

Appendix 1

Full Business Case and Options Appraisal

Project Information	
Project Name	Knoll House Supported Housing Development
Directorate/Service	Health & Adult Social Care, Commissioning Service
Full Business Case Author (Name and job title)	Anne Richardson-Locke, Contracts & Commissioning Manager, Health & Adult Social Care
Date Full Business Case drafted	19/05/21 and revised on 18/06/21 to take in account the revised contingency costs
Senior Responsible Owner/ Project Executive (Name and job title)	Andrew Witham, Head of Commissioning Service, Health & Adult Social Care
Project Manager/Programme Manager	Cristina Forjaz, Project Manager/ Kat Brett, Programme Manager, Corporate Programme Management Office

1. Executive Summary & Recommendations

- 1.1 Knoll House is a Council owned residential care home that was built in 1981 and closed in 2019. Various uses of the building have been considered since then but the preferred option, as agreed at Health & Wellbeing Board in January 2020, was to convert the building into Supported Housing flats for people with physical disabilities and/or brain injuries. The Board asked for a detailed Business Case to support this option and this paper sets out this case.
- 1.2 Health & Adult Social Care directorate have identified a significant shortfall of care provision for people with physical disabilities and brain injuries in the city whose average age is 55. There are currently in excess of 28 people who are in residential care, placed out of area or living in inappropriate accommodation who would benefit from supported accommodation that is accessible for people with mobility problems or who use wheelchairs and that has on site care and support.
- 1.3 A project board led by Health & Adult Social Care with representatives from Property & Design, Commissioning, Estates, Occupational Therapy, Project Management, Assessment, Legal, Procurement, Finance, Housing and the Clinical Commissioning Group (CCG) have been working together to identify the best solution to improve the housing and care that Brighton & Hove City Council (BHCC) provides to residents with disabilities. The Board have also taken into account the views of people with disabilities via the 'Client Design Panel' who have helped shape the brief.
- 1.4 Consideration has been given to various ways of changing the building and site at Knoll House. Initially the refurbishment and conversion of the existing 2-storey building to provide 17 flats for 18 persons with medium to high support needs was the preferred option. A detailed feasibility report for this option was completed by BHCC Property and Design.
- 1.5 As part of the report an overview of the existing services and fabric was completed alongside the production of indicative layout plans that showed the necessary physical amendments required to provide the desired accommodation.
- 1.6 To ensure a full and thorough investigation into the viability of the proposals, reports from specialist external consultants were commissioned. A significant amount of time was taken to complete and refine a detailed Brief to ensure proposals were in line with the end users' needs.

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- 1.7 Generally, the building fabric was found to be in good condition, however in order to facilitate the proposed use some significant changes to the structure and internal layouts are required. The mechanical, electrical and plumbing (MEP) services showed signs of degradation and in several areas exceeded or is approaching the end of its serviceable life. Throughout the life of the building elements have been replaced, for example windows and roof coverings. However, as the building is approaching 40 years old and will inevitably incur higher maintenance costs compared to a new build. Constraints of the existing building mean improvements to thermal and sound insulation levels are limited.
 - 1.8 The recommendation was to strip out the existing services installation and provide new systems throughout to suit the proposed works. Working within the constraints of the existing buildings footprint presented many challenges and despite the limited size of the building it was possible to fit in the desired quantity of accommodation although concessions were required as detailed within the report. Some flat layouts were compromised, flat sizes and kitchens were smaller than desired and 2 of the 17 flats were studios.
 - 1.9 On the back of the feasibility a detailed cost plan was compiled by a fully qualified and experienced Quantity Surveyor. The cost was based on a detailed Brief, Concept Drawings and detailed input from Structural, Mechanical and Electrical Engineers to ensure cost certainty. 10% contingency costs were assumed but the pandemic and Brexit are particularly affecting supply chains and labour costs and it is hard to predict how long this will continue and what effect it will have on prices. There could also be the potential for other factors to increase costs that cannot at this stage be predicted such as planning and design considerations and unforeseen construction issues. Taking these factors into account the contingency costs have been increased from 10% to 24%
 - 1.10 Taking into account these revised contingency costs, costs for the refurbishment / conversion option are identified as £4.9 million (including fees). 33% of these costs relate to the mechanical, electrical installations, sprinklers and lifts as these would not currently meet requirements.
 - 1.11 Calculations using the Building Cost Information Service (BCIS) of the Royal Institution of Chartered Surveyors (RICS) for a new build of the same internal floor area were only found to be around 30% higher. A second feasibility report and detailed cost plan were therefore commissioned to assess the viability and provide accurate costings of demolishing and building anew before presentation to committee. Both a 2-storey and a 3-storey building were considered and the detail is set out in the Knoll House New Build Feasibility Report.
 - 1.12 The Business Case sets out the **preferred option to demolish Knoll House and build a replacement 3 storey building with 27 self contained Supported Housing flats** using capital borrowing and a Homes England bid to fund the project. 28 people could be accommodated who need support ranging between 10 and 63 hours per week.
 - 1.13 The feasibility and cost estimates for the new build were completed with input from BHCC Property and Design, BHCC Occupational Therapists, Structural Engineers, Chartered Quantity Surveyors and Architectural Consultants.
 - 1.14 The new build design fully meets the Brief (see section 4 of this report) providing fully wheelchair accessible flats that incorporate balconies and allow future proofing due to the likely degenerative conditions some tenants may have, for example, e.g. future installation of hoists. It also includes for 2 bariatric flats and 1 two bedroom flat. A good level of parking including disabled parking with electric car charging point is also included. There will be 24/7 on site support with office and kitchen facility, with the provision of staff sleeping accommodation along with communal space for use by residents and potentially the wider community (for meetings, small community groups etc).

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- 1.15 In achieving the requirements of the brief, the proposed building has a larger footprint than the existing which is 920msq, with the proposed being 1060msq, over 20% larger, making much more efficient use of the site.
 - 1.16 The gross internal floor area of the preferred 3 storey new build option is 2893msq compared to 1900msq for the 2-storey and 1511msq for the refurbishment option. With gross internal floor area £/msq rates estimated. However, these £/msq rates do not offer direct comparison given the provision for the new build options are greater in terms of larger flats, no compromise on space standards / layout and have the ability to provide low carbon energy. It was advised that it would be not be possible to eliminate the use of gas to heat hot water on the refurbishment option as limited space means alternatives such Air Source Heat Pumps are not viable for this as they require large spaces for the dedicated external condensers and associated buffer vessels.
 - 1.17 Taking into account the revised contingency costs, the estimated build cost for the preferred option of 27 self-contained flats is £10.500m excluding VAT, furniture, fixtures and equipment, and including Professional Fees. Costs of statutory applications and further investigations are also an additional expenditure (see section 4 - preferred option).
 - 1.18 Professional fees that include likely statutory application fees, further investigations, and specialist consultants to support planning applications are estimated to be up to 15% of the build cost.
 - 1.19 Given the compromises required within the refurbishment option, the 3 storey new build option is considered to offer the best value for money for the following reasons: the small variance of £/msq costs; the ability of the new build options to fully meet the Brief providing a building with high energy efficiency and high levels of insulation; and the ability to incorporate low carbon mechanical and electrical services.
 - 1.20 A 3-storey building would also offer the ability to provide care to more people, additional much needed wheelchair accessible accommodation, greater economies of scale in the management and provision of the support service and more income in rent.

2. Objectives

- 2.1 The objective of this project is to provide long term support with accommodation for people with physical disabilities and brain injuries. Under the Care Act 2014 Local Authorities must provide accommodation and support to people who have been assessed as needing it. The Act sets out the duty of authorities to shape the market and promote diversity and quality in the provision of efficient, effective, sustainable, services. Individual's wellbeing must be taken into account with choice provided into how support needs are met to enable as much control over day to day life as possible.
- 2.2 The refurbishment of Knoll House will create homes with support for 28 people in 27 self-contained flats. This will ensure that Brighton & Hove residents can continue to live as independently as possible in their local area and also ensure longer term financial sustainability by reducing the reliance on high cost residential, nursing home, and single person placements.
- 2.3 The Equalities Impact Assessment and Needs Assessment carried out by the HASC Commissioning Team shows that there is a particular need for housing and support for:
 - 2.3.1 **Young people aged 18-25** leaving the family home, residential colleges or other care settings with conditions such as Cerebral Palsy, other disabilities or brain injuries. Some young people with Cerebral Palsy who have care needs have been placed out of the City,

in services with people with learning disabilities or in residential care. There are also young people with physical disabilities in single person services or small care homes that require high levels of 1:1 support offering little privacy and independence and that are high cost.

- 2.3.2 **People with brain Injuries that have some behavioural / complex needs.** There are a small number of people with injuries to, or conditions that affect their brain that have resulted in some behaviours that can be challenging or could put themselves at risk. People may require staff to be present to prevent conflict with others or people may require services with the ability to put in place restrictions where they do not have the mental capacity to make decisions. For example, some people may be at risk if they were to go out by themselves so would be prevented from doing so unless a staff member was present. Currently, if restrictions are required people must go into residential care or out of the area.
- 2.3.3 **People with physical disabilities.** There are some people with conditions such as Multiple Sclerosis, Huntington's, who have experienced a stroke, a spinal injury or have an Acquired Brain Injury (ABI) who continue to live at home. However, if their condition means that they need support this may depend on the availability and ability of carers or personal assistants and having a suitable property which unfortunately is not the case for everyone. People who may only be in their 40s and 50s have then been placed in older people's care homes locally or as happens more frequently they are moved to specialist care homes that can be miles away in other counties, far from their families and friends.
- 2.4 Within the city there are currently 10 other flats in 2 supported living services, none of which are accessible to people in wheelchairs and 10 Extra Care flats that are wheelchair accessible. On the rare occasions that there is a void in these services there are multiple applications, with 5 people applying for the last vacancy in the Extra Care service. None of these services are suitable for people with behavioural needs or provide the opportunity for young people to be clustered together. Whilst there are other wheelchair accessible flats across the City they do not have support available on site.
- 2.5 The needs assessment shows that people need medium to high support (average range of 28-63 hours per week plus overnight care), rehabilitation and an assessment function to see how well they can manage and may go on to need more or less support. This would provide a step down from residential care and rehabilitation services or prevent a move into residential care or nursing homes. Whilst residential care can provide a very important role, people with disabilities have a strong desire to live as independently as possible in their own self-contained accommodation with their own front door. There is also an acute need for bariatric accommodation that can house and support people who weigh up to 55 stone.
- 2.6 There is also the need for wheelchair accessible accommodation for people with lower support needs (average of 10 hours per week) who need help with some tasks and the safety and reassurance of on-site care should they need it and the knowledge that they don't need to move should their needs increase.
- 2.7 There has been a strategic shift within social care and health towards prevention and early intervention. Supported Housing, also known as 'Assisted Living' or 'Extra Care' housing provides a preventative service by responding quickly to tenants' changing needs, and can respond in emergencies as well as provide planned care. Supported housing comprises of self-contained homes with design features and support services available to enable self-care, more independent living and choice and control over meeting individual needs.

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- 2.8 The Housing Learning and Improvement Network (Housing LIN) were commissioned by BHCC to report on the housing needs of older people in Brighton & Hove and produced a report in November 2019 that made recommendations mainly with regard to older people. The report, however, also referred to gaps in provision for people with Acquired Brain Injury (ABI), Multiple Sclerosis & other physical disabilities and identified the need for ‘supported living for people with a physical disability/ABI both with and without behavioural issues, including people who also have age related needs’¹. There are currently 22 people with physical disabilities or brain injuries, aged 55-64 in older people’s Extra Care housing in Brighton & Hove.
- 2.9 The objective for this service is to provide a very personalised service by combining self-contained Supported Housing with individualised personal budgets for each tenant. Individual Service Funds (ISF’s) will be utilised and are an arrangement where the service provider works with the person to provide flexible support. ISF’s are a middle ground between direct payments that are managed by the individual themselves and a package of care that is arranged by a local authority. The service provider receives the fund for each tenant but must work with the tenant to identify how they want to use their personal budget to meet their needs. As needs change the overall fund can flex without having to reassess needs constantly and people can also ‘bank’ support hours to use flexibly.
- 2.10 As well as providing accessible accommodation this is an opportunity to include the digital infrastructure from the outset in order to enable technology to be integrated with care and personalised according to need in accordance with the ADASS recommendations² which could also be of benefit to residents with sensory needs. For example, enabling sensor access to lifts and doors and the ability to control windows, curtains, lighting & music without the need for staff input.

3. Background and context

- 3.1 Knoll House is a BHCC owned building that has had various uses but most recently a nursing home providing short term care to people being discharged from hospital with staff from the BHCC Provider Services and Sussex Community Foundation Trust (SCFT). In April 2019 due to the changing needs of the people being leaving hospital SCFT no longer felt they could provide safe and sustainable community nursing and therapy into Knoll House and withdrew their staff.
- 3.2 BHCC changed the registration with the Care Quality Commission (CQC) from nursing to residential care but saw a significant reduction in admissions resulting in an unsustainable service. Staff were merged with those at BHCC other service, Craven Vale. In September 2019 Health & Wellbeing Board agreed to consider a detailed proposal to use the building for people with mental health issues. However, as the building was specifically designed to be accessible for people with mobility issues the preferred option was agreed to look at the costs of developing Supported Housing for people with physical disabilities and brain injuries at the next HWB in January 2020. Engagement with the local community in October 2019 and January 2020 indicated a preference for this option.

¹ Older People Housing Needs Assessment: Report for Brighton & Hove City Council, Housing Learning & Improvement Network, 2019.

² ADASS TSA Commission EXPLORING HOW TECHNOLOGY CAN BE TRULY INTEGRATED INTO ADULT SOCIAL CARE March 2021 <https://www.tsa-voice.org.uk/adass-tsa-comm/>

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- 3.3 Detailed work to identify the costs for the development was paused from March to October 2020 as the Covid-19 pandemic put significant strain on HASC resources and resulted in BHCC and CCG considering other emergency uses for the building. Brighton & Hove CCG explored using the building as a dementia care unit and a step down from the hospital but concluded that the extensive work required to meet infection control and safety standards would be expensive and time consuming. The building remains closed with a Guardian Scheme providing security and bringing a small income to the Council as the Guardians pay a fee to live in the property.
- 3.4 BHCC Property and Designs' Building Surveying & Maintenance Team was initially commissioned by Health & Adult Social Care to deliver Building Surveying Services; develop the Brief, and produce a feasibility report for the conversion of Knoll House into specialist self-contained flats for people with physical disabilities and brain injuries supporting their Business Case. The initial feasibility with cost plan was followed by a second investigating the New Build alternatives. Three options were investigated in detail:
- Refurbish and Conversion of Knoll House
 - Demolish and Build a 2-storey Building
 - Demolish and Build a 3 Storey Building

Refurbishment and Conversion of Knoll House

- 3.5 A thorough review of the Brief was undertaken to ensure the proposals were in line with the end user needs. In order to have a degree of cost certainty and be sure a conversion was viable, several external consultants known and regularly used by BHCC were engaged to bring expertise and knowledge. These were engaged within BHCC guidelines. These included:
- 3.5.1 Mechanical and Electrical Consulting Engineers: - To provide a condition survey of the existing services, and assess the need to amend, alter or replace services to meet the new proposals and the low carbon aspirations.
- 3.5.2 Structural Engineers: – To review the proposed amendments and resultant works in order to ensure viability.
- 3.5.3 Fire Engineering Consultant: – Given the nature of the tenants' disabilities very careful consideration was needed regarding emergency egress (many would be unable to self-evacuate) and further to detailed consultation with BHCC's Lead Consultant on Health & Safety a Fire Engineering Consultant was engaged to provide advice on the proposals;
- 3.5.4 Chartered Quantity Surveyors: – To ensure associated costs for the build could be determined accurately a Cost Plan Report on the alterations, improvements and amendments required to the existing building was commissioned.
- 3.6 Working within an existing building presents numerous problems. Constraints within the layouts meant, although the refurbishment option was able to meet some elements of the Brief but certain compromises had to be made. As well as compromising on space standards, there is limited ability to improve the insulation levels and fully meet low carbon objectives. It was advised that it would be not possible to eliminate the use of gas to heat hot water on the refurbishment option. Limited space means alternatives such Air Source Heat Pumps are not viable as they require large spaces for the dedicated external condensers and associated buffer vessels. Alterations to existing structures are also costly and this is represented in the £/msq costs.

New Build Options

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- 3.7 Further feasibility and cost estimates were completed for the new build options, again to ensure an accurate assessment on costs along with certainty on the viability. Information collated from the initial feasibility was used with additional services obtained from Structural Engineers, Chartered Quantity Surveyors and Architectural Consultants. The latter compiled the feasibility report.
- 3.8 The new build options make it possible to fully meet the Brief, provide fully wheelchair accessible flats that incorporate balconies (there is no provision for this in refurbishment option) and allow future proofing due to the likely degenerative conditions some residents may have (for example future installation of hoists). It also includes for 2 bariatric flats (the refurbishment option only has provision for 1 such flat) and 1 two bedroom flat. There is a good level of parking including disabled parking with electric car charging points. There will be 24/7 on site support with office and kitchen facility, with the provision of staff sleeping accommodation along with communal areas for use by the residents and potentially the wider community (for meetings, small community groups etc).
- 3.9 In achieving the requirements of the brief, the proposed building has a larger footprint of 1060msq than the existing footprint of 920msq. This is over 20% larger, making much more efficient use of the site.
- 3.10 The gross internal floor area of the preferred 3 storey new build option is 2893msq compared to 1900msq for the 2-storey and 1511msq for the refurbishment option. With gross £/msq rates indicating clear economy of scale advantages in respect of the 3-storey build. However, these £/msq rates do not offer direct comparison given the provision for the new build options are greater in terms of larger flats, no compromise on space standards / layout and has the ability to provide low carbon energy.
- 3.11 Given the compromises required on the refurbishment option, the small variance of £/msq costs and the ability of the new build options to fully meet the brief providing a building with high energy efficiency, high levels of insulation and ability to incorporate low carbon mechanical and electrical services the 3 storey new build option is considered to offer the best value for money.

Local picture and demographics

- 3.12 Both Health & Adult Social Care and the Sussex Clinical Commissioning Groups are currently experiencing the challenge of meeting increasing demand and complexity within reducing budgets. Demographic projections show:
- 3.12.1 Significant increases in all areas of need met by HASC and increasing complexity of need in the younger adult population.
- 3.12.2 People aged 18-64 predicted to have impaired mobility is estimated to increase by 9% from 2019 – 2030 in Brighton & Hove. This is significantly higher than the average in other areas where it is estimated to increase by 2%. Also in that period it is predicted that there will be 11% more people between 18 and 64 with a moderate disability and a 15% increase in people with a serious disability. This equates to 580 more people out of a total of 1,047 more people with moderate to serious disabilities with personal care needs.³
- 3.12.3 BHCC have 55% more people aged 18 to 64 in residential and nursing care in comparison with other local authorities, with 52% of these out of area. There are also higher levels of spend for both short and long- term support for Physical Support. BHCC spends £262

³ Source: Institute for Public Care. www.pansi.org.uk

more than similar local authority areas, per 100,000 people for Short Term Physical Support for 18 – 64-year olds.

3.12.4 Currently there are 5 people under the Court of Protection requiring support in Brighton & Hove. This means that they are objecting to their current placement in a care or nursing home out of the city and want to move to more independent living in Brighton & Hove. The Court regularly ask for progress reports from Assessment and Commissioning about the options available to meet their requested needs.

3.13 Brighton & Hove Clinical Commissioning Group colleagues are keen for more local services as they are also placing people in high cost placements outside Brighton & Hove. They currently fund 2 of the 10 Supported Housing placements in Brighton with Continuing Health Care funding and have identified further people who would benefit from a service like this.

Commissioning Plan for people with physical disabilities, sensory needs and brain injuries:

3.14 Engagement with people with physical disabilities and their carers as part of the development of the Commissioning Strategy in 2020 identified that people would like to be able to stay in their own home with adaptations if necessary for as long as possible and in some cases to the end of their lives. They would also like a range of accommodation options with a wide range of activities for all ages, communal spaces and support to live independently by retaining skills or learning new ones.

3.15 The Commissioning Plan therefore identifies the need for further supported living with 24-hour support for people with physical disabilities in the city as well as relevant social activities and community access to be included within specifications for all services.

Community Impact

3.16 A Community Impact Assessment has been completed which tests if a planned service will have an impact on community cohesion and community conflict. The impact assessment for the proposed Knoll House Supported Housing service indicates that it does not have the potential to heighten community tension or reduce cohesion. There will be a detailed communication plan, which will seek to maximise cohesion.

3.17 As with all building work noise and disruption cannot be totally avoided. The contractor will be required to mitigate against disruption by providing suitable segregation of the building site and public areas, maintaining pedestrian and vehicle access for residents, restricting parking of operatives working on the site, traffic control as necessary, wetting and cleaning of areas to avoid excess dust, regular liaison with the local community, letter drops etc. The contractors will also be required to join the Considerate Constructors' Scheme which is a not-for-profit, independent organisation founded to raise standards in the construction industry. By registering with the Scheme, they will agree to abide by the Code of Considerate Practice, designed to encourage best practice beyond statutory requirements. The Scheme's main areas of concern fall into three categories: the general public, the workforce and the environment.

3.18 Build periods for all three options considered (refurbishment, 2 and 3-storey new build) are similar, so the each present a challenge in reducing disruption with the new build obviously requiring a short demolition stage at the beginning.

Which corporate principles and priorities (as outlined in the Corporate Plan) will it help deliver?

- 3.19 The project will help the Council to deliver the corporate priorities:
- “A healthy and caring city – Support people to live independently”
 - “A sustainable city – Become a carbon neutral city by 2030”
 - Directorate objective: to “Lead the delivery of the Health and Wellbeing Strategy”
 - the Service objective: to “Commission services to meet current and expected demand, ensure good outcomes and deliver value for money”

What other programmes, projects or services does it link to?

- 3.20 The project is linked to:
- Health & Adult Social Care Medium Term Financial Strategy
 - Health & Wellbeing Strategy
 - Commissioning Strategy
 - Housing Strategy
 - Physical Disabilities Commissioning Plan 2020-2024
 - Health & Adult Social Care Modernisation Programme
 - Better Lives, Stronger Communities Programme
 - Officers from internal departments that include: HASC services, Property & Design, Housing services, Corporate Programme Management Office, Procurement, Estates, Finance, Legal and also Brighton & Hove Clinical Commissioning Group

4. Preferred Option

OPTION 1

1. Description of the option

Describe the option that is being explored. Including any evidence base, this should include benchmarking data and needs analysis undertaken.

The proposal is to demolish the existing Knoll House care home and use Capital borrowing and funding from a Homes England bid to build a 3 storey building with 27 Supported Housing flats.

The accommodation will need to be of a high standard and meet the requirements set out in the Building Regulations and additional guidance applicable to these specialist works.

The feasibility report compiled by Evolution Architectural Consultants provides plans in line with the Brief that will create 27 flats with 3 distinct areas:

- 4 flats clustered together for people aged 18-25 with its own separate entrance
- 4 flats for people with ABI with a separate entrance and the facility to section this area off if there are people whose behaviours are particularly challenging
- 19 flats for the remaining 10 people with physical disabilities, including 2 bariatric flats and a 2 bedroom flat

Tenants may have a range of mobility needs with some people using wheelchairs for most of the time and some only for outside use or not at all when they first move in. All flats have been designed to accommodate wheelchairs to enable the most flexible use of the accommodation and to prevent people having to move should their mobility decline.

The feasibility and cost plan include for the following:

- Self-contained flats with open lounge and kitchen area and with separate bedroom and bathroom.
- Kitchens will have adjustable work surfaces; bathrooms will have level access showers and flats will be future proofed by providing space for tracking to include ceiling track hoists if required
- Communal areas for tenants to be able to socialise with each other or with visitors

- A shared spa/bathroom with accessible bath for tenants to use and receive treatment.
- Energy for lighting, heating and hot water to be generated via photovoltaic panel arrays and individual microgeneration systems using air source heat pump technology
- Lifts that can accommodate people in stretchers and wheelchairs and are designed as an evacuation lift. In addition there will be associated refuge areas.
- Balconies to each flat
- A fully integrated sprinkler system to ensure fire safety
- Staff accommodation will include a supervision room, office space and staff overnight accommodation
- 1 accessible guest room with ensuite facility and a suitable number of accessible visitor toilets.
- A resident laundry room with industrial size machines
- Limited external Garden areas for use by tenants and visitors.
- Storage in flats for tenants' equipment and cycle store for staff
- Communal doors to be automatic with video door entry system ensuring separation between cohorts.
- Adequate parking for staff and residents with electrical charging facilities.
- Smart technology and technology to assist with those with sensory needs issues.

Procurement Route for New Build Option

The Strategic Construction Project has almost reached its limit of schemes under the original OJEU total so would not be a suitable procurement route. For a project of this type and value, the Design & Build contract is recommended. The contractor takes on the design risk as well as the construction risk. This is better for the Client as there is a single point of responsibility. HASC would engage an Employer's Agent as lead, to produce sufficiently detailed Employer's Requirements, before tendering to Design & Build Contractors to submit a fixed price for undertaking the planning submission, detailed design work and constructing the building.

In terms of professional fees including likely statutory application fees, further investigations and specialist consultants to support planning applications, whether a traditional or Design & Build contract is used, fees could add up to 15% of the build cost and will be included in the tender return for the build.

Possible Routes to Market

Possible routes to market are being considered for delivery of the recommended Design & Build contract.

These routes include the use of existing frameworks. The in-house Architect team with support from the case building surveyor will act in the Client Advisory role and support HASC through the whole construction project. Property and Design team recommend that an Employer's Agent (EA)/Construction project manager be appointed through a compliant Framework and that specialist mechanical /electrical and structural work is also appointed though a compliant Framework. The EA project manager would manage the whole construction project alongside the Client's Advisory in-house role and support the HASC client to ensure the outcome is a building of high quality fulfilling all HASC client requirements. A suitable Framework will be used to select the contractor. This proposed route has been used by Property & Design team successfully and fulfils the lessons learnt from other projects.

The recommendation is that HASC will need a project manager to steer this project from the Client's perspective.

Housing Management, repairs and maintenance

There are two options for the provision of the housing management. The Council's Housing Department could manage the building and carry out ongoing repairs and maintenance. Knoll House is located on a BHCC estate and next to 2 sheltered housing schemes therefore there are teams and services already in the area who would ensure a swift response to any urgent repairs. BHCC staff could be involved from the outset and be involved in the property development to ensure it fits with current repairs and maintenance provision.

The 28 people living at Knoll House would have tenancies and the Council would receive income in rent or Housing Benefit / Universal Credit. Specialist inhouse resources would support the ongoing running of the scheme for example the Housing Adaptations Service are currently, and would continue to, assist with individually adapting the flats and Trusted Assessors would be able to make minor adaptations. This is working very successfully at Brooke Mead, another Council managed Extra Care scheme for people with dementia.

Alternatively, BHCC could enter into a lease arrangement with a Registered Provider (RP) to provide housing management, repairs and maintenance. Soft market testing indicated some interest from RP's with 4 responses from RP's who currently provide housing management in similar settings, 2 locally and 2 in other regions. The minimum lease lengths expected were between 5 and 25 years with anticipated rents around the local housing allowance rates.

Three RP's expressed some interest in providing the Design & Build function as well as housing management but would expect capital funding to come from the Council and lease lengths of between 5 and 25 years.

Care and Support

Care and support will be provided by a specialist care provider who will be registered with the Care Quality Commission to provide care to people with physical disabilities and brain injuries.

The aim will be to provide independence, choice and control so each tenant will have their own personal budget and care and support plan that reflects their needs and wishes.

Staff will provide support 24 hours a day and be available to support people with activities in the community or to support tenants to use or pool their funds to organise social activities. Using personal budgets can enable tenants to be more flexible as their needs change and the aim is that by using Individual Service Funds (ISFs) the provider can flex the support and staffing accordingly which prevents having to continuously review need.

Two options for the provision of the care and support are being considered:

A specialist provider could be procured via a tender exercise. Specialist independent sector providers are currently providing good quality support to these client groups in the city and are keen to expand. Soft market testing has resulted in some interest in the potential service from experienced providers, both local and national organisations, who are currently providing similar services to people. All of the organisations that responded were open to the idea of using Individual Service Funds and did not see the range of needs to be supported as a challenge as long as the specification set out appropriate staff training, staffing levels, personalised and flexible support, suitable referrals, housing support, assistive technology, and co-production. The cost of support has been calculated using the same model and structure as other externally commissioned services and has been estimated at £960 per person per week.

Alternatively, BHCC currently provide residential care and supported living to older people, older people with mental health issues and to people with learning disabilities and/or autism some of whom may have additional physical disabilities. BHCC HASC Provider Services previously provided the care at Knoll House and received 'Good' in all areas from the Care Quality Commission. The cost of BHCC providing support has been calculated using the same model and structure as other Council directly provided services and has been estimated at £1,420 per person per week.

2. Is this the preferred option?

Yes or no and a brief explanation why.

Yes.

The 3 storey new build is the preferred option given that there are economies of scale to be derived and it will fully meet the Brief and provide urgently needed accessible care and accommodation to more people than the 2-storey refurbishment or 2-storey new build options.

It would provide a bespoke high quality, energy efficient building with the ability to incorporate low carbon mechanical and electrical services. It will be possible to have photovoltaic panel arrays that have the ability to regenerate all electricity for lighting and power on the site and individual microgeneration systems using air source heat pump technology to provide heated or cooled filtered fresh air.

Such a building will have an extended life span over and above the refurbishment option and have lower planned maintenance costs.

It is considered to offer the best value for money as the care costs and housing management costs are spread over a greater number of tenants, realise increased savings and therefore the 3 storey option will enable the return on investment to be realised over a shorter period.

3. Costs, Funding & Cashable benefits

What are the anticipated financial savings from the programme or project? Profile the savings over the lifetime of the programme or project.

The table below sets out the investment requirement to fund the preferred option. The service is necessary to help manage the financial pressures and is linked to the Medium-Term Financial Strategy.

This model assumes that rents would be set at the Local Housing Allowance (LHA) levels and that the Council would retain the housing management, repairs and maintenance function. Rental income, net of service charges, management, maintenance, major repairs and voids costs is estimated at £0.150m per annum.

A bid will be submitted to the Government's Affordable Homes Programme 2021-26 which provides funding 'to support the development of good quality housing provision for disabled and

vulnerable people that can be either supported or where access to support is provided where needed⁴. For the modelling a grant of £45k per unit is assumed (£1.260m).

The estimated costs originally used 10% contingency costs but this has now been increased to 24% in the current situation due to:

- the potential impact of Brexit on labour market/costs and supply chain risks/costs;
- the potential impact of the pandemic on supply chain costs already in evidence;
- the added complexity of designing properties for social care residents compared to standard housing i.e. greater risk of cost over-runs; and
- the higher risk of cost over-runs for increased sustainability and carbon reduction requirements.

On this basis the development requires capital borrowing of £9.240m towards the total scheme capital cost of £10.500m. The majority of the capital funding required will be from borrowing over the life of the asset (50 years) which will therefore result in an annual repayment of up to £0.296m.

The housing element of the scheme will therefore cost approximately £0.146m per annum. However, the indicative reduction in future service pressure funding, i.e. revenue savings to the Health & Adult Social Care budget arising from the avoidance of high cost in and out of area placements is in the region of £0.399m per annum assuming an externally commissioned service provides the care.

The table below shows the potential payback period against the investment of £10.500m with the current projected ongoing net revenue saving for each option. This assumes a weekly cost if provided by the Council of £1,420 per week, and if provided by a commissioned service a cost of £960 per week. The current average weekly cost of the care to the individuals identified as needing this service is £1,233 per week.

This is based on the average current cost of care provided at existing care home placements and other smaller supported living or live in care placements. Tenants also contribute to or fund the cost of their care where able and therefore average client contributions are taken into account here too.

This modelling indicates that if an externally commissioned service provides the support the capital borrowing could potentially be paid back in 23 years (from when service provision commences). If BHCC provide the care on-site, the modelling assumes there is a loss, as BHCC care costs are higher due to high infrastructure, overhead and service on-costs. This would add to future service pressure funding requirements and increase any budget gap;

Please note: All costs are subject to change and are calculated at 20-21 prices. Any delay in the processes linked to the project has the potential to impact on the cost. Recognising the 24% contingency assumed within the cost model there could also be the potential for other factors to increase costs that cannot at this stage be predicted such as planning and design considerations and unforeseen construction issues.

⁴ <https://www.gov.uk/guidance/capital-funding-guide/3-specialist-homes-for-older-disabled-and-vulnerable-people#supported-housing-groups>

New build option	Externally Commissioned Service	BHCC Service Provision
	£'000	£'000
Total Investment	10,500	10,500
Funded by:		
Estimated external funding (Homes England)	-1,260	-1,260
Borrowing required	9,240	9,240

Annual borrowing costs @ 2% pa	296	296
Average net income**	-150	-150
Annual estimated net General Fund care costs***	1,256	1,928
Total cost per annum	1,402	2,074
Current net spend (average net cost of £1,233 per week, per client)	1,800	1,800
Total Annual saving (+) / loss (-) ****	399	-273

Payback (from when service provision commences)

Year 23

N/A

* Assumed at £45k per unit

** Local Housing Allowance rates net of Service charges, management, maintenance, major repairs and voids costs

*** Net of estimated client contributions

**** Figure rounded to nearest thousand

4. Non-cashable benefits

Every non-cashable benefit (or improvement) should be expressed in measurable terms, and the current situation understood and baselined before the programme or project is implemented. Include benefits from the perspective of the customer

Current situation	Benefit expected	Measured outcome that you hope to achieve	How will the benefit be measured?
<p>Only 10 units of Extra Care housing for people with physical disabilities and 10 units of Supported Housing for people with brain injuries. provided within the city which is insufficient to meet current and projected needs</p>	<p>People are able to return to live in Brighton nearer to friends and family</p> <p>People are able to move out of the family home / residential care / unsuitable tenancies and live more independently</p> <p>It makes good use of a site that is not required for its current purpose, is empty and is already classified as C2 with Planning</p> <p>People live as part of a community that includes other Council housing and sheltered housing and is close to shops and buses</p>	<p>Reduction in people placed in older people's residential care homes</p> <p>Reduction in people placed out of area</p> <p>People report that they feel more independent</p> <p>People report that they feel part of a wider community</p> <p>People can maintain social networks and closer family contact</p> <p>Increase in the number of people with disabilities with their own tenancies</p> <p>Reduction in people experiencing multiple living arrangements as their physical and emotional/mental needs change</p>	<ul style="list-style-type: none"> • Customer Satisfaction surveys • Performance indicators

5. Risks and Benefits

Assess the risks and Benefits associated with the programme or project by using the council's Risk Management Framework and risk register template. List the most significant risks in the table below and the initial mitigating actions.

Risk description	Potential consequences	Likelihood (1 = almost impossible, 5 = almost certain)	Impact (1 = insignificant, 5 = catastroph)	Mitigating controls and actions

			<i>hic/ fantastic)</i>	
(1) The 3-storey option does not receive planning permission as higher than the existing building	Project is delayed or does not go ahead	2	4	Formal Pre-Planning Application required to get a clear steer from Planning.
(2) Change of use (building) is required	Planning process could take longer adding more time to the project	2	3	Formal Pre-Planning Application required to get a clear steer from Planning Initial informal feedback from Planning indicates use would remain as C2
(3) Community Infrastructure Levy (CIL) applies	Chargeable at £100/m2	2	3	HASC has sought advice from Community Infrastructure Levy (CIL) team, who advise that CIL liability for either a rebuild or a refurbishment can only be determined definitively at the planning stage, though there could be deductions. The Community Infrastructure Team are also seeking further advice from Legal. The levy will be included in the cost plan, which could subsequently be reduced.
(4) Ground conditions: underlying clay soils affect foundation and soakaway design	Increased costs in relation to foundations and surface water disposal	2	3	Upon approval instruction of trial holes to be undertaken for certainty.
(5) Permission not received for the development to go beyond the existing boundary.	Plans have to be re-worked and there would be a smaller footprint and compromises to the brief	2	3	Discussions have already taken place with colleagues in Housing Stock Management who have indicated that is likely to be supported but will need to go to the Housing Leadership Team.
(6) Capacity for the existing sewer is not able to manage the increase in dwellings with (3-storey option)	Increased costs for alterations to existing sewer.	2	2	As soon as approval to go ahead with project engage Civil Engineer to complete calculations to determine this. Provisional sum allowed for alterations within Budget. Risk therefore mitigated.
(7) Electrical and water supply not able to manage the increase in dwellings (3 storey option)	Shortage of water and electricity to the site	2	2	Provisional sum allowed for alterations within Budget. Risk is therefore mitigated.
(8a) Construction works costs in excess of the budget estimates provided.	Budget inadequate, creating budget pressures.	3	3	Estimated cost plans for both refurbishment and new build options have been completed based on the feasibility studies and a detailed Client Brief. These have been completed by an experienced and qualified Quantity Surveying Consultant. The estimated budgets also contain a 5% design development contingency as well as a 5% contingency for the construction works. The former used to cover inflationary issues given the period between tender return and start on site.

				<p>The submitted estimated Cost Plans also provide an indication of anticipated inflation allowances based on BCIS forecasts. The submitted budgets are at 1st Quarter 2021 pricing levels.</p> <p>Whilst it is never possible to have 100% certainty on likely Tender returns until the market is tested, given the above and notwithstanding large changes to the brief, in normal circumstances it would be unlikely construction costs would vary greatly from the budget costs included within this report.</p> <p>However as lockdown restrictions are lifted industry reports over the last few days show there is an huge issue developing with construction supplies and skilled labour at present and at the moment, post lockdown / Brexit. Major shortages of steel, copper, plaster, bricks etc are being reported which is delaying projects and forcing costs to spiral upwards. - supply is reduced and the market forces of supply and demand will apply with some large increases being forecast over the next few months.</p> <p>Predictions vary but there could be significant cost increases over the next 12-18 months and beyond.</p> <p>Striking a reasonable risk balance depends in part on how cautious BHCC wishes to be. It is worth considering that Price inflation is just one variable on the project. Other elements that will be important in overall cost include design, value engineering, procurement route, risk reduction etc.</p> <p>In light of this the decision has been made to increase the contingency to 24%.</p>
(8b) Construction works costs exceed Contract sum	Increase in costs and delay in project	2	2	<p>The proposed Design and Build contract will have a fixed construction cost.</p> <p>Sufficient time to be allocated to completion of suitably detailed of Employer's Requirements (ER's).</p> <p>An experienced Employer's Agent will be engaged compile the ER's, produce tender documentation, evaluate returns, ensure compliance with ER's and report on progress and costs etc..</p> <p>Unless there are errors/omissions in the tender documentation or there are any unknowns or the Client changes items then the fixed cost cannot change.</p> <p>Prior to going to tender HASC will instruct further investigations to minimise unknowns.</p>
(9) Design and specification not adequately designed to be able to support people with	The target group for residents do not apply to Knoll House	2	4	<p>Occupational Therapist involved from the beginning</p> <p>Use feedback from engagement with people with disabilities</p> <p>Client design panel made up of people with disabilities</p>

physical disabilities	Once occupied, residents may leave Failure to meet needs result in increased costs			Lessons learnt from previous Extra Care and Supported Housing builds
(10) Lack of internal resources to progress project specification and delivery over the entire timespan required by the project	Inadequate or ill-defined Employer's Requirements (specification) leading to construction not meeting the brief / variations required to the specification results in possible delays and increased costs	3	3	Specialist Project Management resource required to oversee the process. Where resources not available internally external resources and costs must be included within the business case Project board meetings set up with clear expectations of the roles of each member
(11) Contractor failure - workmanship and delays.	Increase in costs and delay in project	2	2	Fixed priced contract for build Contractors will be vetted at tender stage (how this is done depends on the route to market – framework/ open market) There will liquidated damages for delays. Through duration of the build Employer's Agent will ensure Employer's requirements are met.
(12) Covid-19 or other pandemic contamination	Increase in costs and delay in project	2	4	Build works timescales and budget include contingency Ensure there is accountability for risk assessments and that they are always current and mitigations are strictly actioned to reduce risk
(13) Supply chain disruption due to Brexit	Increase in costs of materials, equipment and labour	3	3	Budget for build costs include contingency. The submitted Cost Plans provide an indication of anticipated inflation allowances based on BCIS forecasts. The submitted budgets are at 1st Quarter 2021 pricing levels. The proposed Design and Build contract will have a fixed construction cost. See comments above in item 8a.
(14) Lack of external engagement	May lead to community not being supportive of the project	3	4	Communications plan to release information in appropriate timing Briefings with Ward councillors
(15) Delay in the build programme	Delay in service opening Additional costs and budget pressure Lack of support from new	2	2	Building programme with contingency planned with margin for eventual delays

	potential residents			
(16) Lack of referrals and demand for the service	Voids that result in lack of income and wasted support costs and staff time	2	4	Working closely with colleagues from Assessments team in order to identify clients who would be interested in moving on to Knoll House as service users
(17) Lack of interest/appetite from contractors for procurement (for building works, building management, or support service)	Reduced number of bids and value for money can be compromised	2	3	Soft market testing is being carried out

6. Outline programme or project plan

Indicate the timeline for the programme or project with key milestones, including when decisions are needed and by whom, and deliverables.

Decisions to be made at the following committees:

- 8th June 2021 - Social Care and Public Health Sub-Committee (Approval of Building development)
- 14th June 2021 - Procurement Advisory Board (Advice on procurement route)
- 1st July 2021 - Policy & Resources Committee for approval of preferred option (Agreement of capital spend)

Outline project plan for the Preferred Option:

These are draft dates and may be subject to change:

September 2021	Commence Client brief detailed requirements, Client advisory role and further design pre-app work
Dec 2021	Commence appointments for EA/Project Manager and Specialist M & E/Structural
Feb 2022	EA/Project Manager and Specialists in place
May 2022	Issue Design & Build tender
October 2022	Instruct contractor - obtain planning consent, legals
August 2023	Start on site
February 2025	Complete on site

7. Resources

What staffing resources are required to deliver the programme or project?

Service	Why are they required?	Quantify the requirement (fte)	When are they required?	Has the service been consulted and what did they say?	Are the staff available?
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HASC Operational staff	<ul style="list-style-type: none"> • Head of Service as Senior Responsible Owner • Commissioning Manager as Project Lead 		Project lifecycle	Resource availability has been identified and is available	Yes
Property & Design	To provide a 'Client Advisory role' & assist in engaging an Employer's Agent		Design stage Build stage	Limited Architectural resource available. Surveying resource has been identified but funding is required.	Limited Yes
Communications	Communications Business Partner HASC to advise on stages of communication		Project lifecycle	Resource availability has been identified and is available	Yes
Finance	Senior Finance Officer – HASC Finance support – Housing to advise on financial implications to business case and committee reports		Design and feasibility stage	Resource availability has been identified and is available	Yes
Housing operational staff	Housing Strategy & Enabling Manager to support with Homes England bid and strategic housing input Tenancy Services Management to support around the Housing Management provision		Feasibility stage and near completion	Resource availability has been identified and is available	Yes
Human Resources & Organisational Development	HR Business Partners in HASC & Housing to support with recruitment (dependent on in-house option being selected)		Recruitment for the support & housing management stages	Will be consulted if necessary	
Information Governance (DPIA)	Support required for completion of the Data Protection Impact Assessment as part of the tender process		Tender stage		
Internal Audit	To check on the processes.				
Legal & Democratic Services	Support required for Support service and building management		Business case and committee stages	Resource availability has been identified and is available	Yes
Performance, Improvement & Programmes	Project Manager as part of the overall management of the modernisation programme	0.1fte	Business Case and Committee stages	HASC Project Manager who is already providing project management support and is only funded by Modernisation programme to 31.03.22	Yes
Planning	Planning Officer to advise on planning requirements		Planning, design and build stage	Resource availability has been identified and is available	Yes
Policy, Communities & Equalities	Support with Equalities Impact Assessment		Business case and committee stages	Resource availability has been identified and is available	Yes
Procurement	Strategic Procurement Manager – HASC Strategic Procurement Manager – Housing & Property		Procurement process (building development & support model)	Resource availability has been identified and is available	Yes
Sustainability	To ensure sustainability is paramount throughout the		Brief, planning,	Resource availability has been identified and is available	Yes

	project in all stages of the development		design and build stages		
<i>Are any specialist skills required to deliver the programme or project (beyond those identified above)? If so, how will these be acquired?</i>					
Specialist Project Management resource to manage the build project.					

8. Stakeholder consultation

List any consultations with stakeholders and the findings. Examples of stakeholders include citizens, staff, partner organisations, Members.

Engagement with local residents

The Director of Health & Adult Social Care and the Lead Member for Health & Adult Social Care met with local residents in October 2019 to set out the options for Knoll House and then in January 2020 to inform them of the preferred option. The meetings were well attended by Ingram Estate residents and tenants of the Muriel House and Sanders House sheltered housing schemes.

Client Design panel

A client design group has been formed of a small number of people with physical disability and/or sensory loss. They have provided feedback that has influenced the design brief to ensure the building would be accessible and feel homely and welcoming. They have given feedback on aspects such as layout, technology, communal space and sensory accessibility issues. The group will be consulted further before establishing a final design.

Briefings to Members

The Lead HASC Members, Ward Councillors and local Community Engagement Officers have been briefed on progress and will be kept up to date with each stage of the project. A brief summary is set out below but a full Communication and Engagement Plan will be developed:

Summary of Communication & Engagement Plan

Stakeholder	What do we need to tell them?	Why?	How?
Lead Members and Ward Councillors	Provide information on every stage of the process, what the options are and the risks and opportunities	To ensure councillors are aware of potential impact on service users and cares, service provision To enable them to contribute ideas and answer queries from residents	Briefings, emails and pre-meetings Site visit
People with disabilities, brain injuries and sensory loss & carers	Provide information about the service and the design, accessibility and adaptations.	Ensure tenant/carer views influence design and accessibility issues	Regular Client design panel meetings
Neighbours and local residents	Provide information about the service, the design, and the building works Provide information about key milestones (building works/mobilisation/launch)	To ensure they are aware of the impact on them and to provide an opportunity to contribute their views	Briefings / focus groups Newsletter / leaflet Public exhibition
Potential future tenants, families and carers	Provide Information about the service and the building Seek user/carer's views on the housing and support options, and design of new supported living Views will be part of specification as customers' quality expectations, in case of procurement of support	Understand different impacts on service users To ensure service reflects and meets the needs of users / carers	Briefings One to one meetings

	Feedback can influence the council and provider (e.g. customer satisfaction and KPIs)		
Assessment teams in HASC, FCL & CCG	Identify people who would be interested in moving to Knoll House		Briefings and emails.

9. Equalities

Has an Equalities Impact Assessment been conducted for the programme or project? Is one required? When will it be undertaken?

The Equality Impact Assessment for the proposed Knoll House Supported Housing development identified a number of potential impacts and actions to be taken. These included the need for mandatory LGBTQ and race/ethnicity training for support staff and associated performance indicators. For the building design, this included adding a communal bathroom, smart technology for people with sensory loss, two units specifically for people with bariatric needs and a 2 bedroom flat with two wheelchair accessible bedrooms.

10. Sustainability

What significant environmental impacts is the project likely to have? Are there any implications for the local economy and local communities?

The proposed new development will be energy efficient and built to minimise carbon emissions. The design will aim to achieve a fabric first construction with high levels of insulation. It is proposed all energy for heating or cooled filtered fresh air, lighting, hot water and power to be generated from sustainable energy systems such as solar photovoltaic panels on the roof and air source heat pump technology. There will still be a requirement for a UKPN electricity supply sized for the whole development, for cloudy days or when system is being worked on etc but likewise there will be an option to feedback any surplus electricity into the tariff.

Development to the BREEAM or equivalent standard with a target level of 'Very Good' ensures that new homes are designed sustainably to minimise carbon emissions and use sustainable materials in their construction. Employer's Requirements will include KPIs in place to measure such items as minimising landfill, reusing and repurposing materials from the demolition of the existing building and sourcing local construction materials and services.

As standard best practice and as part of the circular economy principles BHCC will look to re-use existing building material when demolishing. Re-use and limiting waste is a condition in terms of the planning application and is very high on BHCC's Key Performance indicators. This requirement will be added to the specifications when they are being worked through as part of the process.

The Climate Impacts Implications checklist will be used throughout all stages of the project delivery (once final version agreed).

11. Data Protection

Has a Data Protection Impact Assessment been conducted for the programme or project? Is one required? When will it be undertaken?

5. Alternative Options

Option	Opportunities	Risks	Cost
BHCC demolish & rebuild a 2-storey building with 18 flats	<p>Less capital funding required on a 2-storey building</p> <p>This option offers the same opportunities as the new build of 27 flats though the service would only support medium and high needs and not low needs</p>	<p>Higher build & demolition costs than the refurbishment</p> <p>More disruption for the local residents than a refurbishment</p> <p>Lengthier planning process and longer build period than a refurbishment</p> <p>Loss of additional accommodation for people with low needs & therefore higher unit costs</p>	£7.6m
BHCC refurbish the existing Knoll House 2-storey building for 18 people	<p>Better value than the 2-storey new build option</p> <p>Shorter planning process and build length</p> <p>Utilises existing building and resources</p> <p>Less disruptive to the local community</p>	<p>Constrained by the footprint of the building so not able to fully meet the Brief</p> <p>Constrained by existing fabric ability to improve thermal, sound insulation etc limited</p> <p>Low-carbon options are limited</p> <p>Higher ongoing maintenance costs</p>	£4.9m
<p>BHCC do not convert or build on the site and dispose of the building.</p> <p>Alternative sites or services would be required.</p>	<p>No capital funding required to refurbish or rebuild</p> <p>Potential income from other parties if the building is leased or sold</p>	<p>Initial discussions with BHCC Estates advise alternate sites extremely hard to find</p> <p>Loss of a site in a part of the city that provides level access to local shops, bus routes and the seafront maximising community access in a way that other sites may not</p> <p>Engagement with the local community shows this is the preferred option and would need to go back to them regarding other options</p>	Any cost benefit derived by disposal of the site would be negated by sale, purchase and legal costs even if a cheaper site could be found

Authority to proceed

This business case needs to be approved via the appropriate governance route before the programme or project can be implemented. Please complete the table below to confirm where this authority was obtained. Please ensure the agreement was minuted

Meeting where authority to proceed was obtained	Date of meeting

