

EASTWOOD HEALTH AND CARE CENTRE : SCIM DESIGN STATEMENT

The objectives for the centre are set out in SECTION 4 of the Initial Agreement.

The facility ; the preferred location of which had been established prior to developing this statement ; must have the following attributes such that it promotes, effects and reinforces the behaviours necessary to achieve these objectives:

I NON-NEGOTIABLES FOR CUSTOMERS, FAMILY MEMBERS & SUPPORT

Non-negotiable performance specifications	Benchmarks - criteria to be met and/or some views of what success <u>might</u> look like
<p>I.1 The placing of the development on the site, in its height, massing, relationship to the street and visibility from nearby areas , must be such that it:</p> <ul style="list-style-type: none"> • is recognisable in the everyday routes around the community, signalling the location and accessibility of the public services • feels close to (rather than isolated from) other local amenities both existing and potential, • is a positive and respectful addition the predominantly residential nature of the area. 	<p>Some views of what success might look like</p> <div style="display: flex; justify-content: space-around;">   </div> <p>The landscaping (including planting and trees) should be used to make the development feel 'soft'. Ideally the Building Entrance & forecourt areas should be visible from the road or nearest junction.</p>

1.2 The experience of arrival must be welcoming and reassuring, with arrival spaces feeling friendly and safe places in daylight and in darkness.

The layout of the site must give primacy to people over cars such that it is at least as pleasant to arrive by foot/ public transport/cycle as it is by private vehicle.

The relationship of the public entrance to the street must be clear and direct.

Some views of what success might look like



The space between the facility entrance and the pavement/road must be well lit, well observed and pleasant offering amenities such as seating areas (considering shade and shelter from harsh sun and wind) planting and art, such that it feels like a pleasant public space. Though drop-off, disabled & parent & child parking may be contained within the area, it may not contain general parking. The space at the entrance should feel generous and uncluttered (with FM and other functions visually separate).

General parking to be accommodated on site such that the entrance (or a public entrance) to the facility is clearly identifiable from the route to parking and pedestrian routes. Parking areas should be open ,well lit and observed and pleasant to use.

1.3 On entering the facility through the public entrance(s) there must be an immediate point of welcome and onward direction with routes to services being clearly legible. Ideally the experience should be 'uplifting' and stress free in order to enhance a sense of wellbeing and value The layout and use of reception points (both human and electronic) must:

- not require you to repeat the same information at more than one reception point.
- aid easy access to additional services whilst visiting the facility
- allow for confidential discussions.
- provide distinct identity to places where help can be sought such that it is clear where to go, and the nature of the help available there.
- Feel personal, rather than part of a pre-determined and inflexible system

Some views of what success might look like



You should preferably be able to see your destination (service reception and/or waiting area) from the main entrance area with interim journeys being as short as possible.

Depending on the number and variety of services incorporated, there is likely to be the need for more than one reception point as the nature of interactions varies from check-in for appointments, through straightforward discussions (such as reporting housing faults) to sensitive personal enquiries, and these are therefore best handled separately. However legibility of where you go for transactional or more sensitive discussions must be clear, and should not be confused by multiple choices of essentially similar functions in the same area.

1.4 Waiting areas adjacent to services must provide comfortable, but short term, waiting; with daylighting and views to activity or other diversions such that time passes more quickly. There must also be a shared 'social' space (useable as an overflow from local waiting) where you can sit for a longer period, with refreshments, and either await collection ,have a moment to oneself or to chat, before or after an appointment. This should relate to a usable external space to allow a breath of fresh air and a view of nature.

These spaces must, in themselves, promote a feeling of wellbeing, and also provide direction to the range of services on offer (public and third sector), encouraging people to use these as appropriate to their needs, and information on health promotion. The shared social space must be designed such that it can be used (and combined with other adjacent resources such as meeting spaces, toilets , feeding and adult change) to become a stand-alone community space to extend the range of services that can be provided over an extended day, allowing groups to come together for mutual support and events to be held such that the facility is a familiar part of community life and promote a feeling of 'community ownership'.

Some views of what success might look like,



1.5 Consulting/interview rooms must be welcoming, bright and friendly, with good daylight and privacy from outside (such that you can discuss matters in comfort without closing blinds for privacy) and provide good thermal comfort.

Some views of what success might look like,



Furniture choice and colour schemes should be co-ordinated to provide a professional and friendly atmosphere whilst maintaining personal comfort and safety (real and perceived cleanliness).

2 NON-NEGOTIABLES FOR STAFF

Non-negotiable performance specifications	Benchmarks - criteria to be met or some views of what success <u>might</u> look like
<p>2.1 The layout of the site must facilitate safe and convenient staff access, during daylight and darkness, in a manner that supports and promotes green travel where possible.</p>	<p>Some views of what success might look like</p> <div data-bbox="819 347 1435 769"></div> <div data-bbox="1480 352 2033 769"></div> <ul data-bbox="808 826 2083 1054" style="list-style-type: none">• Well lit, observable and pleasant routes from public transport (including the local train station) to a discrete (as in not on the front elevation) staff entrance.• Drop of point adjacent to staff entrance to provide reliable and safe transfer of heavy and bulky materials by peripatetic staff before/after visits.• Emergency access to a fully accessible exit close to GP areas.• Discrete servicing of FM from one point.• Safe, well lit and observable routes (i.e. no hiding places) from parking areas to both staff and main entrances and from secure bicycle storage

2.2 The layout of the facility must encourage close and easy working both within groups and between them, and flexibility in use to allow change over time.

Some views of what success might look like



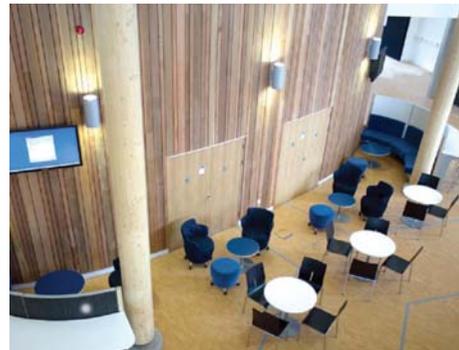
- Working areas to be grouped by activity type (consulting/interview spaces together; desk based working together), rather than by service discipline, with spaces designed to be able to be used by a broad range of disciplines..
- Furniture and other storage systems (IT and physical storage) to be designed to support both data security, and the location flexibility required of staff such that they can be effective in their working environment *“some place to store my stuff right by where I’m working”*.



- Circulation routes must be designed to allow staff to transfer easily and quickly between their working environments (consult to desk and back again) and to allow team’s location to change over time as working groupings and the scale of groups change.



- Consulting zones to be designed such that consulting rooms grouped into variable configurations to accommodate changes in clinic size, and practice size.



- Staff circulation areas to be shared such that you meet people from other teams in your normal use of the building, and space is provided at natural meeting points to allow informal/impromptu conversations.



- Space for formal meetings (and quiet spaces for taking sensitive calls) to be located such that it can be easily and readily accessible by all disciplines, and not feel the territory of one service. It should be designed to allow flexibility in use such that it can accommodate a range of gathering sizes and uses.



- Social space (shared rest/lunch room) in particular must be located such that it's easily accessible to all staff and attractive enough to encourage use at meal times and other times.

2.3 The layout and design of working and rest areas must support staff's personal needs such that they feel valued in their work and their wellbeing is supported.

Some views of what success might look like



- IT systems to support choice in working environment, for example allowing laptop working in the lunch room.
- There must be a quiet space to take personal calls, to get away for a moment's thought after a tricky case etc.
- There must be an attractive external space, sheltered to extend usability and away from public areas to allow respite , where you can get a breath of fresh air and a long view in your day.

3 NON-NEGOTIABLE FOR PROFESSIONAL VISITORS

Non-negotiable performance specifications	Benchmarks - criteria to be met or some views of what success <u>might</u> look like
<p>3.1 Objectives in relation to health promotion and information on other services are given in 1.4 above</p>	<p>Please refer to Section 1.4</p>
<p>3.2 The design should endeavour to minimise 'intrusion' by external & or support service personnel when to access to 'live' areas is required when the building is in use.</p>	<div data-bbox="1131 432 1720 868" data-label="Image">A photograph of a modern, multi-level atrium. The space is characterized by white walls, glass railings on the upper levels, and a central vertical shaft. The lighting is bright and even, highlighting the clean, minimalist design. The perspective is from an elevated position, looking down into the atrium.</div> <p>The design should consider the flow & movement of external & support service personnel once they arrive on site. Access should ideally be limited to applicable working areas only in order to avoid interference with key services. External staff maybe directed from a central 'welcome' point upon entering as an example.</p>

4 ALIGNMENT OF INVESTMENT WITH BROADER POLICIES AND NEEDS

Non-negotiable performance specification	Benchmark - criteria to be met or some views of what success <u>might</u> look like
<p>4.1 Objectives in relation to community fit and being a good neighbour are included in 1.1 above.</p>	<p>Please refer to Section 1.1</p>
<p>4.2 The design of the parking areas, and their capacity, must discourage miss-use (as a park and ride facility) and minimise disruption to neighbouring properties through either overspill into streets or excessive noise/light pollution.</p>	<p>Meetings will be set up in due course with the East Renfrewshire Council Planning, Roads & Lighting (Transport) Department, Local Residents & Stakeholders in order to determine the design & likely impact on the current area.</p>
<p>4.3 The facility must be sustainable in its use of energy and materials.</p>	<p>NHS Greater Glasgow & Clyde & East Renfrewshire Council aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will be detailed at OBC stage onwards.</p>
<p>4.4 The facility must be adaptable in the longer term to in response to changing demographic needs, particularly the aging population of the area.</p>	<p>The site has to be large enough to consider further expansion.</p>

Stakeholders involved in preparation of the design statement

Julie Murray - CHCP Director, ERCCHP ; Candy Millard - Head of Planning & Performance, ERCHCP ; Kim Campbell Primary Care Development Manager, ERCHCP ;Angus Hunter - Business Administration Manager , ERCHCP ;Alan Mitchell - Clinical Director , ERCHCP ;Wilma Hepburn – ERCHCP ; Annette Bonar – ERCHCP ; Brian Shields -ERCHCP ;Raymond O’Kane - ERC Technical Services ;John Donnelly -Territory Programme Manager HUBco ; Chris Aitken -Capital Projects Manager, NHSGGC ; Jim Allan - HUBCo ;Liz Duguid - PPF Representative - Anne Marie Kennedy - PPF Representative

5 SELF ASSESSMENT PROCESS

Decision Point	Authority of Decision	Additional Skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation.
Site Selection	Decision by Health Board & East Renfrewshire Council with advice from Project Board		Risk / benefit analysis considering capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA Stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects) Cost Estimates (both construction & running costs) based on feasibility
Completion of brief to go to market	Decision by Health Board & East Renfrewshire Council with advice from Project Board	Peer review by colleague with no previous connection to project	Is the above design statement included in the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	
Selection of Delivery / Design Team	Decision of HUBco Operations & Supply Chain Director with input from NHSGGC PM.	HUBCo , Participant (NHSGGC) & Territory Programme Manager	The potential to deliver 'quality' of the end product in terms of the above criteria shall be greater than the aspects of the quality of service in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid & not part of the quality assessment	Sketch 'design approach' submitted with bid (the stage & detail of these to be appropriate to procurement route chosen) Representatives will visit 2 completed buildings by Architects in shortlisted team, to view facility & talk to clients
Selection of early design concept from options developed	Decision by Health Board & East Renfrewshire Council with advice from Project Board	Comment to be sought from NDAP	Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, day space, circulation, treatment, staff facilities, usable external space). Rough Model
Approval of Design Proposals to be submitted to Planning Authority	Decision by Health Board & East Renfrewshire Council with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Approval of Detailed Design proposals to allow construction	Decision by Health Board & East Renfrewshire Council with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Post Occupancy Evaluations	Consideration by Health Board & East Renfrewshire Council – lesson fed to SGHD		Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against goals they set.	