

PROJECT INITIATION DOCUMENT

(August 2017)

Aberfeldy Village Health Centre

Version Control

[Please log the versions of the PID as it moves through the IDF process. This is to ensure that the correct/final version is signed and submitted for reporting.]

Version Number	Author and Job Title	Purpose/Change	Date
0.1	Robert Lee	Version 4	23.8.17

Project Initiation Document (PID)

Project Name:	Aberfeldy Village Health Centre		
Project Start Date:	January 2018	Project End Date:	October 2020
Relevant Heads of Terms:	Health		
Responsible Directorate:	Adults Services		
Project Manager:	Abigail Knight Associate Director Public Health (Children & Families)		
Tel:		Mobile:	
Ward:	Poplar / Blackwall & Cubitt Town		
Delivery Organisation:	NHS Tower Hamlets Clinical Commission Group / NHS Property Services		
Funds to be passported to an External Organisation? ('Yes', 'No')	Yes		
Does this PID involve awarding a grant? ('Yes', 'No' or 'I don't know')	Yes		
Supplier of Services:	Aberfeldy General Practice / NHS		
Is the relevant Lead Member aware that this project is seeking approval for funding?			
Is the relevant Corporate Director aware that this project is seeking approval for funding?	Yes		
Does this PID seek the approval for capital expenditure of up to £250,000 using a Recorded Corporate Director's	No		

Action (RCDA)? (if 'Yes' please append the draft RCDA form for signing to this PID)	
Has this project had approval for capital expenditure through the Capital Programme Budget-Setting process or through Full Council? ('Yes' or 'No')	Yes
<u>S106</u>	
Amount of S106 required for this project:	£3,119,421
S106 Planning Agreement Number(s):	PA/10/02093 PA/06/02068 PA/13/02644 PA/09/02100 PA/06/02101 PA/07/03282 PA/11/00798 PA/11/01120 PA/11/00829 PA/07/02193 PA/10/02340 PA/11/01640 PA/10/00925 PA/12/02023 PA/09/00326 PA/10/02769 PA/13/02938 PA/13/02108 PA/11/03388
<u>CIL</u>	
Amount of CIL required for this project:	£0
Total CIL/S106 funding sought through this project	£3,119,421
Date of Approval:	

This PID will be referred to the Infrastructure Delivery Steering Group (IDSG):

Organisation	Name	Title
LBTH – Place	Ann Sutcliffe	Divisional Director Property and Major Programmes (<i>Interim Chair</i>)
LBTH – Place	Owen Whalley	Divisional Director Planning & Building Control
LBTH – Resources	Paul Leeson	Business Manager
LBTH – Place	Andy Scott	Acting Service Head for Economic Development
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LBTH – Health, Adults and Community	Flora Ogilvie	Associate Director of Public Health
LBTH – Children’s	Janice Beck	Head of Building Development
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LBTH – Place	Paul Buckenham	Development Manager
LBTH – Place	Alison Thomas	Head of Housing Strategy, Partnerships and Affordable Housing Strategy, Sustainability and Regeneration
LBTH – Place	Richard Chilcott	Head of Asset Management
LBTH – Place	Jonathan Taylor	Sustainable Development Team Leader
LBTH – Place	Abdul J Khan	Service Manager, Energy & Sustainability
LBTH – Place	Christopher Horton	Infrastructure Planning Team Leader

Related Documents

ID	Document Name	Document Description	File Location
If copies of the related documents are required, contact the Project Manager			

CONTENTS

1.0	Purpose of the Project Initiation Document	8
2.0	Section 106/CIL Context	8
3.0	Equalities Considerations	14
4.0	Legal Comments.....	14
5.0	Overview of the Project.....	16
6.0	Business Case.....	18
7.0	Approach to Delivery and On-going Maintenance/Operation.....	24
8.0	Infrastructure Planning Evidence Base Context	25
9.0	Opportunity Cost of Delivering the Project	25
10.0	Local Employment and Enterprise Opportunities	26
11.0	Financial Programming and Timeline	26
12.0	Project Team	29
13.0	Project Reporting Arrangements.....	29
14.0	Quality Statement	30
15.0	Key Risks.....	30
16.0	Key Project Stakeholders.....	31
17.0	Stakeholder Communications	32
18.0	Project Approvals.....	33

1.0 Purpose of the Project Initiation Document

- 1.1 This project initiation document sets out proposals for the relocation of the Aberfeldy General Practice, in the South-East Locality, to the Aberfeldy New Village Development in Tower Hamlets. Rapid population growth, stimulated by new residential development, is driving increased demand for healthcare provision in the Locality. The proposed new health facility at Aberfeldy Village will help build the extra clinical capacity that will be required to meet the increased demand for primary care.
- 1.2 Within the context of increasing financial challenges it is becoming ever more difficult for health services to fund new facilities and alternative funding sources are being pursued to cross-subsidise. The NHS in Tower Hamlets has a successful record in delivering health infrastructure initiatives aided by S106 contributions in partnership with the Council and a one-off capital investment to bring this scheme to completion is therefore appropriate through this route.
- 1.3 This Project Initiation Document (PID) will define the Aberfeldy Village Health Centre project and bring together the key components needed to start the project on a sound basis. It also provides the basis for building the principles of project management into the project right from the start by confirming the business case for the undertaking, ensuring that all stakeholders are clear of their role, agreeing important milestones, and ensuring that any risks involved have been assessed. The primary purposes of this PID are to:
- Justify the expenditure of S106 contributions on the named project which will provide the IDSG with a sound basis for their decision;
 - Provide a baseline document against which the Project Team, Project Manager (and in some cases) the Project Board can assess progress and review changes.

2.0 Section 106/CIL Context

Background

- 2.1 Section 106 (S106) of the Town and Country Planning Act 1990 allows a Local Planning Authority (LPA) to enter into a legally-binding agreement or planning obligation with a developer over a related issue. Planning Obligations/S106 agreements are legal agreements negotiated between a LPA and a developer, with

the intention of making acceptable development which would otherwise be unacceptable in planning terms.

- 2.2 CIL is a £ per square metre charge on most new development. In April 2015, the council adopted its own CIL Charging Schedule. CIL must be spent on the provision, improvement, replacement, operation or maintenance of infrastructure, where a specific project or type of project is set out in the [Council's Regulation 123 List](#).
- 2.3 On the 5th January 2016, the Mayor in Cabinet agreed the implementation of a new Infrastructure Delivery Framework which will help ensure the process concerning the approval and funding of infrastructure using CIL/S106 will be appropriately informed and transparent.

S106

- 2.4 The Section 106 (S106) of the Town and Country Planning Act 1990 allows a LPA to enter into a legally-binding agreement or planning obligation with a developer over a related issue. Planning Obligations/S106 agreements are legal agreements negotiated, between a LPA and a developer, with the intention of making acceptable development which would otherwise be unacceptable in planning terms.
- 2.4 This S106 PID is part of the Tower Hamlets Council S106 Delivery Portfolio and is aligned with the agreed Heads of Terms (HoT) for the Deed creating Planning Obligations and undertakings for the development at Obligations and undertakings for the following developments as listed below:

Planning Application	Site Address	Date Received	Expiry Date	Expiry Date Note	Funding Requirements	PA Amount Received	Amount Requested
PA/13/02108	Suttons Wharf South	08/07/2014	no expiry date	no expiry date	Health care facilities in the borough	10,157.00	10,157.00
PA/11/00829	Greenheath Business Centre, 31 Colts Lane	23/10/2012	23/10/2022	10 years from date of practical completion of the development	Provision of additional health facilities	57,240.00	57,240.00
PA/13/02938	Suttons Wharf, Palmers Road	15/10/2014	no expiry date	no expiry date	Towards health care facilities in the borough	£40,182.00	£19,082.50
PA/07/02193	32 -42 Bethnal Green Road	10/05/2012	10/05/2022	10 years from date of receipt	Mitigate the demand of the additional population on healthcare facilities	313,548.00	313,548.00
PA/11/01640	16-23 Salter Street	08/03/2013	08/03/2023	10 years from date of practical completion of the development	Provision of additional health facilities	22,185.00	22,185.00
PA/10/00925	Fulneck 150 Mile End Road	08/08/2012	08/08/2022	10 years from date of practical completion of the development	To mitigate the demand for additional healthcare facilities in the borough	68,821.61	68,821.61
PA/12/02023	Limehouse Basin Moorings	01/05/2013	01/05/2023	10 years from date of commencement (i.e. when permission is first implemented)	Health facilities in the borough	24,355.00	24,355.00
PA/09/00326	Gun Wharf, 241 Old Ford Road, London, E3	12/06/2014	12/06/2024	10 years from date of receipt	Provision of health facilities within LBTH	231,582.68	231,582.68
PA/10/02769	Oakfield House, Gale street	21/06/2013	21/06/2023	10 years from date of practical completion of the development	Additional healthcare facilities in the borough	14,730.94	14,730.94
PA/11/03388	25-77 Knapp road	27/06/2013	27/06/2023	10 years from date of practical completion of the development	Provision of additional health facilities	£8,611.00	£6,577.21
PA/10/02340	64 Tredegar Road	26/02/2015	26/02/2025	10 years from date of practical completion of the development	Provision of healthcare in the borough	£37,800	£37,800
PA/11/00798	45 Millharbour	09/01/2015	09/01/2020	5 years from date of practical completion of the development	Additional healthcare facilities in the borough	£172,260.00	£172,260.00

PA/08/01120	Land bounded by Limehouse Cut and St Annes Row	03/06/2015	03/06/2025	10 years from date of payment	Mitigate the demand of the additional population on healthcare facilities	£591,578.46	£591,578.46
PA/06/02101	Building C, Providence Tower	01/04/2015	01/04/2020	5 years after payment made	Towards mitigating the impact and effects of the development on providing new medical facilities in the administrative area of the PCT and will use its reasonable endeavours to ensure that the medical facilities contribution is expended within the Blackwall and Cubitt Town Ward	£524,096.39	£524,096.39
PA/09/02100	Brownfield Estate	24/07/2013	24/07/2023	10 years from date of payment	Provision of or the improvement to health and social care facilities within the councils administrative areas	£170,052.00	£64,823.09
PA/07/03282	Indecon Court - Phase 2	04/02/2014	04/02/2024	10 years from date of payment	Mitigate the demand of additional population on health care facilities in the borough	76,973.12	76,973.12
PA/06/02068	Crossharbour	02/06/2017	13/06/2022		The Council covenants to use the Medical Facilities Contribution towards mitigating the impact and effects of the Development on existing medical facilities in the administrative area of the Primary Health Care Trust and will use its reasonable endeavours to ensure that the Medical Facilities Contribution is expended within the Blackwall and Cubitt Town ward	2,838,343.56	714,160.00
PA/10/02093	Tweed house, Teviot Street	26/02/2015	TBC	10 years from practical completion	Additional health care facilities in the councils administrative area (which shall be prioritised by the Council towards	£100,974	£100,974

					schemes in the East India & Lansbury & BBB wards)		
PA/13/02644	Former London Arena, 26 Limeharbour	13/06/2017	13/06/2022	5 years after payment has been made	"The Council covenants to use the Medical Facilities Contribution towards mitigating the impact and effects of the Development on existing medical facilities in the administrative area of the Primary Health Care Trust and will use its reasonable endeavours to ensure that the Medical Facilities Contribution is expended within the Blackwall and Cubitt Town ward."	163,375.00	163,375.00

2.5 The CCG has explored various options for developing additional clinical capacity in the Blackwall and Cubitt Town Ward within the South East Locality. However, only one of the two GP surgeries that are located in the ward, the Island Health Practice, was able to successfully adapt its premises to create a new treatment room, as part of the Maximising Existing Health Infrastructure Project. The CCG was unable to identify any potential sites within the ward to accommodate a new health facility that would have sufficient capacity to meet future demand resulting from the rapid population growth in the Locality. However, the proposed development of the Aberfeldy Health Centre in the neighbouring Lansbury Ward will have the capacity to register patients who reside in Blackwall and Cubitt Town Ward.

2.6 The Aberfeldy Practice's existing catchment area already covers part of Blackwall and Cubitt Town Ward and the surgery's registered list includes a significant proportion of residents from that ward. The Practice's current catchment area boundary is shown at Figure 1 below.



Figure 1: Aberfeldy Practice Boundary

2.7 Despite the current capacity pressures, the Practice will continue to register new residents who move into Blackwall and Cubitt Town Ward. A significant number of the residents at the New Providence Wharf development, for example, have now registered with the Practice. The current distribution of the Aberfeldy's Practice population is shown at Figure 2, where each number represents the number of patients registered with the Practice. The intensity of the colour purple represents areas with the highest proportion of patients.

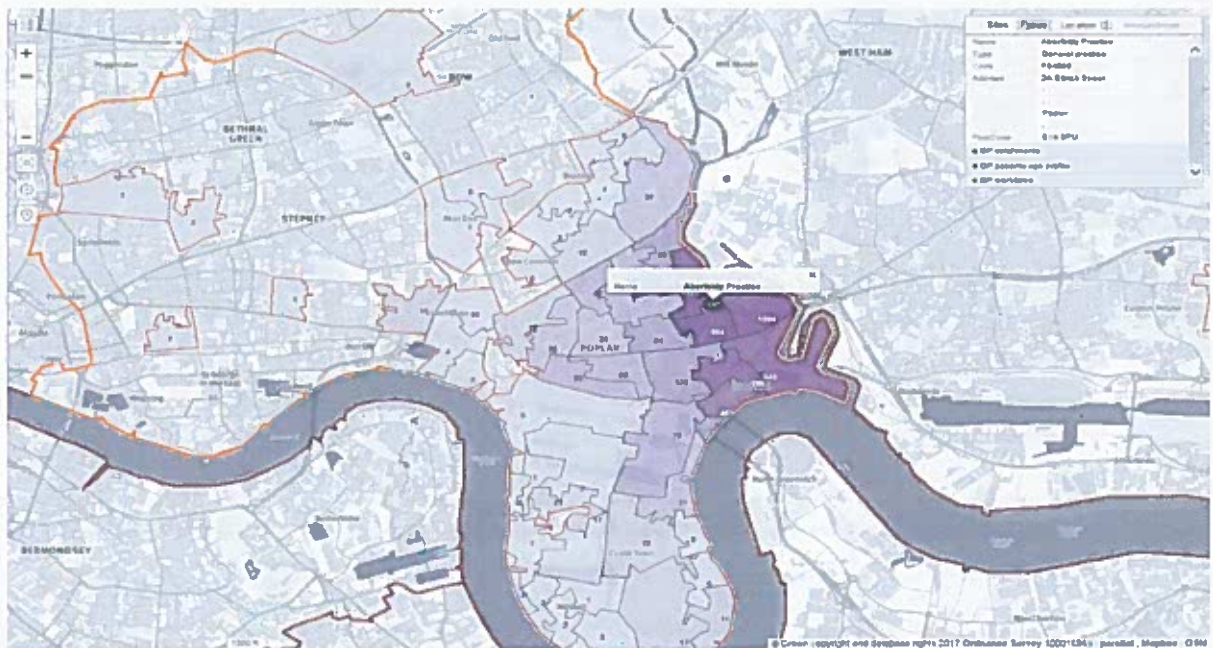


Figure 2: Scatter and Heat Map with patients registered at the Aberfeldy Practice

- 2.8 It is the intention that the Aberfeldy Practice will continue to register patients from areas with significant population growth within its catchment boundary, given the lack of capacity elsewhere. This will include patients from planned residential developments that lie within Blackwall and Cubitt Town Ward.

CIL

- 2.10 This PID does not seek approval for the expenditure of CIL funding.

3.0 Equalities Analysis

- 3.1 When making decisions, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public-sector equality duty). A proportionate level of equality analysis is required to discharge the duty.
- 3.2 Tower Hamlets has one of the lowest healthy life expectancies for both men and women in the country and health inequalities particularly for BME people are a significant challenge for our communities. Additional infrastructure for GP services will provide additional resource for the council's Public Health service (through commissioning) and local health partners to tackle these health inequalities and improve outcomes for local residents, see section 6 for further information.
- 3.3 The proposed health facility at the Aberfeldy New Village development will be designed to facilitate a greater focus on prevention, rather than simply curing disease, providing inclusive healthcare services for both mental and physical health which meets the needs of different communities and delivers improved clinical outcomes.
- 3.4 The Aberfeldy Health Centre will be fully compliant with the requirements and philosophy of the 2010 Equality Act and the Disability Equality Duty contained within the Disability Discrimination Act. All referenced standards and planning guidance within these documents will be adhered to.

4.0 Legal Comments

- 4.1 The majority of the agreements require the contributions to be used towards providing health and social care facilities in the borough. The project overview at section 5 helpfully explains that the contributions will be used to undertake the fit

out of the shell and core premises of the new Aberfeldy Village Health Centre which shall replace the Aberfeldy General Practice. The effect of this will not only increase capacity but enable the NHS to provide more services than it is able to at the current premises. It is therefore clear that this project is aligned with the terms of the majority of the s106 agreements.

- 4.2 It is noted that the contributions to be drawn from the s106 agreements for PA/07/02193, PA/08/00042 and PA/07/03282 all require the money to be spent on mitigating the demand of the additional population on healthcare facilities. Given that the purpose of S106 is to address impacts arising from developments to allow planning permission, our view is that it was intended the monies be used to provide for facilities to address the increased number of residents generated by these schemes. As such we recommend that further justification is given as to how this project will actually mitigate the impacts on current facilities caused by those specific developments; or, if that is not possible, there could be a risk that the Council is not using the monies in accordance with those agreements. If this project will not address those impacts then we would advise that funding is sourced from other sources.
- 4.3 Officers should be advised that the contributions to be drawn from PA/06/02101, PA/06/02068 and PA/13/02644 all require the Council to use reasonable endeavours to ensure that the medical facilities contribution is expended within the Blackwall and Cubitt Town Ward. Whereas, Legal Services notes that the Aberfeldy Village Health Centre will be located in the Lansbury Ward. Unless it can be demonstrated that the Council has exhausted such endeavours, it could be vulnerable to risk of challenge that it is not using the contribution for the purpose for which it was intended. As stated, expenditure in the Lansbury Ward is not an absolute requirement but is qualified by the Council using reasonable endeavours to ensure the contribution is used in the required way. Legal Services has been advised that NHS Property Services has not scheduled any health schemes to be brought forward before these contributions are due to expire and so whilst the money will not be spent in the stipulated ward, it shall still be used towards providing new medical facilities. Furthermore, Lansbury is the neighbouring ward to Blackwall & Cubitt Town and so it would not be unreasonable to expect residents living in these developments to use the Aberfeldy Village Health Centre. It is recommended that the Council discusses its intentions for the contributions with the developers who were the original parties to the s106 agreements. This will alert the Council as to whether there are likely to be any challenges made as to how the contributions are spent.

- 4.4 It is noted that these contributions are to be paid directly to an external organisation (NHS). The terms of these agreements do not specify that the contributions can be paid to NHS; therefore such payments are considered to constitute grants. Therefore, as the Council is under no legal obligation or duty to provide this payment, it is discretionary and considered to be a grant. As such, approval must first be sought from the Grants Determination (Cabinet) Sub-Committee before any payment is made.
- 4.5 Subject to the above comments, we consider the funding for this PID to be in accordance with the purposes for the contributions under the S106 agreements.
- 4.6 When approving this PID, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). A proportionate level of equality analysis is required to discharge the duty.
- 4.7 These comments are limited to addressing compliance with the terms of the S106 agreements mentioned above (as based on the information detailed in the PID) and advice on any other legal matters (such as advice on procurement) should be sought separately if appropriate.

5.0 Overview of the Project

- 5.1 The shell and core health facility within the Aberfeldy New Village development is scheduled for completion and hand over to the NHS in June 2019. S106 funding is sought to undertake the fit out of the shell and core premises to enable a reprovision for the Aberfeldy GP Practice. The fit-out works are expected to take approximately 12 months.
- 5.2 The Aberfeldy Practice will occupy a gross internal area of 1,181 m² spread across the ground and first floors of the Aberfeldy New Village development at East India Dock Road, E14 0HR, which is situated less than 500 metres from the existing Aberfeldy Practice premises at 2A Etrick Street, E14 0PU. As well as providing a new health facility, the Aberfeldy New Village development will comprise residential units, retail, a community centre and a faith centre. The development is being led by Aberfeldy New Village LLP, a joint venture partnership between Poplar HARCA and Willmott Dixon. The map below shows the locations of the new health facility and the existing Aberfeldy Practice premises.

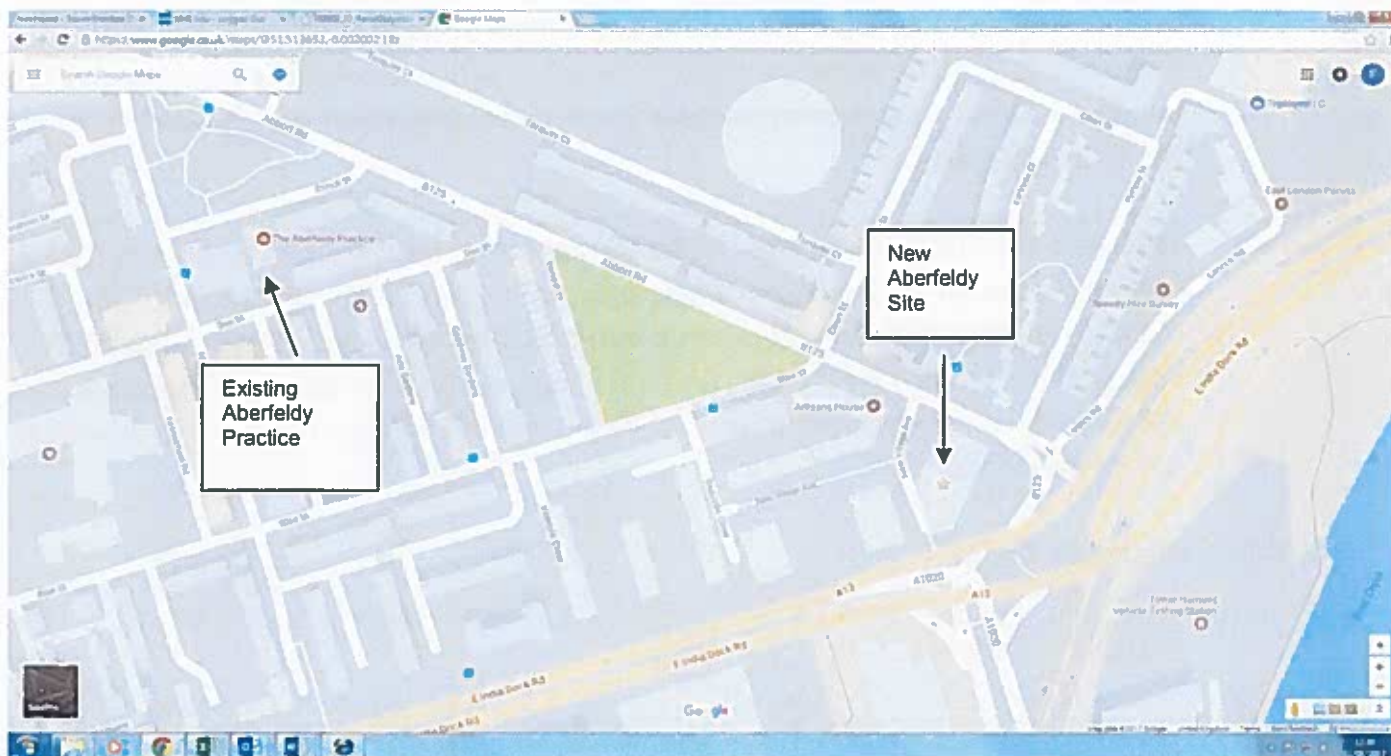


Figure 3: Locations of existing Aberfeldy Practice premises and the new health facility

5.3 The existing Aberfeldy Practice premises is severely under-sized and lacks the physical capacity to accommodate the additional doctors and nurses that will be needed to meet the future needs of the population in the South-East Locality. The Aberfeldy Practice's current clinical workload, measured by GP and nurse contacts is approximately 57,500 contacts per annum and the utilisation rate of clinical space is now running at 100% during opening hours, with only very limited room further expansion within the footprint of the existing practice premises.

5.4 To ease the immediate pressures on the Aberfeldy GPs, there are currently plans to carry out alteration works to create a new consulting room within the existing Etrick Street building and to install a portacabin to provide a second clinic room in the grounds of the premises. Two additional clinical rooms will enable the Practice to continue to take on new patients over the next two years, rather than having to close the patient list. The planned alteration works and portacabin are being funded as part of the maximising existing health infrastructure project. However, the provision of two more consulting rooms at Etrick Street is a temporary, short term solution only. Additional health infrastructure will be required to meet rising demand resulting from rapid population growth in the Locality over the next five years and beyond.

5.5 The proposed new health centre would provide the modern facilities and clinical

capacity needed to enable the Aberfeldy Practice to register new patients who will move into the catchment area over the next five years, serving the population of the Lansbury, Limehouse, Poplar and Blackwall and Cubitt Town Wards, within the South-East Locality.

- 5.6 The fitted-out Aberfeldy Village Health Centre premises will provide up to 21 clinical rooms, compared to nine rooms at the existing surgery. A counselling/interview room and a large multi-purpose group room will also be provided at the Aberfeldy Village site. The new facility will serve as a key resource for the local community for public health and health promotion activities, and will be accessible in the evenings and at weekends.

6.0 Business Case

Overview/General

- 6.1 The South-East Locality in Tower Hamlets is forecast to experience the largest population growth in the Borough. This anticipated growth will present significant challenges for primary care services that are already facing pressures in meeting the healthcare needs of the existing population. There is now an urgent need to develop new healthcare infrastructure to meet the needs of the growing population within the Locality.
- 6.2 Aberfeldy is one of nine GP practices situated in the South-East locality which comprises the GP networks 7 and 8. The Aberfeldy Practice sits within the Poplar and Limehouse Network (Network 7). This area has high levels of deprivation and poor health. Network 7 is expected to see significant population growth of up to 10,000 additional residents by 2021/22. Projected population growth in Network 7 in the 0-19 age range is higher than across the borough as a whole¹.

The Aberfeldy Practice has a registered list size of 6,953² patients accommodated in 370m² of space. The current list growth is approximately 6% per annum, but this is set to rise rapidly by approximately 20% to more than 8,500 over the next 18 months when the first phase of the Aberfeldy New Village redevelopment is completed. With current utilisation being at full capacity, the existing premises lack the facilities for further expansion of the clinical workforce.

¹ South East locality maternity and child health profile

² Registered Patient List at 31st January 2017, recorded by THCCG

- 6.3 With the anticipated rise in population and increased demand for new patient registrations, a premises solution is essential to enable the Aberfeldy Practice to provide primary care on a sustainable basis over the next five to ten years. It is vitally important that this practice is relocated to modern, fit for purpose premises given the anticipated increase in its list size.
- 6.4 The strategic need can be identified as follows:
- The Aberfeldy Practice has high excess demand in comparison to current capacity
 - The Practice is operating out of cramped premises which impacts on the Practice resources and primary care services
 - The population of the area is set to increase by approximately 10,000 additional residents by 2021/22
 - The size of the current premises does not comply with recommended NHS guidance with respect to the number of patients registered with the Practice
 - The area is one of significant deprivation and life expectancy in Network 7 is lower than the rest of Tower Hamlets.³

Demand Modelling

- 6.5. NHS Tower Hamlets Clinical Commissioning Group has developed a model with clinicians to enable projection of future demand for primary care services. The modelling methodology, which takes account of population growth and planned shifts in outpatient activity from hospital to primary care, has identified a requirement for the provision of twenty-seven additional clinical rooms in primary care to meet demand within the South-East Locality by 2021/22⁴.
- 6.6 Predicted future capacity requirement is mainly driven by population growth, as the CCG's modelling projects relatively minimal infrastructure growth being required from shifting activity out of hospital into primary care.
- 6.7 Tables 1 and 2 below shows the population growth forecast for Network 7 and the South-East Locality.⁵ Figure 1 shows the net increase in population in Tower Hamlets Wards to 2025⁶.

³ South East locality maternity and child health profile

⁴ Transforming Services Together Estate Options, WEL CCGs

⁵ LBTH Report, Potential Future Primary Healthcare Infrastructure, 2016

⁶ Ibid

Table 1: Network 7 Population Growth Projection by Ward

Aberfeldy Health Centre Development Poplar and Limehouse Network (Network 7) Population Growth Projection by Ward				
Ward	2015/16	2018/19	2021/22	2024/25
Lansbury	16,957	18,569	22,005	24,256
Limehouse	6,758	6,863	7,190	7,306
Poplar	7,746	9,239	12,559	15,234
Total	31,461	34,671	41,754	46,796

Table 2: South-East Locality Population Growth Projection by Ward

Aberfeldy Health Centre Development South East Locality (Networks 7 & 8) Population Growth Projection by Ward				
Ward	2015/16	2018/19	2021/22	2024/25
Lansbury	16,957	18,569	22,005	24,256
Limehouse	6,758	6,863	7,190	7,306
Poplar	7,746	9,239	12,559	15,234
Canary Wharf	13,565	19,858	28,436	33,013
Blackwall & Cubitt Town	16,235	23,446	30,850	34,709
Island Gardens	15,236	15,912	16,418	16,533
Total	76,497	93,887	117,458	131,051

Figure 1: Net increase in Population in Tower Hamlets Wards to 2025

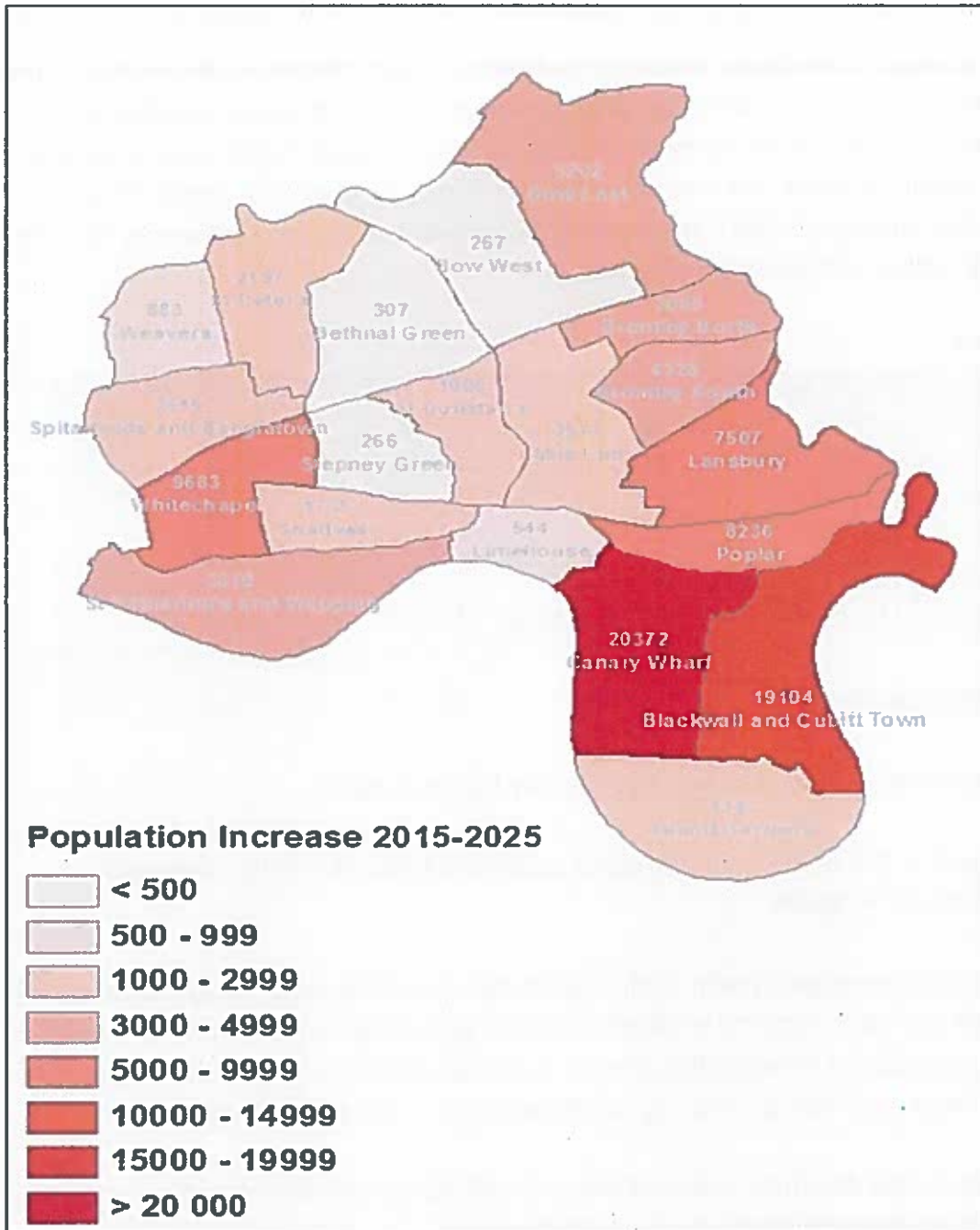


Figure 4: Population Growth in Tower Hamlets 2015-2025

6.8 The Aberfeldy Village Health Centre would deliver 12 of the twenty-seven clinical rooms that are required for the South-East Locality by 2022.

6.9 Tower Hamlets Council is working closely with NHS Tower Hamlets CCG and other stakeholders to develop further initiatives to build primary care capacity in the South-East Locality, including outline proposals to develop a new health facility at

Wood Wharf.

- 6.10 On a borough wide basis, there are currently enough GPs to accommodate current demand. However, the borough is expected to be the subject of significant population growth over the next 15 years which will result in the need to deliver more health facilities, such as the project proposed in this PID. Table 3 below describes that by 2030/31, the borough will have a deficit in provision of 38 GPs unless further provision is delivered.

Table 3

Year	Provision (GP's - FTE)	Projected Population	Demand (GP's)	Deficit / Surplus	Deficit / Surplus (% of Provision)
2015/16	182.13	284,106	157.84	24.29	13.34
2020/21	182.13	344,196	191.22	-9.09	-4.99
2025/26	182.13	384,166	213.43	-31.30	-17.18
2030/31	182.13	396,977	220.54	-38.41	-21.09

Project Objectives

- 6.11 The following objectives have been set by for the project:
- Replace the existing, under-sized accommodation currently housing the Aberfeldy Practice
 - Provide a modern health facility within the Aberfeldy New Village development with sufficient capacity to meet projected population demand and support the introduction of new models of care to deliver a broader range of integrated primary care and community health services to the local community
 - Ensure the Aberfeldy Health Centre development represents value for money and is affordable to the local health economy

Project Drivers

- 6.12 The Improving Health and Well Being Strategy, first developed in 2006 and refreshed in 2010 and 2012, sets, out an ambitious programme to improve and develop local services and underpins the borough's vision to improve the quality of life for everyone who grows up, lives and works in Tower Hamlets. As part of the original HWB strategy, a number of capital schemes were proposed across the Borough for new health and wellbeing centres. One of the proposed schemes was

the Aberfeldy Village Health Centre development.

- 6.13 The NHS Tower Hamlets CCG Estates Strategy identifies a requirement to development new facilities in the South-East Locality to meet future demand for primary care services. The Aberfeldy Village Health Centre development will contribute to delivery of the extra clinical capacity that is required in the Locality.

Deliverables, Project Outcomes and Benefits

6.14 This project will:

- deliver a new, fully equipped modern health facility with up to 21 clinical rooms in the South-East Locality. The purchased equipment will include IT equipment, hydraulic examination couches, cabinetry, task chairs and other furnishings required for a fully equipped primary care medical facility.
- deliver new health infrastructure with capacity for up to 17,000 registered patients (the existing practice premises has capacity for a maximum of 9,000 patients)
- provide 86,400 new patient appointment slots in the South-East Locality, based on a utilisation rate of 60%
- enable an expansion of the primary care workforce in the South-East Locality, equivalent to 1 GP per 1,800 new patients

6.15 It is expected that the new facility will be operational by October 2020

Other Funding Sources

6.16 £2,200,000 will be sourced from NHSPS capital to fund the purchase of a 125-year lease for the shell and core premises from Aberfeldy New Village LLP.

Related Projects

6.17 This project builds on other capital projects that are being implemented to expand and upgrade primary care healthcare facilities in Tower Hamlets:

- Re-provision of the St Paul's Way Medical Centre to a new facility within the William Cotton Place development PID which was approved at IDB in April

2014)

- Re-provision of the Merchant Street and Stroudley Walk GP practices at the refurbished Wellington Way Health Centre PID which was approved in October 2016 and proposed new build extension PID which is being considered along with this PID.
- Maximising existing health infrastructure PID which was approved in 2016; a project that involves alterations to GP practice premises to create extra clinical capacity, including two temporary consulting rooms at the existing Aberfeldy Practice

7.0 Approach to Delivery and On-going Maintenance/Operation

- 7.1 NHS Property Services and NHS Tower Hamlets CCG will apply effective public procurement, prioritising good design outcomes to maximise the social, environmental and economic benefits of the development.
- 7.2 The health facility will be in the ownership of NHSPS as a virtual freehold. NHSPS will be responsible for external repairs, whilst it is expected that maintenance of internal furnishings and equipment, utilities, rates and insurances will be the responsibility of the Aberfeldy Practice, in accordance with the terms of their lease agreement with NHSPS. IT equipment will be maintained by Tower Hamlets CCG.
- 7.3 All on-going revenue costs arising from this project will be funded by the NHS. NHS Tower Hamlets CCG has agreed to fund the revenue costs for the increased charges for rent, business rates and IT licences. The Aberfeldy Practice will meet the increased costs for service charges.

Procurement

- 7.4 The proposed contractual arrangements in this procurement are as follows:

NHS Property Services will procure the scheme design and fit-out works and manage the construction of this development, with capital funding provided via a Section 106 capital grant. Construction works are expected to be procured via a traditional form JCT tender, with invitations issued to a selected list of contractors who are proven at this scale and scope of NHS fit-out, in accordance with the NHSPS tendering guidelines. NHSPS will appoint a professional design team, including a contract administrator who will be

responsible for compliance in terms of valuations, payments and acceptance of practical completion prior to handover.

- NHS Property Services will purchase a lease for the entire shell and core health premises at the Aberfeldy New Village Development for a term of 125 years at premium agreed between Aberfeldy New Village LLP and NHSPS
- NHSPS will sub-let the fully fitted out medical suite to the Aberfeldy Practice via a full repairing, insurance lease agreement for an initial 30-year term
- NHS Tower Hamlets CCG will procure furnishings and IT equipment for the fitted out medical suite, with capital funding provided via a Section 106 capital grant
- The lease agreement for the existing Aberfeldy Practice premises will be assigned to Aberfeldy New Village LLP when the practice takes up occupation of the new facility. Under this agreement, Aberfeldy New Village LLP will assume full responsibility for all future liabilities associated with the disposal of the existing Aberfeldy Practice premises. The portacabin could potentially be relocated as a temporary provision at another site.
- The NHSPS and CCG procurements will be undertaken in accordance with NHS Standing Financial Instructions

8.0 Infrastructure Planning Evidence Base Context

8.1 Twenty healthcare projects have been identified in the current Evidence Base (2016) to help meet the need for primary healthcare facilities in the borough. This includes the provision of a new healthcare facility to rehouse the Aberfeldy Practice. This project is a top officer priority as it will meet increasing need in the shorter term.

8.2 See also section 6.5 illustrating Demand Modelling, to illustrate evidence base.

9.0 Opportunity Cost of Delivering the Project

9.1 The project is fulfilling a specific S106 obligation to provide additional healthcare facilities in the borough. The funds provided are ring-fenced for healthcare facilities

and cannot be used for anything else. This project is one of a number of other healthcare facilities improvement projects being delivered through S106 monies – spread around the borough and decided according to need, see section 6 above.

10.0 Local Employment and Enterprise Opportunities

10.1 NHS Tower Hamlets CCG and NHS Property Services as statutory public-sector bodies will use their procurement procedures to secure any required contracts. The existing or appointed contractor will be requested to work with the council's Economic Development Team who can support them in delivering any economic and community benefits associated with any contract.

11.0 Financial Programming and Timeline

Project Budget

11.1 Table 4 below sets out the details of the project's budget and funding sources.

Table 4			
Financial Resources: Cost Plan at July 2017			
Description	Amount	Funding Source	Funding (Capital/ Revenue)
Construction costs	£1,810,000	s106	Capital
Project contingency / optimism bias	£206,600	s106	Capital
Professional fees	£272,000	s106	Capital
Furniture & equipment	£250,000	s106	Capital
IT	£90,000	s106	Capital
Project development & legal	£50,000	s106	Capital
VAT (less estimate for VAT recovery)	£439,821	s106	/
Total	£3,119,421		

11.2 The cost estimate for construction works have been forecast by recognised cost

consultants i.e. RICS quantity surveyors. The pricing indices for are as per current RICS Building Cost Information Service (BCIS) information. The estimate is based at "Present Day" prices with adjustment to the estimated total to allow for "Market Trends" up to the mid-point of the construction period. No adjustment for location has been made as this is assumed to be within the Price and Design Risk percentage. Any monies not spent will be used for the purchase of additional equipment within the development.

NHS VAT Liability

- 11.3 With regards to VAT liabilities for this project, the CCG has received advice from Bauer VAT Consultants Ltd, as follows:
- Whereas 'normal businesses' are entitled to recover VAT on goods/services used in the course of business, the NHS is severely restricted on precisely what services it is able to recover VAT on; the specifics of which are included in the COS guidance. To give some context, local authorities, under the Section 33 of the VAT Act 1994, are unrestricted on VAT recovery, however the NHS are dictated by different Section 41 (Contracted Out Services) and face restrictions on what they are entitled to recover VAT on. In conjunction with the COS Guidance, the NHS must have an 'in-house-ability' to conduct the services; an example where this would not occur would be on statutory building inspections, the NHS could not conduct this service in-house therefore they would be unable to recover the VAT on the inspection.*

Taking account of further advice received from Quantity Surveyors, Currie & Brown Holdings Ltd, we estimate that 3.58% of the total project cost will be VAT recoverable. A sum equivalent to this percentage has been deducted from the estimated VAT total in Table 4 above. It should be noted that it is the CCG's standard practice to draw down S106 grant monies on a quarterly basis in arrears against actual expenditure, but only after any VAT liabilities have been calculated.

Project Management

- 11.4 The Project will be managed by NHGS Tower Hamlets Clinical Commissioning Group. The CCG has established robust programme management arrangements to ensure consistent design and completion of S106 healthcare infrastructure schemes within the required programme and budget parameters. The programme is managed by NHS Tower Hamlets System Wide Estates and Capital Strategy Group, which is led by the Deputy Director of Commissioning Development and meets monthly. The membership of the Estates Strategy Group includes a representative from the Borough.
- 11.5 The operational delivery of this project will be managed by the Aberfeldy Village Health Centre Project Board, which reports into and is accountable to NHS Tower Hamlets System Wide Estates and Capital Strategy Group. Membership of the

Project Board comprises officers from NHS Tower Hamlets CCG, NHS England, the London Borough of Tower Hamlets, NHS Property Services and representatives from the Aberfeldy Practice, including patient representatives.

11.6 The Project Board will manage project delivery against programme milestones and the benefits realised against project objectives and the benefits sought. Project evaluation will be an integral part of the overall project management, contract management and commissioning processes.

11.7 Table 5 below sets out the details of the project's cost plan structure.

Table 5			
Cost plan structure		% of works	% of total
Construction cost	1,810,000		56.31%
Professional fees	272,000	15.03%	8.46%
Equipment, IT, project development & legal costs	390,000	21.55%	12.13%
Optimism bias contingency	206,600	11.41%	6.43%
VAT	535,720	29.60%	16.67%
Total	3,214,320		

Financial Profiling

11.8 Table 6 below sets out the profile of the project's expenditure over its lifetime.

Table 6												
Financial Profiling												
Description	Year 2018/19				Year 2019/20				Year 2020/2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Construction cost including prelims							362,000	724,000	543,000	90,500		90,500
Professional fees		27,200	27,200	54,400	81,600	13,600	13,600	13,600	13,600			27,200
Equipment, IT, project and legal costs	10,000	10,000	10,000	10,000	30,000	30,000	30,000	30,000	120,000	50,000	30,000	30,000
Contingency and inflation							50,000	50,000	50,000	50,000		6,600
VAT							115,000	240,000	170,000			10,720
Total												
	47,200				213,200				43,600			
design	stage 1	stage 2	stage 3	stage 4	tender			1,628,200	896,600	190,500		195,020
works						stage 5						
defects liability period and retention release										stage 6		

Outputs/Milestone and Spend Profile

11.9 Table 7 below sets out key events (milestones) as the projects moves through its

lifecycle.

Table 7			
Project Outputs/Milestone and Spend Profile			
ID	Milestone Title	Baseline Spend	Baseline Delivery Date
1	NHS Business Case	47,200	Sep-18
2	Contractors appointed (contract Signed)	213,200	Jul-19
3	Contractors Start on site	43,600	Oct-19
4	Contractors end on site	1,628,200	Apr-20
5	NHS commissioning process start	896,600	Jul-20
6	Facilities open to Public	190,500	Oct-20
7	Project final account	195,020	Mar-21
Total		3,214,320	

12.0 Project Team

12.1 Information regarding the project team is set out below:

- Project Sponsor: Somen Banerjee, Director of Public Health
- Project Manager: Abigail knight, Associate Director Public Health (Children & Families)

13.0 Project Reporting Arrangements

13.1 Direct progress reporting will be dealt with via NHS Project Board; the Council's Project Manager will be a member of the Project Board. In addition, progress reporting will be provided to the Council as follows:

Table 8

Group	Attendees	Reports/Log	Frequency
IDSG Sub Group	Numerous – defined in ToR.	Monitoring Report	Quarterly
IDSG	Numerous – defined in ToR.	Monitoring Report	Quarterly
IDB	Numerous – defined in ToR	Monitoring Report	Quarterly

14.0 Quality Statement

14.1 For quality assurance, the Aberfeldy Health Centre will be developed in accordance with all relevant NHS guidance for healthcare building design, technical requirements and good practice in stakeholder engagement, including the following:

- Health Building Note 00-01 General design guidance for healthcare buildings. HBNs give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.
- Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of building and engineering technology used in the delivery of healthcare.
- BREEAM Healthcare sets the standard for best practice in sustainable building design, construction and operation and has become one of the most widely recognised measures of a building's environmental performance. The aim is for this development to achieve a BREEAM rating of 'very good', in accordance with BREEAM Criteria for fitted out premises.
- Design Quality Indicator (DQI) is a facilitated process that takes the form of structured workshops to assess and evaluate the quality of building design. The Design Quality Indicator empowers the building's stakeholder community by providing a structured way to talk about their new building. By encouraging effective communication between suppliers and the eventual users of the building, the process helps suppliers deliver excellent buildings attuned to the users' needs.

15.0 Key Risks

15.1 The key risks to this project are set out in the Table 9 below:

Table 9

Risk No.	Risk	Triggers	Consequences	Controls	Likelihood	Impact	Total
1	Building Control / Development control approvals are required		Delay while permissions obtained	Confirm these are not required before commencement of work	1	2	2
2	Cost overrun on building works	Additional works requirement not foreseen in quotes	Costs exceed budget	Extensive planning and quotes obtained for building work. Learning from previous experiences.	1	1	1
3	Service disruption	Inability to provide normal GP function from the existing site when works are being undertaken	Alternative premises requirement or reduction of service provision	Project management discussion with developer in order to minimise disruption of service	1	1	1
4.	Slippage on building works causing overrun		Project overrun	Project management and penalties built in	1	1	1
5.	ICT equipment not required specification / incompatible with existing infrastructure		Inability to fully utilise new equipment	Only equipment meeting the necessary specification will be ordered	1	2	2

16.0 Key Project Stakeholders

16.1 The principal stakeholders are shown in Table 6 below and will be engaged from the earliest stages of the project and through to project closure. The key stakeholders will be engaged as required, after delivery is completed.

Table 10			
Key Stakeholders	Role	Communication Method	Frequency
NHS Tower Hamlets CCG	Supplier	Project Board	Monthly
Aberfeldy Practice	Service Provider	Project Board	Monthly
NHS Property Services	Building Client	Project Board	Monthly

17.0 Stakeholder Communications



17.1 As part of its remit, the Aberfeldy Health Centre Project Board will develop a communications strategy that will aim to:

- provide clear, consistent information to stakeholders at key stages of the project
- issue and publish the key messages to patients and key stakeholders
- ensure that the parties delivering the project are aware of their communications responsibilities
- raise awareness of the project via the local media
- ensure patients and key stakeholders of the Aberfeldy Practice are fully informed in a timely manner about the arrangements for the relocation to the new premises at Aberfeldy New Village Development

Target audience

- Staff at the Aberfeldy Practice
- Registered patients of Aberfeldy Practice
- Aberfeldy Practice Patient Participation Group
- Tower Hamlets Healthwatch
- London Borough of Tower Hamlets
- Ward Councillors
- Tower Hamlets CVS
- NHS England
- GP practices in the South-East Locality
- Local MP
- Local Medical Committee
- Local Pharmaceutical Committee
- Tower Hamlets CCG
- NHS Property Services
- Local media

18.0 Project Approvals

The PID has been reviewed and approved by the Chair of the IDSG and the Divisional Director for the Directorate leading the project.			
Role	Name	Signature	Date
IDSG Chair	Ann Sutcliffe		25/9/17
Divisional Director	Somen Banerjee		27/11/17

Project Closure

[Please note that once this project has been completed a Project Closure Document is to be completed and submitted to the Infrastructure Planning Team and the S106 Programme Manager.]

Appendices

[Amend as necessary]

Appendix A: Recorded Corporate Director's Action Form;

Appendix B: Risk Register;

Appendix C: Project Closure Document

Project Closure Document

Project Closure Document			
1.	Project Name:		
2a.	Outcomes/Outputs/Deliverables I confirm that the outcomes and outputs have been delivered in line with the conditions set out in the any Funding Agreement/PID including any subsequently agreed variations.		Please Tick ✓
	Yes	No	
2b.	<ul style="list-style-type: none"> • Key Outputs <i>[as specified in the PID]</i> • Outputs Achieved <i>[Please provide evidence of project completion/delivery e.g. photos, monitoring returns / evaluation]</i> • Employment & Enterprise Outputs Achieved <i>[Please specify the employment/enterprise benefits delivered by the project]</i> 		
3a.	Timescales I confirm that the project has been delivered within agreed time constraints.		Please Tick ✓
	Yes	No	
3b.	<ul style="list-style-type: none"> • Milestones in PID <i>[as specified in the PID]</i> • Were all milestones in the PID delivered to time <i>[Please outline reasons for any slippage encountered throughout the project]</i> • Please state if the slippage on project milestone has any impacts on the projects spend (i.e. overspend) or funding (e.g. clawback) 		
4a.	Cost I confirm that the expenditure incurred in delivering the project was within the agreed budget and spent in accordance with PID		Please Tick ✓
	Yes	No	
4b.	<ul style="list-style-type: none"> • Project Code • Project Budget <i>[as specified in the PID]</i> • Total Project Expenditure <i>[Please outline reasons for any over/underspend]</i> • Was project expenditure in line with PID spend profile <i>[Please outline reasons for any slippage in spend encountered throughout the project]</i> 		
5.	Closure of Cost Centre I confirm that there is no further spend and that the projects cost centre has been closed.		Please Tick ✓
	<ul style="list-style-type: none"> • Staff employment terminated • Contracts /invoices have been terminated/processed 		Yes
			No
6.	Risks & Issues I confirm that there are no unresolved/outstanding Risks and Issues		Please Tick ✓
	Yes	No	

7.	Project Documentation		Please Tick ✓			
	I confirm that the project records have been securely and orderly archived such that any audit or retrieval can be undertaken.		<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No
Yes		No				
These records can also be accessed within the client directorate using the following filepath: <i>[Please include file-path of project documentation]</i>						
8.	Lessons learnt					
	<ul style="list-style-type: none"> Project set up <i>[Please include brief narrative on any issues faced/lessons learned project set up]</i> 					
	<ul style="list-style-type: none"> Outputs <i>[Please include brief narrative on any issues faced/lessons learned in delivering outputs as specified in the PID, including the management of any risks]</i> 					
	<ul style="list-style-type: none"> Timescales <i>[Please include brief narrative on any issues faced/lessons learned in delivering project to timescales specified in PID]</i> 					
	<ul style="list-style-type: none"> Spend <i>[Please include brief narrative on any issues faced/lessons learned regarding project spend i.e. sticking to financial profiles specified in the PID, under or overspend]</i> 					
	<ul style="list-style-type: none"> Partnership Working <i>[Please include brief narrative on any issues faced/lessons learned re: internal / external partnership working when delivering the project]</i> 					
	<ul style="list-style-type: none"> Project Closure <i>Please include brief narrative on any issues faced/lessons learned project closure]</i> 					
9.	Comments by the Project Sponsor including any further action required <i>[Use to summarise project delivery and any outstanding actions etc]</i>					
10.	The Project Sponsor and Project Manager are satisfied that the project has met its objectives and that it can be formally closed.					
	Sponsor (Name)		Date			
	Project Manager (Name)		Date			