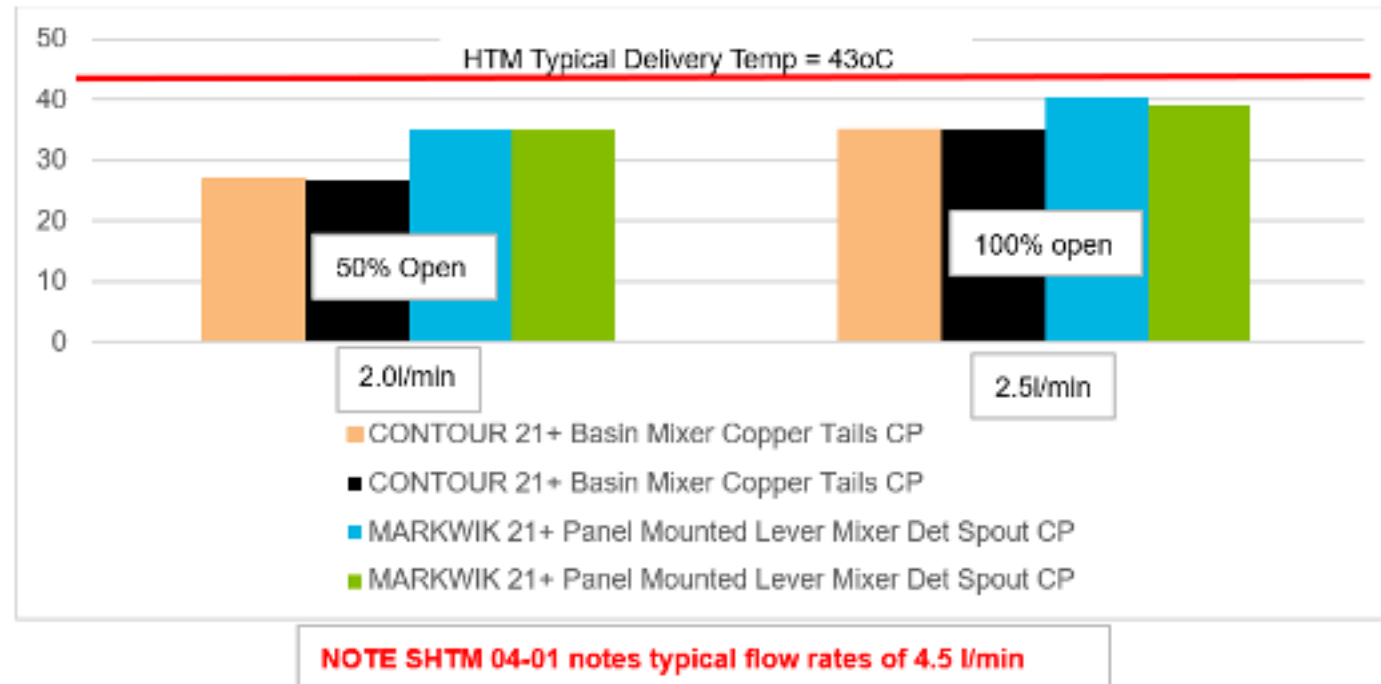
- Passive design measures to minimise heat gain
 - 4 hours storage ensures frequent turnover
 - Ventilated plantroom
 - Intelligent tank controls – tank temp linked to reduce water stored
 - Minimising ceiling void heat gain
 - Insulated MCWS pipework
 - Reduced LTHW heating distribution temperatures through use of an Air source heat pump installation
 - Point of Use (POU) hot water heaters reduce the amount of heat gain within the ceiling void, through reduction in hot mains distribution.
 - To limit the potential for heat being built up within the distribution network, use of ventilated ceiling voids has been incorporated.
 - The mains distribution, between the ground floor plantroom and vertical risers is routed below ground to limit the amount of temperature pick-up within the pipelines. (AE in agreement)
- Passive measures may not be sufficient to prevent <20°C
- Removable stub piece for future CL02 system if required & plantroom space
- Tank bosses for future water cooling if required
- Solenoid valves (fail safe)
- No return loop (AE in agreement)
- Temp monitoring of existing adjacent Healthcare building would provide likely seasonal utility water temps

Domestic Water

- Cat 5 systems
 - Dental Water (*TDN-22*)
 - Dental chairs will have self contained bottled water system for surgery tools.
 - Spittoons - HTM 2022 and HTM 01-05 require Category 5 backflow protection.
 - Local Cat5 break tank provided.
 - Roof PV Cleaning
 - 2No Cat 5 break tanks provided
 - Located in riser with drip tray and leak detection
 - Insulated Tap box at roof
 - Courtyard Cleaning
 - 3No Cat 5 break tanks provided
 - Located externally with integrated frost protection
 - Insulated Tap box
 - Bin Store Cleaning
 - 1No Cat 5 break tanks provided
 - Located in Bin Store with integrated frost protection
 - Insulated Tap box

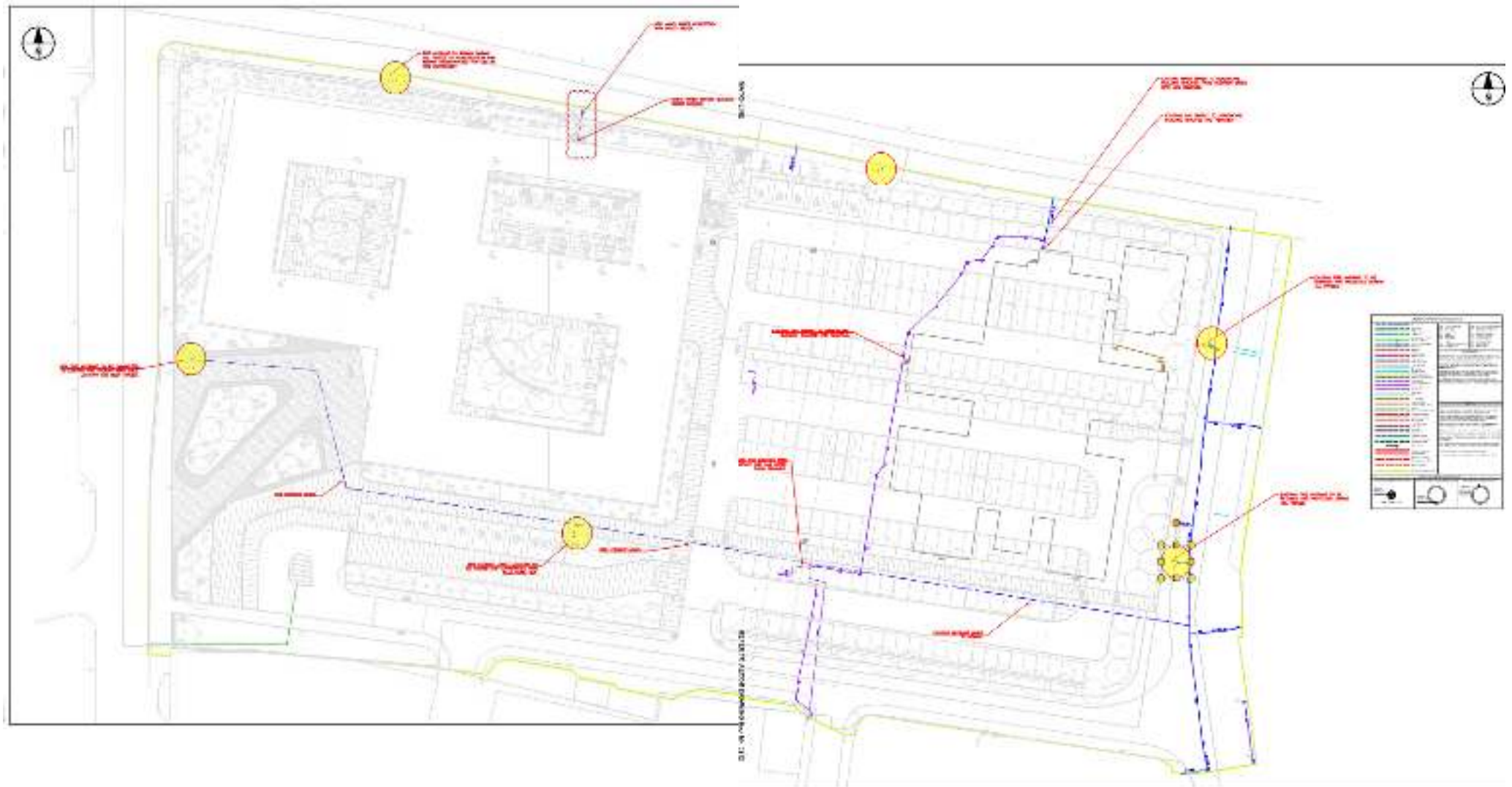
Hot Water

- Current design based on local POU water heaters (*TDN-30*)
- Located underbench & within IPS systems (none in ceiling voids)
- Type 1 Instantaneous
 - Hand washing applications
- Type 2/3 Semi-instantaneous
 - used for areas/rooms with a higher initial demand for hot water consumption i.e. Café, DSR, Treatment room sinks etc
- Type 1 tested by manufacturer (ZIP) with authority approved sanitaryware
 - Marwick/Contour 21+



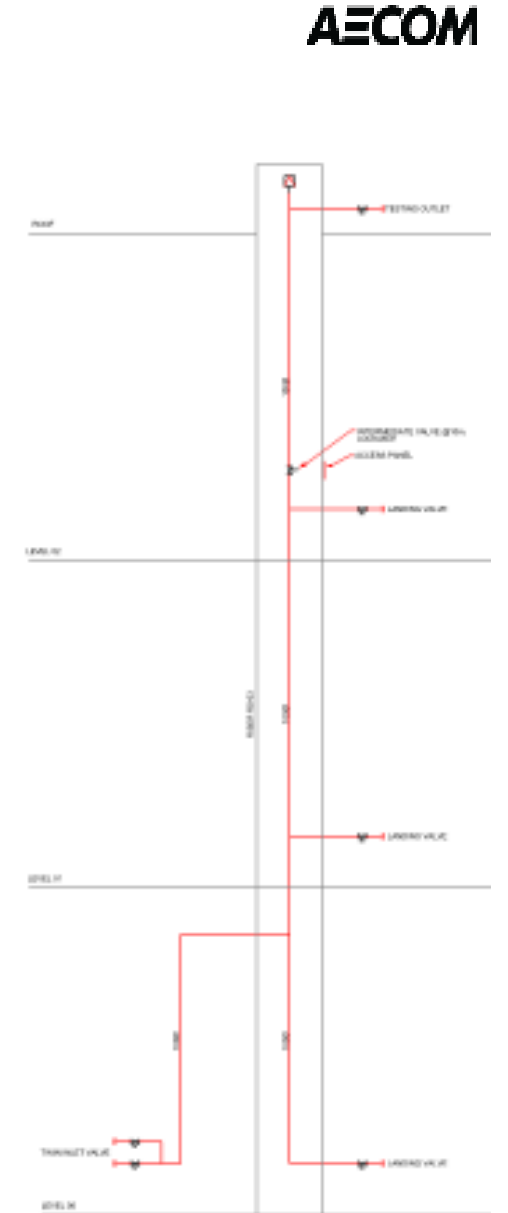
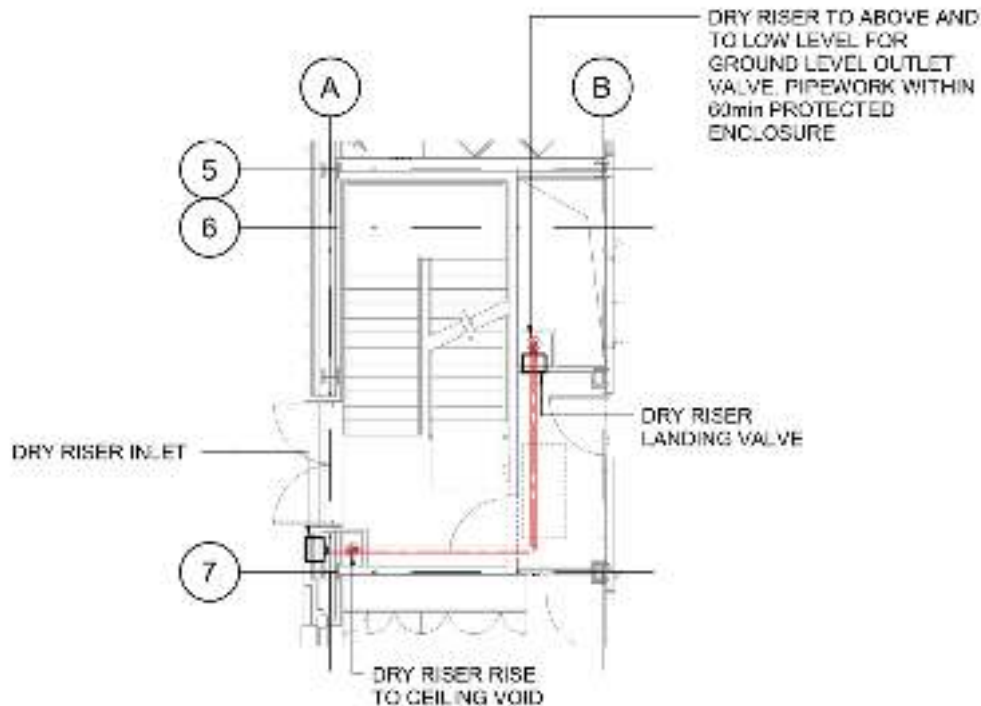
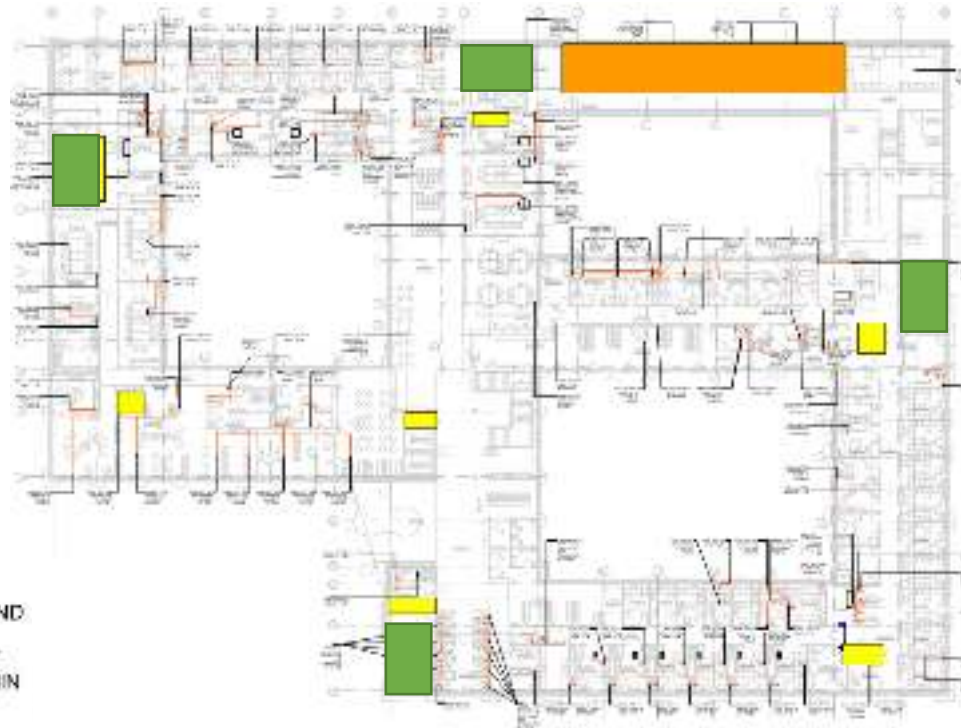
Fire Protection – Fire Hydrants

- Existing to N & E retained
- Existing to S relocated & new mains



Fire Protection – Dry Risers

- Dry Risers to each of 4 main stair cores
- Landing valves to stair lobbies
- Rise within protected enclosure
- Test outlet at roof level
- Intermediate lockable valve @10m
- S/S Inlet box (no glass)



Medical Gas – Compressed Air

- Single packaged air compressor (*TDN-11*)
 - No standby required as agreed with NHS GGC
 - Oil free & dry (-20°C DP)
- Dedicated ventilated plantroom (10-35°C)
 - External wall not available
 - Roof windcatcher – max temp compliance demonstrated with IES Macroflow <32°C (*TDN-10*)
 - *Acoustic treatment to plantroom*
 - *Trapped condensate*
- 6 (+1) chairs
- 50l/min per chair (no diversity applied)
- 550kPa at chair, max 50kPa dP in pipework
- Distribution to dental chair floor box (degreased copper)

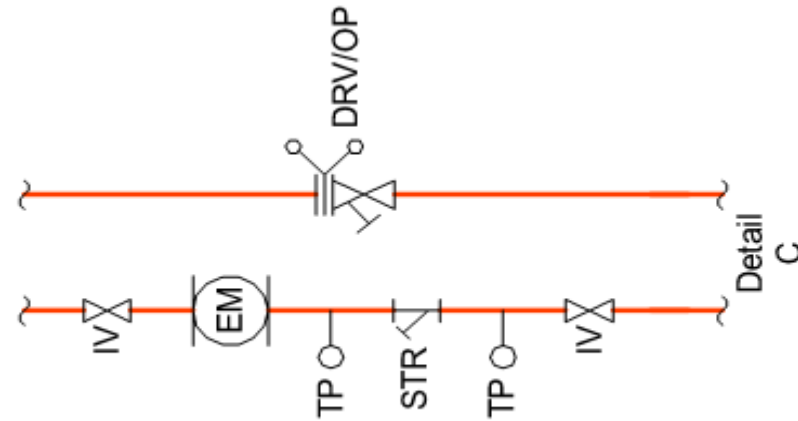
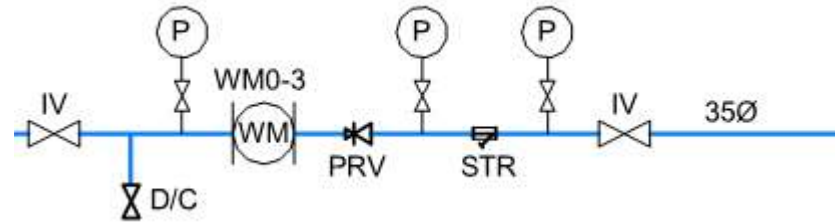
Medical Gas – Suction & Scavenging

- Suction
 - Pipework only – Equipment by Authority
 - Individual units per room
 - Suction pipework from floor box under chair to equipment in cupboard (PE, Polyprop, or PVC-U)
 - Waste exhaust line discharge to external wall
 - Effluent line to local foul drain

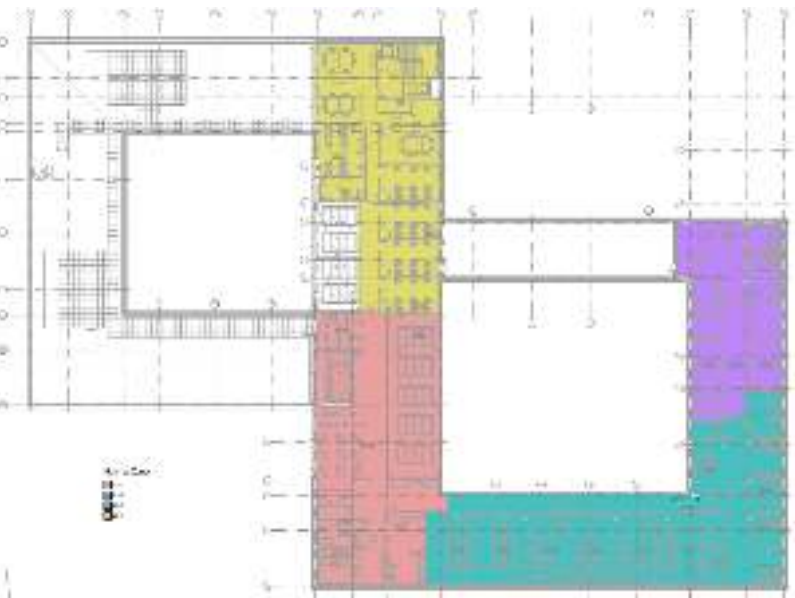
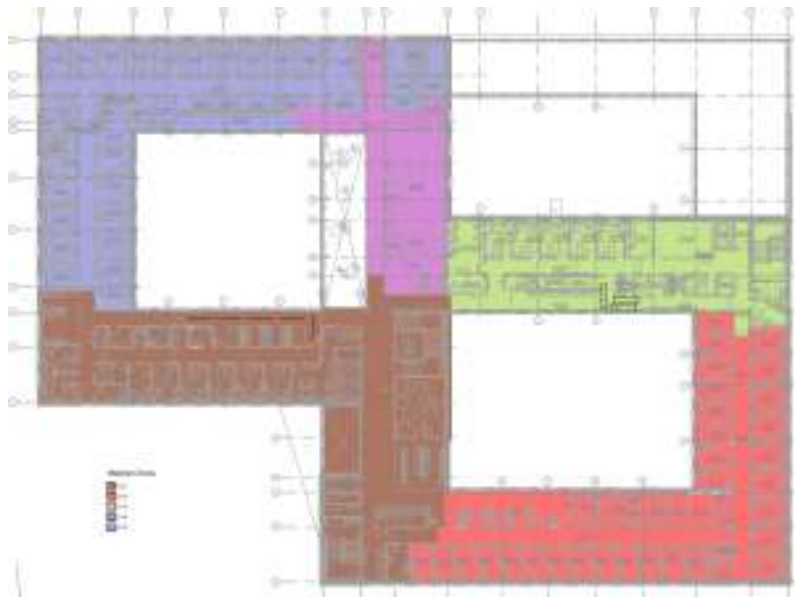
- Scavenging
 - Pipework only – Equipment by Authority
 - Individual units per room
 - Discharge to roof level (due to adjacencies of openable windows) (copper)

Metering

- Floor by floor, and area approach
- Not strictly departmental
- BMS logged
- Specific sub metered areas for:
 - Library
 - Café
 - Pharmacy



Metering



Metering

Water:

- Main incoming water supply
- Sub meters at base of risers
- Sub meters to zones

Heating:

- Heating metered at heat source
- Primary & Secondary Heating circuits (via heat meters)
- Secondary Heating sub-meters

Electrical:

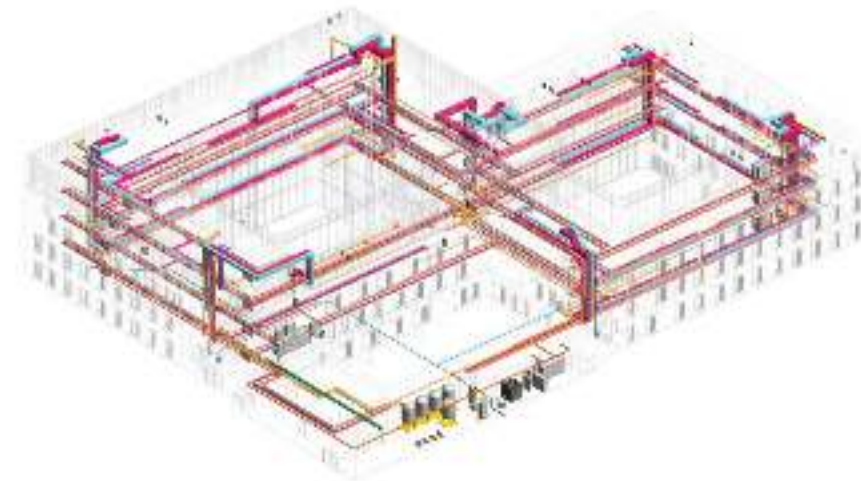
- Main incoming supply
- External feeder pillars supplying power to external lights, separate meter for carparking lighting
- EV charging points
- Main Switchboards
- Lighting and Power distribution boards (separate meters)
- Main foyer/atria including immediate adjacent circulation spaces
- HVAC Control Panels
- PV Panels

Water:

- Main incoming water supply
- Exit of plantroom
- Sub meters at base of risers
- Sub meters to zones

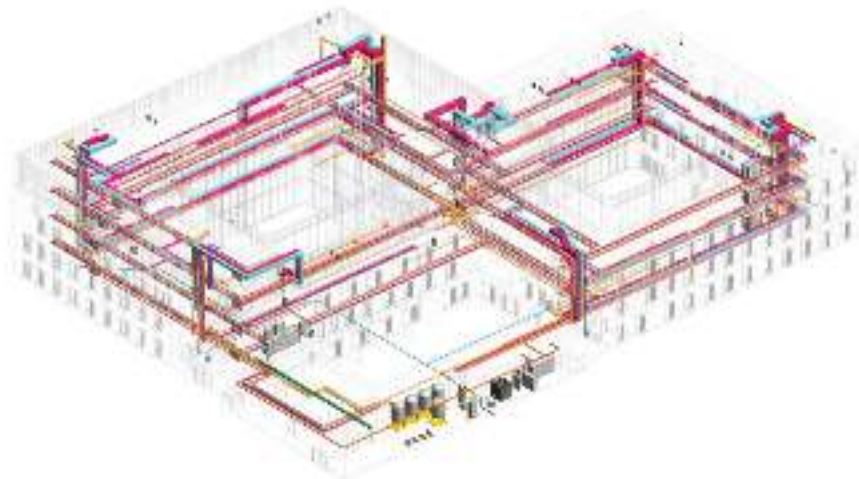
BMS

- Based on Distech Controls (Authority requirement)
 - All HVAC Systems – ventilation, heating, cooling (including controlled natural ventilation)
 - All Domestic Water Systems – tanks, booster sets etc
 - All Packaged Plant & Equipment (via Bacnet, MODBUS or similar)
 - Metering – heating, water, and electrical



Expansion/Spare Reserve

- Expansion:
 - Potential expansion circa 500m² (appx 5% increase)
 - Heating plant capacity/spare connections
- Spare Reserve:
 - Potential remodelling



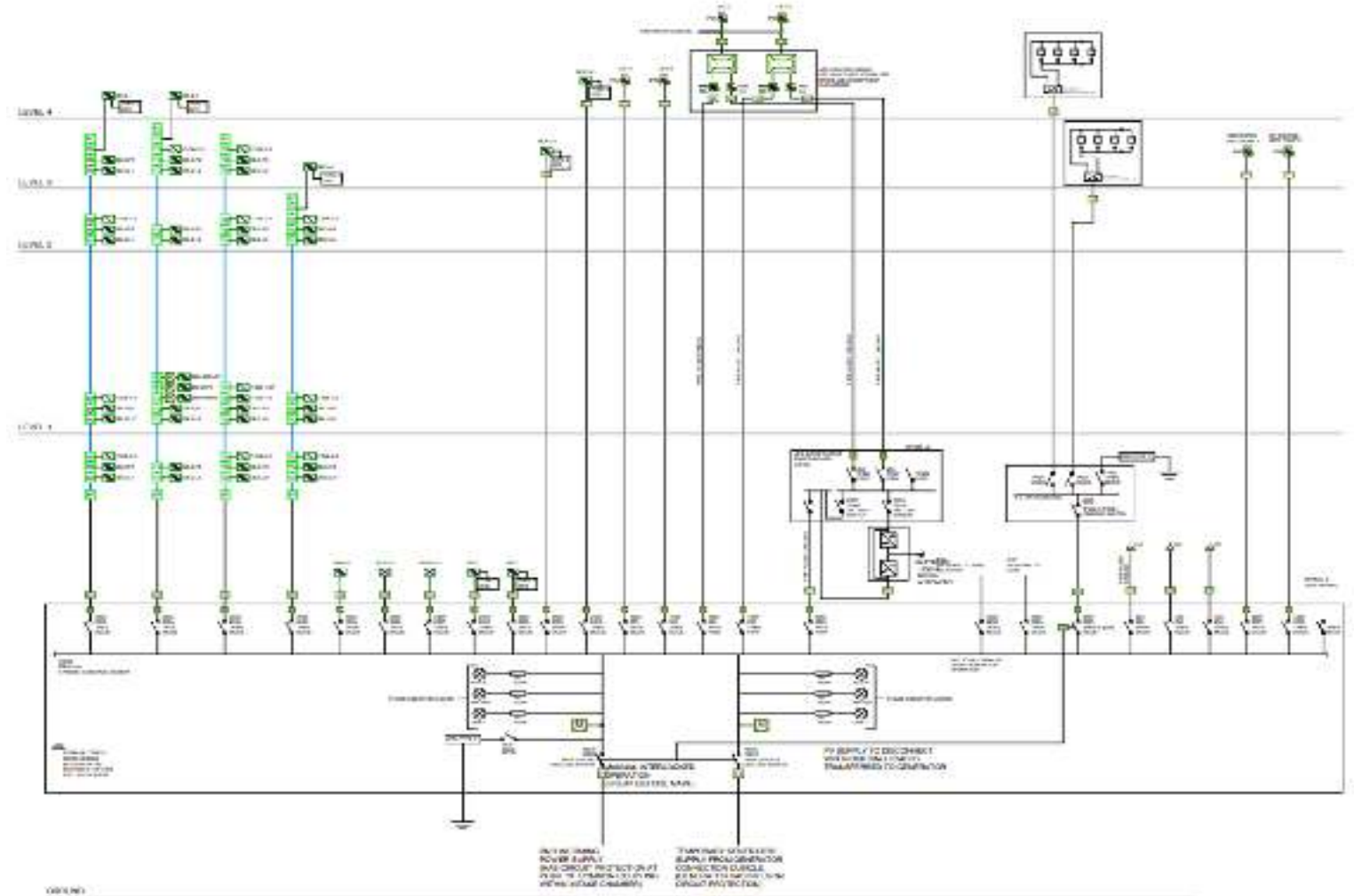
System	Spare Capacity
Incoming Gas System	The proposed new building will not have any gas supply
Heating System	5% spare capacity in main heating service pipework serving each department within the Facilities.
Ventilation System	10% additional spare capacity for the Ventilation systems within the Facilities.
Incoming Mains Water	5% spare capacity in the sizing of the main incoming water service to accommodate future expansion of the Facilities water system.
Domestic Cold-Water System	5% spare capacity in main domestic cold-water service pipework serving each department within the Facilities.
Domestic Hot Water System	All hot water will be point of use electric, therefore the 5% spare capacity requirement should be accounted for within the cold-water supply
Incoming Electrical Connection	5% spare capacity in the sizing of the main incoming electrical connection to the Facilities accommodate future expansion, including all associated mains power Plant
Power Distribution System	Allow the infrastructure, service runs and Plant for 10% spare ways and capacity at all distribution board location for expansion and remodeling
Fire Alarm	The fire alarm control panel will be open protocol, specified such that it can be readily expanded to accommodate a 25% increase in addressable heads without replacement of Fire Alarm Plant
IT/Comms	There should be an allowance of 15% spare capacity with respect to the cabling and containment systems installed and 10% for cabinets.
Staff Attack	The staff attack fob system should be modular so that this can be easily expanded to suit a larger staff

Electrical



Electrical Design (General)

- A 400V 3 Phase supply is derived from a new 1 MVA Scottish Power packaged substation.
- The main electrical intake and switchboard is installed on ground floor, facilitating ease of access for future equipment replacement, and access for third parties (Scottish Power, BT). Site is a low voltage customer.
- General lighting and power is served from a rising bus-bars located in electrical risers positioned around floorplate.
- Rising busbar solution employed, allows a significant reducing in outgoing submain cables, from the main switchboard also reducing the size of the main switchboard room size and releasing space for other services.



Photovoltaic (PV) System

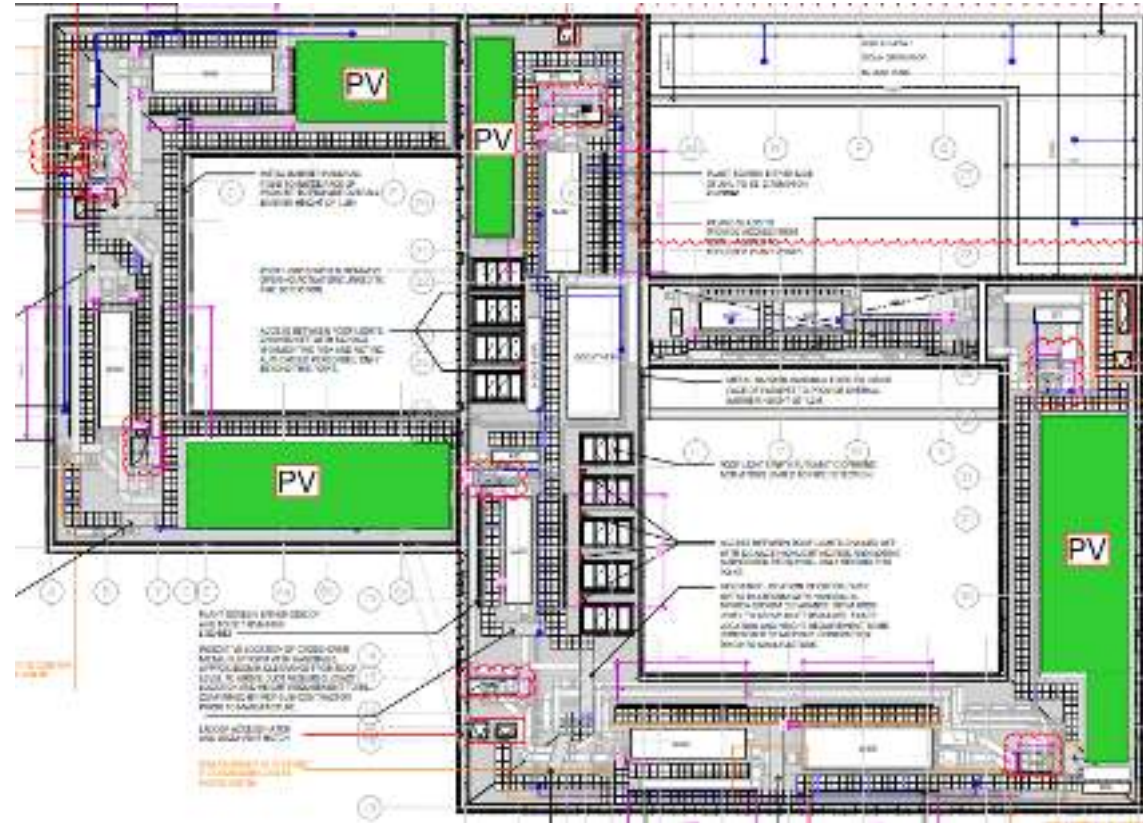
Aeras have been allocated across the roof for the installation of the PV system.

The PV system achieves compliance with the BREEAM ENE-01 credit.

Energy modelling undertaken has identified the following minimum criteria for the PV system:

- System Size – 93.17 kWp
- Nominal Efficiency 18.94%
- Reference Irradiance – 1000 W/m²
- Area Dedicated - 452m²

The installation will provide a guaranteed performance across the system of 90% after 10 years and 80% after 25 years. The total life expectancy of the system will be to a minimum of 30 years.



Electrical Design – Standby Power

- Provision has been made for the connection of a temporary generator.
- The generator connection point shall be located adjacent to the breast screening parking bays
- The provision shall allow for continued operation during periods of planned utility outages or during periods of extended unplanned failures.

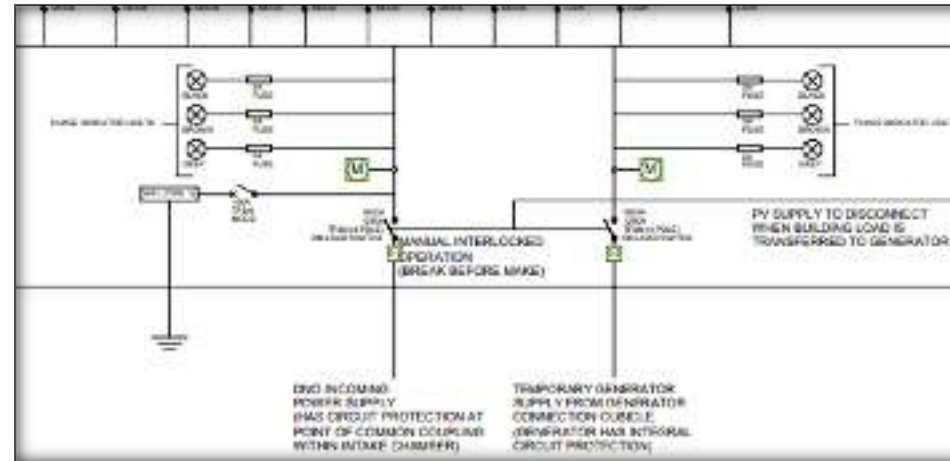
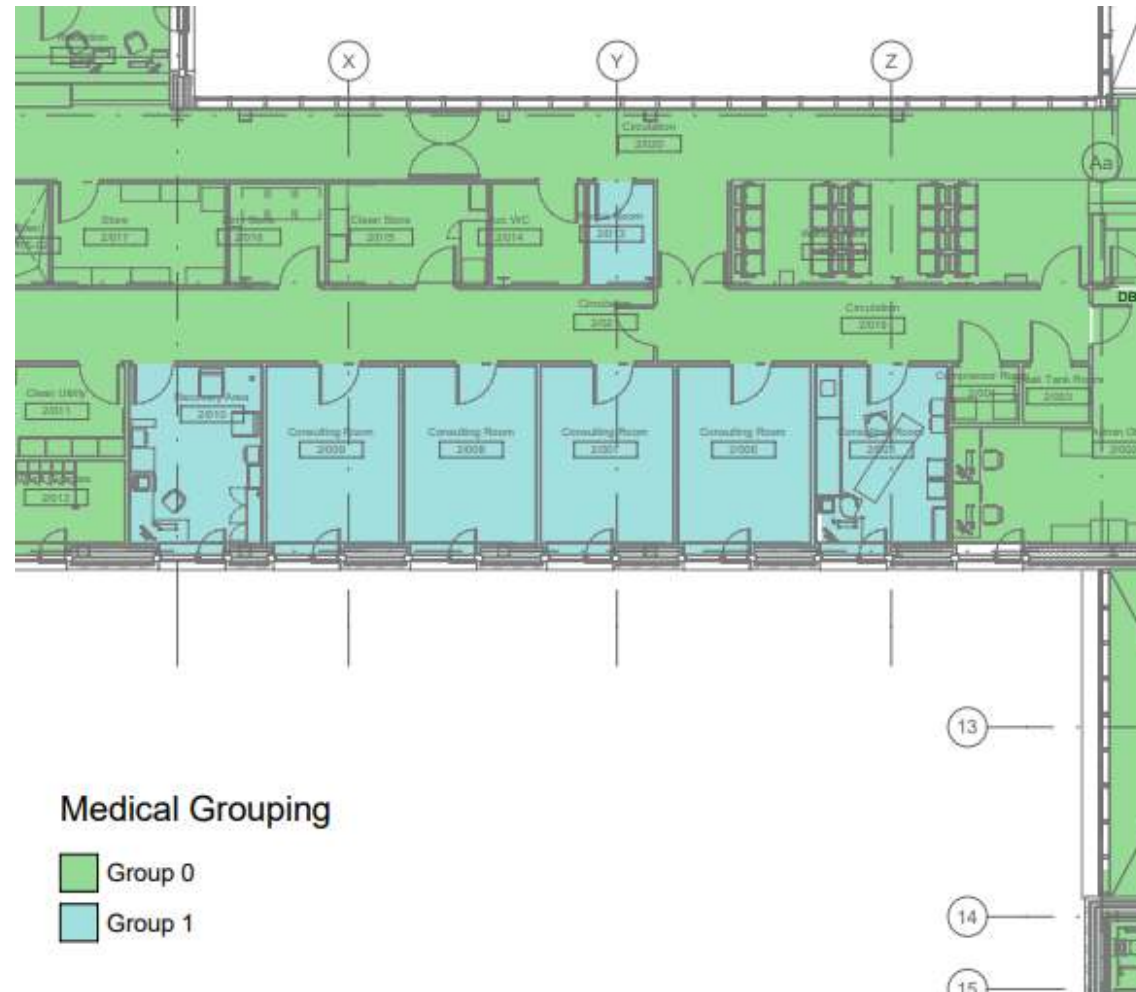


Image: ERZ Ltd

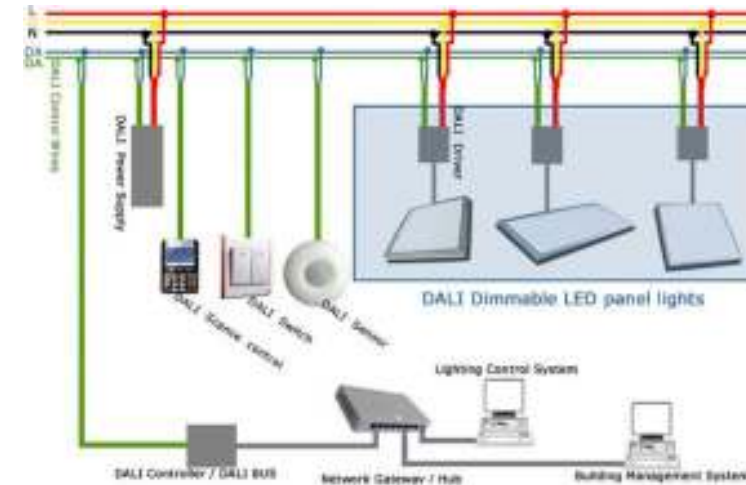
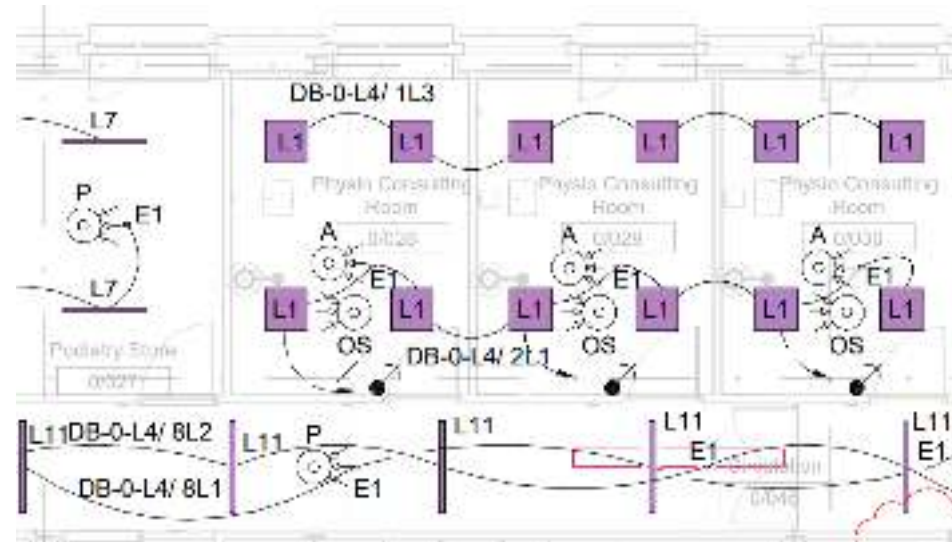
Electrical Design – Medical Grouping

- An assessment of the appropriate grouping was undertaken and grouping agreed with all client stakeholders.
- It was agreed that all areas were categorised as group 0 with exception of the dental rooms which are to be categorised as group 1.
- Group 1 locations typically have a standby generator to provide the required level of electrical resilience to support clinical activities. Discussions with the user groups have indicated that no generator is required, as loss of power will not represent a health & safety risk or risk to life (with respect to ongoing clinical activities).



General & Emergency Lighting

- Lighting across the project is designed to comply with current SHTM and CIBSE lighting standards and to ensure all spaces suit user requirements.
- All lighting utilises current LED lighting technology providing improved efficiency and increase light source longevity.
- The lighting is linked by a DALI lighting control system across the project. The DALI system monitors all fittings for faults and allows the easy adjustment to future switching and light outputs.
- Control to internal spaces provides absence or presence detection along with daylight dimming where suitable.
- The emergency lighting system is designed to BS5266 and relevant HTM's
- All emergency luminaires and exit signs are LED self contained and linked by a Hostwave wireless monitoring and self reporting system, centrally monitored via the Building Energy Management System (BEMS).



Life Safety and Security

Fire protection is provided by means of a category L1 addressable fire detection system and Voice alarm system

Design complies with:

- BS 5839-1 - nondomestic premises
- BS 5839-6 - domestic premises
- BS 5839-8 - emergency voice communications systems
- BS 6266 - Fire protection for electronic equipment installations
- HTM 05-02 and HTM 05-03

Access Control

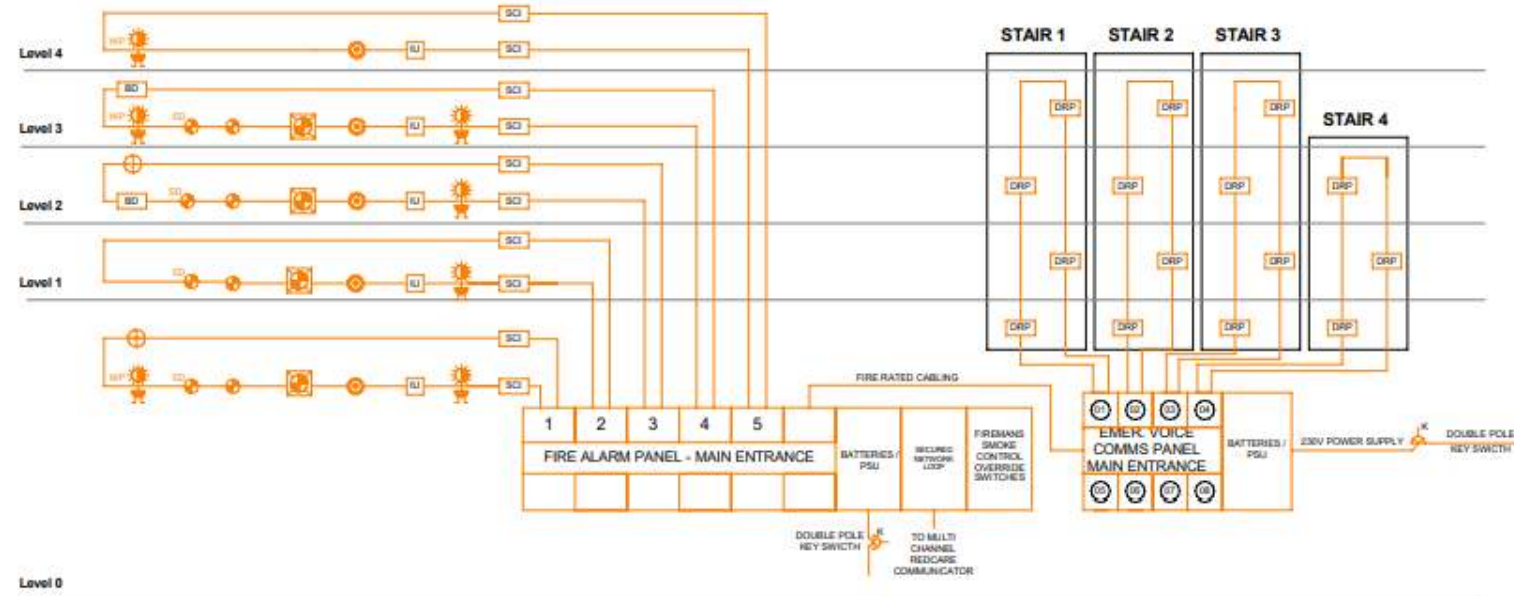
- The building is provided with an access control system to control external access and control of staff and public movement throughout the building.
- Remote control is provided from reception areas to key public access doors.

CCTV

- A CCTV system provides coverage across the site and throughout the building to monitor movement of staff and the public throughout the project.

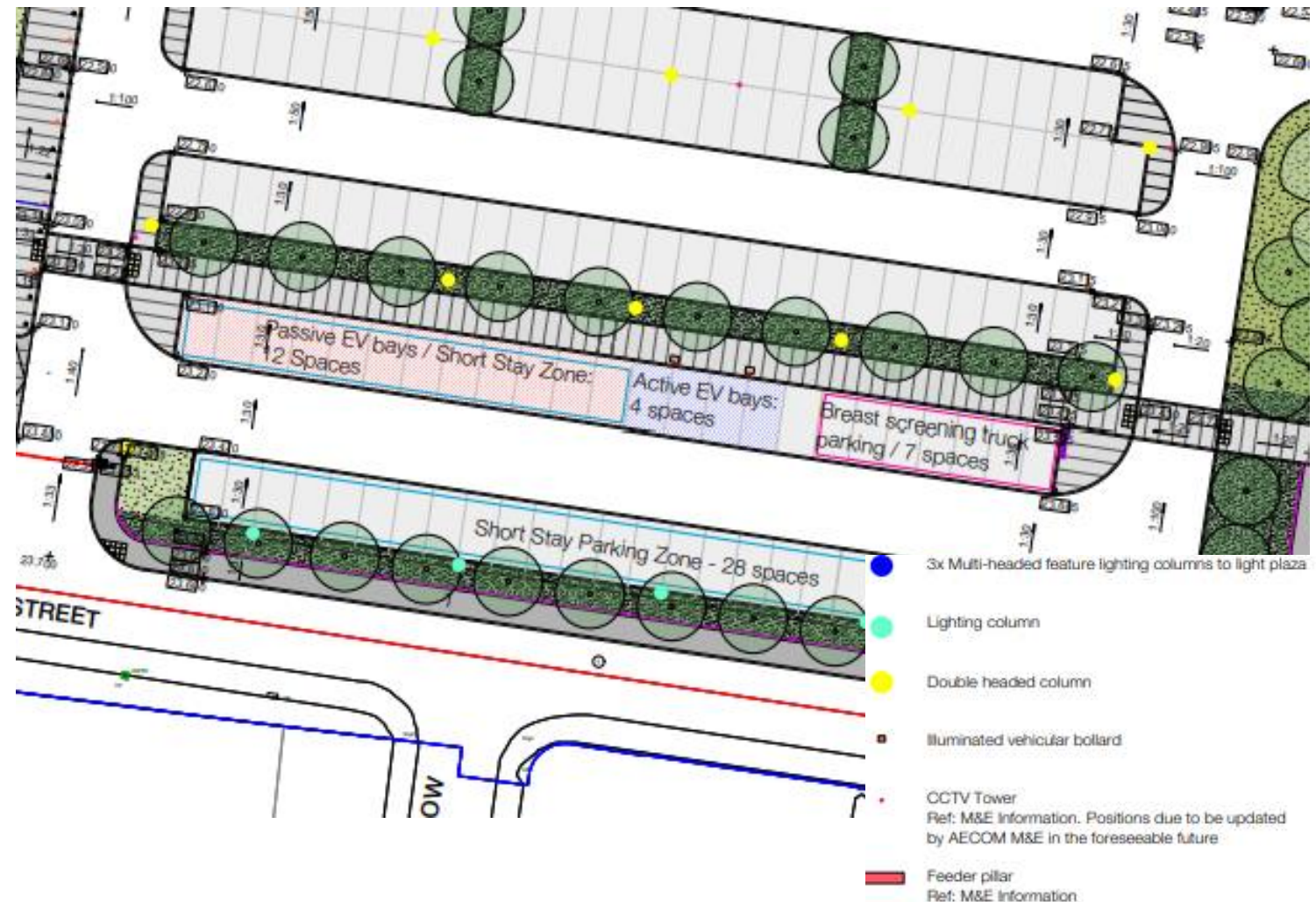
Evacuation Lifts

- There are two evacuation lifts with a secondary / standby supply provided by a 120kva UPS.



External Electrical Services

- Electric vehicle (EV) charging stations will allow the public to charge their vehicles.
- Preliminary provision for 5 active EV charging points with space and ducting only for future EV spaces. (Substation sized for current EV provision only)
- A generator connection point allowing a temporary generator to be connected to the site, providing a secondary, independent source of power.
- Lighting shall complement the external CCTV system.
- CCTV coverage provisioned for all external spaces.
- Well lit, pathways, roads and parking bays with CCTV coverage to enhance the safety of staff and members of the public using facilities at night.



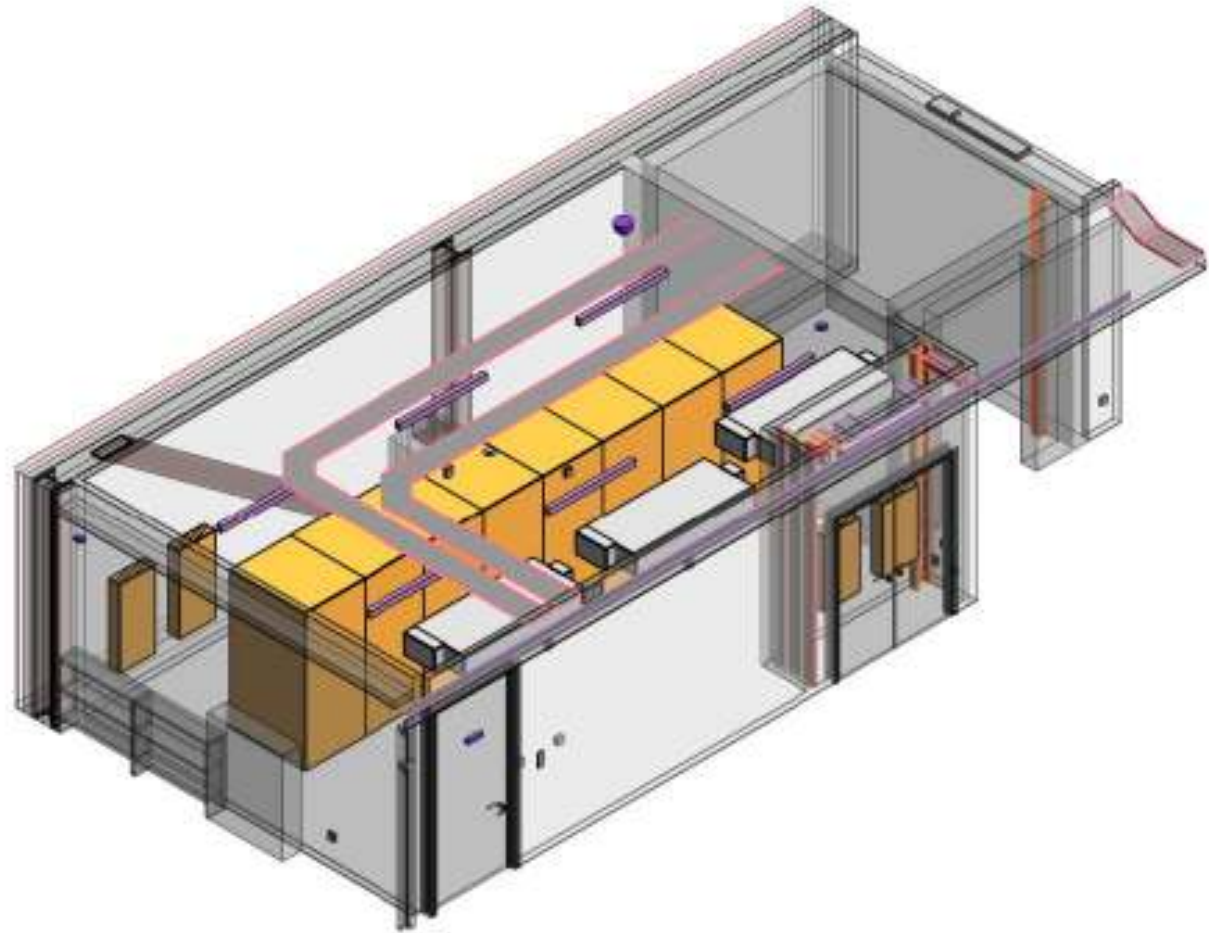
IT and Communications Design



IT and Communications Design

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

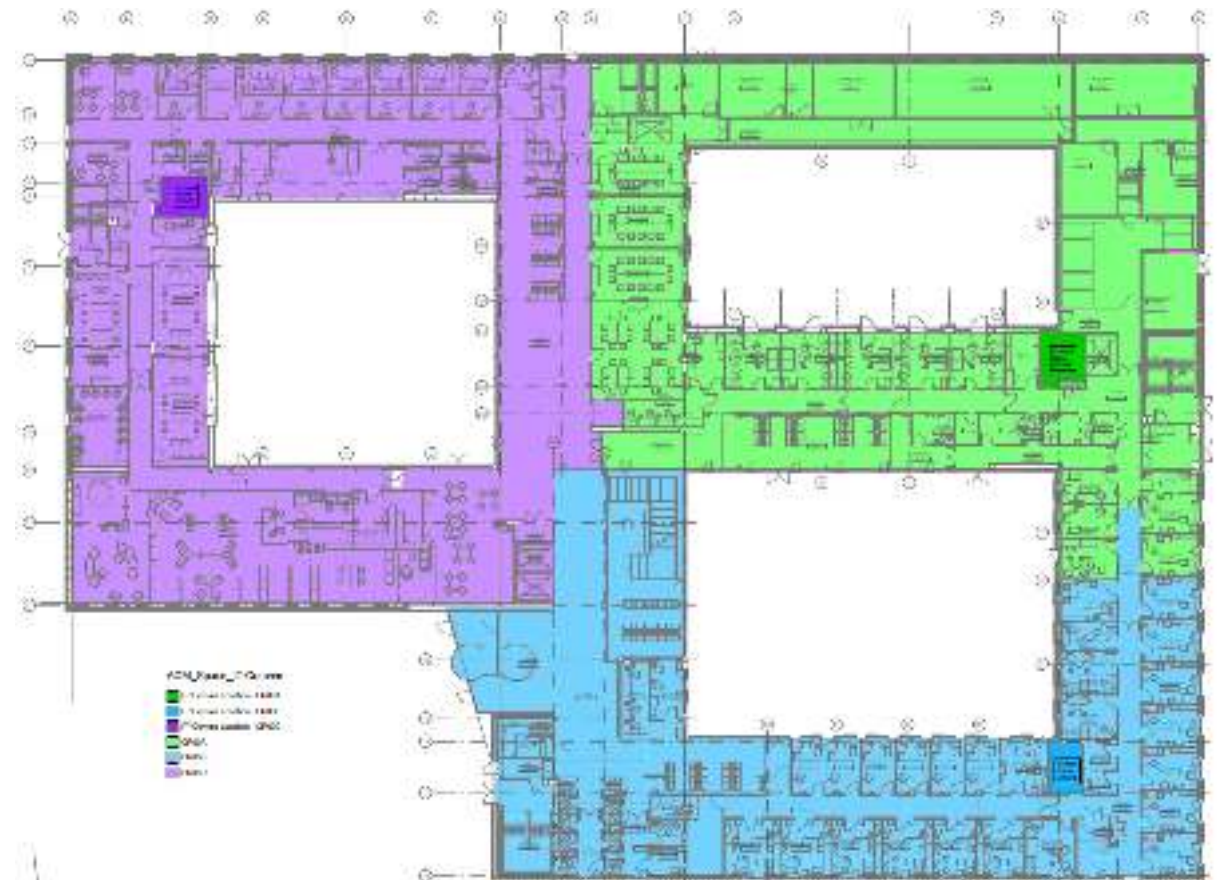
- IT Accommodation
- Structured Cabling System
 - Fibre Backbone Cabling Subsystem
 - Copper Horizontal Cabling Subsystem
- Active IP LAN – Building Services Systems



One Main Comms Room

- ## 10 Comms Rooms

- Sized for at least two IT cabinets (one per tenant)
- Active LAN (Edge) Equipment (Client / BMS)
- DX Cooling (Duty only)
- Centralised N+1 UPS

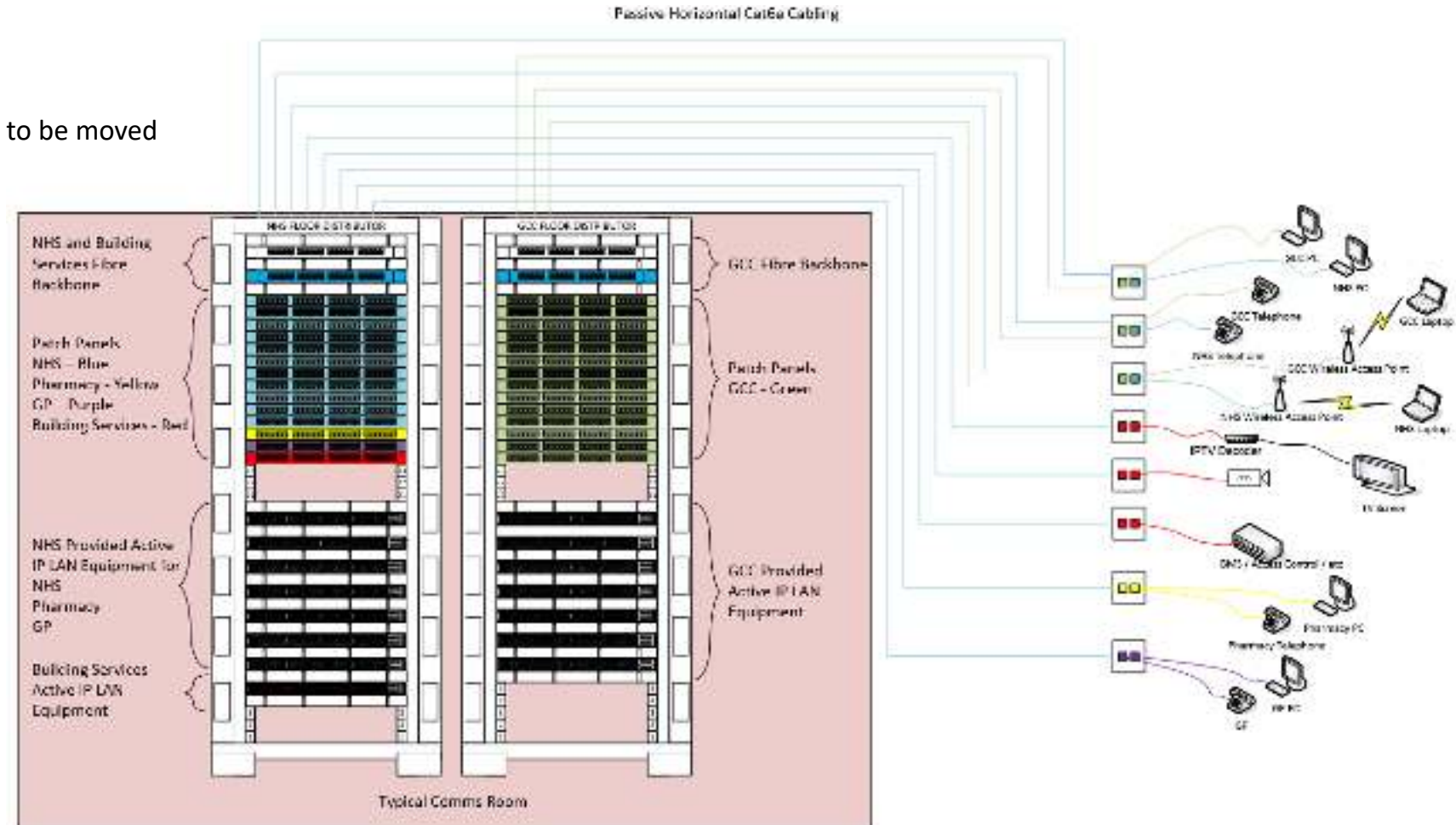


IT and Communications Design – IT Accommodation

Cabinet layouts designed to segregate different tenant services:

- NHS – Blue
- GCC – Green
- Pharmacy – Yellow
- GP – Purple
- Building Services – Red

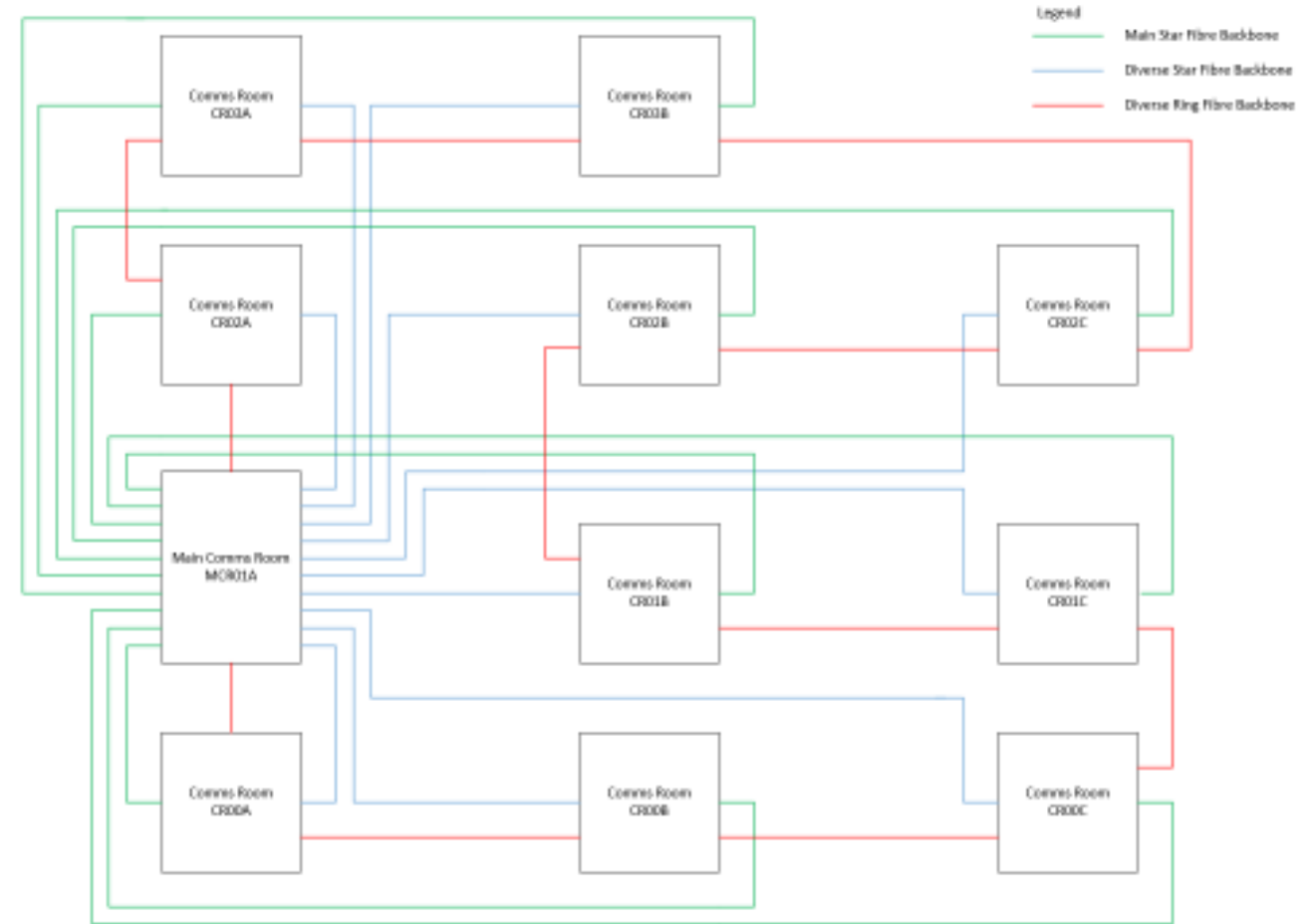
Modular outlets with 3m cable coil to allow cables to be moved between cabinets if required.



IT and Communications Design – Structured Cabling System

Fibre Backbone Cabling System

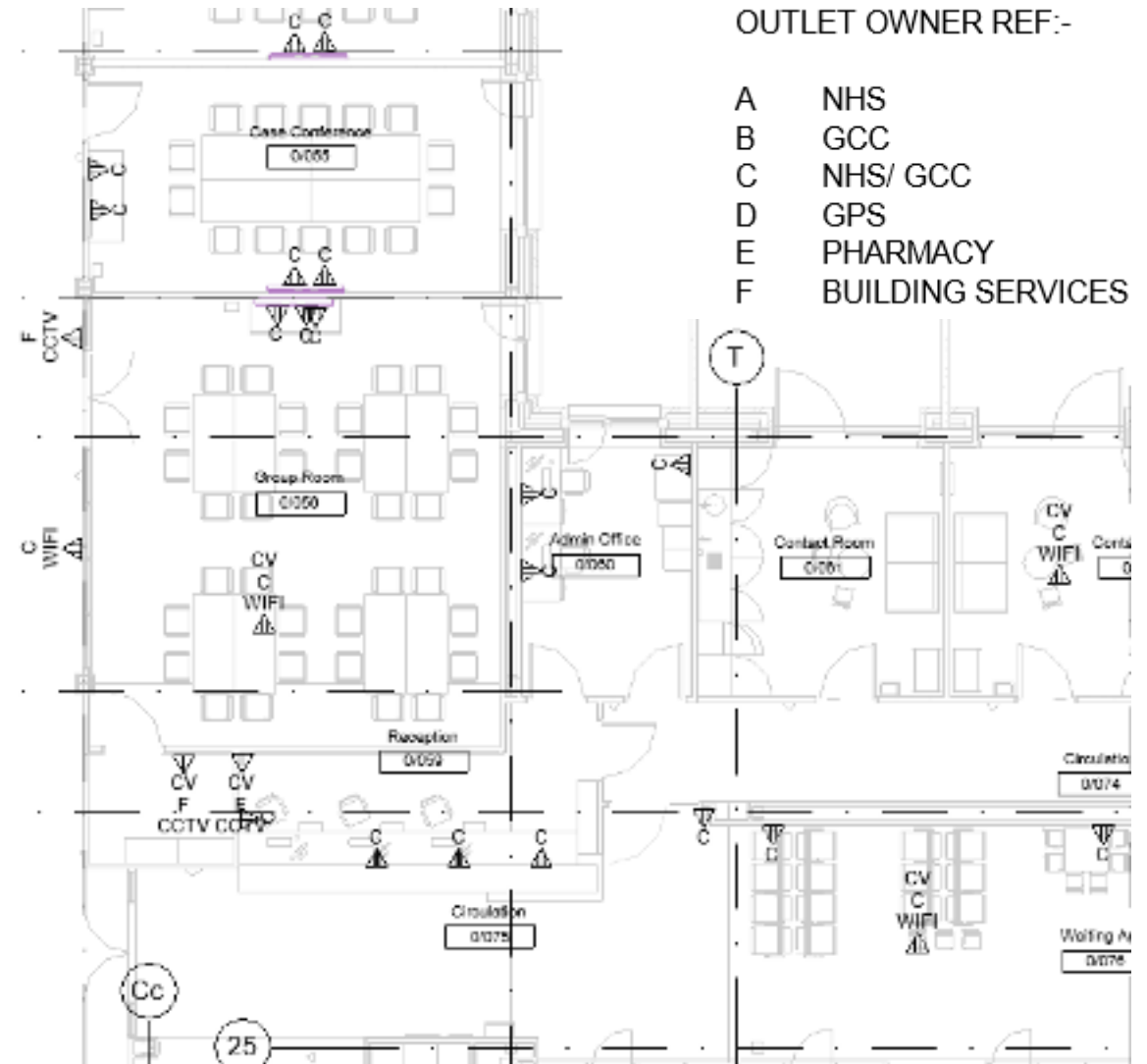
- Blown Fibre solution
- 12 OS2 Single Mode Fibres per route at day 1
- Fibre presented in the each tenant cabinet to serve that tenant only
- Diversity
 - NHS - Fibre Optic, Star and Ring
 - GCC - Fibre Optic, Diverse star
 - Building Services - Fibre Optic, Star and Ring



IT and Communications Design – Structured Cabling System

Copper Cabling

- Cat 6A shielded solution throughout
- CCa S1b D2 A2 fire rated
- Leviton noted as preferred
- Dual RJ45 user outlets
 - One socket cabled back to the NHS cabinet
 - One socket cabled back to the GCC cabinet
- Building Services, Pharmacy and GP horizontal cabling shall be presented within the NHS cabinet.



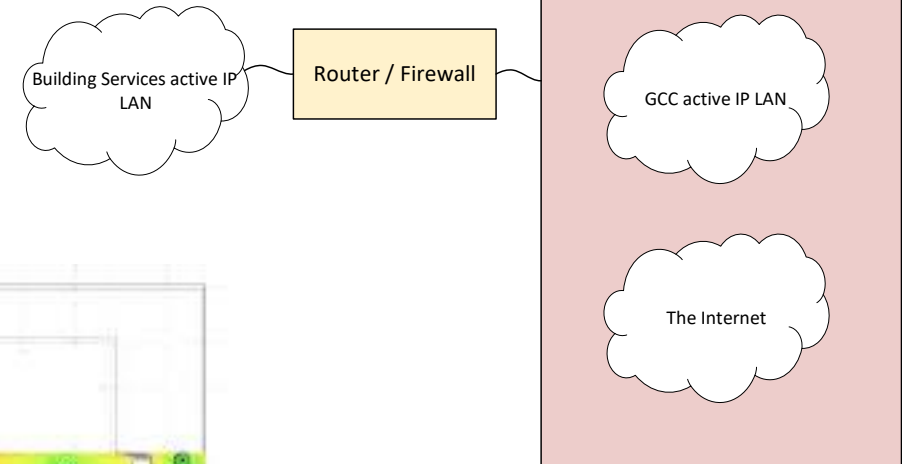
IT and Communications Design – Active IP LAN

Client provided Active IP LAN

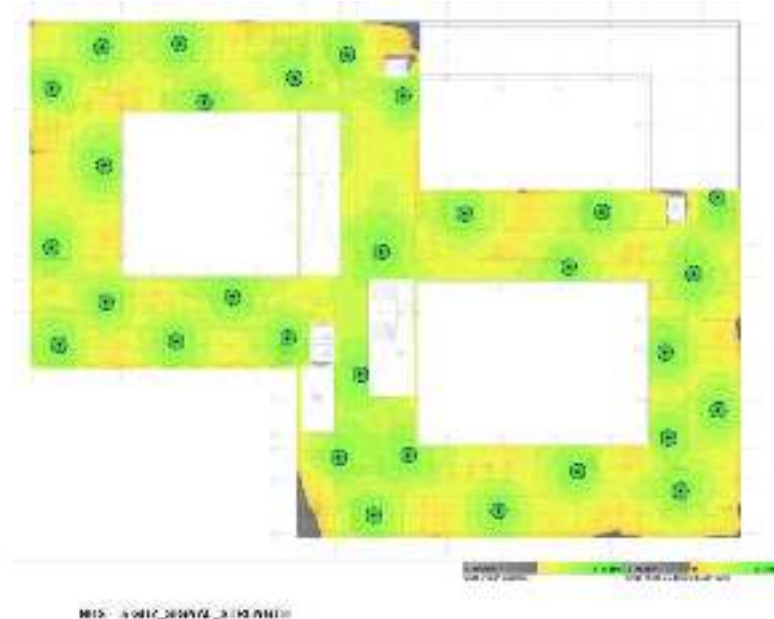
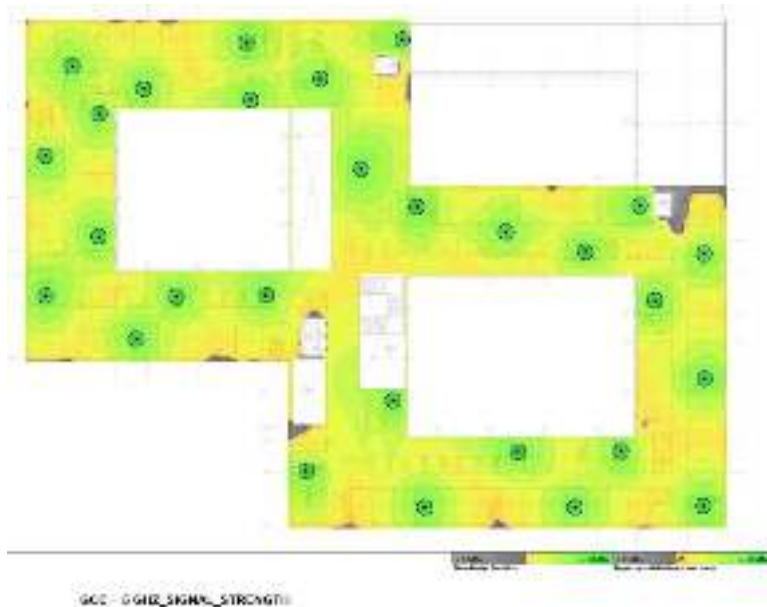
- NHS
- GCC

Contractor Provided Active IP LAN

- Building Services Systems
 - CCTV
 - Access control
 - BMS
 - Lighting control
 - Room booking system
 - Digital Signage
- Cisco based system



- Two totally separate wireless networks throughout the entire building







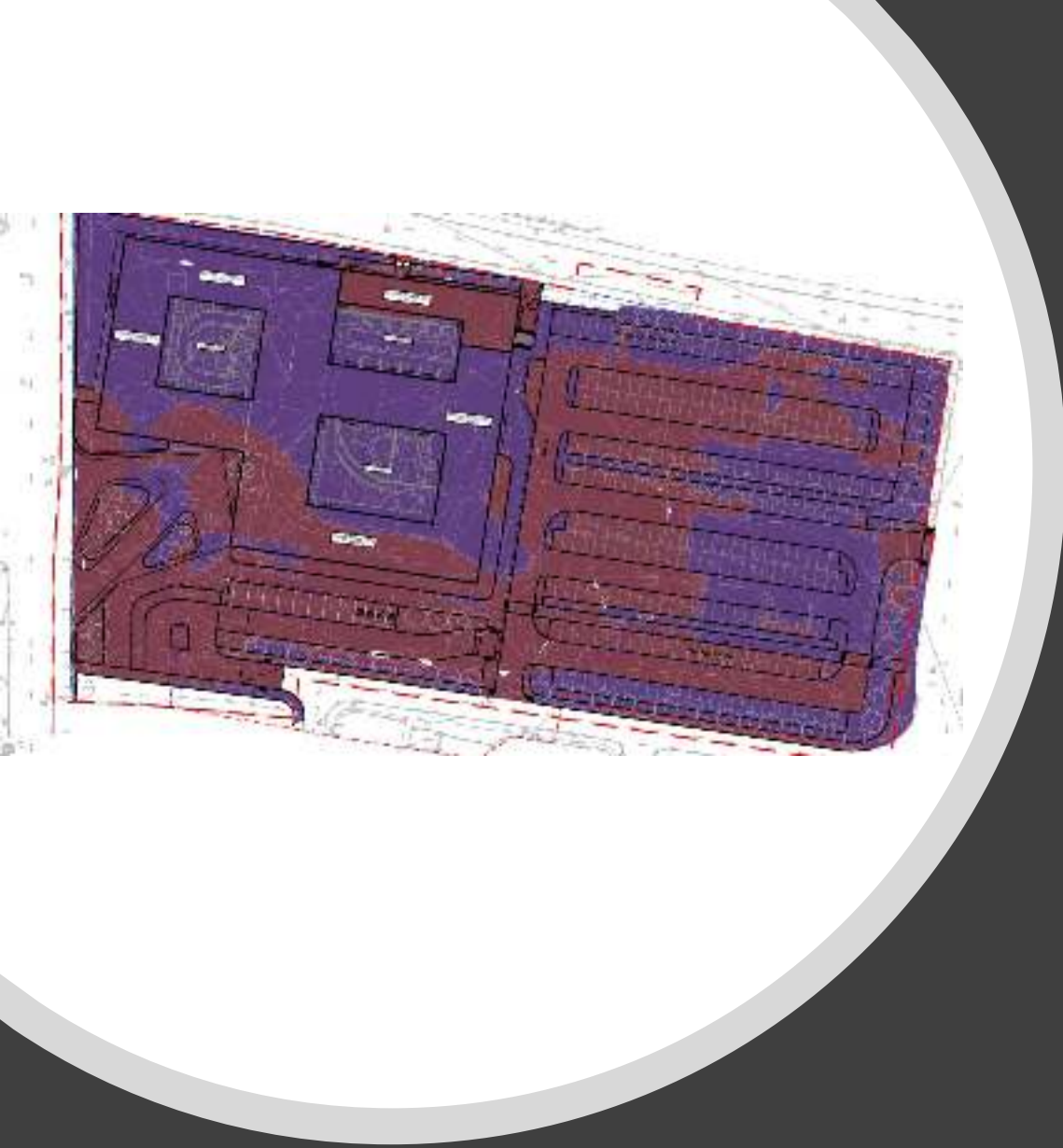
NEH Parkhead HCC

C&S FBC Presentation

Ground Conditions

- The site slopes in a south to north direction and is relatively flat east to west, across the site
- The nearest surface water feature is the culverted Camlachie Burn, 294m northeast of the site
- The CA note no probable unrecorded shallow mine workings or spine roadways at shallow depth
- The site investigation found the ground to be poor with weak silts and clays present to significant depth
- Piles are required to support structural loads. Suitable pile types are bored RC or driven steel/concrete.
- A suspended ground slab solution is required to avoid excessive slab consolidation settlements
- Ground gas monitoring indicates worst case CS2 – Low Risk and a gas membrane is therefore required
- Only 5 of 50 samples tested were hazardous, all were in made ground (4 were from the site and 1 from Duke St)
- Further investigation is anticipated for UKWIR testing and for Ph3 post-demolition investigations





Civils Principals | Externals

- Finished Floor Level (FFL) selected in conjunction with design team to minimise cut and fill requirements within site.
- Levels shaped generally to recognise existing topography
- Hardworks construction make ups designed to minimise cut. Alternative capping type selected. Design also integrates with storm water treatment and storage.
- Geometry selected to recognise vehicle use. Breast screening facility and crane access for maintenance. Designated zone to allow zone for staff parking.
- Proposed amendments to public road. Include narrowing of Salamanca Street and inclusion of non standard turning feature. Principles discussed through the planning process.
- Roads Construction Consent (RCC), Stopping Up Order and amendment to exiting Traffic Regulation Order (TRO) will be required. All require planning before they can be progressed further.

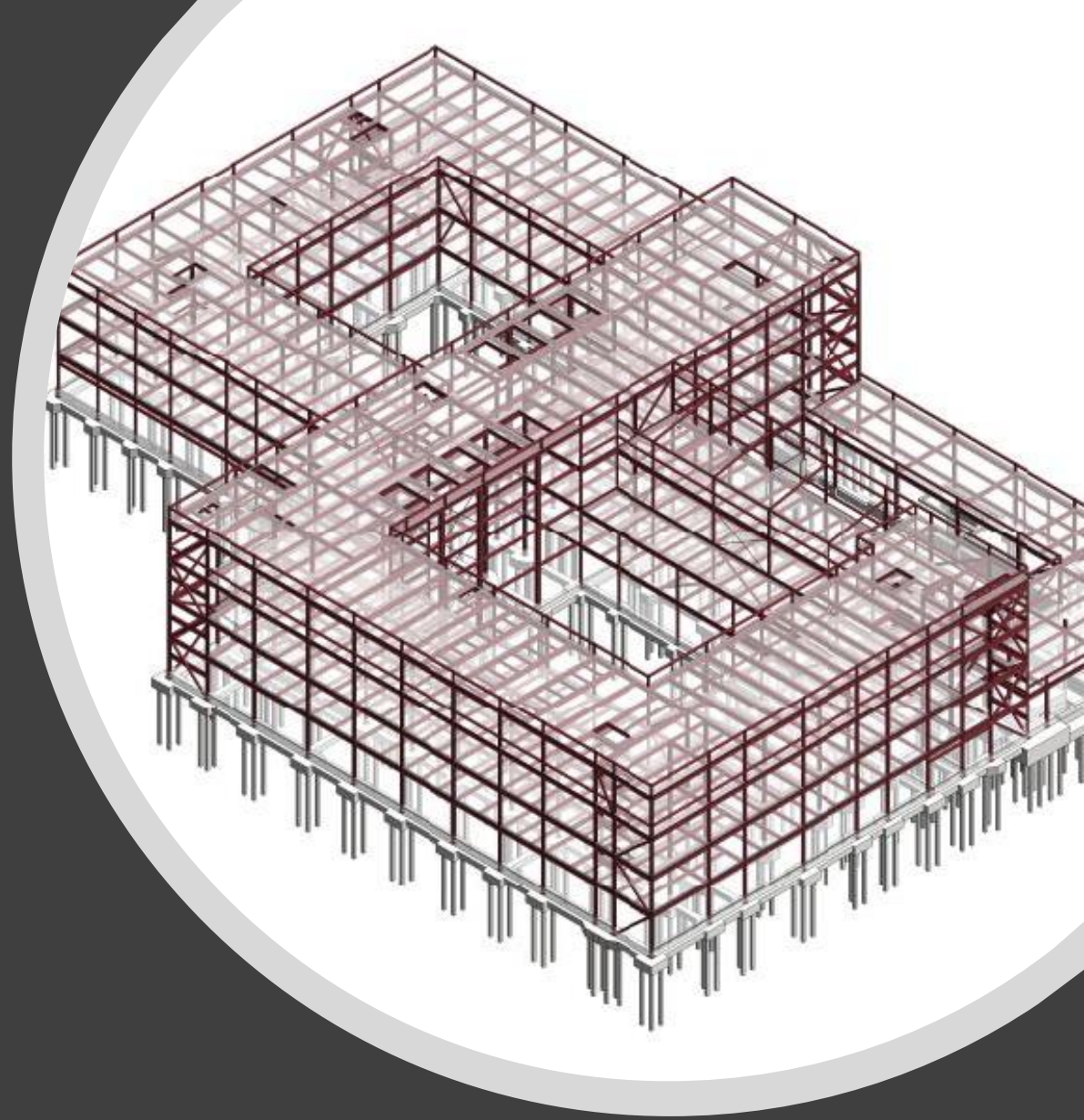
Civils Principals | Drainage

- Drainage strategy developed based on consultation responses received from Scottish Water and Glasgow City Council.
- Two public combined sewers pass through the site. Main diversion completed as part of demolition works.
- Surface Water outfall to connect to Camlachie Burn. Requires offsite outfall. Route selected within Public Road Corridor.
- Complicated outfall construction given route within Duke Street and proximity to services.
- Consultation responses received through planning via GCC indicate that Scottish Water may vest the outfall. This requires to be further explored.
- Temporary surface water connection to combined sewer may be required. Subject to timing, funding and condition of Camlachie Burn cleansing works. Scottish Water have already pushed back on temporary connection.
- New Waste Water Application required to progress matters with Scottish Water. Requires planning approval to be obtained.



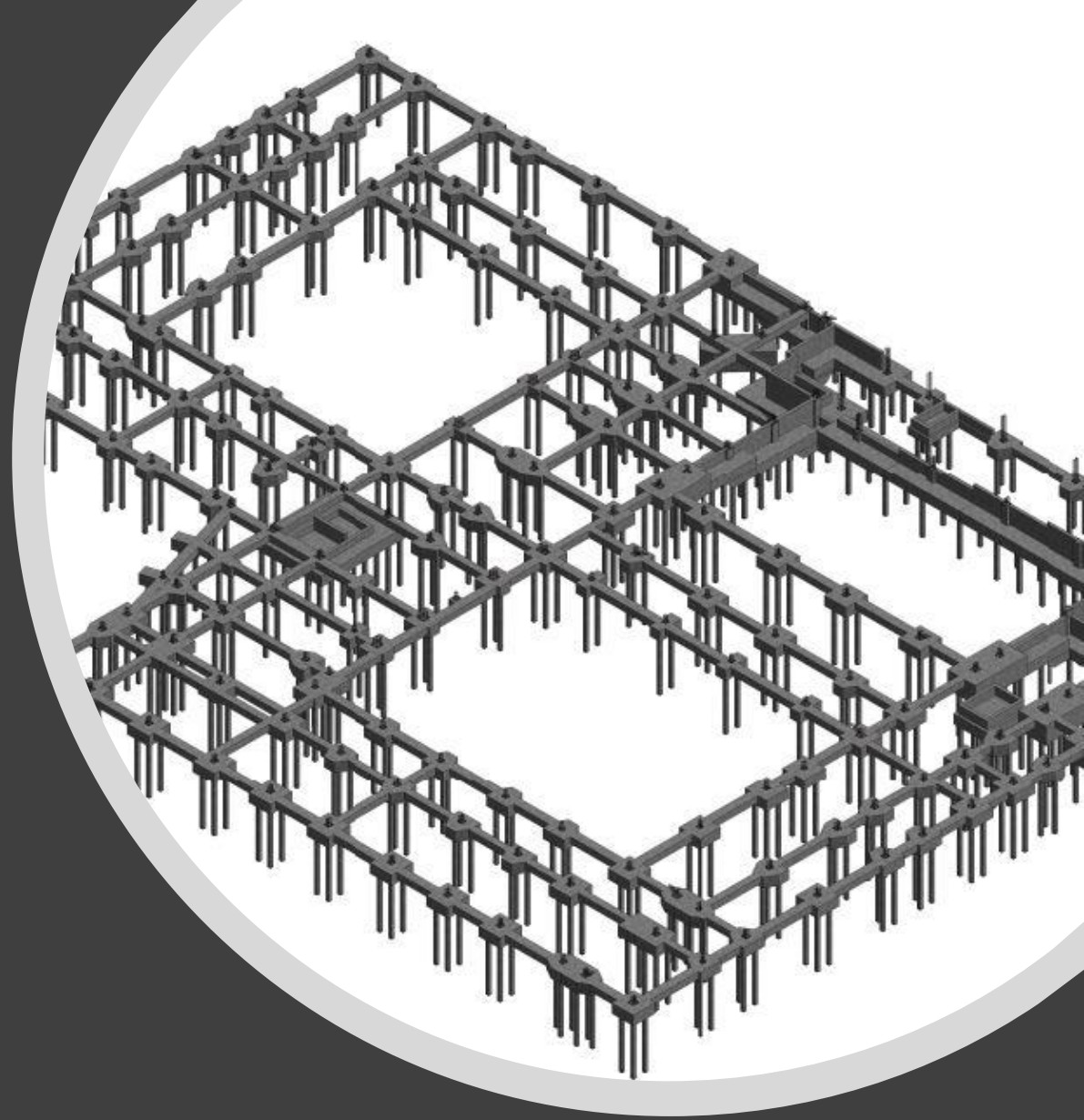
Superstructure Principals

- The structural frame is a simple steel beam and column braced frame supported on piled foundations
- Typically, columns are located on external walls and corridors with clear spans at 3rd floor level only
- Columns are generally open UC sections with hollow box sections at some curtain wall locations
- Roof and upper floors are composite concrete slabs on profiled metal deck supported on steel beams
- Stairs and landings are precast concrete supported on steel beams. There is a feature steel stair in the foyer
- Lateral loads are transferred through the slabs into vertical bracing and then down into the foundations
- Vertical bracings are hollow box sections where hidden and feature cross bracing where exposed
- External walls comprise curtain walling or SFS clad in masonry with blockwork in stairwells and plant spaces



Substructure Principals

- The ground is poor and weak silts and clays are present to significant depth
- Piling is required to support the structural loadings from the proposed building
- Driven precast concrete piles are proposed as a suitably economic solution
- Pile lengths are dependant on the loads carried, pile section size and relative ground and rock levels
- The frame is supported on pile caps with ground beams between supporting walls and the ground slab
- The ground slab is an in-situ suspended RC ground slab with a ground gas membrane below
- Tanked RC retaining walls supported on pile caps are incorporated at lifts and at lower ground floor level
- TOF level is generally consistent, but steps down at the lifts and at interfaces with lower ground floor level



Structural Design Notes

- Typically, floor and roof slabs have been designed for an imposed load of 4kN/m^2
- Higher loads have been taken for slabs supporting plant & equipment, as defined in Tech Note S/TDN04
- Derogation is sought on upper floor vibration design criteria, as described in Tech Note S/TDN01
- Full perimeter horizontal brick supports are deemed unnecessary, as outlined in Tech Note S/TDN03
- The design assumes a two-storey vertical expansion in the future, directly above Grids R-T, 1-22
- The approximate tonnage of the RIBA Stage 4 structural frame and secondary steel, as drawn, is 855t
- A further allowance of 49t is taken for secondary steel to partitions & screens and for envelope supports
- The allowance excludes the feature steel stair and any grillages or screening to roof plant or roof signage

Plant & Equipment Loads - Floors

Location	Plant Item	Source	Load(s) Adopted
Floors – Grd Floor Plant Rooms	General Blanket Imposed Floor Load Allowance for Plant Rooms	Assumed	7.5kN/m^2
Floors – 2 nd Floor Dental Treatment Rooms	Allowance for Weight of Chair, Light, Delivery System & Patient	Assumed	5kN
Floors – Room 1/067 Pharmacy	General Blanket Imposed Floor Load Allowance for Dispensing Robot	BD Offer Drawing Dated 10/03/21	5kN/m^2
Floors – Room 0/080 Lift UPS	Battery (1930w x 800d x 2300h)	Q032114703-3/JH Item 1 taken from email of 20/04/21 from AECOM MEP	28kN/m^2 (over battery footprint)
	Unit (800w x 850d x 1900h)	Q032114703-3/JH Item 1 taken from email of 20/04/21 from AECOM MEP	11.5kN/m^2 (over unit footprint)
	Transformer (650w x 800d x 1900h)	Q032114703-3/JH Item 9 taken from email of 20/04/21 from AECOM MEP	11.35kN/m^2 (over transformer footprint)
Floors – Room 0/081 Domestic Water Services Plantroom	Cold Water Storage Tank (3500w x 1500d x 1500h)	NEH-ACM-Ph2-00-SP-BS-0400 Dimensions updated taken from email of 23/3/21 from AECOM MEP	15kN/m^2 (over water tank footprint)
Floors – Room 0/082 Domestic Water Services	LTHW Buffer (x5) (1700dia x 3500h)	NEH-ACM-Ph2-00-SP-BS-0400 HUB Stage 1 Mechanical Equipment Schedules	80kN per tank (20kN per tank leg)
	General Blanket Allowance for Services Above Ceilings	Assumed	0.25kN/m^2
	Allowance for Retro Fitting of Equipment for all Fixed Equipment	Authority Construction Requirements Version 9 – 30/04/2021	To lift weights up to 250kN Concentrated Load