Project Appraisal Unit

Publications Gateway Reference **DRAFT. Not yet passed through NHS England Gateway and so some changes may occur prior to final publication.**

Capital Investment, Property, Equipment & Digital Technology proposals

NHS England Project Appraisal Unit

Project Initiation Document - Type 1

Clinical Premises

Not to be used for NHS England administrative premises - see PID Type 2

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

Guidance as to when this template should be used, can be found in the NHS England Business Case guidance documents available on the NHS England website.

Unless building and premises based PIDs are informed by sufficient detail and forward planning this can hinder a prompt and informed decision on PID approval. A PID is the first stage in the process, but there are fundamental issues to be considered before progressing to business case stage. This particular PID type for clinical premises is therefore designed to support authors in considering some of those important issues that need to be covered in the PID to inform local decision making.

It is also acknowledged that at PID stage not all of the information asked for may be available. However, all PIDs for this type of proposal must be as complete as possible and, where information is not known, a brief explanation should be provided.

Document version control (for PID sponsors) Add rows as required. Last entry should read: '**Final for signatures'**	Version No.	Status	Issue date	Notes
	1	Draft	21.9.17	JT and VD
	2	Draft	20/10/17	JT and VD
	3	Updated	31/10/17	VD
	4	Updated	Nov 2017	
	5	2018 Update	31 Oct 2018	LP/VD

1. TITLE OF SCHEME	Teignmouth Health and Wellbeing Centre	
Scheme reference number and source of number (organisation). *Please ensure the relevant unique reference (for all Schemes) is used in all correspondence and reporting using an appropriate format: e.g. XXX – YY - XXX (Org Code – 17 – 001) as used in NHS England South Region*	Reference No.	53502
	Confirm the Organisation issuing the reference number.	NHS England South

2. DATE OF FORMAL PID SUBMISSION	Date	31/10/2018

3. IS THIS A RESUBMISSION OF AN EARLIER PID? If so, provide details and reference no.	Details	This PID provides an update on the status of the Teignmouth Health and Wellbeing Centre (H&WBC) development (53502). Following submission of the previous PID, dated November 2017, (V4), and receipt of confirmation of potential ETTF scheme contribution. The purpose of this document is to update NHS England on the progress of the scheme. By submission of this PID the CCG are requesting **either:** 1) Approval for the drawdown of the ETTF funds, previously programmed to be achieved within the FY 2018/19, to be extended to 2019/20 in recognition that the scheme is progressing, is intended to proceed to completion but programme is interdependent upon other stakeholders to the scheme and outside of the control of the CCG and Primary Care Stakeholders, or 2) Consider this submission in isolation of the original PID, as a new application for ETTF funding as confirmed in the letter dated 17/10/2018 from NHSE. **And** 3) Consideration of an increase in ETTF allocation to a level that renders viable the GP element of the proposed development.

4. NHS ENGLAND FUNDING STREAM Please confirm the NHS England capital funding stream relevant to this investment e.g. BAU, etc. *(Use standard NHS finance codes) Where capital funding is from a special initiative e.g. ETTF, please use the first two rows opposite to denote initiative name and scheme reference number*	Special funding initiative name	Estates and Technology Transformation Fund
	Scheme reference No.	53502
	Funding stream	
	Cost Centre	
	Subjective Code	

5. NHS ENGLAND REGION/LOCAL DIRECTOR OF COMMISSIONING OPERATIONS (DCO) OFFICE	Region	South
	DCO	Mark Cooke

6a. SPONSORING ORGANISATION No. 1 AND LEAD CONTACT Please include a named lead contact for this application who can answer any queries relating to this PID	Title	Deputy Director of Primary Care Infrastructure
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6b. SPONSORING ORGANISATION No. 2 Please include a named lead contact for this application who can answer any queries relating to this PID	Title	Director of Estates and Commercial Development
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7. NHS PROPERTY SERVICES OR COMMUNITY HEALTH PARTNERSHIPS CONTACT Please include a named contact as appropriate	Organisation	
	Title	
	Name	
	Office tel.	
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8. OTHER LOCAL STAKEHOLDERS OR TENANTS	CCG	South Devon and Torbay CCG
	Local Authority	Devon County Council/Teignbridge District Council
	Other	Teignmouth Medical Practice Teign Estuary Medical Group Channel View Surgery Volunteering in Health The Alice Cross Centre

9. SCHEME DESCRIPTION

Include a brief description of the scheme, which should include, but need not be limited to:

- scope and content
- the scheme type - new build, refurbishment or a lease
- objectives and benefits – these may be financial and/or non-financial
- location – address and name of the facility
- NHSPS/CHP premises code where known and available
- wider stakeholders and their interest e.g. potential occupants
- indicative scheme value for approval purposes
- confirm other stakeholders are signed up to the general terms, costs and implications of the proposal.
- confirm that where details are known, any proposed leases, are appropriate and acceptable to all participants.
- if the scheme requires temporary accommodation
- if costs for enabling works are required and, if so, included in the overview costs.

Executive Summary

The local health community in Torbay and South Devon have established a new model of care for the future that supports integrated working between health, general practice, social and mental health and voluntary sector services in the local place. Part of the vision of the new model of care is for the establishment of new and vibrant health and well-being centres at the heart of local communities. This is in place of previous community health model and to replace aged community hospital and General practice buildings with new, fit for purpose facilities for the future.

In November 2017, a PID was submitted to NHSE to support an application for ETTF funding toward a Health and Wellbeing Centre (H&WBC) development for Teignmouth which would enable the integration and colocation of three GP practices, community, voluntary and appropriate retail services, in fit for purpose, accessible premises.

Since that time, the collaborating team, led by Torbay and South Devon NHS Foundation Trust (TSDFT/the Trust) have appraised a number of location options and sought informal feedback from stakeholders including the public to guide their decision. An opportunity emerged to incorporate the new development within the Town Centre Brunswick St development, proposed by Teignbridge Council. This opportunity now forms the preferred site option for the H&WBC.

SDH IP, the partnership company, recently formed between TSDFT and Health Innovation Partners the Trust's strategic estates partner will lead the development. The proposed tenure arrangements envisage TSDFT holding either ownership or the head lease of the premises with occupation as follows Trust occupied areas (24%) and the retail areas (10.4%) with the Voluntary Sector (10.2%) and GP's (55.4%)

The retail element is anticipated to include accommodation of a Pharmacy (relocation of existing) subject to approval and competitive tender.

ETTF funding of just over £1.1 million was identified following the original PID submission, for the emerging scheme. (Note: VAT did not appear to be calculated in addition to £1.1m within the original submission. TBC). The application for this sum was based on limited development cost information and without a definitive site identified.

Negotiations are in progress to secure an option for vacant possession on part of

	the Brunswick St site from the council, for which they have confirmed they will keep costs at a minimum for the NHS purchase. The cost of securing vacant possession and a 'clear' site, is yet to be determined, however an estimated sum for land purchase has been included within the current Gross Development Value (GDV) calculations. This GDV has been used to inform the cost appraisal within this PID. All partners including TSDFT are committed to making the H&WBC development work with available contribution of funds of £1.1 m ETTF and within the existing rent envelope, of £125k pa, which is below the current commercial rental rates for new GP premises. The parties are continuing to refine the details of occupation to determine solutions that meet the needs of all parties. The current model shows that the GP's would need to commit to a lease of 35 years without a break, with rent increases during that period. The finance model will be agreed with all stakeholders at an early stage. The existing rent for the practices as at Nov 2016, when the scheme finances were first shared with NHSE, was modelled at £138k pa, it is understood this incorporates allowances for car parking, the number of which are unknown. **Therefore the £125k rental contribution used by TSDFT in their calculations has been assumed as 'current rent' for this PID purposes**. The initial financial model indicates: • If the 35 year lease and rental contribution are to remain static, the capital contribution required to include the additional cost of the larger area would mean an ETTF funding contribution of £1.95m would be required along with the current rental of £125k pa. (If current rental available is £138kpa this would appear to reduce the ETTF funding requirement to £1.7m) • Alternatively, if ETTF funding contribution is not increased, remaining at £1.1m, then a rental of circa £170kpa* would be required. (Figures subject to TSDFT remodelling and confirmation.), with a 35 year fixed term lease. • A third scenario would be that the lease term is extended, however this is assumed as likely to be unpalatable to all parties. *Note (1) – the current rent £/m^2 paid to the practice is c£115/m2. If the larger GIA for the GP's of 1471m^2 less 10% for gross to net efficiency, providing a NIA of - 1337m^2 is taken and multiplied by £115/m2 this equates to £153,755pa rental equivalent. By interpolation, the rental at £127/m^2 would be the increase required to meet the shortfall in currently predicted figures. Note (2): none of the figures included in the calculations for funding include GP equipment costs which have been projected at circa £280k including VAT or professional fees to support business case development, legal or public consultation. One of the key risks to highlight at this stage is the lease holding of the GP demise, to ascertain the probability of securing a signatory to the long lease. For the scheme with its current cost predictions to be affordable and to proceed in its currently presented form, the following will be required: a) A lease term of 35 years minimum without a break, with 'regular' (tbc) increases during the term will need to be accepted with a leaseholding organisation nominated **and** b) ETTF funding will need to be increased from £1.1m to c£1.95m if no additional rental / revenue is forthcoming **or** c) Rental will have to be increased to c£170kpa if no additional ETTF

funding is available **or**

d) A combination of ETTF increase with an increase in rental revenue will be required **or**
e) GP space will have to be reduced to within the affordability envelope of £1.1m and £125k rental (current rental rates) which may make the relocation unworkable. (TBD)

All the Partners are committed to working together to progress the development and to complete it at the earliest possible date. It is planned that the development will be completed late in 2020 however the programme for the Brunswick St site acquisition is not predicable at the current stage, NHSE are asked to consider the option of funding the full business case (noted in 13 – capital cost estimates) at £997,000 or an extension to draw down of the ETTF funds into 2019/20 and to further consider the potential of additional capital funds to support the current estimated development cost of the GP demise.

Notwithstanding the commitment of all stakeholders to the Brunswick St site development, integrated with TSDFT and the Voluntary Sector, such is the urgency of the premises issues within the GP current estate, other options are continuing to be explored, including to work with the Teignbridge Council directly to find an alternative solution, as a contingency should the H&WBC site acquisition be protracted beyond an acceptable timeline.

High level financial modelling carried out to assess the funding required to support a standalone project would indicate that the capital / revenue funding identified within this PID may enable delivery of a standalone scheme. This contingency option will continue to be evaluated in parallel to the Brunswick St Integrated scheme, pending the outcome of the consideration of this PID.

Background to the Scheme:

In June 2015, in line with the Five Year Forward View, the Department of Health issued 'Local Estates Strategies: A Framework for Commissioners' outlining how Strategic Estates Planning will allow the NHS to deliver the vision for a more efficient, transformed estate from which to facilitate new service models.

In response to a Department of Health directive, the Strategic Community Estate Strategy for Torbay and South Devon was published in October 2016. For the Teignmouth area it concluded that the (then) four GP practices were overcrowded, operating from functionally unsuitable premises and that there was potential for consolidation and expansion to deliver estate efficiencies yet facilitate the growing demand. A vision was articulated of an integrated Health and Wellbeing Centre to support primary and multidisciplinary care delivery, in fit for purpose, accessible premises which would enable increasing Primacy Care demand in the area to be accommodated alongside the delivery of other health and community services. This PID articulates the progress to date to realise that vision.

Since 2016, 4 practices have consolidated to 3: Teignmouth Medical Group, (which incorporates Richmond House and Kingsdown Clinic), Channel View Medical Practice and Teign Estuary Practice. Channel View and Teign Estuary practices each also have morning only branch surgeries, serving the area. The branch surgeries will be unaffected by the outcome of the proposed colocation to which this PID refers.

All of the GP premises (to which this PID refers) are old properties, probably Victorian, with a former residential use. The Community Estate Strategy highlighted the functional unsuitability issues with the GP premises and of space constraints in some (and over provision in the other). The consolidation of GP practice premises since the strategy publication has enabled some operational

efficiencies to be realised, however, these are limited due to the estate related issues with the current buildings. The constraints of all the existing GP premises impede operational functionality, including physical accessibility to the services.

The benefits of cross and multi service colocation and integration cannot be realised in the current estates facilitation model.

In particular, the issues with the current estate include (but are not limited to):

- All practice buildings suffer from cramped space and deteriorating building condition, having been modernised as far as possible.
- Space and accessibility is an issue, for patients and staff.
- All the practices have limited space to be able to teach and train medical students and trainee GPs.
- The lack of space to facilitate training, in addition to the poor quality and functional unsuitability of the premises is compounding recruitment and retention issues. Two of the practices advertised over a recent 3 month period for salaried GPs and, for the first time ever, have had no applications.

The three practices have been collaborating with other NHS and Voluntary Sector (VS) service providers, in a process led and sponsored by the Torbay and South Devon NHS Foundation Trust (TSDFT / the Trust), to co-design and find suitable premises / site for an integrated Health and Wellbeing Centre (H&WBC) for the delivery of health and social care for people living within Teignmouth and the surrounding areas. The vision is of a new facility which will accommodate the 3 GP practices alongside other community services (to be delivered by the Acute Trust and the Voluntary Sector) and incorporate an element of retail, potentially to accommodate a relocated pharmacy (subject to consultation, approval and competitive tender).

The stakeholder group comprise:

- Torbay and South Devon NHS Foundation Trust
- South Devon and Torbay CCG
- Devon County Council*
- Teignbridge District Council*
- Teignmouth Medical Practice
- Teign Estuary Medical Group
- Channel View Surgery
- Volunteering in Health*
- The Alice Cross Centre
- League of Friends

*Volunteering in Health and Devon County Council will not have a financial interest. The Teignbridge Council interest is only in regard to the Brunswick St site.

These stakeholders are aware of, and support the desire to, co-locate the three GP practices.

Site Option Appraisal

Through the collaborative process, 7 sites for the new H&WBC were identified as having potential to meet the required criteria. An options appraisal was carried out in February 2018 with the Stakeholder Group. (Included as an appendix to this document).

The locations appraised were:

- Site 1 : Broadmeadow Lane

- Site 2 : Teignmouth Hospital Half Site
- Site 3 : Teignmouth Hospital Full Site
- Site 4 : Brunswick Street
- Site 5 : Eastcliffe Car Park
- Site 6 : Quay Road Car Park
- Site 7 : Rugby Club Site

Each site was evaluated on 10 criterion, which were each weighted against their importance to the delivery of the Health & Wellbeing Centre. **(Option Appraisal – Appendix A).**

At this stage, option 3, Teignmouth Hospital full site and option 5, Eastcliffe Car Park site, scored most highly, with the Brunswick Street proposal ranked sixth (the site that was initially identified was smaller than the current offer and too small for the development).

The preferred options of Eastcliffe Car Park and Teignmouth Hospital site were presented to local residents as part of a pre-engagement (informal) process in the Spring of 2018. Concerns were raised during that consultation, that the Teignmouth Hospital site presented a challenge in terms of accessibility, particularly if Primary Care services were colocated. Similarly, Eastcliffe car park raised alternative concerns about the loss of parking for visitors and coach parking during the Summer months.

A significant amount of positive feedback was received regarding siting the H&WB centre on Brunswick street during this pre-engagement. The Partners agreed therefore to work with the council to re-look at the possibilities of this site. This has resulted in a larger piece of land being earmarked for a potential development. In December 2017, WSP were commissioned by TSDFT to carry out a desk top analysis of the transport conditions of four of the proposed sites:

- Broadmeadow lane
- Eastcliffe car park
- Brunswick street
- Mill lane (existing Teignmouth Hospital site)

The assessment consisted of reviewing and scoring each site based on five criteria, being;

1) Existing vehicle access,
2) Pedestrian and cycle access to the site,
3) Off-site parking surrounding the site;
4) The traffic impact of the proposed site on the local highway network
5) Public transport provision.

The marking criteria was based on scores 1-5, whereby a score of ‘1’ indicated a high level of provision and low risk, and a score of ‘5’ indicated a low level of provision and high risk.

Broadmeadow Lane - scored the worst mark out of all the sites in particular because of the inadequate highway layout on the approach for vehicles to access the site via Broadmeadow Lane and the change of levels and electrical substation to the south of the site, making it unsuitable to provide a new vehicle access to the A381 Bishopsteignton.

Eastcliffe Car Park - scored well in terms of access due to the good visibility along Dawlish Road at the vehicle access and also the pedestrian footway along Dawlish Road leading towards the town centre and public footpath to the east of the site, linking to Teignmouth Beach. However, the analysis determined a high risk transport impact score as a consequence of losing the only long stay car

park on the eastern side of Teignmouth.

Brunswick Street - scored highly in terms of access, as both vehicular accesses benefit from the one way system and double-yellow lines on the western side of Brunswick Street providing suitable visibility. Footways are present on both sides of Brunswick Street and street lighting and pedestrian crossings are located along the length of the route to bus stops and Teignmouth Railway Station.

The existing Hospital site, along **Mill Lane**, scored poorly in terms of access due to visibility being unsuitable to that required by 'Manual for Street Standards'. The site also suffers due to its location, being situated on a steep gradient, making pedestrian and cyclist access to the site unattractive and unsuitable for some people. The site is also a far distance from Teignmouth Railway Station, however, it does benefit from bus stops for both directions being located within 30m of the site and is served by the Teignmouth Town Centre bus service.

Further to the option appraisal, the potential for the H&WBC to be integrated within a planned, whole site, central town centre regeneration, was identified. The wider, community opportunities of the H&WBC development being part of the Brunswick St Regeneration, (proposed within the Teignbridge Council Local Plan), emerged. (Brunswick St had previously been considered as a site option in isolation of wider development plans).

The 0.88-acre site, which currently contains a 56-space car park, two former garages, retail and residential buildings is in a Conservation Area and is allocated for redevelopment in the Local Plan. The site is under-used and partly derelict in places but holds much potential because it is within the heart of the town centre. Teignbridge Council has assembled parcels of land with the aspiration of reviving the area and has investigated various options for the overall site.

In September 2018, the Council formally considered recommendations for redevelopment of Brunswick Street, including space for a new hotel, improved town centre parking and, subject to the outcome of NHS public consultation, the Council agreed to work with the NHS to incorporate a Health and Wellbeing Centre, within the development. .

Therefore, in the light of public concerns about the Teignmouth hospital and Eastcliffe sites, the outcome from the Transport Conditions appraisal and the new opportunities being presented of being part of a whole site regeneration, presenting the opportunity of delivering a H&WBC in an accessible location, within the heart of the Town, the Brunswick St site was reappraised as an option by the Stakeholders. As a result, Brunswick St is now the preferred option for the Stakeholder Group, for which Public Consultation will be invited, subject to successful negotiations with Teignbridge Council to acquire the site area required for the H&WBC.

The council have identified that the land would be available to the NHS at a favourably reduced £/ha value, however this will be dependent upon the cost to free up the land allocated. It is understood that the plot allocated for the H&WBC currently accommodates two occupied (non-residential) premises and a culvert which passes under the land which would require diversion. The council will provide a clear site however this will determine the cost payable by the Trust for the plot.

Current Scheme Status (October 2018)

Subject to formal consultation, TSDFT have been working at risk to develop the Schedule of Accommodation (SOA) for the H&WBC in Teignmouth and progress

	site acquisition discussions with the council. The SOA is drafted and incorporates the requirements of the NHS Trust, the three GP practices earmarked to co-locate to the H&WBC and the Voluntary Sector (VS). The SOA has not yet been signed off by the GP's / CCG. TSDFT has recently appointed a Strategic Estates Partner (SEP). The development of the Health & Wellbeing Centre has been identified as one of the first schemes to be taken forward through the partnership. This appointment enables the Trust to continue to move forward with the negotiations with Teignbridge Council to understand the costs of the land and achievement of vacant possession of part of the Brunswick St site. As negotiations with the Council for the land progress, work will continue at risk (risk is with TSDFT) on the detailed design stages of the proposed development, to ensure that, if the outcome of the Public Consultation is positive, the Trust is ready to move forward with its plans, on behalf of the Stakeholder Group. The intention of TSDFT is to lease space from the developer / funder for their demise and to sublet space to the retail occupants. The GP's and the Voluntary Sector occupants. The current proposal is for a new H&WBC, with a total Gross Internal Area (GIA) of 2128m2, with occupation proportioned as follows (rounded): TSDFT to occupy 511 m2 = 24% of total. GP practices to occupy 1179m2 = 55.4%. Voluntary sector to occupy 216 m2 = 10.2% Retail to occupy 221 m2 = 10.4%. (Anticipated to include accommodation of a Pharmacy (relocation of existing) subject to approval and competitive tender). The development costs for the GP occupied areas will be funded in part from ETTF funding and in part from a revenue stream of rental based on District Valuer rental valuations.
10. STRATEGIC NEED • provide the strategic drivers and justification for the scheme. • alignment with other strategies as appropriate	**Strategic Context** The South Devon and Torbay Clinical Commissioning Group (CCG) area covers some 350 square miles, including rural communities, urban centres and 75 miles of coastline. The CCG commissions services from 31 GP practices for a population of around 286,000. Teignmouth is a coastal town situated within the South Devon and Torbay CCG locality, 'Coastal' and within the Teignbridge District Council area. The population of Teignbridge is expected to increase by 13.3% (or 17,500 residents) between 2019 and 2039. (https://new.devon.gov.uk/communities/your-community/teignmouth-profile#areaDefinitionDiv). The town provides a range of local shops and services for residents and a rural hinterland. Teignmouth is set to expand over the next 10 years with over 500 new homes planned. The town is currently served by 3 GP practices operating from three main and two branch sites across the town, with a total patient list size, of 20,480. A number of other community health services are provided from Teignmouth Community Hospital, by TSDFT. Neither the hospital nor any of the GP premises are functionally suitable to meet current demand and expectation. Modifications to any of the premises to meet current requirement is either impossible or not viable due to their structural and / or expansion limitations. All buildings have accessibility issues which are not conducive to the services provided.

The proposal to develop an integrated Health and Wellbeing Centre (H&WBC) would enable the colocation of all 3 GP practices into one, fit for purpose building, enabling operational functionality and scale for the current demand, provide expansion potential for the projected increase in demand, operational efficiencies and resilience. Importantly, the new premises would provide appropriate, accessible patient facilities within a development colocated with other health and community facilities, including Local Multi Agency Teams (LMAT) specialist services and emergency and longer term care services, as well as outpatient clinics.

Resilient primary and community health services are core to the success of a balanced healthcare economy – providing timely interventions to identify the right care at the right time to reduce hospital admissions and facilitate earlier discharge. Co-locating core agencies fosters an integrated approach to patient care pathway planning and enables improved communications.

Demographic Context

The patient profile: The Coastal practices have a total registered population of 36,263 (including all branch surgeries).

Of these 17,491 are men and 18,772 are women. 13,510 patients are aged over 60 years old and 9,486 of these have a long term condition. 1,599 patients are over 85 years old and 1,385 of these have a long term condition. 17,714 people in total have at least 1 long term condition. 7,061 of patients have more than 1 long term condition making their health even more complex to manage. The profile of people living longer with long term conditions is expected to continue to rise, putting more strain on front line services.

The diagram below of the population statistics for the Coastal Locality (which includes both Teignmouth and Dawlish) shows that the towns have an above average number of people aged over 55 years many of whom will have at least 1 long term condition or illness.

Statistics also show us that the number of people living in Teignmouth and Dawlish with at least one long term condition is rising. Figures from Public Health predict that between 2013 and 2018 the number of people with a long standing heart condition will increase by 20%, the number of people with a respiratory illness (emphysema, asthma) will be up by 20%, and the number of falls will increase by 20%. Statistics also show that people with a long term condition use 50% of all GP appointments and 70% of all inpatient bed days.

Patient Feedback:

In feedback received prior to the consolidation of 4 premises into 3, patients advised of some of the issues experienced at the current practices including:

- access issues (including restricted parking),
- a lack of lift to upper floors in two of the buildings, presenting challenging access issues for the elderly and disabled,
- Insufficient space and other constraints due to the configuration and age of the buildings.

Most of the issues cannot be addressed viably in the existing practices due to the structural constraints and / or age/size of the buildings.

Our Vision

We believe that people, communities and staff working for the NHS care deeply about health and we have the potential to improve the health and wellbeing of local people. The patients we serve in Teignmouth should be given extra support to live with their health conditions and to remain at home for as long as possible, rather than hospitalising. In spite of working in a challenged health economy, we firmly believe, as a collaboration of Primary Care providers, that we can deliver a sustainable future for integrated primary care within Teignmouth which will see reduced costs, improved health outcomes and high quality services, which will provide an improved patient experience. Through the delivery of this project our main aims and focuses are:

- Better support for our patients and communities
- Promoting positive outcomes through healthy lifestyle choices, self-care and management of long term conditions
- Become system leaders through working collaboratively at scale, developing broader interactions with other local healthcare providers and integrating with their systems
- Bringing together teams, improving team based working and delivering integrated care; will dilute risk and ensure that patients with specific needs will be identified early and be allocated care co-ordinators or care navigators.
- Improving the provision of local services to our local communities, with a broadened range of services beyond the mainstream Primary Care, operating with secondary care staff to improve communications and outcomes more aligned to the patient expectation.
- Operating from efficient, flexible, fit for purpose space, the practices are committed to operating at scale, to improving relationships by engendering partnership working and wider professional support.
- Sustainability for primary care by providing an environment in which to teach and train medical students, trainee GPs and nurse practitioners with the view of securing employment.

Local Outcomes

- Supporting people within the community with their widening and increasingly complex health needs.
- Identifying timely those patients at risk and collaborating with the co-located LMATs to support them to remain at home, longer, avoiding hospital admissions.
- Providing a more seamless pathway of care between services.

People will:

- Be provided with a personalised health plan and care package with achievable goals
- Be well managed in the community, experiencing a seamless pathway of care between service providers
- Receive care closer to home which will be appropriate, professional and reactive

	• Be supported in the community to manage their health conditions. • Receive timely crisis management. The community will: • Have access to a Health and Wellbeing Centre that will be local, accessible, fit for purpose and provide a wider range of services in one location.

11. CONSISTENCY WITH SUSTAINABILITY AND TRANSFORMATION PLANS (STP), COMMISSIONING AND ESTATES PLANS • Confirm alignment with the NHS England Five Year Forward View and related implementation plans. • Confirm that the proposed scheme is consistent with the relevant STP, commissioning, clinical and (where appropriate) estates and or technology strategies. • Confirm whether formal public consultation is required. • Confirm whether any planning permission (including change of use) is required and its current status. • Confirm that any proposed property development brief to designers will require and ensure compliance with appropriate and relevant NHS guidance, such as BREEAM, Health Building Notes, common minimum standards for the procurement of built environments in the public sector, etc.	**Five Year Forward View** The Five Year Forward View outlines new care models including Multispecialty Community Providers (MCPs) where Primary Care is able to work with other providers to proactively target services at registered patients with complex ongoing needs, such as the frail elderly or those with chronic conditions and work much more intensively with these patients. By bringing together and expanding the Primary Care premises in Teignmouth, co-locating a pharmacy (subject to approvals and tender) and community services, including those delivered by the voluntary sector, an accessible, integrated H&WBC is provided. The Five Year Forward View also recognises the valuable role that pharmacies can play in supporting patients and Primary Care, especially in the management of minor ailments and long term conditions. The GP practices have an excellent working relationship with 3 local pharmacies and would anticipate integrating one pharmacy provider within the new development (subject to approvals and tender). **Sustainability and Transformation Partnership (STP)** The vision for an integrated H&WBC in Teignmouth is aligned with the strategic objectives set out by the STP in its two year report for Devon in 2016. Extract as follows: *We will deliver:* *Excellence in service delivery and performance.* *Improved health and wellbeing for populations and communities.* *Integrated care for people.* *Improved care for people.* *Empowered users who are experts in managing their care needs.* The STP identified a focus on four key shifts in the way it operates, across all of its services between 2016 and 2019*:* • *Recognising that the local population's health needs and much more can be achieved in and with communities rather than in building based care;* • *Working beyond, and not being constrained by, organisational boundaries and forming partnerships and networks for resilience and improvement in care* • *Designing health and wellbeing care around the individual and their families* • *Shifting from a system that reacts to illness to one that helps prevent or delay its onset and keeps people as well and independent as possible.* *These key shifts represent changes to the way we operate and will be brought about by delivering a range of activities and initiatives planned around our four strategic priorities:* 1. *enable more people to be healthy and stay healthy* 2. *enhance self-care and community resilience* 3. *integrate and improve community services and care in people's homes deliver modern safe and sustainable services*

2018 STP Estate Strategy

The provision of a new integrated H&WBC aligns with the direction provided by NHSI to:

- Reduce the estate footprint,
- Enable disposals
- Reduce Backlog
- Ensure assets are fully utilised and make more efficient use of PFI buildings

The Devon STP Estate Strategy provided as a confidential draft to NHSI in July 2018, articulates the ambitions of the STP to reduce and improve the estate which facilitates health care across Devon. A number of actions are identified as being key enablers for a more efficient estate in Devon, including:

- ***Transformation of primary care*** *-is a core requirement to improving and integrating out of hospital care -a key STP Strategic theme.*
- ***Surplus estate –****it is clear that there are significant opportunities for estates rationalisation across the partner organisations in Devon and work is ongoing to optimise the estate in support of the STP's clinical and service strategy, including home and out of hospital care.*
- **Improving utilisation and the reduction of voids -**is a key aim of the STP estates workstream,

The strategy confirms the ambition to dispose of Teignmouth Hospital.

Overview of emerging STP healthcare model

- Improve population health
- Improve experience of care
- Improve cost effectiveness per head of population
- Clinical and financial sustainability
- Local community based mobile IT enabled teams integrated with primary care

Key strategic priorities and plans:

- Enabling people to stay healthy –upgrade in prevention
- Enhancing self-care and community resilience
- Integrating and improving community care and care in people's homes
- Delivering modern, safe and sustainable services
- Achieving a financially sustainable service model

Council Local Plan

The Teignbridge Local Plan (2013-2033) includes a strategic policy for Teignmouth setting out a vision for infrastructure and change. The aim for Teignmouth is:

"Teignmouth will support new homes, jobs and services and function as a seaside resort that is well connected and accessible, a centre for water sports, leisure and culture and a well-designed town, safe from flood risk, adaptable to climate change and with reduced carbon dependence." (Teignbridge Local Plan 2013-2033)

The local plan identifies that *(S4 Land for New Homes):*

Sufficient land will be made available to increase the rate of new house building to 640 dwellings per year by 2016 and to maintain this rate thereafter to 2033. (Average of 620 per year over the plan period). A proportion of these dwellings will be affordable housing in accordance with WE2.

The allocation to Teignmouth of the 640 new builds per year, is identified as 5%,

which equates to 527 new homes to be provided between 2016 and 2033. (Of which, 25% is the target for affordable homes).

One of the key elements that the plan seeks to achieve, with relevance to the H&WBC, apart from allocating land 'for at least 340 new homes' is to *'regenerate Brunswick Street/Northumberland Place'.*

The plan allows for the residential development of an area to the north west of Teignmouth and the regeneration of the town centre and quay areas.

South Devon and Torbay Strategic Community Estate Strategy 2016:

The Strategy recognises the poor condition of the current health estate in Teignmouth both in terms of Primary Care and the Community Hospital and suggests the development of a Well-Being Centre in Teignmouth to facilitate some of the services currently provided from the hospital.

Public and Patient Consultations

Once the Brunswick Street site evaluation and feasibility is completed, costs are understood and computed and it is confirmed as a viable contender for the site of the new H&WBC, an application for a GP patient relocation advisory notice will be processed to enable the GP's to consult with their registered patients about the proposed colocation of the 3 GP practices and the location of the site. Formal public consultation is not required for this.

As a result of the overall vision for Teignmouth, the proposed colocation of Primary Care, Community and Voluntary Services and the drivers for change, the CCG is developing proposals for consultation in relation to those services which are currently provided in Teignmouth Hospital. Formal, full public consultation will be required for the relocation of health services from the hospital to the new H&WBC on the Brunswick St site and for the relocation of other services not being moved to the H&WBC, once the site can be confirmed. Prior engagement with public and patient groups has taken place since 2017 and feedback from those consultations has shaped the decision making thus far, leading to the currently preferred site option.

There is a desire to re-provide all services currently delivered from Teignmouth Hospital within the locality. The feasibility of relocating some of the services to Dawlish Hospital has identified a positive outcome. The required alterations to the existing hospital building at Dawlish have been scoped by TSDFT, with the cost to accommodate the operating theatre activity estimated at circa £270k. The existing hospital is modern, PFI owned and has spare capacity. The consolidation of services from Teignmouth Hospital to Dawlish Hospital will improve estate and operational efficiencies and enable the delivery of a wider range of services from the fit for purpose facilities. The cost of the work to alter Dawlish hospital will be borne by TSDFT.

The Business case for the NHSE Gateway assessment has been submitted in October 2018. The public consultation is due to commence January 2019., The programme for public consultation is currently projected as:

- 3rd January 2019 Consultation begins
- Mid January 2019 - NHSE gateway.
- Mid to end January 2019 - Subject to NHSE approval, Devon County Council Scrutiny
- End January 2019 - Governing Body
- End February 2019 consultation ends

12. ESTIMATED PROJECT COSTS	£k				
Cost per Stage of Development Primary Care only – Estimated	**Total incl. VAT**	**External Costs to be expended by NHS PS or CHP or other named party and reimbursed by Sponsors**	**Funded by Project Sponsor 1 Directly Primary care 55%**	**Funded by Project Sponsor 2 Directly Trust 45%**	**Total incl. VAT**
Incurred Pre PID					
PID to Option Appraisal (Est)	7,000		7,000		
Technical Advisor to support PC design to FBC / lease agreements.	30,000		30,000		
Option Appraisal to OBC (Est)	15,000		15,000		
OBC to FBC (inc. pub engagement)	40,000		40,000		
Legal fees to advise lease terms	100,000		100,000		
Total	192,000		192,000		***192,000**

It is assumed that the timely drawdown of the above funding requirements will be available to support the development of the H&WBC development.

***PLEASE NOTE**. Where a project does not proceed, the project sponsors will potentially be liable for all costs which NHS Property Services, CHP or other named party is funding for inclusion in project costs and capitalisation and expended to date in developing the scheme in accordance with the % splits in the table above. All external costs should be agreed with the project sponsor before NHS Property Services, CHP or other named party incurs these.*

13. CAPITAL COST ESTIMATES

(Inc. VAT) Anticipated to be very high level (but based on evidence), prior to any formal options appraisal. Benchmarked construction costs can be accessed through the NHS England PAU team.

Use the appropriate table (and, if and where available, append any more detailed ready prepared tables that are considered appropriate), to detail the capital requirements to deliver this scheme in the relevant financial year/s.

If applicable, also indicate, and provide details of any further capital spend that may be required to support or develop this scheme in future years(s).

If, by exception, the PID is related to a number of schemes, please provide appropriately detailed separate cost breakdowns and description in

Capital Total (including VAT)

The Schedule of Accommodation (SOA) is not yet agreed. The GP's are currently assessing their final needs. The Gross Internal Area (GIA) used to calculate the Gross Development Value (GDV) and the Trust financial model, is GIA 1179m^2 and subject to change. The CCG / GPs current need is a SOA, which shows a GP demise of GIA 1471m$^{2.}$.

This will be agreed within the next 2 weeks. For the purposes of this PID, the SOA, showing the GP GIA as 1179m2, has been used as this is the basis of the financial model to confirm GP demise rental / capital input**.** Outline calculations are included to provide an indicator of the uplift in funding required for the larger demise.

The Gross Development Value (GDV) for the Brunswick St site is currently projected to be as follows. This is based on a number of assumptions at this stage, including the land value.(Figures taken from TSDFT GDV – **Appendix C**)

Total Capital requirement inc. VAT for current and future years					
Element	**£k 20[18/19]**	**£k 20[19/20]**	**£k 20[20/21]**	**£k Total Excl VAT**	**£k Total Inc 20% VAT**
Land				**515**	**618**
Risk allowances				**300**	**360**
*Prof fees				**547**	**656**
*Client Fees				**43**	**52**
*Other fees (SEP)				**30**	**36**
*Surveys Investigations				**51**	**61**

the multi-site scheme tables and space provided and provide the **total** capital requirement in the top table of this section. Insert any additional tables for schemes 3, 4, etc. as required.

Please ensure that all proposed expenditure set out in these tables is for capitalisable expenditure

Please insert the relevant dates in the [square brackets]

Multiple site schemes
Multiple site schemes may potentially occur where, say, there is a move from one site to another and to achieve this there may be some level of expenditure on two or more sites. It does not mean that more than one site or scheme can be approved under a single PID. Where such multi-site schemes occur, they should be explained adequately for the approver to be able to understand the needs and implications of the scheme that give rise to the multiple site approach.

Construction inc SEP fees				**5.526**	**6631**
Disposal costs					
Equipment cost est.				240	288
Total in project				**7,252**	**8,702**
Total development cost less 25% recoverable VAT and excluding equipment.					**8,064**
***Fees to support PC business case and legal process development.**					**192,000**

***If the project fees of £997,000 to develop the business case, provide technical and legal support to the Primary Care element and the pre-project costs to include design and FBC could be drawn down during 18/19 this would enable the scheme design to be developed and support Primary Care sustainability within Teignmouth.**

The **£8,702m** total is reduced to **£8,064,321** when estimated recoverable VAT is deducted (VAT calculated as non recoverable on 75% of Gross Development Value (GDV). (Deduction assumed by TSDFT within model) and the cost of equipment is removed.

Based on the reduced SOA* –, the total m^2 of the new build will be 2,128 m^2* with occupation proportioned as follows (rounded):

TSDFT to occupy 511 m^2 = 24% of total.

GP practices to occupy 1179m^2* = 55.4%.

Voluntary sector to occupy 216 m^2 = 10.2%

Retail to occupy 221 m^2 = 10.4%. (Anticipated to include accommodation of a Pharmacy (relocation of existing) subject to approval and competitive tender).

The total cost estimated for the build **is £8,064,321** inclusive of estimated attributable VAT. This figure excludes the cost of borrowing.

The Gross Estimated residual value is estimated by the Trust at £2,000,000

The Net Capital construction cost is therefore estimated as £6,064,321.

Primary care would contribute 55.4% (rounded to 55%) of the cost of the new build as equates to the GP area floor space.

The Capital Cost associated with GP demise - £3,335,377 (no allowance for equipment).

Adding the cost of borrowing brings the total cost to the Trust of providing the **GP GIA of 1179m2 to a total of £3,800,140.**

ETTF was originally sought for £1,120,671 (rounded to £1,100,000) to contribute to this project – which equated to 32% of the original estimated project cost (Nov 2017 V4 PID). **(**Excluding VAT**).** (Now equates to 29% of development costs).

This £1.1m is the figure that has been modelled as the GP capital contribution for the scheme, which, when modelled with an annual assumed notional rental contribution of £125,000 (Current total GP rental now understood to be £138,000 but this is assumed to include parking) results in a lease term required of 35 years.

The difference between the SOA previously reviewed by the GP's and the one used by TSDFT, which has informed their financial model, is a 20% reduction in space allocated to the GP demise (and a reduction in the overall size of the building). The

	reduced area may not be workable and should be considered in the context of this PID application for ETTF funds. If the 35 year lease and rental contribution are to remain static, the capital contribution will be required to be increased to include the additional cost of the larger demise. In view of the current status of the scheme it is too early to be able to input various financial scenarios into the model to assess the differing financial outcomes. This will be undertaken at the earliest opportunity. From interpolation of the financial model, it would appear that to increase the GP area to that of the larger SOA, then ETTF funding of £1.95m along with £125,000 pa rental would be required or ETTF funding at £1.1m with rental of circa £170,000pa. (Figures subject to TSDFT remodelling and confirmation.). Note: no equipment costs included.

| **14. REVENUE AFFORDABILITY / IMPACT**
• Net Recurrent Revenue Impact: £'x'k over the following years.
• Outline any additional revenue costs of capital investment beyond current costs, and other additional costs if applicable e.g. additional rates, energy, FM costs and any planned offsetting savings
• Specify funding source for any adverse net revenue impact
• Source of funding and reason for appropriateness/if joint funding with another external organisation/grant due to a joint commissioning requirement.
• £'x'k Gross Recurrent Revenue Impact
• £'x'k Estimated lifecycle costs: | The partners and TSDFT have confirmed that they are committed to making the scheme work financially which enables incorporation of the Primary Care space, acknowledging the ETTF funding of c£1.1m and assuming an annual rental of £125,000.

If, following the GP assessment of the reduced GIA, they do not consider sufficient space has been allocated to factor current activity and an element of expansion to accommodate the predicted growth, along with sufficient space to redress the current issue of not being able to offer training to medical students and trainee GPs, then the scheme will not be acceptable as it will not meet the required outcome / purpose of relocating.

The notional rent for current GP premises: £138k per annum, including car spaces at £525 per space (total existing allowance unknown to inform PID – hence net rent taken as £125kpa for the financial modelling).

The current rental values for the three practices are circa £115/m2.

There are 24.5 WTE GPs and nursing staff.

20 car parking spaces have been factored into the below calculations.

Rental Scenario Calculations

The current financial model provided allows a rental income contribution of £125,000pa. If additional ETTF funding is not available to support the larger demise, either the rental will require to be increased or the term of years increased, the latter of which may not be acceptable to either party.

The term of 35 years required to pay back the capital investment for the GP demise may be an issue for the GPs/ the CCG, therefore the lease term may need to be reduced, which will mean additional funding either by means of capital or revenue, to cover the costs to the Trust.

The (reduced SOA) **Gross Internal Area (GIA)** of the proposed GP demise, including 50% proportion of shared facilities is **1179.27m2**.

Allowing a 10% gross to net ratio, the **Net Internal Area (NIA)** has been calculated as **1072m2**.

Scenario 1 - For a NIA of 1072m2 the rental scenario for an increased DV valuation of rental at £170/m2 (closer to market norm for new premises) would be as follows:

• The proposed rent for new GP premises (tbc by District Valuer): £170 per m2 x 1,072 m2 = **£182,240**. In addition, allow 20 car parking spaces at £525 each. (£10,500). Total £192,740 |

	Rental increase of £54,658 per annum The increase in rental contribution should have the effect within the financial model of reducing the term of lease years. The larger GP **Gross Internal Area (GIA)** including 50% proportion of shared facilities is **1471m2**. Allowing a 10% gross to net ratio, the **Net Internal Area (NIA)** has been calculated as **1337.27m2**. **Scenario 2** – - For a NIA of 1337.27m2 the rental scenario for a DV valuation based on the same £/m2 rental of £115 / M2 as existing, would be as follows: a) The proposed rent for new GP premises (tbc by District Valuer): £115 per m2 x 1,337.27.14m2 = **£153,786** In addition, allow 20 car parking spaces at £525 each. (£10,500). Total £164,286. Rental increase of £26,286 per annum. For an NIA of 1337.27m2 the rental scenario for a DV valuation based on and increase in rent to £127/m2 would be as follows: b) The proposed rent for new GP premises (tbc by District Valuer): £127per m2 x 1,337.27.14m2 = **£169,833** pa. In addition, allow 20 car parking spaces at £525 each. (£10,500). Total £180,333. Rental increase of £42,333 per annum. With figures provided to date, this would indicate that for a slight increase in the £/m2 rental valuation from the existing £115/m2 to c£127/m2, overall increase of £42,333 pa (inc 20 car parking spaces which may or may not be available), for the increase in demise, in addition to the ETTF funding of £1.1m, the larger scheme is affordable for the 35 year term. (All figures subject to validation by modelling by TSDFT). **Abatement:** (Only 2 scenarios modelled as examples). (Abatement modelled on 12 years – pre-empting Premises Cost Direction potential changes). NHSE fund £1,100,000 (the originally identified figure) which equates to 29% of the GP proportion of the development (at the reduced GP demise) or 24% of the larger demise. • Rental increase of £54,658 per annum (rent at £170/m^2) • 19% abatement £10,385 • Rent reimbursable: £44,273 for 12 years increasing after. • 14% abatement £7,652 • Rent reimbursable: £47,006 for 12 years increasing after. • Rental increase of £26,286 per annum (rent at £115/m^2) • 19% abatement £4,994 • Reimbursable: £21,292 for 12 years increasing after. • 14% abatement £3,680 • Rent reimbursable: £22,606 for 12 years increasing after.

15. PROPOSED PROCUREMENT STRATEGY Please describe the procurement strategy, who will be leading, and when it is anticipated to complete and capital spend will be incurred. For new build solutions, please	The procurement will be led by Torbay and South Devon NHS Foundation Trust under NHS procurement process and governance. This will be using the procurement framework with at least 3 tenders being submitted. The tender process will be led by the Strategic Estate Partnership on behalf of the TSDFT. This is expected to expedite the tender process.

confirm if the proposal is likely to be within a LIFT geographical area. Where available attach a key milestones plan. As a minimum, this should include: • Option Appraisal • Procurement Route Confirmed • OBC/New Project Proposal • OBC Approval/Stage 1 Approval • FBC/Final Project Proposal • FBC Approval/Stage 2 Approval • Date of procurement • Planned start of works • Estimated completion date	The development will be funded from capital by the Trust or by a third party with TSDFT taking the head lease. Other occupiers will be sub-leaseholders of the Trust. Lease agreements between the landlord and the tenants will be required to be signed before occupation. A term of 35 years without breaks has been modelled in order to accommodate the funding available for the GP area (revenue and ETTF). (see finance section) As the GP's will remain independent practices, colocating not merging, early discussions between the stakeholders will be necessary to understand and agree the basis of the GP occupation of the H&WBC, based on lease holding of the PC demise. The development is not within a LIFT area.

16. CONSIDERATION OF OTHER OPTIONS Describe other options considered, including the 'Do Nothing' Option. Briefly consider the advantages and disadvantages of each, and why the preferred solution was chosen	**Do Nothing:** **Advantages:** There are none. Whilst capital and increased revenue avoidance of this option might seem to be an advantage, the potential consequence of doing nothing is that GP services will not be sustainable in the town. The existing GP premises are, without exception, non compliant in a number of areas (accessibility in particular) and functionally not suitable to continue to accommodate Primary Care services. Services are under pressure due to ever increasing demand, lack of appropriate space and the associated issues with recruitment which are known to be compounded by the poor state of the estate. Maintaining current demand pressures is proving difficult without the predicted rise in the local population and the complexity of an increasing and aging population living with more long term conditions. **Disadvantages**: • Buildings are not fit for purpose, (as above). • Services are unsustainable in current climate to meet current expectations with no option for expansion. Current list sizes are already under pressure. • Building conditions are affecting ability to recruit and retain. • Integration of Primary Care and other Community Services not achieved. **Remodel or Rebuild on the Teignmouth Hospital** Advantages: • The site is owned by SDTFT therefore no cost for, or delay with, purchasing the site, • The location is familiar with the public. • The site has some onsite parking and it is serviced by a bus route. Disadvantages • Parking is limited. • Access for pedestrians / those arriving by bus is via an incline therefore poor for elderly, disabled and those with young children. • The existing buildings would not be flexible to accommodate the new schedule of accommodation therefore a full or partial decant would be necessary to make way for a new build on the site (temporary disruption to existing services). • If the site is developed on the car park, to retain the existing accommodation during the build, there will be a loss of car parking during the build and create greater access issues. • The site is not central and does not have the support from the GPs for the co-location of the practices.. • Informal public consultation drew negative responses about this site as a Health and Wellbeing Centre with colocated GP's

- The site did not score well in the transport management analysis carried out by WSP.

Brunswick Street (preferred option at October 2018)

Advantages of the site:

- Well located in the centre of Teignmouth, good access.
- Part of Teignbridge District Council regeneration plans (Local Plan) and granted extended 'permitted development' rights.
- Opportunity to be in the hub of a new development, creating excellent facilities for patients, visitors and staff within a mixed development including new homes.
- Site / building will be accessible.
- Site will provided at a low cost (dependent upon cost to fee land of current occupiers).
- Torbay and South Devon NHS FT (TSDFT) leading the development as part of their Strategic Estate Partnership.(SEP)
- TSDFT committed to making the financial model to accommodate PC work.
- Design development ongoing at risk to SEP (no cost risk to CCG/ GPs) enabling quick mobilisation once land acquisition completed.
- No prolonged tender process

Disadvantages:

- Within flood risk zone, mitigation measures required.
- Relies on satisfactory outcome of negotiations with Council for land.
- Cost of land uncertain.

Contingency Option

Due to the potential delays with the currently preferred development at Brunswick St, the CCG will hold concept discussions with Teignbridge and / or Torbay Council / Torbay Development Agency to assess the option to develop an independent Primary Care facility working with the Council to provide the building, independent of TSDFT and the Voluntary Sector, either on the Brunswick St site, or an alternative if available**.**

Advantages:

- Council may be willing to act as developer and landlord and progress a scheme quickly without integration / multiple stakeholder complexities.
- No formal public consultation required – only consultation with patients.
- Smaller site / building required therefore availability may be better.
- Potential for the PC demise to be incorporated within one of the other developments on Brunswick site (to be explored with council).
- If council funding a scheme, potential for ETTF funding to be released 18/19 FY
- GP's are potentially able to relocate from functionally unsuitable premises more timely.
- Services planned for relocation from Teignmouth Hospital to Dawlish unaffected (ie maximising efficiency of Dawlish PFI can be realised irrespective of PC integration)
- Pharmacy (subject to approvals, market conditions and tender) rental and potential up front premium could provide financial support to the scheme to the benefit of PC.

Disadvantages:

- Integration of Health and Wellbeing services not achieved, community service providers operating out of a number of locations.
- Vacating Teignmouth hospital may be dependent upon finding alternative accommodation for Community Services (those not planned to relocate to Dawlish)
- Affordability may remain an issue.

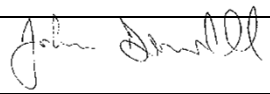
17. OTHER ISSUES Confirm and provide brief explanation about: a) Is the output from One Public Estate planning known for the relevant locality ? b) Have NHS PS / CHP / or other named party provided input into the PID? c) Is there spare service (or accommodation) capacity in neighbouring, cross boundary areas? d) Are any service or accommodation closures anticipated as a result of these proposals? e) Will any land be released? f) Is the proposal dependent on reinvestment from disposals? g) Where applicable, is the land clearly identifiable and available. h) Is the land in the ownership of the NHS? i) Where GP or other organisations will share the facility, are there plans to integrate the common areas, or are the organisations intent on remaining fully separate entities in practical terms? The latter *may* not be acceptable for this PID to be approved		
	a	No
	b	No, but the scheme is in unison with the STP vision.
	c	No
	d	Yes
	e	Yes
	f	No
	g	Yes, identifiable. No, not entirely available. Land is subject to discussions between 2 current occupiers to secure a vacant site and the council as owner.
	h	No. Council with intent to develop in local plan and to include NHS development subject to NHS Public Consultation.
	i	Yes shared common areas including one building reception, waiting area, teaching / physio spaces, ancillary accommodation.

18. KEY RISKS Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated. Please list any risks to delivery, for example if the spend is dependent on a practice merger other estates investment, involvement of a 3rd party, etc.	**Risk**	**Mitigation**
	Scheme does not proceed and puts at risk the sustainability of Primary Care Services in Teignmouth, due to the inability to accommodate expansion and / or the continued failure to attract new key staff.	If site is the failure point, contingency plans being discussed. There is no mitigation for failing to secure funding either in the form of additional revenue and / or capital.
	Scheme / PC element is unaffordable	All partners are committed to achieving a viable solution. ETTF funding is crucial to the viability. Option for contingency scheme via Council as delivery mechanism being assessed in parallel to preferred site analysis.
	Preferred site acquisition is not achieved	Other sites have been evaluated and will be revisited. Contingency option of stand alone PC centre being evaluated.
	Agreement on the lease term of 35 to realise the required financial return not acceptable to GP's/ CCG and / or Agreement cannot be reached on the leaseholder for the GP demise	Early discussions required with all parties prior to scheme proceeding and incurring further costs to establish whether an acceptable tenure agreement can be achieved.
	Primary Care and Community services resilience to continue to negate the need for community beds. (Evidential data underpins public consultation).	Resource levels for community services which have sustained the closure of existing beds for 12 months is underpinned by CCG commitment to continue to invest in this model.

		Formal consultation will address.
	Scheme relies on landlord / tenant agreements. GPs will be a tenant of the Trust There is no merger of practices. Signing one lease may be an issue for 3 independent GP practices. Primary Care is the majority occupier.	Regular meetings and MOU in place Discussions commenced with GP's regarding views on lease treatment. PC continuous involvement in development. Revenue costs for GP lease term will need to be agreed prior to proceeding.
	Patients reject co – location of Practices	Informal feedback acknowledges issues with current premises. Formal engagement and consultation with patients is key to enlisting support for the resilience of services.

19. Conclusion	There is clearly an identified requirement for the relocation of the GP practices into fit for purpose, accessible premises, from which they can also offer appropriate facilities for training medical students and trainee GPs. The current issue with recruitment of qualified staff is compounded by the poor quality of the existing environments and an indicator that sustaining a resilient Primary Care service for Teignmouth is an imminent risk. All stakeholders to the Health and Wellbeing Centre development are committed to finding a solution which enables them to colocate to deliver an integrated Primary and Community service. Partners are endeavouring to find an equitable financial solution within the current affordability envelope. However, the currently modelled costs will depend upon the signing of a 35 year lease, which may not be acceptable and, to build the premises to a scale which enables the GPs to deliver fit for the future services, finding additional capital and / or revenue is necessary. For the scheme with its current cost predictions to be affordable and to proceed in its currently presented form, the following will be required: a) A lease term of 35 years minimum without a break, with 'regular' (tbc) increases during the term will need to be accepted with a leaseholding organisation nominated **and** b) ETTF funding will need to be increased from £1.1m to c£1.95m if no additional rental / revenue is forthcoming **or** c) Rental will have to be increased to c£170kpa if no additional ETTF funding is available **or** d) A combination of ETTF increase with an increase in rental revenue will be required. Notwithstanding the commitment of all stakeholders to the Brunswick St site development, integrated with TSDFT and the Voluntary Sector, such is the urgency of the premises issues within the GP current estate, other options are continuing to be explored, including to work with the Teignbridge Council directly to find an alternative solution, as a contingency should the H&WBC site acquisition be protracted beyond an acceptable timeline. High level financial modelling carried out to assess the funding required to support a standalone project would indicate that the sums as above may enable delivery of such a scheme. This contingency option will continue to be evaluated in parallel to the Brunswick St Integrated scheme, pending the outcome of the consideration of this PID.

20. SCHEME OR PROJECT ENDORSED BY:

CCG CHIEF FINANCIAL OFFICER	Organisation	NHS South Devon and Torbay CCG
	Name	John Dowell
	Signature	
	Date	31 October 2018.
NHS ENGLAND DCO DIRECTOR OF COMMISSIONING	DCO	
	Name	
	Signature	
	Date	
NHS ENGLAND DCO DIRECTOR OF FINANCE	DCO	
	Name	
	Signature	
	Date	
PRIORITISATION (For regional use only where applicable)		
APPROVED BY		
NHS ENGLAND REGIONAL DIRECTOR OF FINANCE	Region	
	Name	
	Signature	
	Date	
Conditions of approval, (where applicable).		

	Document	**Embedded file**
Appendix A	Site Option Appraisal	
Appendix B	TSDFT SOA V8 (Smaller GP GIA)	
Appendix C	GDV Appraisal (TSDFT)	