

## One Public Estate Phase 10 Application Form

Thank you for your interest in applying for One Public Estate (OPE) 10 funding.

Please read the Prospectus and FAQ before completing this form.

Applications will be a maximum of 10 pages of A4 at 11pt. Applications should not rely on supporting material to make the case for funding as these will not be reviewed as part of the assessment. That said, applicants may reference and/or provide links to relevant strategies etc. to illustrate strategic and or policy context.

All applications will need to be signed off by the Partnership S151 officer at the time of submission.

### 1. Basic details

<b>Project name:</b>	Cranbrook Hub
<b>OPE Partnership:</b>	Kent Estates Partnership
<b>Project's lead organisation:</b>	Tunbridge Wells Borough Council
<b>Project's lead contact:</b>	Jonathan White, Corporate Property Manager, Tunbridge Wells Borough Council 07988375334, Jonathan.white@tunbridgewells.gov.uk

### 2. Strategic Case (30%)

Proposals will be assessed against their potential to deliver significant service transformation using innovative approaches. Projects with the potential to realise outcomes that create economic opportunity and improved citizen health and wellbeing, will score more highly.

The assessment will also consider the degree to which the project champions innovation and wider local and national government priorities, for example, the Government Property Strategy or digital transformation. All projects will need to consider environmental sustainability to both limit any potential damage and make a positive impact on the environment.

<b>Project rationale and objectives</b>	<p>The Cranbrook hub is seeking to co-locate local services across a number of local government and health partners in a new sustainable building that delivers jobs both in the short and longer term, lowers running costs across the partners estates. It will <b>boost</b> skills during and after construction thanks to innovative ways of joining up partner services.</p> <p><b>New co-located GP surgery</b> Deliver a new fit for purpose fully accessible facility able to cater for all the GP services combined, including those services delivered by the Primary Care Network. New facility will be large enough to cater for the growth in housing in Cranbrook and the surrounding villages and will seek to deliver online and virtual appointments for those who need them, to meet the needs of the digital age and the rural setting.</p> <p><b>New co-located community spaces</b> The new facility will seek to deliver a fully accessible Library and Family Hub with community space able to deliver for the needs of local community and voluntary / community groups. This will allow for increased usage of services, services all under one roof for the customer and support wider objectives such as increased social connections, reduced loneliness &amp; isolation, increased community cohesion, better training access, care and both physical and mental wellbeing opportunities in the community for all. The location is adjacent to the Crane Valley which will further help in the outdoor opportunities that this public space can provide to the users of the facility, including covering wellness, fitness and other such beneficial health related activities.</p>
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Cranbrook Primary School has 34%<sup>1</sup> of pupils on pupil premium (free school meals), which means that the parents are on benefits. There are no accessible facilities within the community to enable these children to take up community activities which would improve their chances in life. This facility, which is adjacent to where a large proportion of the towns social housing is located, will ensure that the levelling up agenda is addressed.

### **New housing**

The planning application for the old Hub which has now expired, included for the delivery of 28 residential units. The delivery of these units was predicated on the land for the community centre being gifted to Cranbrook & Sissinghurst Parish Council along with the access being secured and this has now been completed. Outstanding elements to complete these units includes the provision of utilities to the Hub with works currently underway and works to the accessway within the TWBC car park to secure the rights of way for some of the housing and this is underway as part of the construction of the Hub with legal agreements already in place.

### **Sustainability**

The new Hub building will be built to BREEAM excellent standards and have no gas and will be carbon neutral and if possible (subject to funding), carbon positive. It will include solar panels, Air Source Heat Pumps, LED PIR lighting, EV chargers, insulation to modern standards, meet the latest building regulations and the project is currently investigating including rainwater harvesting technology as well as battery storage.

### **Finance and investment**

Provides an investment into Cranbrook worth circa £7.5M in terms of construction costs for the Hub alone, leaving aside the new housing that will also deliver additional Gross Development Value from the neighbouring site and the old vacated sites as well as appropriate. The rental income from the GP surgery will go directly to the Parish Council rather than to a private sector investment firm, lowering the NHS cost for the centre, as the parish is only seeking to break even on the project and does not seek a return on investment. The NHS will not have to pay towards the land value either, as the land is owned outright by the Parish Council, so the co-location will benefit the GP facility and help to drive down NHS costs and make them more financially sustainable.

### **Jobs/Training**

The Hub will seek to deliver several training opportunities during its construction including apprenticeships. The larger GP surgery will ensure that more GPs and support staff can be brought in to serve the community. New specialists will have the space to set up a wider range of clinics to move health care out of overcrowded hospitals in Maidstone and Tunbridge Wells. GP training is also likely to take place in the larger facility thanks to a partnership with Pembury Hospital who are currently seeking opportunities to place trainee GPs in the community. Final new and retained job figures are still to be confirmed by the partners. In addition to these jobs, the facility will be able to upskill people based on training providers using the facility including partners. .

### **Operational costs**

<sup>1</sup> [Cranbrook Church of England Primary School - GOV.UK \(get-information-schools.service.gov.uk\)](https://www.gov.uk/get-information-schools.service.gov.uk) – data is last census at 32%, Headteacher has confirmed in writing that the figure is now 34%

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	<p>Thanks to the closure of four much older sites with gas boilers, with some of the buildings having significant heritage value, the new Hub, with combined Mechanical and Electrical services will be far more efficient to heat and run. If the rainwater recycling plant can be accommodated on site, this will also feed all the toilets and the outside taps lowering water use for all the services.</p>
<p><b>Evidence of an innovative approach</b></p>	<p><b>Funding</b>  <u>The capital for the Hub is predominantly being financed by the parish council and local people</u>, as partners who historically funded medical centres and community hubs have fallen by the wayside. This project is about the community drawing together the public sector bodies to create a unified delivery point.</p> <p><b>Sustainability</b>  The Hub will seek to be Net Zero from the day it opens with no gas to the building and the power supply will seek to be sourced from renewable generation, meaning that the partners do not have to rely on the grid decarbonising to be able to claim the facility has achieved Net Zero from the day it opens. This avoids public sector organisations having to pay to decarbonise four properties which can be done by the private sector. Rather than pay eight standing charges on gas and electricity across all the current buildings, it will only pay one standing charge for electricity in the future. As a new building it will meet BREEAM excellent thanks to the use of solar panels, Air Source Heat Pumps, LED PIR lighting and possibly rainwater recycling, battery storage and meet all the latest building regulations.</p> <p>Use Modern Methods of Construction to ideally build the facility primarily using glulam and wood in order to maximise the embodied carbon and move away from carbon intensive cement and bricks. These are in line with the national governments Net Zero (2050) strategy, NHS Net Zero plan (2040) and KCC and TWBC's 2030 Net Zero plans.</p> <p>Bring services together in a co-located facility will be better for customers to access multiple services, which should see increased take-up and sustainability for all services. This project will aim to enable all partners and make best use of scarce resources at a very challenging financial time particularly for local authorities. The new facility will enable more flexible working, where possible sharing of opportunities and workflows, enabling some areas to be multipurpose. It will help with the moving services online such as GP appointments to reduce travel times and increase productivity in a rural location. It will seek to boost the ability of the NHS to offer on site Social Prescribing through linked activities to do with Health and Wellbeing delivered at the community centre which in turn could help with several issues such as obesity, fitness, loneliness and mental health issues. This is in line with the NHS "Universal Personalised Care" plan published in January 2019.</p> <p><b>Buildings</b>  Delivers an opportunity to consider the future of the following buildings:</p> <ol style="list-style-type: none"> <li>1. The Old School GP surgery – owned by a GP this is an old Victorian primary school dating from c1890 and converted into a GP surgery c1975. Facility is not accessible and not up to modern building regulation standards nor does it meet modern NHS standards. Once vacated it could be converted to flats or one house.</li> <li>2. Crane surgery – (Display Energy Certificate – D) owned by ASSURA is another part of the old Victorian primary school dating back to c1890 and converted into a GP surgery c1975. Facility is likewise not fully accessible</li> </ol>

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	<p>and is not up to modern building regulation standards and does not meet the NHS standards. Building once vacated could be converted to two flats or one house.</p> <ol style="list-style-type: none"> <li>3. Orchard End GP surgery – owned by the occupying GP is a domestic converted residential house c1970. Facility is likewise not fully accessible and is not up to modern building regulation standards and does not meet the NHS standards. Building once vacated could be converted to two flats or one house.</li> <li>4. Cranbrook Library – (Display Energy Certificate – E) owned by KCC and built in c1960s as a sports hall with a flat roof, the building has been upgraded over the years to try and keep it up to date with the latest building regulations including accessibility requirements. It is intended during the course of 2024 to expand KCC provision on the current library site to include KCC's Family Hub services for children from 0 to 19 or 25-for those with special educational needs and disabilities. Subject to the Library and Family Hub going ahead in the new Cranbrook hub facility, KCC would then need to consider what would happen to the building and if declared surplus to requirements, one of the possibilities is to deliver residential units.</li> </ol> <p>Subject to sites being disposed for residential use, this would give the highest values, but as these sites are with partners, it is not possible to pre-determine their final use which remains subject to our partners formal governance processes.</p>
<p><b>Fit with policy context and local needs</b></p>	<p>The current GP provision in Cranbrook is seen as a matter of priority for Kent and Medway ICB due to a number of issues around provision, facilities and levels of care across the community. Any decline in the service is not deemed to be acceptable and this project seeks to secure a sustainable service within a new facility able to cater for the needs of the community. Kent and Medway ICB have confirmed that the project is in line with the following strategies which looks to bring GPs together in Hubs to build resilience and aid with social prescribing while making best use of capital assets.</p> <p>Public Health England Strategy 2020-2025  Kent and Medway Interim Integrated Care Strategy  Kent and Medway Joint Forward Plan – Five Year Forward Plan 2023 - 2027  Kent and Medway Interim Estates and Infrastructure Strategy  West Kent Health and Care Partnership Estates and Infrastructure Strategy currently in development (but will further inform K&amp;M Strategy)</p> <p>Central government, KCC, TWBC, and the NHS all have Net Zero targets to achieve by 2050, 2030 and 2040 respectively. This new facility will ensure that multiple services achieve this target before 2030 with this new facility.</p> <p>The project delivers on KCC strategy “Framing Kent's Future 22-26”<sup>2</sup> by building on several of the key priorities within the strategy including: “Infrastructure for Communities” to ensure local people have the right infrastructure around them for a good quality of life; improving access and supporting our rural communities and that all communities can benefit from a strong social infrastructure. Under the Kent Communities programme services such as libraries, adult education and Family centres are committed to exploring opportunities to co-locate in buildings with plans already in place to co-locate a Family Hub with the Library into the existing Library building in</p>

<sup>2</sup> [Framing Kent's Future - Kent County Council](#)

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	<p>2024. There are many examples of successful co-locations between public sector services.</p> <p>“Environment Step Change” working with our partners to become Net Zero.</p> <p>“New Models for Care” integrating our social care and public health services with our partners.</p> <p>The project also delivers on the Levelling Up agenda in a number of ways across health, wellbeing, pride in place, and local partnership. ‘Securing Kent’s Future’ which was approved by KCC Cabinet in August 2023 places a further framework under which KCC will assess opportunities and its priorities.</p> <p>The Cranbrook Hub is one of the key priorities for TWBC having now delivered the Southborough Hub and the Paddock Wood Community Centre.</p> <p>In respect to the parish council. <i>Cranbrook and Sissinghurst have a Neighbourhood Development Plan<sup>3i</sup>, and the following policies support this project:</i></p> <p><i>Policy CC8.1 Community Facilities</i></p> <p><i>Policy CC8.2 Provision of Health and Wellbeing facilities</i></p> <p><i>CC8.3 New community Centre in Cranbrook</i></p> <p><i>CC8.4 Creation of a new outdoor public space in Cranbrook</i></p> <p><i>CC8.6 Preserve and enhance Cranbrook Library</i></p>
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### 3. Deliverability and Risk (20%)

This will be scored based on confidence in the deliverability of the project, including an assessment on the mitigation of risks, associated timescales, and track record of OPE delivery.

<b>Project governance</b>	<p>The project partners have formally constituted a Project Board which consists of the following members/decision makers:</p> <ol style="list-style-type: none"> <li>1. Cranbrook &amp; Sissinghurst Parish Council Chairman – Parish</li> <li>2. Estates, Planning and Environment Committee Chairman – Parish</li> <li>3. Cabinet Member for Community and Regulatory Services – Kent County Council</li> <li>4. Cabinet Member for Rural Communities (Deputy Leader) – Tunbridge Wells Borough Council (TWBC)</li> </ol> <p>Supporting this board are the following:</p> <ol style="list-style-type: none"> <li>1. Parish Clerk</li> <li>2. Corporate Property Manager – TWBC</li> <li>3. Head of Libraries, Registration and Archives – KCC</li> <li>4. Head of Facilities and Community Hubs – TWBC</li> </ol> <p>The NHS Integrated Care Board (ICB) and GPs are consulted but do not attend. KCC corporate services also attend and support when needed along with other TWBC Heads of Service as required. The board is sub servient only to the various councils democratic decision-making processes, meetings are held monthly or quarterly as needed. KCC representation will be updated to reflect KCC’s change in scope in the stage of the project.</p> <p>Below the board is a Hub Working Group which consists of the following:</p>
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<sup>3</sup> [www.cranbrookandsissinghurstndp.co.uk](http://www.cranbrookandsissinghurstndp.co.uk)

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	<ol style="list-style-type: none"> <li>1. Parish Vice Chairman</li> <li>2. Corporate Property Manager – TWBC</li> <li>3. Parish Clerk</li> <li>4. Strategic Manager – Libraries Registration and Archives Services – KCC</li> <li>5. Corporate services representative – KCC infrastructure</li> <li>6. GP representative(s)</li> <li>7. Users of the facility as needed</li> </ol> <p><b>Key Project Roles</b>  Project Client – Parish Council  Project Manager – Corporate Property Manager TWBC (time allocation agreed)  Technical Project Manager – tbc (will be recruited)</p> <p><b>Mitigation of risks</b>  Legal agreements including a Development Agreement will be put in place to bind the partners following the reconfirmation of the business case and ensure everyone is aware of what the facility will seek to deliver and how once completed it will be managed.</p> <p>Initial view from the District Valuer on the rental income from the GP surgery has been confirmed to ensure the business case remains viable although this could rise in the future. Kent and Medway ICB have also confirmed the location via support of the business case submitted by the GP practices.</p> <p>Building Information Modelling (BIM) will be used as part of the Pre-Construction Services Agreement (PCSA) to ensure 3D models can be produced to help all stakeholders understand the space, layouts and sizes and help with public consultations. BIM is also very effective at clash detection to ensure that once on site there are no issues with the build and lastly BIM will aid in the long-term management of the facility as well. Costs of construction will be capped via a JCT 2016 D&amp;B contract which pushes all the risks onto the contractor along with a fixed price lump sum approach to making sure the costs are fixed.</p> <p><b>Experience to date:</b>  <u>Southborough Hub</u> delivered 2021 c£12M – partnership between TWBC, KCC, NHS ICB, GP services, Football Foundation, Tunbridge Wells Youth Football Club and the client was Southborough Town Council.  <u>Amelia Scott</u> delivered 2022 c£22M – partnership between TWBC (client), KCC, National Lottery Heritage Fund, Arts Council England.  <u>Paddock Wood Community Centre</u> delivered 2023 c£5M – input from TWBC, One Public Estate, KCC and the client was Paddock Wood Town Council.</p>
<b>Project approval</b>	<p>TWBC – The project remains a strategic aim of the council which has in the past been signed off at Full Council as part of the Five-Year Plan and has the full support of the Cabinet Member for Rural Communities. TWBC continue to pay for the project management costs.</p> <p>KCC – the project has received support from KCC, subject to the full business case reflecting changes in scope being viable for the Council, designs and the final costs being confirmed. The values involved are not likely to meet KCC's key decision requirements and therefore no key decision is required although one may be taken anyway to ensure full transparency if deemed necessary.  <u>KCC is currently under significant financial pressures and any progress on the KCC's related elements will be subject to KCC's financial position at the time.</u></p>

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	<p>The Parish Council approved the project at full council in January 2021 and remains committed to its delivery.</p> <p>Kent and Medway ICB have confirmed they have supported the initial proposal from the GPs that the Cranbrook Hub is the location where they wish to place their new facility and this is now subject to development of a detailed business case and plans / specification which is now underway. This will include anticipated growth in the service area they believe is needed to meet future demand and capacity for the GP services.</p>
<p><b>Procurement routes</b></p>	<p>The project is now approaching the end of RIBA stage 1 with the business case being refined to confirm the scope, following final confirmation of the scope there is now a desire to get on and procure the design team to work up the project to RIBA stage 4. The council must now consider the best options for moving the project forward. In considering the options for moving forward, the Project Manager advising the Parish Council is seeking to minimise the financial risk given the significant values involved and the relatively small turnover of the parish. In constructing these types of facilities, there is always a trade-off between risk and reward. The more risk you take, the cheaper the build could potentially be, but conversely, the more risk you take, the more you are liable for any potentially unforeseen costs that may make the project unviable at a critical point of time and lead to significant abortive costs. On that basis the Project Manager is seeking an approach to construction that would seek to transfer this risk away from the Parish and give the Parish more cost certainty with a longer-term horizon.</p> <p>The project has considered a number of options on procurement including:</p> <ol style="list-style-type: none"> <li>1. Construction Management</li> <li>2. Private Finance Initiative (PFI)</li> <li>3. Traditional contract</li> <li>4. Single-stage design and build</li> <li>5. Two-stage design and build</li> </ol> <p>Each of the above present options that have both advantages and disadvantages and a full report has been done setting these out which can be shared with OPE if requested. The preferred solution for this project is option 5, a two-stage design and build contract. The first stage process of option 5 requires the contractor to provide a competitive tender for the preconstruction stage services only. This will include his design and management costs, plus overheads and profit to manage the project through to the preconstruction stages and concludes with the presentation of a tender offer to the parish to deliver the construction stage of the project, which the parish may or may not choose to accept. This approach substantially reduces the risks to which the employer is exposed to, as at this stage, these preconstruction costs are the only costs to which the parish needs to commit to and the project can only progress if the contractor meets the financial targets for the construction costs.</p> <p>During the preconstruction stage, the contractor will develop the designs through successive design stages before commencing procurement activities. This is typically a series of subcontract packages, procured in open book competition. The accepted tenders for the various subcontract packages are then compiled into a tender offer plus agreed staff costs, overheads and profit and this constitutes the contractor's tender offer. The advantage is that the tendering process is approached on a package-by-package basis and there is time to interrogate the tender returns for errors or omissions. This ensures that when the various packages are assembled into a tender offer, the final price</p>

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	<p>reflects a high level of price security which substantially reduces the scope for disputes during the construction delivery stage. The principal disadvantage is that the parish and contractor are not able to agree the full price until the end of stage 2. This does not stop the parish setting a ceiling on the full price and ensuring that the contractor remains below it. The Project Manager is supportive of this option as in his view, it minimises risk as much as possible for the parish and gives the council the best chance of delivering the facility within a confined budget. It also avoids working up a full design then going out to tender and finding that given inflation costs what has been designed is way over budget and needs to either be started again or massively value engineered. The main advantages and disadvantages of this process are set out below.</p> <p>Advantages:</p> <ol style="list-style-type: none"> <li>There is a single point of responsibility for both design and construction.</li> <li>There is programme certainty provided there are no changes in the Clients Requirements.</li> <li>Full use of Contractors resources and expertise in buildability and planning with regard to the design and achievement of shortest construction period.</li> <li>Existing Design Team would only need to be commissioned to complete RIBA Stage 3 and Employers Requirements.</li> </ol> <p>Disadvantages:</p> <ol style="list-style-type: none"> <li>Specifications may suffer as Contractor endeavours to reduce cost - parish has no direct control over the Contractor's design therefore quality could suffer, although the Contractor must achieve the Performance Specification within the Employers Requirements.</li> <li>There is no guarantee an acceptable price can be agreed in the second stage without robust control, but if the price is not right, the contractor does not get to build it and that is where they really make their profit so this risk is mitigated in that this approach incentivises them to design within the cost envelope.</li> <li>There is limited scope for the Client to make changes to their requirements once the Employer's Requirements and Contractor's Proposals have been agreed without significant cost consequences so it is important the design is right from the outset and all public consultation feedback has been taken account of and included to mitigate against this.</li> </ol> <p>Further to the above the Parish Council will look to appoint the contractor based on an existing framework likely to be the KCC Framework where rates and Over Heads and Profits have already been agreed. The option of a direct award via a Framework is also being considered based on working with a contractor who has the knowledge to deliver a scheme to NHS standards, which will then ensure that the specification is got right from the outset and risks are mitigated with the client able to be assured that the final cost prior to contract is unlikely to change.</p>
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### Key delivery milestones

Milestone	Forecast completion date
<b>RIBA stage 1 – Preparation and Briefing</b> Mostly complete for some time but waiting on the NHS issues to be able to resolve the final specification requirement from them and	March 2024

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updates required to reflect KCC's recent change in specification. Updated Business case now expected by end of March 2024.	
<b>RIBA stage 2 – Concept Design</b> Once the PCSA is entered into shortly after March 2024, RIBA stage 2 is anticipated to be complete within a month or two. Additional time has been allowed for to deal with the contracts, JCT, PCSA, Schedule of Amendments and Collateral Warranties but as standard templates are likely to be used this is not seen as a major issue likely cause delay.	Summer 2024
<b>RIBA stage 3 – Spatial Coordination</b> This stage will include 3 months for planning and will give the outline of the facility in some detail. The form and shape have been discussed for many years so again the time taken is likely to see an intense period of design workshops followed by public consultation to agree the submission to planning.	Autumn 2024 (including whatever is left from the Summer 2024 given that RIBA stage 2 is only likely to take a few weeks).
<b>RIBA stage 4 – Technical Design</b> Subject to planners' pre-application feedback on the initial RIBA stage 2 designs and the already existing but lapsed planning application, the new proposals are not likely to be contentious so Councillors are considering progressing at risk of planning through to RIBA stage 4 subject to final agreement. Should this position change then a further 3 months should be allowed for this element.	Winter 2024
<b>RIBA stage 5 – Manufacturing and Construction</b> Subject to planning and costs coming in on target.	Spring or summer 2025
<b>RIBA stage 6 – Handover</b> Subject to build taking an estimated 12 months	Spring or summer 2026
<b>RIBA stage 7 – Use (Facility open)</b> Assume one or two months after handover to allow for fit out	Spring or summer 2026

### Identify top 4 Risks (based on a traditional 5x5 likelihood vs impact matrix)

Key risk	Risk Score	Proposed mitigation
<i>Cost of construction is acceptable</i>	25	Two stage design and build contract lump sum fixed price will seek to set the capital cost of the construction and ensure that the contractor builds to that cost. If costs are higher then the contractor will not be able to deliver it so will seek to ensure that the architects designs, are in line with cost estimates throughout early stages of the design process.
<i>Public Works Loan Board rates are sustainable</i>	20	Rates have recently peaked on the PWLB and have started to fall back, but still remain high. With the economy softening and talk of interest rates falling, the time it takes to undertake the PCSA could see rates hit a low point at which point int time the parish could seek to borrow the necessary funds to deliver the facility. Alternatively, the parish could seek to raise funds from the community or via UKIB both of which could offer lower rates and make the project more sustainable longer term.
<i>NHS confirms final specification</i>	15	To date the project has been delayed because of the final specification not being finalised and signed off by the ICB. This will be revisited once changes linked to one of the premises have been concluded.
<i>Partners remain committed to deliver the long-term aspiration</i>	10	Partners remain committed but due to the time taken on the project, partners will have to re-instate the regular board and project group meetings and refresh the various business cases etc. to be able to now start moving this forward.

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### 4. Value for money (20%)

Scoring will reflect how the funding will enhance or accelerate the project and its impact, also taking into account the investment (both time and funding) partners are collectively making.

Scoring will reflect whether the proposed OPE project demonstrates value for money in the nature and scale of benefits they seek to deliver for the investment sought.

<b>Impact and wider benefits</b>	<p>Any assets declared surplus to requirements following the new facility being built could be sold off and the land could potentially be used for residential purposes including housing key workers.</p> <p>The co-location of a number of services will provide longer term sustainable services through co-location and all services in one building making it easier and more convenient for customers. By making these services more sustainable, this supports these services remaining in Cranbrook which could otherwise be lost, it avoids the need for longer travel times for residents and avoids the area becoming less appealing because of a lack of essential services nearby.</p> <p>A number of jobs would be provided through the expansion of the GP surgery and the new community centre along with the construction and pre-construction jobs helping with economic growth in the borough. The PCSA is likely to contribute 375-man days of work while the construction of the facility is likely to be 4310-man days subject to final designs.</p> <p>Provide the first and only, fully accessible community centre building in Cranbrook able to deliver on behalf of the partners and boost training, learning and health opportunities through activities delivered in the shared accommodation from users. .</p> <p>Reduced running costs from having a single co-located facility able to deliver across a number of partners. Cost savings on these will be forecast in the update business case and will be confirmed once designs of the new facilities are complete. BREEAM excellent should be easily able to beat current Display Energy Certificate ratings on existing buildings.</p> <p>Deliver on the sustainability agenda through having solar panels, air source heat pumps, LED PIR lights, EV chargers, modern standards of insulation and possibly rain water harvesting and battery storage, while also meeting the latest standards for building regulations. This will ensure that the partners meet their commitments to Net Zero targets and deliver on local and central government targets to decarbonise. This will be reflected not only in the operational side, but during construction as well and in our “whole life” approach to the building, which includes imbedding carbon in the facility from the outset.</p>
<b>Need for OPE10 funding</b>	<p>The project is currently tracking overbudget primarily due to inflationary costs on revenue and capital costs over the past few years which in addition to the rising Public Works Loan Board rates, has seen the viability of the project diminish. The Councils are now seeking additional funding to try and close out these issues in order to give Councillors the confidence to proceed on the basis of the grant funding coming forwards.</p>

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	<p>This funding will provide good value for money to the project, as it will help to unlock the scheme and get it kick started through the PCSA. Once this work is complete, it will confirm the final value of the capital build that will be in line with the partners aspirations, that will enable construction to start on site.</p> <p><u>Without this funding, Councillors are likely to remain risk averse to starting the PCSA and therefore this project is likely to remain paused.</u> Officers would then attempt to close the shortfall through other means yet to be determined but it would put the project and therefore the delivery of any residential units, our Net Zero targets and training opportunities at risk. This investment of £150k, potentially unlocks lower running costs, allows assets to be rationalised, joins up services that means residents do not have to travel out of the area for services and promotes a strong community and skills agenda for Cranbrook and the surround area. It delivers on the NHS health agenda, central government policy around joining up services, resilience and it meets Net Zero targets across all partners requirements along with making local services sustainable and securing them for the longer-term future.</p>
<b>Match Funding</b>	<p>Yes – The Parish Council will fund the remainder of the PCSA, total value just over £400k. TWBC will also fund all the project management costs for this stage.</p>
	<p>Match funding for the PCSA is just over £250k. Funding for the remainder of the scheme is subject to final designs and areas but will cover the full cost of the project.</p>

January 2024

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