	ACTION TAKEN UNDER DELEGATED POWERS BY OFFICER 26 January 2016
Title	Procurement of consultancy support and delivery of a business case for future of health facilities in Colindale
Report of	Strategic Director for Commissioning
Wards	Colindale and the neighbouring wards (West Hendon, Mill Hill and Burnt Oak)
Date added to Forward Plan	03 December 2014
Status	Public
Enclosures	None
Officer Contact Details	Adam Driscoll <i>Infrastructure Planning and Delivery Manager, Re.</i> <i>(adam.driscoll@barnet.gov.uk / 020 8359 4922)</i>

Summary

Delivery of health facilities that can meet the needs of the current and future population of Colindale has had a difficult history in relation to finding any one solution that can work with all the complex factors that influence the ability for NHS England (and its predecessor organisations) to formally agree to take on a new or replacement health centre.

A potential new health centre was built at the former Colindale Hospital site (known as 'Pulse'), but could not be adopted for financial and clinical reasons, so the space was turned over to commercial uses. Further attempts to negotiate the terms for an appropriate facility struggled to fit requirements, governance and/or timescales for delivery of all the parties needing to be involved in the decision-making process.

The need for additional primary care (particularly GP) capacity in the Colindale area is increasing as more of the planned new development is delivered. Furthermore current development timescales would suggest that the existing Grahame Park Health Centre may need to be demolished in 2018 linked to the redevelopment of Grahame Park concourse;

meaning a replacement for that facility will need to be agreed and in place by that time.

In order to ensure the right health outcomes for Colindale, it is necessary to undertake a full business case, public consultation and planning approval process as required by NHS England (NHSE) to identify, agree and secure delivery of the most appropriate facilities for delivery of modern health services. This process will happen in parallel with planning applications for a number of the larger development sites, enabling a few delivery options.

There is a significant amount of work required to be completed to agree the options appraisal, outline business case and then full business case stages of the process to agree the appropriate means of delivering primary care services in Colindale. The Council needs to take a greater coordination role to ensure the range of public bodies involved in primary care services work together and undertake the necessary reviews to deliver a joined-up response. It is therefore proposed that a small amount of received planning contributions from development in Colindale can underwrite the funding of this coordination role.

In November 2014 NHSE agreed to transfer £90,000 to Barnet to support the development of the business case, and in particular the options appraisal. This report is intended to agree this use of these funds, authorise the completion of relevant procurement matters required to secure completion of the full business case, and allocation of S106 funds.

Decisions

1. Acceptance of the sum of £90,000 secured from NHS England (NHSE) and allocation of this towards delivery of the Option's Appraisal stage of the Business Case. The Options Appraisal documentation will be prepared by NHS 'North London Estates Partnership' (NLEP) in accordance with an agreed brief. Project management and related services will continue to be provided by R_e.
2. Sign up to the LiftCo Strategic Partnering Agreement as the procurement framework that enables LB Barnet to formally commission consultancy services and capital projects from NLEP in the same way as NHS bodies.
3. Payment of £28,085.74 of historic costs detailed in the exempt report owed to (a) NLEP for the production of the Project Initiation Document (PID) and Primary Care Capacity Plan reports, completed on behalf of the Council last summer, and (b) historic project management costs from R_e for development of the project, stakeholder coordination and engagement, and completion of project governance. These costs to be funded by unspent funds from the above Options Appraisal allocation, with the remaining difference to be funded from the S106 contributions.
4. Allocation of £134,148.49 of s106 health contributions from Colindale Hospital (Phase 1) and Brent Works development sites towards future project costs covering all remaining stages of the business case together with any associated costs of project management and public consultation. Approval to proceed with each stage of the business case, and for associated costs, is delegated to the Project Board.

5. Allocate all unspent s106 health contributions from Colindale Hospital (Phase 1) and Brent Works together with all future S106 health contributions from development sites in Colindale (including Zenith House and Colindale Hospital - phase 2) towards the capital costs for delivery of the facilities needed to meet the health and integrated care needs of current and future residents in that area.

1. WHY THIS REPORT IS NEEDED

- 1.1 In order to ensure the best health outcomes for Colindale, it is necessary during 2014-15 and 2015-16 to undertake the various stages of a business case process, required by NHS England, to identify and agree the most appropriate means of delivering health services in Colindale. This timeframe also fits with the planning application processes for a number of the larger development sites, enabling various options for delivery to be considered.
- 1.2 Historically the Council sought information from and leadership in relation to future health requirements and delivery solutions in Colindale from Barnet Primary Care Trust (Barnet PCT). However the agreed solutions failed get the necessary commercial and clinical backing, meaning that an 'option' for a health facility at Beaufort Park in 2008, as well as the replacement health centre built at the Colindale Hospital development in 2009, were both turned down by the PCT due to a lack of commercial and clinical justification for the increased facilities management and running costs that would have resulted from these options for new modern accommodation.
- 1.3 Subsequently the break-up of PCTs and the transition to new NHS structures meant that no transitional organisation was able to undertake the necessary governance to enable a decision to be made about primary care facilities in the Colindale area (missing a potential opportunity at phase 3 of the Colindale Hospital development). However with the new structures in place, and final potential sites for primary care facilities coming forwards for planning permission, these few final opportunities must be considered in terms of the area wide need taking into account future population change.
- 1.4 There is a significant amount of work required to be completed in order to secure agreement of an options appraisal, outline business case and then a full business case for the future of health services in Colindale. Public consultation is expected to be necessary and will need to be built into the relevant stage of the process. This report is intended to agree to the use of existing developer contributions to underwrite and fund the business case process where necessary in order to ensure a consistent focus on delivering the required justification.
- 1.5 This report is also intended to authorise sign up to a procurement framework that will enable the Council to secure relevant professional support and capability to enable delivery of a business case, planning application, contracting processes and development of a new facility within timescales.

2. REASONS FOR DECISIONS

- 2.1 In order to effectively negotiate on behalf of the NHS with developer partners, prior to making planning decisions in early 2015; it will be necessary to agree the locations, timescales and broad specifications for future facilities.
- 2.2 Agreement to the principle of the business case was secured in November from NHS England (NHSE) through approval of a 'Project Initiation Document' (PID). Alongside the approval of the bid was the allocation of £90,000 to support the completion of an Option's Appraisal, the next stage.
- 2.3 The PID included an outline of the project, the strategic case for change, policy alignment and was supported with a review of potential GP capacity in the area. These pieces of work were prepared by NHS 'North London Estates Partnership' (NLEP) for the Council to enable progression of the agenda; this report seeks approval to pay for this work completed and secure the governance framework to enable commissioning of relevant expertise to ensure delivery of the full business case.
- 2.4 This report also seeks to recognise the role Re has played in bringing together and coordinating NHS and other stakeholders, collating and compiling information for the strategic case, and setting up the necessary governance to formalise this project. Payment for time applied to this project has been agreed at pre-procured rates through existing contracts, detailed costs are set out in the associated Special Project Initiation Request (SPIR).
- 2.5 It is anticipated that future options appraisal, business case and public consultation work streams will be required by NHS England and will be commissioned from LB Barnet. This document authorises Barnet officers to continue commissioning and reimbursing the costs of NLEP and Re in relation to all future stages of the business case, using pre-procured contract rates. Such commissioning must be undertaken through an appropriate brief and be in compliance with Contract Procurement Rules.

3. ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 3.1 Historically a new facility was built at the former Colindale Hospital site (known as 'Pulse'), but could not be adopted for financial and clinical reasons, the space was therefore changed to commercial uses. Subsequent attempts to negotiate and agree terms for an appropriate facility in the area have struggled to fit requirements, governance and/or timescales of all parties.
- 3.2 A review of the underlying reasons for these failures determined the lack of a comprehensive NHS business case justifying and addressing all relevant commercial and clinical matters associated with the changing of services as the cause of delays and issues. This is because a business case would have

to address the nature of existing patient lists, current and future risks to services, the potential for improved services, capital and revenue cost implications of new facilities and future operational implications and costs.

- 3.3 The history demonstrates that direct delivery of a business case by NHS England without Barnet Council co-ordinating and driving-forwards decision-making is unlikely to deliver necessary outcomes within the tight timescales of dependent planning decisions. Therefore external capacity is required to ensure all issues for every public body are fully addressed and overcome.

4. POST DECISION IMPLEMENTATION

- 4.1 The following are the anticipated timescales for the project:

2014 - 15 Project initiation and options appraisal processes. Member and GP consultation where relevant, identification of estimated costs and development of an outline funding package, developer negotiations and associated legal arrangements.

2015 - 16 Outline Business Case, followed by planning application for standalone replacement facility if required and/or associated development approvals, progression and finalisation of commercial documentation, specification, budget and delivery programme; GP sign-up to any relocation if relevant.

2016 - 17 Commencement of development / capital works and preparation of GP practices for relocation if not already completed. Or alternatively arrangement of temporary facilities and relocations if timing for permanent replacement facilities does not align.

2017 - 18 Completion of move to new temporary or permanent health facilities for existing users of Grahame Park Health Centre, and demolition of existing health centre facility.

2018 + Completion of new permanent health facilities or expansions to existing practices as required.

- 4.2 The Project Board met on 2nd October 2014 to secure sign-up of all main parties to the completion of the NHSE Project Initiation Document for health facilities in Colindale. Barnet Council confirmed it will provide project management support for the project, and fund the project setup costs (Project Initiation Document and Capacity Study of the area). This report authorises the release of the funds associated with this commitment.
- 4.3 The Project Board meeting on 26th November 2014 noted the completed PID and allocation of funds by NHSE towards the Option's Appraisal. It acknowledged work already underway to analyse needs in the Colindale area.
- 4.4 The scope for using pre-procured contractual / framework agreements has been utilised to provide a faster and more effective process for ensuring relevant documentation is completed to progress the project; strong focus is being placed on alignment of the project with planning applications and the Grahame Park regeneration project delivery timescales.
- 4.5 Appropriate project plans and delivery timetables for the business case, public consultation and planning approval processes are being developed and adjusted, primary determinants of progress will remain outside of the control of the Council: firstly NHS England approval processes and secondly requirements for negotiations around current and future planning applications.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The project fits with the following Corporate Plan priorities, as set out below.

1. To maintain a well-designed, attractive and accessible place, with sustainable infrastructure across the borough.

- 5.1.2 The delivery of Colindale as a regeneration area, including provision of all necessary infrastructure to deliver sustainable communities, is dependent on having appropriate primary health care services. The Area Action Plan that provides the policy framework for delivery of 10,000 homes sets out the need to provide additional health facilities for this new community without causing a detriment to the services provided to the existing communities.

4. To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health

- We will also work with our local NHS partners to develop new integrated responses to the health and social care needs of residents through the delivery of the Health and Wellbeing strategy and the health and social care integration programme.*

- 5.1.3 In leading the project, Barnet has demonstrated to NHS England the value of working in partnership. It is hoped we can jointly deliver the facilities required

to meet additional need for primary care; but also improve health outcomes through the quality and range of services available to residents and helping people look after their own health and stay healthier for longer.

5.1.4 In terms of integration, with the scale of population increase planned, it is possible that primary care can be extended to include the provision of more specialised services and clinics in the local area. Integrated health and social care is being reviewed, and all possibilities for sharing spaces and connecting into existing and future service arrangements will be considered as part of the business case process.

5. *To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well*

- *We recognise that older people may find themselves being admitted to hospital, and that when this happens it is important that health and social care services work together seamlessly to help them to recover. We will work with the NHS to ensure that more support is in place early on, to prevent admissions where possible, and that the right support is in place when people leave hospital to enable people to return to their own homes*

5.1.5 The care pathway for patients leaving acute hospitals can involve a first step into intermediate care (mainly provided out of Finchley Memorial Hospital and Edgware Community Hospital), or directly into primary care services through general practice, nurse-led support services and health and social care services / clinics provided in the community. When designing the required services to meet the needs of the increased population in Colindale, it will be necessary to first give consideration to the quantum and nature of services that will be required; then to review the space requirements for such services.

5.1.6 The interaction and ongoing integration of health and social care services as referred to previously, means the emerging business case for primary care services will need to account for changing approaches to social care. Needs analysis in this area may also be required and identified by the Board.

5.1.7 The following performance measures are referred to in the corporate plan, and therefore in designing the services will need to be taken into account:

25	Increasing the percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into re-enablement/ rehabilitation services to 88.5 per cent
26	Increasing overall satisfaction of people who use adult social care services with their care and support by one per cent (to 89 per cent, based on 2010/11 baseline)

The implications from these objectives are that primary care services and social care services will operate effectively together to deliver improved health and well-being in residents by working together as public sector partners.

5.2 The Health and Wellbeing Strategy

5.2.1 This sets out four objectives that will influence the nature and technical solutions developed to address the projected change in Colindale:

- **Preparation for a healthy life** (Lead: The Barnet Children's Trust)

Delivery of effective pre-natal advice, maternity care and early-years development is a key primary care collection of services that will need to adjust to meet the changing population and demographics in the area.

- **Wellbeing in the community** (Lead: London Borough of Barnet)

The regeneration programme is aimed at creating circumstances that better enable people to be healthier and have greater life opportunities. Services will need to be designed around a more urban form of living, with high quality shared spaces taking a more active role in supporting well-being.

- **How we live** (Lead: Public Health Barnet)

Developing a new sustainable place for new and existing communities to live in will promote healthy living, improvements to parks and public realm will ensure outdoor spaces are designed to encourage fit and active lifestyles, especially as most people in these new communities will be living in flats.

- **Care when needed** (Joint Leads: London Borough of Barnet and Barnet Clinical Commissioning Group)

The delivery of a replacement / new health centre facility in Colindale will be necessary to ensure continuation of appropriate care and support. By delivering a new health centre in a more accessible location it will facilitate improved outcomes and hopefully the process of change will also help to improve the existing patient experience of primary care in the local area.

5.2.2 Research examining the impact of neighbourhood characteristics on health outcomes has identified poor health as strongly correlated to less wealthy communities with poor quality housing, where people live in crowded, traffic-ridden surroundings with few green spaces, as it discourages active travel and active play, and more accidents are prevalent.

5.2.3 The impact of the regeneration programme on addressing these environmental matters in Colindale is critical and will change the future quantum and nature of primary health provision in the area as well as affecting health outcomes more broadly. The nature and design of regeneration schemes and the process of reviewing health requirements provide a golden opportunity for transforming the health outcomes of

communities in Colindale and its surrounding areas.

5.2.4 In terms of specific health issues, presently more than 9 out of 10 adults in Barnet do not take part in the recommended level of physical activity, and Barnet is consequently ranked 23rd out of 33 London Boroughs. The impacts of this are evident, including the rate of people diagnosed with diabetes which is higher than the London average. Opportunities for creating healthier lifestyles must be taken wherever possible.

5.2.5 Census 2011 data ranks Colindale 1520 out of 7679 wards on the deprivation score, putting it in the 20% most deprived wards nationally. The Index of Multiple Deprivation average SOA score for Colindale is very high, with a score of 27.37 in 2010 which is comparable to North London as a whole 27.15. However it compares poorly with the Barnet figure - 16.69, the London figure of 25.22 and the England average of 21.54.

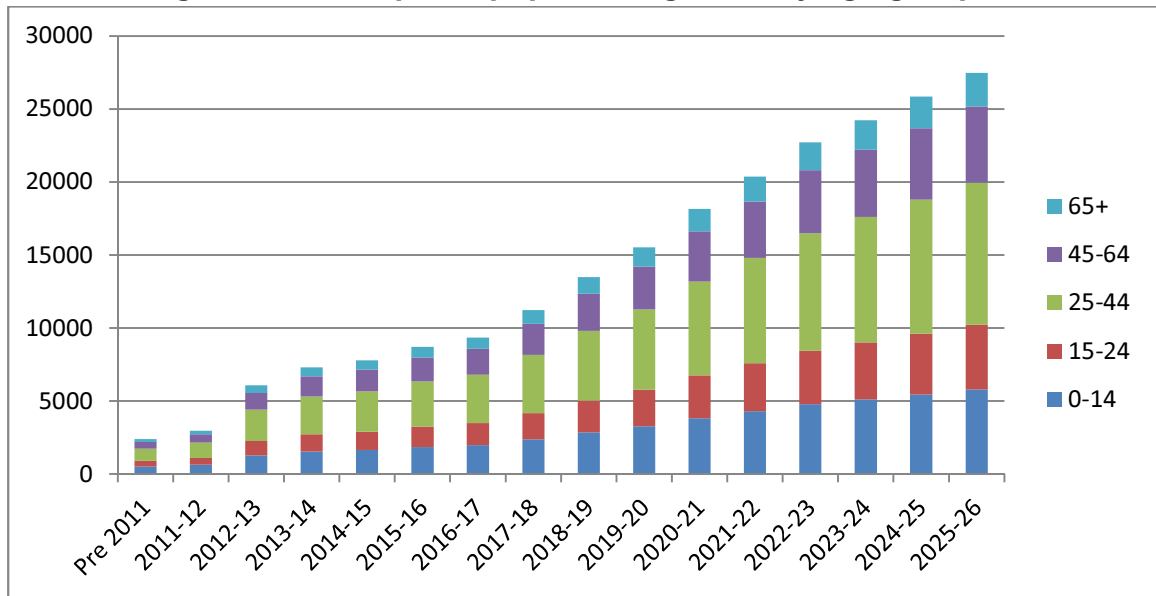
**Figure 1 - Household central heating and overcrowding data
(based on 2011 Census)**

Area Name	C- Hhid central heating: none (2011)	C- Hhid size: overcrowded (2011)
Colindale	3.37	34.52
Barnet	2.17	18.02
London North	2.79	21.55
London	2.83	21.66
England & Wales	2.67	8.54

5.2.6 Figure 1 shows how incidences of overcrowding and lack of adequate heating in Colindale also compare badly, creating poor health outcomes in the locality; it is expected that these issues will be reduced through the regeneration programme, particularly in relation to redevelopment of Grahame Park Estate.

5.2.7 Figure 2 shows how the scale of population change expected in Colindale will need careful consideration to ensure GP facilities and primary care services can keep up with the substantial population growth in the area. It captures the approximate population increase to date as well as projected growth from new developments through to 2026.

Figure 2 – Anticipated population growth by age group



5.2.8 Analysis of patient data is being used to further develop these projections to explore the demographic changes taking place; to more accurately account for the type of new development being delivered. It is expected this will increase the proportion of younger and older population in Figure 2.

5.2.9 Primary care services in Colindale will need careful future planning and re-design to maximise the opportunity over the period for addressing future costs for provision of the appropriate care required. Such forward planning will enable funding to be directed towards service priorities from an early stage.

5.2.10 There will be a need to recognise larger GP list sizes providing a wider range of services as most appropriate for the area. Actual list sizes will depend on the ratio of older and younger people to working aged residents, together with practical space availability, and the effects of regeneration on the health of the existing local communities.

5.2.11 The Health and Wellbeing strategy identifies that Colindale currently has the highest Infant Mortality Rate in the borough – 9.5 (14 deaths). The significance and measurability of deprivation in the Colindale Ward means additional resources and specialist support is currently provided locally; in particular through the disadvantage premium for children’s centres.

5.2.12 In terms of older people, over 65s are more likely to suffer from chronic / long-term conditions, mental health issues, and falls / fractures. The Health and Wellbeing strategy projections show Barnet will have some of the strongest growth in the number of elderly residents in London over the next decade.

5.2.13 When designing the future of services in Colindale it will be necessary to consider how new communities may change the statistical significance of measures used to identify deprivation. Some underlying issues in the area may be improved and relieved as a result of re-housing and regeneration of

the local environment. However other issues may not relate to environmental context, so support for individuals and families will still be required.

5.2.14 The design of services will be considered during the options appraisal / feasibility study stage in partnership with all relevant NHS and other stakeholders; such needs analysis work is already underway.

5.3 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.3.1 In approving the PID, NHSE also allocated £90,000 towards the preparation of the Option's Appraisal. In recognition of the leadership taken by the Council to date, together with the opportunity to use existing procurement frameworks, NHSE have agreed to transfer this sum to LB Barnet to commission the Option's Appraisal on its behalf. It is the normal practice of NHSE to fund business cases associated with the review of service needs and to determine the most appropriate service solutions from capital and revenue perspectives.

5.3.2 The Council has received £162,234.23 of funds to date which are immediately available for allocation and expenditure on Healthcare spend. These funds will be used to support any stage of the business case where NHSE do not provide revenue funding, with any remainder left available for future capital costs of new facilities.

5.3.3 The cost of the business case can be met within this £162k funding allocation, but in practice it is intended NHSE will fund most if not all of the business case. This report therefore seeks approval to allocate S106 funds towards underwriting the business case, with any unspent amount carried-forwards towards the capital costs for design and delivery stages of the project.

5.3.4 All the future anticipated S106 funds for health facilities in Colindale are to be allocated towards capital costs for design and delivery of health facilities.

5.3.5 The procurement process has used existing competitively procured contractual arrangements to establish capacity to deliver the services, namely securing NLEP's services through the NHS procured LIFTCo, and Re's services through a Special Project under pre-procured Development and Regulatory Services contracted rates.

5.3.6 If all relevant parties are not appropriately engaged by NHS England: Barnet Clinical Commissioning Group, local GPs, Central London Community Health and Barnet Council (Public Health and Adult Social Care) this could lead to a lost opportunity for seeking ways to improve the Council's own MTFs. Moreover, if changing primary care needs in Colindale are not actively assessed and planned for, then delivery of local services could become either less effective or more costly. This project seeks to prevent this outcome.

5.3.7 Consultants used will be required to meet the requirements already agreed within the contracts, including those for liability insurance.

5.3.8 The contract procedure rules have been adhered to, and will apply to all future stages of procurement. Level B requirements apply to the stages of the full business case to date, and should cover the full business case process.

5.3.9 Resolving the appropriate way of delivering health services in Colindale will have property implications in relation to any leasehold if one has to be taken on by the Council. It also has implications in relation to Grahame Park Estate where the Council currently owns the freehold.

5.4 Legal and Constitutional References

5.4.1 This delegated report allocates received developer contributions for health purposes to an appropriate use that fully complies with the terms of the legal agreements. The officer has the appropriate delegated responsibilities to make this decision and the report is compliant with the Authorisation and Acceptance Thresholds as laid out in Appendix 1, Table A, of the Contract Procedure Rules in the Council’s Constitution.

5.4.2 Under the Council’s Constitution - Scheme of Delegated Authority to Officers section the delegated authority for the Strategic Director for Communities includes:

“Taking and implementing any decision required in relation to the commissioning of services for children’s services, adult social care and education and skills”

5.5 Risk Management

5.5.1 At this stage the risks associated with the project are most related to the inability to progress the project rather than specific project delivery issues. This is because the full range of risks will be developed alongside development of the business case, as well as through the planning and design of the project. The following list of risks however captures all relevant considerations and structures them according to the Corporate Risk Management Framework:

Risk	Current Assessment			Control Actions	Board Assurance (timing)
	Impact	Probability	Rating		
<p>Specification to inform developer requirement</p> <p>Developers proceed through planning application process without sufficient requirements to account</p>	Major 4	Likely 3	Med 12	<ul style="list-style-type: none"> Clarity from NHS bodies about quantum of space required and suitability of possible sites. Options Appraisal and needs analysis work streams 	GROB (Quarterly)

Risk	Current Assessment			Control Actions	Board Assurance (timing)
	Impact	Probability	Rating		
for primary health needs				<ul style="list-style-type: none"> underway <i>Action during past 6 months has reduced this from High to Medium risk</i> 	
<p>Stakeholder engagement</p> <p>NHS England and other key NHS stakeholders (e.g. Clinical Commissioning Group) do not buy in to the project, causing it to fail to progress to business case & no decision to be made about future service requirements.</p>	Catastrophic 5	Unlikely 2	Med 10	<ul style="list-style-type: none"> LBB & NLEP attend various organisational boards and a specific Colindale Health Project Board met on 2nd October 2014. Project Initiation Document drafted by NLEP and funded by LBB will be adopted by NHS England. <i>Action during past 6 months has reduced this from High to Medium risk</i> 	Health and Wellbeing Board (Quarterly)
<p>Full business case to enable adoption of any new facility</p> <p>Lack of robust and focused resource means full business case is not completed to time or quality standards.</p> <p>Organisational change and staff capacity gaps lead to failure to secure appropriate sign-up or adoption of new facilities by NHS bodies.</p>	Catastrophic 5	Possible 3	High 15	<ul style="list-style-type: none"> LBB commissioned consultants to complete first stage of business case on NHS England's behalf. This report seeks authorisation to underwrite rest of the process if risk of further delays. 	Procurement Board will note addition to register
Existing Grahame Park Health Centre (and concourse) demolition	Catastrophic	Possible 3	High 15	<ul style="list-style-type: none"> The projected demolition of the concourse is 2018-19, meaning that 	GROB (Quarterly)

Risk	Current Assessment			Control Actions	Board Assurance (timing)
	Impact	Probability	Rating		
The Concourse cannot be demolished until a replacement health facility is completed. NHS England will only accept a new facility if the full business case justification is in place. Therefore risk of delays to concourse demolition.	5			development needs to commence on the replacement facility by 2016. Giving two years to get all approvals in place.	
Public Perception The need for delivery of infrastructure in Colindale is a matter of local concern and therefore delays and miscommunication could severely risk decision-making processes.	Major 4	Possible 3	Med 12	<ul style="list-style-type: none"> Member engagement to ensure direction of travel for health is shared and discussed ahead of formal public consultation processes. 	GROB (Quarterly)

5.6 Equalities and Diversity

5.6.1 The relevant sections of the Public Sector Equalities Duty under the 2010 Equality Act mean the Council and its partners must have due regard to the need:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.2 The failure to appropriately plan for population and demographic changes would be criticised as poor decision making and delivery of services.

5.6.3 The population in Colindale is one of the most diverse in the Borough and therefore there is a risk that a failure to appropriately forward plan for the planned population increases in the area could be seen as an equalities issue. Details for the existing population diversity are shown in Table 5; it is ranked 153 out of 8570 wards on the proportion of its population classified as Non-White, placing the area in the highest 20% of wards nationally:

Figure 5 – Diversity of the existing population in Colindale

Areas	C- Ethnicity: White (%) 2011	C- Ethnicity: Mixed (%) 2011	C- Ethnicity: Asian/British Asian (%) 2011	C- Ethnicity: Black/British Black (%) 2011	C- Ethnicity: Chinese/Other (%) 2011	C- Ethnicity: non-White (%) 2011	Rank
Colindale	40.07	6.23	24.04	19.18	15.35	59.93	153/8570
Barnet	64.13	4.82	16.18	7.7	7.18	35.87	24/348
N. London	59.93	5.47	13.72	14.7	6.18	40.07	3/49
London	59.79	4.96	16.97	13.32	4.96	40.21	1/10
National Av.	85.97	2.18	6.81	3.33	1.71	14.03	

5.6.4 The full business case process will include an Equalities Impact Assessment (EIA), this will be developed as part of the full business case governance processes for decisions about health facilities and services. However an initial draft of the EIA will be developed as part of the Options Appraisal.

5.7 Consultation and Engagement

5.7.1 The NHS England 'Task and Finish' process for new investment requires a stakeholder group including the following parties. These will therefore comprise part of a wider project board:

- NHS England (Primary Care Head and Borough Lead Contract Manger)
- Local Authority Officers (Public Health Leads and Planning Leads)
- Clinical Commissioning Group (Primary Care Lead)
- Providers (Network Lead and Practice Representatives)
- Patients (Healthwatch / PPG Representatives)
- Public (OSC Representatives / Ward Councillors)
- Property (Community Health Partnerships / NHS Property Services)

5.7.2 The full business case and planning application processes will include relevant and appropriate public consultation in order to secure an appropriate new approach to service delivery, and completion of due process.

6. BACKGROUND PAPERS

6.1 Council on 22 January 2013 noted the scale of development that has taken place and continues to take place in Colindale Council is deeply concerned that without the necessary infrastructure investment in ... crucially, health services, the area will not be able to cope.... Council asks Cabinet to lobby government and regional partners to ensure that:

- Adequate infrastructure investment for the needs of local people in Colindale is secured
- the Colindale Area Action Plan is reviewed to ensure there is enough provision and resources for infrastructure...

The full report is available at:

<http://barnet.moderngov.co.uk/documents/s7064/Colindale%20Area%20Action%20Plan%20-%20Councillor%20Geoff%20Johnson.pdf>

- 6.2 Planning and Environment Committee on 17 June 2013 recommended approval for *“the erection of two buildings...comprising 242sqm of commercial floor space (Classes A1, A2, A3, B1 and/or D1) on part ground floor and 157 residential flats (Class C3) on part ground and upper floors, together with associated access, car parking and landscaping.”* This permission was issued under reference H/00093/13 on 04 December 2013, and was not subject to an s.106 health contribution because this development is liable for Barnet’s Community Infrastructure Levy, as is the case for all other sites granted permission since 1st May 2013.

NB/ An alternative application discussed during pre-application stages would have included a 2500sqm D1 primary health care facility, but this alternative design for the site could not be submitted due to the lack of design clarity and support from the relevant NHS body at the time, so there was no ability to commit to a lease for the building and permission could not be granted.

- 6.3 Planning and Environment Committee on 14 February 2012 recommended approval for development on *“Land at the rear of the former Colindale Hospital Site comprising former NHSBT expansion site, Birch Court, Willow Court and Elysian House”*. This permission was issued under reference H/04541/11 on 29 March 2012, subject to an s.106 agreement including a Healthcare Contribution of £212,179.00 for the provision of healthcare facilities within the London Borough of Barnet to serve the Development
- 6.4 Planning and Environment Committee on 20 September 2010 recommended approval for *“Amendment to a building in the course of construction in accordance with planning permission H/00342/09 comprising the replacement of the approved PCT facility with floorspace on the ground floor for use within Class A1, A2, A3, B1 or D1 of the 1995 Use Classes Order (as amended) and 12 residential units on first and second floors...”* This permission was issued under reference H/02041/10 on 30 September 2010, and was subject to a s.106 agreement providing a Healthcare Provision Contribution of £101,770 to be used towards meeting the needs for healthcare provision arising from development in the Colindale Area Action Plan area.
- 6.5 Council, Decision Item 5.1.3, on 2 March 2010 recommended adoption of the Colindale Area Action Plan as a formal planning document with the Council’s Local Planning Framework. This document included identification of two locations for health facilities within the Colindale area.
- 6.6 Planning and Environment Committee on 29 July 2009 recommended approval for the proposed *“Redevelopment of the former Colindale Hospital to include...a new primary care trust facility (Use Class D1) of 1,132sqm...”* This permission was issued under reference H/00342/09 on 20 November 2009.
- 6.7 A special meeting of the Planning and Environment Committee on 8 September 2004 recommended approval for the proposed *“Redevelopment of [Grahame Park Estate] site involving ...provision of approximately 9074sqm replacement retail (Class A1), office (Class A2) food and drink (Class A3) and social and community (Class D1) uses...”* This permission was issued under

reference W/01731/JS/04 on 23 January 2007, subject to an s.106 agreement providing for replacement of the Existing Health Centre by the Developer with a new Health Centre completed to Occupation Finish Standard. The associated s.106 agreement provides the following details:

This replacement Health Centre should have a Gross Internal Floor Area of 980m² constructed at a cost to the Developer (including fees, expenses and value added tax) not exceeding the sum of £1,810,480 Index-Linked from the Indexation Date [presently the index-linked value is up to £2.5m].

However if not later than 12 months before the Implementation Date of Phase 2 the relevant Primary Care body enters into a binding commitment to pay all Excess Costs, then the New Health Centre shall be constructed to provide a Gross Internal Floor Area of 2,000m².

7. DECISION TAKER'S STATEMENT

- 7.1 *I have the required powers to make the decision documented in this report. I am responsible for the report's content and am satisfied that all relevant advice has been sought in the preparation of this report and that it is compliant with the decision making framework of the organisation which includes Constitution, Scheme of Delegation, Budget and Policy Framework and Legal issues including Equalities obligations.*

8. OFFICER'S DECISION

I authorise the following actions:

- 8.1 Acceptance of the sum of £90,000 secured from NHS England (NHSE) and allocation of this towards delivery of the Option's Appraisal stage of the Business Case. The Options Appraisal documentation will be prepared by NHS 'North London Estates Partnership' (NLEP) in accordance with an agreed brief. Project management and related services will continue to be provided by Re.
- 8.2 Sign up to the LiftCo Strategic Partnering Agreement as the procurement framework that will enable LB Barnet to formally commission consultancy services and capital projects from NLEP in the same way as NHS bodies.
- 8.3 Payment of £28,085.74 of historic costs detailed in the exempt report owed to (a) NLEP for the production of the Project Initiation Document (PID) and Primary Care Capacity Plan reports, completed on behalf of the Council last summer, and (b) historic project management costs from Re for development of the project, stakeholder coordination and engagement, and completion of project governance. These costs to be funded by unspent funds from the above Options Appraisal allocation, with the remaining difference to be funded from the S106 contributions.

- 8.4 Allocation of £134,148.49 of s106 health contributions from Colindale Hospital (Phase 1) and Brent Works development sites towards future project costs covering all remaining stages of the business case together with any associated costs of project management and public consultation. Approval to proceed with each stage of the business case, and for associated costs, is delegated to the Project Board.
- 8.5 Allocation of all unspent s106 health contributions from Colindale Hospital (Phase 1) and Brent Works together with all future S106 health contributions from development sites in Colindale (including Zenith House and Colindale Hospital - phase 2) towards the capital costs for delivery of the facilities needed to meet the health and integrated care needs of current and future residents in that area.

Signed Strategic Director for Commissioning

Date 26 January 2015