



# A Healthier Mid & West Wales (AHMWW) Programme Business Case (PBC) Update for Board 30<sup>th</sup> September 2021







# **Key Tasks**

Planned	Achieved
Assurance that the activity modelling is robust	Complete however significant delay associated with technical difficulties utilising the consultation modelling system.
To run the activity scenarios to create the agreed shortlist of bed scenarios	Complete and subject to review relating to revenue and workforce implications
Agree functional content and other key programme assumptions driving capital and revenue costs	Complete and passed to design team for capital planning
Complete the engagement process and support all associated events up to 21 <sup>st</sup> June 2021 and report on outcomes	Complete, feedback report now being finalised
Share all PBC 'narrative' cases with WG for review	Complete, positive feedback received and documentation amendments in progress





# **Key tasks**

Planned	Achieved
Commence design development to be followed by capital costing	Design development underway. And capital costing will follow.
First draft of Equalities & Health Impact Assessment (E&HIA) to be completed	Complete, reviewed by the Consultation Institute and further work to be undertaken as this will remain a live document throughout the programme
Assurance review of land identification process against Gateway 1 questions guidance	Complete, the land identification process forms part of the Welsh Government Assurance Hub's 'Programme Assessment Review' September, 2021
Collation and assessment of the long list of land nominations against hurdle criteria to create an agreed filtered long list for next stage appraisal	Complete, long list to short list appraisal workshop currently being planned to conclude October, 2021



**Letters** 4/14



Engagement Update – review of respondents																
Online			2 June			9 June				16 June			23 June 30 June			lune
Activity E		Englis	h	n Welsh		Engl	lish Wel		lsh	Eng	lish	Welsh	English	Welsh	English	Welsh
Aware (visited site)	1,641		1	26	6 1,829		29	33		1,995		37	2,396	42	2,414	44
Informed (accessed information)	/		0	11	1,2		37	7 14		1,358		15	1,590	19	1,599	19
Engaged (shared views)				0		161		0		18	30	0	227	0	227	0
Other Mechanisms	9 J	une	16 Jı	June 23 June 30 June 15 July N			Note:									
Telephone		7	7	7		8	8	8	8	Of the 271 respondents (include				ncluding	ng	
Email		24	2	.5	3	30	3	34	3	4	online and paper responses), 209 ha					
Paper surveys		24	2	.8	3	35	4	12	4	4	requested to be kept informed (as of 15 July, 2021)					5 01 15





# **Equality Monitoring – comparison of respondents against general population**

#### Review of equalities data from respondents compared to population data

- Not an exact science, most data comparisons at a local authority level, others at regional level
- Responses reviewed from 10 May 2021 9 June 2021
- Download of Easy Read PDF 64 (will include people who prefer to read exec summaries as well as people with LD)
- Access to English Audio version 9 (will include people who prefer to listen to podcasts / audio books as well as people with sensory impairments)
- Comparison table is included below:

Protected characteristic	% respondents	% population			Source of comparison data
Disability	21.1%	Carmarthenshire 1.8%	Ceredigion 0.9%	Pembrokeshire 1.5%	Stats Wales
Race	Combining Black, Asian and 'Another' = 3.6% In comparison with Carms, the percentage is similar.	Carmarthenshire 3.9%	Ceredigion 1.3%	Pembrokeshire 1.9%	Stats Wales
Sexual orientation	Gay 4.1% Bisexual 1.2% Other 1.2%	Gay 0.9%	Bisexual 0.9%	Other 0.5%	Stats Wales by region (mid and south west Wales)
Religion	Buddhist 1.2% Muslim 0.6%  The only percentage that is lower than the average for the population is the comparison of % responses from Muslims residing in Ceredigion.	Carmarthenshire  Ceredigion  Pembrokeshire	Buddhist 0.2%  Buddhist 0.5%  Buddhist 0.3%	Muslim 0.3%  Muslim 0.7%  Muslim 0.3%	Stats Wales
Unpaid Carers 5/14	19.4%	13%			2011 Census





# What did we engage about?

#### Impact of the pandemic

- Impact on health and wellbeing
- Access to services
- Personal experiences
- Socioeconomic impact

#### **Our strategy**

The Social model for health and wellbeing, and the wider determinants of health

#### **Programme Business Case**

- Site of new hospital
- What's important to people

#### **Equalities**

- Accessible and equitable services
- Personal experiences
- Socioeconomic impact





# How successful was the engagement exercise?

- \* Response:
  - 02,396 visits to the English language site, and 42 to the Welsh language site
  - 01,590 people accessed the English language information; 19 people accessed the Welsh
  - 227 people shared their views (completed the survey online)
- \* Of the 271 respondents (including online and paper questionnaire responses), 209 asked to be kept informed as the work progresses
- \* Detailed views provided about impact of pandemic on our communities and our strategy, showing our strategic ambitions are still relevant
- \* Despite some negative views about zone of new hospital site, people offered detailed views about considerations for the site, suggesting confidence in their ability to influence plans
- \* Similar themes emerging from analysis of surveys, meetings, and social media, suggesting we can trust we have captured views accurately
  - We received the information/ nominations we needed to inform the land selection process





# People's priorities for the site of the new hospital

- Concerns about distance to hospital and how people would get there in a timely way
- Access to public transport to proposed site
- Concerns about costs of transport
- Road infrastructure for proposed site concerns about suitability of road network, and traffic and congestion, especially during summer months
- Plenty of free, accessible parking for patients and staff
- Consider impact on local community and population
- Environmental considerations: avoid greenfield sites, consider carbon footprint and impact on wildlife, include green spaces for patients and staff
- Accessibility for wheelchair users
- Attracting and retaining staff: importance of affordable staff housing near the hospital site, easy access for staff, and affordable transport for staff
- Future proofing: consider the need for expansion, and sustainability of the design, build and future development of services





# Feedback about the strategy relevant to the Programme Business Case process

- Concerns about travel, transport, and access to services
- A request for more integrated services, especially between health and social care, and closer working with the third sector
- The importance of local hubs
- The impact of the pandemic on mental health and wellbeing
- The need to build more resilient communities
- Request for further detail about the strategy e.g. what services will be delivered in each of the hospitals, including the new hospital?
- The need for more staff engagement at ground / frontline level





# **Land process**

- A long list of up to 11 sites identified
- Appraisal of long list to short list to complete October 2021
- Appraisal of short list will follow site investigations and technical appraisals, target completion July 22
- Board decision on a 'preferred option' will need to include parallel consideration of clinical, workforce and equalities impact appraisals associated with the short listed options.
- Process is being agreed in conjunction with the Consultation Institute
- Resource requirements are being identified to support the site investigations and specialist support requirements for the appraisal of the short list





### **Land Identification Timelines**

STAGE 1:
Establish
governance and
agree hurdle
criteria

STAGE 2:
Filter long list generated by public engagement

STAGE 3:
Appraise filtered long list to determine short list

STAGE 4:
Detailed assessment
and appraisal of
shortlist to arrive at
preferred site
location

STAGE 5:
Preferred option
and acquisition
strategy

April 21

End July 21

Sept/Oct 21

Target latest July 22





# Planning Objective Timeline - currently being reviewed

PBC Submission Q3 2021/22

PBC Approval **Q4 2021/22** 

OBCs Completion
December 2022

FBCs Completion
March 2024

### **Achievability depends upon:**

- Funding model and timelines are based on most optimistic traditional capital funded solutions
- Timeline assumes WG approval to move directly from PBC to OBC
- Very fast turnaround of WG approvals including assumption of moving from PBC direct to OBCs
- Funding parallel work whilst approvals are taking place
- Proving affordability
- Delivery of detailed service models upon which the capital plans will be based in a timely manner for OBCs
- Resources to deliver very significant business cases in parallel for the programme
- Outline planning permission for the new hospital will be required for OBC approval
- Identifying and delivering significant public transport infrastructure





### **Next steps**

- PBC will need to ensure that the Board recommendations and CHC recommendations are specifically addressed
- Complete the land identification long list to short list appraisal
- Test the activity scenarios against revenue and workforce assumptions and iterate scenarios accordingly
- Complete capital costings
- Complete the PBC narrative





# Thank you - any questions

