

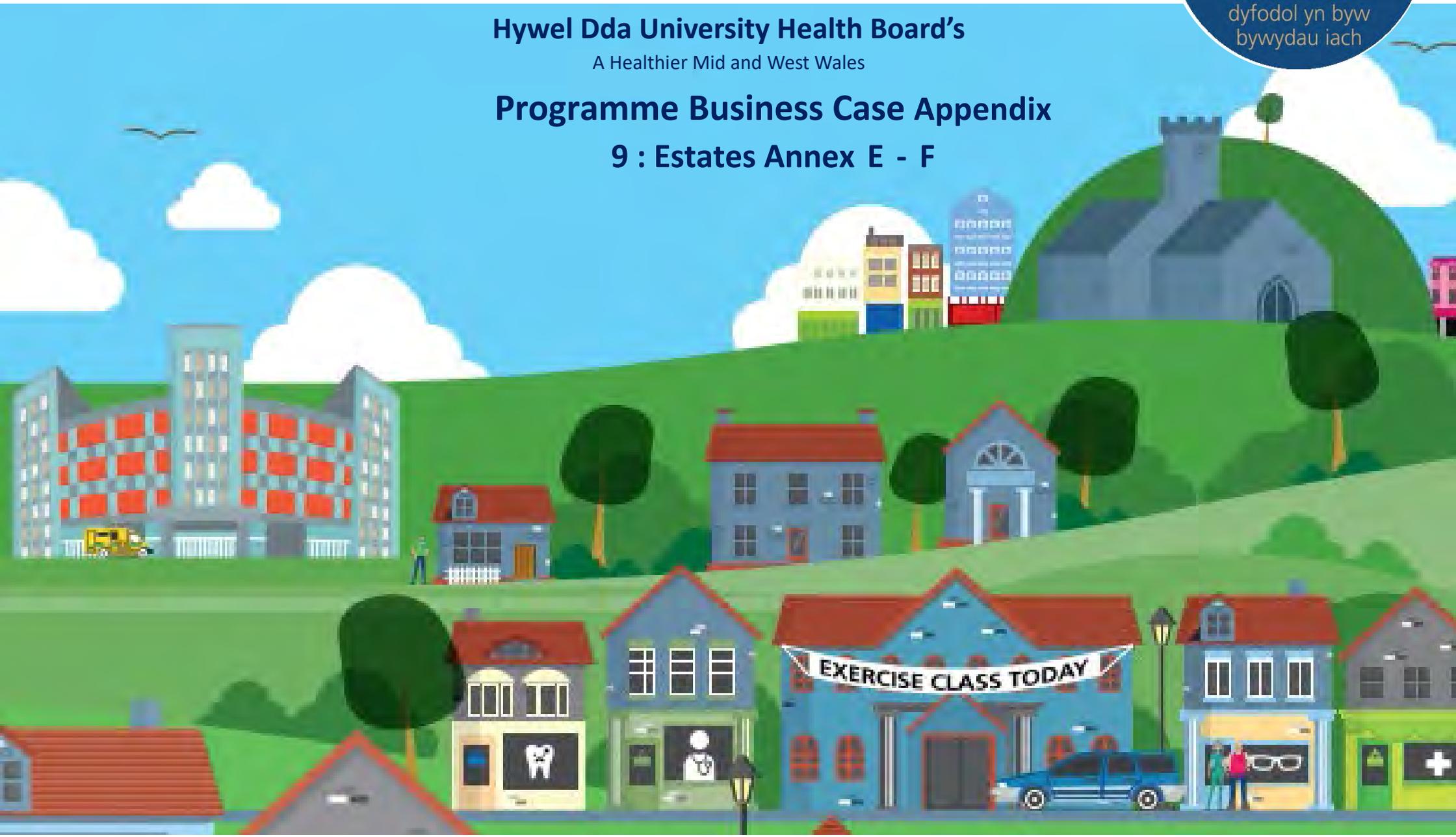
Date: 2021/2022

Hywel Dda University Health Board's

A Healthier Mid and West Wales

Programme Business Case Appendix

9 : Estates Annex E - F





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University Health Board

Hywel Dda University Health Board

A Healthier Mid & West Wales: Transforming our Hospitals Programme Business Case

Estates Annex: Appendix E Urgent and Planned Care Centre



Revision History

Rev	Date	Revision Description	Issued By	Checked By
Rev 0	17.01.2022	Issued for Health Board Review	SW	ND

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- 2.** Schedule of Accommodation
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Urgent & Planned Care Hospital

1.1 Urgent and Planned Care Hospital

The Health Board ten-year health and care strategic vision, “A Healthier Mid & West Wales: Our Future Generations Living Well” (AHMWW) sets out the strategy for whole system change following the outcome of its previous public consultation exercise in November 2018.

The strategy describes the commitment to work in an integrated way across health and social care at a local and regional level, placing significant emphasis on the people and communities which access services provided by the Health Board.

During the initial consultation phase the Health Board identified a number of key challenges which underpin the need to transform the way in which the health and wellbeing of the local communities are supported;

- Demand on health and care services is increasing all the time as more people will be living longer with complex conditions requiring care and treatment.
- Providing services which are accessible and equitable, regardless of location is made more challenging due to the geographic context.
- A large proportion of the area covered by the Health Board is rural and isolated, which creates challenges for providing services to people in their own homes.
- People want and expect to be supported to manage their health in their own homes.
- There are variations in service provision and health outcomes across the three counties, for example there is a 10-year gap in healthy life expectancy across the area.

The consultation phase culminated with the Health Board describing a future model of care based around a network of integrated health & wellbeing centres and community hospitals which will bring key services and staff together in one place and provide virtual links between the local population and specialist services at the acute hospital sites.

The estate strategy which supports this model of care, known as ‘Proposal B’ considers the future transformation of the acute hospital estate and the associated implications on the community infrastructure. It includes provision of a new urgent and planned care hospital in the south of the region which will centralise all specialist children and adult services. The hospital sites at Withybush and Glangwili will be repurposed as community facilities with beds.

Prince Philip and Bronglais hospitals in Llanelli and Aberystwyth will remain as general hospitals with refurbishment works as necessary to support the overall changes to the service model.

The proposed changes create significant opportunities to make better use of resources, make the most of technology, and ensure services are high quality, deliver an excellent experience for patients and attract a highly motivated and skilled workforce.

The findings from the phase 1 consultation process led to the Health Board defining four key principles to underpin the development of local future health and care services: Safe, Sustainable, Accessible and Kind. These guiding principles will be followed throughout the transformation programme.

Through the development of the briefing information the Health Board have identified a range of service transformation scenarios which are primarily driven by assumptions on future bed numbers. These are described as follows;

‘Do nothing scenario’ where the current service is retained with no major re configuration or transformation.

‘Do minimum scenario’ where the current service is retained with minor transformation of services to align with the AHMWW strategy and with focussed investment in new community projects and to bring the acute hospital estate up to Condition B.

‘Minimum efficiency scenario’ where Services are transformed to align with the AHMWW strategy based on pessimistic design assumptions. This scenario assumes a higher number of retained beds with increased retention of beds on the community sites and minimum numbers transferred to the new Urgent & Planned Care Hospital. This scenario also assumes the retention of day surgery at both Glangwili and Withybush.

‘Likely efficiency scenario’ where services are transformed to align with the AHMWW strategy based on a “most likely” set of design assumptions to determine a reduction in bed requirements generally with a higher proportion transferred to the Urgent & Planned Care Hospital and a reduction in bed numbers on the other hospital sites.

‘Maximum efficiency scenario’ where Services are transformed to align with the AHMWW strategy with more ambitious design assumptions applied. The scenario minimises the requirement for beds at the Urgent & Planned Care Hospital and on the associated community sites.

1.2 Urgent and Planned Care Hospital Strategy

The phase 1 consultation process established the need for separate planned and unplanned care streams within the service provision in order to reduce the risk of cancelled operations and procedures. However the exercise also concluded that ideally planned and unplanned care services should be collocated in a new Urgent and Planned Care Hospital located in the south of the HDdUHB catchment area.

The separation of emergency and planned care will minimise the impact on elective work at times of pressure and will improve resilience within the hospital should a future pandemic response be required. Further consideration will be required at the Outline Business Case stage to establish whether this requires physically separate buildings bridged by key departments such as theatres and diagnostics or a more disaggregated campus style approach.

The new Urgent and Planned Care Hospital will be the main site for the network of hospitals providing urgent and planned care services across the Health Board catchment area. It will offer a more centralised model for all acute services and will also include specialist mental health facilities on site.

The aspiration is for 50% of admissions to have a maximum length of stay of 72 hours requiring services to be operational 24/7, including access to diagnostics. Achievement of this aspiration will be dependent on a whole system approach to service delivery requiring timely transfer of patients from this site to the step-down beds located within the network of Community Hospitals.

Occasionally there will be a need to transfer patients from the Community Hospital sites to the Urgent & Planned Care Hospital and this will depend on clinical assessment and level of intervention required. There may also be an occasional requirement to transfer more critical patients from Bronglais Hospital as part of the network approach to delivering care.

Services to be provided from the Urgent and Planned Care Hospital include:

- Emergency Department with Trauma Unit.
- 24/7 access to acute specialties (medicine, surgery, obstetrics & gynaecology, paediatrics).
- 24/7 diagnostic support.
- Planned major day case and inpatient operations and treatment.
- Cardiac catheter and pacing laboratory.
- Critical Care (Levels 1, 2 and 3).
- Specialist outpatient services.
- Mental health and learning disabilities services.
- Multi-professional health education facility.
- Research and innovation facilities, including Institute for Life Sciences.

These services are described in more detail on the following pages. The summary schedule of accommodation for the likely efficiency scenario assumes an overall development area of 91,080sqm, which includes provision for 506 inpatient beds in the UPCH and campus developments for mental health, education and staff residences. For the minimum scenario this reduces to 401 inpatient beds and 82,668sqm, and for the maximum scenario 454 beds and 88,450sqm.

These areas are based on anticipated spatial allowances for each functional unit and benchmarked against similar recent schemes. These assumptions will be refined at the Outline Business Case stage in order to develop a more detailed room-by-room schedule of accommodation.

2.1 Schedule of accommodation

The high-level brief is organised into 12 separate functional units each of which is associated with a specific clinical /non-clinical service such as emergency care, inpatient accommodation, clinical support or facilities management. The functional unit descriptions are accompanied by a series of key design assumptions relating to issues such as spatial compliance, accessibility and infection control.

It is anticipated that there will be a single **Main Entrance** to the new hospital which will be used by all patients, staff and visitors. Secondary entrances will be included to the emergency department, maternity and mental health units, and for FM services. Externally the entrance area will include landscaped amenity areas, space for drop off and patient transport vehicles. The entrance zone will include a main reception area, waiting zones, discharge lounge and retail units such as a café and shop. Toilets and changing places facilities will also be included.

The **Emergency Portal** is the 24/7 gateway to the hospital system and will receive, assess and stabilise patients who present with a wide range of conditions. It will include separate waiting, triage and treatment areas for adults and children, and will contain facilities for resuscitation, diagnostics and short stay observation. It will also include an area for assessing mental health patients. The emergency portal will be accessed via a dedicated blue light route from the main site entrance.

Outpatients will receive care via the **Ambulatory Centre** and this may include consultation, diagnostics, observation, intervention or treatment. This will include services such as renal and chemotherapy and diagnostics such as X-Ray, CT and MRI. The Ambulatory centre will receive higher level of throughput than other zones and therefore will be located close to the main hospital entrance. The aspiration is that general outpatient services will be delivered via the community setting and therefore the provision at the UPCH will be for specialist clinics which will be determined at the Outline Business Case Stage.

The **Inpatient wards** will provide suitable accommodation for the care and treatment of inpatients by multidisciplinary teams. The intention is to organise beds into generic wards of 24 beds grouped into 3 clusters of 8 beds, all of which will be single rooms and with one pressurised isolation room per cluster. Wards will be designed to achieve appropriate standards of observation, privacy, dignity and infection control. Separate wards areas will be included for Obstetrics, Maternity, Paediatrics and Critical Care.

General operating theatres and associated support will be collocated with day surgery, endoscopy and obstetric theatres in the **Intervention Suite**. Theatres will be located with good adjacency to the inpatient wards, emergency portal and maternity unit. The layout of the Intervention Suite will maximise the benefits of collocating clinical spaces whilst providing efficient but separate flows for day-case elective, emergency and obstetric patients. The day case unit will include provision for endoscopy and cardiac catheterisation including a 'high-volume short-stay' trolley zone for patients.

Women's and Children's Facilities at the new UPCH will include inpatient wards, delivery suites, neonatal unit and dedicated outpatient zones. The aspiration is that these services are fully integrated within the new UPCH (ie not a separate Women's & Children's Hospital) but internal flows will reflect the appropriate segregation of patient groups.

The high level brief assumes that **Mental Health** beds which are currently provided at Bro-Cerwyn in Haverfordwest, Hafan Derwyn in Carmarthen at Prince Philip Hospital in Llanelli will in future be collocated in a new purpose built unit at the UPCH site. Accommodation will include inpatient beds for adult and older mental health, psychiatric intensive care, learning disabilities and a low secure unit as well as a day assessment unit. The facility will provide specialist input to support community mental health services which are being developed as part of a separate Programme Business Case.

Clinical Support facilities on the site include pharmacy, sterile services, pathology, mortuary, medical records and clinical engineering. The high-level brief assumes that these facilities are part of support network with the main hubs on the UPCH site and local provision at the Community Hospitals and Integrated Care Centres. The brief does not prescribe whether these facilities are integrated into the main hospital building or developed as stand-alone units within a campus style development. This will need to be tested further at the Outline Business Case stage.

A notional allowance has been included in the brief for **Administration and Education** facilities. The brief assumes that both corporate and clinical administration can be collocated as a centralised function on the UPCH site. Education functions such as classrooms, lecture theatres, conference space and clinical skills are assumed to be required and may be incorporated into the main UPCH or developed as a stand-alone education unit.

Support facilities for **Staff and Visitor Welfare** are considered as a series of standard hubs dispersed throughout the new UPCH. Visitor hubs will include toilets, waiting areas, interview and meeting rooms. Staff hubs will include toilets, changing rooms and showers, meeting rooms and staff lounges.

Facilities Management services at the UPCH site will include receipt and distribution stores for items including linen and consumables, Main kitchen, waste management and workshops. Dispersed throughout the hospital will be a series of FM hubs which will include satellite kitchens, stores for bulk supplies and waste. Consideration of separate pathways for FM services will be considered at Outline Business Case stage including opportunities for automated distribution systems such as pneumatic tube and Automated Guided Vehicles.

External and Ancillary Accommodation will include a helipad located close to the Emergency Portal and staff residences. As noted above some support and admin functions may also be provided in separate buildings within the UPCH campus.

The high-level brief also include provision for a nursery and a central research facility delivered by a **Third Party Operator or Partnership Enterprise**.

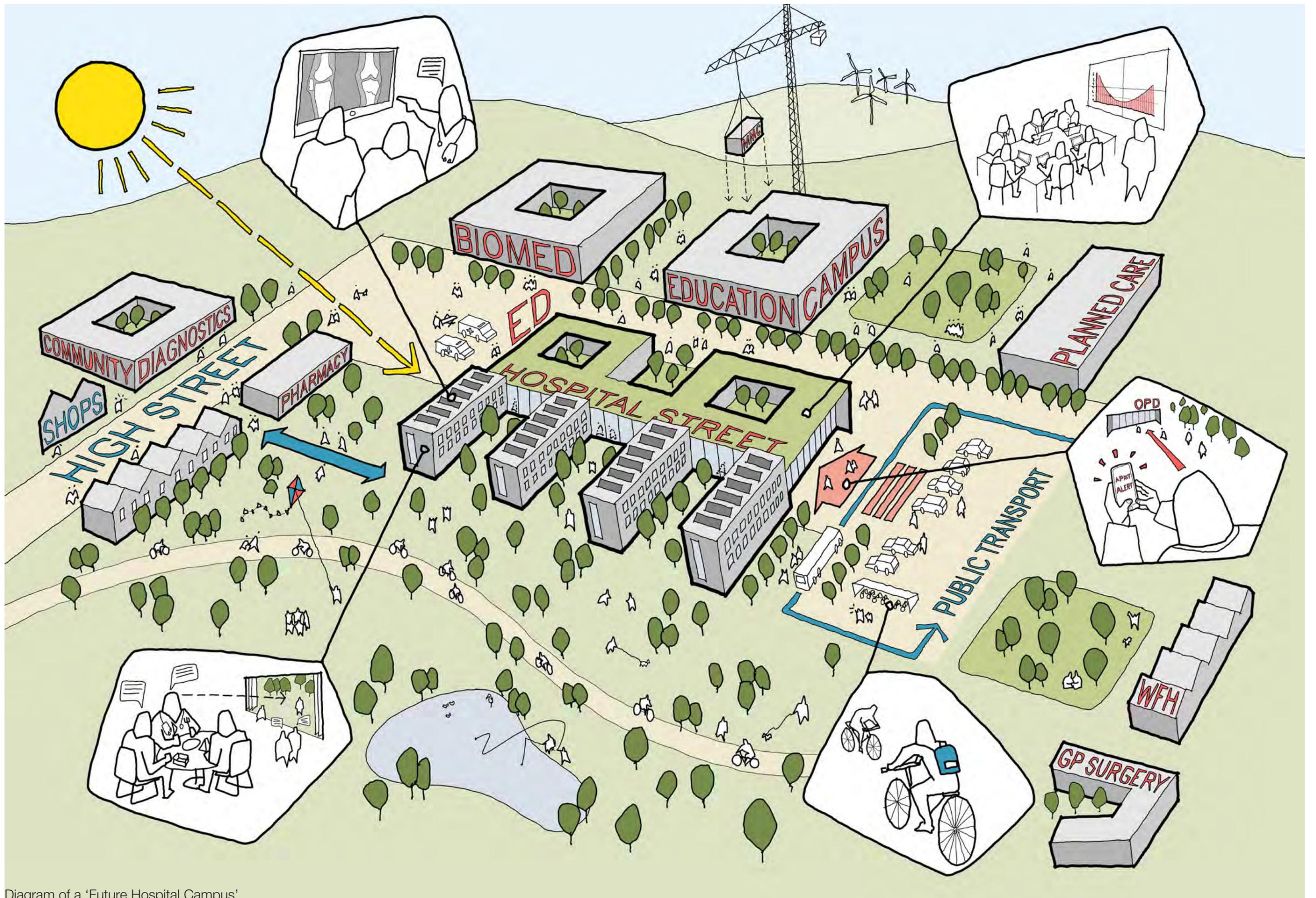


Diagram of a 'Future Hospital Campus'

3.1 Summary of estate options

Prior to the commencement of the Programme Business Case process the UHB identified, through public consultation, a zone between Narberth and St Clears as the optimum location for the proposed new Urgent & Planned Care Hospital. The zone includes areas in both Carmarthenshire and Pembrokeshire.

During the Programme Business Case process the Health Board established a 'Land Team Working Group' with the objective of following a structured process of review in order to initially identify a long list of potential sites, reduce this to a short list of sites via a high-level appraisal process and ultimately recommend a preferred site to be taken forward to the Outline Business Case Stage.

The Working Group have consulted with other clients across the UK to ensure that lessons learned from other similar site selection process are applied. The Health Board have appointed the Consultation Institute and other specialist advisors to help ensure a robust process for the identification of a site for the new hospital. The process can be simply described in five distinct stages as follows.

Stage 1 (Complete)

Establish Land Team Working Group. The team is supported by Health Board staff, specialist advisors and a nominated representative from Carmarthenshire and Pembrokeshire Local Authorities.

Confirm site search parameters and criteria for initial selection, the team identified four hurdle criteria against which proposed sites will be initially reviewed, these criteria were amended and agreed by the Programme Group:

-
- The site should be within the identified zone
- The site must have a minimum of 35 acres of reasonably developable land
- It must have realistic prospects of obtaining planning permission for a new hospital
- It must have appropriate transport infrastructure for a major hospital site#

Stage 2 (Complete)

The purpose of this stage is to deliver a long list of nominated sites which meet the above criteria for future appraisal

A period of engagement was launched in early May 2021 for a period of 6 weeks, which included an invitation for suitable sites to be nominated by the public and landowners for consideration against the hurdle criteria. In parallel to this process the specialist advisory team undertook a desktop exercise to identify potentially suitable sites so landowners might be approached to determine their interest.

Following this process, a longlist of eleven sites was identified for further consideration.

During the engagement period the public were also requested to suggest the most important things to be taken into consideration when reviewing the location for the new Urgent & Planned Care Hospital. This is an important element of the process to ensure that the public are involved in the site acquisition process and helps ensure compliance with the need to involve service users in the development and consideration of proposals (Sec 183 of the NHS Act 2006 for Wales).

The feedback from this process will be utilised in the appraisal of the long list in order to arrive at a shortlist and again in more detail in the process to appraise the shortlist.

Stage 3 (Complete)

The purpose of this stage is to agree the shortlist of potential sites. A workshop took place in late October to review the longlist of sites. The workshop was structured in two separate stages, the first involved an assessment of each of the longlisted sites against the original hurdle confirm that it could be taken forward to the second stage which involved a more detailed review and appraisal.

The detailed appraisal was supported by a high-level SWOT analysis prepared by the specialist consultant team. This involved an assessment of each site against a range of technical and non-technical criteria including site characteristics, environmental concerns, planning risk, transport impact and access to statutory utilities. Observations and comments were made against each of the criteria and recorded as either a Strength, Weakness, Opportunity or Threat (SWOT). This process gave a high-level picture of the development potential of each site and allowed a high-level comparison of the sites on the longlist.

The purpose of this exercise was to reduce the number of sites to a manageable number and to ensure that there was at least one site option from the western, central and eastern areas of the identified zone between Narberth & St Clears.

The workshop was facilitated by the Consultation Institute and as well as the Land Team Working Group members, there was representation from the Health Board, Community Health Council (CHC), Stakeholder Reference Group, Health Professionals Forum and Partnership Forum. Partners from the Local Authority were also in attendance but abstained from the shortlisting process due to the fact that both Pembrokeshire and Carmarthenshire had nominated sites on the longlist.

This stage of appraisal resulted in the identification of a list of five shortlist sites, with two additional sites on standby requiring further review due to specific technical challenges relating to diverting existing statutory services infrastructure and significant highways works. This technical review of the two standby sites is ongoing. Feedback from the workshop was presented to subsequent Programme Group and Programme Team meetings and to the main Board. Once the outcome of the further technical review is complete the shortlist will be ratified and taken forward to the next stage of assessment.

Stage 4 (Ongoing to mid 2022)

This stage of the process will deliver a preferred site for the new Urgent & Planned Care Hospital

During this stage the Health Board propose to establish a Shortlist Appraisal Group, to include public/stakeholders and Health Board/team members, initially produce a list of criteria to be utilised to identify the preferred site from the short list. This process is expected to conclude in early summer 2022.

During this period the Health Board will also appoint specialist advisors to undertake more detailed technical review of each shortlisted site to include desktop studies, environmental assessment and a more detailed review of highways and planning considerations. This work will run in parallel with an assessment of non-technical implications of the various sites including workforce and equipment.

Further work is needed to agree the process for identifying the members of the public and stakeholders to be included within the Shortlist Appraisal Group, however the weighting allocated to public representation will be over fifty percent of the total.

This stage will conclude with recommendation report to the Health Board and Welsh Government.

Following completion of the above process the next step will be to secure the land acquisition including all necessary legal and contractual processes

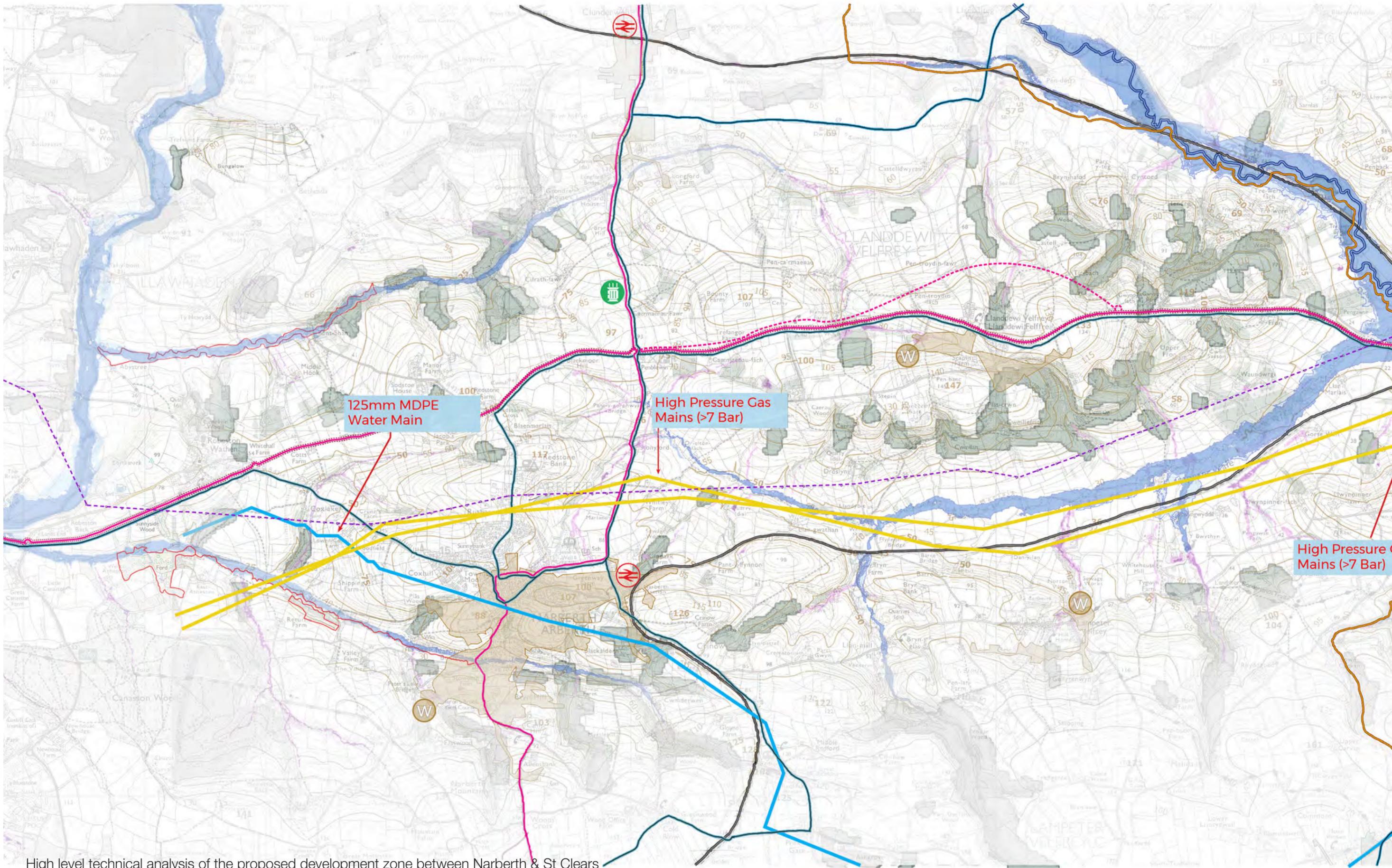
There are four criteria we wish you to consider for site nomination:

- 1** The nominated site must be within the zone between and including St Clears in Carmarthenshire and Narberth in Pembrokeshire. This location is the most central to most of the population in the south of the Hywel Dda area.
- 2** The nominated site should be a minimum of 35 acres of reasonably developable land.
- 3** The nominated site should have realistic prospects of obtaining planning permission for a new hospital.
- 4** There should be appropriate transport infrastructure for a major hospital site.



Once we have a list of sites that have been tested against the criteria, we will then need to compare the potential between them. We would like to know what is important to you as we consider which site is best for our community. This assessment will lead to a shorter list of potential sites.

Summary of the hurdle criteria for the initial stage of the site selection process

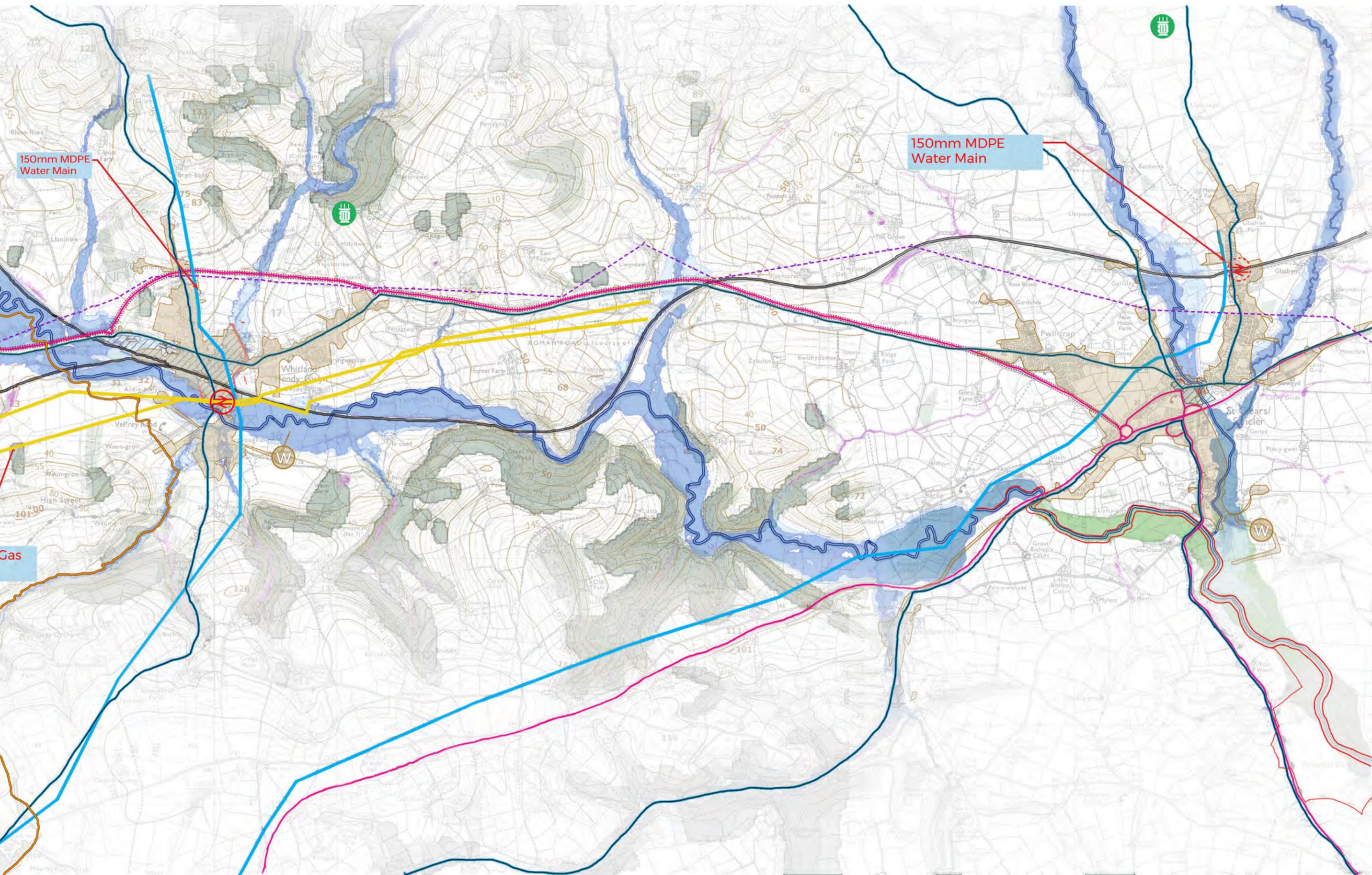


125mm MDPE Water Main

High Pressure Gas Mains (>7 Bar)

High Pressure Water Mains (>7 Bar)

High level technical analysis of the proposed development zone between Narberth & St Clears



150mm MDPE
Water Main

150mm MDPE
Water Main

Gas

4.1 MEPCS

Any new Urgent Care facility would be designed to the latest WHTMs and WHBNs and incorporate the latest guidance and regulations. The sites will be able to incorporate decarbonisation and make allowance for future expansion and development. Fire compliance and appropriate sprinkler coverage will also be ensured as part of these works. The design will take into account the Health Board's aspirations for a digital future and patient information systems.

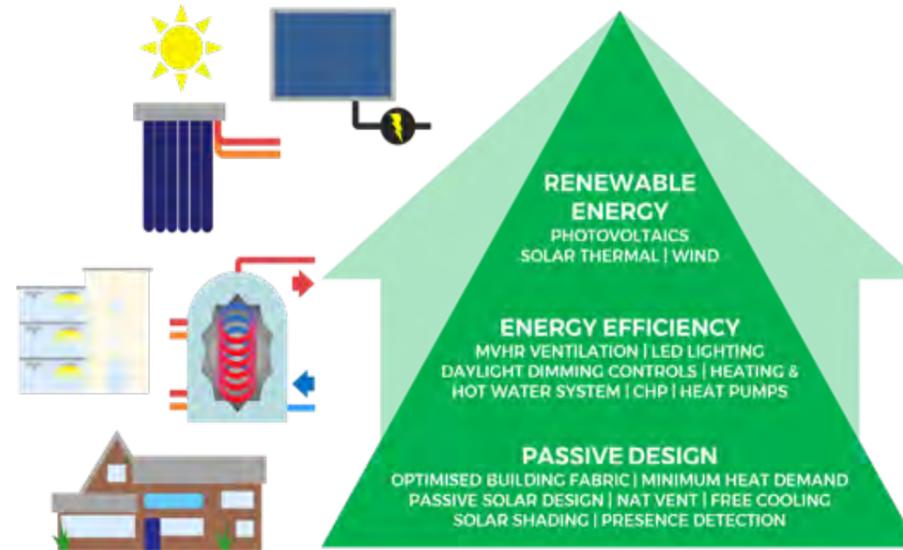
A number of the sites under consideration have challenges in terms of site constraints due to existing services crossing them. These include gas, water, electrical, telecom and drainage services. The impact of these can be significant with services such as the high pressure gas main, due to large wayleaves associated with the pipework and significant diversion costs.

Most of the locations will also require extensive offsite electrical reinforcement to provide the required capacity on site. With the move to Net Zero Carbon and decarbonisation, the site is likely to be all electric in terms of heating and hot water generation. This would be achieved through the use of Air or Ground Sourced Heat Pumps, with generator backup to provide resilience. Gas infrastructure is not likely to be required on site.

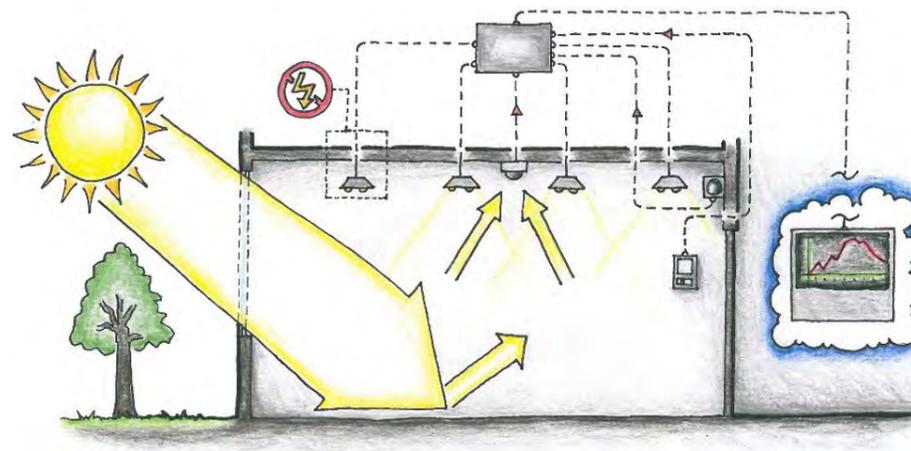
Buildings would also be provided with intelligent controls to minimise and monitor energy use.

Automatic daylight controls

New buildings would also incorporate photovoltaic panels (PVs) to offset energy use or a private solar farm would be considered. The design of these buildings will be considered during the subsequent design stages.



Energy Hierarchy



Automatic Daylight Control

External works

The external works on the new site will need to provide suitable access for all users and anticipated modes of transport. The design life and operational/maintenance requirements of the proposed on-site road network, visitor and staff car parks should be considered and designed in a sustainable and appropriate manner.

Civil & Structural engineering: Topography & Geology

Unless the preferred site is relatively flat then some degree of earthworks will be required to form the floorplate of the new facility. Depending on the size of the site and its topography, retaining structures may also be required.

Civil & Structural engineering: Flood Risk

The risk and consequences of flooding should be managed such that they are acceptable for the proposed development and its users. Welsh Government's Technical Advice Note 15 provides advice on this and the design would need to manage the risk of flooding from all potential sources. Such considerations should include the management of the impacts of climate change.

Civil & Structural engineering: Below ground drainage

Surface Water Drainage

The management of surface water runoff from the development, both in terms of quantum and quality, would need to be considered in a holistic manner such that flood risk is not exacerbated. The new build development will come with the requirement for to apply SuDS design principles to the drainage design in accordance with Welsh Government's Statutory Standards. This will generate the need for surface water treatment & attenuation prior to its discharge to either ground or as per the status quo to an existing land drainage system/watercourse. The standards also promote amenity and biodiversity. It will be important to also have a well-considered long term maintenance strategy for the SuDS system.

Foul Drainage

The proposed development will result in an increase in foul flows discharging to the local foul water drainage system and therefore it is likely that there will be the need for upgrades to the receiving public sewerage system – both upsizing sewers and potentially local pumping stations but also the local Sewage Treatment Works. Depending on the location of the chosen site, there may also be the need to pump foul flows from the new facility into the public sewerage system.

5.1 Implementation Strategy

A significant programme of estates improvement is being proposed to support the Healthier Mid and West Wales transformation proposals.

The implementation programme is structured to maximise the transformation of clinical services at the earliest opportunity. This is achieved by providing the Urgent and Planned Care Hospital as a priority.

Whilst not fully worked through the current ambition is that the new Urgent and Planned Care Hospital site will become a campus development comprising separate mental health accommodation, centralised non-clinical support services, centralised administrative and education facilities. To maximise efficiency of construction but more importantly the ability to realise the benefits of the new clinical model and transformation. The proposed campus will be delivered as a single development completed by the end of 2029.

The site selection process to select a preferred site is currently underway with a preferred site being expected in July 2022. The intention is to select the OBC technical team once the preferred site is selected and submit the required planning application by the end of 2023.

Acquisition of the new site needs to be completed by July 2026 immediately following approval of the full business case which is planned for June 2026.

The estimated construction period is two years and nine months with a further five months for operational commissioning.

A summary of key milestones for Implementation Option No. 1 is included below:

Milestone	UPPC
PBC Submission	End January 2022
PBC Endorsed (for purposes of progression)	March-May 2022
OBC team selected (BfW framework)	May – July 2022
Preferred site confirmed (potentially subject to consultation and heads of term)	By June 2022
Option to purchase	July/August 2022
Outline Planning Approval	Dec 2023
OBC Submission	End January 2024
Outline Planning Approval	End May 2024
OBC Approval (WG)	Mid July 2024
Reserved Matters Discharged (Planning)	September 2025
FBC Submission	Mid March 2026
FBC Approval (WG)	Early June 2026
Purchase Site completion	Mid July 2026
Start on site	August 2026
Construction Completion	End May 2029
Commissioning	June – October 2029
Opening	End October 2029

6.1 Town planning consideration

The location of the Urgent and Planned Care Centre and its design would need to comply with the LPA's Local Development Plan (LDP) and National Planning Policy. In this regard, Policy 1 'Town Centre First' of Future Wales: The National Plan 2040, states that "Significant new commercial, retail, education, health, leisure and public service facilities must be located within town and city centres. They should have good access by public transport to and from the whole town or city and, where appropriate, the wider region."

The design would also need to consider the Technical Advice Notes (TANs) produced by Welsh Government. In particular, TAN 12 'Design' sets out design guidance for developers to adhere to, ensuring that sustainability through good design is promoted within the planning system. Guidance within this note would need to be considered at the design stage, including the production of a Design and Access Statement to accompany the planning application which is a requirement for any 'major' development in Wales, this is any development over 1ha.

Paragraph 5.10.1 of TAN 12 states that "In the design of schools, hospitals and other buildings and infrastructure intended for use by the local community the aim should be to achieve fitness for purpose, value for money over the whole life of the building, and a positive impact on the lives of those who use it and on its surroundings."

In addition, TAN 15 'Development and Flood Risk' advises on development and flood risk as this relates to sustainability principles and provides a framework within which risks arising from both river and coastal flooding, and from additional run-off from development in any location, can be assessed.

A new version of TAN 15 and the attendant flood map is not due to come into force until June 2023 following an 18 month suspension introduced by Welsh Government in November 2021. A letter from Welsh Government dated 15th December 2021 stated that "During the 18 month pause period, the existing policy framework of Planning Policy Wales, TAN 15 and the Development Advice Map (DAM), along with TAN 14 will remain in place.

Potential sites would need to be appraised to consider the proposed land use of the sites, and adjacent land, the proximity of any environmental designations which may influence the development of the sites, and any other development proposals or ambitions which should be considered.



7.1 Cost summary

Works Cost

The Urgent and Planned Care Centre comprises the new hospital and a number of smaller campus developments. The cost methodology adopted is slightly different for these two types of development. However, the costs for both developments are based on an elemental cost per m², and the traditional approach using DCAGs has not been followed. The rationale for this is that the DCAGs database has not been updated for a considerable time, and there have been several significant changes in both healthcare design standards and planning and building regulations requirements which render the DCAGs unreliable.

New Hospital

The basis of the elemental cost is the actual construction costs for the Grange University Hospital at Llanfrechfa, Cwmbran. A detailed analysis has been prepared of the initial costs at FBC and of all relevant variations. This approach has enabled a comprehensive elemental analysis of the 'final account' works costs to be developed, including the value of inflation during the construction period. A number of additional cost drivers were then considered to take account of further regulatory change and design aspiration, as follows;

- BREEAM 2018 in lieu of BREEAM 2014 – addition 0.75%
- Decarbonisation aspirations – addition 3%
- SMART costs – addition 1% (see Non-works costs for impact on IT costs)
- Biophilic Design aspirations – addition 2%
- Location – addition 2%

The percentage additions were derived from various sources and also take account of the rural area in which the developments will be built.

Campus developments

The basis of the elemental costs for the different types of campus development is benchmark costs, developed using an extensive database of costs. These benchmark costs have then been adjusted to take account of the regulatory changes and design aspirations referred to above.

External Works (Oncosts)

From an analysis of Oncosts from 'How to Cost a Hospital', using the 80% On Cost adjusted to reflect elemental rather than Departmental costs, the external works costs equate to 11.25% of the elemental costs. This was benchmarked against the Grange Hospital costs which equated to circa 12%. A benchmark of 18.5% has been included for fees and survey costs. This includes for all principal designers but also the specialist designers such as acoustic and fire engineers, ecology and BREEAM consultants. Specialist advisors for the Health Board including the District Valuer, Vat advisor and audit services are included.

Non-Works Cost

Land: A review was held between members of the Health Board team and the land agents and a sum of £3m was agreed as the potential land purchase cost, including legal fees, accounting for the varying characteristics of each potential site.
Site Development Costs: Several workshops were held to discuss the development costs for each potential site. The following factors were included in the site development costs for each site:

- Highways works including new roads, road improvements and diversions and impact of railways and the like
- Active travel improvements to or provision of footpaths and cycleways
- Site topography
- Size of proposed site with extra over costs included for the larger sites
- Drainage infrastructure including distances to primary drainage
- Mains supplies to site. A budget quotation was obtained for incoming electricity to one site. Assessments were made of the distance to primary services for other connections
- No allowance has been included for gas supplies
- Diversion of existing HV electricity, gas mains and drainage runs
- Flood risk management and extra over ecology works

On completion of the costed appraisal the most expensive site development cost has been included.

IT Costs: A meeting has been held with the Health Board's IT lead. The IT budget reflects the SMART hospital aspirations for the future.

An allowance of 1% of the Works Cost has been included for art.

An allowance for other Non-Works costs has been included benchmarked against the Grange Hospital.

A review of the equipment expenditure was undertaken. Expenditure on radiology equipment was omitted to establish a cost/m² for general equipment. A review of the Schedule of Accommodation for the new hospital allowed for an assessment to be made of the radiology requirements with rates reflecting an uplifted cost from the Grange costs.

The equipment allowances for the campus developments utilised varying percentages to reflect the potential equipment requirements for each function.

An allowance of 10% has been included as a Contingency. No provision for Optimisation Bias has been included in the capital costs. Vat has been included at the current prevailing rate of 20%. Vat reclaim has been included for all design fees and the land purchase cost.

The capital costs have been costed at 4Q 2021 price levels with a forecast PUBSEC Index of 269. Costs have also been presented at the Business Case Reporting Index of 250. It is recognised that future adjustments to these costs will be made against the Business Case Reporting Index of 250.

Urgent and Planned Care Hospital

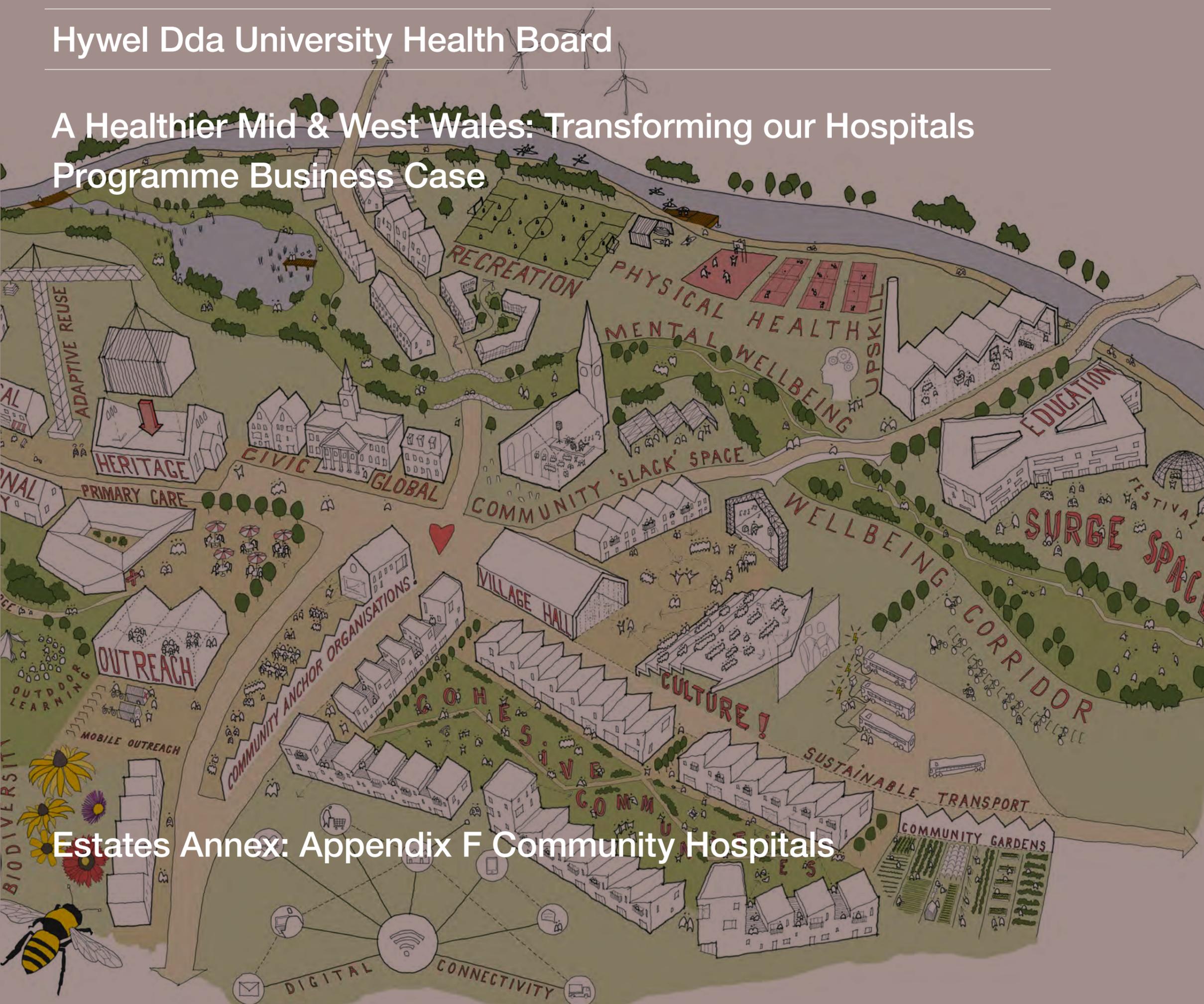
8.2 Cost summary table

	Do Nothing	Do Minimum	Minimum Efficiency	Likely Efficiency	Maximum Efficiency
Departmental cost	£0	£0	£386,971,434	£426,306,438	£413,891,046
On-costs	£0	£0	£47,961,606	£47,961,606	£47,961,606
Location adjustment	£0	£0	£0	£0	£0
Fees	£0	£0	£80,462,612	£87,739,588	£85,442,741
Non-works cost	£0	£0	£65,976,530	£67,749,880	£67,625,727
Equipment costs	£0	£0	£50,661,216	£53,942,016	£52,922,016
Contingency	£0	£0	£63,203,340	£68,369,953	£66,784,314
VAT reclaim	£0	£0	-£14,028,435	-£15,202,026	-£14,858,457
Project cost	N/A	N/A	£681,208,303	£736,867,455	£719,768,993

Note:
All figures listed above in black are gross costs inclusive of VAT

Hywel Dda University Health Board

A Healthier Mid & West Wales: Transforming our Hospitals Programme Business Case



Estates Annex: Appendix F Community Hospitals

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Revision History

Rev	Date	Revision Description	Issued By	Checked By
Rev 0	17.01.2022	Issued for Health Board Review	SW	ND

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- 1.** Description
- 2.** Existing community estate
- 3.** Summary of clinical strategy
- 4.** Summary of estate options
- 5.** Implementation strategy
- 6.** Town planning considerations
- 7.** Cost summary
- 8.** Community Infrastructure Strategy

Community facilities

1.1 Community and primary care sites

As well as the four main acute sites the health board also currently operates seven community hospitals and numerous primary care and associated facilities across the three counties.

The seven Community sites are as follows;

- Aberaeron Integrated Care Centre
- Amman Valley Community Hospital
- Cardigan Integrated Care Centre
- Llandovery Hospital
- South Pembrokeshire Hospital
- Tenby Hospital
- Tregaron Hospital

The 14 Community Health Centres/Clinics are as follows;

- Llwynhendy Health Centre, Llanelli
- Elizabeth Williams Clinic, Llanelli
- Crosshands Health Centre
- Pond St Clinic, Carmarthen
- North Road Clinic, Aberystwyth
- Padarn Health Centre, Aberystwyth
- Lampeter Medical Practice
- Pembroke Dock Health Centre
- Narberth Health Centre
- Haverfordwest Health Centre
- Bro Preseli Community Resource Centre, Crymych
- Milford Haven Health Centre
- Fishguard Health Centre
- Manchester Square Health Centre, Milford Haven

The Health Board also operates;

- 34 GP practices
- 15 GP branch practices
- 5 Managed practices
- 3 Third party developments
- 13 Mental health, learning disabilities and substance misuse facilities
- 47 dental practices (including 3 orthodontic),
- 99 community pharmacies,
- 44 general ophthalmic practices

1.2 Community care strategy

During the initial consultation phase the HDdUHB identified a number of key challenges which underpin the need to transform the way in which the health and wellbeing of the local communities are supported. These included the need to respond to the needs of an aging population who want to receive their care closer to home as well as the aspiration to provide services which are accessible and equitable, regardless of location.

The findings from the phase 1 consultation process led to the Health Board defining four key principles to underpin the development of local future health and care services: Safe, Sustainable, Accessible and Kind.

The Health Board have identified significant infrastructure issues associated with the current community and primary care estate in terms of providing modern, fit for purpose accommodation with the capacity to serve as an enabler to the provision of future health needs outlined in their Health & Care Strategy; “A Healthier Mid & West Wales: Our Future Generations Living Well”.

The condition and functional suitability of many of the existing premises is constraining the ability to adapt to meet a growing population with changing clinical needs and therefore preventing service developments across primary, community and secondary care.

In addition to issues relating to the physical infrastructure there are financial and workforce concerns relating to the future sustainability of a number of GP Practices within the Health Board.

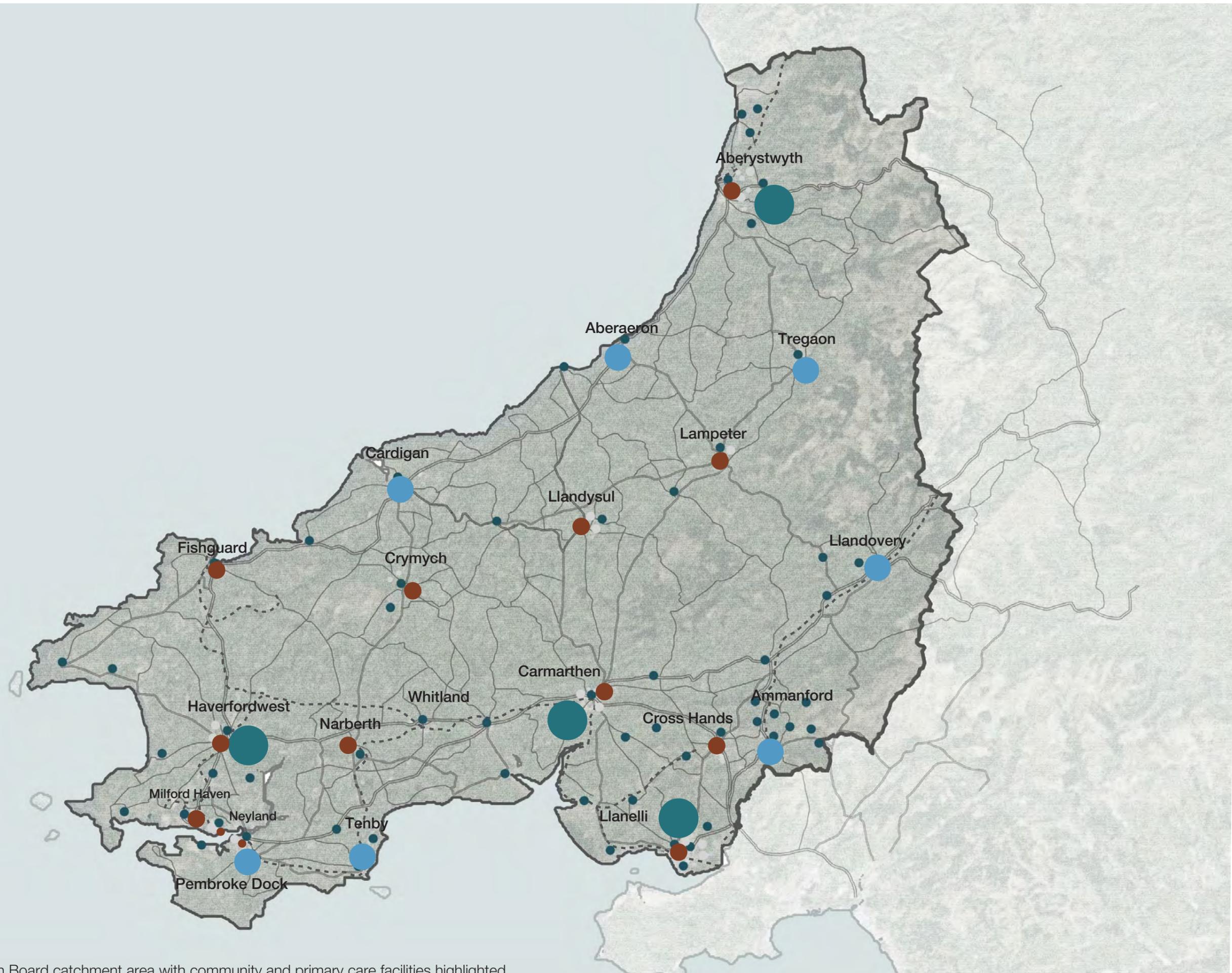
The Health Board have benefited from recent investment in the community estate including new integrated care centres in Cardigan, Aberaeron and Fishguard, with schemes in progress at Cross Hands and Tregaron which will allow the closure and disposal of some of the older, less suitable facilities within the current estate.

The transformation programme will provide an opportunity for HDdUHB to reorganise the way in which it delivers services to support clinical excellence and to prioritise safe and high quality care.

Improved provision of 24/7 community services with timely access to a GP and other primary care services where required, should reduce the incidence of inappropriate hospital admissions. This also supports the ambition of allowing more people to stay in their own home or have their care provided as close to their home as possible. It will reduce the number of hospital admissions therefore easing the pressure on the acute estate and allowing the HB to optimise the use of scarce resources.

As an example the proposed Llanelli Wellness and Life Sciences Village will take a different approach by working with communities throughout South and West Wales to improve general population health using a community based multidisciplinary approach.

Staff are at the heart of the organisation and getting the right mix of skills across the workforce to provide the right care in the right place is a key challenge to the transformation programme. The reorganization of health services will create a range of opportunities for staff, including new, extended and expanded roles and the potential to address staff shortages. As well as impacting the quality of care a more sustainable workforce will also reduce the pressure on current staff which will help improve retention and attraction.



Hywel Dda University Health Board catchment area with community and primary care facilities highlighted

2.1 Community Hospitals: Amman Valley Hospital

Amman Valley Hospital is a Community Hospital in Glanamman approximately 4km to the east of Ammanford town centre. The hospital was established as the Amman Valley Cottage Hospital in 1936 and became part of the National Health Service Estate in 1948.

The site occupies just under 2.5 acres, has a gross internal area of 1,901sqm and currently has 28 inpatient beds (Trust data report 2020).

The site consists of three main accommodation blocks each varying in age profile. The southern block nearest the site entrance was constructed in the 1800's and accommodates Outpatients facilities, kitchen and dining room on the ground floor and administration services on the first floor although parts of the accommodation have been condemned and locked off. To the rear of this building the second accommodation block includes a combination of clinical and administration services including a GP practice. Other services include Midwifery clinics, Physiotherapy, Speech and Language and other community services. To the east is 'Cyscod Y Cwm' Elderly Care Ward, built in the 1990's which includes Macmillan beds, Rehabilitation facilities and has recently benefited from a conservatory extension. Behind this ward building is a day surgical block built in 2000 to accommodate an Ophthalmology Theatres and support rooms.

The operational site has benefited from investment in recent years to maintain standards and services. The location and layout of the blocks brings many challenges linked to space standards. This makes integration of services difficult and has led to many access points into the building. Pedestrian access continues to be an issue no pavements and significant slope from the main entrance. Backlog maintenance remains a significant challenge for this site with a risk adjusted backlog cost of circa £191k (Trust data report 2020)

The key backlog and Risk Register issues are summarised below: - Structural and Condition issues relating to Folland House accommodation, first floor. Part of accommodation condemned and locked down;

- Issues with flat roof covering on site;
- External & Internal decoration and repairs issues;
- Air handling plant to the theatre nearing end of operating life;
- In 2017 a new car park was developed via charitable funds at the rear of the site to alleviate car parking pressures during peak periods.
- The site is subject to a planned Appraisal survey to update current information.



Image of Amman Valley Hospital 1936



Aerial View of Amman Valley Hospital (Google Maps)

Heating, Ventilation and Air Conditioning (HVAC)

A central boiler house provides heat to the site, with the exception of the day theatre. There is one gas fired LTHW boiler (with oil backup, aged 20 + years). Additionally there is a natural gas LTHW boiler and a LTHW to DHW calorifier (circa 20 years). The heat provided to the Day Theatre is only provided via a Natural gas LTHW boiler and a Natural gas DHW heater. There is no oil backup.

The boilers have a primary/secondary pumping configuration, with a secondary pump set servicing variable temperature loop for the main buildings and secondary loop serves hot water heating via two immersion tanks heaters. A second smaller boiler serves the Day Care building via single VT loop for the heating and the hot water via a gas fired tank heater. Heating distributed via LTHW radiators, equipped in part by TRVs.

Majority of radiators are old, inefficient & poorly controlled. Pipe work insulation requires upgrading in many areas. Heated areas such as Day Theatre, the Ward & Folland House are zoned although the controls require improving. Boilers, AHU & heating are monitored & controlled via the Johnston's BMS at PPH.

There are 3 split systems (15 years old) and 1 AHU serving the theatre which provides 100% outdoor air with heat recovery. Heating is electric, with a DX cooling coil. This is the only cooling other than a single exhaust fan in the kitchen. All other ventilation is natural.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator located in the boiler house which has the capability to supply the whole site.

Water

Domestic water is provided via two (40mm and 20mm) supplies. There are separate foul & surface water drainage systems. Foul discharges to the Welsh Water network while surface water discharges to a nearby stream off site.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance. Lighting and BEMS upgrades were undertaken as part of the EPC. AVH has achieved a Display Energy Certificate (DEC) rating of E. This is benchmarked against other similar properties and buildings are expected to achieve a D or above.

Environmental Compliance Overview

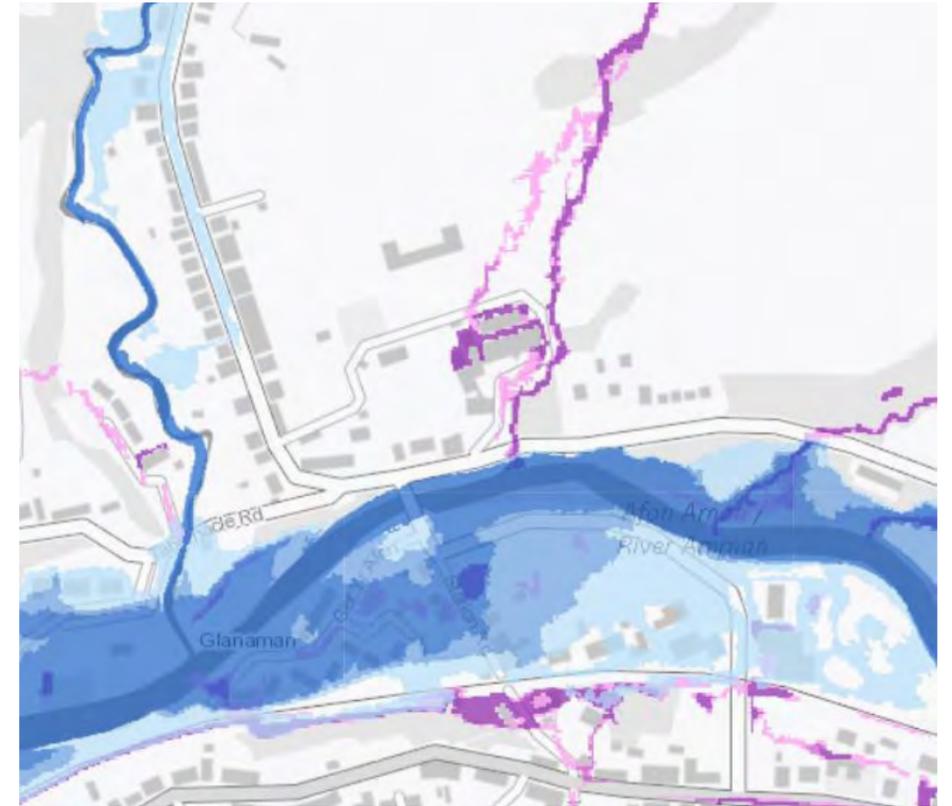
Standby gas oil is stored in a single steel 10,000 litre tank (approximately 40 years old) housed in masonry bund sheltered from the weather. Interconnecting pipe work from the tank to the boiler house was replaced in 2012. Approximately 1,000 litres fuel stored for the generator (circa 20 years). These oil storage facilities were examined / pressure tested in accordance with the Oil Storage Regulations Wales in 2017 with no major issues identified.

There are some isolated areas at the rear of the site identified as "High Risk" from surface water flooding on NRW Flood Risk plans.

There is sufficient and adequate waste storage for clinical and recycling streams, however there is no provision for the storage of general waste wheelie bins. Local storage could also be improved.

AVH is a challenging site in terms of long term energy performance due to the different ages and construction of the buildings.

Some improvement can be made through the use of renewable technologies and efficient procedures and activity on site, however more significant investment would be required for heating controls and building fabric in some areas of the site.



Flood risk map of Amman Valley Hospital NRW

2.2 Community Hospitals: Llandovery Hospital

Llandovery Hospital is a Community Hospital situated on the northern outskirts of Llandovery Town. The hospital has its origins in the Llandovery Union Workhouse and Infirmary which was opened in 1838. In 1930 it became a public institution and became part of the National Health Service Estate in 1948, initially as a Children's Home subsequently becoming a community hospital in the 1960's.

The site occupies an area of 1.25 acres, has a gross internal area of 1066sqm and currently has 16 inpatient beds (Trust data report 2020). The hospital consists of three main blocks each of which varies in age and condition. The site also includes a separate GP facility adjacent to Llanfair Road. Clinical functions on the site currently include an Elderly Care Ward, Minor Injuries Unit, X – Ray and community services including Dental and Podiatry. The hospital is well supported by its local community and the League of Friends has provided considerable financial support to the hospital over the years providing investment for many refurbishment projects.

The hospital has been subject to numerous extensions to the original stonework structure built in 1926. The site has benefited from investment in recent years to maintain standards and services at the facility including a significant ward block extension and a Day Room extension since the year 2000. In 2016 a significant X-Ray project was constructed through charitable funds. Whilst the site has benefited from site infrastructure investment, residual backlog maintenance remains a significant challenge for this site with a risk adjusted backlog cost of circa £108k (Trust data report 2020)

The location and layout of the various block on the site brings many challenges linked to space standards and functionality in clinical areas. This makes integration of services difficult and has led to many access points into the building with compromises to security and safety. The key backlog and Risk Register issues are summarised below: -

- Internal fabric issues linked to flooring, decoration and damp issues;
- Issues with the external below ground foul drainage;
- External access and grounds areas needs investment;
- Electrical Infrastructure issues reported;
- Compliance with Equality Act linked to Physical access issues;



View of Llandovery Hospital main entrance (Google Streetview)



Aerial View of Llandovery Hospital (Google Maps)

Heating, Ventilation and Air Conditioning (HVAC)

Heating is provided via a central boiler house which contains two natural gas LTHW boilers (circa 5 years old). Gas fired LTHW boilers without standby fuel backup provide heat to the whole site and gas fired water heaters provide DHW. The boilers have a primary and secondary configuration with a single VT loop for the entire site. Heating distributed via LTHW radiators, equipped in part by TRVs although many of the radiators are old, inefficient & poorly controlled. There is no cooling in Llandovery, and only natural ventilation to all staff & patient areas.

Boilers are monitored & controlled via the Trend BMS at Glangwili although level of control is inadequate. Heating temperatures are varied by increasing or decreasing boiler temperature.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator located externally which has the capability to supply the whole site.

Water

Domestic water is provided via two 15mm supplies. Combined foul & surface water drainage system discharges to Welsh Water network. Separate surface water system discharges to a soakaway towards the rear of the site. A single misconnection was identified in a drainage survey completed in 2017.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance however lighting was improved as part of the EPC project in 2014. Llandovery Hospital achieved a Display Energy Certificate (DEC) rating of D. This is benchmarked against other similar properties and buildings are expected to achieve a D or above.

Environmental Compliance Overview

There is only one fuel oil tank on site, storing 1,000 litres fuel (circa 15 years) for the generator.

There are no specific areas identified as being at risk of flooding on the most recent NRW flood maps, however there are river flooding risks identified to adjacent areas from the rivers Towy and Bran.

Clinical waste storage is sufficient and in good condition. The general waste storage is also in good condition but would benefit from extension and ongoing maintenance. This is needed if source segregated recycling is to improve on site.



Flood risk map of Llandovery Hospital (NRW)

2.3 Community Hospitals: South Pembs Hospital

South Pembrokeshire Hospital in Pembroke Dock was originally built as Royal Navy Hospital in 1902, before being expanded by the Royal Air Force during the Second World War. After joining the National Health Service Estate in 1948 the hospital was renamed as the South Pembrokeshire Hospital in 1958 providing 16 inpatient beds for the district. It was further redeveloped in 1961 increasing the bed numbers to 83.

The site occupies 4.74 acres, has a gross internal area of 5,150sqm and currently has 40 inpatient beds (Trust data report 2020). The site consists of three separate accommodation blocks of varying age and condition. The original block (Royal Navy Hospital) was constructed in the early 1900s. The boiler house extension in the mid 1980's, the ward block extension was constructed in 2007 and Haven Way built in the 1990's.

There are a range of community services accommodated on the site including Patient Ward areas, Outpatients, Minor Injuries unit, Social Care accommodation, Day Hospital, Occupational Health, Physiotherapy and a range of community and administration services.

Backlog maintenance presents a significant challenge for this site with a risk adjusted backlog cost of circa £255k (Trust data report 2020)

The key backlog and Risk Register issues are summarised below: -

- Issues with flat and pitched roof covering nearing end of functional life;
- External & Internal decoration and repairs issues;

A space utilisation survey was undertaken between the period 1st to 17th February 2016 across 86 desks and rooms utilising the OccuPeye sensor system. An overall average occupancy of 36% was recorded. Whilst improvements in utilisation have been made there are opportunities to further improve accommodation use.



Aerial View of South Pembrokeshire (Google Maps)

Heating, Ventilation and Air Conditioning (HVAC)

Heating for the site comes from the boiler house via five gas fired boilers. The boilers have a primary and secondary pumping configuration. The secondary pumps serve the older part of the site (VT loop) and new site (CT loop). The CT loop branches off to serve the ground and first floors via the plant room. Hot Water heating is via two gas fired boilers and is stored in two adjacent storage tanks. Heating throughout is provided via LTHW radiators some equipped with TRVs. There is no cooling on the site.

There are three main ventilation systems serving the hospital; Air handling 1 serving general areas (1005 outside air, heat recovery and provided hot water heating; Air Handling unit 3 waiting area (no heat recovery); Air Handling unit 4 serves Day Kitchen (no heat recovery). There are also four extract fans serving dirty extracts ground and first floors, Day room and kitchen; Equipment is controlled by Peer Controls, with remote connection to Withybush Hospital.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator which has the capability to supply the whole site.

Water

Domestic water is provided via a 40mm supply. Combined foul & surface water discharges to Welsh Water network.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance. There are some new issues relating to the condition of many windows, heating zoning and control.

South Pembrokeshire Hospital achieved a Display Energy Certificate (DEC) rating of D. This is benchmarked against other similar properties and buildings are expected to achieve a D or above. The BEMS was upgraded as part of the EPC but further control upgrades are needed.

Environmental Compliance Overview

A 12,000 litre double skinned tank is in place for the generator. The oil storage facility was recently surveyed for compliance with the oil storage regulations with no major defects noted.

There are some isolated areas at the centre of the site identified as “High Risk” from surface water flooding on NRW Flood Risk plans. Waste storage on site is sufficient in size and in good condition. All wastes are stored together therefore segregation could be improved. There is capacity to support additional source segregated recycling.

There is scope to improve controls on site, and for general efficiencies to be achieved through behavioural change and procedures.

Opportunities for renewable generation i.e. solar PV should also be exploited. The site could be well position to be able to meet carbon and energy performance targets



Flood risk map of South Pembrokeshire Hospital (NRW)

2.4 Community Hospitals: Tregaron Hospital

Tregaron Hospital is a Community Hospital located to the south of the village of Tregaron in Ceredigion. The hospital was originally a workhouse built in the late 1800's but became a facility for the treatment of tuberculosis sufferers known as the King Edward VII Memorial Hospital in 1915. The hospital became part of the National Health Service Estate in 1948 and was extended in the 1970's with a new inpatient wing and associated kitchen facilities.

The site occupies a little over 1.8 acres, has a gross internal area of 1,658sqm and currently has 12 inpatient beds (Trust data report 2020).

There are a range of community services currently operating from the site including, Physiotherapy and Outpatients clinics as well as admin bases for Public Health Wales, District Nurses and Community Health Visitors.

The hospital site suffers from significant physical issues which are presently being managed by the Operations Team. Backlog maintenance is currently estimated to be around £1.6m (risk adjusted) and the key backlog and Risk Register concerns are summarised below:

- Significant issues have been highlighted in regards to major roof leaks over the ward area. Temporary repairs have been undertaken;
- Significant issues with boiler plant and linked infrastructure including heating network and very poor heating controls;
- The physical condition of the hospital both externally and internally is considered to be poor with elements of the building fabric well past its recommended life span.

Tregaron Hospital is due to be replaced by the Cylch Caron Integrated Resource Centre within the next few years. The full business case prepared by Ceredigion County Council in collaboration with the Health Board and Mid and West Wales Housing Association was recently submitted for approval. Cylch Caron will bring together primary and community health care services, social care and housing services in a new facility and will replace Tregaron Hospital and the Tregaron GP surgery.

Heating, Ventilation and Air Conditioning (HVAC)

A central boiler house provides heat to the whole site via three gas oil LTHW boilers (circa 20 years old) and one DHW LPG gas boiler (circa 10 years). DHW is produced via a single LPG gas boiler. The majority of radiators are old, inefficient & poorly controlled.

The ward extension heating is zoned from existing building however. Pipe work insulation requires upgrading in many areas. Ventilation to staff and patient areas is natural.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator which has the capability to supply the whole site.

Water

Domestic water is provided via a 50mm supply. Combined foul & surface water discharges to Welsh Water network.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times (e.g. using LPG for DHW in the summer) above basic maintenance. This is largely due to the level of investment required for relatively small payback. No upgrades were made as part of the EPC.

Tregaron Hospital achieved a Display Energy Certificate (DEC) rating of E. This is benchmarked against other similar properties and buildings are expected to achieve a D or above.

Environmental Compliance Overview

Fuel oil is stored in two plastic 3,000 litre tanks, approximately 10 years old, housed in masonry bund. These oil storage facilities were recently surveyed for compliance with the oil storage regulations with no major defects noted. Generator diesel is stored in a 1,000 litre tank.

The site has a designated external waste store for clinical waste which is in good, secure condition. Domestic and recycling wheelie bins are also stored within a waste compound however this needs to be upgraded. There is insufficient capacity to store all the wheelie bins. Waste is disposed of directly in these wheelie bins. The age of the infrastructure and building fabric mean that energy performance will not meet the required future standards without significant investment.



View of Tregaron Hospital (Roger Kidd)



Aerial View of Tregaron Hospital (Google Maps)

2.5 Community Hospitals: Tenby Hospital

Tenby Hospital is located on Gas Lane to the North of Tenby town centre. The original cottage hospital located on Trafalgar Road in the centre of the town was opened in 1871. The new building was built at a cost of £4m and officially opened in June 2006. The site occupies just under an acre, has a gross internal area of 1,080sqm and has no inpatient beds (Trust data report 2020). The site and property remains in a relatively good condition throughout. There are a range of community services and seasonal minor injuries unit, the permanent unit having closed in 2013 with services relocated to Wlthybush General Hospital. No significant service or operational issues have been identified at the site. There are some minor backlog maintenance issues with a risk adjusted backlog cost of circa £43k (Trust data report 2020)

Heating, Ventilation and Air Conditioning (HVAC)

Heating for the site comes from the boiler house via three wall mounted condensing gas fired boilers. The boilers have a primary and secondary pumping configuration. The secondary pumps serve the two VT loops and a CT loop serving air handling coils. Hot Water heating is via two gas fired boilers and is stored in two adjacent storage tanks. Heating throughout is provided via LTHW radiators some equipped with TRVs

There are six small ventilation systems serving Xray and other areas. All have heat recovery, hot water heating and DX cooling. There is no cooling on the site.

Equipment is controlled by Peer Controls, with remote connection to WGH. Upgrades to the controls are required.

Electricity [Electrical Demand]

The site has a small standby diesel generator located externally which has the capability to supply the whole site.

Water

Domestic water is provided via a 30mm supply. Combined foul & surface water discharges to Welsh Water network.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance. The building is still relatively new and levels of inefficiency are lower than in other community hospitals. Tenby has a Display Energy Certificate (DEC) rating of C. This is benchmarked against other similar properties and buildings are expected to achieve a D or above. The BEMS was upgraded as part of the EPC.

Environmental Compliance Overview

The only fuel storage on site is the circa 1750 litre, double skinned generator tank. These oil storage facilities were recently surveyed for compliance with the oil storage regulations with no major defects noted.

There are some isolated areas at the rear of the site identified as “High Risk” from surface water flooding on NRW Flood Risk plans.

A small designated waste compound is on site to house all wheelie bins. The compound is in reasonable condition but is not sufficient in terms of space. General waste and clinical waste are stored together. A separate compound is required to allow expansions of recycling and reuse, and appropriate storage of the different wastes.

There is scope to improve controls on site, and for general efficiencies to be achieved through behavioural change and procedures. Opportunities for renewable generation i.e. solar PV should also be exploited. The site is well positioned to be able to meet carbon and energy performance targets.



Aerial View of Tenby Hospital (Google Maps)

2.6 Integrated Community Care Centres: Aberaeron ICC

Aberaeron Integrated Care Centre opened in October 2109. It replaced Aberaeron Cottage Hospital and Tanyfron GP Surgery. The original hospital was formerly Aberaeron Union Workhouse completed in 1838. It served as a hospital for injured soldiers during the First World War and became a cottage hospital in 1930.

The original Aberaeron Hospital suffered with significant backlog maintenance challenges and the site was disposed of by the Health Board in February 2020.

The new Integrated Care Centre is based on a significant refurbishment of the existing Tanyfron surgery and provides community, social and primary care services including district nursing and the Porth Gofal multi-disciplinary team. It was funded with the support of over £3m of capital funding from the Welsh Government as part of the first phase of projects included in the Primary Care Pipeline and was built in collaboration with Ceredigion County Council, third sector partners and Tanyfron GP surgery.

The site occupies just over 1.1 acres and has a gross internal area of 1,965sqm (Trust data report 2020).



Aberaeron Integrated Care Centre

2.7 Integrated Community Care Centres: Cardigan ICC

Cardigan Integrated Care Centre opened in December 2109. It replaced Cardigan & District Memorial Hospital and Cardigan Health Centre. The original hospital was constructed in the late 1790's and was occupied for hospital use in 1922. More recent developments on the site included a new X-Ray development completed in the 1990's.

The original Hospital buildings suffer with significant backlog maintenance challenges and the site has been identified for disposal by the Health Board.

The new Integrated Care Centre provides a modern, fit for purpose healthcare service for the local population, bringing care closer to home and in the community. A wide range of integrated health and social care services are now being delivered by the Health Board, GP's, the third sector, local authority and partner organisations including a minor injuries unit, radiology and diagnostics, outpatients and a mental health and learning disabilities service. The building project cost circa £24m and was delivered through the Welsh Government Designed for Life programme.

The site occupies just under 4.4 acres and has a gross internal area of 3,251sqm (Trust data report 2020).



Cardigan Integrated Care Centre

2.8 Specialist Hospitals: Bro Cerwyn

Canolfan Bro Cerwyn is a Community Mental Health Centre located on the Fishguard Road in Haverfordwest directly opposite to Withybush General Hospital. The site occupies 3.7 acres, has a gross internal area of 3,823sqm. The unit currently has 30 inpatient beds (Trust data report 2020).

The centre has two mixed gender wards, St Caradog an adult admission mental health ward with 15 beds, and St Non Ward is an older person mental health ward with 15 beds. The site also has an occupational therapy team, day hospital, child adolescent and family unit.

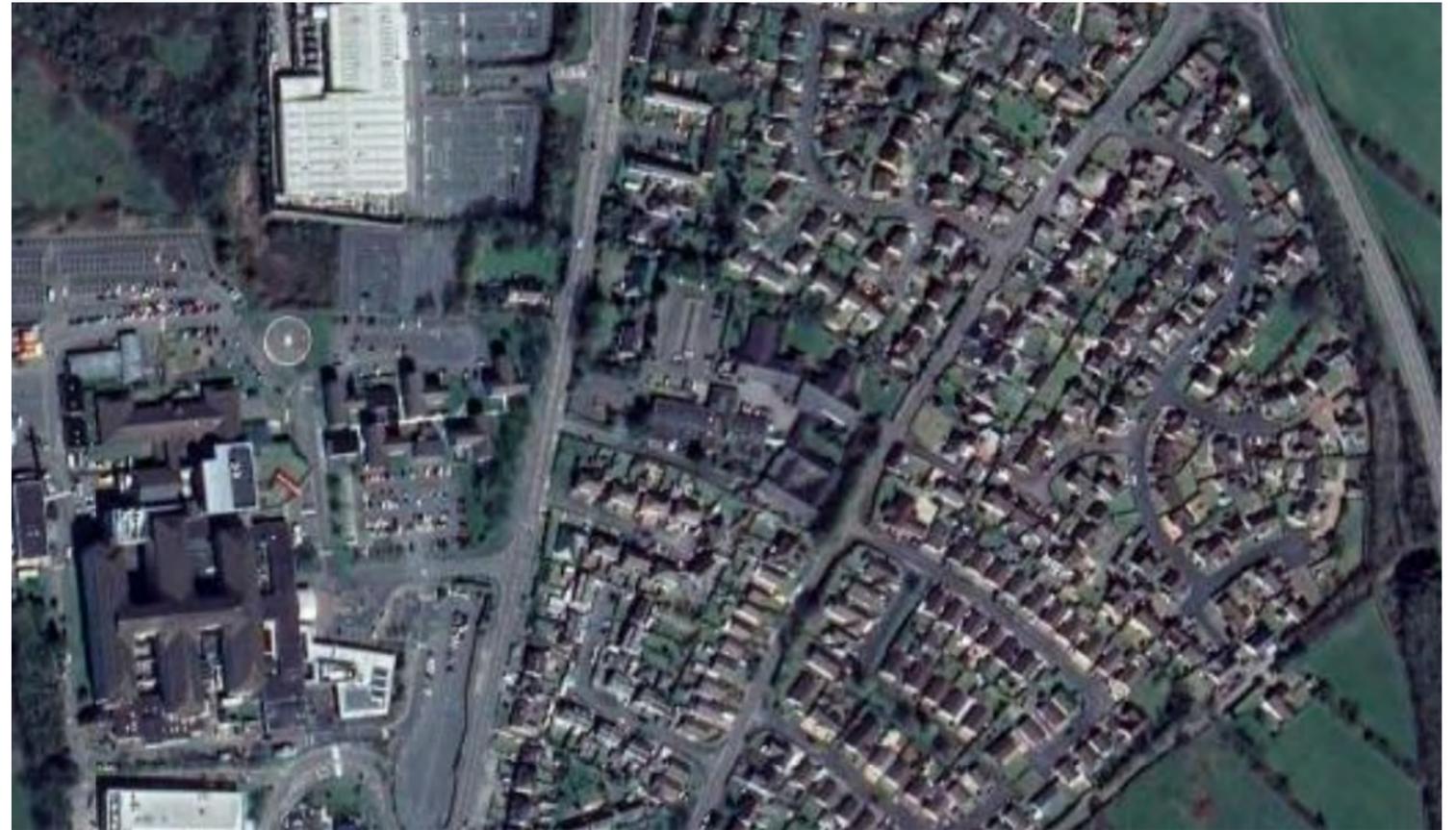
The site consists of three principle blocks. The conference centre block was constructed in the 1980's and the two MHL blocks St Caradogs and St Nons in 2000's. The St Brynach's Day Hospital has recently benefited with a major refurbishment as part of the adaption to a Day Hospital.

Backlog maintenance is a significant challenge for this site with a risk adjusted backlog cost of circa £188k (Trust data report 2020). The key backlog and Risk Register issues are summarised below:

- Significant condition with the Conference Centre Block – facade, roof, windows, roof lights;
- The LTHW boiler servicing St Non's has reached end of life;
- Heating pumps across the site are nearing end of life;
- Issues with external lighting standards;

A space utilisation survey was undertaken between the period 23rd March to 7th April 2017 across 95 desks and rooms utilising the Occupeye sensor system. An overall average occupancy of 32% was recorded. Whilst improvements in utilisation have been made there are opportunities to further improve accommodation use.

The Health Board have recently produced a separate Programme Business Case covering mental health services. It is anticipated that Canolfan Bro Cerwyn will be subject to a significant refurbishment and upgrade as part of this business case.



Aerial View of Bro Cerwyn Hospital (Google Maps)

Heating, Ventilation and Air Conditioning (HVAC)

Heating for the site comes from the boiler house via two gas fired condensing boilers. The boilers have a primary pumping configuration. Hot water heating is via two immersion tank heater. Heating to the majority of the site is provided by LTHW under floor heating. There is no zonal control on the under floor heating to allow for temperature control to individual manifolds. Each manifold is connected to a room space temperature sensor. There is no cooling on the site.

A 'Vitodens' control system serves boilers serving DHW and heating water. Both boilers configured for outside air compensation and pump control. A further controller controls a water booster, pressurisation set, fan, heating boiler 1 & 2, DHW heater 1 & 2, and under floor heating pumps. The conference room is controlled by Honeywell frost thermostat to control unoccupied periods. There is no Withybus remote control in place – check.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator which has the capability to supply the whole site.

Water

Domestic water is provided via two supplies, including a main 40mm supply. Combined foul & surface water discharges to Welsh Water network.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance. There are improvement to be made in certain elements of the building, particularly the conference centre linked to heating, single glazing and insulation.

On the Bro Cerwyn site, St Brynach and St Caradog both achieved a Display Energy Certificate (DEC) rating of D. This is benchmarked against other similar properties and buildings are expected to achieve a D or above. The BEMS was upgraded as part of the EPC however further improvement are required.

Environmental Compliance Overview

There is one, double skinned indoor tank holding 10,000 litres. This is a standby boiler and generator supply. Additionally, there is a 1,000 litre tank for the generator. These oil storage facilities were examined / pressure tested in accordance with the Oil Storage Regulations Wales in 2017 with no major issues identified. Recommendations were made to install an overfill prevention valve, alarm and replace the content gauge.

There are 2 designated waste storage compounds. These are in a reasonable condition but would benefit from a maintenance regime as they are wood construction. One compound is also too small to house all the wheelie bins required. Clinical and non-clinical bins are mixed. It would be difficult to improve source segregated recycling. Energy and carbon performance targets could be met with some investment, consideration of renewable technologies, and also efficient procedures and activity on site.

2.9 Specialist Hospitals: Hafan Derwyn

Hafan Derwyn is a Community Mental Health Centre located on the St Davids Hospital site to the west of Carmarthen Town Centre. The site occupies 12.37 acres, has a gross internal area of 7,995sqm. The unit currently has 31 inpatient beds (Trust data report 2020).

The site consists of five main block areas situated within the St David's Park site. Each group of blocks varies in age and are subject to a range of estate challenges. Blocks 02, 06, 07a and part of 07b are occupied by Mental Health and Learning Disability (MHL) services and the remaining blocks are generally administration centres with support facilities including the Health Boards Corporate headquarters, Library & Post Graduate and training facilities. The most recent developments are the MHL facilities, Cwm Seren and Ty Bryn, which were both constructed pre 2000's.

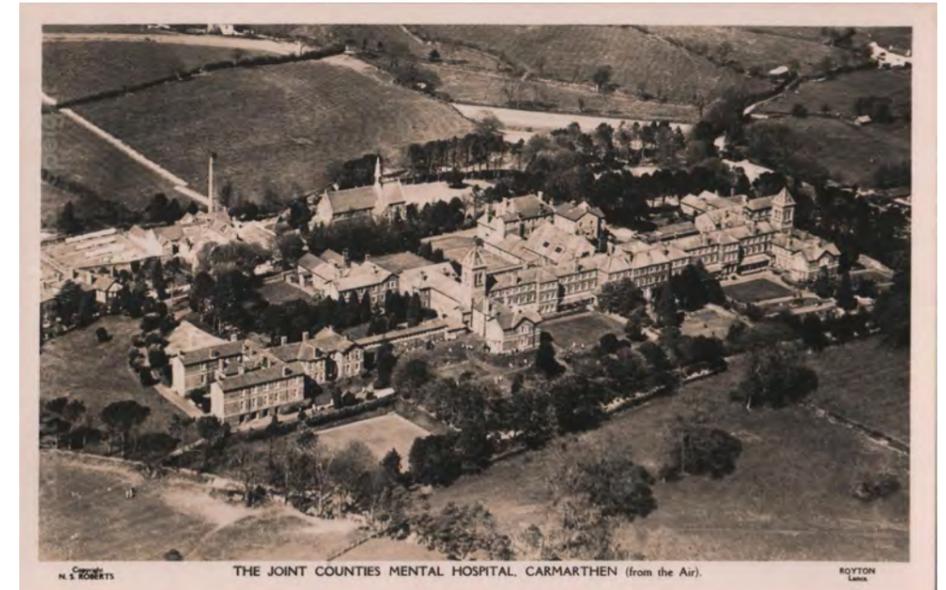
The Health Board also owns the field adjacent the occupied site which benefits from a healthcare planning use allocation. Proposal concepts to accommodate a possible healthcare development and / or solar farm have been initially scoped. The Local Authority are planning to develop the Carmarthen West link road adjacent the field, including a new junction access into the field, and development to provide circa 1,100 new houses and Primary School in the vicinity.

The operational site has benefited from investment in recent years to maintain standards and services at the facilities however Backlog maintenance remains a significant challenge with a risk adjusted backlog cost of circa £384k (Trust data report 2020). The key backlog and Risk Register issues are summarised below:

- Issues with external drainage condition;
- The rainwater and guttering system is in need of replacement;
- Remedial works to roof structure to blocks 07;
- Windows require replacement within St Brides block;
- Internal fabric requires attention in areas – flooring and decoration;
- Heating pipe work infrastructure in need of renewal – parts of system already replaced to maintain service;

In recent years the activity and number of services and relocation of non-clinical staff on to site has contributed to significant car parking pressures. There is limited space for expansion (other than the adjacent field) and no capacity to accommodate further accommodation requests. Of note the opportunity to relocate the ECT suite from Block 7b is being scoped. Any additional development or any increase in activity will require additional car parking spaces arranged. There is currently no capacity for any additional office accommodation on site.

The MHL buildings subject to recent ward surveys and have benefited from investment to maintain condition and compliance in recent years e.g. Anti Ligature project, bedroom refurbishments; The Health Board have recently produced a separate Programme Business Case covering mental health services. It is anticipated that Canolfan Bro Cerwyn will be subject to a significant refurbishment and upgrade as part of this business case.



Historic View of St Davids Hospital



Aerial View of St Davids Hospital (Google Maps)

Heating, Ventilation and Air Conditioning (HVAC)

Heating for the site comes from the boiler house via three gas fired / oil backup LTHW boiler (circa 15 years old). There are also two LTHW to DHW calorifer (circa 15 years). The boilers have a primary and secondary configuration with the secondary pumps serving a CT loop, two VT loops and hot water. Hot water heating is via two immersion tank heaters.

Heating is distributed via LTHW radiators, equipped in part by TRVs although many of the radiators are old, inefficient & poorly controlled. Pipe work insulation generally requires upgrading especially in plant room areas. Heating pipe work in ducts requires extensive repairs as many leaks are evident resulting in higher water & gas consumption. Cwm Seren is heated via efficient zoned under floor heating (circa 10 years). There is no cooling on the site.

Heating equipment is monitored via the Trend BMS system located at Glangwili although control is limited and could be improved.

Electricity [Electrical Demand]

The site has a self-contained standby diesel generator located in a fenced external compound which has the capability to supply the whole site.

Water

Domestic water is provided via a main 80mm supply. There are separate foul & surface water drainage systems. Fouls discharges to Welsh Water network via a pumping station while the surface water discharges to off-site soakaways.

Energy & Carbon Management

There has been little investment on energy efficiency and performance in recent times above basic maintenance and any refurbishments which have occurred. The BEMS was upgraded as part of the EPC although further improvements to controls are required. Cwm Seren has a Display Energy Certificate (DEC) rating of D. This is benchmarked against other similar properties and buildings are expected to achieve a D or above.

Environmental Compliance Overview

Standby gas oil is stored in a single steel 40,000 litre double skinned tank approximately 15 years old mounted on a concrete plinth open to the weather. Approximately 1,500 litres fuel stored for the generator (circa 20 years). These oil storage facilities were examined / pressure tested in accordance with the Oil Storage Regs Wales in 2017 with no major issues identified. Recommendations were made to install an overfill prevention valve & alarm.

There are minor areas identified on site as being at “High Risk” from surface water flooding on the latest NRW Flood Risk plans. There is very little waste storage on site as waste is returned to Glangwili Hospital. What is available is sufficient for current and likely future needs.



Flood risk map of St Davids Hospital (NRW)

2.10 Community sites

Site	Site Description	Tenure	Land Area (Ha)	Gross Internal Area (sqm)	Age	Occupancy Details	Comments
Aberaeron Integrated Care Centre, Vicarage Hill, Aberaeron. SA46 0DY	Health Centre/Clinic	Freehold	0.55	1411	Originally built in the 1960's and extended in the 1980's.	Community Services including Ophthalmology, Audiology, SALT, and Physiotherapy provided to the ground floor area including a GP Surgery. First floor occupied as office accommodation for County, Community, Mental Health and Social Care teams	Full adaption and refurbishment works to create the new Aberaeron ICC completed and facility occupied in December 2019.
Cardigan Integrated Care Centre, Rhodfa'r Felin, Cardigan. SA43 1JX		Freehold	1.79	3251	Jan-20	Community Services including Minor Injuries Unit, Dental, X-Ray, Ophthalmology, SALT, and Physiotherapy, GP Surgery and Community office accommodation.	New build completed and occupied in January 2020.
New Tenby Hospital		Freehold	0.372	921	Early/Mid 2000	Community Services including seasonal Minor Injuries Unit, X-Ray Audiology, Dental, Podiatry and Physiotherapy.	The site is approaching a lifespan of 20 years and will require investment to address M&E and building fabric lifecycle/condition shortfalls.
Elizabeth Williams Clinic, Mill Lane, Llanelli SA15 3SE		Freehold	0.26	876	Original building built in the late 1980's early 1990's and extended in early 2000	Dental, Sexual Health, Physiotherapy, Mental Health & Learning Disabilities, Audiology, SALT and Podiatry Services	The property has not been refurbished for a number of years so is looking tired and in need of an overhaul to improve decoration standards. The boiler plant and controls in excess of 20 years old and require replacement. Disabled access and facilities can be improved through investment. Confidentiality concerns have been raised by certain services i.e. Sexual Health and is a consequence of design. Overall the building provides the necessary facilities to support long term service delivery.
Cross Hands Health Centre, Carmarthen Road, Crosshands SA14 6SU		Freehold	0.234	641	Mid/Late 1970's	Ground Floor - GP Surgeries x 2, Ophthalmology, Midwifery, and Physiotherapy clinics. First Floor - Community Staff base DN's & HV's.	The planned development of the Gwendraeth Valley Resource Centre will eventually replace the current health centre facility. Recent investment has improved Community Services operated from the ground and first floor areas; however, further investment would be required to improve the overall physical condition of the site from both a building and engineering perspective. Shortfalls in disability access and facilities have been identified. Penygroes and Tumble GP Practices both have branch surgeries at the health centre - no formal lease arrangements in place; however, service charges are levied for their occupation.
Llwynhendy Health Centre, Llwynhendy Road, Llwynhendy SA14 9BN		Leasehold	-	UHB Area 222	2006	Ground Floor - GP Premises. First Floor - Part GP Premises and Part UHB Accommodation including SALT, Podiatry and Community Services	The HB and the GP Practice have individual lease arrangements with the Landlord (Assura). The GP's have taken the lead in managing the day to day running of the premises and recharge the UHB a quarterly service charge. The building is relatively new so there are no current condition or compliance issues.
Pond Street Clinic, Carmarthen SA31 1RT		Freehold	0.099	281	Late 1940's and early 1970's	Sexual Health, Podiatry and Dental Services	The premises is in poor physical condition, provides inadequate space for each service, is functionally compromised as a consequence and falls short where statutory compliance is concerned. Plans have been developed to re-locate services to alternative HB owned premises and to dispose of the site.
North Road Clinic, Queens Avenue, Aberystwyth SY23 2EG		Freehold	0.131	558	1960's	Sexual Health, Podiatry, Ophthalmology and Dental Services	The premises provides inadequate space for each service, is functionally compromised. Plans are being developed to re-locate the Sexual Health service to the Padarn site in 2017/18 and the Dental service as part of phase II move. Phase III includes a proposal to redevelop the centre for potential sole use by Ophthalmology.
Haverfordwest Health Centre, Winch Lane, Haverfordwest SA61 1RN		Freehold	0.26	421	1960's	Dental, Podiatry, Sexual Health, Macmillan, cardiac room, MSK Clinic, Nutrition & Diabetics office.	The premises has received some minor condition improvements in 2016/17, however, the overall standard of the building and the layout is not conducive to modern health care standards. There is also a range of disabled access linked to external access via the car park and corridor widths. An occupancy survey was carried out in December 2017 confirming an average utilisation of 44% for HB staff based at the building.

Site	Site Description	Tenure	Land Area (Ha)	Gross Internal Area (sqm)	Age	Occupancy Details	Comments
Pembroke Dock Health Centre, Water Street, Pembroke Dock SA72 6DW		Freehold	0.214	365	1990's	Community Services - Sexual Health, Podiatry, Speech & Language, School Nurses and Dental	There are no particular concerns with the property. The premises would benefit from minor improvement works to upgrade the overall appearance of the internal fabric. An occupye survey was arranged in September 2016 confirming an average utilisation of 40%. The Community premises group to review opportunities to improve utilisation.
Milford Haven Health Centre, Yorke Street, Milford Haven SA73 2LL		Freehold	0.28	366	1990's	Community services - speech & Language, child health, cardiac services, podiatry, dental etc	There are no particular concerns with the property. The premises would benefit from minor improvement works to upgrade the overall appearance of the internal fabric. An occupye survey was arranged between period 18th September- 6th October 2017 confirming an average utilisation of 45%. The Community premises group to review opportunities to improve utilisation.H19
Fishguard Health Centre, Ropewalk, Fishguard SA65 9BT		Freehold	0.14	524	1960's	GP Surgery and Community Services	Plans and business case are currently being developed to reconfigure/refurbish the property to provide additional accommodation and address current estate compliance and condition issues. This is part of WG funding to support changes to GP arrangements, as part of an initial phase I plan. Longer term, the options to develop an integrated resource centre are being progressed. An occupancy survey was carried out in January 2017 confirming an average utilisation of 45% for HB staff based at the building.
Narberth Health Centre, Northfield Road, Narberth SA67 7AA		Leasehold	-	326		District Nurses and Health Visitors	The UHB have a lease arrangements with the Landlord due to expire in July 2018. There are no issues identified by the community service occupying the premises.
Padarn Health Centre, Penglais Road, Aberystwyth SY23 3DU	Third Party Developments	Leasehold	-	124	2012	GP Surgery and Community Services	The UHB and the GP Practice have individual lease arrangements with the Landlord (Assura). The GP's have taken the lead in managing the day to day running of the premises and recharge the UHB a quarterly service charges. The facility is relatively new so there are no compliance or condition issues.
Bro Preseli Community Resource Centre, Crymych SA41 3SJ			-	297	2014	GP Surgery, Podiatry, Midwifery, District Nurses, Health Visitors and School of Nurses	The UHB have a lease with the landlord (Family Housing Association) and sublet accommodation to the GP Practice (sub-lease remains unsigned). The UHB cover all rental and running costs for the demised area. The facility is relatively new so there are no compliance or condition issues.
Manchester Square Health Centre, Milford Haven SA73 2JW			-	201	2013	GP Surgery, Midwifery, District Nurses and Health Visitors	The UHB and the GP Practice have individual lease arrangements with the Landlord (Assura). The GP's have taken the lead in managing the day to day running of the premises and recharge the HB quarterly service charges. The facility is relatively new so there are no compliance or condition issues.
Meddygfa Minafon, Highfield Villas, Kidwelly SA17 4UL - (Kidwelly, Trimsaran & Ferryside)	Health Board Managed GP Services	Leasehold	-	360	-	GP Surgery	Due to the GP's relinquishing their service contract the UHB now operate a managed practice from Kidwelly, Ferryside and Trimsaran via a leased agreement with the respective landlords. Significant compliance works were arranged prior to transfer of responsibility.
Meddygfa Sarn, Heol Y Meinciau, Pontyates			-	-	1980's	GP Surgery	Due to the GP's relinquishing their service contract the UHB now operate a managed practice from Pontyates via a leased agreement with the respective landlords. Significant compliance works were being arranged to address identified compliance issues.
Brynmair Clinic, Goring Road, Llanelli SA15 3HF		Freehold	0.29	830	1890's extended 1990's	Mental Health Services	Due to the age of the original premises this has made it difficult to adapt/reconfigure the physical layout and as such the property is compromised as far as space, functionality and statutory compliance is concerned. The boiler plant, controls and distribution have all exceeded intended lifespan and require replacement.
Swn-y-Gwynt Day Hospital, Tir y dail Lane, Ammanford SA18 3QF		Freehold	0.2	329	Late 1980's	Mental Health Services - Substance Misuse	The internal physical condition of the building fabric including floor, wall and ceiling finishes all need to be upgraded. Boiler plant including controls and distribution also need replacing. Due to the age of the premises compliance with statutory requirement especially relating to disabled facilities falls short of what would be expected.
22 Wellfield Road, Carmarthen SA31 1DS		Freehold	0.379	866	1950's	Mental Health Services - Substance Misuse	Recently occupied by Substance Misuse the premises are in need of redecoration throughout and improvements required to main entrance/reception area to comply with disability legislation. Deterioration to the external render and windows are evident. Investment needed to address issues to prevent further deterioration.

Site	Site Description	Tenure	Land Area (Ha)	Gross Internal Area (sqm)	Age	Occupancy Details	Comments
Penlan, Penlan Road, Carmarthen SA31 1DN	Mental Health & Learning Disability Services	Freehold	0.25	1,217	Mid 1800's extended in the 1990's	Mental Health Services - Learning Disabilities	Due to deficiencies in the external render, which was renewed in the 1990's, and flat roof/parapet detailing the building fabric has suffered from excessive water ingress. This has had a major impact throughout the building and has caused the relocation of Substance Misuse services from the ground floor area to accommodation on the first & second floors. Plans are now in place to address the major defects and to reconfigure the premises to enable the relocation of Sexual Health, Dental, Podiatry all currently accommodated in Pond St Clinic and Learning Disability services
79 Bro Myrddin, Jobswell Road, Carmarthen SA31 3HF		Freehold	0.209	273	Early 1990's	MHLD residential accommodation	Created to accommodate MHLD clients within a residential setting, the accommodation has been adapted to suit.
Ty Gwili, 1 Bronwydd Road, Carmarthen. SA31 2AJ		Freehold	0.106	296	Early 1900's	MHLD management offices	Recently refurbished the premises are in good physical condition and as part of the transforming MH Service now provided office accommodation.
Ty Myddfai, Cillefwr Industrial Estate, Johnstown, Carmarthen SA31 3RB		Leasehold	-	417.6	1980's	Psychotherapy	Full Repairing Lease in place with a Private Landlord to accommodate Psychotherapy services. Ten year lease with break option at year five - lease expires on the 1st September 2026. Premises adapted and upgraded to accommodate service requirements.
Llys Steffan, Temple Terrace, Lampeter. SA48 7BJ		Freehold	0.1	291	1970's	Mental Health Services - Resource Centre	The physical condition of the premises requires investment both from a building fabric and engineering perspective with the external envelope showing signs of deterioration and poor insulation qualities. The heating and electrical installations have surpassed their life cycle and require investment. Future use of the building is subject to the wider MHLD consultation plans and proposed developments.
Hafan Hedd, Newcastle Emlyn, SA38 9NS		Freehold	0.066	206	1980's	Mental Health Services - Resource Centre	The overall compliance and condition is reasonable. The building would benefit from a refurbishment to improve overall appearance. Future use of the building is subject to the wider MHLD consultation plans and proposed developments.
Gorwelion, Llanbadam Road, Aberystwyth SY23 1HB		Freehold	0.172	947	1950's	Mental Health Services - Resource Centre	The physical condition of the premises requires investment to address shortfalls in the internal/external finishes to the building. Roof valleys are defective creating water ingress to areas and both the electrical and boiler plant infrastructure need renewal throughout. Future use of the building is subject to the wider MHLD consultation plans and proposed developments.
Ty Helyg Day Hospital, Caradog Road, Aberystwyth		Freehold	0.099	316	Late 1800's	Mental Health/Women & Children Services and Community Services	Now forming part of the Bronglais site the accommodation is now occupied by MH, Women & Children and Community Services. The physical condition of the premises requires investment to address shortfalls in the internal fabric of the building. Disabled access both externally and internally and general facilities fall well short of what would be expected and require investment.
Llanion House, Llanion Park, Pembroke Dock, SA72 6DY		Leasehold	-	-	1900's	Mental Health & Learning Disabilities	Sublease of Llanion House held with National Resources Wales to provide a south county base for an integrated resource hub for people with learning disabilities and their carer's. Premise refurbished prior to occupation.
2 Greville Court, 2 Greville Court, Albion Sq, Pembroke Dock SA72 6XF		Leasehold	-	-	-	MHLD - residential accommodation	Tenants hold the lease with the Housing Association and MHLD have a SLA with the Housing Association.
Begelly Learning Disability 10 Church Close, Begelly SA68 0YP	Leasehold	-	-	-	MHLD - residential accommodation	Tenants hold the lease with the Housing Association and MHLD have a SLA with the Housing Association.	
8 & 9 Bryngolau, Dafen, Llanelli SA14 8PN	Leasehold	-	182	2000's	Third Sector Sub Lease	The HB hold the head lease and sublet the residential accommodation to the 3rd Sector - HAFAL	
Y-Wern, Caradog Road, Aberystwyth. SY23 1ER	Residential Accommodation	Freehold	0.019	125	1900's	Residential Accommodation	Split in to two individual flats - the premises is in need of a major overhaul.
2 & 4 Plas-Dan-y-Coed, Aberystwyth. SY23 1ER		Leasehold	-	123	1970's		Long term lease arrangement in place.
46 Plas-Dan-y-Coed, Aberystwyth. SY23 1ER		Leasehold	-	46	1970's		
Unit 9 The Beacon, Centre for enterprise, Dafen, Llanelli SA14 8LQ		Leasehold	-	59	2010	Research & Development Department	Internal Repairing & Insuring lease with Carmarthenshire County Council for a 5 year period, expiring 2nd April 2022.

Site	Site Description	Tenure	Land Area (Ha)	Gross Internal Area (sqm)	Age	Occupancy Details	Comments
Felinfoel Resource Centre, Felinfoel Rec.Park, Off Ynyswen Rd, Felinfoel, Llanelli SA14 8BE	Office Accommodation	Leasehold	-	141	2010	Primary Care	Internal Repairing & Insuring lease with Llanelli Rural Council yet to be completed.
Blk 24 Stradey Business Centre (part 1st floor), Mwrwg Road, Llangennech, Llanelli SA14 8YP		Leasehold	-	-	1960's	School of Nurses	Internal Repairing & Insuring lease with Private Landlord for a 5 year period, expiring 1st September 2021.
Ceredigion Independent Living Centre, Aeron Valley Enterprise Park, Felinfach SA48 8AG		Leasehold	-	109	2000's	Community Services	Internal Repairing & Insuring lease with Private Landlord for a 5 year period, expiring 5th September 2021.
East Gate, Llanelli SA15 3YF		-	-	-	2015	Joint Working - Community Services & Social Care	Joint working arrangement with Carmarthenshire County Council and the HB - Community Services & Social Care. No formal lease arrangement in place - UHB Recharges £2,000.00 per desk. An occupancy survey was carried out in February 2017 confirming an average utilisation of 31% for HB staff based at the building. Subsequently a reduction in desk use from 43 to 28 reducing annual cost by circa £30k was arranged.
Parc Amanwy, Ammanford SA18 3EP		-	-	-	1990's		Joint working arrangement with Carmarthenshire County Council and the UHB - Community Services & Social Care. No formal lease arrangement in place - UHB Recharges £1,700.00 per desk. An occupancy survey was carried out in February 2017 confirming an average utilisation of 24% for HB staff based at the building.
Block 07 St David's Park, Carmarthen SA31 3HB		-	-	-	1980's		Joint working arrangement with Carmarthenshire County Council and the UHB - Community Services & Social Care. No formal lease arrangement in place - UHB Recharges £1,700.00 per desk. An occupancy survey was carried out in February 2017 confirming an average utilisation of 25% for HB staff based at the building.
St Anne's, Blk 03 St David's Park, Carmarthen SA31 3HB	Women & Children's Directorate	Leasehold	-	200	1900's	Women & Children's & Carmarthenshire County Council	Internal Repairing & Insuring lease with Carmarthenshire County Council for a 10 year period, expiring 15th April 2019.
Pant-y-Fedwen Offices, 9 Market Street, Aberystwyth SY23 1DC		Leasehold	0.03	334	1960's	Women & Children's & Ceredigion County Council	Internal Repairing & Insuring lease the James Pantyfedwen Foundation for a 6 year period, expiring 12th June 2020.
Units 2 & 4 Stradey Business Centre, Mwrwg Road, Llangennech, Llanelli SA14 8YP	Medical Records	Leasehold	-	1932	1960's	Medical Records Store	UHB & NHS Shared Medical Records stores - Full Repairing Lease with Private Landlord for a 10 year period, expiring 2021.
Unit 11 Honeyborough Industrial Estate, Neyland SA73 1SE	Joint Local Authority/UHB Equipment Store	Freehold	-	369	-	Equipment Store	Joint occupation with Pembrokeshire County Council. Holding over on lease agreement.
Cardigan Health Centre, 30 Feidr Fair, Cardigan SA43 1EB	Disposals	Freehold	0.15	355	1970's	Former GP Surgery and Community Services	Services relocated to the Cardigan Integrated Care Centre.
Neyland Health Centre, Charles Street, Neyland SA73 1SA		Freehold	0.074	211	1970's	Former GP Surgery and Community Services	GP and Community Services relocated to alternative accommodation.

Community facilities

2.11 Lease Sites

County	Accommodation Type	Occupant	Floor Area m ²	Property Name	Landlord	Lease Type	Lease Term	Lease start date	Lease expiry date	Break Date	Contracted In/Out LT ACT 1954	Fixed Annual Lease Payments		PON	Financial Code	Comments			
												Lease Component	Service Component						
Carmarthenshire	Residential	HAFAL	-	8&9 Bryngolau, Dafen, Llanelli	Gwalia Housing Association	Sublet to HAFAL no cost to the UHB	25 Years	05/10/2004	04/10/2029			£23,400.00							
	UHB Managed GP Practices	Primary Care	360	Meddygfa Minafon, Hillfield Villas, Kidwelly	Assura PLC	Property lease - Managed GP Practice	6 Years	05/01/2015	05/01/2021				£42,874.00						
			222	Meddygfa'r Sarn, Heol y Menciau, Pontyates	Dr's Edmunds and Owen		5 Years							£23,100.00					
			-	Trimsaran Leisure Centre, Heol Llanelli, Trimsaran	Trimsaran Community Hall Trust	Pending TIR Leases all subject to Primary Care approval	5 Years	Pending			After 2 years followed by 6 month rolling break option				£9,000.00	Contribute to utilities on apportioned basis			
			850	Ash Grove Surgery, Goring Rd, Llanelli	Assura PLC		20 Years				10 th and 15 th years	Out							
	Clinical	Community Services	222	Llwynhendy Health Centre	Assura PLC	Property lease agreement	21 Years	18/06/2007	17/06/2028				£23,129.28						
		Mental Health	418	Ty Myddfai, Gillefwr Industrial Estate Johnstown, Carmarthen	Eirlys Maria Lloyd	Property lease agreement	10 Years	02/09/2016	01/09/2026				£25,500.00						
		Women & Children Services	200	Building 03, St David's Park, Carmarthen	Carmarthenshire County Council	Property lease agreement	10 Years	15/04/2009	14/04/2019				£16,000.00	£9,000.00			Holding over on lease		
	Office	Finance Dept.	533	Building 14, St David's Park, Carmarthen	Carmarthenshire County Council	Property lease agreement	10 Years	04/03/2019	03/03/2029				£55,000.00	£30,800.00					
		School of Nurses	81	Building 24, Stradey Business Centre, Llangennech	R&A Properties c/o Hugh James	Property lease agreement	5 Years	01/09/2016	31/10/2021				£5,650.00						
		R&D	59	Unit 9, The Beacon Centre for Enterprise, Dafen	Carmarthenshire County Council	Property lease agreement	5 Years	12/05/2017	02/04/2022				£9,251.00						
			-	Carmarthen Ambulance Station, Abergwilli Rd., Carmarthen	WAST	Memorandum of Terms	-	01/04/2019										Cleaning services provided by the UHB in lieu of rent/service charges	
		HR	57	Unit 7, The Beacon Centre for Enterprise, Dafen	Carmarthenshire County Council	Property lease agreement	2 Years	01/01/2018	31/12/2020				£9,120.00						
		Integrated Autism Service	262	Building 1, St David's Park, Carmarthen	Carmarthenshire County Council	TIR Lease	12 Months	17/10/2019	16/10/2020			Out	£23,000.00	£7,000.00			Agreement to extend the current term by two years nearing completion. Rental and service charges to be paid up front - £60,000.00 plus vat		
		Primary Care	141	Felinfoel Resource Centre, Felinfoel Recreation Park, Off Ynyswen Road, Felinfoel, Llanelli	Felinfoel Executive Committee (Llanelli Rural Council)	Pending TIR Leases	-	08/06/2018					£12,000.00						
		TCS	322	Building 8, St David's Park, Carmarthen	Carmarthenshire County Council	TIR Lease	10 Years	18/05/2020	17/05/2030	5 th Year				£21,500.00	Contribute to utilities on apportioned basis				
	Community Project	-	24 Station Road, Llanelli	Trustees of the National Children's Home & Orphanage	Tenancy at Will	-	01/04/2001						£2,958.00						
	Storage	Medical Records	1932	Unit 4 Stradey Business Centre, Llangennech	R&A Properties c/o Hugh James	Property lease agreement	10 Years	26/02/2010	25/02/2020				£49,596.00						
			-	Unit 2 Stradey Business Centre, Llangennech	R&A Properties c/o Hugh James	Property lease agreement	10 Years	06/07/2011	05/07/2021				£66,000.00					New ten year lease agreed and ready for completion	
	Helicopter Landing Site	Emergency Medical Retrieval Transport	-	Helipad, Adjacent to Dolgwilli Road, Carmarthen	Mr. David Lloyd	Licence Agreement	N/A	01/01/2018		Until either the landlord or UHB serve notice to cease the agreement			£1.00						
Hospice	Hospice Services	-	Ty Bryngwyn Hospice, Prince Philip Hospital, Bryngwyn Mawr, Dafen, Llanelli	Trustees of the Ty Bryngwyn Hospice Trust	Lease	50 Years	25/03/1997	20.03/2047				£1.00							

Community facilities

County	Accommodation Type	Occupant	Floor Area m ²	Property Name	Landlord	Lease Type	Lease Term	Lease start date	Lease expiry date	Break Date	Contracted In/Out LT ACT 1954	Fixed Annual Lease Payments		PON	Financial Code	Comments		
												Lease Component	Service Component					
Ceredigion	Residential	Hotel Services	63	2 Plas Danycoed, Aberystwyth	Gee Walker & Slater Ltd	Long term leasehold	99 Years	01/07/1965	30/06/2064		In	£20.00	-					
			63	4 Plas Danycoed, Aberystwyth		Long term leasehold	99 Years	01/07/1965	30/06/2064	In	£20.00	-						
			61	46 Plas Danycoed, Aberystwyth		Long term leasehold	99 Years	01/07/1963	30/06/2062	In	£12.00	-						
	Clinical	Community Services	127	Padarn - Community Services	Assura PLC	Property lease agreement	20 Years	01/04/2012	31/03/2032				£22,401.00	£5,119.49				
		Sexual Health	161	Padarn - Sexual Health	Assura PLC	Property lease agreement	5 Years	24/01/2018	23/01/2023				£7,833.70	-				
		Renal Unit	730	Padarn - Renal Unit	Assura PLC	Property lease agreement	20 Years	01/04/2012	31/03/2032				£144,000.00	£2,892.64			Rental recharged to Renal Network Wales. Service Charge re-charged to Fresenius	
		Podiatry	-	Taliesin Surgery, Bridge St, Lampeter	Drs Jones, Imam, & Heneghan	Property lease agreement	10 Years	05/02/2018	04/02/2028				£7,772.00	-				
		Community Services	388	Teifi Surgery, New Rd., Llandysul	Bethan Howells, David Jones & Katherine Gordon	Property licence agreement	3 Months	11/02/2019	11/05/2019				£39,504.00	-			Lease/purchase option currently under review	
		Women & Children Services	334	Pant-y-fedwen, 9 Market St, Aberystwyth	The Trustees of The James Pant-y-fedwen Foundation	Property lease agreement	6 Years	13/06/2014	12/06/2020				£22,800.00	-			Negotiations on-going with trustee's regarding future occupation. Twelve month extension being explored.	
		Mental Health Learning Disabilities	-	Awel Deg, The Beeches, Llandysul	Ceredigion County Council	Property lease agreement	6 Years	01/06/2016	31/05/2010				£7,400.00	-			Staff relocated from Derwen Gardens to Awel Deg due to defective premises. Rental continues to be paid - long term future yet to be confirmed.	
	Storage			-	Bronglais General Hospital	Portakabin Ltd, New Lane, Huntington, York YO32 9PT	Lease Arrangement						£2,340.00	-				
Helicopter Landing Site	Emergency Medical Retrieval Transport		-	Ysgol Penglais, Aberystwyth	Ceredigion County Council	Licence Agreement	N/A	06/09/2017	Until either the landlord or UHB serve notice to cease the agreement			£1.00	-					
Park & Ride	Staff Car Park		-	Clarach Road Car Park, Aberystwyth	Aberystwyth University	Property lease agreement	35 Years	11/05/2010	10/05/2045			£1.00	-					
Pembrokeshire	UHB Managed GP Practices	Primary Care	192	St Clements Surgery, St Clements Rd., Neyland	Argyle Medical Group													
			585	Tenby Surgery, The Norton, Tenby	I Griffiths, D Kelly & F Tobin	Property lease agreement		01/08/2018					£75,000.00	-			Managed Practice - lease to be completed	
	Clinical	Community Services	149	Manchester Square Primary Care Resource Centre	Assura PLC	Property lease agreement	20 Years	29/10/2012	28/10/2023				£32,909.00	£10,268.40				
		GMS	392	Bro Preseli Integrated Care Centre, Crymych	Family Housing Association (Wales) LTD	Property lease - GMS Accommodation	20 Years	21/07/2014	20/07/2034				£57,900.00	-	87572760		UHB liable for revenue costs. GP's have not signed sub-lease	
		Community Services	297	Bro Preseli Integrated Care Centre, Crymych	Family Housing Association (Wales) LTD	Property lease - UHB Accommodation	21 Years	21/07/2014	20/07/2034				£42,301.00	-				
	Office	Mental Health Learning Disabilities	-	Llanion House, Llanion, Pembroke Dock	Natural Resources Wales	Sublease agreement	15 Years	14/11/2019	30/03/2034				£5,550.00	£2,532.00				
			-	Argyle Surgery, Pembroke Dock	Argyle Medical Group		12 Months	01/04/2007	31/03/2008				£8,104.00	-	87634383	0775 35210		
			326	Narberth Health Centre, Northfield Rd., Narberth	Dr. R. Davies & P. A. Davies		21 Years	24/07/1997	23/07/2018				£29,250.00	£33,200.05			New twenty year lease agreed and ready for completion	
			-	Saundersfoot Medical Centre, Westfield Rd., Saundersfoot	Drs Hurlle, O Doherty, Davies, Canton, Allan & Flem	Licence to occupy GP Surgery for Community Staff			01/08/1997					£3,250.00	-			
			-	Solva Surgery, Solva	Dr Premkumar & Dr K Neumann		12 months	01/04/2007	31/03/2008					£2,400.00	-			
			-	St Thomas Surgery, Rifleman Ln., Haverfordwest	Drs Burns, Buntwal, Paterson, Williams & Thompson		12 Months	01/04/2001	31/03/2002					£6,005.88	-			
			-	Winch Lane Surgery, Haverfordwest SA61 1RN	Dr David. A. Cooke & Dr Annaleene Holliday		12 Months	01/04/2016						£5,456.52	-			
	-																	
Storage	Community Stores	-	Unit 11 Honeyborough Industrial Estate, Neyland	Peter Charles Reynolds & Michael Richard John Phillips	Joint occupation through a Section 33 agreement with Pembrokeshire County Council													
		-		Portakabin Ltd, New Lane, Huntington, York YO32 9PT								£3,223.92	-					
		-		Portakabin Ltd, New Lane, Huntington, York YO32 9PT								£2,483.52	-					
		-		Clarks Modular Buildings Ltd, Freshmoor Rd, East Moors, Cardiff CF24 5HS								£720.00	-					

3.1 Summary of clinical strategy

The Health Board ten-year health and care strategic vision, “A Healthier Mid & West Wales: Our Future Generations Living Well” (AHMWW) sets out the strategy for whole system change following the outcome of its previous public consultation exercise in November 2018.

The strategy describes the commitment to work in an integrated way across health and social care at a local and regional level, placing significant emphasis on the people and communities which access services provided by the Health Board.

During the initial consultation phase the Health Board identified a number of key challenges which underpin the need to transform the way in which the health and wellbeing of the local communities are supported;

- Demand on health and care services is increasing all the time as more people will be living longer with complex conditions requiring care and treatment.
- Providing services which are accessible and equitable, regardless of location is made more challenging due to the geographic context.
- A large proportion of the area covered by the Health Board is rural and isolated, which creates challenges for providing services to people in their own homes.
- People want and expect to be supported to manage their health in their own homes.
- There are variations in service provision and health outcomes across the three counties, for example there is a 10-year gap in healthy life expectancy across the area.

The initial consultation phase culminated with the Health Board describing a future model of care underpinned by the commitment to deliver services through a predominantly community model. This is based on the provision of enhanced 24/7 community and primary care services delivered via a series of integrated community networks which will incorporate social services and third sector providers.

The proposed changes create significant opportunities to make better use of resources, make the most of technology, and ensure services are high quality, deliver an excellent experience for patients and attract a highly motivated and skilled workforce.

The findings from the phase 1 consultation process led to the Health Board defining four key principles to underpin the development of local future health and care services: Safe, Sustainable, Accessible and Kind. These guiding principles will be followed throughout the transformation programme.

Through the development of the briefing information the Health Board have identified a range of service transformation scenarios which are primarily driven by assumptions on future bed numbers across the estate. These are described as follows;

‘Do nothing scenario’ where the current service is retained with no major re configuration or transformation.

‘Do minimum scenario’ where the current service is retained with minor transformation of services to align with the AHMWW strategy and with focussed investment in new community projects and to bring the acute hospital estate up to Condition B.

‘Minimum efficiency scenario’ where Services are transformed to align with the AHMWW strategy based on pessimistic design assumptions. This scenario assumes a higher number of retained beds with increased retention of beds on the community sites and minimum numbers transferred to the new Urgent & Planned Care Hospital. This scenario also assumes the retention of day surgery at both Glangwili and Witybush.

‘Likely efficiency scenario’ where services are transformed to align with the AHMWW strategy based on a “most likely” set of design assumptions to determine a reduction in bed requirements generally with a higher proportion transferred to the Urgent & Planned Care Hospital and a reduction in bed numbers on the other hospital sites.

‘Maximum efficiency scenario’ where Services are transformed to align with the AHMWW strategy with more ambitious design assumptions applied. The scenario minimises the requirement for beds at the Urgent & Planned Care Hospital and on the associated community sites.

For the purposes of this Programme Business Case it is assumed that the proposed changes to the community estate will be the same across the three efficiency scenarios.

Prior to commencing the next stage of work, it is important that the future community model is articulated in ways that staff and the public can easily understand. Based on feedback from the initial consultation exercise there is a need to clearly articulate the ambition for increasing care within the community setting and shifting the focus towards opportunities for improving health and wellbeing for all generations across the HDdUHB catchment.

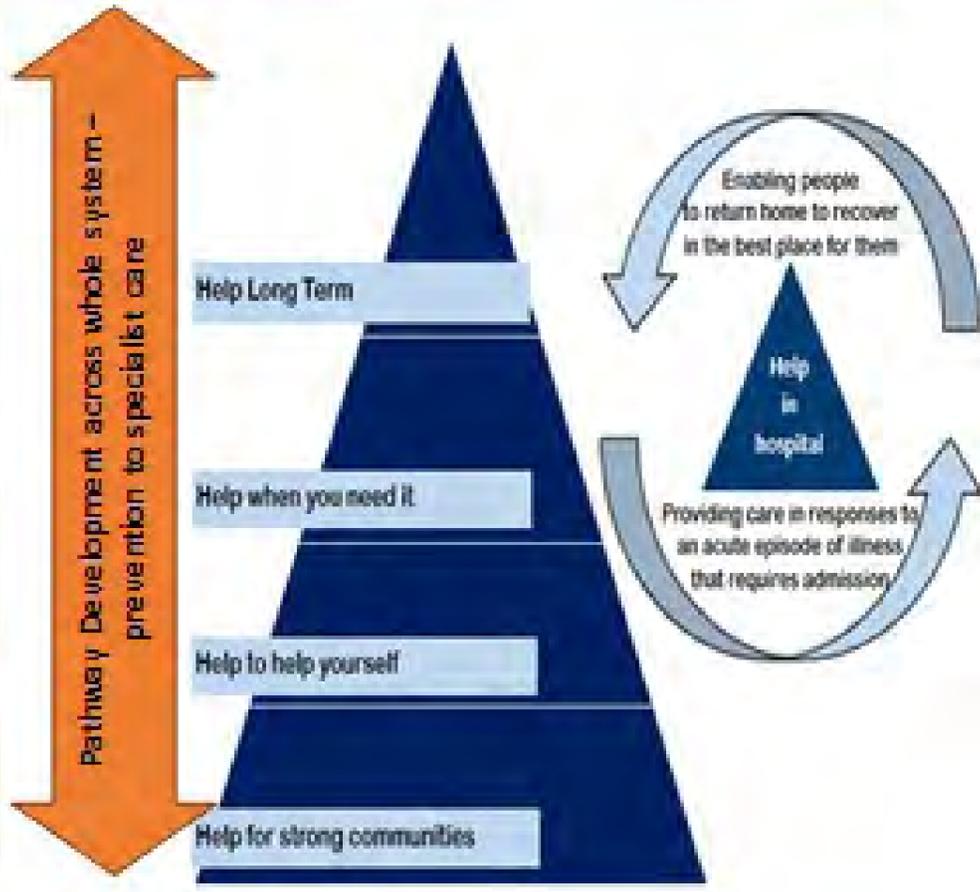


Strong coterminous partnerships through Public Service Boards

Consistent standards and outcome frameworks through the Regional Partnership Board



Region	<ul style="list-style-type: none"> Standards, principles and frameworks for all integrated pathways Assurance, governance and oversight of delivery
Integrated Locality	<ul style="list-style-type: none"> Whole system planning, assurance and strategic oversight of population outcomes – ensuring equity Coterminous with the local Authority and Third Sector co-ordination organisations Synchronicity of the health and social care ecosystem
Cluster	<p>“A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities.”</p>
Integrated Community Network	<ul style="list-style-type: none"> Co-ordinated delivery around a small geography / patient list Strong continuity, professional trust & relationships & strong communication MDTs linked to GP practices, identifying patient need and proactively care planning



4.1 Summary of estate options

The estate strategy which supports this model of care, known as 'Proposal B' considers a series of integrated community networks across the HDdUHB catchment which provide a range of health and care services such as advice and support for patients and their families, minor injuries units, step-up and step-down intermediary care beds, point of care testing and diagnostics.

Each of the integrated community networks will be supported by one or more community hubs which will bring a number of people and services together in one place and also provide virtual links between the population and the community network. Multidisciplinary teams and the wider networks will provide 'wrap around care' for individuals and families.

In addition to providing access to diagnostics and consultations, the service offering within the community hubs will also include community beds to prevent individuals from needing to go to hospital and to support timely discharge from the system. This will include beds within the Health Board estate and commissioned beds within nursing and residential homes as well as providing support to people in their own homes. These community hubs form an essential element of the whole system approach to delivering care.

The range of services anticipated to be present within the community hubs might include:

- Outpatient clinics supported by diagnostic tests and scans, including x-rays.
- Treatment for minor illness and minor injury.
- Planned and preventative care for people living with long term conditions.
- Overnight stay for patients unable to remain at home but not requiring a hospital care (step-up care), rehabilitation after a stay in hospital (step-down care) and assisted living.
- Mental health advice and support.
- Advice and support on a range of health and wellbeing needs including information on preventing and treating illness.

For this Programme Business Case the community estate infrastructure proposals are based on a series of assumptions relating to the potential size and complexity of each of the proposed community hubs.

These assumptions have been informed by the community directors for the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.

The following schemes are identified as the priority enablers for the delivery of the Health and Care Strategy. The schemes are shown on the diagram opposite.

Community facilities with beds

- Amman Valley
- Cylch Caron
- Glangwili
- Llandovery
- South Pembrokeshire
- Withybush

Community facilities without beds

- Aberaeron
- Aberystwyth
- Cardigan
- Carmarthen
- Cross Hands
- Fishguard
- Haverfordwest
- Lampeter
- Llandysul
- Milford Haven
- Neyland
- Narberth
- Pentre Awel
- Tenby

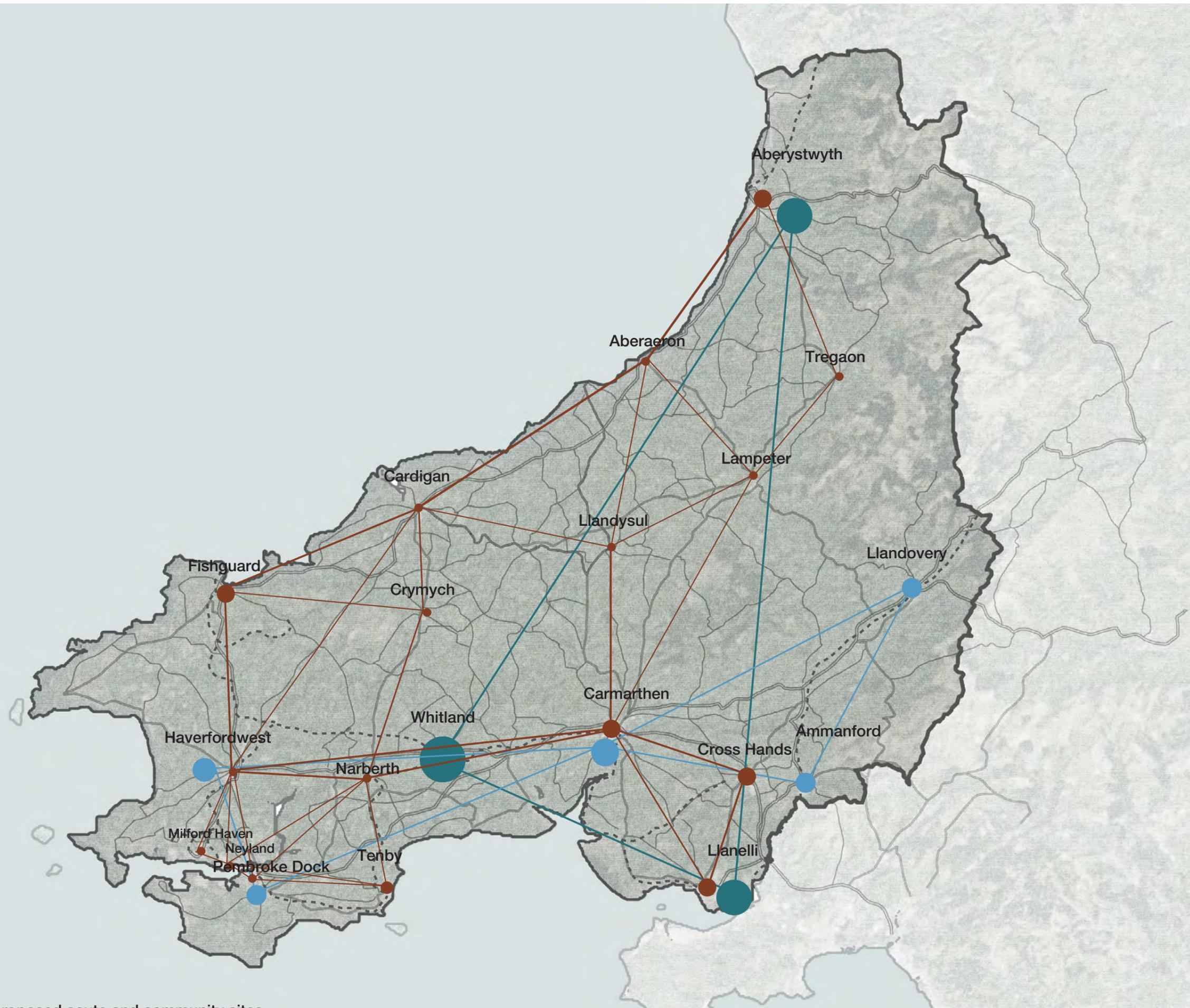
Aberaeron and Cardigan Integrated Care Centres have been delivered via capital investments within the last five years and are currently operational.

A number of the schemes noted above such as the Cross Hands and Fishguard ICCs are already in progress and therefore the costs are still included in the 'do-minimum' scenario. Refer to section 7 for further details on the proposed costs.

Cylch Caron, Carmarthen Hwb and Pentre Awel are assumed not to require any capital investment from the Health Board.

For the purposes

The community networks and individual projects are described in further detail in the scoping documents contained within the Health Board Community Infrastructure report 2021 which is included in section 8 of this appendix.



Proposal B: Network of proposed acute and community sites

5.1 Implementation strategy

The overall implementation programme is structured to maximise the transformation of clinical services at the earliest opportunity. This is achieved by providing the Urgent and Planned Care Hospital as a priority supported by reconfigurations and improvement to the community estate, in some cases new build solutions.

All of the Community facilities are planned to be completed by the time the new Urgent and Planned Care Hospital opens in October 2029. Whilst some of these schemes are already being developed through the WG Capital Investment process others are at early scoping and development stages.

The following schemes have already been delivered:

- Cardigan integrated Care Centre
- Aberaeron Integrated Care Centre

The following schemes are already in progression via non-capital funding routes and currently in business case development:

- Pentre Arwel – currently in its pre-construction with completion planned for January 2024
- Cylch Caron – currently at full business case stage
- Carmarthen Hwb – currently working towards award of contract with completion planned for early 2024.

The Cross Hands Health and Wellbeing Centre is currently at outline business case stage with opening anticipated for early 2025

All other community schemes are currently at scoping stage. The majority of which are anticipated to be taken forward via All Wales capital funding and anticipated to be included within the WG's Pipeline 2 tranche of health and wellbeing investment. However, lower value projects may be delivered using Health Board discretionary funding.

As part of the PBC endorsement process a detailed prioritisation, phasing and sequencing programme will be developed for the whole community programme. It is anticipated that the bulk of business case development will be completed 2022/23 – 2024/25 with construction following on through 2025/26 to 2029/30.

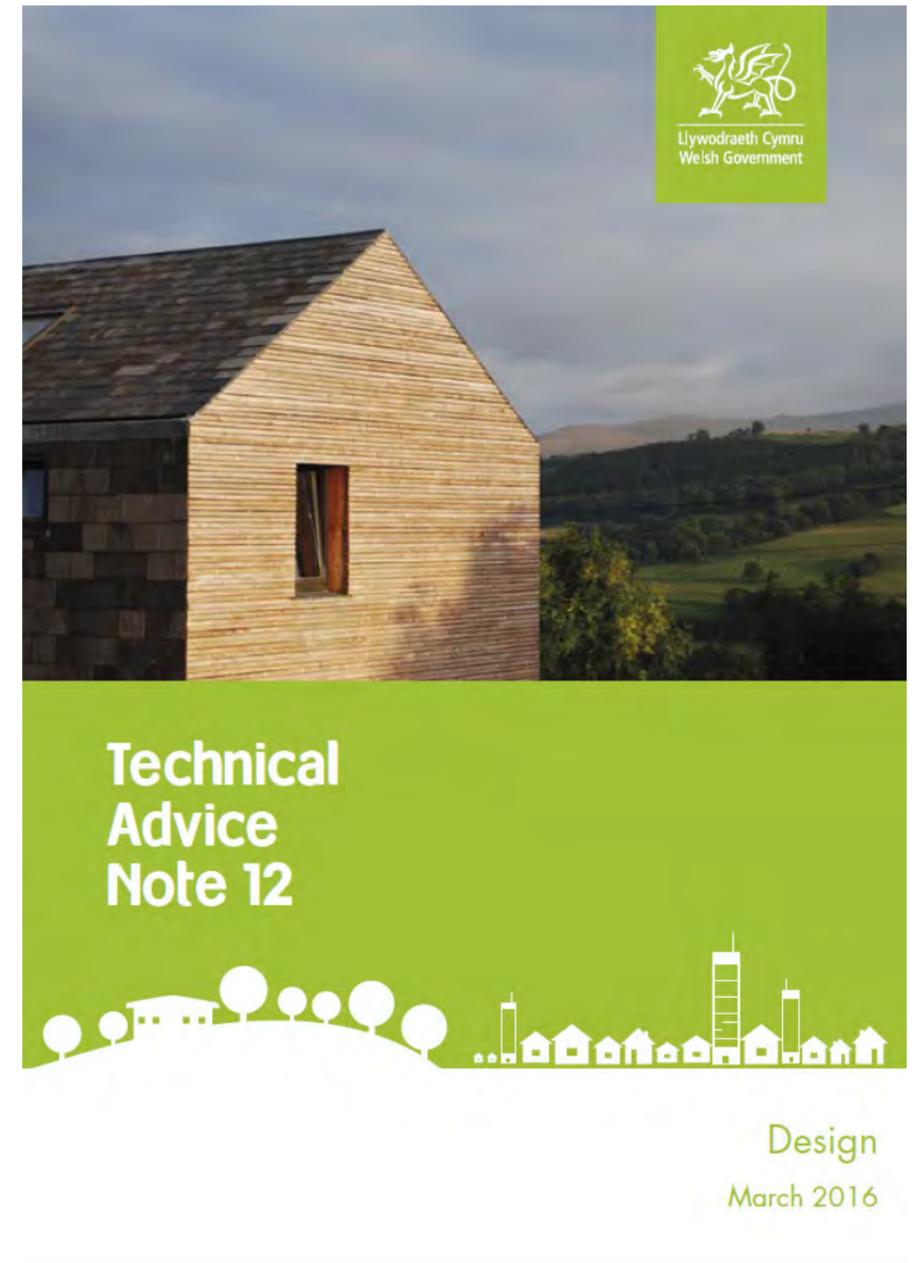
5.1 Town planning considerations

Development of the Community Estate will require town planning appraisals on a case by case basis. The first step in any appraisal would be to determine whether any works constitute ‘development’ within the meaning of Section 55 of the Town and Country Planning Act 1990. The next step would involve assessing the works to determine whether they are ‘Permitted Development’, which means that they can be carried out without having to make a planning application.

The majority of minor works to the Community Estate involving the erection, extension or alteration of a hospital building will comprise Permitted Development under Part 32 Class A of the Town and Country Planning (General Permitted Development) Order 1995 (as amended).

Larger new buildings and the creation of Community hubs would be likely to require an application for planning permission to the relevant Local Planning Authority (LPA). For example, Community hubs may introduce multiple use classes under 1 roof, which might constitute a change of use that requires planning permission.

In the event that an application for planning permission is required, the location of the Community facility and its design would need to comply with the LPA’s Local Development Plan (LDP) and National Planning Policy. In this regard, Policy 1 ‘Town Centre First’ of Future Wales: The National Plan 2040, states that “Significant new commercial, retail, education, health, leisure and public service facilities must be located within town and city centres. They should have good access by public transport to and from the whole town or city and, where appropriate, the wider region.”



7.1 Cost Summary

The costs for the community projects are based on a high-level assessment of whether the project is a small, medium or large development and whether it is a refurbishment of an existing facility or new build. The assessment is based on the current community infrastructure strategies prepared by the relevant County Directors.

The cost estimates in the table opposite were provided by the Health Board and benchmarked against cost plans for current live schemes such as the Cross Hand ICC, which is currently at Outline Business Case stage. The benchmarking exercise involved reverse engineering an approximate floor area from the cost estimate for each project and assessing this floor area against the small, medium or large criteria noted above.

The project costs, as included in the schedule opposite, are assumed to include, where relevant and appropriate to the size of scheme, the following additional cost drivers:

- BREEAM 2018
- Decarbonisation aspirations
- Allowance for art
- Contingency (not optimism bias)
- Equipment
- VAT

The capital allowances are at 4Q 2021 price levels with a forecast PUBSEC Index of 269.

Costs have also been presented at the Business Case Reporting Index of 250. It is recognised that future adjustments to these costs will be made against the Business Case Reporting Index of 250.

7.2 Cost summary table

Community Hospital Options

	Do Nothing	Do Minimum	Minimum Efficiency	Likely Efficiency	Maximum Efficiency
Fishguard Integrated Health & Wellbeing Centre		£30,000,000	£30,000,000	£30,000,000	£30,000,000
Milford Haven		£10,000,000	£10,000,000	£10,000,000	£10,000,000
Narberth			£1,000,000	£1,000,000	£1,000,000
Crymych			£0	£0	£0
Neyland Integrated Primary & Community Development		£6,000,000	£6,000,000	£6,000,000	£6,000,000
Pembroke Dock Integrated Health & Wellbeing Centre			£2,000,000	£2,000,000	£2,000,000
Tenby Integrated Health & Wellbeing Campus	£70,000	£70,000	£10,000,000	£10,000,000	£10,000,000
South Pembs Rehabilitation Centre	£970,000	£970,000	£10,000,000	£10,000,000	£10,000,000
Haverfordwest Central			£20,000,000	£20,000,000	£20,000,000
Cross Hands		£30,000,000	£30,000,000	£30,000,000	£30,000,000
Carmarthen Central			£0	£0	£0
Llandovery	£550,000	£550,000	£20,000,000	£20,000,000	£20,000,000
Amman Valley	£750,000	£750,000	£10,000,000	£10,000,000	£10,000,000
Pentre Awel (not Health Capital)			£0	£0	£0
Aberystwyth ICC			£20,000,000	£20,000,000	£20,000,000
Cylch Caron			£0	£0	£0
Lampeter ICC			£500,000	£500,000	£500,000
Llandysul ICC			£500,000	£500,000	£500,000
Cardigan Community Hub			£0	£0	£0
Minaeron Community Hub			£0	£0	£0
Bro Cerwyn (Haverfordwest)	£750,000	£750,000	£5,000,000	£5,000,000	£5,000,000
Carmarthen Community Mental Health			£5,000,000	£5,000,000	£5,000,000
Llanelli Community Mental Health			£5,000,000	£5,000,000	£5,000,000
Tregaron Hospital	£1,870,000		£0	£0	£0
Hafen Derwen (St David's Hospital)	£1,050,000		£0	£0	£0
Aggregated Sites	£2,540,000	£2,540,000	£0	£0	£0
Project Out-turn Cost	£8,550,000	£81,630,000	£185,000,000	£185,000,000	£185,000,000



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COMMUNITY INFRASTRUCTURE

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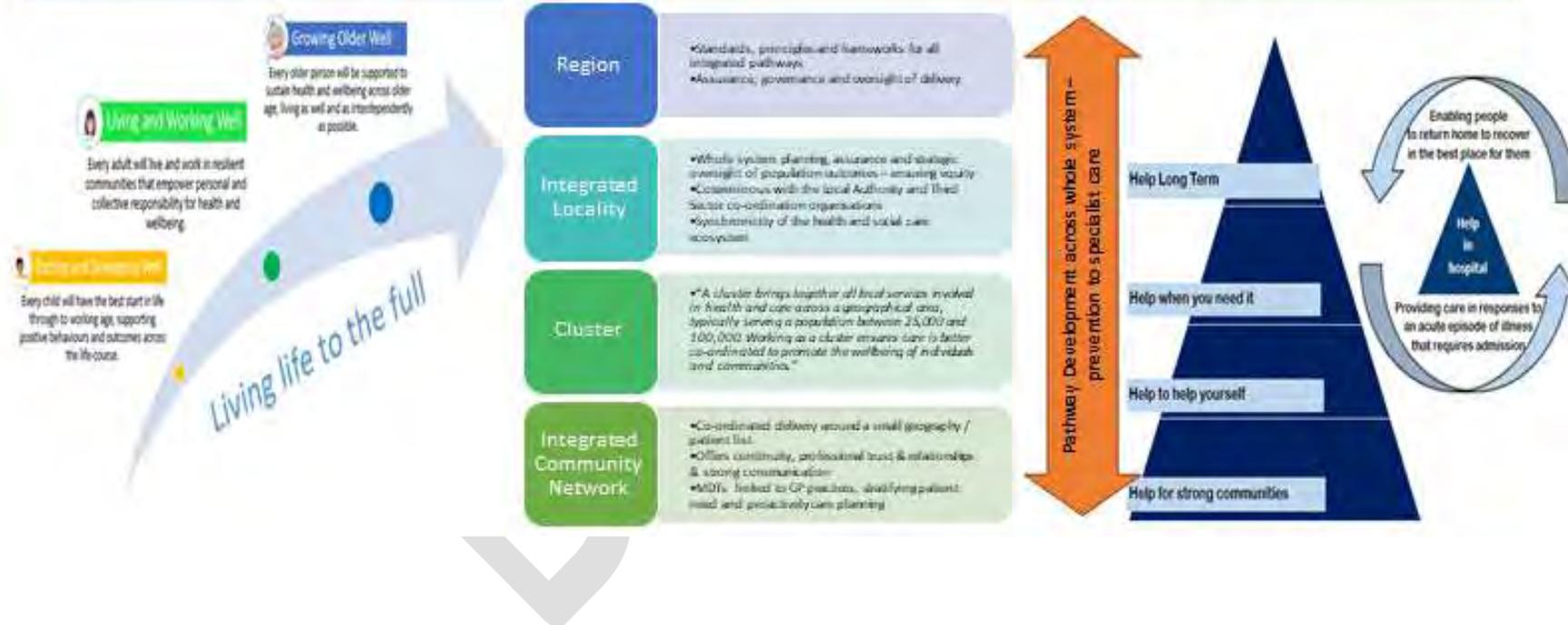
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Community Case for Change

HDUHB has made a clear commitment to a wholesale transformation of its culture and practice to deliver a social model of health and wellbeing. The backbone of such a shift relies on strong and sustainable primary and community services that focus on prevention and early intervention. This shift requires the resources to enable care to be delivered in the home or near to home, unless it is medically inappropriate to do so. To date, a great deal of focus has been on the need to ensure sustainability of traditional models of acute services to our population. In order to fulfil the vision set out in our strategy, focus must shift to shaping our community response and remodelling our resources to meet the challenge.

The success of this primary and community care model relies on an integrated and interconnected web of partnerships and relationships, rooted firmly around the voice and choice of our population. Our definition of community needs to include everyone and everything that is part of a community. A successful model of health and wellbeing recognises the diversity that exists in terms of health needs, within a population. HDUHB is comprised of three localities based on the three counties that sit within the Health Board footprint. Whilst there is a variance in the manner in which health and care is integrated, the guiding principles of an integrated locality structure remain the same for all.

The vision set out in A Healthier Mid and West Wales: Our Future Generations Living Well has started to be implemented, and the COVID-19 pandemic response has resulted in a quickening of that pace, as well as reinforcing the strategic case set out in the strategy.



Community Based

The three localities share the vision of delivering care on a “home first” basis. Whilst there is an understandable variance in the specific operational shape of this vision - a “bed-less” model in one locality, with community beds being available in other areas - the traditional default to hospital is understood to be a poor outcome for our population, and an unsustainable use of precious resources. The model for all three localities promotes people being cared for at home or, where this is not suitable, in community beds, in extra-care, residential or nursing homes depending upon a patient’s specific needs. Acute care will be only for those patients who need a higher level, more specialist support that cannot be delivered at home or in the community. To support this change we must develop integrated, multidisciplinary teams wrapped around the person or community across the whole life course. The community model requires us to continue the journey to reimagine our community estate to better meet the place-based needs of our population.

Integration

A successful and sustainable social model for health and wellbeing requires access to and integration with the widest pool of resources within the community. We know that the responsibility for health and wellbeing does not solely sit with statutory health and social care services. Prudent healthcare principles dictate that we should provide services only when such needs present that can only be provided by the health service. Adopting a social model for health however requires us to work with our populations, to understand the specific - often localised needs - and recognise the assets that exist in the communities. An important role for our community model is to support the population to develop assets in their communities that meet underlying need where these do not exist. By becoming an active partner within the wider community network, we will empower and enable people to make the best choices for them so that they can achieve their own vision of a good life. Reinforcing the role and resources of the health service will meet the challenges of addressing the social determinants of health, and positively impact on the prevention of poor health and wellbeing.

GMS Estates Strategy

The Health Board has commissioned a comprehensive conditions survey of every GP premises in Hywel Dda Health Board area. This will entail a full Condition Appraisal of each GP premises, including risk assessments and costings where necessary. The surveys will assess: physical condition including infection control compliance; statutory compliance; functional suitability; space utilisation and energy performance. There will also be a 10 year programme of prioritised expenditure based on the survey and risk assessment findings.

This will in turn inform the development of a GMS Estates Strategy for Hywel Dda which will be used in conjunction with service and population needs analysis to prioritise all future investment in GMS premises (both current and new developments).

Programme Business Case – Community Infrastructure Schemes Summary

The following community infrastructure schemes are those seen as key enablers to the delivery of our Health and Care Strategy. Whilst some of these schemes are already being developed through the WG Capital Investment process others are at early scoping and development stages. Scoping documents have been developed for all projects and could be made available on request. The following schemes have already been delivered

- Cardigan integrated Care Centre
- Aberaeron Integrated Care Centre

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
PEMBROKESHIRE	Small £0-10m	Medium £10-20	Large £20-30m	Large +	<ul style="list-style-type: none"> • GMS services • Joint community archive and equipment store • Community clinics • Integrated Community Team • Virtual community clinic hub • Community diagnostics and POCT • Community Pharmacy • Further space for wider public sector stakeholders is being scoped
1. Fishguard Integrated Health and Wellbeing Centre			✓		The scheme will work in partnership with Pembrokeshire County Council and other partners to deliver an integrated Community, Social Care and Health offer

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
	Small £0-10m	Medium £10-20	Large £20-30m	Large +	
PEMBROKESHIRE					<ul style="list-style-type: none"> • GMS • Community Pharmacy • Virtual community clinic hub • Community diagnostics and POCT • Alignment with the Community Interest Company facility, the Local Authority extra care housing and the local junior school* <p>The scheme will work in partnership with Pembrokeshire County Council and other partners, linking into a community hub and support model. The scheme is about colocation as the catalyst to deliver an integrated Community, Social Care and Health offer.</p>
2. Neyland	✓				
3. South Pembrokeshire Community Hub/Hospital – Pembrokeshire Rehabilitation Centre of Excellence	✓				<ul style="list-style-type: none"> • Virtual community clinic hub & outpatient clinics • Radiology, community diagnostics & POCT • Community resourcefulness and green services hub including a wellbeing café • Community group, education and activity space • Outpatient rehabilitation suite • Inpatient rehabilitation suite including specialist neuro-rehab / stroke etc • Joint community archive and equipment store • Enhanced accessibility including lift replacement • Mortuary improvement & bereavement suite • Solar car port & panels
4. Tenby Integrated Health and Wellbeing Campus		✓			<ul style="list-style-type: none"> • GMS • Community Pharmacy • Walk In Centre • Integrated Community Team • Virtual community clinic hub & outpatient clinics • Radiology • Community Dental • Community Optometry • Therapy clinics and services • Community diagnostics and POCT

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
	Small £0-10m	Medium £10-20	Large £20-30m	Large +	
PEMBROKESHIRE					<ul style="list-style-type: none"> Integrated community team Joint community archive and equipment store Community clinics Virtual community clinic hub Community diagnostics and POCT Review of branch site for GP Practice Potential for a joint development with LA in the short term
5. Haverfordwest Health and Wellbeing Centre		✓			
6. Narberth Integrated Health and Wellbeing Centre	✓				<ul style="list-style-type: none"> Extension of existing building (further scoping needed subject to final location of new hospital). This requirement may change depending on the final agreement on land for the new hospital development.
7. Milford Haven Primary and Community Development	✓				<ul style="list-style-type: none"> Joint community archive and equipment store Community clinics Virtual community clinic hub Community diagnostics and POCT Specialist nursing hub
8. Pembroke Dock Integrated Health and Wellbeing Centre	✓				<ul style="list-style-type: none"> Improved car parking – disabled access bays Reception area access and improvement Increasing clinic rooms Improving office space to support flexible & virtual working Solar panels

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	
CARMARTHENSHIRE					<ul style="list-style-type: none"> The scheme will enable the purchase of land and development of a new Wellbeing facility at Cross Hands. It will bring together the two local GP practices, Tumble and Penygroes. In partnership with Carmarthenshire County Council, the third sector and wider public sector bodies, these will be co-located with other primary and community health and social care services and community / voluntary groups to form part of the integrated service network in the Aman Gwendraeth Locality. The future building plan will accommodate the following outline occupancy requirements: <ul style="list-style-type: none"> - Community resource including District Nursing teams and wider multidisciplinary professionals eg Allied Health Professionals, Social Workers and their support staff in the Amman Gwendraeth area - GP Practices (Tumble and Penygroes & generic accommodation to support wider cluster working) - Existing staff currently based at Cross Hands Health Centre - Police hub room (accommodation requirements confirmed subject to funding source) - Community Library (accommodation requirements confirmed subject to funding source) - Out of Hospital clinics - Clinical Skills Training and Education (satellite of Pentre Awel and its University alignment) (accommodation requirements and funding to be confirmed) - Third Sector - Community Pharmacy - Family Centre
1. Cross Hands Health and Wellbeing Centre			✓		

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	
CARMARTHENSHIRE					<ul style="list-style-type: none"> The vision is to deliver a Centre for Health/Wellbeing/Culture and Learning that improves the quality of life for the residents of Carmarthen, and the wider catchment area to help promote preventative healthcare and creatively link this with arts, learning, community, health, sports and leisure services. Stakeholders with an interest in the development of the health and wellbeing part of the development include: <ul style="list-style-type: none"> ➤ Early years (health visitors and school health nursing); Children's health & social care services; The Teifi, Taf and Towy (3Ts) Community Resource Team; Integrated community health & social care service provision for adults with mental health concerns and learning disabilities; Therapies & health science; Primary care contractors; ➤ And wider community provision including podiatry, sexual health and midwifery. <p>The Wellbeing Centre would provide an alternative to the Penlan site development (currently unfunded) and replacement to the Health Board's Pond Street Clinic site. This project had been progressed following an assessment of options for the future provision of services currently located at Pond Street Clinic namely; Sexual and Reproductive Health, Community Dental and Optometry Services, Podiatry, Neurological Services (admin only), Volunteering Service (admin only), Learning Disabilities (currently based at Penlan, Carmarthen)</p>
2. Carmarthen Hwb <i>May be a requirement for equipment funding tbc</i>			✓		
3. Llandovery		✓			

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
CARMARTHENSHIRE	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	<p>The longer term focus for Amman Valley Hospital (AVH) forms part of the wider aspirations for community hospitals in the Healthier Mid and West Wales strategy, and the emerging community model</p> <p>The UHB will Work with partner organisations to identify potential site opportunities. This is intended to be developed to include a range of integrated community services.</p> <ul style="list-style-type: none"> Ongoing discussions with the council, GP practices, police and third sector and social care will lead to a truly integrated centre leading to significant improvements in patient pathways and community services in the future. A list of services will be developed and included as further work is undertaken during the scoping stage.
4. Amman Valley	✓				<ul style="list-style-type: none"> HDdUHB Services to be located in the Amman Valley: <ul style="list-style-type: none"> ➤ Step up beds, Elderly Medicine, X ray, Phlebotomy/POCT, Ophthalmology, Dental & Optometry, Community Midwifery, Community Nursing Services, Occupational Therapy. ➤ Partnership services to be located – third sector, social care, Public Health Wales <p>Consideration of Patient Liaison Services, Looked After Children, Locality’s Community Resource Team, Services from acute in line with proposals for developing out of hospital care, Carmarthenshire County Council’s view on inclusion of other community services</p>
5. Pentre Awel					<p>Pentre Awel is a c. £200 million development located across 86 acres of brownfield land and will co-locate public (local government, HB) academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion.</p>

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
<p>CEREDIGION</p> <p>1. Cylch Caron</p> <p><i>No NHS Capital currently called out this may change as further work undertaken on identifying third party provider</i></p>	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	<p>The project will deliver a new health and housing facility in Tregaron and is led by Ceredigion County Council (CCC) in collaboration with Hywel Dda University Health Board (HWDUHB), Tregaron Surgery, Tregaron Pharmacy, and Welsh Government. The partners are currently testing the market for a new housing partner to work with them to deliver this project. The project also links with the Ceredigion Public Services Board, Mid Wales Joint Committee for Health and Social Care and the West Wales Care Partnership.</p> <p>The vision is to replace the currently scattered unfit for purpose building with a purpose-built centre for the integrated delivery of health and social care services; together with specialist housing for individuals with care needs right at the heart of the deeply rural community of Tregaron. It will provide:</p> <ul style="list-style-type: none"> • a hub for behavioural change underpinned by the promotion of community resilience and cohesion enabled through opportunities for social interaction and dissemination of health education, fostering and promoting the autonomy and capacity of all residents in the area to take a more active role in enhancing their health and wellbeing. • an exemplar scheme for rural integrated working that provides value for money solutions for an unique, culturally diverse community • a fully integrated community resource consisting <ul style="list-style-type: none"> • 40 units of extra care accommodation (34 Extra Care plus 6 Flexible Integrated Health and Social Care Units offering opportunities for Step Up Step Down, Intermediate Care and Rehabilitation/Reablement) • a more accessible GP surgery • and community pharmacy.

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
<p>CEREDIGION</p> <p>2. Aberystwyth Wellness Centre</p>	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	<ul style="list-style-type: none"> Working with partner organisations, potential site opportunities have been identified and assessed for suitability. The site identified to provide sustainable local care requirements is the Aberystwyth University Llanbadarn site for the proposed Community Wellbeing Integrated Care Centre. This is intended to be developed to include a range of integrated community services which are set out below. Ongoing discussions with the council, GP practices, police and third sector and social care will lead to a truly integrated centre leading to significant improvements in patient pathways and community services in the future. A future building plan proposes the need to be accommodating services listed below, showing outline occupancy requirements. HDdUHB Services to be located in the Aberystwyth ICC: Community Mental Health Centre, Mental Health Drugs and Alcohol Team, Community Nursing, Community Therapies, Women and Children’s Services – Community & Therapies, Women & Children Services – Sexual Reproductive Health, General Out Patient Clinics, Public Health – Health Visiting & School Nursing, Dental & Optometry, Ophthalmology, Education & Training for Staff, Workforce, Hotel Services. Partnership services to be located in the Aberystwyth ICC: General Medical Services, Sexual Assault & Rape Centre (SARC), Third Sector, Social Care, Public Health Wales. <p>Consideration of: Patient Liaison Services, Looked After Children, Locality’s Community Resource Team, Services from acute in line with proposals for developing out of hospital care, Ceredigion County Council’s view on inclusion of other community services.</p>

County & name of scheme (in priority order)	Scheme size				Further details (Further scoping required on all schemes)
	Small £0-10m	Medium £10-20m	Large £20-30m	Large +	
CEREDIGION					<ul style="list-style-type: none"> Ongoing discussions with the council, GP practices, police and third sector and social care will lead to a truly integrated centre leading to significant improvements in patient pathways and community services in the future. HDdUHB Services to be located in the Llandysul ICH : <ul style="list-style-type: none"> Community Mental Health Centre, Mental Health Drugs and Alcohol Team, Community Nursing, Community Therapies, Women and Children’s Services – Community & Therapies, Women & Children Services – Sexual Reproductive Health, General Out Patient Clinics, Public Health – Health Visiting & School Nursing, Ophthalmology Outpatient, Education & Training for Staff, Workforce, Hotel Services. Partnership services to be located in the Aberystwyth ICC: General Medical Services, Third Sector, Social Care, Public Health Wales. <p>Consideration of: Patient Liaison Services, Looked After Children, Locality’s Community Resource Team, Services from acute in line with proposals for developing out of hospital care, Ceredigion County Council’s view on inclusion of other community services</p>
3. Llandysul	✓				
4.Lampeter	✓				



Transforming Mental Health

Included in the bundle of community schemes, is the estate requirements as set out in a Programme Business Case for Transforming Mental Health. Previously drafted in 2019, the case sets out the requirements to build on the co-developed consensus model of care for mental health services. The business needs of which have changed significantly since 2019 as a result of the COVID-19 pandemic. Revisiting the strategic case has allowed for a period of reflection on the learning from the pandemic and proposes changes to the original scope.

The proposed spend remains within the parameters of the wider Transforming Mental Health programme, other associated policy and strategy context and addresses the outcome of the public consultation on Adult Mental Health services.

The proposed areas of spend are for a range of projects within a wider PBC for:

- Refurbishment of Morlais Ward, GGH
- Refurbishment of Carmarthen CMHC
- Refurbishment of Wellfield Road, Carmarthen
- Refurbishment of Bro Cerwyn, Haverfordwest
- Refurbishment of St Caradoc Ward, WGH
- Refurbishment of Bryngofal, PPH
- New build for Aberystwyth CMHC (will be considered for a larger OBC, FBC business case route)

Based on previous estimates and the revised scope highlighted in the scoping document, the value of the TMH schemes is between £20m-£30m.