

Executive

29 October 2015

Report of the Director of Adult Social Care from the portfolio of the Executive Member for Adult Social Care and Health

Moving Forward with the Burnholme Health & Wellness Campus

This report continues the journey to secure a viable future for the Burnholme school site in Heworth ward. The school closed in 2014. Following extensive public consultation Members are asked to sanction further work to identify partners to progress the continued community and sports use of the site, complemented with wider health and enterprise services, the building and operation of a residential care home for older people and the provision of housing.

Recommendations

1. The Executive are asked to:
 - a) Note progress towards achieving new uses for the Burnholme site.
 - b) Agree that interest is sought from partners to progress:
 - i. continued community and sports use on the site;
 - ii. a residential care home for older people;
 - iii. housing provision;
 - iv. health services delivered in a community setting.

Reason: To secure the most appropriate and best value approach to develop and deliver the vision for the Burnholme Health & Wellness Campus including the delivery of a residential care home as part of the Older Persons' Accommodation Programme.

- c) Agree that Officers develop a spatial plan for site in order to maximise land use and draw up a development timetable, utilising

resources already held in the Older Persons' Accommodation Programme budget.

Reason: so that best use is made of this site.

- d) Request that a report is brought back to Executive in Q1 2016 to further examine the risks and rewards of the development and approve the approach/s to procurement of relevant partners.

Reason: So that the project can progress.

Summary

2. The council is committed to secure a viable future for the Burnholme school site (the **Site**) in Heworth ward. The school closed in 2014. During consultation on the school closure the authority committed to continue community use on the site and encourage the on-going use of its sports facilities. In the winter and spring of 2014 extensive public engagement explored appetite for these uses.
3. The result was the solution which is presented in this report: a continued community and sports use of the site, complemented with wider health and enterprise services.
4. The authority has also committed to see the building of a new 82 bed care home on the site as part of the wider Older Persons' Accommodation Programme. This needs to be delivered by 2018 and forms the final step in this three year modernisation programme.
5. It is recognised that there should also be housing on the site, both to meet need and to generate capital receipts that will deliver the refurbished community, sports and enterprise facilities.
6. The Burnholme Campus will realise a range of strategic and financial benefits
 - a) public health, educational development and social inclusion outcomes;
 - b) access to good quality residential care beds at a discount on the market rate; and
 - c) homes for local people.
7. The delivery of the Health & Wellness Campus forms a key element of the Older Persons' Accommodation Programme as agreed by Executive on 30th July 2015 and gives life to previous commitments

regarding on-going community and sports use. It is expected to deliver:

- a) a care home of at least 82 beds, in relation to which the Council will reserve the right to purchase a number of beds at a discount;
- b) space for a relocated Explore Centre;
- c) nursery and out of school care for pre- and primary school age children;
- d) meeting and activity spaces for community and voluntary sector groups and communities of interest;
- e) space for rent by start-up enterprises and by small third sector organisations;
- f) a wide spectrum of both formal and informal indoor sports and active leisure provision;
- g) sports pitches and other outdoor activities (Area B) to encourage active lifestyles and that complement rather than compete with other facilities nearby, such as Tang Hall Community Centre and the new facilities at the proposed York Community Stadium;
- h) accommodation for General Medical (GP) and community-based health services;
- i) flexible training and meeting spaces for health service and lifestyle information provision;
- j) complementary commercial offering e.g. pharmacy, community cafe etc; and
- k) homes to rent and to buy

(together the **Project**)

8. The outline business case for the Health & Wellness Campus delivers all of these outcomes and is expected to provide a small capital receipt and an anticipated revenue surplus per annum for the continued operation of a thriving community and sports facility. It is anticipated that further specialist spatial planning of the site will maximise land use and improve the development timetable, thus delivering improvement on our modelling estimates.

9. It is therefore proposed that we seek interest from partners to progress the development. The structured soft market testing will further test the proposition and allow us to refine our plans. The feedback obtained will guide the development of procurement documentation and the legal structure for our relationship with partners.

10. The outline timetable for the Project is as follows:

October 2015	Executive agree to progress the Project and seek interest from potential partners (appointment of whom will be subject to further Executive approval).
Winter 2015/6	Seek interest from partners to progress: a) continued community and sports use on the site; b) a residential care home for older people; c) housing provision; d) health services delivered in a community setting.
	Spatial planning to confirm land take for individual elements and a detailed development timetable completed.
Q1 2016	Subject the interest received from partners, seek Executive approval for: a) appointment of design & build contractor for community/sports/library phase and for demolition and infrastructure works; b) procurement of OPH developer/operator; and c) marketing of housing development opportunity.
Q2 2016	Seek Executive approval for development of community health facilities on site.
Q1 2017	Community/sports/library phase complete.
2017 & 2018	Development and completion of care, housing and health elements of the development.
Q4 2018	OPH complete and in operation

11. There is an opportunity cost of pursuing this approach, as summarised below:
- a) the sale of land for health facilities could generate a capital receipt of c£600k; alternatively, should the same land be sold for housing the Council could receive c£750k.
 - b) the sale of land for development of a care home could generate a capital receipt of c£1.3m and “block-purchase” of up to 55 care beds at our target “actual cost of care” price; alternatively, selling or leasing the land for a care home where we do not block-purchase beds could generate a capital receipt of c£1.5m; further, selling the land for housing could generate a receipt of c£1.9m;
 - c) the provision of accommodation for community, sports and other uses on the Site could cost c£6m, funded from capital receipts from the sale of land for housing, health use and the care home, as detailed above; should these community uses not be pursued then that capital receipt could be used to fund other Council priorities; and
 - d) the land earmarked for outdoor sports activities (site B) has a notional value of c£9m; should the Council choose to use some of this for housing (say one third) then, subject to appropriate consents being forthcoming, a capital receipt could be generated of £3m.

Background

12. Executive approved the closure of Burnholme Community College in May 2012 due to dwindling school numbers. When approving the closure, an undertaking was made to attempt to preserve the existing community uses of the Site.
13. Following an Options Appraisal for the possible redevelopment of the Site in the early summer of 2013, and public consultation in March 2014, a report was approved by Cabinet in July 2014 which recommended that a developer be identified, who would be able to deliver a range of public, private and community services at Areas A and B of the Site.
14. At the same time, in June 2013, Council agreed that procurement would begin to deliver a new Elderly Persons’ Home (EPH) on Area C of the Site. For reasons of affordability this procurement was abandoned in March 2015 with the alternative plan proposed that the

whole of the Site (Areas A, B and C) should be developed as an integrated Health and Wellness Campus. This decision was agreed by the new Executive in July 2015 who specifically requested that “a further report will be brought to the Executive in the autumn to agree the preferred approach to the development of the Burnholme site in order to deliver a Health & Wellness Campus including residential care provision”.

A community resource

15. Since the Council Asset & Property Management team took over the operational management of the Site on 1st September 2014, the community and voluntary sector tenants on the Site have been supported to continue to deliver valuable services to the local community. This has given the community confidence in the council’s commitment to the long-term community uses on this site. The current list of occupiers and activities are provided in **Annex 1**.
16. Formal leases or licences to occupy have been put into place, income and expenditure budgets established and works undertaken to ensure that the facility is properly and safely managed. The management of the Site as currently configured is a challenge: large areas of the old school have been “moth-balled”, the fenestration of the building is poor and so it is hard to heat and there is an on-going problem with petty vandalism. These challenges have had a negative impact upon the costs of running the building as is (costs exceed income) but the proposal for the new Health & Wellness Campus will address these difficulties by demolishing un-used school buildings, upgrading windows in order to make the building more energy-efficient and increasing surveillance around the building in order to reduce the incidence of vandalism.
17. Much work has been done to strengthen the community links and uses of the Site:
 - a) Discussions have been held with neighbouring schools and other community representatives, including the Tang Hall Community Centre and the Tang Hall Big Local partnership, in order to ensure that activities and services at the Site complement but do not compete with what already takes place in the area.
 - b) Discussions were held with Applefields School (a special school for 11-19 age students with a learning disability) and St Aelred’s RC Primary School regarding their playing field provision. Agreement has been reached, which secures their respective support for the

wider Burnholme development, in return for occasional access to the existing 3G and grass pitches on Area B. Other local schools will also be engaged in order to ensure that best use is made of the Burnholme community and sports facilities for educational purposes.

18. The Sport & Active Leisure team have been managing the sport facilities on site, in order to ensure that they are preserved for the local community. Not only have bookings for indoor sports use increased significantly, but there are now a range of sports teams, who will use the pitches over the coming winter season.
19. The team have also been working with our new leisure partner, Greenwich Leisure Limited (GLL), in order to ensure that the proposals for sports activity on the Site complement the activities planned for the York Community Stadium at Monks Cross.
20. A wide range of clubs now hold their meetings at Burnholme, including Fight Fit combat based exercise classes; Boccia; Bubble Football games and Go Get (cycle training for young children) among others. The full list is at **Annex 1**.
21. A training room, also managed by the Sports & Active Leisure team, has also attracted many and disparate bookings, from sport and first aid training and an autism awareness course, to night club bouncers' training, meditation workshops for stress relief, and spiritualist meetings.
22. All of the above demonstrates that there is an unmet need for activity and meeting spaces in the Burnholme area, supporting community and voluntary sector activity and community cohesion for Tang Hall and complementing the facilities at the Tang Hall Community Centre.

The Proposal

23. The vision for the redevelopment of the Site, with the "working title" of Burnholme Health & Wellness Campus, delivers a range of integrated public, private, community and voluntary activities and services, all of which support each other and contribute to improved health and holistic wellbeing for the local community. It is worth noting that the Site sits in the Heworth ward but is close to the Hull Road ward. The Indices of Multiple Deprivation show that both wards are in the 20% most deprived areas in the country. Health as well as economic deprivation are of particular concern.

24. Similarly integrated visions have been designed and delivered elsewhere, though few enjoy the level of support from the community and voluntary sector which has been generated for the Burnholme Health & Wellness Campus.
25. The original Option Appraisal was the subject of extensive consultation in March 2014 and enjoyed positive support from local people. The local community has continued to be engaged via meetings with existing tenants, engagement with local schools and via the Tang Hall Big Local.
26. Sites of this size are rarely available within York and the Site therefore offers a significant opportunity to deliver the infrastructure required to facilitate integration between health and social care services and be a catalyst for change. We continue to explore health options for this site.
27. The original vision for the Site included a wide range of services, delivered by public, private and third sector organisations, as detailed in paragraph 7 above.
28. The Tang Hall Library, managed by Explore, is keen to move and they will engage in order to identify the best solution for the service and its customers. The intention is to deliver a flexible design and multi-occupancy spaces, which will respond to any future community-facing service requirements, as they arise.
29. Responding to the need for additional community cohesion and economic activity in the area, in support of the Tang Hall Big Local, and to encourage small business and enterprise, spaces will be created and leased to community groups and small new business ventures. Rental income from this type of use, which has been benchmarked against the successful Raylor Centre, is healthy and has been modelled within our business case assumptions. These have the potential to contribute significantly to the Aim of delivering a 'Prosperous City for All' as described in the Council Plan 2015-19, supporting local small businesses in an area of the City, which experiences lower than average economic activity and higher levels of worklessness.
30. In recognition of the value of this asset, the Project will also be structured to generate on-going revenue, maximise business rates income and, if possible, achieve a capital receipt from land disposal, which exceeds the income required for reinvestment in the Site.

Opportunity Cost

31. There is an opportunity cost of pursuing the Project, as summarised below. As an alternative, and subject to consultation and the relevant consents, the Site could be sold for between £7m and £10m to release its capital value for use elsewhere in the city.
32. The table below summarises the opportunities and costs, both for the communities of Tang Hall and for the Council's financial position, of including or excluding any given element of the Project:

Issue	Opportunity	Cost
GP and health services on site	Integration with sports and active leisure to achieve public health benefits. Capital receipt of up to c£600k.	Loss of up to c£150k land receipt compared to selling the land for housing.
82 bed Care home (with service contract)	Up to 55 care beds purchased at our "actual cost of care" target price for a period of 25 years. Capital receipt of c£1.3m	Loss of further c£200k capital receipt compared to option below.
82 bed Care home (without service contract)	New care home integrated into GP, community and active leisure provision. Capital receipt of c£1.5m	Loss of indicative c£400k capital receipt compared to selling the land for housing.
Community, sports and enterprise facilities	Facilities for existing and new community groups, for sports activities in the refurbished existing facilities and for local 3 rd sector and enterprise rentals. Refurbishment or new-build of a Council owned asset to the value of c£6m. Community cohesion and generation of new economic	Loss of capital receipt for housing land of approx c£850k Saving of up to c£6m refurbishment expenditure. Reputational risk (previous undertaking to support and retain existing tenants on the

Issue	Opportunity	Cost
	<p>activity in the Tang Hall area</p> <p>Increased opportunities for active lifestyles in Tang Hall area, improving public health outcomes.</p>	<p>Site)</p>
<p>Playing fields and active leisure space</p>	<p>Use of the existing MUGA (multi-use games area) and adjacent playing fields for sports and active leisure which integrates with indoor sport, GP and other health and wellness activities on site.</p> <p>Increased opportunities for active lifestyles in Tang Hall area, working closely with NHS partners, improving public health outcomes.</p>	<p>Loss of a c£3m capital receipt compared to selling up to a third of this land for housing.</p> <p>Any such sale would be dependent on securing Secretary of State consent. Unlikely to be able to secure consent for sale of whole.</p>

33. The council's preference is to continue with the proposal to use the site for community, sports, care, health and housing uses.

Congruence with policy

34. The vision for the Site is entirely congruent with the Council Plan key priorities of:
- **A prosperous city for all** - where local businesses can thrive and residents have good quality jobs, housing and opportunities
 - **A focus on frontline services** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities
 - **A council that listens to residents** - to ensure it delivers the services they want and works in partnership with local communities.
35. Additionally, it supports the Health & Wellbeing Strategy 2013-16 which seeks to:

- a) Make York a great place for older people to live
 - b) Reduce health inequalities
 - c) Improve mental health and intervene early
 - d) Enable all children and young people to have the best start in life
 - e) Create a financially sustainable local health and wellbeing system
36. In making York a great place for older people to live, the contribution of the voluntary sector, older people and carers should be recognised, especially in:
- a) Supporting people with long term conditions to live independently
 - b) Preventing admissions to hospital
 - c) Encouraging physical activity
 - d) Addressing loneliness and social isolation
 - e) Preparing for an increase in prevalence of dementia
37. Additionally, the Burnholme Health & Wellness Campus will be able to make a significant contribution to the ambitions of the Vale of York Clinical Commissioning Group (**CCG**) in relation to the Integration of Care and to Person-Centred Care and will be well placed to have an impact on primary care reform for the communities in the Tang Hall area.
38. Healthcare providers across the City are working ever more closer together in order to improve the patient experience and deliver “seamless” care. Directed by the Provider Alliance Board, the participants include the York Teaching Hospital NHS Foundation Trust, the newly appointed Tees, Esk & Wear Valleys Foundation NHS Trust mental health provider and the major GP practices across the City, as well as Council Adult Social Care. It is recognised by the CCG that this Project has the potential to provide accommodation from which truly integrated care can be delivered, and the vision for enhanced health involvement in the Site is thus supported.
39. The vision for the Site also fits with the aims of the Council in relation to delivery of public health interventions and with the NHS England Five Year Forward View. It will increase opportunities to promote healthier lifestyles, helping people to make healthier choices regarding smoking, activity levels and diet. This will start to reduce the

“downstream” effects on health, which result in long-term conditions and the need for acute health service intervention and high levels of social care support.

40. The delivery of this vision will also contribute significantly to Council ambitions associated with the transformational Rewiring York. Not only to the workstream under which it is to be delivered, that of Older Persons’ Accommodation, but also to the new operating model for Adult Social Care, joint commissioning with the CCG, to support for carers and capacity in the voluntary sector.
41. The co-location, within improved environments, of health and social care providers, alongside community and voluntary sector groups and wider public, commercial and community services such as the pharmacy and social-enterprise led activity will provide an invaluable test-bed for a range of new models of integrated care.
42. Close working relationships will also be encouraged between those who are located on the Site, and the services provided from the Tang Hall Community Centre and other community facilities in the area.

Previous Executive sanctions relating to the Burnholme Site

43. 15th May 2012 (in approving the closure of Burnholme Community College) “initiate a further specific consultation focusing upon the potential future use of the Burnholme site in the event of the closure of the school”. The recent consultation on the future of Burnholme Community College has highlighted particular concerns about the future of highly valued community services that are based at the College, including the Kids Club, the Burnholme Day Nursery, and Sports Provision including sports fields and MUGA. The authority will wish to explore options that make best use of the site whilst maintaining community facilities wherever possible. It is recognised that these important issues and possible options will require wide consultation and detailed debate and consideration”.
44. 4th June 2013: “Resolved that a care home be built on land at Burnholme”.
45. 5th November 2013: (relating to Areas A & B only) “Resolved that the Cabinet agree to a community consultation exercise to seek views on the options set out in this report and for further work to be done to assess affordability which will be brought back to Cabinet in early 2014 to inform a decision on the preferred option”.

46. 1st July 2014: (relating to Areas A & B only) “Resolved that the Cabinet note the interim arrangements for the operation of the Burnholme site following the closure of the school:
- that the Executive note the results of the public engagement; and
 - that the Executive approves the procurement of a development partner to develop the site as a Community Health and Wellbeing Hub”.
47. 3rd March 2015: (relating to Areas A, B and C): “That the Executive authorises officers to develop the business case for an integrated care, health, housing and community facility on the Burnholme School site so that residents with care needs, including those with complex needs and those with dementia, can be accommodated alongside health, sports, library, nursery, other community facilities and family housing”.
48. 30th July 2015: “Agree to proceed with the Older Persons’ Accommodation Programme (the “Programme”) as set out in the report, including:
- iv. procurement of a new residential care facility as part of the wider Health and Wellness Campus at Burnholme;
- ... and
- Note that a further report will be brought to Executive in the autumn to agree the preferred approach to the development of the Burnholme site in order to deliver a Health & Wellness Campus including residential care provision”.

Moving Forward

49. The proposals for the Site have been subject to review and scrutiny by partner organisations and the community. Community consultation identified:
- a) a lot of support for sports uses and for activities that young people would find of interest;
 - b) a place to meet and socialise;
 - c) a place to access local services (council, health, learning); and
 - d) an acceptance, by those who expressed a view, that an element of housing would be needed to cross-subsidise other community activity.

50. This consultation was carried out in the knowledge that land on the Site would/could be used for a residential care home for older people.
51. Prior to the decision of Members in July 2014 a full set of options were identified, evaluated and rejected in favour of the proposed approach for the redevelopment. Original options considered included “wholesale disposal for residential development”, “demolition and new build community, health & wellbeing centre”, “part-refurbishment and part-new build” and “demolish majority and retain minimal community use”.
52. While the decision was made to pursue the procurement of a development partner to deliver the “part-refurbishment, part new build” option in July 2014, it is recognised that there have been parallel decisions relating to the provision of accommodation for older persons, which have had an impact to a greater or lesser extent on the Burnholme plans. By including Area C into the development and striving to make best use of the total land available, one approach would still be to demolish each wing of the original school, leaving the original core building (which includes the school hall, a range of ground floor and first floor classrooms and the sports facilities including gym, sports hall and associated changing facilities).
53. Having re-considered the previous conclusion in light of these developments, the reasoning and recommendation, that partners should be sought to deliver the vision, remains the preferred and recommended option.
54. The complexity of this development proposal should not be underestimated. It is therefore proposed that we seek the views of potential partners as to their interest in, and various commercial aspects of, the Project. This approach has the added advantage of allowing various individual elements of the project to progress independently of others, aiding with speed and reducing interdependency risk.

Criteria and specification

55. The decision as to who to work with and how must meet certain criteria:
 - Deliver value for money for all partners
 - Deliver a scheme which meets partners’, stakeholders’ and community aspirations

- Exploit site-wide synergies
- Avoid conflict of design/construction delivery
- Generate opportunities for local jobs and economic growth for the Tang Hall communities
- Secure a design, which is flexible and will respond to changing needs
- Follow One Public Estate principles, complementing other local facilities
- Facilitate early delivery, while ensuring that good governance is followed and best value secured.

56. It is also imperative that we learn from previous procurements. Officers will ensure that partners can demonstrate innovation and add value while also ensuring the Council's core requirements are met.

Development Strategy

57. In developing a strategy for delivery of this holistic vision for the Site, various land ownership options have been considered against the above criteria.

58. In order to achieve best value, yet retain control over build standards and usage, as well as being able to exploit synergies between the different areas of the Site, it is proposed that:

- a) pitches, sports and active leisure facilities are retained freehold (operational management may be separately procured at a later date);
- b) space reserved for use by community, enterprise and third sector organisations (including accommodation for existing tenants such as the nursery and potential new space for an Explore Centre) together with flexible spaces for training and lifestyle support are retained freehold (operational management may be separately procured);
- c) the building currently leased at a peppercorn to Hempland Kids Club is retained, as approved by the Council in November 2005; and;

- d) Officers work with the Tang Hall SMART service (who deliver music therapy and skills development to a range of vulnerable groups and local people and who have been a long-term tenant of the Site), to accommodate them on the Site.
59. In order to obtain sufficient capital receipts to enable the community areas to be provided without additional Council investment, the following aspect of the Site could be offered for freehold sale or on a long-term lease:
- a) approximately 2 acres are made available as land for the development and operation of an 82 residential care home for older people including those with high care needs such as dementia, with the obligation to provide up to 55 care beds for purchase by the Council at a discounted price for an agreed numbers of years;
 - b) land is made available as the site for the GP/primary care/NHS services. This should be offered either leasehold or freehold, enabling our NHS or other healthcare provider partners to invest in the construction and running costs of the new facilities; and
 - c) at least 5 acres is identified for residential development. Depending on the proposed site master plan, additional land may also be available for residential development.

Other Property Implications

60. Area C on the attached plan is currently designated as Playing Field. It was most recently used by Burnholme Community College but has not been in use, either for sport, recreation or public amenity for several years. An application has been submitted to the Secretary of State under Section 77 of the School Standards and Framework Act 1998 for consent to dispose of playing fields and Officers are progressing the actions required as part of this submission.
61. Consent is also required to dispose (whether by freehold transfer or grant of a lease) all or part of Areas A or B or change the use thereof. This is also being progressed in relation to Area A.
62. One of the criteria for the Secretary of State's consent relates to use of receipts from former school playing field or other former school land. Officers are examining how recent school capital allocations have been structured regarding this point in order to demonstrate that monies can/will be used appropriately.

63. We will not be in a position to proceed to procure any redevelopment unless and until Secretary of State consent has been obtained for the relevant parts of the Site.

Professional and technical options appraisal

64. As noted above, the original Option Appraisal was predicated on the assumption that the best value would be secured by refurbishment of some of the existing school buildings, rather than by whole-scale demolition and new-build.
65. Given the change to the whole Site size and configuration, it is proposed that specialist spatial planning advice is procured in order to assure the Council that the most commercially efficient solution to our requirements, is progressed. This will secure best value for money for the public purse

Options examined

66. For financial modelling purposes, we have considered an option (Option 1) whereby the 3,960 sqm building range within Area A on the east of the Site is refurbished, incorporating the school hall, main corridor and sports facilities, to be refurbished to accommodate the community and third sector tenants, community-facing activity and enterprise spaces, and sports users. This is shown in **Annex 3**.
67. An initial cost consultant report was then commissioned, to inform our financial modelling.
68. The report determined that the cost of refurbishing these spaces, along with demolition of the surplus buildings on the Site would be up to £6m. Assumptions have been made regarding contingency and inflation, providing assurances that we are modelling a prudent “worst case” scenario, which could be improved by value engineering.
69. Alternative variations have also been considered (Options 2 and 3), and rejected as not securing best value.
70. Option 4 looked at retaining but modernising the original sports facilities and providing new-build accommodation for the range of other community and enterprise activities. The capital costs of this option are higher but the outcome in terms of quality of accommodation, long-term sustainability and lifecycle costs is improved. This option makes better use of the site, freeing up further land which can be used for development and therefore generating a capital receipt. This option is

thus also financially viable and will be the subject of further investigation.

Traffic and Transport

71. To aid consideration of these options, expert advice has been sought in relation to the traffic and highways impact of new housing and, separately, in relation to potential uses and values of the Site. This information has now been fed into the financial modelling of the options and will also be used to inform the procurement process and evaluation of bids for a developer of the Site.
72. The Highway Feasibility Report, specifically focussing on Area C of the Site, will inform the site spatial planning and feed in to considerations in relation to the value of land to be sold for residential development. A similar piece of work had already been included within the 2013 Option Appraisal in relation to Area A.
73. The reports conclude that the Site could be served by Bad Bargain Lane and/or via Darnbrook Walk subject to agreement with Council Highways Officers and internal access roads being built in accordance with the relevant highway design standards.

Land uses and values

74. Commercial property agents were commissioned to ensure that land value and commercial assumptions were reflective of the current market, to report on likely rental/rent premium for the GP facility and the potential market appetite for construction and operation of the care home.
75. Their report conclusions are positive:
 - a) Care Home: The micro and macro location factors are positive in terms of development potential for a care home on the Site. The local market is underdeveloped with significant scope for new provision to replace outdated stock which no longer meets market expectations. Emerging additional provision is not a threat to the development potential of the Site and is unlikely to negatively impact the market. Strong private and third sector appetite would be expected for the Site.
 - b) Health uses: the doctor's surgery, ancillary pharmacy and private GP space could, in combination, potentially secure disposal receipts and if combined with homes above, generate more value. Other health uses are also possible.

- c) Community uses: the Council currently secures an annum income from the community user groups and there is potential to increase this income slightly.
- d) Housing: any scheme, either for sale or to be rented in the private sector in the first instance, will need to be well-designed in order to ensure the quality of the overall offer of living in such a location is maintained over time. In addition, providing a high quality environment should ensure the units would also be attractive to potential individual purchasers. Healthy receipts can be expected.

76. They conclude that various care, health, commercial and residential uses could generate a hypothetical disposal receipt of between c£5,800,000 and c£7,600,000 if marketed openly.

Procurement Strategy

77. Recognising that the Project is complex, due to the variety of intended uses for the Site and potential phasing issues, a range of procurement options have been considered.

a) Breaking up the site into separate developments.

- i. The Council would fund and refurbish the community aspects of the Site via the direct appointment of a building contractor. The Council would also undertake the demolition of the remaining buildings on the old school site and construct main access routes through the Site. This work would initially be funded via Council capital or borrowing, but would then be repaid from future receipts from the developers of the residential elements of the Site (see (a) (ii) and (iv) below).
- ii. The Council would seek a developer to deliver and operate an older persons' care home and look for the developer to raise the initial capital funding.
- iii. Offer to sell/lease land to Health partners to develop the GP, pharmacy and other health elements of the scheme.
- iv. The Council would sell any and all surplus land for residential development, seeking to cover the refurbishment costs at (i) above and to generate a capital surplus.

b) Single developer to deliver an integrated solution

A single developer would be appointed to develop and deliver the Health & Wellness Campus. The intention would be for the Council to specify its requirements but otherwise commercial freedom to be handed to the developer. The developer would fund the community aspects of the Site through development of the residential land, EPH and GP facility.

78. While the Single Developer option (b above) is a viable way forward and de-risks the Site for the Council in relation to management of the disparate phases of the development, the complexity of the procurement process is costly in terms of staff and financial resource, as well as in terms of delivery timescales. Further, specialist advice concluded that, while there are developer frameworks in existence relating to multi use sites, these frameworks are not designed to include ongoing operational elements of any facilities constructed. As the Council requires an operator for the EPH and plans to include the obligation for a designated number of care beds to be reserved for Council use, such generic frameworks would not be suitable. The Council would thus need to procure a single development partner via an OJEU compliant process and concerns have been raised as to whether a Restricted Process could deliver a robust solution to the requirements.
79. Breaking up the site into separate developments, however, and funding the community refurbishment and initial infrastructure works in advance using Council resources will:
- a) Enable expedient delivery of the Council's priority elements of the Site;
 - b) De-risk the Site for developers of subsequent phases, thus assuring maximum capital receipts to the Council;
 - c) De-risk the procurement process, enabling the Council to access contractors/development partners via relevant OJEU compliant frameworks;
 - d) Enable further consideration, between Council and Health partners of the infrastructure requirements, which will support integrated health and social care provision on the Site.
80. This approach will require a separate cost model to measure the impact of up-front investment.

81. Both options will remain in consideration while we explore further the viability of breaking the site up into separate developments. A key consideration will be how risk is managed and transferred through the partnerships.

Risk Transfer through Procurement

User/area	Approach	Risk Transfer	Comment
Community & sports areas	<p>Contractor to refurbish/reprovide to specification under a Design & Build contract.</p> <p>Council continues to own and run these facilities.</p>	<p>Construction price risk is transferred to the contractor via the tender process.</p> <p>Specification, operation and ownership risks remain with the Council</p>	<p>In-house resource available to specify and oversee works. Best value secured for Council by paying contractor, rather than developer risk profile.</p>
Care Home	<p>Operator procured to fund, design, deliver and operate.</p> <p>Council block-purchases up to 55 beds.</p> <p>Regulator (CQC) ensures that care standards are met.</p>	<p>Operator takes commercial risk.</p> <p>Council, as block-purchaser of care beds holds demand risk for those beds.</p>	<p>Recent North Yorkshire County Council Extra Care Framework may be available (subject to specialist advice).</p> <p>Council specification relies on CQC registration.</p> <p>Step-in rights/right to transfer to another operator exercised if operator fails inspection.</p>
Residential	<p>Council sells land freehold to developer to design, build and sell homes and</p>	<p>Developer holds building cost and sales risks.</p>	<p>No specification other than as Planning Authority, enables maximisation of</p>

User/area	Approach	Risk Transfer	Comment
	takes full commercial risk. Council exercises planning rights (additional S.106 income).		land value. Overage clause if sales exceeds anticipated value.
GP/NHS facility	Site offered to NHS partners/GP practice freehold or long-leasehold.	Land reverts to Council if health facility is not contracted and/or constructed within a fixed timescale.	Freehold/long leasehold transfer ONLY when NHS agrees financing (either via NHS body or a third party developer).

Recommended next steps

82. The next steps are therefore to engage with potential partners to test their willingness to be involved in taking the Project forward.
83. At the same time the Council will procure specialist spatial planning advice, in order to secure the most appropriate and cost-effective Site solution.
84. The Council could then procure an appropriately qualified contractor through an OJEU compliant framework to deliver:
 - a) Community/library and sports refurbishment or re-provision
 - b) Demolition of redundant buildings
 - c) Site access, infrastructure and other enabling works
85. The Council will then procure, via an OJEU compliant framework or, subject to legal advice, a Restricted Procedure, a developer and operator of an older person's care home to whom it will sell the requisite portion of the Site against a capital receipt. The Council will have the right to purchase up to 55 beds from the operator at "actual cost of care" target price.

86. The Council could offer a portion of the site to NHS/GP practice partners upon which to develop a health care facility and against which a capital receipt will be required prior to start on site (the legal detail of which to be developed in discussion with stakeholders), subject to normal procurement considerations.
87. The remainder/surplus site to be sold freehold for residential development against a capital receipt and to include overage provisions.
88. Following the phased process described above, the Project will deliver:

	Capital	Revenue
A community facility to meet clearly described functional requirements, including a variety of flexible spaces, which could be used for meeting, office or business start-up/craft spaces.	The refurbishment/newbuild of these facilities will initially be fully funded from Council capital or short-term borrowing, which will be repaid at a later date from capital receipts from elsewhere across the Site.	The finished facilities will be retained freehold by the Council. Operational costs will be fully funded from rental income.
Internal and external sports facilities for community use and to complement other activities planned for the Site.		
An Older Persons' Home, the site for which will be available on a freehold or long leasehold basis, upon which will be a home of minimum 82 beds for people with complex needs, including dementia. A contract to provide up to 55 beds to the Council for a number of years at our "actual cost of care" target price.	Council will receive a capital receipt for the land. To reinvest in provision of community and sports facilities (above) Developer will raise capital funding required (at their sole risk) for purchase of land from Council and construction of	Contract for beds will be financially beneficial to the Council.

	Capital	Revenue
	care home.	
The site of a health facility to meet the requirements of the CCG, NHS England and their preferred General Medical services provider in this area of the city. The land will be transferred freehold or on a long leasehold at the point of contract to develop the site.	Council will receive a capital receipt for the land (receipt delayed pending outcome of negotiations with the NHS). To reinvest in provision of community and sports facilities (above)	Revenue relationship between the NHS partners. No implications for the Council.
Residential development to a standard specified only by the Planning Authority and thus to include provision of affordable housing	Council will receive a capital receipt for the land. To reinvest in provision of community and sports facilities (above)	

Financial Case

89. In broad terms, we have calculated that the whole site development will as a minimum be capital and revenue cost neutral. Option 1 generates a £586k capital surplus and a £20k per annum revenue surplus while Option 4 generates a small capital surplus of £263k and a £15k per annum revenue surplus, as detailed below:
90. Modelling has been undertaken based on the “worst case scenario”.
91. Options 2 and 3 have already been rejected as not “breaking even” in either capital or revenue terms.
92. The estimated capital costs have been completed following an external assessment of the Site and the likely requirements of refurbishment. Industry standard assumptions have been made regarding fees and an appropriate level of contingency. In addition, an amount has been included for inflation based on BCIS industry standard.

93. Prudent assumptions have been made for the likely level of capital receipt that could be generated from the Site and subsequently used to fund the capital work. Again, this is based on an external assessment of the Site value.
94. The revenue costs include provision for a site manager who will be responsible for managing the overall facility and promoting the availability of accommodation to communities of interest. The role will include ensuring the forecast income is achieved. Approximately half of the income will be generated from individual users of the facilities and half from voluntary and third sector organisations using the meeting and activity spaces, who are in turn funded either by individuals or other sources such as Lottery Funding bids. This income is not, therefore, reliant on public money, though carries a risk as some primary revenue sources are time-limited.
95. The delivery of the GP/NHS element will require investment from the NHS. The procurement strategy and proposed contractual arrangements is structured in such a way as to ensure that any risk associated with NHS ability to finance this element of the Project, does not fall to the Council.
96. It should be noted that the majority of the users of the community and sports areas are either registered charities or small businesses and will thus receive 80-100% relief on business rates (NDR). The care home is exempt. Assuming it is delivered, the GP, pharmacy and health premises would have a rateable value in the region of £80-100,000. As a city, under current arrangements the Council retain 49% of any growth in Business Rates and, of this retained amount, would pay a levy of 50% into the Leeds City Region pool leaving approximately 25% directly available to the Council. Under new arrangements being discussed by government, the Project could generate additional business rates to the council of up to £75,000 per annum.
97. Some high level sensitivity analysis has been carried out to test the draft outline financial model. Although currently a surplus on both revenue and capital is anticipated, an increase in costs of 10% or a reduction in capital receipts of 5% would result in the project not generating any surplus. Officers will continue to work on the financial model and closely monitor any change in assumptions throughout the life of the Project. Regular reporting to members will highlight any areas of concern.
98. The budget for costs associated with this phase of the Project including internal and external costs have already been approved by

the Executive, as the Burnholme Project forms an integral part of the Older Persons' Accommodation Programme. These will be capitalised and included within the Project costs as and when each phase of the Project is effected.

99. Members are reminded that the figures outlined in this report are indicative and, although based on estimates supported by external advice, are likely to change as the Project progresses. As with all projects of this nature, the final costs of each element will not be known until its respective procurement process is complete.
100. Due to the phased approach to delivery and the potential to changes to market conditions during the Project timescale, there remains a risk that the completed Project does not meet the criteria of being cost neutral.
101. The staggered approach to procurement of the individual elements/phases of this Project, as outlined above, may require the Council to undertake some short-term borrowing to fund up-front costs and address cash-flow issues. This will be assessed fully at the next stage.

Communications and Engagement

102. As noted above, the high level vision for redevelopment of the Site was consulted upon and stakeholders, tenants and local residents have continued to be involved through operational meetings.
103. The Burnholme Health & Wellness Campus is an integral part of the Older Persons' Accommodation Programme and is thus covered by the Communication Strategy for that programme of work.
104. As the Project progresses, it will be imperative to secure the continued engagement of stakeholders, neighbours, existing tenants and new partners, as well as current and potential future users of the Site, in master planning and design development.
105. Current tenants, as well as potential future occupants, are also keen to publicise the services they offer and the opportunities which will be afforded to local people by the new facilities. In doing so, Officers will work closely with other existing groups and scheduled events, such those organised by the Tang Hall Big Local, to engage, consult and inform local people.

Timescales for delivery

106. Key dates are set out below:

October 2015	Executive agree to progress the Project and seek interest from potential partners (appointment of whom will be subject to further Executive approval).
Winter 2015/6	Seek interest from partners to progress: e) continued community and sports use on the site; f) a residential care home for older people; g) housing provision; h) health services delivered in a community setting.
	Spatial planning to confirm land take for individual elements and a detailed development timetable completed.
Q1 2016	Subject the interest received from partners, seek Executive approval for: d) appointment of design & build contractor for community/sports/library phase and for demolition and infrastructure works; e) procurement of OPH developer/operator; and f) marketing of housing development opportunity.
Q2 2016	Seek Executive approval for development of community health facilities on site.
Q1 2017	Community/sports/library phase complete.
2017 & 2018	Development and completion of care, housing and health elements of the development.
Q4 2018	OPH complete and in operation

Risks to delivery

107. At this stage of the Project, there are a range of risks, many of which will be mitigated or completely removed during the planned progression of the Project.
108. The current risks are identified at **Annex 2**.

Benefits realisation

109. As can be inferred from the précis of strategic documentation above, the delivery of an holistic and integrated development on the Site can deliver significant benefits to the health, wellbeing and social capital of the communities in the area, many of which will have “downstream” financial benefit to the public purse. A detailed benefits realisation table is provided below:

Benefit	Leading to ...	Leading to ...
Older people in residential care in improved environments	Fewer “untoward incidents” e.g. reduced slips, trips & falls Improved staff retention	Improved quality of life Reduced hospital admissions
Older people with complex needs and/or dementia are cared for in securely designed facilities	Reduction in older persons with dementia being “missing”	Reduction in police service costs
Improved local access to health and social support	Easier to remain independent in own homes Improved security and perception of security Access to lifestyle support and ability to monitor e.g. nutrition	Improved quality of life Reduced/later admission to residential care Reduced hospital admissions

<p>Range of community activity available</p>	<p>Reduced social exclusion</p> <p>Improved access to health & social care services</p> <p>Improved quality of life</p>	<p>Reduced incidence of mental ill-health</p>
<p>Increased provision of learning and personal development opportunities</p> <p>Citizen's advice, internet access and job club support</p> <p>Apprenticeship opportunities</p>	<p>Improvement to skills levels and self confidence/raised aspirations</p>	<p>Reduction in worklessness</p> <p>Increased family incomes and reduced reliance on benefits</p>
<p>Lifestyle information readily available</p>	<p>Increased uptake of group support for e.g. smoking cessation, nutrition and dietary advice</p>	<p>Reduction in obesity levels</p> <p>Increased number of smoking "quitters"</p> <p>Reduction in admission to hospital with conditions, which are adversely affected by lifestyle choices</p>
<p>Increased choice in housing offer</p>	<p>Older people "down-sizing" and releasing larger housing for young families</p>	<p>Improved perception of security/safety and social cohesion</p>
<p>Opportunities for life-enhancing activities in e.g. music, reading, the arts, adult education</p>	<p>Reducing isolation and social exclusion</p>	<p>Reduction in incidence of mental health (esp. depression); reduced risk of dementia in older persons.</p>

Improved access to GP services and associated primary and community based health provision	Earlier diagnosis, particularly in traditionally “hard to reach” groups	Reduction in limiting long term conditions and emergency admissions.
Range of facilities to encourage both formal and informal sport and activity	Increased uptake of regular exercise	Reduction in social isolation; improvements to obesity levels and associated reduction in long term conditions associated with obesity and inactivity.
Accessible and affordable business start-up and enterprise units	New businesses and small art/craft enterprises encouraged	Reduction in worklessness Reduction in reliance on benefits and improved self-confidence

Equalities

110. In considering this matter the Council must have regard to the public sector equality duty. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equalities Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

111. The Equalities Act 2010 explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
112. An Equality Impact Assessment (at that time a “Community Impact Assessment”) for the Burnholme Site was undertaken in July 2014 and remains valid. It particularly highlighted the positive implications of the Project for the health, security and wellbeing of all residents. This has and will continue to be updated as the project progresses.
113. An Older Persons’ Homes Wider Reference Group has been established to act as a sounding board for the development of plans as the implementation of the Project unfolds. The project team also continues to use established channels to communicate with, and gather the views of, members of the local community, partners, stakeholders and staff.

Legal

114. A full examination of the legal implications of the various property and procurement elements of this Project have been undertaken and these will be kept under review, and brought forward for due consideration, as we progress with the various elements of the Project.
115. The first consideration relates to reuse of school land, as described above. Section 77 of the School Standards and Framework Act 1998 requires that consent of the Secretary of State for Education is required for disposal by a local authority of land used as playing fields by a maintained school within the last 10 years or for the change of use of such land.
116. Paragraphs 4 and 6 of Part 1 of Schedule 1 to the Academies Act 2010 requires that consent of the Secretary of State for Education is obtained before a local authority disposes of land or buildings which has been used for other school purposes (not as playing fields) within the last 8 years or changes the use of such land to a non-educational use.
117. Statutory Guidance issued by DfE and the Education Funding Agency indicates that there is a strong presumption/principle against giving consent to disposal or change of use, particularly in relation to land which has been used as school playing fields. If the Secretary of State gives consent to disposal or change of use it may be subject to certain conditions, including as to what the capital receipt or rental income must be used for by the Council. The Secretary of State also requires

that the Council provides evidence that local schools and the local community have been consulted (by placing a notice in a local newspaper) and their views taken into account.

Human Resources

118. The HR implications of the Burnholme Health & Wellness Campus are being monitored as the Project progresses.
119. There is currently one member of Council staff, who works on the Site as a caretaker/cleaner and it is currently anticipated that this role will continue to be required following redevelopment.
120. Consideration is needed of the TUPE implications (both legal and financial) of closing existing Council run care homes and block purchasing beds in the new EPH at the Site.

Crime & Disorder

121. Since the school closed, the Site has been the subject of vandalism and trespass, including access to the roof, which carries significant risk to the persons involved.
122. During redevelopment, plans will take account of design features, which minimise opportunities for vandalism and trespass and thus risk to the individuals concerned and ultimately financial risk to the Council.

Information Technology

123. There are no direct Information Technology implications to this report.

Other Implications

124. There are no other implications arising from this report.

End

Contact Details

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	Report Approved	✓	Date 21 October 2015
Specialist Implications Officer(s) Legal – Ruth Barton (Ext 1724); Gerry Allen (Ext 2004) Finance and Procurement – Debbie Mitchell (Ext 4161), Andy Wilcock (Ext 1129) Property – Nicholas Collins (Ext 2167) and Ian Asher (Ext 3379)			
Wards Affected: Heworth, Heworth Without, Osbaldwick,			
For further information please contact the author of the report			

Annexes:

Annex 1 – Tenants and activities currently at Burnholme

Annex 2 – Risks to delivery

Annex 3 – Burnholme site plans

Abbreviations:

BCIS – Building Cost Information Service (part of the Royal Institution of Chartered Surveyors)

CCG – Clinical Commissioning Group

CQC - Care Quality Commission

EPH – Elderly Persons' Home, now referred to as Older Persons' Home

NHS – National Health Service

OJEU – Official Journal of the European Union

OPH – Older Persons' Home, previously referred to as – Elderly Persons' Homes

Tenants, who currently hold leases/licenses for accommodation at the Site, are described (precised from their own description) below:

Burnholme Nursery

Burnholme nursery is a full day nursery registered with Ofsted and run by a committee. They are a charitable organisation and operate for 51 weeks of the year caring for children aged from 3 months to 5 years.

The nursery currently has a waiting list for places as they serve the local community and parents like the fact that all ages are together and they have such a large indoor space and open plan garden in which to undertake age-appropriate learning and free play.

Hemplands Kids Club

Hempland Kids Club has been running since 1995. They are a registered charity, non-profit making organisation and are independent and self managed. Ofsted inspected, they just achieved an Outstanding in all areas judgement, and are the first Kids Club in York to achieve this. The Kids Club offers a high standard of quality childcare to primary aged children and has 220 children registered. 65 children per day attend during term time, and up to 40 children each day during school holidays.

The children take ownership of their Club, and they are involved in all decision making, their voice is always heard. Over the last 6 years they have re-decorated and transformed the Club from an empty shell, into a nurturing child friendly environment for children to learn through play and social interaction

The Kids Club works closely with the local community, and with other tenants on the Site to maximise the opportunities for the children in their care.

Tang Hall SMART

Tang Hall SMART CIC is a social enterprise that has two main strands: music-based clubs and events for the local community, and entry-level music industry training. Weekly clubs are run, some for children, some for teenagers and some for adults. The organisation provides a practical, accessible 'hands-on' approach to practical music-making. Most of the club members live locally. SMART social aims are to enable others to do

more/be more - and they have particular interests in targeting: homeless people; people with learning disabilities; people with mental health difficulties and people who are unemployed.

York Community Church

York Community Church has been serving the communities of Tang Hall, Burnholme and Osbaldwick for over 20 years. They are a diverse group of over 200 people, varying in age, social backgrounds and Christian experience, the majority of whom live in the local area.

At Burnholme they currently provide: Christians Against Poverty (CAP) Debt centre, CAP Job Club and CAP Money courses. They also provide Community Activities, Fun Days, Alpha Courses and Marriage Courses. Their Sunday Services include youth work, children's activities and crèche. In the local area they have run a number of community events and continue to facilitate two weekly Youth Clubs, a Lunch Club for the elderly and lonely, plus a Food Bank outlet. It would be the intention to bring some of these activities onto the Site once the facilities are available.

G2 Church, York

G2 Church meets on a Sunday afternoon between 3:45 and 5pm. Everyone is welcome, no matter what their belief or background. The main meeting set-up is a café arrangement, gathering people round tables, making it a great chance to meet new people and make friendships in a relaxed environment. There is usually some sung contemporary worship, followed by a talk, based on a passage from the Bible, with opportunity to discuss one another's thoughts and opinions around the tables.

Throughout the main meeting, children's groups normally divide into separate rooms, based on age, to engage in teaching sessions from their leaders; these take on a more creative nature, using crafts to help think about the topic, and involving story-telling based on Bible passages.

Additionally, the following groups access the Site for training, group meetings or activities and/or sports uses:

All Seasons Orchestra (practice)	Mens Fitness
Applefields School	North Yorkshire Sport
Bad Bargain Badminton	Osbalwick JFC
Beeswing FC	Pike Hills Indoor Sport
Bishopthorpe CC	Raggy Dolls Netball Club
Boccia England	Sambarca
Champion Netball	SASH
Disability of York Athletics Club	St Mike's FC
Down Syndrome Football	Tang Hall Big Local
Dunnington FC	Tang Hall Tigers
Eboracum Training Limited	The York Group of Spiritualists
Elmpark JFC	Wheldrake JFC
Elvington Harriers	Whiz Kids
England Athletics	Yapham CC
England Volleyball	York City in the Community
Fight Fit Combat	York Hotshots
Fulford FC	York Hunters
Go Get – striding	York Locomotive
Hempland Primary School	York Phoenix
Heworth Green FC	York Viking Basketball Club
Heworth Rugby	York Volleyball
Jorvik Powerchair Football	
Jorvik Warriors	
Kinesis Dance	
Leisure Leagues	
Marcia Bishopthorpe FV	

Risks to delivery

There remain some risks to delivery of the Project, which would cause the Project to be significantly amended or potentially aborted if the risks were to be realised. The Officer team will continue to robustly monitor these risks and any significant change to the Project as laid out within this Business Case will be reported back to the CMT and/or Executive as appropriate depending on the severity of impact.

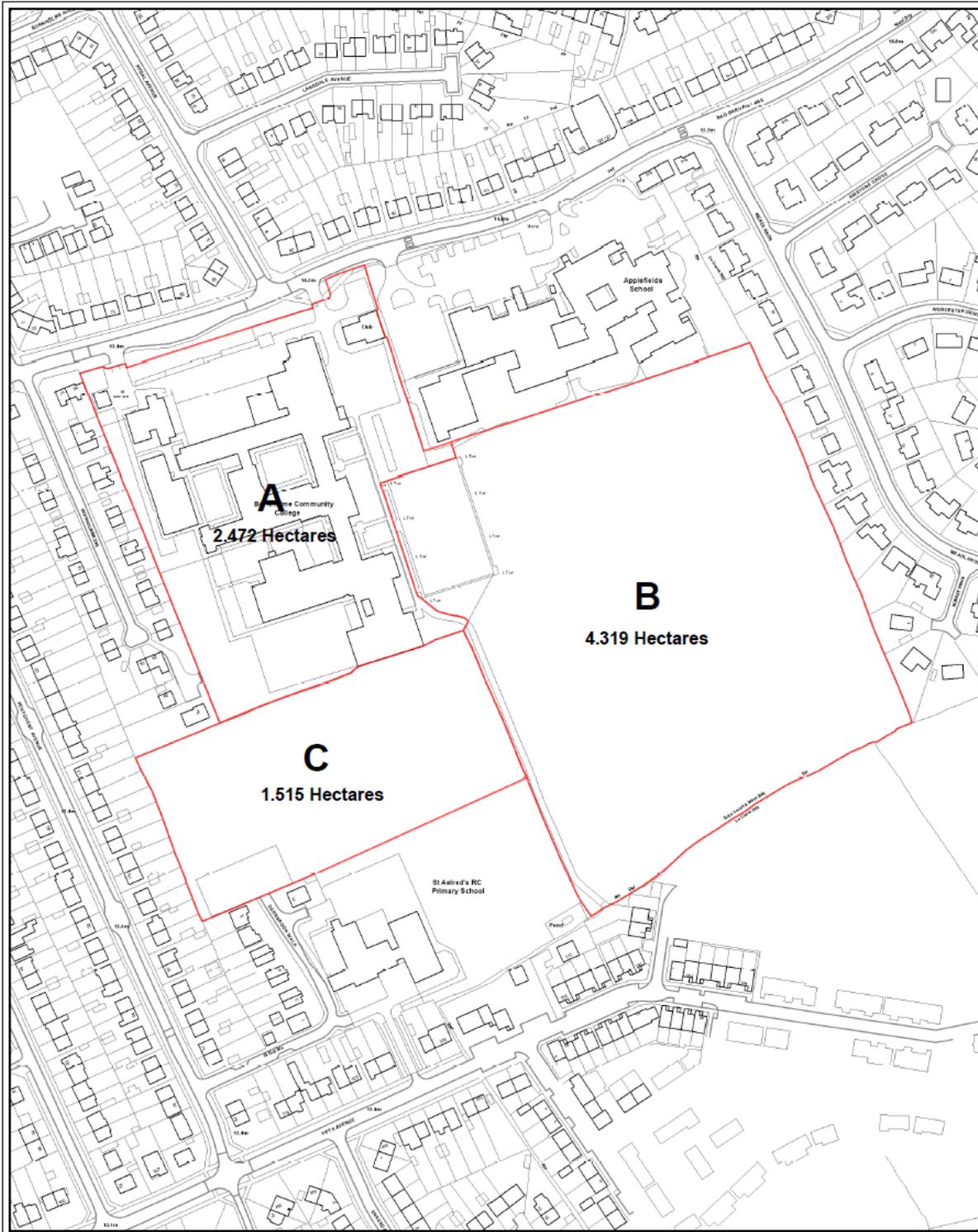
Likelihood and severity are graded on a scale of 1-5, where 5 is the most severe/likely.

	Likelihood	Severity	Result	Mitigation
Assumptions within financial modelling are not realised during procurement processes	2	4	Delay or Abort	Market interest in each element to be ascertained in advance of each stage of formal procurement. Market fluctuations monitored to determine potential impact in advance of commitment.
Project is led by the estate/property opportunity, rather than by need/strategy	2	4	Missed Opportunity	Vision guided by service and community need. Full engagement with commissioners. Ensure congruence with strategy.
Disparity of vision between the key partners	2	4	Delay	Consultation and discussion between the key partners and with community groups as Project progresses
Decision making processes and timescales of key partners leads to "revolving door" and delay	2	3	Delay	Ensure procurement structure permits phased development.
Inability to agree key partners' funding commitment to integrated services	4	5	Reduced scope	Retain design flexibility to ensure the Site solution will respond to changes in partners' requirements.

	Likelihood	Severity	Result	Mitigation
Financial benefit to health economy is generated in future financial years, causing unaffordable "double running" costs.	4	5	Reduced scope	Retain design flexibility to ensure the Site solution will respond to changes in partners' requirements.
Delays lead to local community frustration and adverse publicity	3	3	Delay and reputational risk	Phased procurement. Ensure that community continues to be engaged in honest and open discussion regarding options. Support current site operational requirements.
Inability to value-engineer community/sport element from "vision" to affordable	2	3	Delay	Design & Build contract passes risk to successful contractor. Potential need to reduce scope of requirements.
Planning permission not granted/onerous conditions cause late increase to capital costs	2	4	Delay	Council works with D&B partner to ensure that conditions can be met and costs do not escalate.
Community/voluntary groups and local people feel excluded	2	3	Delay	Communication and engagement plan
Design fails to meet specification expectations of key tenant (s).	2	4	Delay	Early engagement with key individuals from user groups.
Inability to secure Secretary of State approval for use of playing field land	3	5	Abort	Negotiations with local schools to secure support. Application resubmitted in July 2015. Maintain dialogue with DfE officers.
Inability to secure Secretary of State approval for disposal/appropriation of school site	2	5	Abort	Submit detailed application and maintain dialogue with DfE officers.

	Likelihood	Severity	Result	Mitigation
Developer concerns regarding viability of the Site (access, services etc) reduce capital receipt	3	3	Delay	Undertake due diligence and include in data room where possible, reducing developer "erosion". Council undertakes infrastructure works in first phase of development.
Inability to agree on source of capital/revenue finance	2	3	Delay	Detailed Business Case includes informed assumptions for financial modelling

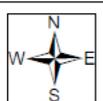
Site Plan: As is



CITY OF YORK COUNCIL
CBSS
Asset & Property Management

Land at Burnholme

SCALE 1:2,500 DRAWN BY: DH

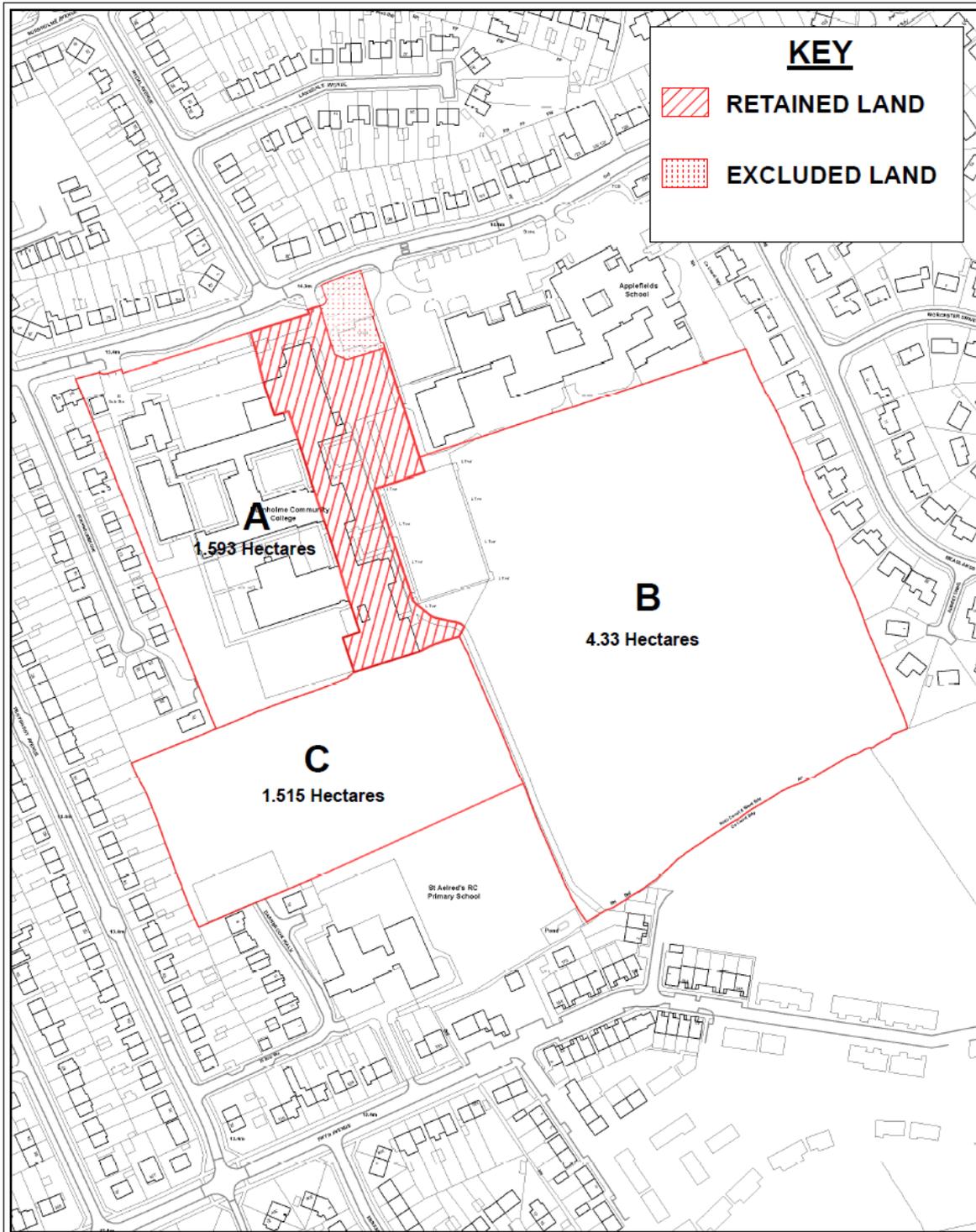


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Site Plan: Option 1: retain and refurbish the front range of the school



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Asset & Property Management

Land at Burnholme

SCALE 1:2,500 DRAWN BY: DH



Originating Group: **Asset & Property Management** DATE: 29/07/2015

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