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Outline Business Case for the Central Weston Primary Care Development



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

July 2020

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Outline Business Case for the **Central Weston Primary Care Development**

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Document Title	BNSSG CCG Outline Business Case Central Weston Primary Care Development
File ref	\\Vopssrv197\work\Southwest\Clients\BNSSG CCG\Central Weston Primary Care Development\4. Reports and Outputs\OBC\Archus_Central Weston OBC 2020-07-23.docx
Prepared by	Bev Letherby, Associate Director, Archus Ellie Clark, Senior Consultant, Archus
Date	July 2020
Checked by	Clare McInerney, BNSSG CCG
Date	July 2020

Revision history

Version	Date	Summary of change/s
1	16 July 2020	Final draft OBC issued to CM & TJ for comment
1	23 July 2020	Final version OBC

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1 Executive Summary

A previous OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate for patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, and to enable the co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

This Outline Business Case (OBC) has been developed following the completion of a detailed Options Appraisal and has been submitted by the Senior Responsible Officer for the Central Weston project to the BNSSG Primary Care and Commissioning Committee for approval.

Approval is sought to prepare a Full Business Case to secure the ring-fenced STP grant of £3.2m for a new primary care facility, which is required to support the rapidly increasing population in the centre of Weston and provide new accommodation for the Graham Road practice population. Various accommodation options have been identified as potentially suitable for the new facility, which are shown in the options framework section of this OBC.

1.1 Strategic Case

There is a clear rationale for this scheme which demonstrates a number of strategic objectives to meet full alignment with the wider strategies of the BNSSG Sustainability and Transformation Plan (STP) and more recently to meet the key requirements of the NHS Long Term Plan for development of integrated services across primary, community, secondary, voluntary sector and local authority care. In March 2017, the former North Somerset CCG (now incorporated into the wider BNSSG CCG) identified the need to assess the potential estate requirements to ensure they continue to meet primary care needs in the Weston area.

This scheme sits alongside the Weston Villages project and both schemes will deliver high quality additional capacity, forming part of the Weston-Super-Mare Primary Care Estates Transformation Programme, which in turn forms part of the wider Healthy Weston Programme.

The vision for primary care in Weston is to:

- Deliver general practice at scale, attracting clinicians to Pier Health PCN and crucially retain their skills by developing a multi-disciplined clinical team around GPs to support a managed practice workload.
- Provide a sustainable and resilient future for Primary Care. This will be achieved by working closely with local stakeholders such as Weston College to develop an assured health and social care workforce pipeline for the locality. Opportunities for integrated working with community and secondary care partners defined in the Healthy Weston programme i.e. Integrated Frailty Service and Same Day Urgent Care facilitates development of General Practice portfolio roles. On a platform of integrated and portfolio working, Weston locality will become a more attractive prospect for newly qualified general practitioners, or for practitioners to North Somerset.
- Develop opportunities to work together as a group of practices, joining up back office functions, creating efficiency – for example the development of a Pharmacy Hub where significant operations may be

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located 'off-site' enabling the current practice estate to be freed up to provide versatile space for additional primary care workforce i.e. social prescribers, clinical pharmacists, physiotherapists etc.

- Improve access to Primary Care through the establishment of Pier Health Group, to deliver joined up working and shared workforce to ensure that the population of Weston has access to the care they need, with the community as the default place to receive health and social care. By integrating provision through the Integrated Frailty Service, pressure on urgent care services at Weston General Hospital will be reduced.
- Provide continuity of care to enable improved patient outcomes and support people to manage their long-term conditions better by ongoing, consistent management from the same clinician.
- Support people in Weston to live healthy lives, preventing people from developing long term conditions and supporting those who have diabetes and long term MSK, COPD and mental health conditions to manage their health confidently with their health professionals. This will be enabled by providing LTC education and self-care support and information, working with partners in Community Pharmacy. A preventative approach, identifying those who are at risk of developing LTCs through population health management will ensure that pro-active services such as social prescribing is offered effectively to people at risk of developing long term conditions.
- A new Primary Care facility in Central Weston to re-house the practice population of Graham Road Surgery, with opportunity to co-locate health and social care services provided by partner organisations in Weston and Worle Villages (WW&V) locality, including the voluntary sector. The new facility will support integrated working, with multipurpose clinical areas and in-built versatility to use rooms as community meeting venues – supportive of new models of consultation such as group consultations or hosting social prescribing services.

Changes in the provision of Primary Care in Central Weston

A high level draft Outline Business Case (OBC) was prepared in March 2018 which considered potential primary care development options in Central Weston and Worle. This secured, in principle, £3.2m of STP Wave 4 funding for a new primary care facility in central Weston, subject to FBC approval. At that time, however, there was no suitable building option available.

The previous OBC considered the condition, capacity, appropriateness and sustainability of the primary care estate and its facilities for the delivery of the current and future General Practice and health care provision in Weston-Super-Mare and surrounding area. This included the major new housing developments being undertaken in the areas of Weston Villages and Central Weston and the resultant population changes and impact on the future requirements

At that time, across Weston and Worle, there were a number of growing pressures on the primary care estate. These were due to housing developments in Central Weston, publicly voiced concerns of the coverage of GP services in the town centre and aging buildings within Weston and Worle that were short of space. The closure of the Boulevard practice in 2013 and the relocation of Longton Grove and New Court practices from central Weston to the 168 Locking Road site in 2013, reduced the level of provision within the Central Ward of Weston. Whilst Stafford Group operates Stafford Place in the area, this does not offer a full complement of GP services and the condition of the estate is poor.

This has now been further compounded by the PMS provider for Horizon Health Centre losing that contract through a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties.

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Pier Health Group Ltd (PHG) stepped in to provide GP services under a directly awarded APMS contract for both Clarence Park and Graham Road from June 2019. Since then, capacity pressures have been increased further following the withdrawal of the Clarence Park premises by the private landlord which has led to a transfer of the patients registered at that premises to the already over utilised Graham Road site.

Case for Change

People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty which themselves are also predictive of higher urgent care demands.

The population profile for Central Weston has been assessed to ensure that any equality and diversity impacts have been addressed and provided for. The review shows that the main strategic growth area for North Somerset will be in this area as it equates to a potential of 14,950 new residents. Previously the overall census profile for North Somerset has been added to this population number to give an illustrative example of what the population would be like if it mirrored the overall North Somerset profile.

- The age profile for Central Weston is likely to be much younger than North Somerset with a higher proportion of 0-14 and 25-44 year olds;
- Life expectancy for both males (82.6) and females (87.4) is higher than the North Somerset average (79.8 and 83.5 respectively).

Indicators for health suggest that less than 10% people in Central Weston are likely to have a long-term health problem or disability that limits their day-to-day activities compared to 19% in North Somerset.

Space Requirements

The previous OBC considered existing patient list sizes and predicted housing growth against the NHS England Space Estimator. This table has been updated to show current list sizes as at July 2020, as shown below.

Table 1 - Estimated space requirements

TABLE REDACTED DUE TO COMMERCIAL SENSITIVITY OF INFORMATION

Objectives for the proposed investment

Stakeholder workshops have been held to evaluate the objectives and benefits associated with the options available for this investment. The key benefits were agreed using SMART objectives to assess that they are specific, measurable, achievable, relevant and time-bound. The agreed objectives are that the investment:

- Supports the long term delivery of sustainable services.
- Provide system wide sustainability.
- Provides a fit for purpose environment.
- Provides improved patient access.
- Can be delivered to achieve the STP requirements.

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The strategic objectives for this project are to provide new accommodation for the services delivered from Graham Road surgery, with the development of sufficient primary care capacity to respond to the growth in the population of the central areas of Weston.

The specific and measurable investment objectives for this project are as follows:

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Table 2 - Specific project aims and objectives

Specific Objective	Aims
The development must support the long term delivery of sustainable services	<ul style="list-style-type: none"> • Provides the required space for primary care services based on existing local need and likely future need and population growth. • Provides secure and stable facility for service providers. • Improves staff retention and recruitment • Improves resilience and sustainability of service providers • Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.
The development should provide system wide sustainability	<ul style="list-style-type: none"> • A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions. • Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset. • A space that provides the flexibility and opportunity to support new and emerging models of service delivery • Maximises the opportunity to work with other community providers and the voluntary sector
The development should provide a fit for purpose environment	<ul style="list-style-type: none"> • Provides an appropriate environment for staff • Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers • Provides opportunities for further expansion if/when required • Provides accommodation that is compliant with latest building and environmental standards
The development should improve patient access	<ul style="list-style-type: none"> • Improves local community access to healthcare and health promotional activities • Relative distance from existing provision (Graham Road and Clarence Park) • Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift. • Adequate on site car parking • Enables provision of services outside of core hours.
The development can be delivered to meet STP requirements	<ul style="list-style-type: none"> • Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road • Provides a solution to NHS estates priorities in the area • Ease of fit out or building works reduces construction programme. • Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules.

Schedule of Accommodation required

A schedule of accommodation has been developed taking into the account the need to meet the future population growth, as identified above, but also to build in sufficient flexibility and capacity for future service models. This has been signed off by the Clinical Options Task and Finish Group and confirms a requirement for circa 1162m².

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1.1.1 Impact of Covid-19

Pre Covid 19

Pier Health has been an early adopter of technology and prior to Covid-19 most practices were using a digital platform called AskMyGP. This encourages patients to access healthcare through the AskMyGP digital frontdoor platform on practice websites. Approximately 70% of all contacts are made online, including contacts from care homes and other health care providers, such as the local hospice team. Patients who are unable to access the internet are still able to telephone practices, with the reception team entering the data onto AskMyGP on their behalf.

The use of digital triage has revolutionised the access to general practice for patients in Weston, with over 80% of users of the new system saying it was better than the previous traditional appointment models.

Using this digital platform prior to Covid-19 approximately a third of all contacts were dealt with by face to face appointments, a third with telephone calls and a third by secure email.

Pier Health has worked with a company called Push Doctor, who provides GP locums working remotely to practices who require them. The GPs will consult patients remotely via video technology to provide high quality primary care consultations recorded on the patients' EMIS record.

An accelerated IT programme due to Covid- 19

When the Covid-19 epidemic began Pier Health Group rapidly realised the benefits of digital triage. It was quickly apparent that a 100% triage process was essential to ensure that patients with possible Covid symptoms weren't being assessed in the same areas as non Covid patients within primary care. The practices that hadn't already started using the AskMyGP digital platform implemented it, with the same standard digital appointment process across the 8 practices that comprise Pier Health Group Partnership.

The number of face to face appointments patients requested dropped dramatically. Instead of the usual third of patients being assessed face to face this fell as low as 5%, with the rest of the contacts being via phone or email.

During Covid 19 remote working has become commonplace, with practices having the digital triage software to allow this to happen. Practices were supplied with laptops to facilitate remote working. Pier also employed local IT expertise to set up their own VPN to allow secure accessible remote working.

The practices within Pier have employed the use of accuRx to allow patient testing to improve efficiency. They have also acquired webcams to allow video consultations and allow virtual nursing home ward rounds.

The impact of Covid-19 on estates

Non purpose built and cramped premises has made social distancing for staff challenging. It has also carried inherent problems with cleaning clinical areas between patient face to face consultations.

Appointment times with the nursing team have had to be extended to allow time for cleaning, which has had an impact on room availability.

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1.1.2 Scope of Expansion of Existing Buildings

As part of the previous OBC, in August and September 2017, 6 Facet Surveys were undertaken for each of the nearby primary care buildings, including Graham Road surgery. The following findings were confirmed:

Table 3 - Description of existing surgeries

Surgery	Description
Horizon Health Centre – For All Healthy Living Centre	Purpose built facility over two floors. Owned by a community interest company (CIC). Expansion possible.
Graham Road Surgery	Semi-detached dwelling constructed in 1854. The building is in the ownership of a (CIC). Internal redesign possible.
Tudor Lodge	Detached dwelling constructed in c1930. The building is partner owned. Any expansion will require relocation.
Stafford Place	Detached dwelling constructed in c1910. The building is partner owned and part of the Stafford Medical Group. Any expansion will require relocation.
168 Locking (formerly New Court and Longton Grove)	Building originally built in the 1960's and fully refurbished in 2013. The building is partner owned. Expansion possible.

Graham Road Surgery

Graham Road Surgery was originally a semi-detached dwelling constructed in 1854 and has been extended with a single storey extension to the rear. The building is owned by For All Health Living CIC. The 6 facet estate survey noted that the car park is very small and it is not possible to increase onsite parking provision. Double parking and cars getting blocked in was a frequent occurrence causing a possible pedestrian hazard and delays to surgery sessions. A number of electrical hazard issues were documented including limited electric sockets and staff using portable extension leads and an electrical cupboard without fire detection.

Upon inspection at Graham Road Surgery in May 2019, it was noted that internal reconfiguration had been undertaken to sub-divide two large rooms on the first floor to create four small consultation rooms, which are much smaller than the HBN recommendation of 16m².

This inspection also confirmed there was no potential for further expansion and the car parking issues mentioned above were evident including double parking in the small staff and patient car park.

Revenue - Notional Rent

The revenue envelope available for this scheme is made up of the current rental and business rates for Clarence Park and Graham Road properties, as shown below:

Table 4 - Rent and rates

(REDACTED FOR COMMERCIAL SENSITIVITIES)

1.1.3 Main Risks

The main business and service risks associated with the potential scope of this project are shown below. They are also listed in management section of this OBC. For further details, please see the attached Risk Register in the Appendix A.

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Table 5 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

1.2 Economic Case

A previous high level draft OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, enabling co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

In 2019, North Somerset Council (NSC) approached the CCG having acquired an interest in the Sovereign Centre, a shopping centre in Weston town centre, with a view to accommodating the GP facility within this premises. On this basis, the CCG commenced an options appraisal process to with a view to confirm the preferred option leading to this revised OBC. As part of this process, the CCG commissioned a wider site search to ensure all available premises were identified within a long list of options, both within the council ownership and those available within the commercial sector.

The Long-List of Options

An initial site search was undertaken in July 2019 and discussions with NSC identified a long list of options:

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- | | |
|--|--|
| 1. Ground floor Sovereign Centre | 5. Churchill Business Centre |
| 1a. Ground floor Sovereign Centre and Stafford Place Surgery | 6. Heathcarts Industrial Estate |
| 2. Sovereign Centre Roof Top Car Park | 7. Manor Court, Beaufigther Road |
| 3. Dolphin Square Retail Units | 8. Weston Industrial Estates |
| 4a Former Magistrate Court | 9. TJ Hughes building |
| 4b Former Police Station Site (demolished) | 10. Regent House |
| | 11. Vacant land adjacent to Dolphin Square |

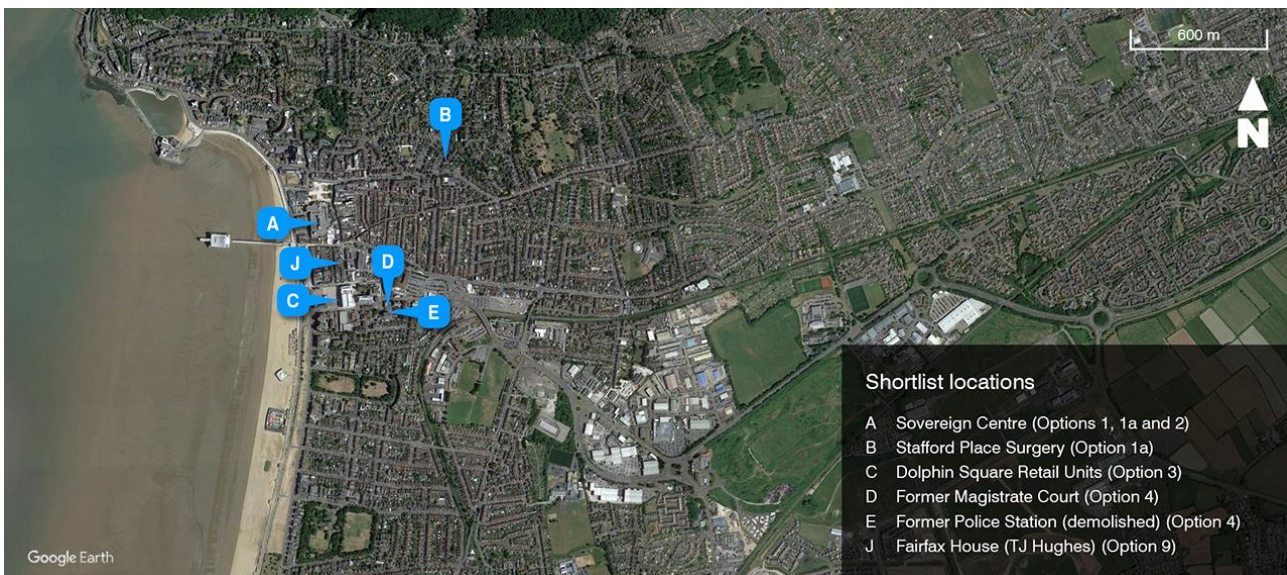
The Short-List of Options

Careful consideration was given of each option included the long-list and the following shortlist of the most suitable properties were taken forward for further consideration.

- Op 1- Small primary care provision in the space available in the food court and adjoining vacant unit on the ground floor of the Sovereign Centre
- Op 1a - GF Sovereign Centre & Stafford Place Surgery;
- Op 2- New Build on Roof Top Car Park in Sovereign Centre;
- Op 3 - Dolphin Square Retail Units;
- Op 4 a and b - Former Magistrate Court & Former Police Station Site (demolished);
- Op 9 -TJ Hughes Building.

The map below shows the locations of the short listed options:

Figure 1 - location of short-listed options



A workshop was held in October 2019 with representatives of the CCG, NSC, GPs, NSCP and the PPG. The short listed options were scored against the agreed benefits. This identified that the preferred option was the TJ Hughes building.

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There were a number of events that occurred following the October 2019 options workshop that had a significant impact on the evaluation process.

TJ Hughes

In order to further understand the likely costs to fit out the TJ Hughes Building, Structural and Mechanical & Electrical feasibility surveys were obtained. On the basis of these findings, indicative fit out costs were obtained which estimated the cost to fit out of all three floors as circa (REDACTED). The cost for just the ground and first floor was circa (REDACTED). This was clearly unaffordable.

Discussions were held with NSC who advised that they did not have any available budget to support this scheme as a joint venture.

Sovereign Centre

In order to further understand the likely costs of this option, Structural and Mechanical & Electrical feasibility studies were obtained. A modular supplier with a local proven track record, Premier Modular, were also approached to undertake a viability assessment and provide indicative costs. These were provided with a range of between (REDACTED) to (REDACTED).

At the same time, more detailed operational discussions were held with the GPs which identified a concern regarding ambulance access and patient evacuation in a medical emergency. The Sovereign Centre management team and the estates lead at South West Ambulance NHS Trust were approached to further understand this issue and potential operational solutions.

It was confirmed that the height of the car park ramps were too low to enable direct ambulance access and the existing public lifts were too short to accommodate a standard ambulance stretcher. Therefore, the option of providing a new, dedicated lift from Salisbury Terrace at an estimated additional costs of at least (REDACTED) was considered, though this additional cost and securing planning approval for this presented a significant risk.

Dolphin Square Units

The agent of the Dolphin Square units advised that these units were being withdrawn from the market as a new tenant had been identified.

The Magistrates Court

NSC advised that they were exploring their own options for re-developing this site and were no longer able to offer it to the CCG.

Introduction of new options

Following the inconclusive options appraisal, several additional options became available and were duly considered.

The former M&S building

The project team had been aware of the vacant M&S unit located on the periphery of the Sovereign Centre as this was investigated when compiling the long list of options following the initial site search. This was quickly discounted, however, as it was part of a portfolio of properties in the process of disposal, the terms of which were subject to a Non-Disclosure Agreement.

However, in December 2019 the CCG was approached and advised the building was no longer included in the portfolio disposal, and worked with NSC to consider joint use of the space. The CCG developed concept

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drawings to consider accommodating the GP practice in this development. The concept drawings developed are shown below.

However, this option was withdrawn in April 2020 as NSC were unable to make a financially viable business case to the NSC executive.

The Victoria Methodist Church

This former Methodist Church is located adjacent to the Magistrates Court and is being considered for disposal.

The disadvantage of this option, however, was that there was no information available on existing building condition, structure and services. It was likely that planning permission would be more complex due to the nature of the existing use and there were concerns over the ability to deliver this within the required programme and budget. For these reasons, this option was not taken forward for further consideration.

Alternative units at Dolphin Square

Continued dialogue with the letting agent identified a number of individual units on the ground and first floor on the Oxford Street side that could be acquired and merged into a single lease. The two ground floor units comprised of a former restaurant and an empty shell which had yet to be let.

This accommodation extended to circa 778m² so was smaller than the previous unit, there was also concern about the deep plan nature of the ground floor units and lack of natural light, although the first floor benefitted from two aspects of windows, so good natural daylight.

Weston Rugby Club

The Weston Rugby Club development comprises of a number of commercial and residential units in on land currently owned by the Rugby Club, in return for a new club house for the with enhanced recreational and changing facilities for the local community. There is also a site identified for a school which would be developed by NSC.

Discussions held with Studio Hive, the developer, has indicated that circa 1095m² of ground and first floor accommodation could be made available on a shell and core basis within Block B. On the basis that the STP money would cover the cost of the fit out, estimated at (REDACTED) with the balance of available funds provided as a bullet payment contribution to offset the annual rent. The annual rent paid by the GP's would be circa (REDACTED), in line with the current rent at Graham Road and Clarence Park premises.

Second Options Appraisal Workshop: June 2020

Due to the significant changes from the Options Appraisal workshop in October 2019, the Central Weston Steering Group agreed that a new workshop was required to consider the following shortlisted options;

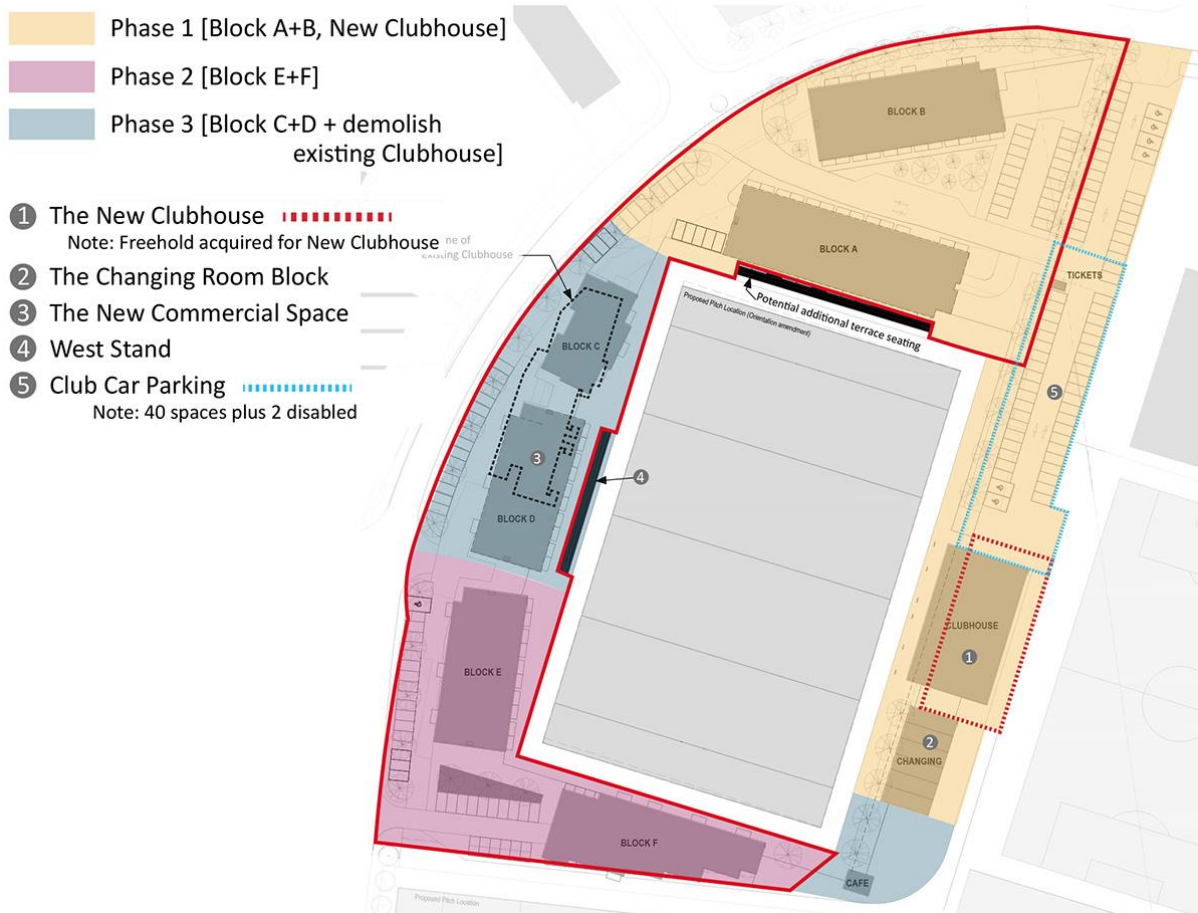
- i) Dolphin Square new retail units
- ii) Sovereign Centre roof top modular option
- iii) Weston Rugby Club shell & core fit out

This workshop was held on 15th June which comprised of a presentation of the short listed options followed by a moderation meeting on 22nd June to review the individual scores and confirm consensus overall scores. The full evaluation worksheet can be found Appendix B.

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The qualitative evaluation process undertaken clearly identified the Weston Rugby Club as the preferred option.

Figure 2 - Weston Rugby Club plan (Preferred option)



1.3 Commercial Case

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a long lease if the land surrounding the rugby club i.e. 999 years and the opportunity for a wider commercial and residential development. A Special Purpose Vehicle (SPV) has been created called Atlas HIVE, which will be purchasing the long lease interest following planning consent. Atlas Hive as an SPV sits alongside its sister company Atlas Land which is a company owned by the equity investor who partners Studio HIVE on projects such as this.

The site currently has restrictive covenants upon it which prevents development; however there is a tripartite agreement between NSC (the beneficiary of the covenant), WSM RFC and Atlas HIVE to enable the development. NSC will forego their covenants in exchange for provision of an access route to a future primary school site on their retained land. This has been approved in principle by the NSC Executive Board and legal agreements have been drafted pending execution which is anticipated by the end July 2020.

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Existing GP contract arrangements

As outlined earlier in this case, Pier Health Group Ltd stepped in after the provider delivering general medical services at Horizon Health Centre chose not to bid for services during a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties. The existing APMS contracts with Pier Health Group Ltd to deliver services from Graham Road and Horizon Health Centre expire in the June 2021 and the CCG is considering contracting and procurement options to put the contract on a more sustainable longer term footing.

In order to satisfy the developer’s financial requirements, they have indicated that they would expect a covenant strength equivalent to an NHS organisation which, in primary care terms, is an “in perpetuity” GMS contract. The CCG is currently reviewing which organisation would be best placed to hold the Head lease

Initial discussions have been held with NHS PS Ltd who have indicated an interest in principle with this approach.

Proposed Lease Structure

It is proposed that there will be an Agreement for Lease and a Lease for a term of 20 years for the part ground and part first floor of Block B prior to commencement of construction.

Potential for risk transfer

BNSSG CCG has a risk management process that is described in the Management Case. The Senior Responsible Officer and the Central Weston Steering Group currently act as joint owners of the project Risk Register for this scheme. Responsibilities for risks identified are then allocated on the associated risk register. The project risk register can be found in Appendix A.

The risk of the costs over running for the development will be transferred to the developer once the Guaranteed Maximum Price has been agreed and construction stage commenced.

The table below provides an assessment of how the associated risks might be apportioned:

Table 6 - Risk transfer matrix

Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks	✓		
9. Control risks		✓	
10. Residual value risks		✓	
11. Financing risks			✓

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Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
12. Legislative risks		✓	
13. Other project risks		✓	

1.4 Finance Case

REDACTED FOR COMMERCIAL SENSITIVITY

1.5 Management Case

Programme and Project Management Arrangements

The project will be managed in accordance with PRINCE 2 methodology. The Central Weston Steering Group has the responsibility to drive forward and deliver the outcomes and benefits of this development. Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

Project Programme

The key project milestones are shown below.

Table 7 - Key milestones

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submitted	October 2020
Full Planning Approval	December 2020
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

The programme indicates completion by spring 2023. NHSI/E has indicated that there is flexibility to accommodate this programme within the STP funding arrangements.

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1.6 Recommendation

BNSSG PCCC are asked to formally approve the recommendation of this business case; that the **Preferred Option** for the Central Weston Primary Care Development is **Weston Rugby Club** and that the CCG can proceed to prepare a Full Business Case for approval of STP funding by NHSI/E based on demonstrated affordability and achievability.

2 Strategic Case

2.1 Background and Approvals

This Outline Business Case (OBC) has been developed following the completion of a detailed Options Appraisal and has been submitted by the Senior Responsible Officer for the Central Weston project to the BNSSG Primary Care and Commissioning Committee for approval.

Approval is sought to prepare a Full Business Case to secure the ring-fenced STP grant of £3.2m for a new primary care facility, which is required to support the rapidly increasing population in the centre of Weston and provide new accommodation for the Graham Road practice population.

This OBC has been produced using the agreed standards and Five Case model format for business cases and in line with the Better Business Case guidance.

2.2 Rationale and Objectives

There is a clear rationale for this scheme which demonstrates a number of strategic objectives to meet full alignment with the wider strategies of the BNSSG Sustainability and Transformation Plan (STP) and more recently to meet the key requirements of the NHS 10-year plan for development of integrated services across primary, community and local authority care. In March 2017, the former North Somerset CCG (now incorporated into the wider BNSSG CCG) identified the need to assess the potential estate requirements to ensure they continue to meet primary care needs in the Weston area.

This scheme sits alongside the Weston Villages project and both schemes will deliver high quality additional capacity, forming part of the Weston-Super-Mare Primary Care Estates Transformation Programme, which in turn forms part of the wider Healthy Weston Programme. There is also potential for the development of Worle Health Centre, which has OBC approval, which can be delivered in the future as the final scheme in this transformation programme.

2.3 Strategic and policy context

2.3.1 Introduction

This section documents an overview of the strategic context in which the CCG provides its primary care services, its strategic guiding principles, directives and policies that ensure the operational, clinical and managerial objectives are met. It will provide an overview of primary care and the strategic objectives of the CCG, to highlight current care service delivery and set the context for this business case. The strategic context gives an overview of the driving policies and guidance documents at National, Regional and Local level that are driving the changes in future service provision.

BNSSG CCG was formed on 1 April 2018 following the mergers of Bristol CCG, North Somerset CCG and South Gloucestershire CCG. The CCG covers a wide range of commissioning services including becoming a fully delegated commissioner of Primary Care services.

In addition to this the CCG is responsible for the commissioning of emergency and urgent care (to include ambulance services and a GP ‘out-of-hours service’, community health services, acute and elective hospital services, maternity and children’s services, mental health and a learning disabilities services.

2.4 National Context

2.4.1 Healthier Together

The NHS England Five Year Forward View (5YFV) published in October 2014 announced plans to create Sustainability and Transformation planning areas across England (known as STPs) to realise the key aims of improved health and wellbeing for everyone, better quality of care and sustainable finances. In 2016 Healthier Together formed as the Bristol, North Somerset and South Gloucestershire STP producing a multi-year Sustainability and Transformation Partnership (STP) plan, demonstrating how their local services will evolve and become more sustainable over the next five years.

Ten local health and care organisations sit on the Healthier Together Board, with the partnership going beyond this, working with public, patients, staff and voluntary sector to shape the future of our local health and care services, helping drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term.

This scheme is already listed as a priority project aligned with the STP objectives in the October 2016 STP Plan Submission. It is integral to the ‘Healthy Weston’ vision and will complement the exciting proposals for services delivered on the Weston Hospital site and in the community. The scheme is compliant with the Carter Report¹ to support efficiencies with integrated sharing of premises and services to improve proficiency and reduce costs.

2.4.2 NHS Long-Term Plan 2019

One key message that runs through the NHS Long Term Plan is that there should be shared clinical pathways across primary and secondary care, with resources fairly directed to where the care would be best delivered. This is supported by the British Medical Association² with 94% of GPs supporting more collaborative and coordinated working.

The Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2021, accelerating the work started by the STPs, with collaboration and integration of service provision across health and social care at a place based level circa 250,000 to 500,000 population depending on local factors such as demography and need.

This work follows years of partnership between NHS and council teams at different levels, building upon long history of planning and providing person-centred care for residents and on councils’ strategic plans to improve health and wellbeing, and learning from vanguard ICS sites across the country. ICS’s bring together local organisations is a pragmatic and practical way to deliver the ‘triple integration of primary and specialist care, physical and mental health and health with social care.

¹ Review of operational productivity with NHS providers June 2016

² British Medical Association. Caring, supportive, collaborative? Doctors’ views on working in the NHS. November 2018.

The NHS Long Term plan talks about looking beyond healthcare provision, noting that the NHS has a wider role to play in influencing the shape of local communities to increase the capacity and responsiveness of the primary, community and intermediate care services to those who are clinically judged to benefit the most. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community.

NHS Long Term Plan - Preventing illness and tackling health inequalities

The NHS will increase its contribution to tackling some of the most significant causes of ill health, with a particular focus on the delivery of care within primary care for groups of people most affected by these problems.

Through the development of modern primary care facilities more integrated working and health care packages can be delivered to support timely care, delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists, re-enablement teams and voluntary services.

2.5 Regional Context

2.5.1 Primary Care Networks 2019

From April 2019, GP practices in England have had changes to contracts mandating them to join a Primary Care Network (PCN), with an overall objective to improve patient outcomes, reduce the current pressures faced by individual practices and improve the working environment for primary care teams - working together with neighbouring practices, community and local authority and social care services to find efficiencies and deliver a wide range of services to patients. All GP practices are to come together in geographical networks covering populations of approximately 30–50,000 patients if they are to take advantage of additional funding attached to the new GP contract. This size is consistent with the size of localized services which exist in many places in the country, but much smaller than most GP Federations. NHS England has expressed the view that 30,000 is a firm lower limit for population size, except in areas of extreme rurality, but the upper limit could be more flexible.

These Primary Care Networks form a key building block of the [NHS long-term plan](#) for people to be able to access network-based services. GP practices will be working together at scale for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract, puts into place a more formal structure around this way of working to make the best use of suitably designed primary care facilities that can be used more effectively and efficiently.

The Additional Reimbursable Roles Scheme (ARRS) is a key element of the Network Contract DES that contractually brings together primary care networks. New health and care roles are being brought into the general practice workforce over the next four years, with social prescribing link worker and clinical pharmacist roles being funded from 2019/20, progressing to reimbursement of care navigators and physiotherapists in 20/21 and mental health workers and emergency paramedics in 21/22. The expansion of the primary care workforce will require appropriate infrastructure, including capacity in GP estate to enable these new practitioners to provide services, alleviating pressure from GPs and nurse caseloads. The flexibility of new accommodation to enable new forms of access, for example social prescribing events and HBN compliant consulting rooms that can also be used as physiotherapy treatment rooms is crucial to ensure that

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the new workforce can practice appropriately and safely. By 2023/24 Pier Health PCN will have access to reimbursement for indicative whole time equivalent of 39.52 additional roles.

2.5.2 Development of Integrated Care Partnerships

Integrated localities have been in development since 2017/18 at place level footprints within the Healthier Together STP. Six localities have formed with leadership from general practice, working in an informal basis with partner health and social care providers to develop locality transformation schemes for integration of services based on population health needs. In alignment the Long-Term plan ambition to join up health and care systems to improve population health and offer well-coordinated and efficient services to those who need them, it is proposed that integrated care partnerships (ICP) will formalise the locality partnerships into constituted entities responsible for delivering joined up care as part of an integrated care system. This will support collaboration of provider partners to establish a population health and value based model of care at place and neighbourhood level.

The Kings Fund describes ICPs as alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete, including hospitals, community services, mental health services and GPs, with involvement from social care and independent and third sector providers. Integrated care systems will broadly provide a strategic planning mechanism with responsibility for population health management, planning, finance and performance management, ensuring equity, and driving transformational change at system level.

There are no fixed views on the most appropriate model for ICPs in BNSSG, and options for establishing ICPs will be considered with system partners during 2020/21, with implementation of an agreed model by April 2022.

In Weston Worle & Villages locality, Pier Health Group have taken a leading and formative role in the development of a locality, place based partnership in Weston and are integral, alongside the community service provider Sirona and voluntary sector partners in integrating delivery of care, making the community the default setting for people's health and care. Primary Care Networks form the building block for establishing integrated care partnerships; this proposal is in strategic alignment with developing facilities that promote integrated models of care with general practice at the core, within a development that will have wider social prescribing opportunities to promote activity and healthy lifestyles.

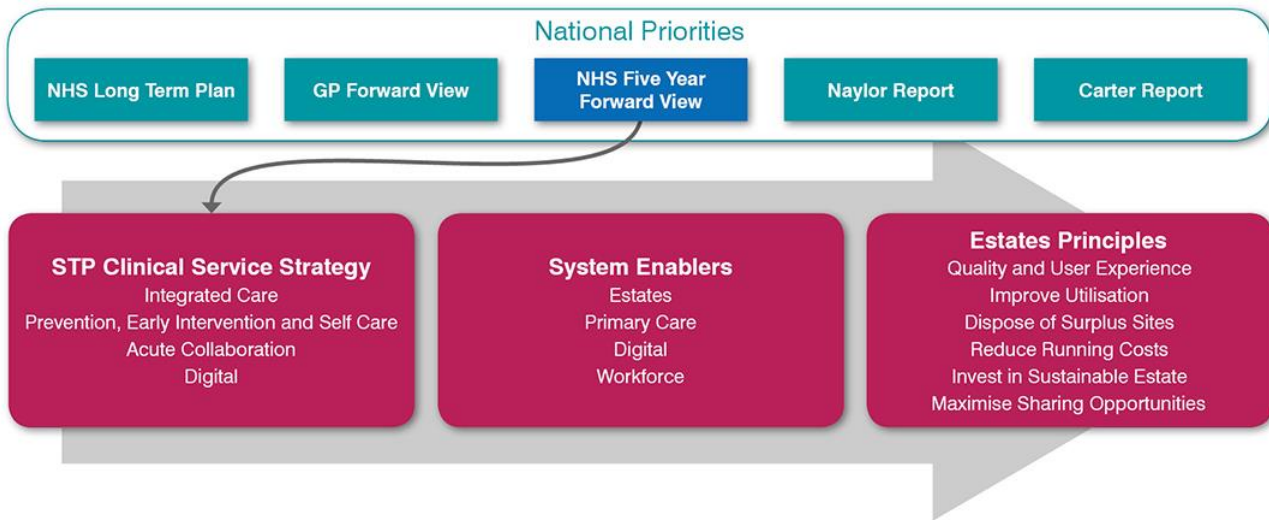
2.5.3 Healthier Together BNSSG Primary Care Strategy

The Healthier Together BNSSG Primary Care Strategy focuses on Primary Care sustainability and transformation over the next five years, with the aim of ensuring a high quality, resilient and thriving Primary Care service at the heart of an integrated health and social care system by 2024. The strategy has four major priorities: Models of care, Quality and Resilience, Developing the Workforce and Infrastructure and the Seven "First Wave" system restoration work includes six task and finish work streams.

The work streams will be delivered by four separate System Enablers; Estates, Primary Care, Digital and Workforce. The Estates work stream has six key principles (as shown in the figure below). Healthier Together Capital Plans are articulated below to show how the plans enable the clinical service strategies and achieve patient benefits. The Central Weston primary care development is shown as one of the top priorities within the STP.

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Figure 3 - Healthier Together STP System Enablers



2.6 Local context

The strategic drivers for this scheme are fully aligned with having a clear clinical evidence base and support for proposals from commissioners and the wider national strategies as described above, the regional strategies of BNSSG STP, and the local strategies of the PCN and integrated for integrated service delivery across primary care. The proposal also meets the strategic need for service change in that it meets the consistency with the current and prospective need for patient choice and plans for public and patient engagement in the final design proposals.

2.6.1 Healthy Weston Primary Care Strategy

The vision for primary care in Weston is to:

- Deliver general practice at scale, attracting clinicians to Pier Health PCN and crucially retain their skills by developing a multi-disciplined clinical team around GPs to support a managed practice workload.
- Provide a sustainable and resilient future for Primary Care. This will be achieved by working closely with local stakeholders such as Weston College to develop an assured health and social care workforce pipeline for the locality. Opportunities for integrated working with community and secondary care partners defined in the Healthy Weston programme i.e. Integrated Frailty Service and Same Day Urgent Care facilitates development of General Practice portfolio roles. On a platform of integrated and portfolio working, Weston locality will become a more attractive prospect for newly qualified general practitioners, or for practitioners to North Somerset.
- Develop opportunities to work together as a group of practices, joining up back office functions, creating efficiency – for example the development of a Pharmacy Hub where significant operations may be located ‘off-site’ enabling the current practice estate to be freed up to provide versatile space for additional primary care workforce i.e. social prescribers, clinical pharmacists, physiotherapists etc.
- Improve access to Primary Care through the establishment of Pier Health Group, to deliver joined up working and shared workforce to ensure that the population of Weston has access to the care they need, with the community as the default place to receive health and social care. By integrating provision through the Integrated Frailty Service, pressure on urgent care services at Weston General Hospital will be reduced.

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- Provide continuity of care to enable improved patient outcomes and support people to manage their long-term conditions better by ongoing, consistent management from the same clinician.
- Support people in Weston to live healthy lives, preventing people from developing long term conditions and supporting those who have diabetes and long term MSK, COPD and mental health conditions to manage their health confidently with their health professionals. This will be enabled by providing LTC education and self-care support and information, working with partners in Community Pharmacy. A preventative approach, identifying those who are at risk of developing LTCs through population health management will ensure that pro-active services such as social prescribing is offered effectively to people at risk of developing long term conditions.
- A new Primary Care facility in Central Weston to re-house the practice population of Graham Road Surgery, with opportunity to co-locate health and social care services provided by partner organisations in Weston and Worle Villages (WW&V) locality, including the voluntary sector. The new facility will support integrated working, with multipurpose clinical areas and in-built versatility to use rooms as community meeting venues – supportive of new models of consultation such as group consultation or hosting social prescribing services.

2.6.2 Changes in the provision of Primary Care in Central Weston

The previous high level draft Outline Business Case considered the condition, capacity, appropriateness and sustainability of the primary care estate and its facilities for the delivery of the current and future General Practitioner and health care provision in Weston-Super-Mare and surrounding area. This included the major new housing developments being undertaken in the areas of Weston Villages and Central Weston and the resultant population changes and impact on the future requirements

At that time, across Weston and Worle, there were a number of growing pressures on the primary care estate. These were due to housing developments in Central Weston, publicly voiced concerns of the coverage of GP services in the town centre and aging buildings within Weston and Worle that were short of space. The closure of the Boulevard practice in 2013 and the relocation of Longton Grove and New Court practices from central Weston to the 168 Locking Road site in 2013, reduced the level of provision within the Central Ward of Weston. Whilst Stafford Group operates Stafford Place in the area, this does not offer a full complement of GP services and the condition of the estate is poor.

This has now been further compounded by the PMS provider for the Locality Health Centre losing that contract through a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties.

Pier Health Group Ltd (PHG) stepped in to provide GP services under a directly awarded APMS contract for both Clarence Park and Graham Road from June 2019. Since then, capacity pressures have been compounded further following the withdrawal of the Clarence Park premises from the private landlord which has led to the patients registered at that premises relocating to the already over utilised Graham Road site.

2.7 Case for Change

2.7.1 Population Needs

People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty which themselves are also predictive of higher urgent care demands.

The population profile for Central Weston has been assessed to ensure that any equality and diversity impacts have been addressed and provided for. The review shows that the main strategic growth area for North Somerset will be in this area as it equates to a potential of 14,950 new residents. Previously the overall census profile for North Somerset has been added to this population number to give an illustrative example of what the population would be like if it mirrored the overall North Somerset profile.

However, it is likely that this new build housing will attract a different demographic profile and based on advice from North Somerset Council's research and monitoring department it was agreed the closest population match would be that of the Locking Castle area, which has seen similar new build development, but with sufficient time to have passed to allow an established resident population. Therefore, Census data for four Lower Layer Super Output Areas (LSOA) in Locking Castle have been used to model the population age structure, ethnicity and long-term health problems for the new population of Central Weston ensuring that future health developments preferred from this Business Case take the following into account ;

- The age profile for Central Weston is likely to be much younger than North Somerset with a higher proportion of 0-14 and 25-44 year olds;
- Life expectancy and fertility rates Life expectancy for both males (82.6) and females (87.4) is higher than the North Somerset average (79.8 and 83.5 respectively);

Indicators for health suggest that less than one in ten people in Central Weston are likely to have a long-term health problem or disability that limits their day-to-day activities compared to 19% in North Somerset. Levels of bad and very bad health (2.3%) will also be lower than the North Somerset average (5.3%) meaning that there are fewer carers in Weston Villages (6.1%) than in North Somerset (11%). It is therefore expected from the above figures that disease prevalence figures will be lower in the area compared to Central Weston and Worle. One in eight people are recorded as having hypertension (13%), 7% suffer from diabetes, 4% from coronary heart disease and 3% from stroke and Chronic Obstructive Pulmonary Disease .

Consideration of the clinical requirements and the way primary care services are delivered is especially important in Central Weston, given the expected growth and changing demographic profile.

2.7.2 Supporting patient choice and access

The scheme supports greater patient choice on where and how they may access care in an area where GP lists in surrounding practices are becoming overcrowded and being delivered in a number of buildings that are not conducive to the requirements of future primary and community care provision.

This scheme will support greater patient choice on where and how to access care in order to improve the quality and safety of service provision. By working together in a more integrated and cohesive way, and a focus on proactive health management across the entire system more directed services will be provided making services more locally thought through to be more efficient and cost effective.

Over the next few years, the CCG Healthy Weston Programme, working in close collaboration with local providers, key stakeholders, service users and the public, will deliver a new and innovative model of care for the local population in Weston Super Mare that will transform the way services are delivered and provide a framework for other areas across BNSSG.

This business case supports these objectives through the provision of a new health facility that will support these new models of care. The proposed health centre will be designed to support a more cohesive way of joint working across multi-professional groups to better meet the needs of the local population. For the local workforce, the facility will provide exciting and more varied job opportunities, including a stronger role for the voluntary sector, through the creation of new roles and the ability to work more fluidly across organisational boundaries as capacity is freed up in other local practices, allowing for new models of care to be delivered.

2.7.3 Delivering the ambitions of the NHS Long Term Plan

Since the completion of the previous OBC, the NHS Long Term Plan has been published. The plan talks about looking beyond healthcare provision, noting that the NHS has a wider role to play in influencing the shape of local communities. One key message that runs through the NHS Long Term Plan is that there should be shared clinical pathways across primary and secondary care, with resources fairly directed to where the care would be best delivered. This is supported by the British Medical Association with 94% of GPs supporting more collaborative and coordinated working.

Integrated Care is a collaboration of services working together to deliver health and social care in different ways and embedding these principles within local planning guidance for the primary and community estate must be demonstrated to ensure newly designed environments and future developments have a focus on design that supports prevention and wellbeing.

This scheme meets the objectives of the Long Term Plan in that it enables development of the primary and community estate in Central Weston that demonstrates groups of local organisations and the NHS are working together to develop services, and turn them into local actions to improve services and the health and wellbeing of the communities they serve for the next 10 years. The key objectives and value for money principles of this plan include that the estate will;

- Demonstrate the Local NHS organisation is increasingly focused on population health and local partnerships with local authority-funded services;
- Will enable increase in the delivery of 'out-of-hospital' care through primary and community health services working together;
- Give opportunity to promote people to have more control over their own health, and more personalised care locally when they need it;
- Provide a fit for purpose estate to enable transformation through digitally-enabled primary and outpatient care;
- Support the ambition to reduce the increasing pressure on emergency hospital services through changes in patient pathways and access.

Doing things differently - working as 'Integrated Care Systems', to plan and deliver services which meet the needs of communities will give people more control over their own health and the care they receive within primary and community care. Collaboration between GPs, their teams and community services, as 'primary care networks', give opportunity for the community estate to provide for an increased range of services provided jointly, and increase the focus on NHS organisations working together with their local partners.

2.8 Objectives for the proposed investment

Stakeholder workshops have been held to evaluate the objectives and benefits associated with the options available for this investment. The key benefits were agreed using SMART objectives to assess that they are specific, measurable, achievable, relevant and time-bound. The agreed objectives are that the investment:

- Supports the long term delivery of sustainable services.
- Provide system wide sustainability.
- Provides a fit for purpose environment.
- Provides improved patient access.
- Can be delivered to achieve the STP requirements.

The strategic objectives for this project are to develop primary care capacity to respond to the needs of the growth in the population of Central Weston. The specific and measurable investment objectives for this project are as follows:

Table 8 - Specific project aims and objectives

Specific Objective	Aims
The development must support the long term delivery of sustainable services	<ul style="list-style-type: none"> • Provides the required space for primary care services based on existing local need and likely future need and population growth. • Provides secure and stable facility for service providers. • Improves staff retention and recruitment • Improves resilience and sustainability of service providers • Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.
The development should provide system wide sustainability	<ul style="list-style-type: none"> • A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions. • Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset. • A space that provides the flexibility and opportunity to support new and emerging models of service delivery • Maximises the opportunity to work with other community providers and voluntary sector
The development should provide a fit for purpose environment	<ul style="list-style-type: none"> • Provides an appropriate environment for staff • Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers • Provides opportunities for further expansion if/when required • Provides accommodation that is compliant with latest building and environmental standards
The development should improve patient access	<ul style="list-style-type: none"> • Improves local community access to healthcare and health promotional activities • Relative distance from existing provision (Graham Road and Clarence Park) • Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift. • Adequate on site car parking • Enables provision of services outside of core hours.

Specific Objective	Aims
The development can be delivered to meet STP requirements	<ul style="list-style-type: none"> • Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Rd • Provides a solution to NHS estates priorities in the area • Ease of fit out or building works reduces construction programme. • Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules.

2.9 Project Benefits

As set out above, over time, there has been a reduction in the number of GP practices based in the centre of Weston and the area would benefit from a central purpose built facility.

For some time now, the public, and local councillors through the Health Overview and Scrutiny Committee have expressed concerns with the coverage of primary care services central Weston.

This time of change, however, presents an opportunity for the development of a modern, fit for purpose facility to be developed in the centre of Weston from which a primary care offering can be provided, ideally alongside council services.

The key benefits of the project are listed below:

- The project aligns with BNSSG operational plans and with the commissioning priorities of the BNSSG Sustainability and Transformation Plans.
- The new development within Central Weston will provide the required space for primary care services and in the localities based on current and expected population growth.
- The new development will provide a primary care estate that is fit for current requirements across Weston Super Mare and able to provide facilities for multiple and flexible use enabling collaboration between organisations, the council, NHS and others.
- The project will maximise the opportunity for Primary Care to work with other community providers and the voluntary sector and will enable new models of care to be implemented and care to be delivered in different ways.
- The new developments will enable patients living within Central Weston to receive care close to home and therefore improve local access to healthcare.
- The development will be able to provide a solution that can be delivered within the programme timescales.

The agreed objectives and benefits tie in to the agreed six key principles for the BNSSG estate, as follows:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.

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5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations

2.9.1 Clinical Benefits

There are a number of added clinical benefits enabling measurement of improved outcomes and patient experience. Work has been undertaken between the CCG and the Locality Clinical and Practice Management Leads to quantify the clinical benefits resulting from this project, these include:

- Improved patient experience and access to integrated primary care;
- Improved patient environment;
- More efficient use of time and resources;
- Improved staff morale and ease of recruitment and retention;
- Increased opportunity for learning, development and training.

Currently patients moving into new housing surrounding Weston Super Mare are having to register with existing Practices outside the immediate area, as well as adding pressure to current more central GPs, therefore adding pressure to central practices. The CCG expects to establish a trajectory for list size growth at the new Practice that reflects the demographic changes driven by local housing development and will agree access performance or the service.

2.9.2 Associated Benefits

The investment and spending objectives are clearly linked to the associated benefits for the local population of Weston. This is demonstrated as part of the Weston Sustainability Programme from which the Commissioning Context for North Somerset was developed. The Commissioning Context for this development was realised. It is recognised across health and social care that the area of Weston Super Mare provides for an exciting opportunity to transform local services in order to better meet the changing needs of the local population in the delivery of personalised care, where services are easily accessible within an area of increasing need coupled with the plan for more integrated working to address a number of significant challenges around both clinical and financial sustainability. Improving General Practice (GP) resilience and capacity for access to primary care services is a key priority and it is within this context that the current challenges of the increased demand for services and restricted options for growth need to be addressed.

There are a number of health service needs that are supported and will be delivered as a result of this investment.

2.10 Activity and Capacity Analysis

2.10.1 Space Requirements

The previous OBC considered existing patient list sizes and predicted housing growth against the NHS England Space Estimator. This table has been updated to show current list sizes as at July 2020, as shown below.

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Table 9 - Estimated space requirements

TABLE REDACTED DUE TO COMMERCIAL SENSITIVITY OF INFORMATION

The list size at Graham Road as at July 2020 is 11,994 which is circa 2,000 lower than the combined total for Clarence Park and Graham Road surgery in January 2018. It is important to note, however, that the growth in Weston continues to rise.

Information from the CCG suggests that due to continuing poor experience of patients that access these surgeries based on the general environment and reduced option for development of services, an increasing number of patients are re-registering elsewhere. This can be seen by significant rises in patient numbers at Riverbank (who have moved into the new St Georges site) and the continuing increase at other locally provided surgeries. This has also been influenced by the Weston Villages developments.

It can therefore be concluded that once a new site is available for patients that live within the catchment of Clarence Park and Graham Road surgeries, they are more likely than not to return along with locally driven growth from new housing developments.

In light of this the future patient numbers that need to be provided for will be based on the original assessment of 7353 patients for Clarence Park and 11,910 patients at Graham Road by 2027 onwards.

2.10.2 Schedule of Accommodation required

A schedule of accommodation has been developed taking into the account the need to meet the future population growth, as identified above, but also to build in sufficient flexibility and capacity for future service models.

This has been signed off by the Clinical Options Task and Finish Group and confirms a requirement for circa 1162m² as set out below.

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Table 10 - Schedule of accommodation

Weston Central Health and Wellbeing Centre Target Schedule of Accommodation			
Public Spaces	Unit area allowance	Number	Net M2
Entrance and reception			
Entrance foyer	15	1	15
Reception (size based on number of places)	20	1	20
Office: 14-person	4.5	14	63
Interview rooms - multi-use and (telephone consultations)	8	4	32
Waiting area (size based on number of places)	40	1	40
Subwait areas	8	1	8
Play area	12	1	12
WC: semi-ambulant	2.5	2	5
WC: independent wheelchair	4.5	2	9
WC: semi-ambulant staff	2.5	2	5
Baby change room	5	1	5
Infant feeding room	5	1	5
Parking bay (secure pushchair store)	6	1	6
Clinical spaces			
C/E room: double-sided couch access General Practitioner	16	12	192
C/E room: double-sided couch access ANP / Midwifery for flexible use	16	5	80
C/E room: double-sided couch access HCA / Flexible use	16	2	32
Treatment room: double-sided couch access Phlebotomy (Cubicles x 2)	18	1	18
Subwaiting areas	10	2	20
Telephone Triage	2	5	10
Treatment rooms (option to increase size of 1 to (20) - minor ops	18	4	72
Clinical waste / dirty utility	8	1	8
Clean utility and clean storage	12	1	12
Specimen WC	5	1	5

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Administration			
Administration Records/ Coding (4 X person)	4.5	4	18
Practice mgt office	8	1	8
Office: 2 person (including IAPT or other service)	10	3	30
Conference room	25	1	25
Counselling room	16	1	16
Health Education / Multi Purpose/Meeting Room	24	1	24
Health Education Store	10	1	10
Support Spaces- shared	0	0	0
Wellbeing area	22	1	22
Training / student resource room	10	1	10
Storage (shared)	8	3	24
Sub Total			861
Allowance of 35% for engineering and circulation			301.35
			1162.35

2.10.3 Impact of Covid-19

Pre Covid 19

Pier health has been an early adopter of technology and prior to Covid-19 most practices were using a digital platform called AskmyGP. This encourages patients to access healthcare through the AskmyGP digital front door platform on practice websites. Approximately 70% of all contacts are made online, including contacts from care homes and other health care providers, such as the local hospice team. Patients who are unable to access the internet are still able to telephone practices, with the reception team entering the data onto AskMyGP on their behalf.

The use of digital triage has revolutionised the access to general practice for patients in Weston, with over 80% of users of the new system saying it was better than the previous traditional appointment models.

Using this digital platform prior to Covid-19 approximately a third of all contacts were dealt with by face to face appointments, a third with telephone calls and a third by secure email.

Pier Health has worked with a company called Push Doctor, who provides GP locums working remotely to practices who require them. These locums GPs will consult patients remotely via video technology to provide high quality primary care consultations recorded on the patients' EMIS record.

An accelerated IT programme due to Covid- 19

When the Covid-19 pandemic began Pier Health Group rapidly realised the benefits of digital triage. It was quickly apparent that a 100% triage process was essential to ensure that patients with possible Covid symptoms weren't being assessed in the same areas as non Covid patients within primary care. The practices that hadn't already started using the AskMyGP digital platform started implemented it and so now there is a similar standard digital appointment process across the 8 practices that comprise Pier Health Group.

The number of face to face appointments requested dropped dramatically. Instead of the usual third of patients being assessed face to face this fell as low as 5%, with the rest of the contacts being via phone or email.

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During Covid 19 remote working has become commonplace, with practices having the digital triage software to allow this to happen. Practices were supplied with laptops to facilitate remote working. Pier also employed local IT expertise to set up their own VPN to allow secure accessible remote working. The practices within Pier have employed the use of accuRx to allow patient testing to improve efficiency. They have also acquired webcams to allow video consultations and allow virtual nursing home ward rounds.

The impact of Covid-19 on estates

Having non purpose built and cramped premises has made social distancing for staff challenging. It also has carried inherent problems with cleaning clinical areas between patient face to face consultations. Appointment times with the nursing team have had to be extended to allow time for cleaning between patients, which has had an impact on room availability.

2.10.4 Existing Estate Review

As part of the previous OBC, in August and September 2017, 6 Facet Surveys were undertaken for each of the nearby primary care buildings, including Graham Road surgery. The following findings were confirmed:

Scope of Expansion of Existing Buildings

Table 11 - Description of existing surgeries

Surgery	Description
Horizon Health Centre – For All Healthy Living Centre	Purpose built facility over two floors. Owned by a community interest company (CIC). Expansion possible
Graham Road Surgery	Semi-detached dwelling constructed in 1854. The building is in the ownership of a (CIC). Internal redesign possible
Tudor Lodge	Detached dwelling constructed in c1930. The building is partner owned Any expansion will require relocation.
Stafford Place	Detached dwelling constructed in c1910. The building is partner owned and part of the Stafford Medical Group. Any expansion will require relocation.
168 Locking (formerly New Court and Longton Grove)	Building originally built in the 1960’s and fully refurbished in 2013. The building is partner owned. Expansion possible

Graham Road Surgery

Figure 4 - Graham Road surgery map

Graham Road Surgery was originally a semi-detached dwelling constructed in 1854 and has been extended with a single storey extension to the rear. The building is owned by For All Health Living CIC. The 6 facet estate survey noted that the car park is very small and it is not possible to increase onsite parking provision.



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Double parking and cars getting blocked in was a frequent occurrence causing a possible pedestrian hazard and delays to surgery sessions. A number of electrical hazard issues were documented including limited electric sockets and staff using portable extension leads and an electrical cupboard without fire detection.

Upon recent inspection at Graham Road Surgery in May 2019, it was noted that internal reconfiguration had been undertaken to sub-divide two large rooms on the first floor to create four small consultation rooms, which are much smaller than the HBN recommendation of 16m².

This inspection also confirmed there was no potential for further expansion and the car parking issues mentioned above where witnessed whilst on site created by double parking, were evident including double parking in the small staff and patient car park.

2.10.5 Revenue - Notional Rent

The revenue envelope available for this scheme is made up of the current rental and business rates for Clarence Park and Graham Road properties, as shown below:

Table 12 - Rent and rates

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2.11 Main Risks

The main business and service risks associated with the potential scope of this project are shown below. They are also listed in management section of this OBC. For further details, please see the attached Risk Register in the Appendix A.

Table 13 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.

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Risk	Mitigation
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

2.12 Constraints

The project is subject to the following constraints:

- A limited budget of £3.2m of STP monies has been allocated to this programme;
- Deadline for expenditure of any STP monies (was March 2022 but NHSI/E has confirmed flexibility to deliver a quality project);
- Planning permission will be required;

2.13 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Formal approval of funding through STP;
- Full Business case approval by NHSI with sign off with completed technical drawings;
- The projects will be delivered within the cost envelope;
- Completion of legal documentation between Weston Rugby Club, Studio Hive and NSC (the detail is set out in the Commercial Case);
- Final approval of full planning permission.

3 Economic Case

3.1 OBC background

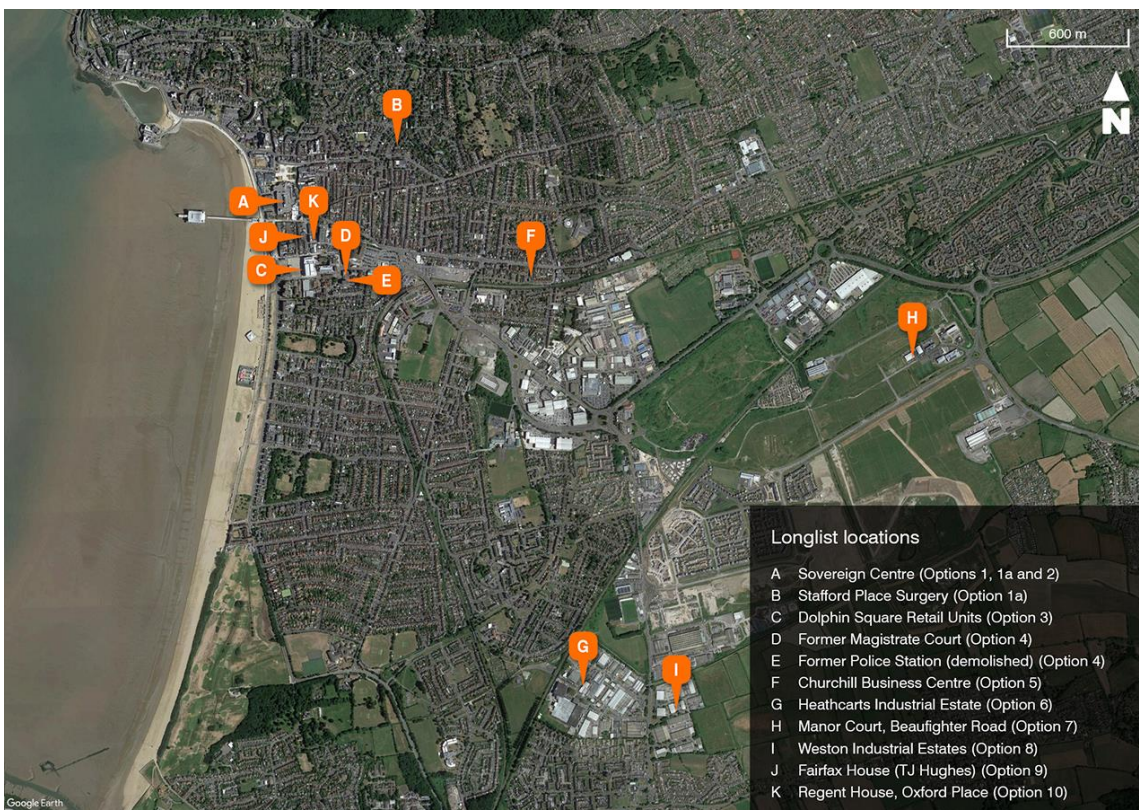
A previous high level draft OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, and to enabling the co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

In 2019, North Somerset Council (NSC) approached the CCG having acquired an interest in the Sovereign Centre, a shopping centre in Weston town centre, with a view to accommodating the GP facility within this premises. On this basis, the CCG commenced an options appraisal process to with a view to confirm the preferred option leading to this revised OBC. As part of this process, the CCG commissioned a wider site search to ensure all available premises were identified within a long list of options, both within the council ownership and those available within the commercial sector.

3.2 The Long-List of Options

An initial site search was undertaken in July 2019 and discussions with NSC identified a long list of options:

Figure 5 - location of long-list of options



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Outline Business Case for the **Central Weston Primary Care Development**

- | | |
|--|--|
| 1. Ground floor Sovereign Centre | 5. Churchill Business Centre |
| 1a. Ground floor Sovereign Centre and Stafford Place Surgery | 6. Heathcarts Industrial Estate |
| 2. Sovereign Centre Roof Top Car Park | 7. Manor Court, Beaufigther Road |
| 3. Dolphin Square Retail Units | 8. Weston Industrial Estates |
| 4a Former Magistrate Court | 9. TJ Hughes building |
| 4b Former Police Station Site (demolished) | 10. Regent House |
| | 11. Vacant land adjacent to Dolphin Square |

The table below summarises the advantages and disadvantages of each option and identifies those options taken forward to the Short List for further evaluation.

Table 14 - Summary of options, advantages v disadvantages

Advantages	Disadvantages	Short List
Option 1. Ground floor Sovereign Centre		
Area is immediately available. Direct “street front” access onto Salisbury Terrace. Public WCs are provided within the facility without loss of clinical space.	Does not address the primary care space requirements for sustainable services and population growth. Deep plan nature prohibits natural daylight into clinic rooms. Split levels within area has an impact on design.	Y
Option 1a. Ground floor Sovereign Centre and Stafford Place Surgery		
Area is immediately available. Direct “street front” access onto Salisbury Terrace. Public WCs are provided within the facility without loss of clinical space. Use of former surgery Allocated parking for staff at Stafford Place Surgery	Does not address the primary care space requirements for sustainable services and population growth. Deep plan nature prohibits natural daylight into clinic rooms. Split within area has an impact on design.	Y
Option 2. New Build on Sovereign Centre Roof Top Car Park		
Whole facility located on single floor. Public access via immediately adjacent shopping centre lifts and stairs before entering the facility. Separate access possible from roof top car park. Purpose built accommodation using off-site modular construction but to achieve 60 year life. Faster delivery circa 6 months from design to construction completion. Able to provide natural daylight to all clinic rooms. Area can be made available without cost or time associated with re-provision of existing tenants. Un-used car park area: no need to re-plan vehicular access. Public WCs are included within the facility design. No impact on loss of retail space or first floor car parking. Increased footfall to the retail units	Likely to be greater distance from other council services to be located in the centre. Greater travel distance for public accessing the facility on foot. Unusual arrangement and facility may feel isolated from high street.	Y

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Advantages	Disadvantages	Short List
Option 3. Dolphin Square Retail Units		
Area is immediately available and located in new centrally located development. Able to achieve design to provide natural daylight to clinical rooms due to modern construction. New retail units for rent and currently finished to shell, therefore fit-out could start immediately. Increased footfall to other retail units.	Commercial landlord, may not be willing to wait until FBC approved if other tenants wish to take units without assurances / contract. Though Landlord is keen to have an NHS tenant. No on-site parking.	Y
Option 4. Former Magistrate Court & Former Police Station Site (demolished)		
Area is immediately available. Part of former police station site can be utilise for new build.	Opportunity cost for the council for residential development on former police station site. Might require significant work (cost) to bring the premises up to clinical standards	Y
Option 5. Churchill Business Centre		
Freehold is available.	Premises too far away from Central Weston. The unit will be too small for our needs due to the construction of the building limited space caused by supporting structure. Would need to buy tenants out of their leases for unknown amount as their lease end's range between 2020 and 2023.	N
Option 6. - Heathcarts Industrial Estate		
Area is immediately available. Large warehouse units to rent.	Premises too far away from Central Weston and not easily accessible via public transport.	N
Option 7. - Manor Court, Beaufighter Road		
Units are immediately available.	Premises too far away from Central Weston and not easily accessed via public transport. Tenants have taken some of the units, splitting up the units and removing potential for contiguous space.	N
Option 8. - Weston Industrial Estates		
Area is immediately available. Large warehouse units to rent.	Premises too far away from Central Weston and not easily accessed via public transport.	N
Option 9. - TJ Hughes building		
Is immediately available and unlikely landlord has competing interest as has been vacant for 9 + years. Structural design is open with limited structural supports in the way, making fit-out easier. Able to achieve design to provide natural daylight to clinical rooms on Ground Floor. Large loading bay can be used as ambulance loading / unloading. Landlord open to 25 year lease, however repairing obligations would need to be fully worked through with solicitors due to age and condition of property.	Might need significant refurbishment to bring the premises up to clinical standards as the building has been vacant for at least a decade. Complex negotiations may be required if only part of the building required. Building requires additional asbestos removal. No on-site parking, however street parking immediately outside and NCP nearby.	Y

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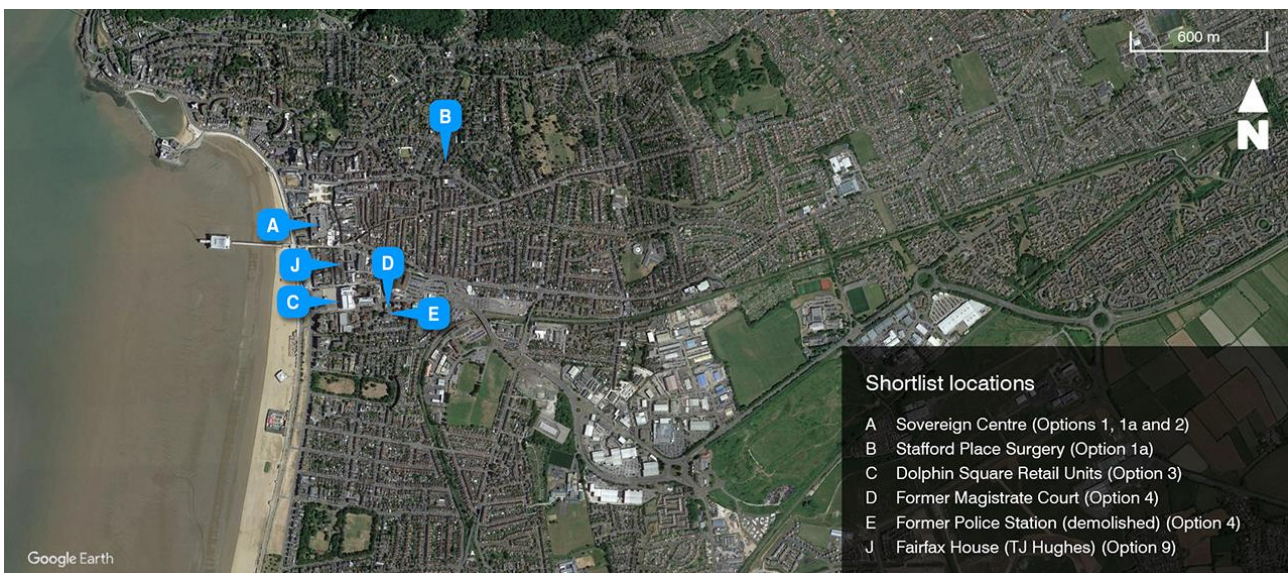
Advantages	Disadvantages	Short List
Option 10. - Regent House		
Situated in Weston High Street.	The available unit is far too small for requirements needed and no additional space is available within the Department for Work & Pensions above now or in the future. The available unit has structural pillar in front of front entrance.	N

3.3 The Short List

Careful consideration was given of each option included the long-list and the following shortlist of the most suitable properties were take forward for further consideration.

- Op 1- Small primary care provision in the space available in the food court and adjoining vacant unit on the ground floor in the Sovereign Centre
- Op 1a – Ground floor Sovereign Centre & Stafford Place Surgery;
- Op 2- New Build on Roof Top Car Park in Sovereign Centre;
- Op 3 - Dolphin Square Retail Units;
- Op 4 - Former Magistrate Court & Former Police Station Site (demolished);
- Op 9 -TJ Hughes Building.

Figure 6 - map of short-listed options



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3.3.1 Option 1 – Sovereign Centre ground floor

Figure 7 - Option 1 location



The empty food court area is immediately available for occupation and so could be delivered within a reasonably short time frame. The actual fit-out works were estimated to take around 3 months on site with an overall programme for design, planning, procurement and fit out extending to around 7-8 months.

There are significant disadvantages with this option, however. The deep plan nature of the accommodation with the single façade with windows impacts on the availability of natural daylight and affects all of the clinical rooms in the current layout. There are split level issues in the area that may also impact on design.

The Council are keen to integrate this facility into the wider shopping centre with its main access off the internal concourse which is likely to present issues with out of hour's access as the main shopping centre is closed at 5.30pm.

Staff facilities can be accommodated in this layout, including WC, changing, shower and staff rest but dedicated patient WCs cannot be accommodated without a reduction of clinical accommodation. However, the public toilets for the shopping centre are immediately adjacent to the proposed Phase 1 area. Compliance would need to be confirmed with NHS England. Concept floor layout drawings were prepared by Osmond Trick's architects as shown below.

Figure 8 - Option 1a concept plan



3.3.2 Option 1a – GF Sovereign Centre and Stafford Place Surgery

Please see description of GF Sovereign Centre in Option 1.

Figure 9 - Option 1a site locations



Stafford Place Surgery is one of the surgeries serving central Weston. It is part of Stafford Medical Group and the branch of Locking Castle Medical Centre. Stafford Place Surgery, being an older style property in the town centre, has no parking spaces for patients at all, however there is ample parking a short distance from the surgery. Patients can enter via a level side entrance and assistance can be provided if required. Elderly or disabled patients can request to be seen in a downstairs consulting room if stairs are a problem. Stafford Medical Group decided to close Stafford Place Surgery due to the surgery not to be adequate for CQC clinical requirements.

However, the surgery is still an adequate space for non-clinical activities and can become a place for a back office function as it would provide some staff parking.

3.3.3 Option 2 – New Build on Sovereign Centre Roof Top Car Park

This option was identified following a meeting with the council's Asset Manager. It is possible to re-open a blocked off double door way onto the front half of the roof top car park to create an internal pedestrian option from the existing lifts and stairs core into a new build structure on the roof top car park. This could be delivered by way of a fast track modular construction with the majority of the building work undertaken off site but to create a new build option but to a building standard with an asset life of 60 years.

There are lots of advantages with this option. Additional foot fall will be brought to the retail units as a result of this new facility with no impact on existing retail space and minimal impact on car parking as the roof top car park is significantly underused. A fit for purpose building can be created with natural daylight into all clinical rooms. This will be the fastest solution to deliver in the Sovereign Centre. However, the Council has expressed concern at the lack of integration into the wider shopping centre with this option and there is potential conflict with the council's own emerging plans for the use of the roof space. Concept floor layouts were also prepared for this option as shown below.

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Figure 10 - Option 2 - concept plan



3.3.4 Option 3 – Dolphin Square Retail Units

Figure 11 - Option 3 site location



This development is known as Dolphin Square and is adjacent to the vacant Dolphin Square land explored and discounted in the previous options report.

Built circa 2017, the premises consist of 2 floors, with Cineworld on the first floor and retail / leisure units to let on the ground floor. Current occupiers within the ground floor are Nando’s, Pizza Express and Anytime Fitness and the majority of the units have been let. The following units are available as options:

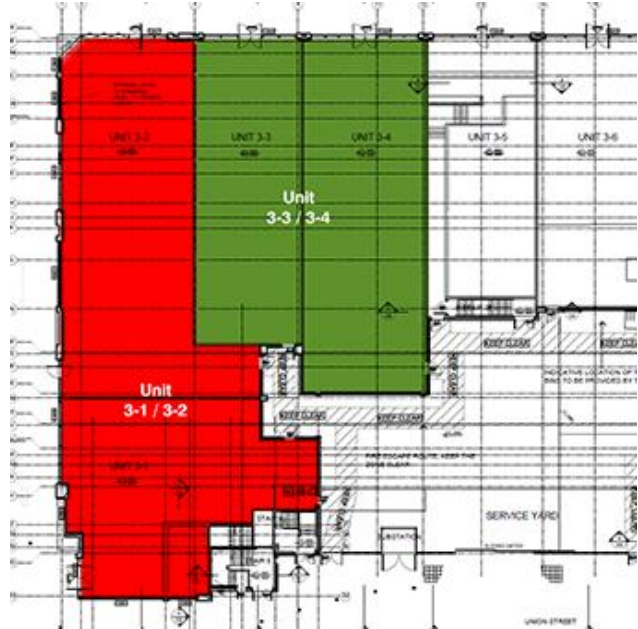
- Unit 3-1, 381 m² (has interest from leisure operator, however LL keen to have NHS);
- Unit 3-2, 517 m² (has interest from leisure operator, however LL keen to have NHS);
- Unit 3-3, 333 m²;
- Unit 3-4, 441 m² (currently let, however may have the opportunity to take back the unit).

The building is of a modern construction and therefore the units are separated by a non-structural block partition, allowing the units to be combined to create larger units. The units are currently sat as a shell, meaning limited preliminary works would be required and our clinical fit out could be achieved in a shorter amount of time than some of the other options. There is no on-site parking and patients would need to use on-street and the multi-storey car park opposite.

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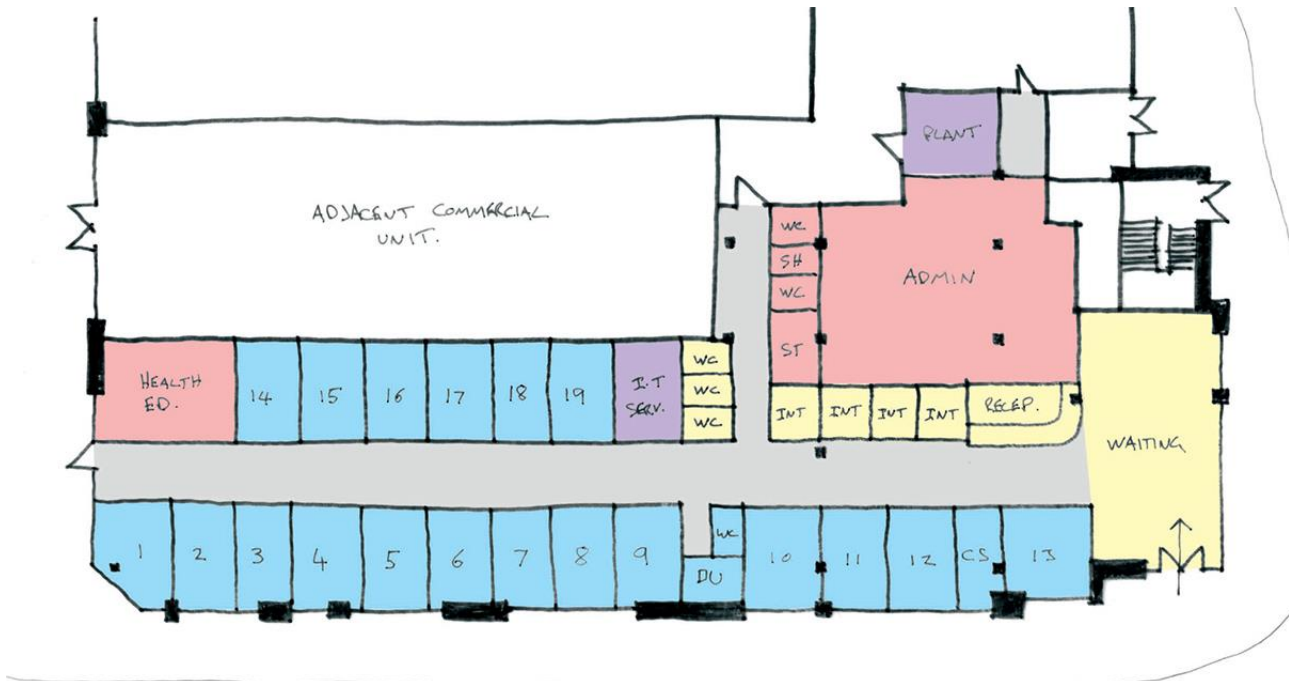
DETAILS OF NEGOTIATION AND QUOTED COSTS HAVE BEEN REDACTED OUT OF RESPECT FOR COMMERCIAL SENSITIVITIES OF OTHER PARTIES.

Figure 12 - Option 3 as existing photo and plan



Further exploration of this option was recommended due to the flexibility of the building and central location. Concept floor layouts were developed, as shown below

Figure 13 - Option 3 concept plan

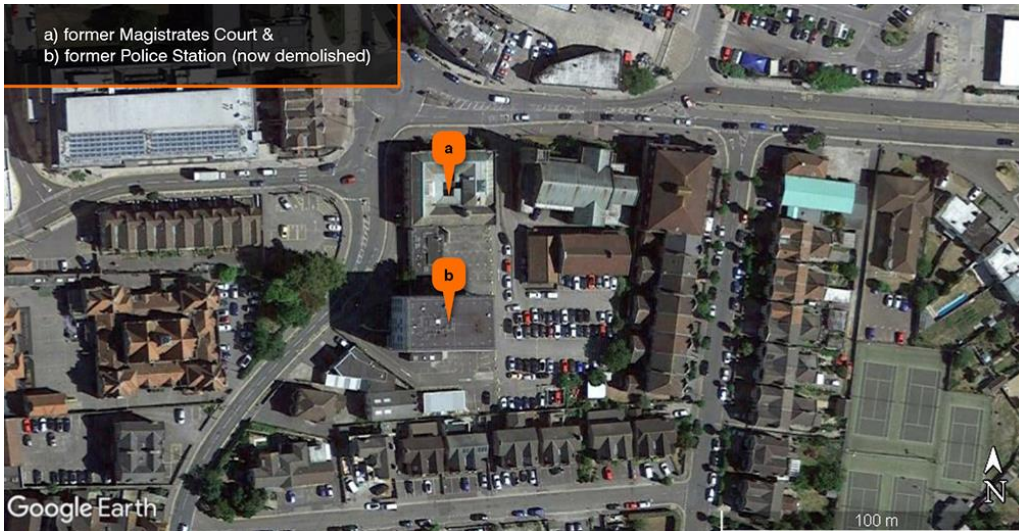


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3.3.5 Option 4 – Former Magistrate Court and Former Police Station Site (demolished)

Figure 14 - Option 4 site locations



Magistrates' court and integral police station built in 1934; remodelled and extended circa 1970. Constructed with Portland stone ashlar with slate hipped roof with copper flats in simplified Neo-Classical style. The former magistrate court is rectangular, almost square, plan building with police station and cells on the ground floor and courts on first floor.

In about 1970 a separate police station (not included) was built at the rear (south).

The land of the former Police Station extends to approximately 0.37 ha (3,968 m²). The Land Register entry confirms that this site was acquired by the Council in March 2016 for £900,000. We understand that this site is still within the ownership of the Council but is also earmarked for residential development.

Initial inspection from the architects suggest that this could be an exciting opportunity with a mix of refurbishment and new build but more investigation is required to confirm potential building and listing constraints.

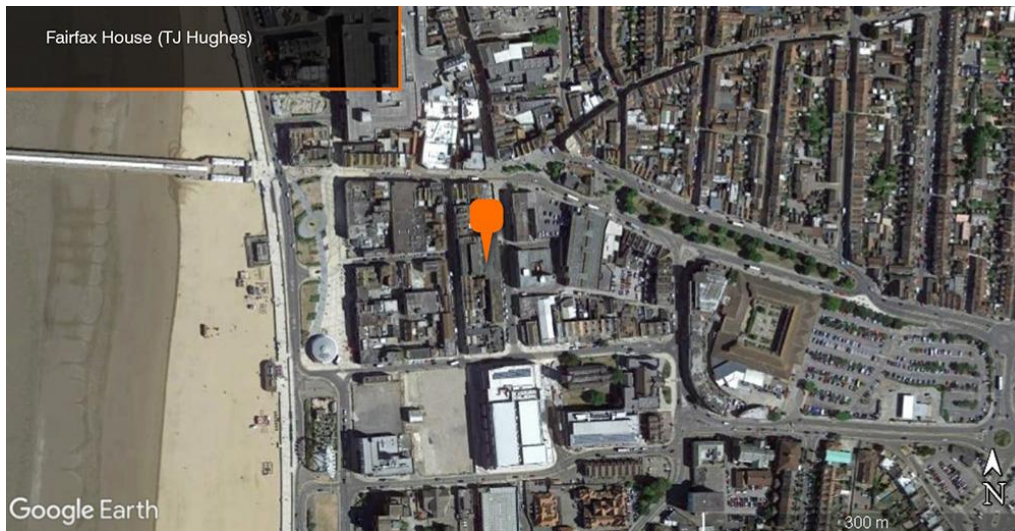
This site was withdrawn by NSC before concept designs were produced.

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3.3.6 Option 9 - TJ Hughes building

Figure 15 - Option 9 site location



The property comprises a former department store with a secondary frontage to St James Street and is situated in a busy location near The Dolphin Square leisure development. Nearby retailers include Superdrug, New Look and McDonald's. The premises has been vacant for approximately 9 years and was acquired at auction by the current landlord.

The building consists of 3 floors and a small basement, with the ground and first floor currently available to lease:

- Ground: 1,167 m²
- First: 1,157 m²
- Combined: 2,324 m²

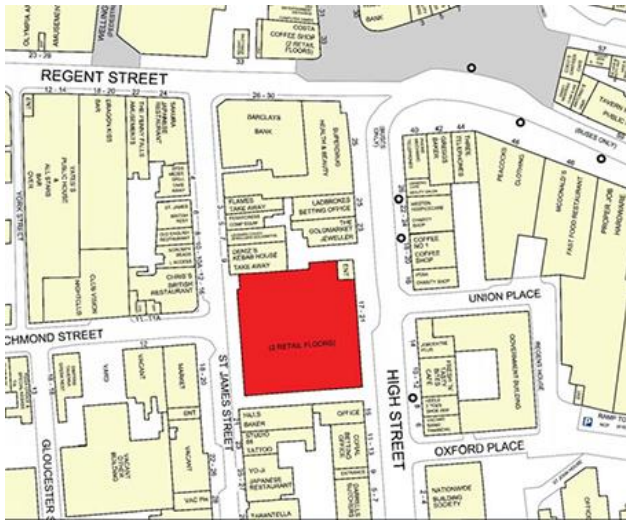
There is no on-site parking; however on-street parking is available directly outside the building or in the NCP High Street multi-storey car park just behind Regent House, opposite of TJ Hughes. The property benefits from a dedicated loading bay which is currently accessed via roller shutter and is considered adequately sized to accommodate an ambulance to load / unload patients.

The property was visually inspected the premises to ascertain its suitability for conversion to clinical and administrative space. The ground floor has been fully stripped back to the shell and the first floor only contains some limited partitioning, which is accessed by stairs, escalator and multiple lifts. An abundance of natural lighting within the premises could be possible once un-boarding of windows and replacement glazing is installed. The nature of the buildings' construction means there is limited structural supporting columns, which would allow an unhindered clinical / admin fit-out.

A report provided by the agent confirms that brown asbestos (Amosite) is present within the premises. The report notes that the previous removal of the fit-out is considered to have been done poorly, leading to the report recommending a full clean and removal of left over asbestos by a licensed contractor throughout the premises.

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Figure 16 - Option 9 as existing plan and photo



The landlord has recently acquired planning permission to convert the second floor and roof into residential dwellings, thus only the ground and first floor is available to lease. The agent has noted that the landlord is open to not implementing this plan if the whole building can be let to a tenant, however the additional floors would be surplus to our requirements. Initial discussions were held with the Landlords agent regarding leasing the ground and first floors and we have been provided indicative terms for a 25 year lease:

- Rent – REDACTED FOR COMMERCIAL SENSITIVITY;
- Lease – REDACTED FOR COMMERCIAL SENSITIVITY
- Review – REDACTED FOR COMMERCIAL SENSITIVITY
- Repair – Effective Fully Repairing and Insuring by way of service charge calculated on a pro rata basis;
- Property taken as seen but self-contained to ground floor only.

These premises could provide a good option, however could require a high level of investment and time to convert to adequate clinical / administrative space. Concept floor layouts were prepared, as shown below.

Figure 17 - Option 9 concept plans



3.3.7 Qualitative Assessment

A workshop was held in October 2019 with representatives of the CCG, NSC, GP's, NSCP and PPG. The short listed options were scored ³against the agreed benefits. An overall score was given for each objective, incorporating the following sub-elements:

Objective 1 - Supports the long term delivery of sustainable services

- Provides the required space for primary care services based on existing local need and likely future need and population growth;
- Provides secure and stable facility for service providers;
- Improves staff retention and recruitment;
- Improves resilience and sustainability of service providers;
- Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.

Objective 2 - Provides system-wide sustainability

- A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions;
- Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset;
- A space that provides the flexibility and opportunity to support new and emerging models of service delivery;
- Maximises opportunity to work with other community providers and voluntary sector.

Objective 3 - Provide a fit for purpose environment

- Enables clinical care to be delivered in estate that is fit for purpose;
- Provides an appropriate environment for staff;
- Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers;
- Provides opportunities for further expansion if/when required;
- Provides accommodation that is compliant with latest building and environmental standards.

Objective 4 - Patient access

- Improves local community access to healthcare;
- Relative distance from existing provision (Graham Road and Clarence Park);
- Ease of patient access, all consulting space can be easily accessed from GF level and if GF location isn't possible for all consulting space, then at least some must be for patients not able to use a lift;
- Adequate on site car parking;
- Enables provision of services outside of core hours;
- Enables seamless transition between services reducing duplication.

Objective 5 - Achievability

- Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road
- Provides a solution to NHS estates priorities in the area
- Ease of fit out or building works reduces construction programme.
- Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules - Mar 21

The overall scores were as follows:

Table 15 - Options Qualitative Benefits Analysis

Objective	Weighting % (W)	Option 1		Option 2		Option 3		Option 4		Option 5		
		score	W x S	score	W x S	score	W x S	score	W x S	score	W x S	
1	Supports the long term delivery of sustainable services	23.5	1	2.4	0	0.0	6	14.1	8	18.8	5	11.8
2	Provides system-wide sustainability	23.5	4	9.4	0	0.0	7	16.5	9	21.2	4	9.4
3	Provide a fit for purpose environment	20.6	2	4.1	3	6.2	9	18.5	10	20.6	7	14.4
4	Patient access	17.6	2	3.5	4	7.1	3	5.3	6	10.6	7	12.4
5	Achievability	14.7	0	0.0	3	4.4	6	8.8	6	8.8	8	11.8
				19.4		17.6		63.2		80.0		59.7

³ Scoring matrix: 0-2 - Does not meet requirements; 3-4 - Below satisfactory; 5-8 – Satisfactory; 9-10 - Exceeds expectations

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This shows that at that time the preferred option was the TJ Hughes building.

3.3.8 Changes affecting the viability of options

There were a number of events that occurred following the October 2019 options workshop that had a significant impact on the evaluation process.

TJ Hughes

In order to further understand the likely costs to fit out the TJ Hughes Building, Structural and Mechanical & Electrical feasibility surveys were obtained. On the basis of these findings, indicative fit out costs were obtained which estimated the cost to fit out of all three floors as circa (REDACTED). The cost for just the ground and first floor was circa (REDACTED). This was clearly unaffordable.

Discussions were held with NSC who advised that they did not have any available budget to support this scheme as a joint venture.

Sovereign Centre

In order to further understand the likely costs of this option, Structural and Mechanical & Electrical feasibility studies were obtained. A modular supplier with a local proven track record, Premier Modular, was also approached to undertake a viability assessment and provide indicative costs. These were provided with a range of between (REDACTED) to (REDACTED).

At the same time, more detailed operational discussions were held with the GPs which identified a concern regarding ambulance access and patient evacuation in a medical emergency. The Sovereign Centre management team and the estates lead at South West Ambulance NHS Trust were approached to further understand this issue and potential operational solutions.

It was confirmed that the height of the car park ramps were too low to enable direct ambulance access and the existing public lifts were too short to accommodate a standard ambulance stretcher. Therefore, the option of providing a new, dedicated lift from Salisbury Terrace at an estimated additional costs of at least (REDACTED) was considered, though this additional cost and securing planning approval for this presented a significant risk.

Dolphin Square Units

The agent of the Dolphin Square units advised that these units were being withdrawn from the market as a new tenant had been identified.

The Magistrates Court

NSC advised that they were exploring their own options for re-developing this site and were no longer able to offer it to the CCG.

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3.3.9 Introduction of new options

The former M&S building

Figure 18 - Former M&S building concept plans



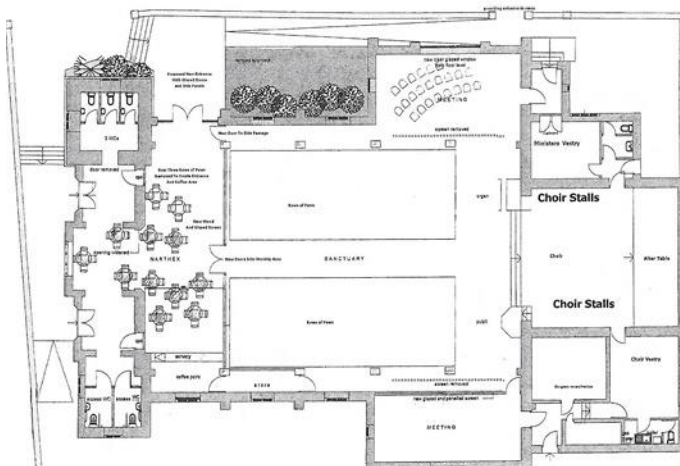
The project team had been aware of the vacant M&S unit located on the periphery of the Sovereign Centre as this was investigated when compiling the long list of options following the initial site search. This was quickly discounted, however, as it was part of a portfolio of properties in the process of disposal, the terms of which were subject to a Non-Disclosure Agreement.

However, in December 2019 the CCG was approached and advised the building was no longer included in the portfolio disposal, and worked with NSC to consider joint use of the space. The CCG developed concept drawings to consider accommodating the GP practice in this development. The concept drawings developed are shown below.

However, this option was withdrawn in April 2020 as NSC were unable to make a financially viable business case to the NSC executive.

The Victoria Methodist Church

Figure 19 - Victoria Methodist Church existing plan and photo



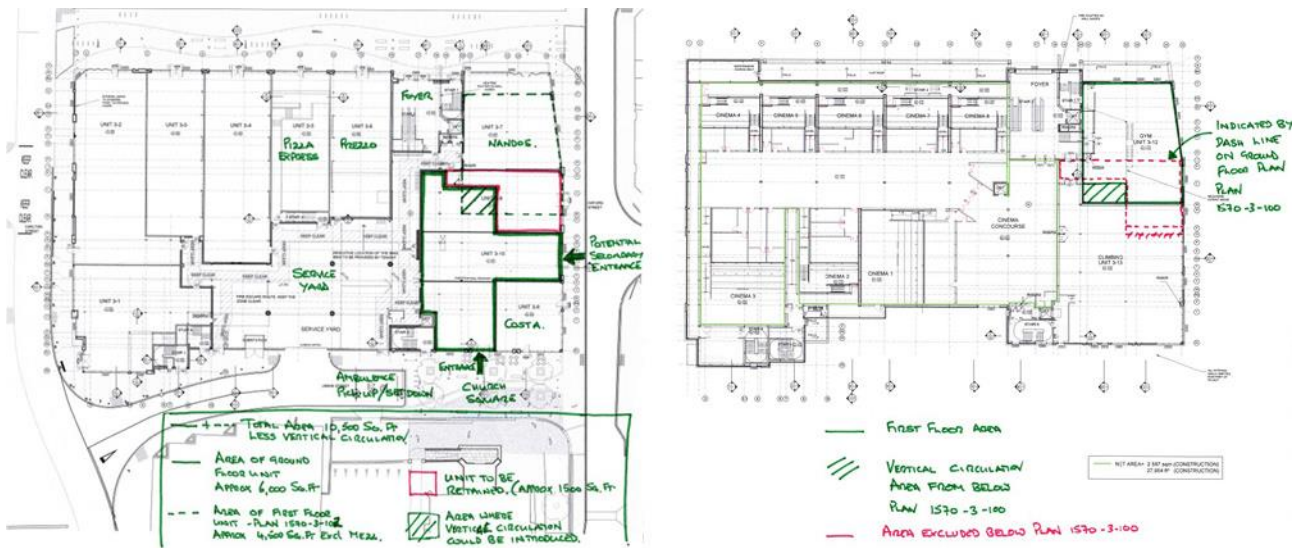
This former Methodist Church is located adjacent to the Magistrates Court and is being considered for disposal. The disadvantage of this option, however, was that there was no information available on existing building condition, structure and services. It was likely that planning permission would be more complex due to the nature of the existing use and there were concerns over the ability to deliver this within the required programme and budget. For these reasons, this option was not taken forward for further consideration.

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Alternative units at Dolphin Square

Continued dialogue with the letting agent identified a number of individual units on the ground and first floor on the Oxford Street side that could be acquired and merged into a single lease. The two ground floor units comprised of a former restaurant and an empty shell which had yet to be let.

Figure 20 - Alternative Dolphin Square units concept plans and existing photos



This accommodation extended to circa 778m² so was smaller than the previous unit, there was also concern about the deep plan nature of the ground floor units and lack of natural light, although the first floor benefitted from two aspects of windows, so good natural daylight.

Weston Rugby Club

The Weston Rugby Club development comprises of a number of commercial and residential units in on land currently owned by the Rugby Club, in return for a new club house for the with enhanced recreational and changing facilities for the local community. There is also a site identified for a school which would be developed by NSC.

Discussions held with Studio Hive, the developer, has indicated that circa 1095m² of ground and first floor accommodation could be made available on a shell and core basis within Block B. On the basis that the STP money would cover the cost of the fit out, estimated at (REDACTED DUE TO COMMERCIAL SENSITIVITY) with the balance of available funds provided as a bullet payment contribution to offset the annual rent. The annual rent paid by the GP's would be in line with the current rent at Graham Road and Clarence Park premises.

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Figure 21 - Weston Rugby Club site redevelopment elevation concept plans



3.3.10 Second Options Appraisal Workshop

Due to the significant changes from the Options Appraisal workshop held in October 2019, the Central Weston Steering Group agreed that a new workshop was required to consider the following options;

- Dolphin Square - new retail units;
- Sovereign Centre - roof top modular option;
- Weston Rugby Club - shell and core fit out.

This workshop was held on 15 June with representatives of the CCG, NSC, GP's, NSCP and PPG. This comprised of a presentation of the short listed options followed by a moderation meeting on 22 June to review the individual scores and confirm consensus overall scores. The same Investment Objectives Criteria that were used to assess the previous options were applied to these 3 new options. A summary of the scores are shown in the following table:

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Objective	Investment Objective	Description	Option 1 - Do Nothing			Option 2 - Roof Top + GF Sovereign Centre			Option 3 - Dolphin Square			Option 4 - Rugby Club		
			Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)
1	Supports the long term delivery of sustainable services	Provides the required space for primary care services based on existing local need and likely future need and population growth.	15	3.75	1	15	11.25	3	15	3.75	1	15	15	4
		Provides secure and stable facility for service providers												
		Improves staff retention and recruitment												
		Improves resilience and sustainability of service providers.												
2	Provides system-wide sustainability	Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology	15	3.75	1	15	7.5	2	15	7.5	2	15	15	4
		A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions												
		Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset												
		A space that provides the flexibility and opportunity to support new and emerging models of service delivery												
3	Provide a fit for purpose environment	Maximises the opportunity to work with other community providers and the voluntary sector	25	6.25	1	25	12.5	2	25	12.5	2	25	18.75	3
		Enables clinical care to be delivered in estate that is fit for purpose												
		Provides an appropriate environment for staff												
		Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers												
3	Patient access	Provides opportunities for further expansion if/when required	25	6.25	1	25	6.25	1	25	12.5	2	25	18.75	3
		Provides accommodation that is compliant with latest building and environmental standards												
		Improves local community access to healthcare												
		Relative distance from existing provision (Graham Road and Clarence Park)												
4	Achievability	Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift.	20	5	1	20	10	2	20	10	2	20	15	3
		Adequate on site car parking												
		Enables provision of services outside of core hours.												
		Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road												
			25.00			47.50			46.25			82.50		

The qualitative evaluation process clearly identified Weston Rugby Club as the preferred option.

3.3.11 Economic Appraisal of the preferred option

The previous GEM guidance has been replaced by Capital Investment Appraisal (CIA) in the Better Business Case guidance. However, discussions with the NHSI/E team has confirmed that a CIA is not required to support this business case due to the relatively low value and that a refresh of the Value for Money template that supported the original STP bid would be sufficient.

However, for the purposes of this business case, financial economic modelling has been undertaken to test the affordability of the preferred option.

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A summary of the economic findings is shown below indicating how many years of rental at (REDACTED) are available as a result of the available up front capital bullet payment for each option and the whole economic model is included as Appendix C.

Table 16 - Economic Modelling Summary Overall findings

TABLE REDACTED TO PROTECT COMMERCIAL INTEREST AND SENSITIVITIES OF RELEVANT PARTIES

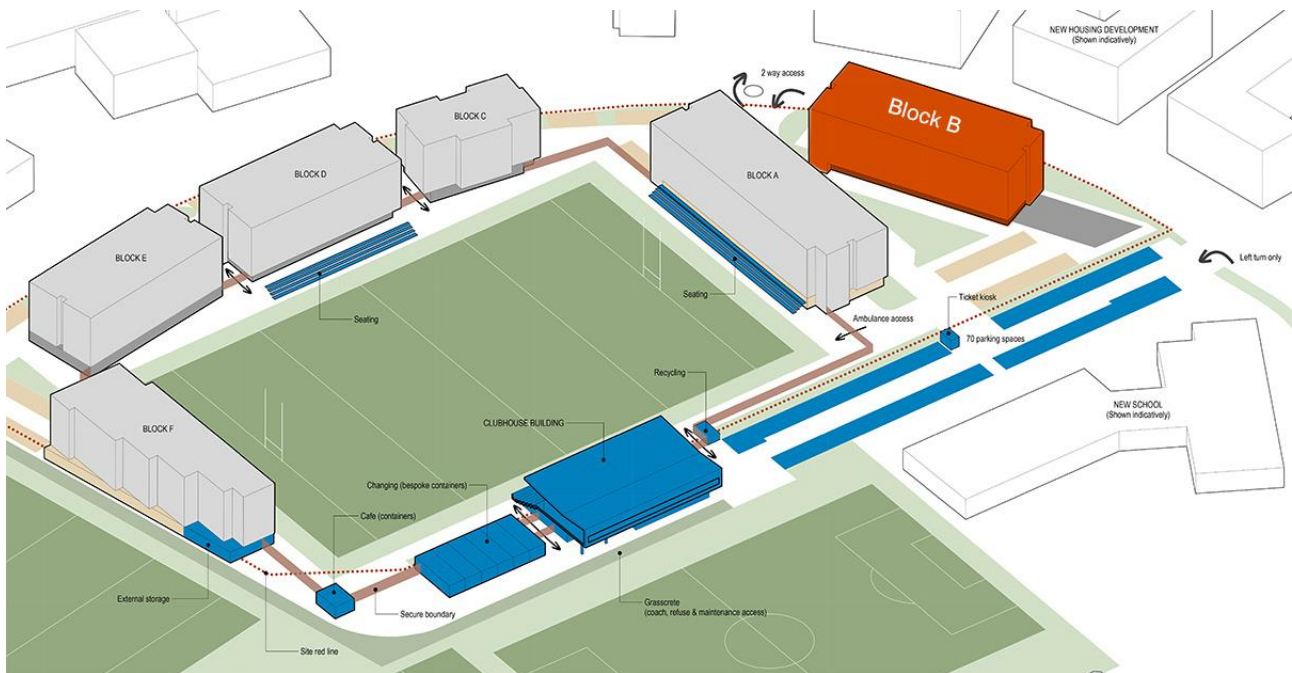
The option which offers the best value for money and is considered the preferred option from a purely financial perspective is **Weston Rugby Club**.

3.3.12 The Preferred Option

The preferred option is the fit out of the majority of the ground and first floors of Block B, a new building to be constructed as part of the proposed development at the Weston Rugby Club. The remainder of the space on the first floor will be marketed available for office use with the upper floors as residential.

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a wider commercial and residential development.

Figure 22 - Weston Rugby Club site redevelopment plan



The key objectives of the development are as follows:

- Develop the underutilised land around the existing pitch with a housing led development to provide over 200 new homes and associated commercial space
- Improve club facilities - creation of new clubhouse and associated facilities
- Create opportunities for income generating assets and to enable the club to have a sustainable future

The site plan below shows the total development proposed and the location of Block B.

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Initial discussions have been held with between the developer and the CCG which has resulted in the in principle offer of circa 1095m² of clinical and administrative accommodation which an indicative layout as shown below. This unit will come with circa 29 dedicated parking spaces. There is also the opportunity to share parking spaces with the Rugby Club, providing additional spaces for the GP surgery during core week day hours and additional spaces for the Rugby Club outside of core week day hours and weekends, subject to sessional use agreements.

Figure 23 - Weston RFC site proposed layout plans



This fit out will be procured by the developer on behalf of the NHS to an agreed specification, i.e. in compliance with Health Building Notes (HBNs), Health Technical Memorandum (HTMs) etc.

The internal design of the building will be undertaken with a view to maximising flexibility, creating adaptable and fit space for the future emerging models of care. This will range from larger, flexible spaces to accommodate larger group consultation sessions down to smaller spaces created for clinicians to undertake online/telephone consultations. This could also create capacity within the building along with bookable consulting rooms for bringing patients in for face to face consultations.

This is going to be a significant investment for the NHS and so it is vital that a fit for purpose space is created that can quickly adapt, recognising what is currently a somewhat unknowable future. Whilst we are still learning from the recent Covid impact, we do know that this will leave a lasting change in practice operations. There is also the new models of care and PCN working that were in train before Covid which will continue to evolve.

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3.3.13 Planning Status

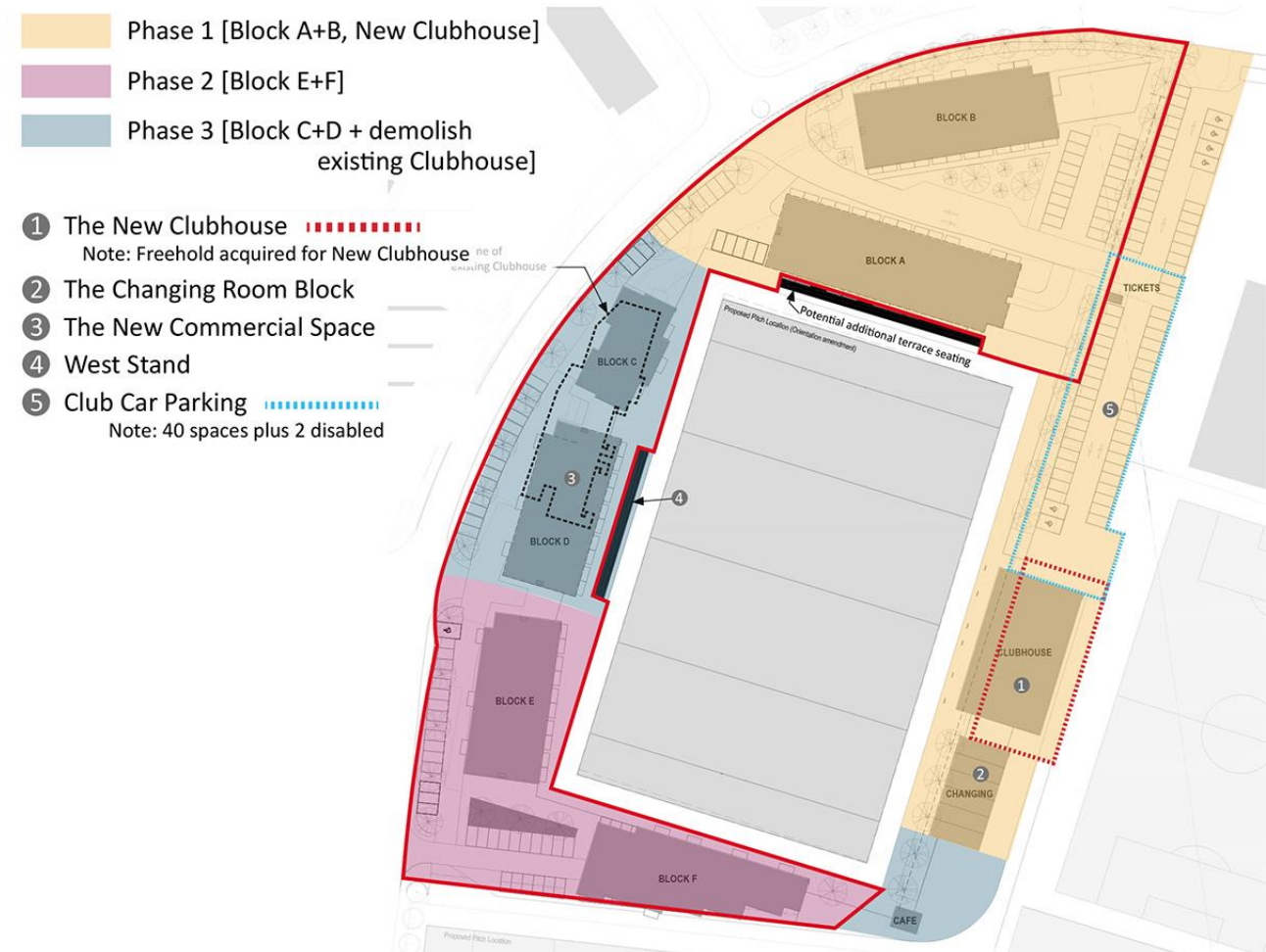
This block is part of a much wider Master Planning process and the CCG has sought re-assurance that its requirements for the GP facility can be delivered independently and within the required FBC timelines.

The developer has confirmed this and intends to submit a pre-application as soon as possible, targeting by the end of July 2020.

Upon approval of this OBC, they will then prepare and submit an Outline Planning application with full details for Block B containing the proposed GP surgery and area surrounding plus access into the site including the access road and proposed parking on the Recreation ground. The Outline Planning application may also include Block A-to be confirmed. The intention is to submit this in October 2020 and secure Planning Consent in February 2021 including completed s.106 agreement.

Reserved matters applications would then follow the Outline Planning Consent for the Clubhouse (early 2021), following agreement with WSM RFC of the design and then subsequent phases, first block B (if full details are not included in Outline Planning Application) and then phase 2 and 3-see plan below.

Figure 24 - Weston RFC redevelopment phases plan



4 Commercial case

4.1 Introduction

This section of the business case outlines the proposed procurement strategy, in relation to the delivery of the preferred option, the development at the Weston Rugby Club, as outlined within the Economic Case. Commercial Feasibility and Scope

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a long lease if the land surrounding the rugby club ie. 999 years and the opportunity for a wider commercial and residential development.

A Special Purpose Vehicle (SPV) has been created called Atlas HIVE, which will be purchasing the long lease interest following planning consent. Atlas Hive as an SPV sits alongside its sister company Atlas Land which is a company owned by the equity investor who partners Studio HIVE on projects such as this.

The site currently has restrictive covenants upon it which prevents development; however there is a tripartite agreement between NSC (the beneficiary of the covenant), WSM RFC and Atlas HIVE to enable the development. NSC will forego their covenants in exchange for provision of an access route to a future primary school site on their retained land. This has been approved in principle by the NSC Executive Board and legal agreements have been drafted pending execution which is anticipated by the end July 2020.

4.2 Existing GP contract arrangements

As outlined earlier in this case, Pier Health Group Ltd stepped in after the provider delivering general medical services at Horizon Health Centre chose not to bid for services during a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties. The existing APMS contracts with Pier Health Group Ltd to deliver services from Graham Road and Horizon Health Centre expire in the June 2021 and the CCG is considering contracting and procurement options to put the contract on a more sustainable longer term footing.

4.3 Proposed Lease Structure

It is proposed that there will be an Agreement for Lease and a Lease for a term of 20 years for the ground and first floor areas of Block B. In order to satisfy the developer's financial requirements, they have indicated that they would expect a covenant strength equivalent to an NHS organisation which, in primary care terms, is an "in perpetuity" GMS contract. The CCG is currently reviewing which organisation would be best placed to hold the Head lease

Initial discussions have been held with NHS PS Ltd who have indicated an interest in principle with this approach.

4.4 Required Services and Procurement Strategy

The commercial arrangements and contracts for the construction of the building will be managed by the developer who will deliver the ground and first floor areas to a shell & core at their cost.

The developer would competitively tender the project, with full detailed design to allow a full and proper tender to be submitted. This would be a single stage tender with a fixed price Design & Build JCT contract approach applied to mitigate the risk. The developers' approach is to eliminate any project risks as far as possible prior to entering into a Building Contract.

The fit-out construction works will then be delivered within the agreed Guaranteed Maximum Price, currently estimated at (REDACTED), to be paid from the STP monies. The risk of cost overrun is transferred to the developer once the Guaranteed Maximum Price (GMP) has been agreed and the construction stage is commenced.

If this development was not to proceed, the developer would own the designs, at the point of termination, and be liable for costs up to that point (with the exclusion of any contribution of pre-FBC project costs from the NHS if applicable), in line with contractual commitments made during commissioning of the project.

Key external advisors in relation to the pre-development stages pre-construction services have already been appointed by the developer, as follows:

Table 17 - Key External Advisors and Construction Services

Role	Organisation
Pre-construction to OBC	
Business case preparation	BNSSGCCG – Project Manager - Supported by Archus
Project Management	Studio Hive
Mechanical and electrical consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Architects	REDACTED DUE TO COMMERCIAL SENSITIVITY
Structural engineers	REDACTED DUE TO COMMERCIAL SENSITIVITY
Cost consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Planning Consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Construction and Technical Design	
Owner	Atlas HIVE
Building contractor	To be appointed
Structural engineers	To be appointed
Mechanical and electrical contractor	To be appointed
Architect final design	As above
Final design BREAAAM assessment	N/A
Cost Consultant	As above

4.5 Building Research Establishment Environmental Assessment Method (BREEAM)

BREEAM is the leading and most widely used environmental assessment method for buildings and communities. It addresses wide ranging environmental and sustainability issues and enables developers and designers to prove the environmental credentials of their buildings to planners and clients. BREEAM sets standards for best practice in sustainable design and has become the de facto measure to assess a building's environmental performance; it provides clients, developers, designers and others with the following:

- Market recognition for low environmental impact buildings;
- Assurance that best environmental practice is incorporated into a building development;
- Inspiration to find innovative solutions that minimise the environmental impact;
- A benchmark that is higher than regulation;
- A tool to help reduce running costs, improve working and living environments;
- A standard that demonstrates progress towards corporate and organisational environmental objectives.

BREEAM will not apply to this scheme as the fit-out costs are below the threshold of £2m.

4.6 Potential for risk transfer

BNSSG CCG has a risk management process that is described in the Management Case. The Senior Responsible Officer and the Central Weston Steering Group currently act as joint owners of the project risk register for this scheme. Responsibilities for risks identified are then allocated on the associated risk register. The project risk register can be found in Appendix A.

The risk of the costs over running for the development will be transferred to the developer once the Guaranteed Maximum Price has been agreed and construction stage commenced.

The table below provides an assessment of how the associated risks might be apportioned:

Table 18 - Risk transfer matrix

Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks	✓		
9. Control risks		✓	

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Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
10. Residual value risks		✓	
11. Financing risks			✓
12. Legislative risks		✓	
13. Other project risks		✓	

4.7 Proposed Charging Mechanisms

Payment for the proposed development will be arranged through an STP contribution to cover the cost of the internal fit-out, currently estimated at (REDACTED). The balance of the STP money after fees will be transferred to the developer via the GP's by way of a bullet payment in lieu of rent. The initial rent at new GP facility will be within the existing revenue envelop and in line with the STP funding target.

4.7.1 District Valuation Service

The role of the District Valuer is to assess the current market rent (CMR) of the proposed scheme and advise on the amount that the Primary Care Organisation should reimburse. This provides an early indication of the likely rent for the project and where appropriate the expected CMR to ensure that the scheme proposed is affordable to NHS England.

4.8 Personnel Implications (including TUPE)

TUPE Regulations will not apply to this investment as no undertakings will transfer between employing entities. However, staff will be required to move from an existing surgery and local arrangements of risks and benefits will be explored in the Full Business Case.

4.9 Procurement Implementation Timescales

An indicative programme has been provided by the developer which has been reviewed by the CCG and the ability to spend ETTF contribution by March 2021 has been factored into the recommended allocation.

A summary of the key project milestones for each project is shown in the table below and the detailed programme information for the scheme can be found in Appendix D.

Table 19 - Summary Milestones for each Practice in Scope

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submitted	October 2020
Full Planning Approval	December 2020

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Key Milestone	Date completed
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

These timelines have been discussed with the NHSI regional leads who have acknowledged that completion is beyond the original STP funding expenditure deadline of March 2022. They have confirmed that NHSI/E is able to be flexible with this level of funding to deliver a quality scheme that it has confidence can be delivered.

4.10 Transitional and Decant Arrangements

No decant is required at the lease on the existing surgery at Graham Road will enable occupation the practice until the new premises are complete in the summer of 2022.

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5 Financial case

THIS SECTION OF THE REPORT HAS BEEN REDACTED DUE TO COMMERCIAL SENSITIVITY

6 Management case

6.1 Programme and Project Management Arrangements

The project will be managed in accordance with PRINCE 2 methodology. The Central Weston Steering Group has the responsibility to drive forward and deliver the outcomes and benefits of this development. Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

6.2 Project Benefits

The STP has established six key principles for estates, which will be tested against any estate proposals, to ensure it:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations

6.3 Project Reporting Structure

The reporting organisation and the reporting structure for the project are as follows.

Central Weston Steering Group

The Central Weston Steering Group is responsible for the successful implementation of the Central Weston Primary Care Project. It is there to ensure the Project Delivery arrangements are progressing the priorities, plans and project delivery in line with the overarching plan agreed by the Steering Group.

The Steering Group monitors progress against programme to ensure that all established Task and Finish sub groups are progressing agreed areas of work and that there is effective alignment across the scope of the project. The Steering Group oversees the work streams and documentation for the production of this Outline Business Case and subsequent Full Business Case. Specifically the Steering Group will:

- Ensure robust project governance is established to monitor the project plan and objectives;
- Take responsibility for delivering the project within the parameters set within the business case;
- Provide high level direction on stakeholder involvement and monitoring project level management of stakeholders;
- Provide the strategic direction for the project;

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- Ensure continuing commitment of stakeholder support;
- Make key stage decisions;
- Undertake monthly progress monitoring;
- Maintain oversight of the Project Risk Register, Issues and Action Log to ensure that risks and issues are being effectively managed;
- Ensure strong stakeholder engagement in the Programme such that there can be confidence in the ability to progress service changes identified.

The Steering Group meet monthly and comprise a core membership as follows:

Table 20 - members of the steering group

Senior Responsible Officer (Chair)	Area Director – North Somerset, BNSSG CCG
Project Director	Head of Locality – Weston, Worle and Villages, BNSSG CCG
Project Lead/Technical Estates	Estates Manager, BNSSG CCG
Project Manager	Associate Director, Archus Ltd
Project Administrator	Programme Coordinator, BNSSG CCG
Finance lead	Assistant Head of Finance, Primary and Community Care, BNSSG CCG
IT Lead	Digital Business Partner – Corporate Services, BNSSG CCG
Comms Lead	Senior Communications Officer, BNSSG CCG
GP Representatives	Pier Health Group
Patient Participation	Partnership and Engagement Manager, BNSSG CCG

Also in attendance:

- NHSI/E - Ant Burn, Vince Chalmers.

Clinical Options Task and Finish Group

A Clinical Options Task and Finish Group was established in June 2019 and was responsible for the consideration and evaluation of the clinical options for delivery at the new primary care facility as part of the wider Central Weston Primary Care Project.

The group reported directly to the Clinical Weston Steering Group. Specifically the Task & Finish Group was established to:

- Consider the various clinical options for core GMS services including planned population growth to 2027;
- Consider additional services that could be delivered from the new facility alongside the core GMS services;
- Confirm potential income and wider system saving benefits of providing these additional services from the new facility;

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- Manage comprehensive stakeholder engagement via a series of workshops to evaluate the options;
- Sign off a schedule of accommodation developed as a result of the options evaluation;
- Provide a final recommendation to the Central Weston Steering Group.

The Clinical Options Task and Finish Group membership was follows:

Table 21 - Clinical Options Task and Finish Group membership

Senior Responsible Owner (SRO)	Area Director (North Somerset)
Project Lead	Head of Locality Development, North Somerset
Technical Estates	Estates Manager, BNSSG CCG
Project Manager	Associate Director, Archus Ltd
Locality Lead	Locality Development Manager
Weston Area NHS Trust	Business Development Manager
Pier Health	The Milton Surgery
North Somerset Community Partnership	Director of Nursing and Therapies
North Somerset Council	Head of Transformation & Policy / Early Years and Children's Centres Services Lead

6.4 Outline Project Roles and Responsibilities

Key Project delivery roles are described below:

- **Senior Responsible Owner (SRO):** The SRO has overall responsibility for project delivery at executive level.
- **Project Lead:** The Project Lead is responsible for the management of the project and chairs the Central Weston Steering Group meetings.
- **Project Manager:** The Project Manager will have day to day responsibility for, the delivery of the projects. The provision of appropriate reports on status to the Project Lead. The management of risks and issues and escalation of appropriate matters for the Steering Group direction/approval. Monitoring, co-ordinating and controlling the work of the various Task and Finish Groups. Stakeholder Engagement

6.4.1 Community Involvement

A Communications and Patient and Public Involvement plan is in being developed to support the project and consider opportunities to involve patients, service users and carers in the design of the facility and the clinical model. The working draft of the Communications and Engagement plan is included in Appendix F.

The new Pier Health PCN PPG is represented on the site evaluation process and will be key members of the Central Weston estate project team to inform the design of the facility. The wider membership of the PPG will also act as the reference group to advise on involvement and wider communication as the project progresses. The Communications and Patient and Public Involvement plan also identifies key stakeholders for the project including providing regular updates to the North Somerset Health Overview Panel as our statutory consultee and to the Weston super Mare MP. The overall communications objectives are set out below:

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- To publicise the options being announced and inform people living in Weston-Super-Mare about the developments on the new primary care facility going into central ward;
- To keep the public, patients and stakeholders informed about the developments of the project;
- To draw links to the Healthy Weston programme and highlight the positive impact it will have on primary care services in Weston;
- To keep patients at Graham Road Surgery up-to-date on progress;
- To reassure patients at Graham Road Surgery that they will continue to receive GP services at Graham Road up until a new facility is up and running;
- To ensure people understand this new facility supports the needs of the Weston population;
- To respond promptly and effectively to requests for information from patients, members of the public and stakeholders;
- To ensure communications reach as is inclusive as possible to reach groups with protected characteristics who may be disproportionately disadvantaged and takes account of our equality impact assessment.

6.4.2 Equality Impact Assessment

An EIA for the scheme has been initiated and will be monitored and revised accordingly as the full details of the project become clearer. The current version of the document can be found in Appendix G.

6.5 Project Programme

The key project milestones are shown below. The detailed programme has been prepared and can be found in Appendix D.

Table 22 - Key Milestones

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submission	October 2020
Full Planning Approval	December 2020
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

The programme indicates completion by July 2022.

6.6 Outline Arrangements for Change and Contract Management

Change management associated with the project will be managed by PMG through the project delivery team.

6.7 Outline Arrangements for Risk Management

A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for each individual project. This details who is responsible for the risks and the required counter measures.

The reporting will follow the PRINCE2 process of checkpoint, highlight and exception reports. The condition will be indicated by using red, amber or green (RAG) colour code as outlined below.

Table 23 - Risk register scoring

Score	Probability	Impact	Score	RAG	Definition
5	Almost certain	Severe	15 – 20	R	Corrective action urgently required
4	Likely	Major	7 – 14	A	Condition requires corrective action which has been implemented
3	Possible	Moderate	6 or less	G	Condition is on programme or within budget therefore no special action is required
2	Unlikely	Minor			
1	Rare	None			

The risk register for the project is monitored by the project delivery team and reported monthly to the respective senior management teams within the CCG and the council. The focus of risk management will address broadly:

- Non-delivery of project outcomes as defined in stages of the project plan;
- Threats to the completion of the project within cost and time (managed on a day-to-day basis by the members of the project delivery team).

The Key Risks are outlined in the table below.

Table 24 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option that has a high degree of confidence in delivery.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four

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Risk	Mitigation
	months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

6.8 Outline Arrangements for Post Project Evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice and are as follows:

The CCG will ensure that a thorough post project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. These will be of benefit to:

- The CCG - utilising the knowledge for future primary care capital schemes
- Other key local stakeholders – to inform their approaches to future projects
- The NHS more widely – to test whether the policies and procedures used in this procurement have been used effectively
- Contractors – to understand the healthcare environment better

The evaluation will examine the following elements, where applicable:

- The quality of the documentation prepared by the PMG for the requirements of contractors and suppliers
- Communications and involvement during procurement and the effectiveness of advisers utilised on the scheme
- The efficacy of NHS guidance in delivery the scheme
- Perceptions of advice, guidance and support from NHSE and NHS Estates in progressing the scheme

Formal post project evaluation reports will be compiled by project staff and reported to the Board to ensure compliance to stated objectives.

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6.8.1 Post Implementation Review (PIR)

This review ascertains whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after the new health centre opens and then 2 years later to consider the benefits planned.

A benefits realisation plan will be developed as part of the full business case stage and implementation of the operational policy to demonstrate how the benefits have been realised.

6.8.2 Project Evaluation Reviews (PERs)

The project evaluation review will appraise how well the project was managed and whether or not it delivered to expectations. It is timed to take place during the construction phase and will form part of the post project design evaluation. It will compare the current design assessment undertaken during the FBC project phase with the final operational building.

6.9 Recommendation

BNSSG PCCC are asked to formally approve the recommendation of this business case; that the **Preferred Option** for the Central Weston Primary Care Development is **Weston Rugby Club** and that the CCG can proceed to prepare a Full Business Case for approval of STP funding by NHSI/E based on demonstrated affordability and achievability.

Signed

PRINT NAME

Senior Responsible Owner, Project Team

Date:

Appendices

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix A - Project Risk Register

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Appendix B - Options Appraisal Moderated Scores pack

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Appendix C – Economic Model

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Appendix D - Detailed programme

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Appendix E - Indicative Development Appraisal

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Appendix F – DRAFT Communications and Engagement Plan

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix G – DRAFT Equality Impact Assessment

UPDATED EIA ATTACHED SEPARATELY

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