

People Directorate

FULL BUSINESS CASE

Maximising Independence of Adults: Norman Power Care Centre

Purpose

The purpose of this document is to present for approval the recommended future service delivery option for Norman Power Care Centre.

This document describes the proposals and the recommended option following consultation which took place between August and November 2016.

Project Mandate	
Scope	The scope of this project covers the future operation and service delivery in Norman Power Care Centre, with the exception of the older adult day care services which have been subject to a separate Cabinet decision.
Background	<p>Background and business context</p> <p>Due to the scale of funding reductions but also the changing times in which we operate, the City Council has recognised that there is a need for radical change in how our organisation works – its role and functions and the culture that determines how we work together with the people of the city. To address these challenges, the City Council set up the Future Council programme during 2015 to deliver an integrated and strategic approach to managing the necessary changes. This has taken on board all the recommendations of the Kerslake review of corporate governance, published in December 2014 and the ongoing advice and support from the Improvement Panel set up at the beginning of 2015.</p> <p>In March 2016 the Council Business Plan and Budget 2016+ was approved by Full Council. This contained a number of savings proposals, one of which concerned the four Care Centres currently owned and operated by Birmingham City Council.</p> <p>On 26th July 2016 the Council's Cabinet gave permission to carry out consultation on proposals for the future delivery of services at Norman Power Care Centre. Public consultation was carried out between 4th August and 6th November 2016. This exercise involved consulting on three options:</p> <ul style="list-style-type: none"> • Option 1 – No change • Option 2 - Stop delivering residential care in Norman Power and change the use of the beds to deliver step-up / step-down recovery beds to be delivered by organisations external to the Council. • Option 3 - Use the Care Centres for the delivery of high dependency dementia nursing care, but to be provided by organisations external to the Council <p>Vision Statement</p>

The outline business case set out the following vision for the future of the Council's 4 Care Centres.

The Council recognises that it cannot provide residential care for older adults in the Care Centres in a way which represents value for money when compared to providers of similar services within the care market. In order to ensure that it achieves better use of public funds, it must now explore alternative options for their future operation. These could include:

- Exploring alternative uses for the Care Centres to meet gaps in the current market, including exploring demand for dementia/enhanced assessment beds
- Exploring options for further integration and shared use with the National Health Service (NHS) so the Care Centres deliver better health and wellbeing outcomes.
- Exploring options to transfer the operation of the Care Centres to other care providers in the market.
- Exploring options to consolidate the existing residential units into one or more Care Centres.

Outcomes

The Vision is intended to deliver the following outcomes:

- Contribution to the reduction in the Council's overall workforce
- A shift away from the internal provision of these services
- To deliver the savings identified in the Council's Long Term Financial Plan.
- Improved use of the Care Centres aligned to their high specification, through the delivery of care and support to people with high intensity support needs

Net Spend 17/18 (Norman Power Care Centre)	Saving in 17/18	Saving in 18/19	Saving in 19/20
£1.959m	(£0.700m)	(£0.700m)	(£0.700m)

Service Objectives

The purpose of the current service is:

- Four Care Centres were built as part of the Council's Older Adults modernisation programme. Norman Power Care Centre in Ladywood is one of these. The Care Centres provide long and short term residential provision as well as a range of services to enable people to maximise their independence.
- The Care Centres are currently used to provide a range of services including:
 - Residential Care for older adults
 - Intermediate Care (for those stepping up/down from/to hospital)
 - Older Adults day care (subject of a separate Cabinet decision made on 13th December 2016 which approved the implementation of a closure programme)
 - Community café and internet access
 - Information and advice hubs
 - Rooms for hire which are used by a number of organisations to run activities.
- The Care Centres each contain 64 beds split over two floors, half of which are used for long term residential care and half of which are used for Intermediate Care or Enhanced Assessment. The Council operates the long term residential services in all of the Care

	<p>Centres, as well as 32 Enhanced Assessment Beds on the top floor of the Kenrick Centre. 96 beds were originally leased to Birmingham Community Healthcare NHS Trust for the delivery of Intermediate Care. 32 Intermediate Care beds at the Norman Power Centre have been decommissioned by Sandwell and West Birmingham Clinical Commissioning Group and currently sit vacant.</p> <ul style="list-style-type: none">• The Care Act 2014 places the duty on Local Authorities to meet the assessed eligible care and support needs of individuals and their carers when assessed against the National Eligibility Framework. While the Local Authority is not duty bound as an organisation to deliver or provide the care and support itself, it must ensure sufficiency of provision – in terms of both capacity and capability – to meet anticipated needs for all people in their area who have eligible needs for care and support.• The bed based services in the Care Centres are regulated by the Care Quality Commission.																					
Service Demographics	<p>Service location</p> <ul style="list-style-type: none">• Norman Power Centre is situated on Skipton Road in Ladywood, Central Birmingham. <p>Service users</p> <p>The residential service is accessed via a social work assessment, confirming the person has an eligible need for care and support.</p> <p>The residential care beds are occupied by older adults (those aged over 65 years old), who are either frail and elderly or have a diagnosis of dementia.</p> <p>Employees</p> <p>The number of staff employed at Norman Power are set out below.</p> <table><tr><th>Staff Grade</th><th>FTE</th><th>Head Count</th></tr><tr><td>GR5</td><td>1</td><td>1</td></tr><tr><td>GR4</td><td>5</td><td>5</td></tr><tr><td>GR3</td><td>8</td><td>8</td></tr><tr><td>GR2</td><td>23</td><td>25</td></tr><tr><td>GR1</td><td>9</td><td>12</td></tr><tr><td>Total</td><td>46</td><td>51</td></tr></table> <p>(Source: Norman Power Care Centre, March 2017)</p>	Staff Grade	FTE	Head Count	GR5	1	1	GR4	5	5	GR3	8	8	GR2	23	25	GR1	9	12	Total	46	51
Staff Grade	FTE	Head Count																				
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Current Position	<p>Current service operation</p> <p>The residential care service at Norman Power is provided internally by Birmingham City Council at a cost of £1.959m per annum.</p> <p>Performance</p> <p>Performance of the service is judged on two criteria – service quality and service unit cost as follows:</p> <p>Service quality</p> <p>The quality of the Birmingham City Council provided residential care beds is assessed using the latest rating of the regulator - the Care Quality Commission (CQC). The most recent inspection</p>																					

judged the service quality to be:

- Norman Power – ‘Good’ (Inspected April 2016)

Birmingham City Council has also developed a framework to assess the quality of residential care in Birmingham. This framework rated the service delivery as follows:

- Norman Power – ‘Good’ (March 2017)

The quality of care provided at Norman Power compares well with an external residential care market which also provides care with a range of quality. According to Birmingham City Council’s quality ratings framework - at the end of the 3rd Quarter of 2016/17 (January 2017) 60.6% of older adult homes which contract with Birmingham City Council, were rated as ‘good’, 30.9% ‘required improvement and 8.6% were ‘inadequate’.

(Source: Market Intelligence Report - Bed based – January 2017)

Unit cost

The average unit cost of a residential care bed at Norman Power Care Centres is £974 per week. This is a full occupancy with health partners contributing towards the costs of the whole building through a lease arrangement for the top floor. The Council’s provision in the Care Centres represents less than 3% of the market in Birmingham and the majority of older adult residential care is commissioned from independent providers. From April 2016 to January 2017 the Council commissioned beds from the external market in Birmingham at the following average rates:

- Residential care – 511 per week
- Nursing care – £525 per week

Need for change / Drivers

The following drivers for change have been identified:

Policy

- The Adults Transformation programme – Maximising the Independence of Adults sets out a series of plans, proposals and activity to deliver benefits and savings to reduce the predicted gap between increasing demand for service and reducing budgets.
- Between November 2015 and January 2016, the Council consulted upon its Budget proposal for 2016+ in order to deliver in excess of £250m of savings (equating to 25% of its total budget). This has been superseded by the Financial Plan 2017+ Budget, approved in February 2017, which includes savings targets in relation to Norman Power care Centre.
- Birmingham City Council is committed to developing services for people that help them to live as independently as possible, exercising choice and control over the planning and delivery of the support they need.
- The Council intends to become a commissioning led organisation rather than an organisation that predominantly delivers services directly.
- The Council and the NHS are committed to working closer together and through the Sustainability and Transformation Plan (STP), and are seeking opportunities to develop improved integration in terms of the services both organisation’s commission.

Financial

- The Council is required to make significant savings as detailed in the Long Term Financial Plan. The internal Specialist Care Services – Care Centres service has been identified as a contributor to these wider savings plans.
- The Council recognises that it cannot provide residential care for older adults in the Care Centres in a way which represents value for money when compared to providers

of similar services within the care market.

- The Council provides residential care in the Care Centres at a cost of £974 per week. It can buy residential care from the external market for in the region of £511 to £541 per week depending on the complexity of the support required.
- Having two separate providers within a single building is not the most efficient method of operation because of the duplication of some management and administrative costs. A single provider in each Care Centre would enable operational savings and efficiencies.
- While the 32 Intermediate care beds previously commissioned by the NHS at Norman Power currently sit vacant, the Council is in receipt of a rent for the beds – this arrangement will cease in December 2017 when the lease expires.

Future Demand Projections

- Birmingham has a relatively young population compared to England as a whole. However, people are living longer and this is reflected in Birmingham's future demography.
- There were estimated to be 143,800 people aged 65 and over living in Birmingham in 2014; of which almost 42,000 are aged over 80. People are living longer, which means that the population over 65 is predicted to increase by 29% by 2030; and in particular there will be around 58,000 people aged over 80, which is a significant increase of almost 40%.
- The number of people estimated to have dementia is also predicted to increase in step with this to over 14,000 people by 2030. (Source: Birmingham City Council Market Position Statement for Older Adult Social Care 2015)
- It is difficult to translate general projections of population increases into future demand for specific services like residential care, as so many different factors determine which services people will require and at which point in their lives. A flexible system is therefore required, which offers people choice, but that is able to expand and contract capacity when demand for services requires this.
- In addition to residential care, the Care Centres are used to provide Intermediate Care. The numbers of this type of Recovery or Enhanced Assessment Bed have been increasing in recent years, as Birmingham's health and social care system has continued to address delayed transfers of care out of hospitals for those who are medically well enough and also supporting a reduction in the number of hospital admissions.

Market analysis

- Birmingham has a large and established market for residential and nursing homes for older adults'. Currently within Birmingham there are 83 residential care homes, and 51 nursing homes caring for people aged over 65. There are around 2,500 beds within residential homes, and 2,200 beds within nursing homes within the city. Generally, homes for older adults' are larger than those for younger adults; the average size of an older adult home in Birmingham is around 35 beds.
- Around half of the older adults' care homes in the city say they are suitable for people with dementia.
- The Council has identified a requirement for additional dementia nursing beds specialising in supporting people with challenging behaviour. It has consistently found it hard to find appropriate placements for people with dementia and associated challenging behaviour in a timely manner, indicating a shortage of this type of provision in the market.
- Birmingham's intention is to reduce dependence on low dependency residential care

	<p>by offering alternative options to people, for example housing with care options such as Extra Care or Supported Living or support to live in their own homes. (Source: Birmingham's Market Position Statement for Older Adult Social Care 2015)</p>
Outline Business Case and proposals	<p>On 26th July 2016 Cabinet approved a report seeking permission to consult on future service delivery options at Norman Power Care Centre.</p> <p>The options were as follows:</p> <ul style="list-style-type: none"> • Option 1 – No change • Option 2 - Stop delivering residential care in Norman Power and change the use of the beds to deliver step-up / step-down recovery beds to be delivered by organisations external to the Council. • Option 3 - Use the Care Centres for the delivery of high dependency dementia nursing care, but to be provided by organisations external to the Council <p>The council has now reviewed the options and is now proposing that as part of options 2 and 3 that any arrangement in relation to services delivered from the Norman Power centre are through an external organisation through a commercial lease.</p>
Consultation and Equality Impact Assessment	<p>Consultation</p> <p>Between 4th August 2016 and 6th November 2016 the Council carried out public consultation on the four proposals. Service users and their relatives, staff, the wider public and other stakeholders were encouraged to share their views through a number of different channels including completing printed questionnaires, online surveys, attending consultation meetings or getting in touch by email or telephone.</p> <p>Analysis of the completed questionnaires and other comments received has been carried out. The report and findings are detailed in Appendix 2 of the Cabinet report. Detailed below are the key messages received during the consultation process:</p> <ul style="list-style-type: none"> • The Council are currently providing a good service. • Older people find change challenging and unsettling, especially if experiencing dementia. • Health will be affected, as well as longevity, and lives shortened. • There will be an impact on the family as well as the service user and this cannot be reduced. • Residents are currently comfortable and stable. • There needs to be a dementia focused service. • People were concerned about the private sector; service standards, meeting cultural needs and cost. • Norman Power is ethnically diverse and a model of social interaction. • The Council can be expensive and maybe external providers would be cheaper. But if managed properly it could make money. • There was concern that the other Care Centres would also face change and consultation and there are implications for capacity if Norman Power residents have to move out. • There would be an impact on the NHS and potential bed blocking. Don't understand why empty beds can't be used to reduce bed blocking. • The main concern for staff was the potential adverse effect on residents. • It was acknowledged that savings need to be made and some options were not financially viable. • Current options are too rigid and narrow and more options should be considered.

	<ul style="list-style-type: none"> One comment accepted that the service provider might change and also that the overall service may change from residential care to a different focus, but that in order to minimise disruption and the impact of change on the existing residents, it was suggested they should be allowed to stay at Norman Power and that the residential care service be 'managed down' alongside the new service. <p>Equality Impact Assessment</p> <p>An Equality Impact Assessment has been carried out to identify the impact of the proposed changes. Details of the full Impact Assessment can be found in Appendix 3 of the Cabinet report.</p> <p>The Assessment identified a range of impacts in relation to service users and employees with the following protected characteristics: Age, disability, gender, pregnancy and maternity leave, race and religion and belief.</p> <p>The Equality Assessment details the mitigations of these impacts.</p>
Soft market testing	<p>During the consultation process the Council engaged with the social care and nursing care markets to identify the potential level of interest from providers to operate services from Norman Power Care Centre aligned to the proposals contained in the Outline Business Case.</p> <p>During the exercise officers received responses from and held discussions with a range of social care and nursing care providers who expressed their interest in delivering services aligned with the Council's proposals.</p> <p>The exercise concluded that there is sufficient interest from the care market to lease Norman Power Care Centre and operate services from the site, subject to the agreement of a range of contractual terms and conditions to be set out during a procurement process.</p>

PROJECT DEFINITION	
Way Forward	Between 4 th August 2016 and 6 th November 2016 the Council carried out public consultation on future service delivery proposals at Norman Power Care Centre. The feedback from this consultation has been taken into account in the appraisal of the options below and the development of the recommended option being presented for approval by the Council's Cabinet.
Dependencies	<ul style="list-style-type: none"> The capacity of an implementation team of Social Workers to carry out any required assessment and support planning work with existing service users to implement the recommended option.

Options Appraisal

Option 1	No change								
Information Considered	<p>Under this option the Council would continue to provide residential care at Norman Power Care Centre.</p> <p>Finance</p> <ul style="list-style-type: none">The net operational saving to the Council of the implementation of this proposal is detailed in the table below: <table><tr><td>2017/18 £000</td><td>2018/19 £000</td><td>2019/20 £000</td><td>2020/21 £000</td></tr><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> <p>Consultation feedback</p> <ul style="list-style-type: none">This option received the most support of the 3 options. 75% of respondents to the survey registered their support for this option.In general people commented that they thought the Council provided a good service and should continue to do so.Some felt that they were expensive and maybe other providers should be explored.It was expressed that change would be challenging and unsettling for residents.Overall 20% of comments related to the potential effects on health and that residents would have stability with this option providing peace of mind for the family. <p>Market analysis Not applicable for this option.</p>	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	0	0	0	0
2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000						
0	0	0	0						
Delivery of option against the vision outcomes	<p>Does not deliver the outcome</p> <ul style="list-style-type: none">Contribution to the reduction in the Council’s overall workforceA shift away from the internal provision of these servicesTo deliver the savings identified in the Council Business Plan and Budget 2016+.Improved use of the Care Centres aligned to their high specification, through the delivery of care and support to people with high intensity support needs								
Stakeholders engaged.	A range of stakeholders have been consulted. These include services users and their relatives, staff, the general public, providers in the care market, Councillors and a range of Council officers.								

Option 2	Stop delivering residential care in Norman Power Care Centre and change the use of the beds to deliver step-up / step-down recovery beds to be delivered by organisations external to the Council.
Information Considered	<p>Under this option the Council would stop delivering residential care at Norman Power Care Centre. The Council would lease the Care Centre to an alternative provider.</p> <p>Under this option the ownership of the Care Centre buildings would be retained by the Council.</p> <p>The NHS and Council, using pooled resources and a joint commissioning approach through the Better Care Programme and Sustainability Transformation Plan (STP), would commission organisations to deliver step-up / step-down recovery beds as part of the development of a wider community based 'Recovery team' model. This model would be designed to reduce the number of older people being admitted to hospital and to speed up the discharge of those who do get admitted. The model proposes to commission these step-up / step-down beds in a small number of hubs at different locations in the City and to decommission a number of existing step-up / step-down beds currently purchased by Birmingham City Council and also from a number of NHS Clinical Commissioning Groups from independent residential and nursing care homes in the City.</p> <p>There is a significant dependency on this proposal that would require STP partners to agree to the implementation of the described multi-disciplinary model. There is a risk that partners may not agree which would impact upon the implementation or change the plans.</p> <p>Outcome of discussions between STP partners</p> <p>Considerable discussions have been held between STP partners to determine the appetite for pursuing this option. While there has been considerable interest expressed in using Norman Power for this purpose, partners are unable to commit resources at this point to the commissioning of such a service in Norman Power Care Centre.</p> <p>The decision facing the Council has been whether to wait further for the STP to make a decision about the commitment of resources and find the savings it requires from other means or to press ahead with a different option. The conclusion the Council has drawn is that it is unable to delay a decision any further and that it can no longer consider this option as a viable proposal for Norman Power Care Centre.</p> <p>This option is therefore not viable at the current time.</p>
Delivery of option against the vision outcomes	<p>Delivers the outcome fully</p> <ul style="list-style-type: none"> • Contribution to the reduction in the Council's overall workforce • A shift away from the internal provision of these services • To deliver the savings identified in the Council Business Plan and Budget 2016+. • Improved use of the Care Centres aligned to their high specification, through the delivery of care and support to people with high intensity support needs.
Stakeholders engaged	A range of stakeholders have been consulted. These include services users and their relatives, staff, the general public, providers in the care market, Councillors and a range of Council officers.

Option 3	Use the Care Centres for the delivery of high dependency dementia nursing care, but to be provided by organisations external to the Council.
Information Considered	<p>Under this option the Council would stop delivering residential care at Norman Power Care Centre. The Council would lease the building to an alternative provider to deliver high dependency dementia nursing care.</p> <p>The Council has identified a need for additional high dependency dementia nursing care beds across Birmingham. It has consistently found it hard to find appropriate placements for people with dementia and challenging behaviour in a timely manner, indicating a shortage of this type of provision in the market. By using Norman Power for high dependency dementia nursing care, the Council could create additional capacity in the system.</p> <p>Under this option the ownership of the Care Centre buildings would be retained by the Council and the buildings leased to alternative providers external to the Council. The Council would act as landlord.</p> <p>Impact on current service users As at March 2017 there were 20 citizens living in the residential care service at Norman Power. At the consultation the Council proposed if this option was implemented then the current residents would have their needs reassessed and if the assessment deemed that residential care was the most appropriate means of meeting those needs then they would be supported to move to alternative accommodation.</p> <p>At the consultation meetings an alternative proposal was made by those attending, requesting the Council to consider allowing the current residents to remain at Norman Power and to explore the potential for any new provider to operate a service that could accommodate the residents alongside a nursing care service. Over time the residential element of the service could be ‘managed down’ and any impact of a move to a different home would be mitigated.</p> <p>Impact on employees If the Council decides to close the current residential care service at Norman Power and simply lease the building to an independent provider, effectively taking the role of building landlord then the employees receive a range of support through the Council’s current Human Resources policies and procedures to mitigate the risk to their employment.</p> <p>Consultation feedback</p> <ul style="list-style-type: none"> • 42% of survey respondents supported this option and 42% opposed it. • 25% of comments reflected that this could be a viable option. • 17% of comments highlighted the need for a dementia focussed service. • A significant amount of comments raised concerns about the impact of moving residents. <p>Market analysis The soft market testing exercise identified a number of providers with experience of delivering dementia nursing services who expressed significant interest in leasing the building and developing these services at Norman Power.</p> <p>Finance</p>

	<p>Two approaches have been modelled below to illustrate the savings that can be achieved.</p> <p>Approach 1 – The Council assumes role of landlord and leases the building.</p> <ul style="list-style-type: none">• Current residents move to alternative, better value accommodation• The net operational saving to the Council of the implementation of this approach is detailed in the table below. (N.B. savings are within brackets, costs are not): <table><tr><th>2017/18 £000</th><th>2018/19 £000</th><th>2019/20 £000</th><th>2020/21 £000</th></tr><tr><td>(2)</td><td>(1,125)</td><td>(1,125)</td><td>(1,240)</td></tr></table> <p>Approach 2 – The Council commissions a provider to deliver services including to the current residents.</p> <ul style="list-style-type: none">• Current residents remain at Norman Power• The net operational saving to the Council of the implementation of this approach is detailed in the table below: <table><tr><th>2017/18 £000</th><th>2018/19 £000</th><th>2019/20 £000</th><th>2020/21 £000</th></tr><tr><td>265</td><td>(318)</td><td>(795)</td><td>(795)</td></tr></table> <p>On this basis Approach 1 is the option which delivers savings and is recommended over Approach 2.</p>	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	(2)	(1,125)	(1,125)	(1,240)	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	265	(318)	(795)	(795)
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Delivery of option against the vision outcomes	<p>Delivers the outcome fully</p> <ul style="list-style-type: none">• Contribution to the reduction in the Council’s overall workforce• A shift away from the internal provision of these services• To deliver the savings identified in the Long Term Financial Plan..• Improved use of the Care Centres aligned to their high specification, through the delivery of care and support to people with high intensity support needs																
Stakeholders engaged	A range of stakeholders have been consulted. These include services users and their relatives, staff, the general public, providers in the care market, Councillors and a range of Council officers.																
Conclusion and recommendation	<p>This report concludes that both Option 1 and Option 2 are not viable as they either fail to deliver any of the vision outcomes or as in the case of Option 2, discussions around the use of the beds by STP partners are not sufficiently advanced to give the Council confidence that it will be able to proceed down that route.</p> <p>This report concludes that Option 3 is the single option that has greatest potential to deliver the vision outcomes at this point in time and that it should be pursued. Of the two approaches described in Option 3 there is only one which delivers greater savings. It is therefore recommended that the Council closes the current residential care service and supports people to move to alternative, better value accommodation. The staff team at risk will be supported through the relevant human resources policies and procedures.</p>																

This preferred option involves the transfer of the building to an organisation external to the Council. As part of this proposal the Council would have no other contractual arrangements with the external organisation other than the granting of a lease for the building. The conditions of the lease will however stipulate that the building is used for the provision of adult social care or health services for the elderly. Preference will be given to any external organisation that would provide a service at Norman Power that supports the Birmingham and Solihull Sustainability and Transformation Plan and / or the delayed transfer of hospital care for elderly people agenda.

A market rent has been calculated for the lease which is at a rate which is comparable to those currently paid by providers on the care market external to the Council. This rent excludes the Council's Prudential Borrowing and capital charges as to include these costs would likely to make the offer financially unviable to any external provider. These costs would continue to be borne by the Council regardless of any option.

Outline proposed implementation plan

- Service users
 - July 2017 – commence process of service user reassessment and support planning to identify alternative accommodation
 - End October 2017 – completion of resident moves into alternative accommodation
- Employees
 - July 2017 – commence process to align staff team to number of residents and activity required
 - End October 2017 – human resources processes complete
- Building
 - July 2017 – commence marketing of site
 - November 2017 – building closedown and preparation to make available to lease
 - December 2017 – building leased

4. Budget and management information	

5. Project Development Requirements/Information	
Products required to produce Full Business Case	
Estimated time to complete project development	
Estimated cost to complete project development	
Funding of development costs	
EIA: the main risks so far identified a strategy for managing them and need for any contingency arrangements.	