



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Pentre Awel – Update and Health Board Considerations
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Libby Ryan-Davies, Strategic Programme Director
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Burford, Project Manager, Carmarthenshire County Council

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This forms part of the cycle of regular progress reports provided to the People, Planning & Performance Assurance Committee (PPPAC) with emphasis on the implications for Hywel Dda University Health Board (HDdUHB) across all the individual elements of Pentre Awel and how the synergies and partnerships can be optimised.

The following update comprises key progress up to the end of Quarter 1 (Q1) 2021.

Business Case Development

- The Business Case was approved by Carmarthenshire County Council (CCC) Full Council and City Deal Governance Structure and submitted to Welsh and UK Governments for approval.
- Feedback received from Welsh and UK Government Ministers – January 2021.
- Business Case approved – 17th March 2021.

Project development

- Tender documents prepared for the procurement of a contractor for Zone 1 – January to March 2021. The tender places emphasis on community benefits and quality criteria to maximise social and economic benefits within the region. This was informed by Early Market Engagement with construction contractors. Tender scheduled to be placed April 2021.
- Memoranda of Understanding (MoUs) signed with tenants – Q4 2020.
- Rolling programme of Heads of Term Agreements with tenants - Q1 and Q2 2021.
- Pre-Application Consultation initiated for hotel site – January 2021.
- Outline specification drafted for Zone 3 (assisted living) – January 2021.
- Memorandum of Information and financial appraisals submitted to shortlist of institutional investors – February 2021.
- Project passed Gateway 1 of Department of International Trade 'Invest in Great' initiative and now progressing through Gate 2 – April 2021.
- Agreement developed in partnership with HDdUHB to draw down charitable funding for hydrotherapy pool – February to March 2021.

- Zone 1 Ecology report issued (translocation and survey of protected species) – March 2021.
- Health and Wellbeing Implementation Group established – Initial meeting scheduled for May 2021.
- Joint clinical research and education discussions commenced and progressing.

Cefndir / Background

Pentre Awel is a landmark development forming the largest single site development proposed for Carmarthenshire. Pentre Awel is a multi-million pound development located across 86 acres of brownfield land and will co-locate public (local government, health board) academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion. In summary, Pentre Awel will create:

- £199.5 million of infrastructure including research and business development facilities, a learning academy, an Independence Centre of Excellence incorporating a state of the art care home and rehabilitation centre, extra care housing, a new leisure and aquatics centre with hydrotherapy pool, wellness hotel and outdoor leisure space.
- A projected 1,853 high value jobs plus community benefits.
- Create £467 million Gross Value Added (GVA) by the year 2034.
- A multidisciplinary community health, care and research facility linked to HDdUHB services.

Planning & Design Development

The Pentre Awel development comprises a series of individual parcels of land each with specific and interconnected use. These have been designated as zones which can be delivered together or separately.

Zone 1	Education Training and Skills Business Development and growth Leisure and sports Aquatics Centre Infrastructure, landscaping & public realm	
Zone 2	Assisted living: Nursing Home including rehabilitation Extra Care facility Affordable/social housing	
Zone 3	Assisted living houses and apartments. Life Science Business Centre (expansion space)	
Zone 4	Wellness Hotel Housing Development	

Outline planning for the site was approved by Planning Committee, Carmarthenshire County Council (CCC), in January 2019 and, following additional flood modelling requested by Natural Resources Wales, consent was formally awarded by Welsh Government on 6th August 2019.

ARUP (an independent firm) were commissioned to develop the design for the first zone. This commission was approved throughout by CCC Executive Board. Zone one comprises the leisure (dry and wet) and City Deal (education/business development/clinical delivery); these elements will be brought together into a 'Street' design to optimise opportunities and efficiencies through

integration of services. The designs for Pentre Awel have been developed in consultation with HDdUHB. The teams have provided specialist input and guidance both on the design proposals and services for the Clinical Delivery Centre, Clinical Research Centre, hydrotherapy pool and catering.

As part of their commission, ARUP together with cost consultants Gleeds, compiled the Procurement and Contract Strategy for the appointment of a principal construction contractor. The strategy takes into consideration key procurement criteria identified by CCC, including the need to maximise community benefits.

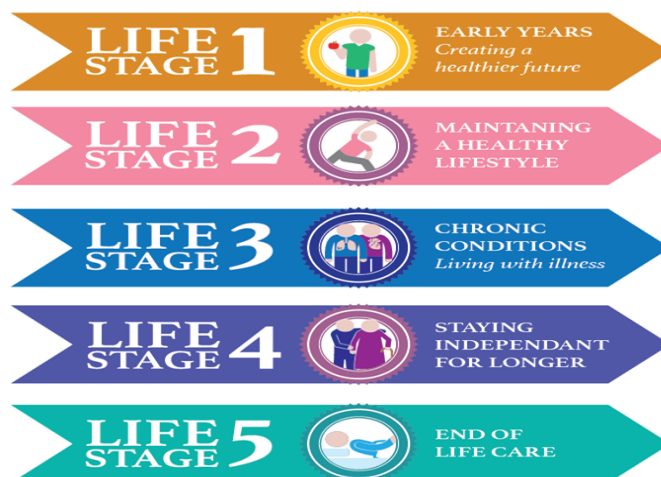
Pentre Awel is one of the first projects in the UK to be awarded full funding (£60,000) by the Department for Business, Energy and Industrial Strategy to undertake a heat network feasibility study. This funding recognises the potential value of the project within the local area and CCC's commitment to become a zero-carbon authority by the year 2030. The study will look at optimising energy use and recovery at Pentre Awel, and upon completion could be used as a demonstrator site/project.

Asesiad / Assessment

Pentre Awel will feature a unique combination of academic, public, business and health facilities to create significant opportunities for employment, education skills and training, direct health and leisure provision. In addition, a network of integrated care and rehabilitation facilities will be provided at Pentre Awel with the aim of improving independence and providing a meaningful testbed for the private sector to pilot assisted living/life sciences technologies.

Pentre Awel will map Care delivery, Research and Teaching against the bespoke framework of the '5 Life Stages'. Traditionally, **Delivery, Research, Teaching** are managed by separate institutions, however Pentre Awel will combine all 3 on a single site in a real-world clinical ecosystem.

The 5 Life Stages (LS) are



Across all functions of Pentre Awel, there will be a strategic focus on incorporating preventative and health promotion interventions (LS1, LS2). In doing so, it is aimed to reduce the incidence of chronic conditions and therefore the number of people entering LS3. The focus on health promotion and improved access will, it is envisaged, facilitate improved self-management and allow individuals' care to continue in the community for as long as possible. This should not

only improve the health of the population, but also reduce pressures on primary and secondary care services.

Evidence and Impact

A wide range of population and prevalence data has been used to inform the service planning along with the strategic plans and performance reports of partner organisations. This work is in addition to the evidence based strategic planning undertaken as part of HDdUHB's Transforming Strategies, all of which have informed the development of the clinical strategy, for Pentre Awel. This clinical strategy was developed through the Health and Wellbeing work stream comprising clinicians, HDdUHB leaders and service managers alongside training providers.

A Health Impact Assessment has been undertaken in partnership with Public Health Wales. To achieve maximum value, the Health Impact Assessment has been undertaken on each of the 5 'Life Stages', with each profile looking at population demographics, socio-economic status and 3 tier interventions ('do minimum', 'intermediate' and 'do maximum') across a number of health determinants, including diet, physical activity, disability and unemployment. The interventions are derived from academic research and best practice with an assessment made of their possible application and impact at Pentre Awel. This informed approach has promoted and ensured the use of HIA as a central part of the business/service planning process across health, leisure, employment, education and training functions of Pentre Awel.

Clinical services will primarily be delivered within Zone 1 of Pentre Awel. Zone 1 comprises Clinical Delivery, Education skills and training, clinical research and research-based business development. These facilities are all strategically and operationally interrelated and designed as part of a 'street complex' alongside aquatic and dry leisure facilities, shared café, meeting and exhibition spaces. All these will work as part of a whole system and will complement each other in a truly unique way.

Other zones within Pentre Awel will include assisted living accommodation, which will cater for a wide spectrum of need ranging from those with low level need through to residential reablement and nursing care. The accommodation will provide test bed opportunities for business development covering both assisted living technologies, wearable technology, active monitoring and pre-emptive care.

The principle across the whole of Pentre Awel will be to engage service users and patients across all 5 life stages, from participation in sports at an early age through to the provision of information and advice services and classes/therapies for older people to reduce the risk of loneliness and isolation. Fostering links between health and leisure will be significant in the context of the assisted living cohort onsite. Within the leisure facilities, health services will focus on health promotion and prevention, advice, signposting and rehabilitation and will be delivered in multipurpose meeting rooms or in areas within the wider leisure provision including the gym and hydrotherapy pool. There will be provision within the shared areas for Third Sector groups primarily focussing on health and wellbeing and community engagement.

Functionality

The functionality in relation to HDdUHB within Pentre Awel can be categorised as follows:

1. Direct Clinical Delivery.
2. Other health initiatives.
3. Research.
4. Links to education skills and training delivery.
5. Assisted Living.

1. Direct Clinical Delivery

- This is defined as the delivery of services which are evidenced to have measurable benefits when delivered in the community.
- Aimed at medically stable patients.
- They are services which may have additional benefits when delivered by a multidisciplinary team (MDT).
- Would benefit from adjacencies to physical rehabilitation facilities, namely a gym and hydrotherapy pool. This will encourage a move to community-based settings for healthcare.
- Designed to optimise independence and wellbeing irrespective of age and any underlying conditions.
- A broad range of clinical services and activities were identified for delivery at Pentre Awel. This will now be taken forward by the Implementation Group.

2. Other Health Initiatives

Health Technology Hub

This unit will be located adjacent to clinical delivery and clinical research areas and can be co-utilised for research and development. Potential services to be delivered include: Supporting independence in the home with assistive technology, e.g. video conference facilities for consultation or medical advice (LS3, LS4, LS5), information and advice on the latest technologies to enable people to manage their chronic conditions (LS3, LS4, LS5), specialist MDT – utilising teleconference facilities to access medical input (LS1, LS2, LS3, LS4), support for carers (LS2, LS3, LS4, LS5), connecting to youth through technology (LS1, LS2, LS5), single point of access for patients with palliative care needs (LS3, LS5).

Community Pharmacy

A community pharmacy will be located on site. This will be housed adjacent to the Clinical Delivery Centre and accessed from the main 'Street'. The detailed specification will be agreed and aligned with the Community Pharmacy Need Assessment. The approach to the delivery of pharmacy services will be towards the provision of a "Healthy Living Pharmacy" approach including in-pharmacy promotion campaigns.

Diagnostics

Provision is yet to be discussed in detail and the potential for links between the clinical delivery and education providers are yet to be confirmed. As a minimum, diagnostics will be targeting towards early diagnosis and promotion and towards provision of the baseline investigations to support developing pathways, e.g. ultrasound to support a vascular pathway.

3. Health and Care Research

- Pentre Awel will incorporate preventative and health promotion interventions (LS1, LS2) away from the traditional NHS models of illness.

- A real-world ecosystem will be created to implement ideas and test them in real time.
- The faculties will also nurture home grown talent support start-ups alongside inward investment.
- **Researching, Delivering and Teaching** within 150 metres with a single governance structure will attract future entrepreneurs.
- Researching Wellness and 5 Life Stages will improve the health of the population, generate income and reduce pressures on our traditional services.
- The Research will be different to traditional hospital 'drug trials.' The focus will be on clinical trials within the wider community, with emphasis on social research and build on existing innovations within HDdUHB, particularly Clinical Engineering and Biobanking.
- The system created will capture funding, attract world-class researchers and international investment by allowing fast access to data and patients.
- Opportunities for staff to undertake research, with the aim of improving local recruitment and retention

4. Education and Training

- To meet identified skills gaps within the region, while ensuring that such staff have the necessary skills to work within the developing health care environment.
- Continuum from entry level through to postgraduate and continued professional development.
- Delivered by a range of academic institutions, including both further and higher education.
- Active engagement with the community to promote opportunities.
- Delivered within a practice and simulation environment.
- Delivered within the operational clinical environment – clinical rooms within the Clinical Delivery Centre have been enlarged to facilitate placement training.
- Formal training and linked placement opportunities.
- Education and skills programme aimed at 16+ age group. Opportunities would be based around the Health Science Sector and would include opportunities to study A 'levels, vocational qualifications or apprenticeships delivered through a combination of teaching with work experience and masterclasses.

5. Assisted Living

The term 'Assisted Living' has been adopted to cover a broad brief for the range of housing and accommodation options in relation to addressing the needs of an ageing population. This range covers general needs care ready housing, specialist housing, residential rehabilitation and nursing care.

- Facilitate changing preferences amongst older people and avoiding as far as possible a move to residential care.
- Estimated to include:
 - 100 bed nursing home.
 - 35 residential rehabilitation bed providing assessment and short term (6-8 weeks) intensive rehabilitation out of hospital environment, funded by the Integrated Care Fund (ICF).

- Potential to include step-up, step-down provision to facilitate early discharge and community support as an alternative to acute admission.
- Approximately 100 units of extra care and 144 apartments/dwellings.
- Preference is to create a public sector operating model in partnership with HDdUHB.
- Designed to ensure that the fabric of homes is technologically smarter to maximise the use of technology enabled care (TEC).
- Delivery of the Assisted Living will link to other elements of Pentre Awel to maximise the benefits for residents, e.g.:
 - Links to the leisure facilities will provide opportunities for supported activities and complementary therapies.
 - Assisted Living Technologies developed by research and development companies and research groups on site will provide enhanced opportunities for maintaining independence longer whilst at the same time providing a developmental environment (testbed).
 - Rapid access to healthcare facilities located on site along with potential for co-located multidisciplinary care will promote opportunities for extended management in the community and further support independence.

Argymhelliad / Recommendation

The People, Planning & Performance Assurance Committee is asked to note the update and the range of opportunities for engagement within the Pentre Awel development and to note the establishment of an Implementation Group to progress the detailed business planning.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 3. Effective Care 6. Individual care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable 2. Living and working well. 3. Growing older well. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan

<p>Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-20</p>	<p>2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners</p>
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Gwybodaeth Ychwanegol: Further Information:	
<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>Individual work areas have been evidenced; main documents include:</p> <ul style="list-style-type: none"> • Assisted Living – Demand and supply projections. • Health and Wellbeing – HDdUHB – Annual Plan, Performance Data, Transformation Strategies. • Projection of economic impact produced by Swansea University for City Deal bid. – Aligned with Green Book. • Projection of Health Economic Benefits produced through bespoke modelling. • Site investigation/ecology/transport report prepared as evidence base for the outline planning application. • Digital strategy. • Geotechnics, GeoEnvironmental, landscape and ecology, acoustics, transport, sustainability and fire modelling as part of the RIBA stage 3 work. • Flood Modelling.
<p>Rhestr Termau: Glossary of Terms:</p>	<p>All terminology is explained within the body of the report.</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to People, Planning Performance and Assurance Committee.</p>	<p>Pentre Awel Project Board and Sub-Groups Hywel Dda University Health Board Business Planning and Performance Assurance Committee Hywel Dda University Health Board, Public Board Hywel Dda Community Health Council, Service Planning Committee Carmarthenshire County Council, Council Management Team. Carmarthenshire County Council Policy and Resources Scrutiny Committee. City Deal Joint Scrutiny Committee. City Deal Economic Strategy Board City Deal Joint Committee Carmarthenshire County Council, Preliminary Executive Board Carmarthenshire County Council Executive Board Carmarthenshire County Council, Full Council ARCH Delivery Leadership Group Academic Partners Full Council / Management Team / Operational Group as appropriate</p>

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p><u>Capital</u> The clinical delivery/research/education skills and training will take place within Zone 1 of Pentre Awel. The capital cost of which will be met through a combination of City Deal and Carmarthenshire Council funding. No capital funding is required from HDdUHB.</p> <p><u>Revenue</u> The Clinical Delivery Strategy proposes that care is delivered in a series of multidisciplinary units. The details of care delivery are now subject to the commencement of implementation planning. The clinical space will be of standard specification and dimensions and it is expected that a lease rental agreement will be developed between HDdUHB and CCC. The details of that agreement will be subject to detailed discussion which will be influenced by a range of considerations. The negotiations will seek to achieve mutual benefits for both parties and on the basis of achieving the project critical success factors in terms of economic regeneration and addressing identified skills shortage.</p> <p>Subject to negotiation, the estimated rental cost is c. £12 per square foot at current prices and subject to agreement with the District Valuer and refinement of service change parameters.</p> <p>Based upon the projected build timescale, infrastructure/design/building works is due to commence in Quarter 4 2021 and due to be completed by Quarter 4 2023, therefore financial commitment would fall due in the financial year 2023/24.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>Services delivered will focus on wellness and not on illness and therefore on living and staying healthy and independent longer and when care is required the person will be placed at the centre of decision making and enabled to take a key role in that process.</p> <p>The initial range of services to be delivered within Pentre Awel originated from the Health and Wellbeing work stream which was tasked to develop the strategic plans for HDdUHB involvement in Pentre Awel. This work will now progress through to implementation and a reconfigured group will commence in May 2021 to take this planning forward.</p> <p>A Health Technology Hub had been specified within Pentre Awel, and learning from the COVID-19 pandemic, the plan is to expand this facility to enhance the capability to provide remote access to services and information and will act as a base for monitoring care. Potential uses include:</p> <ul style="list-style-type: none"> • Provide access to specialist medical care based at another location, enabling more effective use of senior medical resources and reduce need for travel. • Provide mentoring/masterclass opportunities for clinical staff. • Promoting a safe home environment through monitoring the use of assistive technology, for example, to support frail elderly and those with dementia. • Supporting independence for those in homes with assistive technology, including video conference facilities for consultation or medical advice.

	<ul style="list-style-type: none"> Information and support to enable people to manage ongoing conditions.
Gweithlu: Workforce:	<p>It is envisaged that Pentre Awel will have positive impacts on recruitment and retention, with the aim to develop a sustainable, multidisciplinary workforce through improvement of opportunities. Pentre Awel is projected to create 1,853 jobs by year 15.</p> <p>It is proposed to educate a wide range of students on site through formal teaching and placement opportunities spanning the education continuum, from schools to further education (FE) and higher education (HE) institutions. It is aimed to provide aspirational, but attainable, opportunities for career progression.</p> <p>Memoranda of Understanding has been developed with all higher and further academic partners, these include the proposed courses to be delivered and are aligned with the aspirations set out within the City Deal Business Case. These documents are currently being developed into the Head of Terms.</p> <p>The research proposals will provide an opportunity to offer incentives to retain staff with appropriate research interests within the area.</p> <p>Work placements will be developed for secondary school pupils in recognition that these interventions can positively influence future career choices and provide essential experiences and opportunities which result in significant learning and professional development.</p> <p>The proposed relocation of Heol Goffa Special Needs School to a parcel of land adjacent to the Pentre Awel site will enable the delivery of supported employment opportunities in Pentre Awel to help people with disabilities achieve sustainable long-term employment.</p>
Risg: Risk:	<p>Project Board has delegated responsibility for the management of risk to the Project Management Office.</p> <p>Risk oversight is maintained by the Project Board with escalation between Board meetings to Wendy Walters, Chief Executive, CCC.</p> <p>A COVID-19 risk register has been compiled as part of the City Deal programme. Key risks have mitigation and no significant action warranted, risk will be monitored at the project level with support from the Programme Office if appropriate. The project is considered resilient and able to capitalise on the opportunities, learning and new service delivery models moving forward. These include:</p> <ul style="list-style-type: none"> An enhanced Health Technology Hub within the Clinical Delivery Centre, capitalising on advances made in digital/IT in delivering healthcare at home or in the community. The development of courses in areas of targeted skills shortages and which have been critical to the COVID-19 effort. Courses to be provided are amongst those targeted by Universities and Education Bodies for growth. Updating the design specification to ensure that Pentre Awel can meet the latest research, health and education requirements. This

	<p>may include a Biobank, point of care testing and adaptable innovation space.</p> <ul style="list-style-type: none"> • Recruitment into entry level positions from the local community and upskilling through the development of pipelines of training. • Institutional investors are likely to favour this type of investment over office/retail.
Cyfreithiol: Legal:	<p>Contractual arrangements will need to be entered into with regard to lease of premises.</p> <p>Legal framework to be formed between CCC and HDdUHB in relation to the hydrotherapy pool: transfer of charity funding and operating agreements. Blake Morgan (commercial law firm) have been engaged by CCC to take this work forward.</p>
Enw Da: Reputational:	<p>A communications group is in place, which includes HDdUHB representatives, and is responsible for the production and delivery of a communications strategy.</p> <p>Engagement exercises have shown considerable levels of community support for the project.</p> <p>Community engagement has been led through the Communities For Work Team operating across the adjacent areas. Project Management Office has relocated to adjacent offices to enhance joint working.</p>
Gyfrinachedd: Privacy:	<p>Data systems used within Pentre Awel will be based on the Public Sector Broadband Aggregation (PSBA). Discussions have been undertaken between CCC and HDdUHB Informatics to maximise opportunities for joint working whilst ensuring cyber security.</p> <p>Detailed planning will ensure appropriate, future proofed infrastructure is created.</p>
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes <p>Consideration has been given to protected equality groups as part of the Health Impact Assessment in order that these demographic cohorts are given 'due regard' within the business and service planning processes for Pentre Awel. The HIA sought to establish a suitable evidence base, gathering quantitative and qualitative data about those with protected characteristics so that a robust assessment can be made about the positive and negative impacts the Pentre Awel development may have on those categorised as vulnerable or disadvantaged.</p> <p>Design engagement undertaken with the Carmarthenshire Disabilities Forum.</p>