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University Health Board

## Canolbarth a Gorllewin Iachach

Cenedlaethau'r  
dyfodol yn byw  
bywydau iach

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND

# A Healthier Mid & West Wales: Our Future Generations Living Well

## Cross Hands Health & Well-being Centre

### Outline Business Case

Version 0.39 May 2022





## Contents

Appendices  
Changes since previous submission  
Glossary

## Executive Summary

Introduction  
The Strategic Case  
The Economic Case  
The Commercial Case  
The Financial Case  
The Management Case  
Recommendation

## 1 Introduction

1.1 Purpose  
1.2 Context of proposed investment  
1.3 Project Governance  
1.4 Structure and content of OBC

## Strategic Case

## 2 Strategic Context

2.1 Introduction  
2.2 Organisation overview  
2.3 Delivering our strategy for A Healthier Mid and West Wales  
2.4 Alignment with other local and national strategies  
2.5 Whole system approach  
2.6 Alignment with geographical context and local needs  
2.7 Conclusion

## 3 Case For Change

3.1 Introduction  
3.2 Spending objectives  
3.3 Existing arrangements  
3.4 Business needs

## 4 Potential Scope

4.1 Introduction  
4.2 Potential scope

4.3 Service solutions to deliver a new model of care  
4.4 Estates solutions to meet service model  
4.5 Digital solutions

## 5 Main Benefits And Risks

5.1 Introduction  
5.2 Benefits  
5.3 Risks  
5.4 Constraints  
5.5 Dependencies  
5.6 Conclusions

## Economic Case

## 6 Options Identification and Appraisal

6.1 Introduction  
6.2 Critical Success Factors  
6.3 Long-list option appraisal process  
6.4 Determining the long list of options  
6.5 Evaluating the long list of options  
6.6 Results of the long list evaluation  
6.7 Developing the short list of options  
6.8 Conclusion

## 7 Economic Appraisal

7.1 Introduction  
7.2 Capital costs  
7.3 Optimism bias  
7.4 Opportunity costs  
7.5 Residual Value  
7.6 Recurring revenue costs  
7.7 Benefits analysis  
7.8 Risk analysis  
7.9 Economic appraisal  
7.10 Sensitivity analysis  
7.11 Preferred option



## Commercial Case

### 8 Procurement Strategy

- 8.1 Introduction
- 8.2 Acquisition of land
- 8.3 Procurement strategy
- 8.4 Underlying principles
- 8.5 Procurement route
- 8.6 Implementation timescales
- 8.7 Accountancy treatment
- 8.8 Personnel implications

## Financial Case

### 9 Financial Appraisal

- 9.1 Introduction
- 9.2 Capital and Funding Requirements
- 9.3 Impairment and Balance Sheet Treatment
- 9.4 Revenue Affordability
- 9.5 Overall Affordability

## Management Case

### 10 Management Arrangements

- 10.1 Introduction
- 10.2 Project governance arrangements
- 10.3 Project management arrangements
- 10.4 Communications plan
- 10.5 Benefits management
- 10.6 Risk management
- 10.7 Assurance review
- 10.8 Post project evaluation



## Schedule of Tables

Table 1 - Shortlisted options

Table 2 Results of options appraisal

Table 3 - Indicative programme timeline

Table 4 - Structure of the Outline Business Case

Table 5 - Alignment with Strategic Objectives

Table 6 - Spending objectives

Table 7 - Potential scope for Cross Hands Health and Well-being Centre

Table 8 - Overview of core clinical services

Table 9 - Overview of supplementary services

Table 10 - Overview of potential service scope

Table 11 - Overview of preliminary Schedule of Accommodation

Table 12 Overview of demise apportionment

Table 12 - Main benefits

Table 13 - Main risks

Table 14 - Critical success factors

Table 15 - Key dimensions used for identifying long-list of options

Table 16 - Determining the long-list of options

Table 17 - Long list appraisal: Scope

Table 18 - Long list appraisal: Solution

Table 19 - Long list appraisal: Delivery

Table 20 - Long list appraisal: Implementation

Table 21 - Long list appraisal: Funding

Table 22 - Long list evaluation results

Table 23 - Shortlist of options

Table 24 - Shortlist of options

Table 25 Capital costs

Table 26 Lifecycle costs

Table 27 Optimism bias

Table 28 Recurring revenue costs

Table 29 Benefits Analysis

Table 30 Risk quantification

Table 31 Key assumptions used in the economic appraisal

Table 32 Net Present Cost

Table 33 Sensitivity analysis - switching

Table 34 Sensitivity analysis – scenarios

Table 35 Results of options appraisal

Table 36 Capital Cost Summary Preferred Options

Table 37 Capital Cash Flow Requirements

Table 38 Revenue Impact of Scheme – Operating Costs

Table 39 Revenue Impact of Scheme – Capital Charges

Table 40 - Project timeline



## Schedule of Figures

Figure 1 - Project governance structure

Figure 2 – HDUHB Integrated Community Model of Health and Well-being

Figure 3 - HDUHB Strategic Objectives

Figure 4 - Seamless Integrated Pathway of Health and Care

Figure 5 - Geographical context

Figure 6 - Summary of local needs

Figure 7 - The Amman Gwendraeth area (outlined in green)

Figure 8 - Current premises locations

Figure 9 - Cross Hands Health Centre

Figure 10 - Dyfed Powys Police base

Figure 11 - Cross Hands Community Library

Figure 12 – Tumble Surgery

Figure 13 - Meddygfa Penygroes Surgery

Figure 14 - Benefits Map

Figure 15 - Process to identify and assess the long list of options

Figure 16 Risk quantification approach using single-point probability analysis

Figure 17 - contractual relationships between parties at Stage 2 and 3 (OBC and FBC)

Figure 18 - Contractual relationships between parties at Stage 4, 5 and 6

Figure 19 - Project governance

## Appendices

We have grouped our Appendices into categories, as shown in the table below. Appendices have been uploaded to the HDdUHB website. Where marked as available on request please contact: Corporate Governance team: [Generic.Account231668@wales.nhs.uk](mailto:Generic.Account231668@wales.nhs.uk)

Ref	Appendix
A1	<a href="#">Strategic Alignment</a>
A2	<a href="#">Scoping Document</a>
A3	<a href="#">Site Option Review</a>
A4	Land Valuation – commercially sensitive/ available on request
A5	<a href="#">Layout Plans and Schedule of Accommodation</a>
A6	<a href="#">Capital Cost Forms</a>
A7	<a href="#">Lifecycle Cost Forms</a>
A8	<a href="#">Comprehensive Investment Appraisal (CIA)</a>
A9	<a href="#">Letters of Support</a>
A10	<a href="#">Wet Ink Signatures (Chief Executive and Director of Finance)</a>
A11	<a href="#">Project Programme</a>
A12	<a href="#">Benefits Register</a>
A13	<a href="#">Risk Register</a>
A14	<a href="#">Communications and Engagement Plan</a>
A15	Risk Potential Assessment (RPA) – sensitive information/ available on request
A16	<a href="#">Integrated Impact Assessment</a>
A17a	<a href="#">Integrated Assurance and Approval Plan</a>
A17b	<a href="#">Audit Plan</a>
A18	<a href="#">Equality Impact Assessment</a>
A19	<a href="#">Digital Strategy</a>
B1	Estates Annex – large and detailed/ available on request

## Changes since previous submission

Ref	Description	Cross Ref.
1	Strategic Case restructured to align with Better Business Case guidance	Sections 2 – 5
2	Spending objectives revised	Section 2
3	Updated Strategic Context to reflect latest strategy for A Healthier Mid and West Wales and PBC and Appendix A1	Section 2
4	Updated Strategic Context to reflect latest local and national strategy including <ul style="list-style-type: none"> <li>Welsh Government Programme for Government</li> <li>Ministerial Priorities</li> <li>Decarbonisation</li> <li>HDUHB 21/22 Recovery Plan</li> <li>Covid impact</li> <li>Digital Response</li> </ul>	Section 2
5	Risk calculations corrected	Appendix A13
6	Benefits calculation corrected <ul style="list-style-type: none"> <li>Corrected calculation error</li> <li>Removed double count</li> </ul>	Appendix A12
7	Updated delivery timescales	Section 10
8	Updated governance arrangements	Section 10
9	Updated scope <ul style="list-style-type: none"> <li>Remove Ophthalmology</li> <li>Include new Integrated Early Years Centre</li> </ul>	Section 4
10	Streamlined benefits <ul style="list-style-type: none"> <li>Aligned with strategic objectives and programme benefits</li> <li>Revised benefits realisation plan</li> <li>Remove Ophthalmology benefits, include early years benefits</li> </ul>	Sections 2 and 5; Appendix A12
11	Updated Economic Case – Based on latest cost assumptions	Section 7 and Appendix 8
12	Updated Financial Case - Based on latest cost assumptions	Section 9





## Glossary

Abbreviation	Description
BCR	Benefit Cost Ratio
CIA	Comprehensive Investment Appraisal
CSF	Critical success factor
FBC	Full Business Case
HDUHB	Hywel Dda University Health Board
Health Board	Hywel Dda University Health Board
NPC	Net Present Cost
OBC	Outline Justification Case
RPA	Risk Potential Assessment
SO	Spending objective



# Executive Summary

## Introduction

This Outline Business Case (OBC) presents a proposal to develop a Health and Well-being Centre at Cross Hands, Carmarthenshire. The development aims to provide a sustainable solution for the continued provision of primary and community health and social care in the area. Further, in line with Hywel Dda University Health Board's aspiration to adopt a social model of health as outlined in its long-term strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well' (AHMWW Strategy), the development also embraces a community development approach to health promotion.

Recognising the specific needs of the area, the development will provide a 'hub' for the provision of bespoke information, advice and assistance to support and empower the local population to manage their own well-being needs. Adopting this approach and targeting wider determinants of health will provide a valuable contribution to improving the health and well-being of the present and future generations living in the Amman Gwendraeth locality. As outlined in the AHMWW, this will enable the development of integrated community networks.

The Health Board has recently submitted a Programme Business Case (PBC) which sets out the Health Board's proposition to realise the vision articulated in the AHMWW Strategy and create an integrated, patient centric, community based and social model of care. The commitment to develop a community infrastructure that is conducive to delivering the Health Board's objectives and mitigates existing challenges associated with workforce and the wider determinants of health is critical to the portfolio of programmes within this strategy.

The development of Cross Hands Health and Well-being Centre, as a key priority within this portfolio, is central to the delivery of our vision. It will address deficiencies within the current facilities, such as deteriorating buildings, cramped working conditions, and capacity constraints with no potential for expansion.

## The Strategic Case

The development of a Health and Well-being Centre at Cross Hands will bring together the two local GP practices, Cross Hands and Tumble Medical Partnership and Meddygfa Penygroes Surgery. In partnership with Carmarthenshire County Council, the third sector and other public sector organisations, 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 Amman Gwendraeth Locality. This collaboration provides opportunities for wider community use and to deliver social value.

As well as being a key component in delivering our vision outlined in 'A Healthier Mid and West Wales: Our Future Generations Living Well', the development Cross Hands Health and Well-being Centre is critical to the implementation of our capital and estates plans, regional partnerships, practice plans and wider national strategies.

The overarching aims of the project are articulated in our five spending objectives which are aligned with the Health Board's strategic objectives below.

## Spending objectives

Ref	Spending objective	Alignment with Health Board strategic objectives					
		Putting people at the heart of everything we do	Working together to be the best we can	Striving to deliver and develop excellent services	The best health and well-being for our communities	Safe, sustainable, accessible and kind care	Sustainable use of resources
SO1	To deliver a modern integrated model of care incorporating primary, community and social care services	✓	✓		✓		
SO2	To provide appropriate capacity for the delivery of sustainable 21st century health and well-being	✓		✓	✓		
SO3	To provide a high-quality safe and modern, sustainable environment that is compliant with current and future regulatory standards	✓				✓	✓
SO4	To provide the most appropriate healthcare in the most appropriate place	✓		✓	✓		✓
SO5	To provide a sustainable GMS	✓	✓			✓	✓

The existing arrangements result in significant problems that mean continuing with business as usual is not an option. Urgent action is required if we are to continue to provide high quality, safe and sustainable services to the local population. Moreover, current arrangements are not conducive to the delivery of national, regional or indeed the Health Board's own strategy and ambition (please refer to Section 3.)

The main problems with current arrangements are that the poor condition and restricted capacity of existing premises:

- Create challenges delivering quality and safe services and complying with current standards;
- Provide limited opportunities to address the significant challenges related to the sustainability of the workforce, in particular, those faced by the two GP practices in relation to GMS sustainability in the area;
- Do not support the delivery of our long-term strategy.

The project aims to address these business needs by developing a health and well-being centre which incorporates service areas outlined in the scope options outlined below. The three categories form the basis for exploring the varying options for delivery of the project.

Core clinical services (Scope A)	Supplementary services (Scope B)	Other services (Scope C)
<b>GMS Services</b> <ul style="list-style-type: none"> <li>GMS Cross Hands and Tumble Medical Partnership</li> <li>GMS Meddygfa Penygroes Surgery</li> </ul> <b>Community Health Services</b> <ul style="list-style-type: none"> <li>Specialist Care Chronic Conditions</li> <li>Midwives, Health Visitors, Community Nursing Teams, Community Children's Nursing</li> <li>Therapies: Physio, OT, SALT and Dietetics</li> <li>Podiatry</li> <li>Mental Health</li> <li>CRT Duty Team</li> </ul> <b>Universities</b> <ul style="list-style-type: none"> <li>Undergraduate and postgraduate placements</li> </ul>	<b>Integrated Early Years Centre</b> <ul style="list-style-type: none"> <li>Transformed community-based service to families for children aged 0-12</li> </ul> <b>Audiology</b> <ul style="list-style-type: none"> <li>Audiology, Adult and Paediatric Community.</li> </ul> <b>Community Pharmacy</b> <ul style="list-style-type: none"> <li>Wide range of enhanced services</li> </ul> <b>Other space</b> <ul style="list-style-type: none"> <li>Social Community Care shared space (community run events)</li> <li>Third Sector shared space</li> <li>Research and Innovation</li> <li>Social Prescribing</li> </ul>	<b>Police</b> <ul style="list-style-type: none"> <li>Police (capital funding available)</li> </ul> <b>Carmarthenshire County Council</b> <ul style="list-style-type: none"> <li>Community Library/Resource area (fitting and equipping capital funding available)</li> <li>Café/ Refreshment area</li> </ul>

## The Economic Case

A long list of options to deliver the project was developed using the options framework and a robust evaluation of the resulting long list was undertaken which assessed how well options meet spending objectives and critical success factors. This resulted in a shortlist of four options for the delivery of the project is outlined below:

*Table 1 - Shortlisted options*

<b>Option 0</b> <b>Business as Usual</b>	Continue with existing arrangements.
<b>Option 1</b> <b>Do Minimum</b>	Create new build health and well-being centre to accommodate and enable integrated ways of working for Scope A (core clinical services) in the initial phase which will be funded by traditional capital.
<b>Option 2</b> <b>Less Ambitious</b>	Create new build health and well-being centre to accommodate and enable integrated ways of working for Scope A (core clinical services) and Scope B (supplementary services) in the initial phase, funded by traditional capital.
<b>Option 3</b> <b>Preferred Way Forward</b>	Create new build fully integrated health and well-being centre to accommodate Scope A (core clinical services), Scope B (supplementary services) and Scope C (other services) in a single phase, funded by traditional capital.

A detailed evaluation of the shortlisted options was undertaken and is described in Section 7. The results of the options appraisal including the economic appraisal, benefits appraisal and risk assessment are presented in the table overleaf.

## Results of options appraisal

The results of the options appraisal are presented in the table below.

*Table 2 Results of options appraisal*

	<b>Option 0 BAU</b>	<b>Option 1 Do Minimum</b>	<b>Option 2 Less Ambitious</b>	<b>Option 3 PWF</b>
Discounted Net Present Cost	<b>£19,565k</b>	<b>£37,036k</b>	<b>£37,419k</b>	<b>£35,447k</b>
Equivalent Annual Cost	<b>£528k</b>	<b>£553k</b>	<b>£558k</b>	<b>£529k</b>
Benefit Cost Ratio	<b>0.00</b>	<b>0.22</b>	<b>0.24</b>	<b>0.27</b>

The results of this analysis suggest that

- Option 3 represents the best value for money because it has the lowest NPC and best BCR. This is because despite the increased capital investment required, it maximises benefits by having a fully integrated community hub and minimises risk by providing the capacity and resilience required to meet the needs of the local population.
- Option 2 would reduce the level of investment required while delivering a similar level of financial benefits. However, it does not maximise non-financial benefits and increases the risk value since without including all elements in the community hub it may be challenging to deliver the entire vision for the future of community care in Amman Gwendraeth.
- Option 1 reduces the level of investment even further as well as the revenue costs. However, since it only covers core clinical services, it increases the risk of being able to deliver the future vision and reduces the financial and non-financial benefits.
- Option 0 requires minimal investment but does not enable delivery of the future vision and so will not be possible to realise any benefits. It results in the highest expected risk value since it offers lowest level of capacity and resilience. It is therefore not a feasible option.

On the basis of this analysis, Option 3 which incorporates core clinical, supplementary and other services in a new build fully integrated health and wellbeing centre, is the preferred option.

## The Commercial Case

The delivery of the preferred solution requires

- Land acquisition - The Health Board has reached agreement with the Local Authority and Joint Venture (JV) partner, on a subject to contract basis to purchase 3.127 acres of land at Cross Hands for the sum of £660,000 (plus VAT) for its proposed development of the Cross Hands Health & Well-being Centre. On the basis that the title ownership within the 3.127 acres is with the Local Authority and their Joint Venture partner, the Authority is providing a recommendation to their Executive Board that the Council purchase the JV partner interest. The Authority are working to arrange the JV land title purchase in advance of the OBC approval, and exchange of contract with the Health Board. Upon approval of the OBC a 10% deposit will be payable on exchange of contracts to the Authority, and remaining balance upon approval of the FBC, in line with the agreed timelines for the project.
- Procurement in relation to the design and build of a health and well-being centre at Cross Hands to accommodate Scope A, B and C based on the schedules of accommodation.

The procurement strategy will be developed to reflect the underlying principles outlined in the AHMWW PBC including

- Well-being of Future Generations (Wales) Act 2015:
- Social Value:
- Decarbonisation and alignment with Net Zero by 2030.
- NHS Wales Infrastructure Investment Guidance and Annexes.

## The Financial Case

Delivery of the preferred option results in the following funding requirements:

- The gross capital cost of the proposed project is £37,241,187.
- The scheme will be delivered within the existing revenue envelope since additional premises costs will be offset by savings in rent and additional income.
- There will be additional annual depreciation costs associated with the scheme of £939,001.
- This OBC assumes the strategic funding of the capital charges by Welsh Government.

## The Management Case

Management arrangements and detailed plans have been developed to ensure successful delivery of the preferred option including the project governance structure and management arrangements, engagement plans, benefit realisation and risk management plans, as well as project evaluation plans.

Key milestones for project delivery are summarised below. Achievement of this programme is dependent on Welsh Government granting approvals within the timescales shown.

If there exists an appetite from Welsh Government to accelerate the project programme then opportunities can be jointly explored.

*Table 3 - Indicative programme timeline*

Milestone	Duration	Start	Completion
OBC update and internal governance	15 weeks	16/02/22	31/05/22
OBC submission to Welsh Government and approval	12 weeks	31/05/22	22/08/22
Planning update	21 weeks	08/12/21	26/05/22
FBC development and approvals	58 weeks	23/08/22	23/10/23
Reserved Matters Planning Application	18 weeks	30/11/22	21/04/23
Land Purchase & Formal exchange of Title	3 weeks	30/10/23	20/11/23
Construction to handover	79 weeks	27/11/23	14/07/25



Service commissioning	8 weeks	14/07/25	08/09/25
Facility operational		08/09/25	08/09/25

## Recommendation

Based on the proposals outlined in this business case, approval is requested to commence the procurement of the preferred option and proceed to Full Business Case stage.

Signed: .....

**Senior Responsible Owner**

Date: .....

# 1 Introduction

## 1.1 Purpose

1.1.1 This introductory section of the OBC provides an overview of:

- The context of the proposed investment;
- The governance arrangements for the project; and
- The structure and the content of the OBC.

## 1.2 Context of proposed investment

1.2.1 A core element of the proposals developed for the Health Board's 'A Healthier Mid and West Wales: Our Future Generations Living Well' (AHMWW) Programme Business Case (PBC) is to develop community infrastructure that is conducive to delivering its objectives and mitigates existing challenges associated with workforce and the wider determinants of health.

1.2.2 The development of a Health and Well-being Centre in Cross Hands is a key deliverable of this future model of care and is identified as one of the key planning objectives within the PBC and the Health Board's Three Year Plan 2022-25.

1.2.3 Deficiencies within the current facilities, such as deteriorating buildings, cramped working conditions, and capacity constraints with no potential for expansion are creating significant problems for GP contractors and community health services in the area including:

- The need to work across a number of sites, resulting in fragmented services that create operational challenges and do not align with the future model of care outlined within the Health Board's Health and Care strategy.
- Insufficient capacity to accommodate the workforce required to meet current and increasing demand in the area;
- Inability to address ongoing workforce sustainability issues; and
- Ongoing challenges in delivering quality and safe services from ageing facilities.

1.2.4 The project has been on the planning agenda for a number of years and the Health Board has continued to reassure the local community that a health facility at Cross Hands remains part of the Health Board's planning for future services. During this time, an opportunity emerged for the Health Board to acquire land which would allow the facilitation of a new development.

1.2.5 It is proposed that primary and community health services in the local area will be relocated to the new Health and Well-being Centre. The Centre will form a critical 'hub' to support the provision of information, advice and assistance, and the development of an Integrated Early Years Centre, not only in Cross Hands but more widely through the Amman Gwendraeth Locality. The Centre will allow co location with the social care

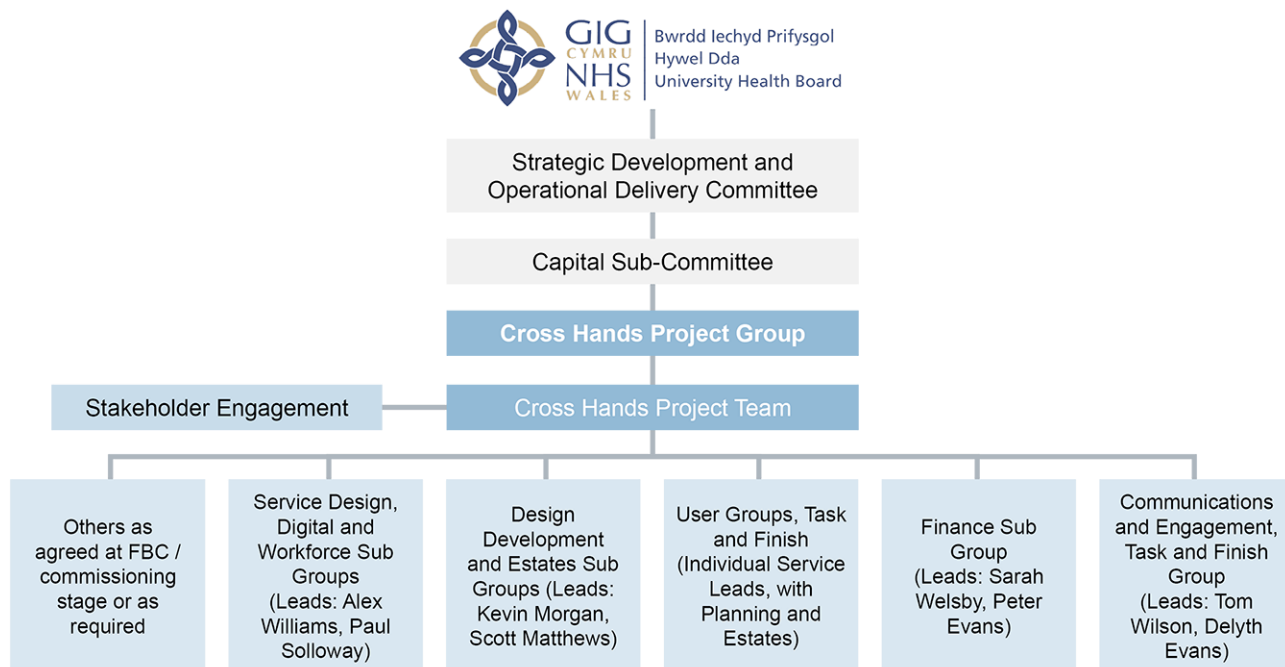


community services but will also support integration at population level and provide much needed 'space' for community and third sector groups to meet and view as their own. The development will also need to compliment those services proposed for Pentre Awel Life Science and Well-being Village (Pentre Awel).

- 1.2.6 Potential capital funding for the development forms part of the AHMWW PBC which seeks approval to implement the A Healthier Mid and West and Wales Programme – Proposal B+. If approved, the Programme will include:
- Construction of a new Urgent & Planned Care Hospital on a site to be identified between Narberth and St Clears.
  - Repurposing or rebuild of Withybush and Glangwili General Hospitals.
  - Refurbishment of Bronglais General Hospital and Prince Philip Hospital.
  - Development of our community estate in line with our strategic vision, including the Cross Hands Health and Well-being Centre.
- 1.2.7 To date, the Welsh Government has been supportive of the development and provided financial support to progress the business case process which includes acquiring the land necessary at Full Business Case stage to 'unlock' this particular development.
- 1.2.8 A series of stakeholder workshops were held during 2018 and 2019 to determine the scope of the project and identify and assess a broad range of options for delivering the scheme. Following the conclusion of this, design work commenced to develop the preferred way forward in detail.
- 1.2.9 Learning from the pandemic reinforced the need for the development of Cross Hands Health and Well-being Centre.
- 1.2.10 In 2021, the Health Board revisited the scope of services previously identified. As part of this it was agreed that the inclusion of an Integrated Early Years Centre was more in line with the implementation of its Health and Care Strategy than locating Ophthalmology serves in Amman Valley. Furthermore, discussions were underway around regional solutions to the Health Board's Ophthalmic capacity and service delivery that would supersede the Cross Hands solution. On that basis, it was agreed that the Cross Hands Health and Well-being Centre OBC would exclude the accommodation identified for Ophthalmology but incorporate the Integrated Early Years Centre.
- 1.2.11 The OBC seeks to demonstrate that the preferred option identified by key stakeholders delivers optimum value for money both now and into the future. It describes the case for change and evaluates a broad range of options within a rigorous appraisal process, as well as setting out procurement plans, the financial impact and implementation plans for delivering the preferred option.

## 1.3 Project Governance

Figure 1 - Project governance structure



- 1.3.1 The Health Board has established governance arrangements for the project that reflect its governance process and are consistent with the principles established in the Infrastructure Investment Guidance.
- 1.3.2 The chart above illustrates the governance structure for the project. Further details of the objectives of each group and the roles and responsibilities of key stakeholders are provided in the Management Case.

## 1.4 Structure and content of OBC

- 1.4.1 This OBC follows the Five Case Model in line with Welsh Government best practice guidance as set out in 'Better Business Cases: Guide to Developing the Project Business Case'. The structure of the OBC is outlined in the table below (Figure 1-2).

Table 4 - Structure of the Outline Business Case

Case	Section	Purpose	Description
Strategic	2	Strategic Context	Provides an overview of current services and explains how the project is strategically placed to contribute to the delivery of organisational goals.
	3	Case for Change	Establishes the case for change by outlining the spending objectives, existing arrangements and business needs.

Case	Section	Purpose	Description
	4	Potential Scope	Identifies the potential scope of the project in terms of the operational capabilities and service changes required to satisfy the identified business needs.
	5	Benefits and Risks	Identifies the benefits, risks, constraints and dependencies for the project.
Economic	6	Options Identification	Explores the preferred way forward by agreeing critical success factors (CSFs), determining the long list of options, and undertaking a SWOT analysis to identify a shortlist of options.
	7	Economic Appraisal	Appraises the economic costs, benefits and risks for the short-listed options.
	8	Preferred Option	Identifies the preferred option by reviewing the outputs of the economic appraisal, as well as consideration for the benefits and risks of each of the shortlisted options to determine which option offers the best value for money.
Commercial	9	Procurement Route	Outlines the procurement strategy and routes that have been agreed.
	10	Commercial Arrangements	Outlines the contractual arrangements of the potential deal to deliver the preferred solution for the project.
Financial	11	Financial Appraisal	Sets out the forecast financial implications of the preferred option.
Management	12	Management Arrangements	Sets out the arrangements put in place to manage the project to successful delivery.



# Strategic Case

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## 2 Strategic Context

### 2.1 Introduction

2.1.1 This section of the business case outlines the strategic context for the proposals to develop Cross Hands Health and Well-being Centre by explaining how the project is strategically placed to support delivery of the Health Board and partner organisations goals. This includes:

- Providing an overview of the organisations working in partnership to successfully deliver the project.
- Outlining how the project will contribute to achieving our business strategies and aims, in particular our 'A Healthier Mid and West Wales: Our Future Generations Living Well' strategy.
- Describing how the project aligns with other relevant local and national strategies.
- Describing the geographical context and local health needs.

### 2.2 Organisation overview

2.2.1 The project is led by Hywel Dda University Health Board (the Health Board) in partnership with Carmarthenshire County Council and the two local GP Practices: Cross Hands and Tumble Medical Partnership and Meddygfa Penygroes Surgery. In addition to this, other service providers are involved in the co-production of proposals including Swansea University School of Medicine, Dyfed Powys Police and Third Sector partners.

2.2.2 An overview of the main organisations who will collaborate to implement the changes and oversee services delivered from the new facilities is provided in the list below.

- **Hywel Dda University Health Board:** Provides healthcare services to a population of 393,600 throughout Carmarthenshire, Ceredigion and Pembrokeshire. Managing and paying for the majority of care and support that people receive in hospitals, health centres, GP surgeries, dentists, pharmacists, opticians and other settings, including within the community. As at February 2022 there are 11,030 substantive staff in post across the Health Board.
- **Carmarthenshire County Council:** Provides services across a rural county to a population of around 184,000 (2011 Census). The Council comprises 74 elected Councillors representing 58 Electoral Wards from a range of political groups. The Council is responsible for providing an extremely diverse range of services, employing over 9,000 members of staff with an annual turnover of over £500 million.
- **Cross Hands and Tumble Medical Partnership:** Operating from the main surgery (Tumble Surgery) and a branch surgery (Cross Hands Health Centre) the practice provides general medical services to 7,500 patients in the Cross Hands area including six nursing / residential homes. It provides a range of services including cervical cytology, contraception, adult and child immunisations, minor surgery, child health surveillance, diabetic care and maternity services. The practice has three partners and

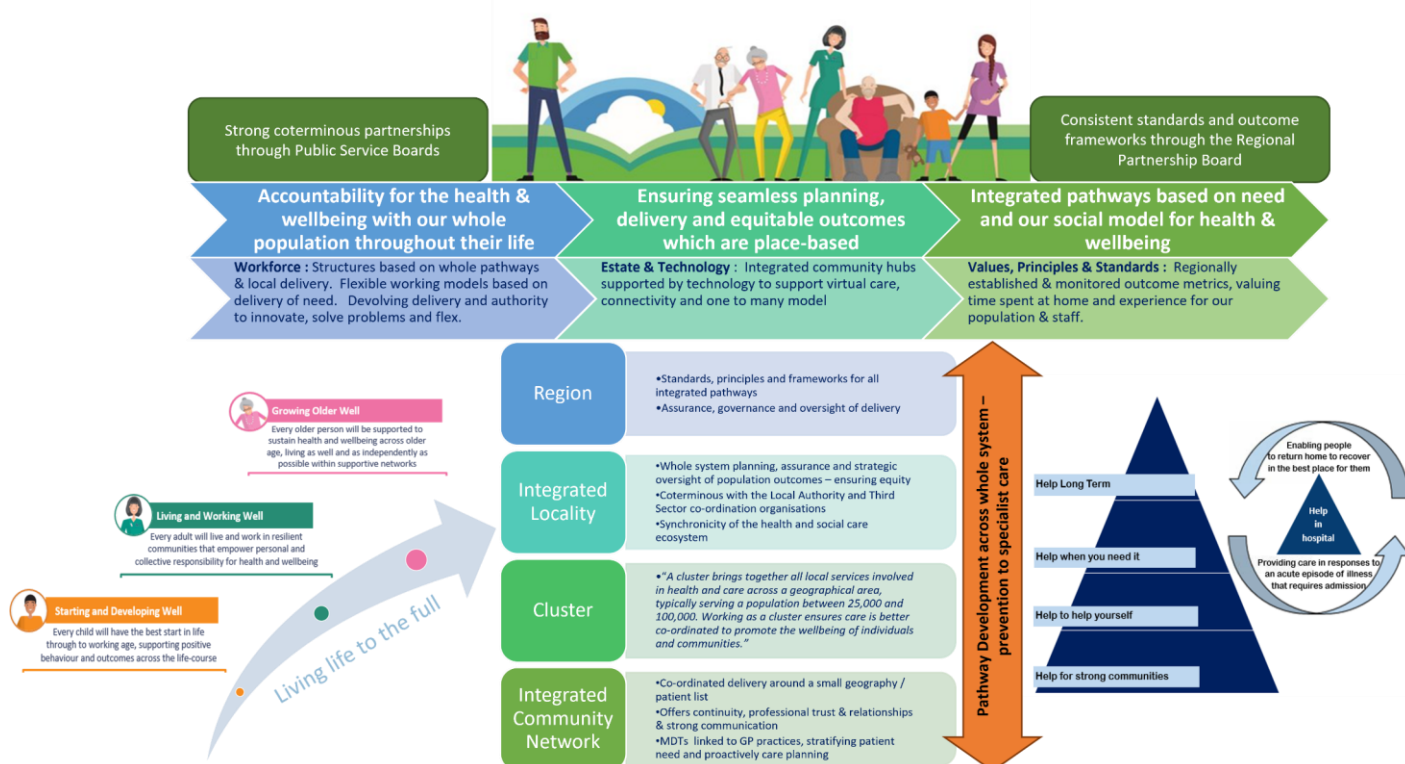
one salaried GP and employs three practice nurses, one clinical pharmacist, one advance nurse practitioner, and one health care assistant.

- **Meddygfa Penygroes Surgery:** A rural practice providing general medical services from two sites to 8,809 patients in the Mynydd Mawr area of the Gwendraeth Valley. The majority of patients live within four miles of the surgeries at Penygroes and Cross Hands although the surgery also provides care for people in the immediate villages within the practice boundary recognized by the Health Board. It provides full maternity care, child and adult immunization, health promotion clinics, a seasonal influenza programme and minor surgery. The practice has four GP partners and employs four practice nurses with special practice nurse training, one clinical pharmacist and one health care assistant.
- **Dyfed-Powys Police and Crime Commissioner:** Dyfed-Powys Police safeguard people living, working and visiting the Counties of Carmarthenshire, Ceredigion, Pembrokeshire and Powys. Cross Hands facilities incorporate a former single storey main Police station and two semi-detached former Police Houses, one of which has been converted to provide storage, kitchen and office facilities.

## 2.3 Delivering our strategy for A Healthier Mid and West Wales

- 2.3.1 The development of Cross Hands Health and Well-being Centre is critical to the delivery of Health Board and partner organisation strategies, as well as aligning to national policies and strategies.
- 2.3.2 Crucially, it is a key component in delivering the Health Board's overarching strategy set out in 'A Healthier Mid and West Wales: Our Future Generations Living Well' (AHMWW) Programme Business Case (PBC).
- 2.3.3 The AHMWW strategy describes how we will transform and deliver health and care services that are fit for the future for everyone. This involves a shift in focus to delivering sustainable primary and community services that focus on prevention and early intervention, enabling more care to be delivered closer to home. Central to this is an integrated network of partnerships and relationships that are rooted firmly in the local population.
- 2.3.4 An overview of this is provided in the illustration below.

Figure 2 – HDUHB Integrated Community Model of Health and Well-being



2.3.5 The strategy informs our Strategic Objectives, set out in our *Three Year Plan 2022-25*, which relate to People and Services. Our Strategic Objectives for People are founded in our values and place humanity at the centre of what we wish to be as an organisation. Our Strategic Objectives for Services bring together our ambitions to focus on population health and well-being in its widest sense – the need to deliver now and for the future and to manage all resources in a sustainable manner.

Figure 3 - HDUHB Strategic Objectives

People	1	Putting people at the heart of everything we do	Services	4	The best health and well-being for our individuals, families and communities
	2	Working together to be the best we can be		5	Care that is safe, sustainable, accessible and kind
	3	Striving to deliver and develop excellent services		6	Sustainable use of resources

2.3.6 The benefits of the Cross Hands development are aligned with these strategic objectives as outlined in the table below.



Table 5 - Alignment with Strategic Objectives

Strategic Objective	A Healthier Mid and West Wales Benefits	Associated Cross Hands Benefits
<b>1. Putting people at the heart of everything that we do</b>	<ul style="list-style-type: none"> <li>Community ownership</li> <li>Staff satisfaction</li> <li>Patient experience</li> <li>Equity of access</li> </ul>	<ul style="list-style-type: none"> <li>Workforce resilience</li> <li>More GP time released for care</li> <li>Better communication between staff</li> <li>Improved patient and carer experience</li> <li>Improved staff satisfaction</li> <li>Improved recruitment and retention</li> </ul>
<b>2. Working together to be the best we can be</b>	<ul style="list-style-type: none"> <li>Local regeneration / opportunities for local business</li> <li>Joint roles between sectors</li> <li>Increased resources in primary prevention</li> </ul>	<ul style="list-style-type: none"> <li>Improved clinical decision making</li> <li>Reduced pressure on acute system</li> <li>Support Early Years Pathway</li> </ul>
<b>3. Striving to deliver and develop excellent services</b>	<ul style="list-style-type: none"> <li>Digitally enabled workforce</li> <li>Improved BI</li> <li>Reduced use of paper records</li> <li>Digitally enabled estates and benefits</li> <li>Improved quality of data / management information</li> <li>Improved patient outcomes (Quicker diagnosis, care, treatment and onward referral)</li> </ul>	<ul style="list-style-type: none"> <li>Agile working</li> <li>Improved patient outcomes</li> </ul>
<b>4. The best health and well-being for our communities</b>	<ul style="list-style-type: none"> <li>Social model for health (% of care provided out of hospital; increased life expectancy)</li> <li>Resources are invested more efficiently and effectively</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to well-being services</li> <li>Better management of long term conditions</li> <li>Reduced home visits reducing travel costs and time</li> <li>Support Early Years pathway</li> </ul>
<b>5. Safe, sustainable, accessible and kind care</b>	<ul style="list-style-type: none"> <li>Improved patient safety</li> <li>Flexible workforce (including virtual appointments)</li> <li>Volume of services delivered</li> <li>Improved waiting and Referral to Treatment times</li> <li>Improved financial position / reduction in deficit</li> </ul>	<ul style="list-style-type: none"> <li>Care closer to the community</li> <li>Reduced waiting times</li> </ul>

Strategic Objective	A Healthier Mid and West Wales Benefits	Associated Cross Hands Benefits
<b>6. Sustainable use of resources</b>	<ul style="list-style-type: none"> <li>• Biophilic design</li> <li>• Meet carbon reduction targets (supply chain) / reduction in carbon emissions</li> <li>• Pathways based on Value Based Healthcare principles</li> <li>• Reduced backlog maintenance</li> <li>• Improved statutory compliance</li> <li>• Improved space utilisation</li> <li>• Improved functional suitability and resilience</li> <li>• Reduced estate management costs per m2</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced backlog maintenance</li> <li>• Improved compliance</li> <li>• Improved functional suitability</li> <li>• More energy efficient building</li> </ul>

- 2.3.7 The AHMWW PBC sets out the planning objectives that are required to deliver our strategy. Specifically Planning Objective 5C outlines the need to produce and agree final business cases in line with the vision and design assumptions set out in AHMWW, develop plans for the infrastructure requirements in support of the health and care strategy and Integrated Locality Plans.
- 2.3.8 The Health Board's *Three Year Plan 2022-25*, which identifies the priorities and actions required over the next three years to deliver the AHMWW strategy, specifically lists the development of the business case for the Cross Hands Health and Well-being scheme as a priority action for 2022/23.
- 2.3.9 Our *Three Year Plan* built on the *Annual Recovery Plan Summary (2021/22)*, which was submitted to Welsh Government in June 2021 and set out a plan for recovery from the pandemic. It described the ongoing work to learn about the impact of the pandemic and the changes and innovations that have taken place as a result. This work has directly informed the revised Strategic Objectives described above.
- 2.3.10 We learnt from this work that some of our long-term ambitions, articulated in the AHMWW strategy, were partly delivered through necessity: for example, a shift towards delivering some services virtually, through digital platforms. This is expected to have a positive impact on our productivity and decrease our carbon footprint by reducing the need for patients and our staff to travel.
- 2.3.11 This confirms that the case for investing in Cross Hands remains valid and, in line with our previous *Infrastructure and Investment Enabling Plan 2019-22*, is identified as a priority scheme included in our forward looking All Wales Capital Programme.

## 2.4 Alignment with other local and national strategies

- 2.4.1 The AHMWW PBC was developed whilst working in alignment with a framework of Welsh and UK Government strategies, ensuring that the AHMWW Programme is consistent with them and advances their ambitions, particularly the Ministerial Priorities, Welsh Government Programme for Government (June 2021) and the Well-being of Future Generations (Wales) Act 2015.

- 2.4.2 Cross Hands Health and Well-being Centre aligns with and contributes to the realisation of the AHMWW Programme as well as national strategies. Our analysis and mapping of this Project against the Programme and government strategies and plans is provided in the Strategic Assessment at Appendix A1. This includes alignment with the following key policy areas:
- **National strategy:** Ensuring the scheme contributes to the achievement of the Health Board's Well-being Objectives which were developed in order to meet the Well-being Goals outlined in the *Well-being of Future Generations (Wales) Act 2015* and aligned with *Ministerial Priorities* and *Welsh Government Programme for Government (June 2021)*.
  - **Digital:** Aligning with *Our Digital Response 2020-25* by ensuring that the scheme maximises the opportunity to exploit digital technologies to deliver patient centred solutions in neighbourhoods and communities.
  - **Environmental:** Delivering on our commitment to the NHS Wales Decarbonisation Strategic Delivery Plan 2021-20 by ensuring the scheme aligns with the Health Board's "Scoping and Modelling Assessment for Building and Transport Decarbonisation" (July 2021) and that we align with *Welsh Government Programme for Government (June 2021)*'s commitment to "embed our response to the climate and nature emergency in everything we do".
- 2.4.3 In addition, it aligns with and contributes to a wide range of local and regional strategies and plans as outlined below.
- 2.4.4 **Carmarthenshire Integrated Plan 2022-25:** Carmarthenshire will operate as one of three Integrated Localities within the Health Board. The Integrated Plan outlines how the Integrated Locality will focus on 'Help for Stronger Communities'; strengthening our communities to care for themselves through embedding community connectors/social prescribers and co-ordinators into local Integrated Community Networks, as well as actively pursuing opportunities to enable continuous engagement, support for carers and a model which enables community led initiatives to thrive. Cross Hands Health and Well-being Centre embodies the ethos of
- 2.4.5 **Learning from Covid-19 and other schemes:** The *Carmarthenshire Integrated Plan* identifies to the need to review Cross Hands reflecting on learning from the pandemic and future considerations with virtual and remote working. *Integrated Care and Hot Desks: An exploration of the links between open-plan offices and hot desks and integrating a workforce to produce integrated care in the NHS* outlines how disparate groups of staff experienced the move into Integrated Care Centres at Aberaeron and Cardigan. It asserts that **integrated care can only be delivered by an integrated workforce**, concluding that this needs to be enabled by both the building design and ways of working providing opportunities for informal networking and meet-and-create time. In particular, its findings provide an opportunity for the design of Cross Hands Health and Well-being Centre to use its space and place to create a sense of belonging, and provide optimum opportunities for communication and unity.
- 2.4.6 **Dyfed-Powys Police:** Strategically Dyfed-Powys Police and Crime Commissioner is focussed on the delivery of collaborative working in fit for purpose cost effective buildings, which enhances operational performance and increases the quality of service to its communities. The development of a Cross Hands Health and Well-being Centre

represents a joint opportunity clearly supporting our Police and Crime Plan aims in *Keeping Our Communities Safe* and *Safeguarding the Vulnerable and Connecting with Communities*, as well as supporting the UK-wide shift towards multi-agency information sharing models. A police presence within the Health and Well-being Centre will enable greater partnership working and better information sharing to enable earlier identification of vulnerable people and improve safeguarding responses.

2.4.7 ***Cross Hands and Tumble Medical Partnership Practice:*** The practice's *Development Plan* is dependent on the development of Cross Hands Health and Well-being Centre to be able to respond to its key challenges which include:

- More effective working: by upskilling the workforce and working collaboratively to develop cluster plans that will improve access.
- Collaborative working: to address increasing waiting lists for secondary care and improve access to planned care.
- Build on multidisciplinary ways of working: working with partners including third sector to improve access to social care services and reduce unscheduled care attendances.
- Provide appropriate capacity: to address the demand pressures of managing multiple co-morbidities and links with six residential nursing homes.

2.4.8 ***Meddygfa Penygroes Surgery Practice:*** Its *Development Plan* also places the development of Cross Hands Health and Well-being Centre at the centre of responding to its key challenges which include:

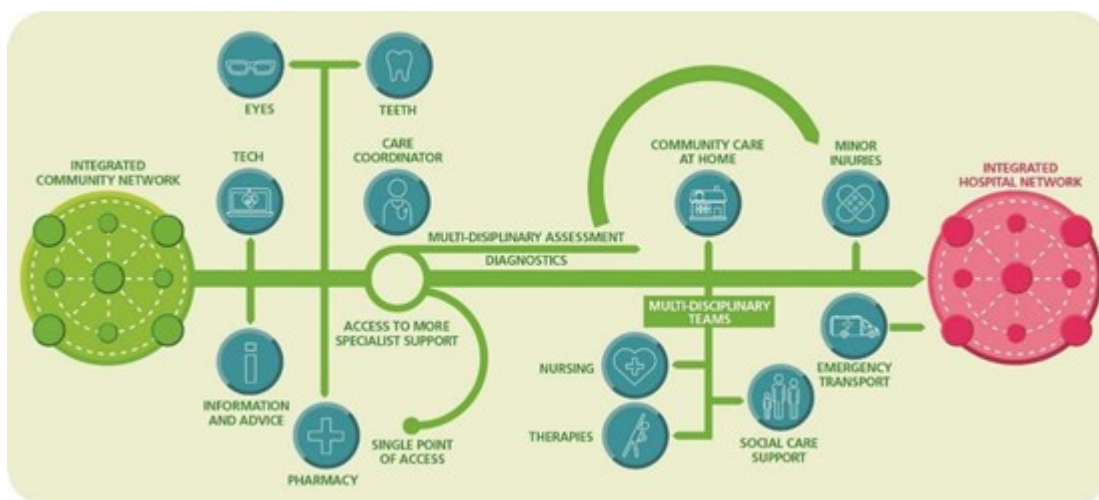
- Continue with open access arrangements: to meet high demand for appointments.
- Improve patient education: to reduce A&E attendances.
- Provide appropriate capacity: to deliver additional clinics to address the health needs arising from the increasingly ageing population and high levels of deprivation.
- Improve integration: to improve flexibility and address the challenges of split site working.

2.4.9 ***Early Year Integration Transformation Programme:*** Carmarthenshire is one of eight Pathfinders in Wales involved in the Early Years Integration Transformation programme which seeks to develop joined up and responsive Early Years' services to ensure every child has the best start in life. Supporting Early Years' development is one of our priorities. It is anticipated that planned housing developments in the area will result in increasing numbers of families with young children. There is already a high incidence of child poverty in the area and we know that economic hardship is one of the most common Adverse Childhood Experiences (ACE). Preventing or reducing the impact of this will not only benefits the current generation but future generations as well. Cross Hands Health and Well-being Centre will act on evidence from the Flying Start programme, which demonstrates that integrated working can improve outcomes for families and young children and support a reduction in ACE, by providing appropriate shared community space and library space to bring together Early Years' services and allow them to be delivered in an integrated way.

## 2.5 Whole system approach

- 2.5.1 We know that in order to achieve our vision 'whole system' change is required to move from a focus of 'illness' to a focus on 'wellness'. This means embracing a Social Model of Health that considers a broader range of factors that influence health and well-being, including environmental, economic, social and cultural factors. This means addressing every aspect of life that can impact on a person's health and well-being and mobilising all the available information, advice and assistance (IAA) to not only manage presenting conditions but tackle their root cause to improve outcomes in both the short and the longer term.
- 2.5.2 This whole system approach does not see primary and secondary care in isolation but involves a range of services working together to provide seamless care for local people. In line with a Social Model of Health, this approach recognises that health is about far more than healthcare and requires contributions from across the whole system as an integrated population health and wellness system spanning multiple settings and delivering care and support that fits around the person and what matters to them. This can include hospital services, community services, primary care (such as GP surgeries), social care, informal carers and support of the wider public services (e.g. police and fire service), people's homes, education, employment, leisure, food and the environment. We are committed to work in an integrated way across health and social care and the wider system at regional and locality level.

*Figure 4 - Seamless Integrated Pathway of Health and Care*



- 2.5.3 The objective of adopting a whole-system collaborative approach is to improve well-being, promote independence, prevent ill-health and access specialist care as and when required. The future whole-system approach aims to:
- Deliver integrated care and support, enabled by digital technology with communication of information between health and social care partners across traditional community and hospital boundaries and allows people to access more information about their health and care;
  - View mental health and care equally with physical health and care, ensuring that those with mental health problems receive equitable access to the most effective and safest care available;



- Consider the full seven-days of the week, expanding access to the services that will have the most positive impacts;
- Create a single point of access to health and care, linking all areas that contribute to the healthier lives of the people and communities; and
- Increasingly considers carbon footprint to maintain the environment for the health and well-being of future generations.

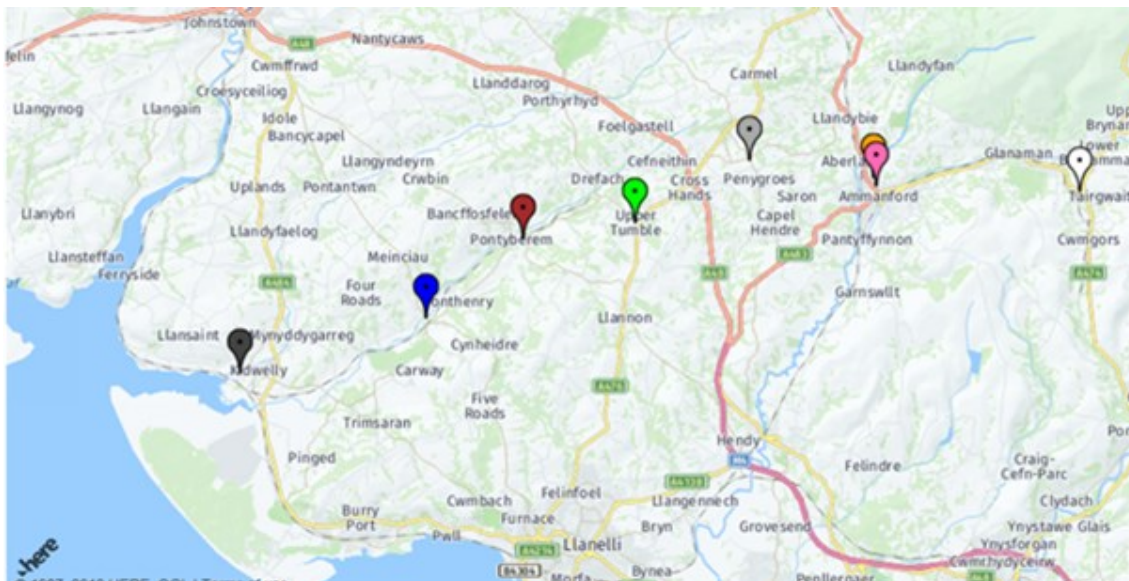
- 2.5.4 The AHMWW PBC describes the service model that was identified as the preferred way forward during the 12-week public consultation exercise that took place in April 2018. Integral to this is the development and implementation at pace of an enhanced community model, based on an integrated social model for health and well-being, and focused on prevention, well-being and early intervention to help build resilience and enable people to live well within their own communities.
- 2.5.5 This includes strengthening integrated working and developing integrated community networks, developing a number of health and well-being centres and demonstrating the new community model in action, via early implementer sites.
- 2.5.6 Integrated community networks are generally supported by one or more health and well-being centres which will bring people and services together in one place. These well-being centres can include community venues (including community halls and libraries) that provide a central hub for communities to meet, connect and access information, advice and assistance that will enable them to be able to take preventative approaches and ensure they and their families are able to live well both now and into the future.
- 2.5.7 This Health Board has seven 'Localities' within its geographical footprint; these Localities are co terminus with our primary care GP Clusters and are typically home to populations ranging between 50, 000 and 60, 000. The geographical footprint in Hywel Dda University Health Board (H DUHB) and its local demography is diverse ranging from dense urban deprived areas to semirural / post-industrial areas and remote rural agricultural communities. It is well documented that the health needs of populations (and the consequent demand for services) are defined by wider determinants including their living environment, the demographic / geographical context of the area that they live, education and the life choices that individuals make for themselves.
- 2.5.8 In this context, the health and care needs of populations at Locality level are varied as should be the solutions to manage those needs. It is therefore accepted that each Locality's integrated pathway of health and care (or community network) may and arguably should look different to meet the bespoke needs of that area.
- 2.5.9 A core element of our AHMWW strategy is to develop integrated community networks in each Locality. These are defined as complex and interwoven collections of information, groups, services and professionals which interact with our communities face to face, on the phone or through digital platforms providing the local area with comprehensive access to information, advice (IAA).
- 2.5.10 While it is acknowledged that partner organisations and the communities themselves will have infrastructure that can contribute to delivering this seamless system e.g. community halls and libraries, we need to ensure that our own facilities are able to support the provision of modern health care and we know that some of our current facilities do fall short, in areas such as space and a lack of facilities.

## 2.6 Alignment with geographical context and local needs

- 2.6.1 Carmarthenshire is the third largest county in Wales, covering 2,365 square kilometres. The agricultural economy and landscape of rural Carmarthenshire sits side by side with the urban and industrial south-eastern area. Formally dominated by coal, steel and other heavy industries, the county is developing into a modern economy that includes light engineering, new technological and service industries with other business enterprises.
- 2.6.2 Carmarthenshire has a rich natural and cultural environment. It includes sites designated at an international level to protect important biodiversity features, as well as striking landscapes and distinctive historic towns and villages. The Welsh language in Carmarthenshire plays a key role in our everyday lives with 43.9% of the population over the age of 3 being Welsh speakers and 58.1% of the population having one or more skill in Welsh.
- 2.6.3 The County presents significant diversity across its geographical footprint across its three GP Cluster Localities from the rural agricultural economy and landscape of 'Tywi, Teifi and Taf', the densely urban 'Llanelli' and the post industrial (coal) semi-rural Ammanford and Gwendraeth Valleys, known as 'Amman Gwendraeth'.
- 2.6.4 The geographical diversity at Cluster Locality level unsurprisingly results in diverse health and care needs related to the area's specific demographics and epidemiology. Each Locality, however, will also have its own unique assets of individuals, communities (social networks) and organisations to deliver a health and care system that supports residents to be well and independent.
- 2.6.5 Cross Hands falls within the Amman Gwendraeth cluster which covers an area of 3,294 square kilometres, representing 14% of the County of Carmarthenshire. The Locality hosts 7 GP Practices serving a population of 57, 950 representing 30.3% of the County's population.



Figure 5 - Geographical context



- 2.6.6 The population in Carmarthenshire is increasing and people are living longer. Today, 28% of the adult population is over the age of 65, and by 2030 the proportion of older adults will increase to 34%. Carmarthenshire also has more older people than the average for Wales.
- 2.6.7 This increasingly older population will present challenges in meeting the future demand for social services. Between now and 2030, information from Daffodil Cymru, a system developed by the Institute of Public Care for the Welsh Assembly Government, suggests that it is anticipated that there will be:
- 5,000 more people living with a limiting long-term illness, an increase of approximately one-third.
  - 1500 more people living with dementia, an increase of approximately one-half.
  - 1,350 more older people who will require community-based services, an increase of at least one-half in Carmarthenshire in the future.
- 2.6.8 This is supported by Social Care and Health: Older People's Strategy 2015-2025 which suggests that over the course of the next 15 years, Older People's services will come under increasing pressure in Carmarthenshire, with over ten-thousand additional older people over the age of 75 living in the county, many of whom will require care and support.
- 2.6.9 The locality has an increasingly elderly population. Currently 23% of the Amman Gwendraeth population is over 64 years old and this is anticipated to increase in line with the overall Carmarthenshire forecast which sees it's over 65 population rising from 28% to 34% by 2030.
- 2.6.10 The challenges of an increasingly elderly population are compounded by the outward migration of the next generation for employment and the inward migration of young families which results in significant social isolation and minimal family support.

- 2.6.11 Demand for services is also expected to increase due to new housing developments in the area. Carmarthenshire County Council's Joint Housing Land Availability Studies show that within a five-mile radius of the proposed site for the new Cross Hands Health and Well-being Centre, over the last 5 years, approximately 850 new dwellings have been either built with a subsequent circa 2,400 new dwellings with either planning permission or allocated in the plan over the next five years. This affordable housing is expected to see an increase in families with young children.
- 2.6.12 The locality has high levels of deprivation In Carmarthenshire, there are 5 areas that are in the most deprived 10% of LSOAs in Wales. This accounts of 4.5% of the population of Carmarthenshire. There are high unemployment levels and significant child poverty. Crime rates have been reported at a steady rate in the Amman Gwendraeth area over the last couple of years with anti-social behaviour and violence being the most common type of crime<sup>1</sup>
- 2.6.13 Adverse Childhood Experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. Economic hardship is one of the most common ACE reported nationally. Preventing ACEs in a single generation or reducing their impacts can benefit not only those children but also future generations in Wales. Supporting Early Years development and preventing ACEs in the area should be a priority.
- 2.6.14 The increasingly elderly population combined with high levels of deprivation in a post-industrial area manifests in high prevalence of diseases, in particular Asthma, Coronary Heart Diseases, COPD, Dementia, Depression, Diabetes, and Obesity. Frailty associated with the ageing demographic and multimorbidity is also prevalent in the area. Health expectancy for current and future generations given the current demographic and disease prevalence is as bleak as the existing health infrastructure outlined in the section above.
- 2.6.15 Carmarthenshire is the second most sparsely populated Health Board area in Wales and 75% of the people living in the Amman Gwendraeth locality live in a rural area. Although the majority of the population live within a 15-minute drive of their GP practice, the area has poor public transport links.
- 2.6.16 The Health Board and the wider care community faces significant challenges in terms of sustainable workforce, in particular the recruitment and retention of health and social care staff. This is evident in 3-year average staff turnover rates of 13.2% for medical and dental, 7.9% for health professionals and 7.1% for nursing. This results in a high level of vacancies and additional expenditure on expensive agency, bank, overtime and locum cover, which is a key contributor to the Health Board's current cost pressures.
- 2.6.17 Our workforce is at the heart of our organisation, however, the AHMWW PBC outlines the challenges in getting the right mix of skilled staff to provide our services. We run with a deficit of approximately 950 WTE, which produces an unsustainable reliance on agency staff, bank and overtime. In addition, 60% of our staff are over 40 and 34% are over 51.

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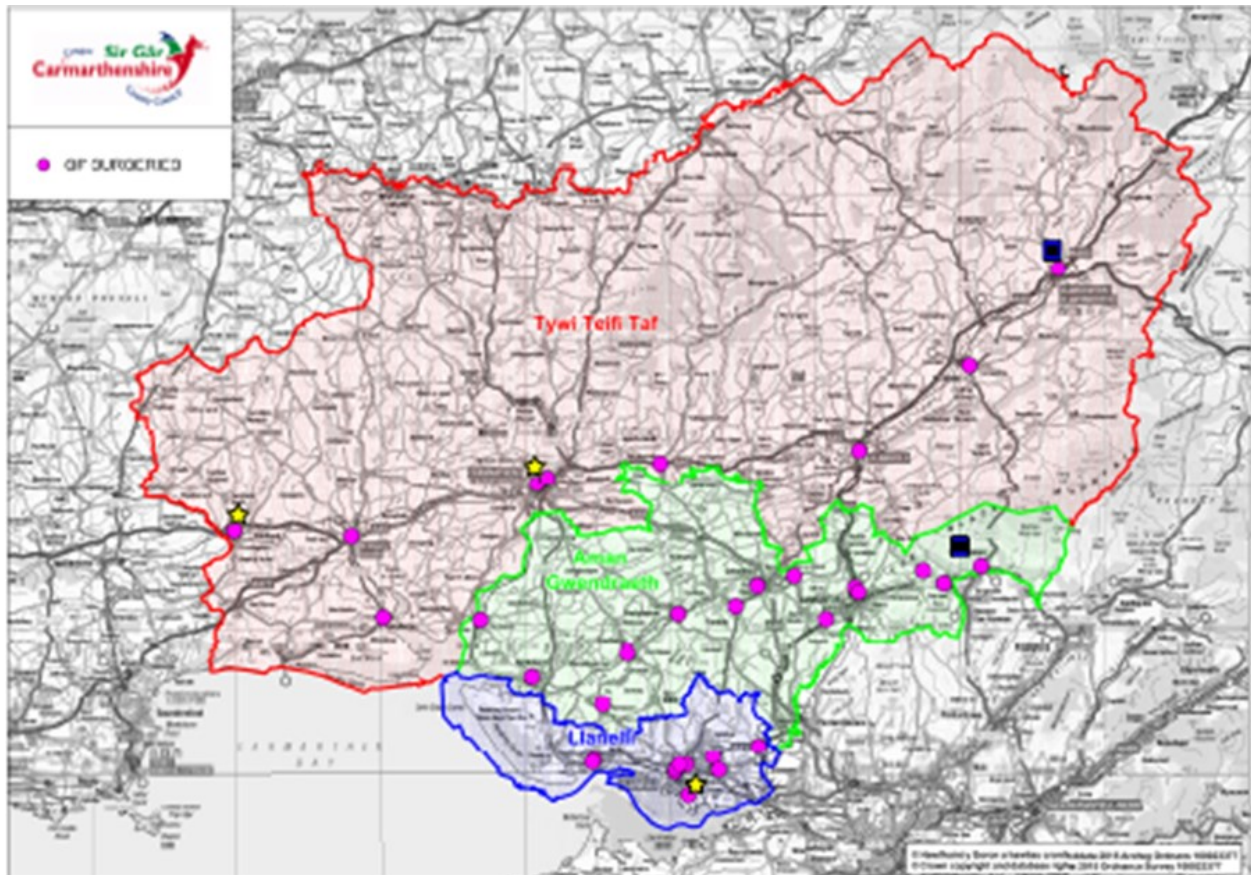
<sup>1</sup> Dyfed Powys Police Statistics (2019) <https://www.police.uk/dyfed-powys/103/crime/stats/>

- 2.6.18 Positive steps are being taken to address these issues in the immediate team and in the long-term reskilling our staff to support the community model and address gaps in secondary care is critical to a sustainable staffing model.

Figure 6 - Summary of local needs

Local Factors								
Ageing population	High levels of deprivation	Rural area with poor transport links	Recruitment / retention challenges	Opportunities for MDT working	Ageing estates	Financial pressures	Welsh culture and language	Affordable housing developments
Local Needs								
Rising and changing demand	More people living for longer with multiple chronic conditions and additional summer pressures of tourism			Financial sustainability	Ensuring value for money and delivering services to budget			
Access to local services	Enabling people to receive care closer to home in their communities including safer communities			Early years development and social exclusion	Greater focus on early years development and addressing the problems of social exclusion			
Estates sustainability	Reducing rising costs and risk to safety and quality of services from ageing estates			Welsh language skills	Ensuring patients receive care in their first language and have access to Welsh language services			
Workforce sustainability	Recruiting and retaining appropriately skilled staff in a rural area to ensure a sustainable primary and community care service							

Figure 7 - The Amman Gwendraeth area (outlined in green)





- 2.6.19 This business case outlines the need and our intent to develop a new Health and Well-being Centre in the heart of one of Carmarthenshire's Cluster / Locality; the 'Amman Gwendraeth' in the area of Cross Hands.
  - 2.6.20 Our vision is that this Well-being Centre will be a central 'hub' which is not only used by the community but 'owned' by it. It is our hope that such a 'hub' will contribute to transformation of the local community.
  - 2.6.21 Our proposals for Cross Hands directly respond to the future model by aiming to bring together a range of health and care services into one location to provide a sustainable model of care that best meet the needs of the local population through improved access and multidisciplinary working, while providing 'space' for the provision of information, advice and assistance that meets local needs.
  - 2.6.22 Cross Hands provides a solution for delivering integrated primary care and community services allowing us to step-up our joined-up work with our partners not only to deliver integrated health and social care but also to target the wider determinants of health in the Amman Gwendraeth locality.
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## 2.7 Conclusion

- 2.7.1 The development of Cross Hands Health and Well-being Centre is critical to delivering high quality, safe, sustainable and responsive services that meet the needs of local people and surrounding areas and is fundamental to achieving our overall business strategy and aims.
- 2.7.2 Our proposals embody themes outlined in A Healthier Mid and West Wales: Our Future Generations Living Well and our supporting and national strategies. Specifically, this means adopting an integrated whole system approach through collaboration and multidisciplinary working, which will enable us to deliver planned pathways and coordinated care to allow better management of chronic conditions. The project also seeks to support the local community by providing better access to care closer to home, improving access to Welsh language services and offering opportunities for broader partnership working.

## 3 Case For Change

### 3.1 Introduction

3.1.1 This section of the business case establishes the case for change for the development of Cross Hands Health and Well-being Centre by providing a clear understanding of:

- The spending objectives (what the proposals seek to achieve);
- Existing arrangements (what is currently happening); and
- Business needs (what is required to close the gap between existing arrangements and what is required in the future).

### 3.2 Spending objectives

3.2.1 The main aim of the project is to deliver a community Health and Well-being Centre that brings together a range of public services under one roof to improve access to a range of primary, community and social care services closer to people's homes, within an environment that is compliant with regulatory standards and is suitable for the delivery of twenty first century healthcare.

3.2.2 The final service and estate solutions must deliver both improved quality and endeavour to reduce overall cost by bringing together existing and future services in a more cost-effective way.

3.2.3 Aligned with this are the spending objectives which were developed at the options development workshops held in August 2018. These have subsequently reviewed and found to remain valid and aligned with the Health Board's strategic objectives.

Table 6 - Spending objectives

Ref	Spending objective	Key features	Alignment with Health Board strategic objectives					
			Putting people at the heart of everything we do	Working together to be the best we can	Striving to deliver and develop excellent services	The best health and well-being for our communities	Safe, sustainable, accessible and kind care	Sustainable use of resources
SO1	To deliver a modern integrated model of care incorporating primary, community and social care services	<ul style="list-style-type: none"> <li>• Health professionals working in an integrated way</li> <li>• Person-centred care</li> <li>• "One-stop shop"</li> </ul>	✓	✓		✓		
SO2	To provide appropriate capacity for the delivery of sustainable 21st century health and well-being	<ul style="list-style-type: none"> <li>• Physical capacity within the hub</li> <li>• Service capacity including within the community</li> <li>• Delivers overall vision for 21st century healthcare</li> </ul>	✓		✓	✓		

Ref	Spending objective	Key features	Alignment with Health Board strategic objectives					
			Putting people at the heart of everything we do	Working together to be the best we can	Striving to deliver and develop excellent services	The best health and well-being for our communities	Safe, sustainable, accessible and kind care	Sustainable use of resources
SO3	To provide a high-quality safe and modern, sustainable environment that is compliant with current and future regulatory standards	<ul style="list-style-type: none"> <li>Sustainable and efficient facilities</li> <li>Address current risks</li> </ul>	✓				✓	✓
SO4	To provide the most appropriate healthcare in the most appropriate place	<ul style="list-style-type: none"> <li>Physical capacity within the hub</li> <li>Service capacity including within the community</li> <li>Delivers overall vision for 21st century healthcare</li> </ul>	✓		✓	✓		✓
SO5	To provide sustainable GMS service	<ul style="list-style-type: none"> <li>Address current risks around GMS sustainability by providing fit for purpose facilities and co-locating GP practices with supporting community services</li> </ul>	✓	✓			✓	✓

### 3.3 Existing arrangements

- 3.3.1 The development of Cross Hands Health and Well-being Centre will bring together the two GP practices in the area and co locate with other primary and community care services to form part of the integrated service network in the Amman Gwendraeth Locality.
- 3.3.2 Currently services are delivered from various premises. The GP practices both operate branch surgeries from the existing Cross Hands Health Centre as well as from their respective main surgeries.

### Current arrangements – General Medical Services

#### Cross Hands Health Centre

##### Current arrangements

- This Health Board owned Cross Hands Health Centre accommodates branch surgeries for both Cross Hands and Tumble Medical Partnersip and Meddygfa Penygroes Surgery GP Practices.

##### Current space

- Dedicated area 113m2
- Total area 171.36m2

### Current arrangements

- Cross Hands and Tumble Medical Partnership utilises five consulting rooms and one treatment room.
- Meddygfa Penygroes Surgery utilises two consulting rooms, one small treatment room, one small consulting room used by the HCA, and the use of one room for 6 hours per week to provide phlebotomy services.

### Current space

## Meddygfa Penygroes Surgery

### Current arrangements

- Currently delivers general medical services from two sites Monday to Friday:
- The main surgery is practice owned and has two consulting rooms and one treatment room

### Current space

#### Penygroes Practice:

- NIA 232.89 m2
- 2 car parking spaces

#### Cross Hands Health Centre:

- Dedicated area 94.58m2
- Total area 180.41m2

## Cross Hands and Tumble Medical Partnership

### Current arrangements

- Currently delivers general medical services from two sites Monday to Friday between 8.00am and 6.30pm:
- The main surgery is practice owned and has three consulting rooms and one treatment room.

### Current space

- NIA 203.8 m2
- 14 car parking spaces

3.3.3 There remains little or no provision within current premises in the Cross Hands area for secondary health services, social care services, mental health services and third sector services. Generally, there currently exists separate provision of accommodation for independent contractors providing general dental services, optometry services and pharmacy services.

## Current arrangements – Community Clinical Services

### Specialist Care Chronic Conditions

- Leg Ulcer Clinic / Tissue Viability: Community or Practice Nurses for routine; patients travel to Glangwili and Prince Philip Hospitals where there is 10 week waiting list in Amman Gwendraeth.
- COPD: 15 pulmonary rehab programmes p.a. covering less than 5% of COPD patients. Amman Gwendraeth has a high prevalence of COPD. There is a current caseload of approximately 320 patient in the Amman Gwendraeth, covering eight GP surgeries. 69,385 people are registered as having COPD in Wales, equating to 2.2% of the population.
- Self Management Programmes: Various programmes currently available in Acute sites and various community settings. In 2019/20 16 programmes were available with 1463 attended and completed. In 2021, 20 types of courses were available, due to COVID 19 from the 20 types of courses available we were only able to offer 10 types of these virtually so 217 attended a programme in quarters 2-4 that year. Currently for Amman Gwendraeth 3 online programmes and 3 face to face programmes are held each



week. The current building is unsuitable for disabled people and therefore difficult for our some tutors to access. There is also difficult access for resources that need to be taken in and out of building to run the face to face courses. The Team is also expanding and there is not enough space in the current provision.

- Oxygen Assessment Clinics: Home Oxygen Service Specialist Nurse undertakes assessments. Oxygen patients on case load numbers are currently 277 (moves between 275 and 300).
- Heart Failure: 6-8 sessions per week (including telephone and virtual sessions) in community and acute settings (including Amman Valley Hospital, Glangwili Hospital, Tumble Hall which relies on stair lift).

### Midwives, Health Visitors, Children's Nursing Teams

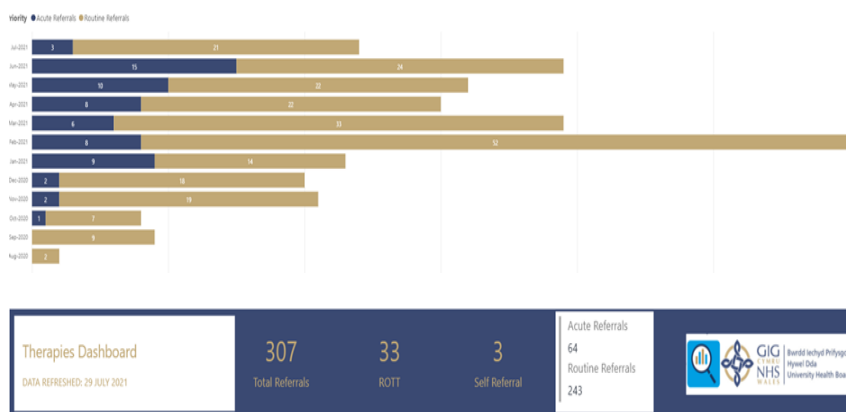
- Antenatal clinics: Held in GP practices or via home visits.
- Parentcraft / breastfeeding support group: In Carmarthen town, Amman Valley Hospital, Cross Hands Health Centre.
- Community Children's Nurses: 7 nurses based in GGH Outpatients.
- Health Visitors – Immunisations and Child Health Clinics.

### Therapies: Physio, OT, SALT and Dietetics

- SALT (Adult): 32 sessions per week – 40% at Glangwili and Prince Philip Hospitals; cramped clinic rooms; some home visits but impacts on capacity.
- SALT (Children): 20 sessions per week at Glangwili, Llwynhendy Health Centre and the Elizabeth Williams Clinic. Home and nursery visits; challenges finding suitable accommodation for parent workshops. group sessions, MDT.
- Dietetics (Adult and Paediatrics): Delivered from GP, non-health premises, acute hospitals with limited access for obese patients; no accommodation for group interventions.
- Physiotherapy Lymphoedema: Previously provided at Prince Philip site, then moved temporarily to the Selwyn Samuel Covid field hospital with limited capacity resulting in waiting lists. The service has since moved out of the Selwyn Samuel Centre and has only temporary accommodation resulting in further increased waiting lists.
- Physiotherapy Cancer / Cardiac / Pulmonary Rehab: Provided at hospital sites with limited capacity resulting in waiting lists
- Physiotherapy Children and Young People: Provided at hospital sites with environments and facilities that are substandard. Staff are split between St David's Park – North Carmarthenshire, Elizabeth Williams Clinic – Llanelli/ Amman Gwendraeth locality and Cross Hands Health Centre. 13 sessions per week are delivered currently. The service in Carmarthenshire receives on average 560 new referrals a year. Of these, 145 of these are for Children and Young People living in the Amman Gwendraeth locality. Historically these service users have been seen at home or have travelled to Elizabeth Williams Clinic in Llanelli St Davids Park or Glangwili General Hospital sites in Carmarthen for their physiotherapy assessment and management. The service makes on average a further 1100 follow up contacts in Carmarthenshire, and approximately 25% of these are for children and young people living in the Amman Gwendraeth Locality. Cross Hands health centre is used on an infrequent, ad hoc basis for patient clinics, this is limited due to availability of space.
- Physiotherapy Neuro: There is no identified fit for purpose space for complex neurology patients so these are currently seen in physiotherapy MSK Outpatients Department or the hospital environment. Staff are split between sites, hot desking in Priory Day Hospital, Morriston Hospital (Regional Psychology Service) and Eastgate, Llanelli. 13 sessions are delivered weekly. This is a community based service that covers all of Hywel Dda University Health Board, with 501 referrals received across Carmarthenshire since team became fully operational in April 2018. Of the total referrals around 50% are for Carmarthenshire residents.
- Pelvic Health Service: No identified fit for purpose space so using various rooms which result in poor compliance and no space for joint clinics. Current referral demand within Carmarthenshire is 330 referrals per annum. Demand is increasing as the evidence base for this preventative approach is building. In the Cross Hands region the service current treats 54 new patients per annum with 214 total contacts including

follow up activity. There is high likelihood that service demand will double over the next 3 years with anticipated investment to support a wider range of patients and support the health promotion agenda.

- Physiotherapy CMATS: CMATS operates at a number of sites across Carmarthenshire county including:- GGH, Llandovery, Ash Grove Surgery, Cross Hands, Amman Valley. The service delivers 21 sessions across the sites outlined above. This service operates across the health board and receives 10,000 referrals per annum. Analysis of referral demand specific to the Cross Hands region is 357 referrals per annum. Approximately 50 % of this case load will require follow up appointments.
- Physiotherapy Core MSK Service: Patients travel to other sites (e.g. Glangwili and Prince Philip Hospitals) which have space constraints
- Occupational Therapy (OT): Occupational Therapy is an integrated part of the community resource team. The demand for group rehabilitation , i.e. pulmonary rehabilitation, is greater than the current accommodation in Carmarthenshire can accommodate, with some people waiting up over 12 months to be seen. For long term conditions, over the last 3 years.
- Respiratory Occupational Therapy has seen on average 191 new patients per year and also works as part of the pulmonary rehabilitation team. Cardiac Occupational Therapy has seen on average 133 new patients per year as part of the cardiac rehabilitation team.
- Children's Occupational Therapy is a community based service that works across Hywel Dda University Health board. Over the last 3 years the service have seen on average 307 new children from Carmarthenshire each year.



## Podiatry

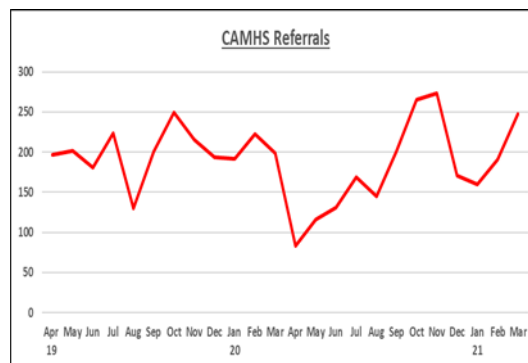
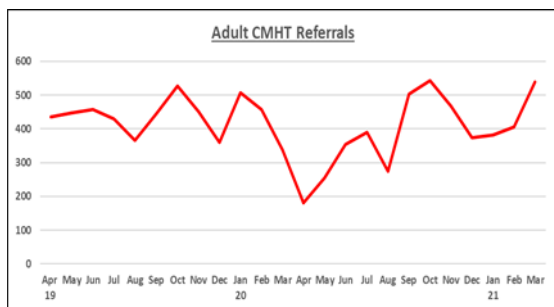
- Services provided from various locations including Pond Street, Cross Hands, Elizabeth Williams Clinic, Glangwili and Prince Philip hospitals, and some GP practices. Some venues have been closed due to inappropriate facilities or as a result of no space in the GP practice. The current room is too small to expand services which would enable transfer of some diabetic and vascular clinics. Inadequate space to store HSDU instruments within the room and for sufficient wheelchair access.

## Mental Health

- Integrated Psychological Therapies Service: Clinics and group activity sessions at community mental health and acute sites.
- Perinatal: Clinics across 3 counties via midwifery.
- Eating disorders: Individual assessment and follow ups at community mental health and acute sites.
- ASD: Clinics for children's assessments.
- Memory Assessment Service: Clinics and support groups at acute sites.
- General: Clinics in secondary care, community mental health, or primary care.
- Primary care team: Individual support in community settings.

- **Child and Adolescent Mental Health Service:** Various sites across community although limited availability. Most areas of the service are operating waiting lists for assessment and treatment in the region of 5,500 individuals. From 72 referrals each month in May 2020 to now over 200 per month.

The Directorate has regularly received additional funding which has enabled a large number of additional staff to be recruited, but which has created an estates pressure in terms of their base and additional demand on clinic venues. A further 45 additional staff funded during 2021, successful bids for 21/22 will result in a similar additional number. The effect of Covid on particular groups of individuals (such as children, young people and the elderly) has greatly increased demand and considering the trends over recent years and the impact of the pandemic, demand for the service is likely to continue to rise dramatically.



## Diagnostics

- **Phlebotomy / Point of care testing:** Undertaken in hospitals.- Due to inadequate waiting area at the GGH Phlebotomy OPD and increased demand over the years. Phlebotomy services have developed out in the Community and in GP surgeries. In addition to all the ward inpatient work and the Phlebotomy OPD, the team provide the service to the Mental Health units, at two Community hospitals, and 7 GP practices every week with an 8th GP practice added in January 2019. Point of care testing is located in Secondary and Primary Care including some GGH wards/units and a few Community and GP premises.
- **Radiology:** Acute service provision.

## Audiology

- Adult and Paediatric community services currently provided from acute hospitals. Services are currently provided from across the Health Board including but not limited to Glangwili General Hospital – Outpatients Department, Prince Philip General Hospital – Outpatients Department. 104 sessions delivered weekly.

## Long Term Care Team

- Some staff are located at Prince Phillip General Hospital and various locations across the Health Board. Agile working spaces at the future Cross Hands Health and Well-being Centre would encourage links between the teams.

## Community Dental Service

- No service in Cross Hands Health and Wellbeing Centre.

## Community Pharmacy

- Two community pharmacies in Cross Hands that hold NHS contracts. One located next door to the existing Health Centre which both GP practices use as a branch facility. The other pharmacy is located 0.2miles from the existing Health Centre on a main road with no parking facilities.

## Community Resource Team (CRT)

- Multidisciplinary professionals based at Parc Amanwy, Ammanford including business support, primary care contract managers, Occupational Therapy, Mental Health Practitioners, Physiotherapy, Community Nurses, Social Workers, third sector community connectors, and agile working space for allied health professionals such as speech and Language and dietetics.

3.3.4 Cross Hands Health Centre is owned by the Health Board and is located on the outskirts of Cross Hands in a predominantly residential area, on a busy road with parking restrictions and limited street parking. The purpose-built health centre is a concrete clad building constructed in 1977 and consists of a part single storey and part two-storey building with a flat felt roof over each aspect. The two-storey building currently has no lift and some patients are, therefore, unable to use the upper floor. Minimal refurbishment was undertaken in 2015 but there is no potential for further expansion. Current backlog maintenance for the existing Cross Hands facility is estimated to be £248,510.

3.3.5 The following images illustrate the locations and conditions of current facilities included in the context above.

Figure 8 - Current premises locations



Figure 9 - Cross Hands Health Centre



Figure 10 - Dyfed Powys Police base





Figure 11 - Cross Hands Community Library



Figure 12 – Tumble Surgery



Figure 13 - Meddygyfa Penygroes Surgery



- 3.3.6 Of the 641.30m<sup>2</sup> of Net Internal Area (NIA) available at the existing Cross Hands facility over half (351.77m<sup>2</sup>) is currently occupied by the two GP Practices.
- 3.3.7 Current backlog maintenance for the existing Cross Hands facility is estimated to be £248,510.
- 3.3.8 Desk space is also occupied at Parc Amanwy, Ammanford. This is a Local Authority owned building which incurs a rental charge.

## 3.4 Business needs

- 3.4.1 The existing arrangements result in significant problems that mean continuing with business as usual is not an option. Urgent action is required if we are to continue to provide high quality, safe and sustainable services to the local population, as well as delivering 'A Healthier Mid and West Wales: Our Future Generations Living Well' and supporting local and national strategies. Addressing these issues outlined below will provide a clear benefits realisation for the future.
- 3.4.2 The main problems with existing arrangements are that:
- Premises are in poor condition and create challenges delivering quality and safe services and complying with current standards;

- There are limited opportunities to address the significant challenges related to the sustainability of the workforce;
- There are limited opportunities to address the significant challenges faced by the two GP practices and GMS sustainability in the area; and
- Premises offer limited opportunity for expansion of capacity to facilitate the delivery of our integrated social model of health that will support provision of sustainable twenty first century care and deliver our ambitions for A Healthier Mid and West Wales and implementing 'one seamless system' of care for adults in Carmarthenshire.
- Information, Advice and Assistance care pathways available in the area are not currently bespoke to the population need
- An overview of these problems is provided in the subsequent sections below.

## Fit for purpose facilities

3.4.3 Our ability to deliver high quality and safe services is limited by the condition of current premises which includes:

- The current premises are in a poor condition which demand a lot of ongoing maintenance issues and are inefficient to run. This results in an unpleasant environment for the workforce and patients, as well as ongoing cost pressures.
- There is poor functional space with cramped working conditions which creates inefficient working practices and creates health and safety risks for the workforce and patients.
- The physical constraints of the buildings make it a challenge to provide equitable care and hampers the ability to comply with Equality Act 2010.

## Workforce sustainability

3.4.4 The Health Board and the wider care community faces significant challenges in terms of sustainable workforce:

- In particular there are challenges with recruitment and retention of health and social care staff.
- This is evident in 3 year average staff turnover rates as at February 2022 of 7.9% for Health Professionals (including staff groups AHP, HCS and APST), 7.1% for Nursing & Midwifery staff and 13.2% for Medical & Dental staff.
- This results in high level of vacancies and additional expenditure on expensive agency, bank, overtime and locum cover, which is a key contributor to the Health Board's current cost pressures.

3.4.5 Continuing with poor quality facilities and current ways of working is unlikely to offer conditions and opportunities that attract and retain appropriately skilled staff.

## GMS sustainability (Meddygfa Penygroes Surgery and Cross Hands and Tumble Medical Partnership)

3.4.6 There are severe constraints preventing the future development of the two practices due to the lack of expansion space and each practice having to operate across two sites.



These arrangements do not allow for future planning, both clinically and administratively, and limit the ability to develop and enhance services and become teaching practices.

3.4.7 Current facilities do not allow the practices to provide the best patient or staff experience due to the condition of premises and challenges related to access. Patient surveys have shown that a high percentage of patients travel by car or public transport. Parking is a major issue on all sites, particularly at Penygroes where there is no car park for patients' use.

3.4.8 Delivering services from two sites results in various challenges for both practices. Examples of problems encountered include:

- Patients presenting at the wrong site for appointments, and confusion about where to collect prescriptions.
- Letters and prescriptions generated at the opposite site being carried by administration staff and doctors to the other site resulting in a risk to patient confidentiality.
- Reception staff waste hours of their time trying to find prescriptions and letters which may have been generated on the other site or may be in transit between sites. This often results in patient complaints and re-printing of prescriptions which cannot be located, resulting in wasted time for the receptions, interruptions for the doctor who has to sign the script, and delays for the patients.
- The clinical pharmacist is unable to address medication queries and arrange blood monitoring from the opposite site because any attachment (e.g. blood forms or medication review instructions) have to be manually stapled to prescriptions and this cannot happen from the opposite site. This has resulted in delays to patients because the query has to wait until the Pharmacist is on the correct site before it can be addressed.
- Time wasted travelling back and forth (e.g. to practice meetings) both for clinical and non-clinical staff. This could be time spent with patients.
- Nursing and HCA staff working at a different site to the doctor (e.g. if an ECG is required the patient then has to travel to the other site where the nurse may be working).
- Significant rota challenges (e.g. Cross Hands and Tumble Medical Partnership nurse practitioner needs clinical supervision so must always work alongside a doctor, in order to sign prescriptions generated by her). This limits their ability to be flexible with the rota.
- Significant cost of running two sites. For comparison a similar sized practice (from another health board) was spending £80,000 less than Cross Hands and Tumble Medical Partnership on staff costs. This is money that could be invested in more clinical staff to improve access for patients.
- Cost of duplicating equipment (e.g. cameras for dermatology photos, cryotherapy equipment, etc.)

3.4.9 The development of Cross Hands Health and Well-being Centre is critical to enable collaborative working, both clinically and administratively. Both Practices feel strongly that co-locating their teams on one site would make their practices more sustainable for

the future, improving patient care by increasing the ability for the primary and community care teams to work more closely, exchanging ideas and information.

- 3.4.10 The development of Cross Hands Health and Well-being Centre will provide improved facilities for both patients and staff and strengthen community support by reducing travel time by an average of 2.33 – 5.12 miles to access care, increasing car parking capacity and locating facilities in an area more accessible by public transport.
- 3.4.11 The biggest challenge faced by both practices is lack of space, demonstrated by the examples outlined below. The GP Practices feel strongly that this situation is unsustainable as and the teams cannot continue to work in this way.
- General practice is changing dramatically, and the practices are no exception in facing GP recruitment and retention difficulties. A loss of 8 GP sessions has resulted in Cross Hands and Tumble Medical Partnership practice employing an advanced nurse practitioner, and clinical pharmacist, creating the need to accommodate two clinicians instead of one.
  - While Cross Hands and Tumble Medical Partnership has been awarded funding to employ a practice-based physiotherapist, there is no clinical space available and therefore administrative staff who currently work from consulting rooms (coding and summarising) have to be relocated to the kitchen space with a desk with a computer in order for them to have a working space. This is entirely inappropriate as the task of summarising and coding requires a quiet area to allow the coder to focus and concentrate on the task.
  - The clinical pharmacist has to work from a computer desk in the reception area at times and will often need to speak with the patients by telephone. Not only is it difficult to concentrate within a busy reception area, but this also raises concerns about patient confidentiality.
  - Cross Hands and Tumble Medical Partnership currently has GPs working from home, undertaking telephone triage, because of lack of space.
- 3.4.12 The practices have identified other factors which will place even more strain on scarce resources:
- New housing: there is a predicted 11% increase in the local population over the next few years due to a large number of new builds within the practice boundaries, with several developments already in place.
  - Risk from neighbouring practices: one of the neighbouring practices returned their contract to the Health Board. The latter has 2 GPs near retirement. Cross Hands and Tumble Medical Partnership is particularly experiencing a steady trickle of patients registering at their practice and their list size has increased by approximately 300 patients recently.
- 3.4.13 Cross Hands and Tumble Medical Partnership expects its list size to continue to increase as a result of these two factors. This will mean expanding the team in order to meet the population's health needs but clearly, as outlined above, the team have already exceeded capacity and there are no opportunities to expand facilities in order to accommodate the size of team that is required to meet current and growing demand in the future.

- 3.4.14 The GP partners are in full agreement that they will not be able to continue to work under these conditions in the long term. Without the creation of Cross Hands Health and Well-being Centre the provision of health care to the whole of the Amman and Gwendraeth valley is in jeopardy.

## Community Clinical Services

- 3.4.15 Current capacity constraints mean that there are limited opportunities to provide accommodation for community clinical services within the existing Cross Hands premises. This results in a fragmented service with teams working from and delivering care from various locations including acute sites and village halls. The main problems with this are:
- Patients having to travel further than necessary to access services
  - Services are not currently provided in the most suitable facilities impacting on the quality of care, increasing health and safety risks, and/or resulting in increased costs for HDUHB
  - Limited opportunities to develop services and improve access to more care closer to home
  - Limited opportunities and space for Multi-Disciplinary Team (MDT) working
  - Challenges in accommodating bariatric patients
  - Challenges in accommodating group sessions
  - Increased risk of DNAs
  - Tying up of valuable acute resource and theatre time and impacting on waiting times
  - Lack of local services in areas such as audiology
  - Limited ability to deliver the future model of service provision outlined in section 5 below which wraps community clinical services around the GP and will allow us to realise the benefits outlined within the Health Board's Clinical Services Strategy.

## Other organisations and services (Integrated Information, Advice and Assistance care pathways)

- 3.4.16 There are various problems faced by other organisations and services being considered within the scope of Cross Hands Health and Well-being Centre, these are outlined below.

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### Audiology

Demand is outstripping capacity both in terms of availability of appropriate accommodation and staffing and is expected to increase by a further 25% within 2 years. This is resulting in

- Increased waiting times
- Growing complaints



## Therapies: Physio, OT, SALT and Dietetics

### Community Neurological Rehabilitation and Brain Injury Team

Multidisciplinary Team have not had a shared suitable accommodation/base since service set up. Unable to develop timely, efficient systems of work due to split bases, therefore duplication, delay in processes and increase frustration and stress among team members.

### Long Term Conditions

The demand for group rehabilitation, i.e. pulmonary rehabilitation, is greater than the current accommodation in Carmarthenshire can accommodate. A hub and spoke model for prudent delivery using video conferencing technology for multi morbidity rehabilitation is being developed. This is reliant on suitable accommodation in key locations to provide care closer to home.

### Children and Young People Therapy

The current therapy spaces used to assess and treat children and young people are not local to service users. Shared spaces result in rooms not always being available therefore it is at times difficult to run full and regular clinics.

There is an increase in staff travel due to lack of clinic space, therefore home visits offered as an alternative.

### Core MSK outpatient clinics.

Due to increased demand and waiting times, sessions will be increased from 5 to 10 - 20 sessions per week.

### CMATS.

The service would like to continue to deliver services at Cross Hands and expand capacity from 3 up to 5-6 sessions per week to absorb increasing service demand and a wider service delivery remit to support more patients closer to the front of the pathway.

## Mental Health

Referral rates and demand has significantly increased and is expected to continue increasing since the Covid Pandemic. Most areas of the service are operating waiting lists for assessment and treatment in the region of 5,500 individuals. The ability to meet this capacity is hampered by lack of access to appropriate estate in which to undertake assessment and deliver interventions. New services have been funded without an estates or capital resource resolved on a year on year increase in staffing.

## Police

The current facility in Cross Hands consist of the former single storey main Police station and two semi-detached former Police Houses, one of which has been converted to provide storage, kitchen and office facilities. The three buildings and the associated land is far too large/costly for the ongoing operation needed in the town which is also supported by other local Police support facilities.

The buildings were built in the 1970's and It is important to note that future investment is required on the fabric of the building, and the current internal layout does not support the future model of

working required for Cross Hands, therefore significant remodelling of the facility and sale of surplus land and building would be required to provide a relevant future operational facility.

Strategically Dyfed Powys Police and Crime Commissioner is focussed on the delivery of collaborative working in fit for purpose cost effective buildings, which enhances operational performance and increases the quality of service to its communities.

Cross Hands Health and Well-being Centre offers a unique joint opportunity clearly supporting our Police and Crime Plan aims in:

- Keeping our communities safe – directly in the centre of Cross hands
- Safeguarding the vulnerable and Connecting with Communities – increasing our visibility with the public due to the array of public services and opportunities to interact on a face to face basis

## Library

The library service is currently run from a mobile library unit in the area after space was lost at the rear of the cinema premises in the area.

The service offered by the library is inadequate since the ability to house a modern public library in a mobile unit are extremely limited. Access to wall and floor space areas are restricted with the service having to operate on a make do basis with limited capacity to stock and deliver the services required by the community.

The inclusion of a new library in the Health and Well-being Centre would allow for the provision of an inclusive, modern and sustainable, high quality community public library service within the Cross Hands area; a Partnership between Carmarthenshire Libraries and community health stakeholders that will seek to address disparities and enable access to health information and services by providing inclusive entry points to reliable and relevant health resources and support.

Public libraries are trusted community institutions that provide the information literacy expertise, community convening capacity, technology infrastructure, and equitable access to reliable resources and signposting that can improve health literacy.

Libraries offer a wide range of health information, both online and through quality-assured reading lists dealing with the more common health conditions. In their role as community hubs, libraries also offer non-clinical spaces in localities where health and well-being groups can work with the community in a trusted and non-threatening venue. They're also places where people can come to meet others.

Reducing social isolation is an important issue in the context of improving well-being. A number of research studies suggest there are significant associations between frequent library use and reported well-being, and also between improved access to health information through libraries and reduced calls on services such as GPs. Additionally, Book Prescription Wales and Reading Well on Prescription schemes look to enhance Health offers within libraries, and community demand for these services is strong.

Carmarthenshire Libraries promote Universal Health Offers – Working in partnership with the Reading Agency it includes a commitment to provide a range of services including public health



information and promotion, sign posting and referrals. One of the most visible outputs of this Offer is the Reading Well Books on Prescription scheme, it comprises a set of material selected in consultation with health professionals that is available in libraries across the county.

Books on Prescription suggests books, selected by health professionals and experts by experience, and endorsed by health organisations, which provide helpful information and step-by-step self-help techniques for managing a variety of conditions. There are a variety of book lists available: Reading Well Books on Prescription for common mental health conditions, Reading Well Books on Prescription for dementia and Reading Well for young people.

## Research and Innovation

Hywel Dda University Health Board Research and Development (R&D) department helps support and deliver international, national, and local research studies which aim to improve the NHS services and treatments available to people in Carmarthenshire, Ceredigion, and Pembrokeshire. The department has been steadily growing to support more studies over the last 10 years and has research teams available across the Health Board to support research in primary and secondary care.

Including the use of research within the space at Cross Hands Health and Well-being Centre will allow the support and delivery of research closer to people who may benefit from participating in trials. This conforms to the goals of 'A Healthier Wales' and 'A More Equal Wales' detailed in the Well-being of Future Generations (Wales) Act, 2015. Additionally, providing services closer to people in need of them is a key principle of Prudent Healthcare. Research is an integral part of patient care and a key activity of the University Health Board. People engaging with research studies have improved health outcomes, reported satisfaction, and can potentially access novel services and treatments. In addition, research can provide a cost-saving to the NHS in terms of treatment cost and allow income generation through undertaking of commercial research and grant funding.

The R&D department delivers studies across a broad range of specialties, from respiratory and cardiology to ophthalmology, midwifery, and mental health across community and hospital-based settings. The department supports researchers to develop and undertake studies targeted to the specific needs of the population and encourages professional development within staff and collaboration with university and industry partners.

Access to the clinical rooms at the community hub, will allow patients to participate in research and allow staff to be supported to undertake and develop trials. Ultimately it will lead to improved skills and services to benefit those within Cross Hands Health and Well-being Centre and Hywel Dda.

## Third Sector & social prescribing

Current arrangements mean that there is limited space for third sector partners and social prescribers to provide support and signposting for people requiring wider social support means that there is an increased risk that:

- GP appointments are taken up with non-medical issues which could be better resolved elsewhere
- There is a negative impact on health and well-being outcomes.



## Early Years / Families and Children

We have good evidence locally through the Flying Start programme that integrated working within the early years can improve outcomes for families and children. Current early years services are not integrated and delivered in a range of ways across the community. Cross Hands Health and Well-being Centre will therefore provide a unique 'space' for this population to support engagement with well-being programmes delivered by an integrated health and social care team of professionals which will support the reduction of Adverse Childhood Experiences. Carmarthenshire has recently become a Welsh Government Pathfinder for 'Early Years Integration Transformation Programme' and as such seeks to transform the delivery of early years services from a segmented to an integrated approach giving families a clear point of contact to engage with and access all early childhood advice and support services. It will enable teams to deliver the right support at the right time through being in co-productive relationships with the families, staff and partner organisations in their own community. The other partners within the building such as the 3rd sector and Library will additionally enhance the model.

The Cwm Gwendraeth area is home to around 1250 children aged 0-5 years, or 1000 families with at least one child under 5 years. In the first 6 months of the Health Visitors being part of the pathfinding project, 220 families received support from the wider team. This has included a rolling programme of baby massage which promotes bonding and attachment, virtual drop in and singing groups, language and play, and one to one support for parenting issues such as, feeding problems, tantrums, toileting and sleep problems. Parents repeated tell us that they want more face to face but we are limited by a lack of venue, especially child friendly venues. We currently have a waiting list for groups, and though these things may sound 'soft' parents value the support and report a positive influence on their parenting as a result of these interactions.

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## Delivering 'one seamless system' of care

- 3.4.17 Our current ways of working do not align with our strategic ambitions, particularly those outlined in A Healthier Mid and West Wales and Healthier Carmarthenshire in terms of implementing a social model of health and delivering seamless health and care.
- 3.4.18 Under current arrangements, patients are most likely to approach their GP in the first instance. Accessing further support may involve various referrals within a fragmented model of care that has multiple points of access to different services and professionals.
- 3.4.19 Under 'one seamless system' of care for adults in Carmarthenshire, patients will have access to a system of care that embraces prevention and health promotion across life stages and episodes of care through the provision of efficient and effective information, advice and assistance.
- 3.4.20 The introduction of Cross Hands Health and Well-being Centre is critical to enabling new ways of working, bringing people together to deliver a multi-disciplinary approach that wraps around the patient which will include:
  - Seamless integrated multidisciplinary preventative care pathways embedded in the community to improve well-being of our population
  - Networked model of care with multiple community and hospital hubs offering a person-centred care

- Improved knowledge-sharing between services and professionals
- Reduced duplication between agencies
- Better communication with service users
- Helping population support themselves
- Looking after the well population, not only patients and service users

3.4.21 Our ability to deliver a social model of health that supports integrated ways of working and delivers care closer to home that is suitable for the twenty first century is severely hampered by our current capacity due to:

- Insufficient consulting rooms to work collaboratively to expand our range of clinics and improve access for patients.
- Limited parking creating problems for workforce and patients.
- Fragmented service delivery resulting from working across multiple sites which impacts on our ability to develop a flexible workforce and adopt multidisciplinary ways of working.
- No opportunity to expand current premises to address the above deficiencies.

3.4.22 The impact of continuing with existing arrangements and not delivering 'one seamless system' of care is best illustrated with examples of potential patient experiences provided over the following pages.

## Lianne's Story

Lianne is 19 and lives with her parents and 3-year old son, Ben. She is currently enrolled on a part-time college course but has been unable to attend for a number of weeks due to pregnancy-related illness. Lianne has been unable to find part-time work but wants to contribute financially to the family home. She is increasingly feeling anxious about her job prospects and about being able to look after her son well; her parents help with childcare when they can but her mum works full-time and cares for her elderly parents, and her dad is away from home a lot as a long distance lorry driver. She feels isolated and avoids going out and meeting her friends socially. She hasn't been cooking at home or eating healthy meals recently due to a lack of time and motivation. She wants to know if there is any support she can access to be the best mum she can to her son and to be in the best health as a mother-to-be.

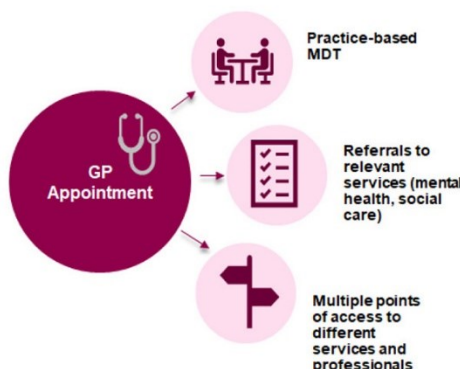
## Experience under 'one seamless system'



After speaking to my GP, I was assigned a care co-ordinator who helped me to work with a number of agencies to plan my care, including dietitians, therapists and the voluntary sector. My care co-ordinator and I developed a self-management plan for me, and now I feel in much better control of my own and Ben and the baby's health and wellbeing. The Wellbeing Centre has been great - I never knew I could access so many services in one building! I've borrowed many self-help books from the library there; I've attended story-time sessions for toddlers which Ben really enjoys, and several focus groups on the topics of pregnancy, parenthood, nutrition and debt management; and I was told that I could talk to the police as well if I have any concerns about my welfare, as they are also based in the Centre. It's been very reassuring that I can easily speak to my care co-ordinator if I need some advice, rather than asking for a GP appointment



## Experience under current arrangements



### Alun's Story

Alun is 80 and lives with his wife Mari, who has dementia. He is a non-Insulin dependent diabetic, which is controlled with medication. He has a history of Ischaemic Heart Disease and had a heart attack when he was 70 years old. Alun's sight is starting to fail due to a cataract and he recently broke his hip due to a fall in the supermarket. He wants to regain his independence and return to his daily walking routine but is worried about leaving Mari.

Alun and Mari are cared for in their home by their daughter, Sioned. But work commitments mean she is unable to provide as much care for her parents as she hopes to. Sioned has noticed that her parents have both lost weight recently. She is also concerned about her mother's tendency to wander and is worried that her father is not taking his diabetes medication as prescribed.

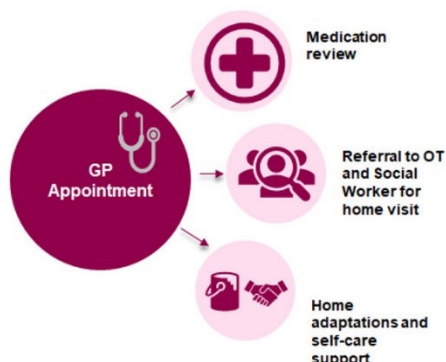
### Experience under 'one seamless system'



I always look forward to visiting the Wellbeing Centre in Cross Hands with Sioned. The first time we went, we visited the pharmacist and I was able to discuss my medications - they told me I don't need a GP for that, and I agree. We also met with a care team to discuss my needs and plan my care. There was a social worker, therapist and diabetes nurse involved, and they thought not only of my physical health but also my wellbeing as a carer for Mari. I felt listened to and supported. We agreed a care and support plan which includes mobility goals that I should be working towards to regain my fitness after I broke my hip.

I'm a keen reader so we plan our visits to the Wellbeing Centre for when I need to return my books to the library. I've started educating myself about health and wellbeing with the great range of self-help books they have available. The café there offers healthy snacks and we enjoy a chat with the staff and volunteers there. I get to meet other people who are unpaid carers like me, and we like to talk and support each other. It's good to share our concerns and learn how others manage. I feel less isolated; in fact, I feel energised and better able to do my best for my dear Mari.

### Experience under current arrangements





## Our ambition for a sustainable health and well-being centre in Cross Hands

3.4.23 The development of Cross Hands Health and Well-being Centre enables the delivery of this integrated model by providing the capacity and conditions for multidisciplinary team working with General Medical Services at its heart and opportunities for collaboration with a broader range of partners including voluntary and community groups, public sector bodies and private sector businesses to improve its ability to enhance resources and deliver better services.

3.4.24 The Health Board's vision for the future provision of services in the locality is to ensure that residents:

Enjoy a high quality of life, are able to achieve their economic, social and educational goals, and are part of a strong, prosperous and caring local community.'

3.4.25 To achieve the above, the project proposals are:

- To develop and manage a modern, sustainable, high quality and eco friendly community facility in partnership with the local community which is accessible, vibrant and attractive to the local population and promote their health and well-being both now and into the future.
- The facility will provide vibrant accommodation for:
  - ◆ Local community groups to meet particularly for those people who are disadvantaged, vulnerable or who face difficulties accessing provision appropriate to their particular needs and circumstances.
  - ◆ Activities that increase participation and social inclusion, through providing local residents with opportunities for self-development, employment, volunteering and involvement in local decision-making.
  - ◆ A range of bilingual health promoting activities and services that meet the 'felt' and 'expressed' needs of the community
  - ◆ Traditional primary care and community health, including community pharmacy and third sector.
  - ◆ Providing information, advice and assistance.
  - ◆ Potential to secure additional income and create opportunities for social value from elements such as café social enterprise and rental of spaces. Options continue to be considered.
- To continuously develop and update the building and the activities and services provided within it to meet the changing needs and expectations of the community, both now and in the future. Working in partnership with the ARCH (A Regional Collaboration for Health) programme and complementing the purpose and vision of the Pentre Awel, we will use the facility to:
  - ◆ Provide agile working office space arrangements for staff to support integrated working arrangements
  - ◆ Provide 'state of the art' clinical and technical space
  - ◆ Test new and evolving service models such as Technology Enabled Care

- ♦ Modernise our workforce e.g. support Primary Care Academy and College of Health Science placements.

## Conclusion

- 3.4.26 Continuing with business as usual is not an option if we are to provide sustainable, high quality, and safe services that meet the needs of local people and allow us to deliver A Healthier Mid and West Wales and implementing 'one seamless system' of care in Carmarthenshire.

*I feel very proud to be working in the Cross Hands Health and Well-being Centre. We all belong to different professions and services but we work as 'One Team' to deliver the best care for our local population. I work with my colleagues from health, social care, the voluntary sector and the police to break down barriers for our patients and service users. I understand my own and everyone else's roles and responsibilities. Co-location means we can work together in true partnership, taking every opportunity to learn from each other. I feel supported at work. My own health and well-being is well looked after and I can work flexibly to manage my own time in the best possible way.*





## 4 Potential Scope

### 4.1 Introduction

- 4.1.1 This section of the business case identifies the potential scope of the project in terms of the key service requirements that should be considered in designing the future service model and developing options.

### 4.2 Potential scope

- 4.2.1 The scope of the project responds to the business needs outlined in section 3 as well as aligning with the proposals outlined within A Healthier Mid and West Wales.
- 4.2.2 It is clear from the context and business needs outlined in this report, that the development of a Cross Hands Health and Well-being Centre is a key priority for the Health Board to provide a sustainable solution that meets the local needs of the present and future generations living in the Amman Gwendraeth area.
- 4.2.3 Cross Hands is identified as a key location for a health and well-being centre. It is recognised that these will need to be different in each community depending on community needs, existing community facilities and care, and how close they are to other services. Initial analysis undertaken suggests that a health and well-being centre at Cross Hands is likely to include the following range of services.

*Table 7 - Potential scope for Cross Hands Health and Well-being Centre*

Potential services	In scope?
Minor injuries	X
Beds	X
Tests	✓
Treatments	✓

Potential services	In scope?
Outpatients	X
Mental Health Service	✓
Advice and support	✓

- 4.2.4 This proposed configuration of services aligns our health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well, as well as the initial work undertaken by the Cross Hands Health and Well-being Centre Project Board and stakeholders, and so serves as a useful starting point to develop potential service solutions options.

### 4.3 Service solutions to deliver a new model of care

- 4.3.1 Initial workshops were held with a broad range of stakeholder groups towards the end of 2017 and during early 2018 to consider the potential scope of Cross Hands Health and

Well-being Centre. Following this, detailed work has been undertaken with key service leads to understand service requirements and develop service specifications.

- 4.3.2 As a result of this services are considered in three categories which are based on a continuum of need as outlined below:
- Core clinical: Essential changes without which the project will not be judged a success, which for this project relates to addressing the areas of highest risk;
  - Core clinical plus supplementary: Additional changes which the project can potentially justify on a cost/benefit and thus value for money basis, which for this project relates to addressing areas which will contribute to developing the integrated model of care that will ensure the delivery of our strategy; and
  - Core clinical, supplementary plus other: Possible changes which the project can potentially justify on a marginal low cost and/or affordability basis, which for this project relate to addressing areas that have the potential to enhance the service model and delivery of our strategy.

4.3.3 It is important to note that given the constraints on Welsh Government capital funding, that only those services with strong justification and clear measurable benefits will be prioritised for inclusion within the any preferred option for service delivery.

4.3.4 Core clinical services include the minimum range of services that are required to address the current business needs and deliver the future of model of care. The table below outlines the services included within this category.

*Table 8 - Overview of core clinical services*

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
GMS Tumble	Cross Hands and Tumble Medical Partnership	Greater collaboration and partnership working to increase sustainability Increased capacity to meet current and increasing future demand
GMS Penygroes	Meddygfa Penygroes Surgery	Greater collaboration and partnership working to increase sustainability Increased capacity to meet current and increasing future demand
Specialist Care Chronic Conditions	Community clinic providing assessment, doppler ultrasound, treatment, review and patient education COPD rehab programmes (increase from 15 to 300 p.a.) Self Management programmes Oxygen assessment clinics Heart failure clinics providing care co-ordination, assessment, medicines management, support and education	Reduce patient travel time to Prince Philip / Glangwili Reduce patient waiting time Reduce DNAs Increased access to greater range of services closer to home leading to: Improved clinical outcomes Better management of chronic conditions Reduced need for clinical intervention Improved symptom control, admission avoidance and better survival rates for heart failure patients

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
Midwives, Health Visitors, Community Nursing Teams, Community Children's Nurses	<p>Antenatal and some postnatal clinics for low risk women</p> <p>Parentcraft / breastfeeding support group (in collaboration with Health Visitors)</p> <p>Community Children's Nurses hub / spoke model – nurse led clinics, MDT meetings, and educational facility</p> <p>Leg ulcer and tissue viability clinics</p> <p>Health Visiting Service delivering the Healthy Child Wales Programme (HCWP) on a Community basis.</p> <p>Weekly immunisation clinics.</p> <p>Wider, family support team as part of the Early Years Integration Team (Pathfinders)</p>	<p>Increased capacity and availability of appointments</p> <p>Patients seen close to home in suitable environment</p> <p>Teams located in one central site increasing communication, knowledge sharing, and resilience</p> <p>Sense of team/collaborative working - integration</p> <p>Improved education facilities</p> <p>Reduction in waiting times</p> <p>Space for private conversations with parents or staff; ability to hold impromptu assessment of child</p> <p>Access to multi-purpose room that could be used to share Public Health Promotion advice and opportunities for collaborative sessions with related services to help vulnerable parents develop support networks.</p> <p>Working in a multi-disciplinary way is essential for child protection</p>
Therapies: Physio, OT, SALT and Dietetics	<p>SALT (Adult): individual therapy clinics, MDT, and group therapy</p> <p>SALT (Children): child friendly room for consistent locally based clinics, capacity for individual assessments and group sessions</p> <p>Dietetics: clinics, MDTs, group sessions</p> <p>Physiotherapy Lymphoedema – integrated leg clinics</p> <p>Physiotherapy Cancer / Cardiac / Pulmonary Rehab – integrated model of rehab</p> <p>Physiotherapy Children and Young People – child friendly environment and educational classes</p> <p>Physiotherapy Neuro – MDT and individual treatments</p> <p>Pelvic Health Service– MDT, expert patient programme, clinics</p> <p>Physiotherapy CMATS – extension of current service</p> <p>Physiotherapy Core MSK Service – assessment and rehab services</p> <p>Occupational Therapy (OT) – access to bookable facilities</p>	<p>Patients access peer support</p> <p>Increased capacity allowing access to more clinics and ability to meet demand</p> <p>Increased group sessions</p> <p>Reduced waiting lists</p> <p>More equitable service</p> <p>More patients seen closer to home</p> <p>Reduced hospital attendances</p> <p>Improved quality through MDT working</p> <p>Reduced travel time for patients and staff</p> <p>Improved patient experience</p> <p>Reduced surgical intervention, incontinence products and medication for continence patients</p> <p>Improved resilience through cross skilling</p>
Podiatry	<p>Dedicated podiatry facilities to deliver local clinics enabling the transfer of some diabetic and vascular clinics from acute sites</p> <p>MDTs</p>	<p>More patients treated closer to home</p> <p>Release slots in acute sites for more specialist patients</p> <p>Reduced waiting lists</p>

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
Mental Health	Integrated Psychological Therapies clinics and group activities Perinatal clinics Eating disorders individual assessment and follow ups ASD clinics for children's assessments Memory Assessment Service clinics and support groups General clinics Primary care team providing individual support Child and Adolescent Mental Health Services, providing specialist one to one support.	More patients receive care closer to home Reduced stigma due to not attending in Mental Health facility resulting in increased attendances Reduced hospital attendances Better address waiting list with improved access to rooms Increased flexibility Increased access to pain management group
CRT Duty Team	Based in offices leased from Carmarthenshire County Council at Parc Amanwy, agile working facilities	Supports integration and new service model for Primary and Community Care Elimination of rental costs
Undergraduate and Postgraduate Placements	Shared accommodation with GMS and Health Board	Clinical skills development Improved recruitment and retention GMS sustainability Links to Pentre Awel

4.3.5 In addition to core clinical services a range of supplementary services have been identified on the basis that they will enhance the future of model of care and so should be explored within the options framework to assess the potential benefits, and therefore value for money, investment in them is likely to bring to the project. The table below outlines the services included within this category.

*Table 9 - Overview of supplementary services*

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
Early Years Integrated Centre	Provide a community-based service to families for children aged 0-12. Sessions held at the centre include antenatal classes, Gro Brain sessions for babies up to 12 months old, Perinatal Clinics held by Mental Health Team to support new mothers, Baby play centres.	Ability to link in with other services. Support to parents Signposting to other services Support to new mothers experiencing Mental Health problems and reduce impact on babies' emotional, cognitive and even physical development Support early years development Support reduction in Adverse Childhood Experiences
Audiology	Dedicated adult and paediatric audiology facilities to provide a local service.	Patients seen close to home Fast access to diagnostic testing Reduced hospital attendance

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
Community Pharmacy	Community pharmacy outlet Provides dispensing and wide range of enhanced services including Common Ailments Service, emergency supply of medication, emergency contraception, smoking cessation.	Easy access for patients Supports patient self-care Opportunities to reduce GP interventions
Social Community Care shared space (community run events)	Support social inclusion for older people Create space for community social events Support Early Years services	Improve social inclusion for older people Improved community links Support reduction in Adverse Childhood Experiences
Third Sector shared space including Social Prescribing	Subject to consultation and interest from 3rd Sector partners. Ongoing engagement. Appointment of 2 social prescribers for Amman Gwendraeth with a presence in Cross Hands Health & Well-being Centre	Improved community links Improved access to a range of services Better signposting Reduced pressure on Health provision Enhance Early Years provision
Research and Innovation	Access to patient trials for local population	Increased patient trial finding Increased opportunities for access

4.3.6 Furthermore, a range of other services have been identified that will support the model of care and so should be explored within the options framework to assess affordability as well as potential benefits and value for money. The table below outlines the services included within this category.

Service	What will be provided at Cross Hands Health and Well-being Centre	Benefits of providing services at Cross Hands Health and Well-being Centre
Police	Relocation of existing Police hub at Cross Hands	Closer working relationship allowing better sharing of information Better integration of public services Improved community links Earlier identification of vulnerable people Improved safeguarding responses
Community Resource Centre/library	Relocation of existing Community Library at Cross Hands	Improved community links Health and Well-being benefits Enhance Early Years services
Workforce / community education and training opportunities	Social enterprise Volunteering Work placements	Community resilience Recruitment and workforce
Refreshment area	Refreshment area (options for provision being assessed)	Patient experience

4.3.7 The table below provides a summary of the services included within each category and an indication of how these will link to the development of options.

Table 10 - Overview of potential service scope

Core clinical services (Scope A)	Supplementary services (Scope B)	Other services (Scope C)
<b>GMS Services</b> <ul style="list-style-type: none"> <li>GMS Cross Hands and Tumble Medical Partnership</li> <li>GMS Meddygfa Penygroes Surgery</li> </ul> <b>Community Health Services</b> <ul style="list-style-type: none"> <li>Specialist Care Chronic Conditions</li> <li>Midwives, Health Visitors, Community Nursing Teams, Community Children's Nursing</li> <li>Therapies: Physio, OT, SALT and Dietetics</li> <li>Podiatry</li> <li>Mental Health</li> <li>CRT Duty Team</li> </ul> <b>Universities</b> <ul style="list-style-type: none"> <li>Undergraduate and postgraduate placements</li> </ul>	<b>Integrated Early Years Centre</b> <ul style="list-style-type: none"> <li>Transformed community-based service to families for children aged 0-12</li> </ul> <b>Audiology</b> <ul style="list-style-type: none"> <li>Audiology, Adult and Paediatric Community.</li> </ul> <b>Community Pharmacy</b> <ul style="list-style-type: none"> <li>Wide range of enhanced services</li> </ul> <b>Other space</b> <ul style="list-style-type: none"> <li>Social Community Care shared space (community run events)</li> <li>Third Sector shared space</li> <li>Research and Innovation</li> <li>Social Prescribing</li> </ul>	<b>Police</b> <ul style="list-style-type: none"> <li>Police (capital funding available)</li> </ul> <b>Carmarthenshire County Council</b> <ul style="list-style-type: none"> <li>Community Library/resource area (fitting and equipping capital funding available)</li> <li>Café/ Refreshment area</li> </ul>

## 4.4 Estates solutions to meet service model

### Land Options and Acquisition

- 4.4.1 The original site search was undertaken by Shared Services colleagues in March 2013, to scope potential site options for a Primary and Community facility in Cross Hands. This was based on an original search criterion for site 1 acre (and above) and a location as near to Cross Hands centre.
- 4.4.2 At this time, seven potential site options were reviewed and accessed at this time based on location, site constraints, cost etc. Of these original sites, only the Factory site situated on Carmarthen Road) remains on the market and included in the updated site option review which is attached as Appendix A3. Of note the current preferred site was identified via the Local Authority development plans during this period and subsequently identified as the preferred site option.
- 4.4.3 The current site plot is located adjacent the A48 along the eastern boundary along the newly developed road known as the Cross Hand West development. Since its original selection as the preferred option the site has been developed by the Local Authority in partnership with their joint venture partner to support retail, residential and additional plots.
- 4.4.4 As part of the due diligence process Welsh Government has agreed to fund initial site investigations to prior to the valuation linked to the identification of any site abnormalities



that could impact on the capital cost and valuation for the site. The Health Board has reached agreement with the Local Authority and the Joint Venture (JV) partner, on a subject to contract basis to purchase 3.127 acres of land at Cross Hands for the sum of £660,000 (plus VAT) for its proposed development of the Cross Hands Health & Wellbeing Centre. Upon approval of the OBC, a 10% deposit will be payable on exchange of contracts to the Authority, and remaining balance upon approval of the Full Business Case (FBC), in line with the agreed timelines for the project. The valuation figure has been determined by the District Valuer, and the valuation is agreed by all parties and attached as Appendix A4.

## High level Design Concepts

- 4.4.5 The conceptual design approach for the new Health and Well-being Centre is focused on creating a healthy, stimulating environment inspired by the benefits of daylight, contact with nature and community. It aspires to create a strong identity and sense of place through high quality design inspired by regional forms and the use of vernacular materials in a contemporary manner which promotes sustainable design.
- 4.4.6 The entrance should be a light, welcoming, and engaging public space that is easy to navigate at the heart of the building. Conceptually the building will have a central, double height multipurpose space which engages with adjacent spaces to provide legibility, flexibility and create opportunities for community engagement. Landscaped courtyards and windows should be used to provide natural light and contact with the external environment wherever possible and define a series of active and passive spaces within the building.
- 4.4.7 The Health and Well-being Centre will be home to services that include general practice, multi-functional consulting and treatment rooms for a range community health and well-being services, as well as training facilities for medical students, conference and meeting rooms, and office facilities for community based health care professionals. There are also opportunities to include other community health services such as audiology and pharmacy at the Centre, as well as services such local police, and a community library.
- 4.4.8 The design seeks to make the most of an efficient and compact plan and ensure areas are easily accessible for patients. Multi-functional rooms, meeting rooms, open plan offices, training rooms and staff support facilities will be located on the first floor.
- 4.4.9 The main reception is an important focal and greeting point for visitors, and should be positioned off the central public space where it is welcoming, visible, and able to monitor main waiting areas. Patient information, ancillary accommodation and vertical circulation cores should be easily identified and accessible from main public and waiting areas.
- 4.4.10 Many services will be delivered from generic suites that will be shared on a timetable basis to maximize their use and make it easier for the building to respond to changes in service or capacity. Generic suites will be supported by specialist suites, treatment facilities, and support facilities. Individual services such as general medical services will require access to more than one room type however, and will be arranged as self contained suites.
- 4.4.11 Standardizing room sizes and types will improve flexibility and maximize use by making patient contact spaces more adaptable.

- 4.4.12 The structure and fabric of the building should also be designed to maximize flexibility and adaptability by adopting a modular approach to internal planning, the use of adaptable building methods, designing service installations with capacity to expand, using a structural grid informed by internal planning modules, standardising storey heights and structural slab depths, and by giving careful consideration to the location of vertical circulation cores and service risers.
- 4.4.13 Office, training and staff support accommodation on the first floor will be separate from patient and visitor areas and will have discrete access. Multidisciplinary open-plan office areas will improve flexibility, and will be supported by quiet work spaces, breakout areas, and interview rooms where confidential discussions can take place. Individual cellular offices will be provided where necessary. Staff support accommodation, meeting and training rooms will largely be shared and private rooms will be available for virtual clinics.
- 4.4.14 Facilities such as group activity rooms, meeting rooms, counselling rooms, and some clinics may be used outside of normal hours and should be arranged so that they can be used without compromising security when the rest of the building is closed.
- 4.4.15 An inclusive design approach will support the diverse needs of the local population and increase opportunities for community engagement. An accessibility strategy will be developed through consultation to inform the design.
- 4.4.16 A design strategy for phased construction and future expansion should be considered from the outset. The initial design will be based on the provision of core clinical services, with the option to expand at a later date should the need arise. Space for expansion should be adjacent to the building, and planned to minimize disruption to the occupied building, including clinical areas, circulation routes, day lighting, service installations, security, and fire safety. The site layout should make allowance for any additional visitor and operational parking that may be required as a result of expansion, and mains services should be sized to anticipate future expansion needs.
- 4.4.17 It is Welsh Government policy that new health care buildings achieve a BREEAM rating of "Excellent". A sustainable design philosophy will focus on reducing consumption of non-renewable resources, minimizing waste, and creating a healthy and stimulating environment for building occupants. As outlined in the AHMWW PBC, the design will seek to align with Welsh Government's Net Zero Carbon agenda and encompass biophilic design principles, considering factors such as access to daylight, views and fresh air, as well as issues such as landscape characteristics and the social, historical and cultural relations to the local community.
- 4.4.18 A "fabric first" approach will focus on maximizing the performance of the external fabric of the building to reduce energy use and running costs, and will be supplemented by renewable energy technologies and highly efficient building control systems. Courtyards and windows will provide natural ventilation and high levels of natural daylight. Waste recycling will be encouraged both during construction, and the when the building is in use. Specification of sustainable, locally sourced materials, with high recycled content, and low levels of pollutants such as VOC's and HCFC's will be encouraged. The site is also well placed to promote the use of sustainable transport.

## Schedules of Accommodation

4.4.19 A Schedule of Accommodation has been developed based on a preliminary assessment of the requirements of the potential service scope outlined above. The table below provides an overview of the gross areas that it is estimated will be required.

Table 11 - Overview of preliminary Schedule of Accommodation

	Gross Internal Area
Scope A: Core clinical services (Development Option 1)	3850.8 m2
Scope B: Core clinical + Supplementary services (Development Option 2)	4465.2 m2
Scope C: Core clinical + Supplementary + Other services (Development Option 3)	5141.0 m2

*This table contains Gross Internal Areas (GIA) including plant space.*

4.4.20 The final demise apportionment is detailed in the Estates annex. The table below provides an overview of the total apportionment.

Table 12 Overview of demise apportionment

Final Demise Totals/Appportionment				
	NIA m <sup>2</sup>	Additions	Total NIA m <sup>2</sup>	%age Apportionment
Police	58.40	0.00	<b>58.40</b>	<b>1.53%</b>
Hywel Dda UHB	2,228.40	276.01	<b>2,504.41</b>	<b>65.41%</b>
GMS 1	424.11	52.53	<b>476.64</b>	<b>12.45%</b>
GMS 2	384.65	47.64	<b>432.30</b>	<b>11.29%</b>
Pharmacy	122.70	0.00	<b>122.70</b>	<b>3.20%</b>
Library	145.10	0.00	<b>145.10</b>	<b>3.79%</b>
CCC - FAM	79.25	9.82	<b>89.07</b>	<b>2.33%</b>
<b>Total</b>	<b>3,442.61</b>	<b>386.00</b>	<b>3,828.61</b>	<b>100.00%</b>

*This table contains Net Internal Areas (NIA).*

## 4.5 Digital solutions

4.5.1 Healthcare of the future may look quite different than it does today, and digital solutions will be a key enabler for this change. The following provides a look forward for the next 3, 5 and 10 years, noting that technology is rapidly evolving and growing consumerism, along with demographic and economic changes, are expected to affect how community services are developed and delivered. The aim of our Health and Care Strategy is to provide community and outpatient ambulatory facilities, and services in the home. As part of this work we should be looking to see how to best connect with patients / citizens, and how to integrate digital technologies into healthcare services to truly create a health system without walls. As with any development there is the opportunity to implement the newest technologies available to support patient care and to build on existing investments within the University Health Board to provide a best class facility. The

Health & Well-being Centre will employ the following technologies and solutions for our staff, visitors and patients, within a community hub site.

4.5.2 Having a modern communications platform would be essential to provide staff with an easy way to collaborate across sites especially when care is delivered closer to home. Hywel Dda already has access to a number of technologies which can be leveraged: -

- Office 365 – Office 365 has a number of features to aid collaboration and communications such as online one-to-one and group meetings via voice and video, join a meeting via phone, runs on any device include Smartphones and tablets over mobile networks, screen sharing to collaborate on documents, presence so you know who is available, instant messaging, present presentations, whiteboards and the ability to link with patients.
- The University Health Board will leverage desk booking technologies to alleviate some of the pressures experienced with accommodation but also to enable a fully mobile workforce.
- Digital signage on rooms to provide information on usage along with integration with staff ID badges (i.e. if room free, tap to access room and book at the same time).
- Mobilise its community staff and this will provide the following:-
  - ◆ Community staff with their device of choosing from a list of standard equipment including smartphones, tablets and laptops.
  - ◆ Remote access to current University Health Board systems over 3G/4G/5G networks, public wi-fi and from home broadband.
  - ◆ Mobile access to e-mail and intranet resources.
  - ◆ Access to Microsoft Teams for collaboration, instant messaging and voice and video conferencing.
- Provide the platform for the forthcoming deployment of the national Welsh Community Care Information System which is an integrated system for health and social care and will be pivotal to enabling care to be provided closer to home and modernising community services.
- Outpatient check-in kiosks will enable patients to check-in to outpatients, confirming their details, updating their demographics if needed, setting language preferences and updating their consent to various University Health Board services such as text messaging. Once check-in complete the patients would be automatically alerted when it was time for their appointment so they could wait in the site restaurants or coffee shops.
- The University Health Board patients would have access to a Patient Portal which would provide a range of services:-
  - ◆ Appointment booking.
  - ◆ Secure messaging.
  - ◆ Access to their health summary such as medications, allergies, results, clinical documents and diagnosis.
  - ◆ Ability for the patient to add to their record.
  - ◆ Reminders and important events.

- 4.5.3 A key component of this new build is to ensure our community staff are enabled to provide care closer to home. Historically the majority of Informatics investment was focused on the acute sector and as a result community staff are poorly served by Informatics technologies. The work in Aberaeron and Cardigan Integrated Care Centres has provided a blue-print for digital solutions which will be utilised within this build.
- 4.5.4 As an illustration of how the community staff will utilise technology with the Health and Care Centre:

*Every morning the community nurse's caseload for the day is downloaded to their device. The navigation application on their device is utilised to get them to the patient's home. When they arrive at the patient's home, they have access to a photo of the patient and any risks that may exist in their home.*

*On arrival the community nurse can review any medical history of the patient or information from the patient's recent stay in hospital. Whilst in the patient's home they will be able to undertake any post-operative assessments, treatments, wound care etc. which are completed electronically along with the ability to store and take images and video. The community nurse may have a query on an issue and will have the ability to "chat" with the medical team at the hospital using Microsoft Teams, sending an image for them to review before receiving advice which will all be secure.*

*The community nurse thinks the patient could do with additional support from social services and has a video call with the integrated care team to discuss. As the Welsh Community Care System (WCCIS) is a shared record between Health and Social Care, the community nurse and the social workers are able to discuss the health of the patient instantly and make any changes to their care package.*

*Once the community nurse has finished visiting all their patients they book an agile desk space using an app at the community hub. On arrival they catch-up with some administrative work and have a virtual 1-1 with their line manager.*

- 4.5.5 These developments in technology will allow the community staff to spend more time with their patients, be better connected to the right information when they require it, feeling more empowered when with patients.

## 5 Main Benefits And Risks

### 5.1 Introduction

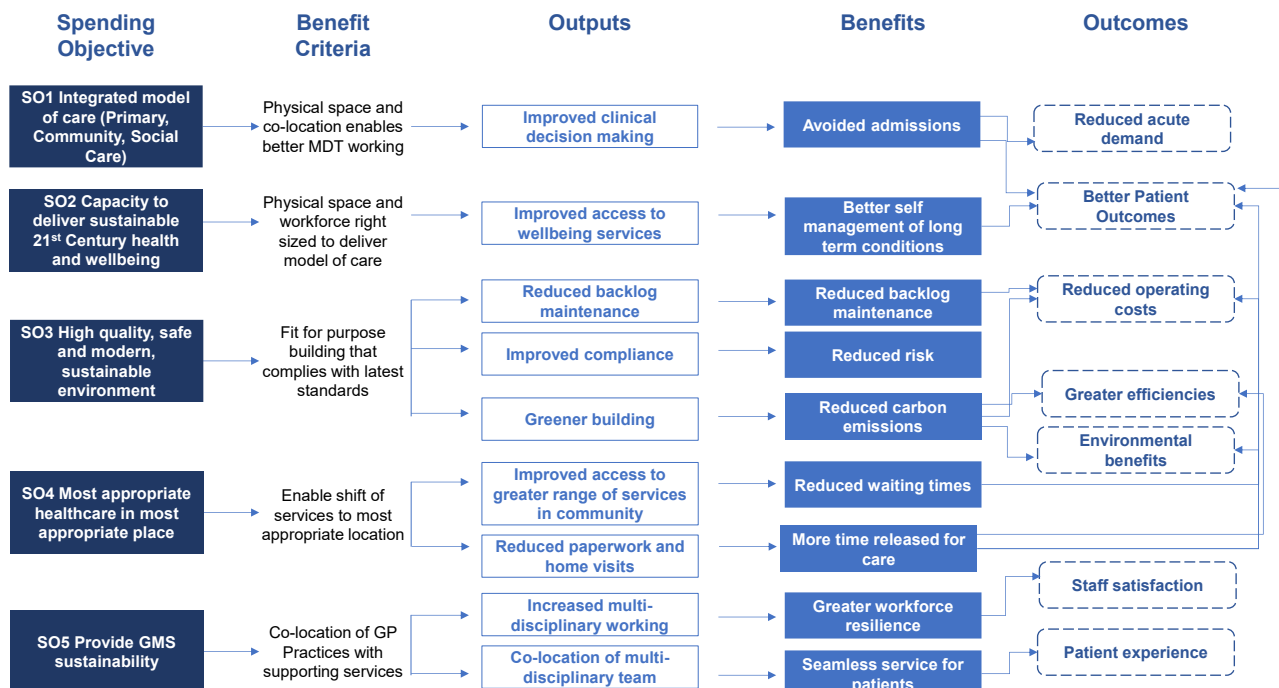
- 5.1.1 This section of the business case identifies the benefits, risks, constraints and dependencies in that have been considered when developing and assessing the options for the development of a Cross Hands Health and Well-being Centre.

### 5.2 Benefits

- 5.2.1 By addressing the business needs and achieving the project spending objectives Cross Hands Health and Well-being Centre will deliver a range of benefits that align with the NHS Infrastructure Investment Criteria listed below.
- **Health gain:** improving patient outcomes and meeting forecast changes in demand.
  - **Affordability:** reduction in costs over the long term.
  - **Clinical and skills sustainability:** reducing service and workforce vulnerabilities and demonstrating solutions that are flexible and robust to a range of future scenarios.
  - **Equity:** where people of highest health needs are targeted first.
  - **Value for money:** optimising public value by making the most economic, efficient and effective use of resources.
- 5.2.2 Co-locating services in this way is likely to generate many positive outcomes that will deliver significant benefits for patients and service users, organisations, and the wider community. An overview of the key benefits linked to the spending objectives is outlined in the diagram below.



Figure 14 - Benefits Map



### 5.2.3 The full benefits list is provided below:

Table 13 - Main benefits

Ref	Benefit	Class	Measure
B01	Improved clinical decision making contributes to avoided admissions for patients with chronic conditions and multi morbidity / frailty	Non-cash releasing	WAST Conveyance Rate for AG Cluster
B02	Patients are able to access appropriate services more quickly	Quantifiable	Reduced waiting times
B03	Provision of group consultations enabling greater peer support and develop patient experts	Quantifiable	Number of group consultations
B04	Improved access to EPP self management programmes	Quantifiable	Number of programmes and completers
B05	Patients better able to navigate system through increased use of Social Prescribing	Quantifiable	Number of patients accessing sign posting services
B06	Improve Early Years Services, ensure greater GMS involvement in child health discussions (MASH) and improve outcomes for families and young children	Quantifiable	Number / %age of child health discussions attended by GMS
B07	More opportunities for volunteering	Quantifiable	Number of volunteer placements
B08	Digital inclusion for patients who do not have broadband	Quantifiable	Number of people able to access online services
B09	Increased support for lifelong learning, personal well-being and development, community participation, and culture & recreation	Quantifiable	Number of participants in library events, ICT literacy and skills training programmes,

Ref	Benefit	Class	Measure
			accessing reading materials, Welsh language resource
B10	Remove backlog liability from the Health Board	Non cash releasing	Backlog maintenance value
B11	Improved facilities that are compliant with current and future standards	Quantifiable	Various
B12	Contributes towards decarbonisation strategy	Quantifiable	Various
B13	Reduced reliance on paperwork and travel enabling Community Nursing to spend more time on patient care	Non-cash releasing	Time spent by Community Nursing team on patient care
B14	Fewer home visits enabling Speech Therapy and Midwifery teams to spend more time on patient care	Non-cash releasing	Number and costs of home visits (Speech Therapy and Midwifery)
B15	Increased use of multi-disciplinary approach to patient care	Quantifiable	Number of MDTs
B16	Improved workforce resilience through co-location of multidisciplinary team Improved wellbeing through enhancing working environment and hence retention of staff and resilience / continuity of service	Quantifiable	Sickness Rate
B17	Improved patient and service user experience	Qualitative	Contribute to the delivery of overall Health Board objectives

## 5.3 Risks

5.3.1 Risk is the possibility of a negative event occurring that adversely impacts on the success of the delivery of the project and its benefits. Identifying, mitigating and managing the key risks is crucial to successful delivery, since the key risks are likely to be that the project will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

5.3.2 The main risks that the development of Cross Hands Health and Well-being Centre must address are listed in the table below.

Table 14 - Main risks

Category	ID	Risk
Design	R01	Inability to define scope clearly and focus on core elements impacts on ability to deliver changes within required timescales
	R02	Facilities do not meet stakeholder needs due to failure to place patient and service user at the heart of the design and develop in a spirit of co-production
	R03	Over scoping the building to include space for services that are best provided elsewhere or in the community
	R04	Failure to future proof the building
	R05	Failure to meet current standards (e.g. Dementia friendly)
	R06	Failure to provide adequate shared spaces

Category	ID	Risk
	R07	Failure to incorporate opportunities for developing fit for purpose technology
Capacity and demand	R08	Demand increases at a higher level than anticipated as we emerge from the pandemic
	R09	Unable to continue to deliver current range of services at a local level - GMS sustainability
	R10	Unable to continue to deliver service model and the vision to the required equitable standard
Workforce	R11	Workforce unable to adapt new ways of working required to deliver integration and agile working - scale of change
	R12	Unable to recruit and retain GMS staff
	R13	Unable to recruit and retain key staff to deliver model of care
Operational	R14	Services unable to successfully integrate to the degree required to realise the benefits
	R15	Impact of AHMWW on scope of the solution as we emerge from the pandemic
	R16	Service users unable to access hub because of inadequate transport solutions
	R17	Technology does not support interoperability required for new ways of working
Reputational / policy	R18	Failure to secure support of all stakeholders
Implementation	R19	Risk that project partners withdraw because of the wider impact of the pandemic and the change in delivery services and wider organisational reviews
	R20	Delays in business case and procurement processes impact on overall project timescales despite mitigations as listed
	R21	Insufficient project resources to support implementation of project
	R22	Land purchase delays and impact on seller of delays due to pandemic
	R23	Statutory permissions and approvals
Funding and finance	R24	Unable to secure adequate capital and revenue funding
	R25	Unable to deliver within revenue cost envelope
	R26	Property disposal
	R27	Underestimating the revenue costs

## 5.4 Constraints

- 5.4.1 Constraints relate to the parameters that the project is working within and any restrictions or factors that might impact on the delivery of a project. These typically include limits on resources and compliance issues.
- 5.4.2 The main constraints related to the Cross Hands Health and Well-being Centre project include:
- Available funding;
  - Delivery within existing revenue envelope;
  - Providing sufficient flexibility for future changes in service requirements; and
  - Service continuity maintained during implementation;

## 5.5 Dependencies

- 5.5.1 Dependencies include things that must be in place to enable the project or project phases and typically include links to other projects and funding requirements that are likely to be managed elsewhere.
- 5.5.2 The main dependencies for Cross Hands Health and Well-being Centre project include:
- Approval of the overarching AHMWW PBC.
  - Approvals being obtained both locally and nationally; and
  - Availability of funding.

## 5.6 Conclusions

- 5.6.1 Stakeholders have identified the benefits, risks, constraints and dependencies in relation to the agreed scope and key service requirements of the project.
- 5.6.2 Benefit and risk registers have been developed and will continue to be updated throughout the project. Benefits and risks are quantified in relation to the appraisal of options in the Economic Case and plans to realise the benefits and manage the risks are outlined in the Management Case.



# Economic Case

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## 6 Options Identification and Appraisal

### 6.1 Introduction

- 6.1.1 The purpose of the economic case is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.
- 6.1.2 The first stage of the economic case explores the preferred way forward by undertaking the following actions:
- Agree critical success factors (CSFs);
  - Identify and evaluate the long list of options; and
  - Recommend the preferred way forward in the form of a shortlist of options.

### 6.2 Critical Success Factors

- 6.2.1 Critical success factors (CSFs) are the essential attributes for successfully delivering the project and are used along with spending objectives to evaluate the options. The CSFs used by stakeholders for this project are provided in the table below.

*Table 15 - Critical success factors*

CSF	Description
Strategic Fit	Meets agreed spending objectives, related business needs and service requirements. Aligns with local and national strategic direction.
Value for Money	Optimises public value in terms of the potential costs, benefits and risks.
Supply side capacity and capability	Matches the ability of service providers to deliver required services. Is likely to be attractive to the supply side.
Potential Affordability	Can be funded from available sources of finance.
Potential Achievability	Is likely to be deliverable. Matches the available skills required for successful delivery.

### 6.3 Long-list option appraisal process

- 6.3.1 The options framework, outlined in the Welsh Government Better Business Cases guidance, provides a systematic approach to identifying and filtering a broad range of options.
- 6.3.2 An overview of the key dimensions for identifying the initial long-list of options is provided in the table below.



Table 16 - Key dimensions used for identifying long-list of options

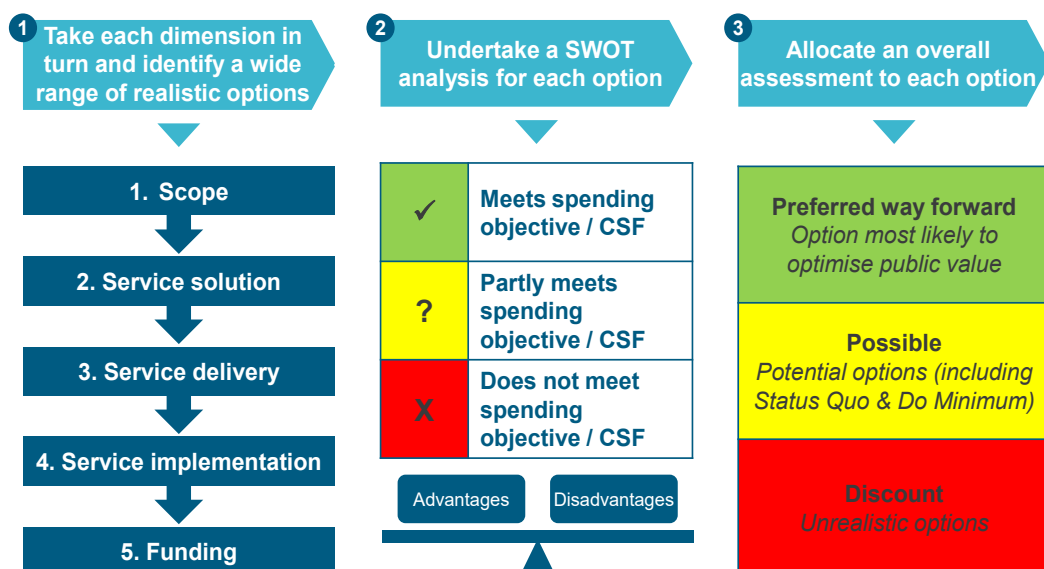
Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

6.3.3 The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension
- Undertake an analysis for each option to:
  - ♦ Assess how well the option meets the project's spending objectives and critical success factors; and
  - ♦ Identify the option's main advantages and disadvantages.
- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

6.3.4 A diagram illustrating this process is shown in the diagram below.

Figure 15 - Process to identify and assess the long list of options



## 6.4 Determining the long list of options

6.4.1 A range of options was considered by stakeholders within the first three dimensions of the options framework, specifically 'scope' and 'solution' with options for the 'delivery',

‘implementation’ and ‘funding’ to be considered at the next stage of the process once the shortlist has been refined. The resulting long list is provided in the table below.

Table 17 - Determining the long-list of options

Dimension	Option	
Scope		
Do nothing	1A	Business as usual
Intermediate options	1B	Scope A: Core clinical services
	1C	Scope A+B: Core clinical services + supplementary
	1D	Scope A+C: Core clinical services + other
Do maximum	1E	Scope A+B+C: Core clinical services + supplementary + other
Solution		
Do nothing	2A	Business as usual
Intermediate options	2B	Upgrade Cross Hands Health Centre and provide some additional capacity (limited). No relocation of GP practices.
	2C	Develop new build facility to deliver Scope A by 2024
	2D	Develop new build facility to deliver Scope A & B by 2024
	2E	Develop new build facility to deliver Scope A & C by 2024
Do maximum	2F	Develop new build facility to deliver Scope A, B & C by 2024
Delivery		
Do nothing	3A	Continue with current ways of working
Intermediate options	3B	Integrated ways of working for services in Scope A
	3C	Integrated ways of working for services in Scope A + B
Do maximum	3D	Fully integrated health and well-being centre
Implementation		
Do nothing	4A	Continue with business as usual
Intermediate options	4B	Deliver Scope A in Phase 1 (Future phases subject to other business cases and funding)
	4C	Deliver Scope A + B in Phase 1 (Future phases subject to other business cases and funding)
Do maximum	4D	Deliver Scope A + B + C in single phase
Funding		
Do nothing	5A	Continue with business as usual
Intermediate options	5B	Traditional capital
Do maximum	5C	Traditional capital and alternative funding

## 6.5 Evaluating the long list of options

6.5.1 Each of the long-listed options was assessed in terms of how well it is likely to meet spending objectives and critical success factors, using the criteria below.

✓	Meets the spending objective / critical success factor
?	Partly meets the spending objective / critical success factor
X	Does not meet the spending objective / critical success factor

### Scope

6.5.2 The options related to the project 'scope' are concerned with establishing what services will be included within the future service model. The results of the evaluation of these options are provided in the table below.

Table 18 - Long list appraisal: Scope

	1A BAU	1B Scope A	1C Scope A + B	1D Scope A + C	1E Scope A+B+C
<b>Objectives</b>					
SO1 Integration / co-location	X	?	?	?	✓
SO2 Capacity / sustainability	X	?	?	?	✓
SO3 Safe modern environment	X	?	✓	?	✓
SO4 Right place, right care	X	?	✓	?	✓
SO5 GMS sustainability	X	✓	✓	✓	✓
<b>CSFs</b>					
CSF1 Strategic fit	X	X	?	X	✓
CSF2 Value for money	X	?	?	?	✓
CSF3 Supply side	✓	✓	✓	✓	✓
CSF4 Affordability	X	?	?	?	?
CSF5 Achievability	X	✓	✓	?	?
<b>Results</b>					
Overall assessment	Baseline only	Possible (Do Minimum)	Possible (Less Ambitious)	Discount	Preferred Way Forward

### Solution

6.5.3 The options related to the project's 'solution' are concerned with establishing how the preferred scope for the future service model can best be delivered. The results of the evaluation of these options are provided in the table below.

Table 19 - Long list appraisal: Solution

	2A BAU	2B Upgrade current	2C New hub Scope A	2D New hub Scope A + B	2E New hub Scope A + C	2F New hub Scope A+B+C
<b>Objectives</b>						
SO1 Integration / co-location	X	X	?	?	?	✓
SO2 Capacity / sustainability	X	X	?	?	?	✓
SO3 Safe modern environment	X	X	?	✓	?	✓
SO4 Right place, right care	X	X	?	✓	?	✓
SO5 GMS sustainability	X	X	✓	✓	✓	✓
<b>CSFs</b>						
CSF1 Strategic fit	X	X	X	?	X	✓
CSF2 Value for money	X	X	?	?	?	✓
CSF3 Supply side	✓	✓	✓	✓	✓	✓
CSF4 Affordability	X	X	?	?	?	?
CSF5 Achievability	X	X	✓	✓	?	?
<b>Results</b>						
Overall assessment	Baseline only	Discount	Possible (Do Minimum)	Possible (Less Ambitious)	Discount	<b>Preferred Way Forward</b>

6.5.4 The evaluation of the options for the project 'scope' and 'solution' found that:

- Option 2A (Business as Usual): Not a feasible option since estates and sustainability risks remain and does not deliver any of the vision. It was agreed that this options should only be carried forward as a baseline against which to compare the shortlisted options.
- Option 2B (Upgrade current health centre): Not a feasible option as an unacceptably high level of estates and sustainability risks remain and does not deliver any of the vision despite significant investment. It was therefore agreed that this option should be discounted at this stage.
- Option 2C (New community hub for Scope A only): This is a possible option since it addresses critical risks and is likely to deliver a reasonable level of benefits in relation to investment. However, it offers a limited opportunity to deliver the wider vision and will require further investment in the future to maximise benefits and deliver the overall strategy. It is therefore agreed that this is carried forward as the Do Minimum option.
- Option 2D (New community hub for Scope A and B): This is a possible option since it addresses critical risks and achieves a high degree of integration which means it is likely to deliver a reasonable level of benefits in relation to the level of investment.

However, it does not deliver the full vision and so will require further investment in the future to maximise benefits. It is therefore agreed that it is carried forward as the Less Ambitious option.

- Option 2E (New community hub for Scope A and C): This is not a feasible option since it represents poor value for money. Despite requiring significantly more investment than the Do Minimum option, by excluding the social community space in Scope B that is key to delivering the vision for a community hub, it limits the overall benefits. It is therefore agreed that this option is discounted at this stage.
- Option 2F (New community hub for Scope A, B and C): This option delivers the full vision and so is the option most likely to maximise benefits. Although it is recognised that there are risks around affordability which will need to be explored and managed as part of the next stage of the process, it is agreed that this option is carried forward as the Preferred Way Forward (PWF).

## Delivery

6.5.5 The options related to the project 'delivery' are concerned with establishing what ways of working under future service model. The results of the evaluation of these options are provided in the table below.

Table 20 - Long list appraisal: Delivery

	3A BAU	3B Scope A integration	3C Scope A + B integration	3D Fully integrated
<b>Objectives</b>				
SO1 Integration / co-location	X	?	?	✓
SO2 Capacity / sustainability	X	?	?	✓
SO3 Safe modern environment	X	?	✓	✓
SO4 Right place, right care	X	?	✓	✓
SO5 GMS sustainability	X	✓	✓	✓
<b>CSFs</b>				
CSF1 Strategic fit	X	X	?	✓
CSF2 Value for money	X	?	?	✓
CSF3 Supply side	✓	✓	✓	✓
CSF4 Affordability	X	?	?	?
CSF5 Achievability	X	✓	✓	?
<b>Results</b>				
Overall assessment	Baseline only	Possible (Do Minimum)	Possible (Less Ambitious)	<b>Preferred Way Forward</b>

6.5.6 All options must be carried forward to the shortlist to allow delivery of the feasible solution options.

## Implementation

6.5.7 The options related to the project 'implementation' are concerned with establishing the phasing of the project. The results of the evaluation of these options are provided in the table below.

Table 21 - Long list appraisal: Implementation

	4A BAU	4B Scope A Phase 1	4C Scope A + B Phase 1	4D Single phase
<b>Objectives</b>				
SO1 Integration / co-location	X	?	?	✓
SO2 Capacity / sustainability	X	?	?	✓
SO3 Safe modern environment	X	?	✓	✓
SO4 Right place, right care	X	?	✓	✓
SO5 GMS sustainability	X	✓	✓	✓
<b>CSFs</b>				
CSF1 Strategic fit	X	X	?	✓
CSF2 Value for money	X	?	?	✓
CSF3 Supply side	✓	✓	✓	✓
CSF4 Affordability	X	?	?	?
CSF5 Achievability	X	✓	✓	?
<b>Results</b>				
Overall assessment	Baseline only	Possible (Do Minimum)	Possible (Less Ambitious)	<b>Preferred Way Forward</b>

6.5.8 All options must be carried forward to the shortlist to allow delivery of the feasible solution options.

## Funding

6.5.9 The options related to the project 'funding' are concerned with financing arrangements for the project. The results of the evaluation of these options are provided in the table below.

Table 22 - Long list appraisal: Funding

	5A BAU	5B Capital	5C Capital + Other
<b>Objectives</b>			
SO1 Integration / co-location	X	✓	✓
SO2 Capacity / sustainability	X	✓	✓
SO3 Safe modern environment	X	✓	✓
SO4 Right place, right care	X	✓	✓
SO5 GMS sustainability	X	✓	✓
<b>CSFs</b>			
CSF1 Strategic fit	X	✓	✓
CSF2 Value for money	X	?	?
CSF3 Supply side	✓	✓	✓
CSF4 Affordability	X	?	?
CSF5 Achievability	X	?	?
<b>Results</b>			
Overall assessment	Baseline only	Possible	Possible



6.5.10 All options are carried forward for further exploration.

## 6.6 Results of the long list evaluation

6.6.1 An overview of the results of the long list evaluation are provided below.

Table 23 - Long list evaluation results

Dimension	Option		Shortlist?	
Scope				
Do nothing	1A	Business as usual	✓	Baseline (BAU)
Intermediate options	1B	Scope A: Core clinical services	✓	Possible (Do Minimum)
	1C	Scope A+B: Core clinical services + supplementary	✓	Possible (Less Ambitious)
	1D	Scope A+C: Core clinical services + other	✗	Discount
Do max	1E	Scope A+B+C: Core clinical services + supplementary + other	✓	Preferred Way Forward
Solution				
Do nothing	2A	Business as usual	✓	Baseline (BAU)
Intermediate options	2B	Upgrade Cross Hands Health Centre and provide some additional capacity (limited). No relocation of GP practices.	✗	Discount
	2C	Develop new build facility to deliver Scope A by 2024	✓	Possible (Do Minimum)
	2D	Develop new build facility to deliver Scope A & B by 2024	✓	Possible (Less Ambitious)
	2E	Develop new build facility to deliver Scope A & C by 2024	✗	Discount
Do max	2F	Develop new build facility to deliver Scope A, B & C by 2024	✓	Preferred Way Forward
Delivery				
Do nothing	3A	Continue with current ways of working	✓	Baseline (BAU)
Intermediate options	3B	Integrated ways of working for services in Scope A	✓	Possible (Do Minimum)
	3C	Integrated ways of working for services in Scope A + B	✓	Possible (Less Ambitious)
Do max	3D	Fully integrated health and well-being centre	✓	Preferred Way Forward
Implementation				
Do nothing	4A	Continue with business as usual	✓	Baseline (BAU)

Dimension	Option		Shortlist?	
Intermediate options	4B	Deliver Scope A in Phase 1 (Future phases subject to other business cases and funding)	✓	Possible (Do Minimum)
	4C	Deliver Scope A + B in Phase 1 (Future phases subject to other business cases and funding)	✓	Possible (Less Ambitious)
Do max	4D	Deliver Scope A + B + C in single phase	✓	Preferred Way Forward
<b>Funding</b>				
Do nothing	5A	Continue with business as usual	✓	Baseline (BAU)
Intermediate	5B	Traditional capital	✓	Possible
Do max	5C	Traditional capital and alternative funding	✓	Possible

## 6.7 Developing the short list of options

6.7.1 The results of the final assessment were amalgamated to create a shortlist of options. This is shown below in relation to the options framework.

Table 24 - Shortlist of options

	Do Minimum	Less Ambitious	Preferred Way Forward
<b>Scope</b>	Scope A: Core clinical services	Scope A and B: Core clinical services plus supplementary services	Scope A, B and C: Core clinical services plus supplementary services plus other services
<b>Solution</b>	New build health and well-being centre to accommodate Scope A	New build health and well-being centre to accommodate Scope A + B	New build health and well-being centre to accommodate Scope A + B + C
<b>Service delivery</b>	Integrated ways of working for services in Scope A	Integrated ways of working for services in Scope A + B	Fully integrated health and well-being centre
<b>Implementation</b>	Deliver Scope A in Phase 1 (Future phases subject to other business cases and funding)	Deliver Scope A + B in Phase 1 (Future phases subject to other business cases and funding)	Deliver Scope A + B + C in single phase
<b>Funding</b>	Traditional capital	Traditional capital	Traditional capital Scope A + B and alternative funding sources to deliver Scope C

## 6.8 Conclusion

- 6.8.1 Following the robust development and assessment of a long list of potential options, a shortlist of four options is carried forward to the economic appraisal to evaluate in further detail. The agreed shortlist is summarised below.

*Table 25 - Shortlist of options*

<b>Option 0 - Business as Usual (BAU)</b>	Continue with existing arrangements.
<b>Option 1 - Do Minimum</b>	Create new build health and well-being centre to accommodate and enable integrated ways of working for Scope A (core clinical services) in the initial phase which will be funded by traditional capital. Future phases to incorporate Scope B (supplementary services) and Scope C (other services) will be subject to separate business cases and funding sources.
<b>Option 2 - Less Ambitious</b>	Create new build health and well-being centre to accommodate and enable integrated ways of working for Scope A (core clinical services) and Scope B (supplementary services) in the initial phase which will be funded by traditional capital. Future phases to incorporate Scope C (other services) will be subject to separate business cases and funding sources.
<b>Option 3 - Preferred Way Forward (PWF)</b>	Create new build fully integrated health and well-being centre to accommodate Scope A (core clinical services), Scope B (supplementary services) and Scope C (other services) in a single phase. Delivery of Scope A and B funded by traditional capital and Scope C from alternative funding sources.

## 7 Economic Appraisal

### 7.1 Introduction

7.1.1 The purpose of the economic appraisal is to evaluate the costs, benefits and risks of the shortlisted options to identify the option that is most likely to offer best public value for money.

7.1.2 This is achieved by undertaking the following actions in line with current Welsh Government Better Business Case guidance:

- Estimating the capital and revenue costs for each option.
- Preparing a discounted cash flow to estimate the Net Present Cost of each option.
- Undertaking an assessment of benefits and risks.

### 7.2 Capital costs

7.2.1 Capital costs have been estimated based on the schedules of accommodation using the following key assumptions:

- Construction cost have been calculated at BIS PUBSEC (MIPS FP) 277 for Options 1-3 and restated to PUBSEC 250 for the purposes of the Economic Appraisal.
- VAT is excluded from the Economic Case in line with HM Treasury Green Book guidance.

A summary of the resulting capital costs is provided in the table below.

*Table 26 Capital costs*

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Works Costs	170,651	15,842,397	17,920,466	20,326,642
Fees	17,065	2,659,487	2,937,862	3,182,824
Non-Works Costs	0	1,588,450	1,633,197	1,746,473
Equipment Costs	0	820,397	847,653	852,708
Quantified Risk Contingency	0	1,695,014	1,885,906	2,102,699
<b>Total Capital Cost</b>	<b>187,716</b>	<b>22,605,745</b>	<b>25,225,084</b>	<b>28,211,346</b>

7.2.2 In addition to this, an estimate has been made for the ongoing lifecycle capital costs that it is expected will be incurred over the 60-year appraisal period for Options 1, 2 and 3. These are summarised in the table below.

*Table 27 Lifecycle costs*

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
<b>Total Lifecycle Costs over 60 years</b>	<b>0</b>	<b>11,937,726</b>	<b>13,895,307</b>	<b>16,144,404</b>

## 7.3 Optimism bias

- 7.3.1 Optimism bias has been calculated for each of the options and is included in the economic analysis. Detailed worksheets are included as part of the Comprehensive Investment Appraisal (CIA) model in Appendix A8.

Table 28 Optimism bias

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Actual % Upper Bound	46.0%	47.0%	47.0%	47.0%
Mitigated Optimism Bias %	25.3%	22.6%	21.6%	20.2%

## 7.4 Opportunity costs

- 7.4.1 The market value of the existing Health Centre has been estimated by a RICS registered Valuer as £165,000.

## 7.5 Residual Value

- 7.5.1 The residual value of the development has been estimated for Options 1, 2 and 3 based on the original land purchase cost of £660,000.

## 7.6 Recurring revenue costs

- 7.6.1 Recurring revenue costs are rebased to 2018/19 prices.

Table 29 Recurring revenue costs

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Equipment Maintenance	0	10,286	10,286	10,286
IT Costs	0	53,231	53,231	53,231
Pay Costs - Estates	31,438	81,192	91,493	107,463
Building Costs - Health Board	9,351	150,139	172,616	207,463
Building Costs - GMS	59,126	37,241	41,046	44,860
Rent	232,835	0	0	0
Third Sector Income	0	0	-37,403	-69,663
<b>Annual Revenue Costs (2026/27)</b>	<b>332,750</b>	<b>332,089</b>	<b>331,268</b>	<b>353,639</b>

## 7.7 Benefits analysis

- 7.7.1 An analysis has been undertaken of the benefits associated with each of the option. Every effort has been made to quantify benefits, where possible in monetary equivalent values. A summary of the resulting analysis is provided.

Table 30 Benefits Analysis



Ref	Benefit	Class	Measure	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF	Calculation
B01	Improved clinical decision making contributes to avoided admissions for patients with chronic conditions and multi morbidity / frailty	NCRB	WAST Conveyance Rate for AG Cluster	£446,404	£517,628	£596,434	Applying the current ED Attendance Rate and Hospital Admission Rates from the Lightfoot Viewer equates to 1,039 fewer ED attendances and 429 fewer admissions p.a. Based on 19/20 average costs = Financial benefit of £596k p.a., allocated to options according to floor area
B13	Reduced reliance on paperwork and travel enabling Community Nursing to spend more time on patient care	NCRB	Time spent by Community Nursing team on patient care	£50,024	£50,024	£50,024	Increase from 74% to 89% of available Community Nursing time spent on patient facing care
B14	Fewer home visits enabling Speech Therapy teams to spend more time on patient care	NCRB	Number and costs of home visits	£8,317	£8,317	£8,317	40% reduction at average time per visit.
	<b>Recurring non-cash releasing benefits</b>			£504,745	£575,970	£654,775	
B10	Remove backlog liability from the Health Board	NCRB	Backlog maintenance value	£242,647	£242,647	£242,647	Non-recurring saving applies to all
	<b>Non-recurring non-cash releasing benefits</b>			£242,647	£242,647	£242,647	
B02	Patients are able to access appropriate services more quickly	QB	Reduced waiting times	Reduced Therapy and Audiology waiting times	Reduced Therapy and Audiology waiting times	Reduced Therapy and Audiology waiting times	
B03	Provision of group consultations enabling greater peer support and develop patient experts	QB	Number of group consultations	✓	✓	✓	
B04	Improved access to EPP self management programmes	QB	Number of programmes and completers		3 times more people complete EPP within 2 years	3 times more people complete EPP within 2 years	
B05	Patients better able to navigate system through increased use of Social Prescribing	QB	Number of patients accessing sign posting services		98 people signposted p.a.	98 people signposted p.a.	
B06	Improve Early Years Services, ensure greater GMS involvement in child health discussions (MASH) and improve outcomes for families and young children	QB	Number / %age of child health discussions attended by GMS	✓	✓	✓	
B07	More opportunities for volunteering	QB	Number of volunteer placements		10 placements	13 placements	
B08	Digital inclusion for patients who do not have broadband	QB	Number of people able to access online services			✓	
B09	Increased support for lifelong learning, personal well-being and development, community participation, and culture & recreation	QB	Number of participants in library events, ICT literacy and skills training programmes, accessing reading materials, Welsh language resource			✓	
B11	Improved facilities that are compliant with current and future standards	QB	Various	✓	✓	✓	

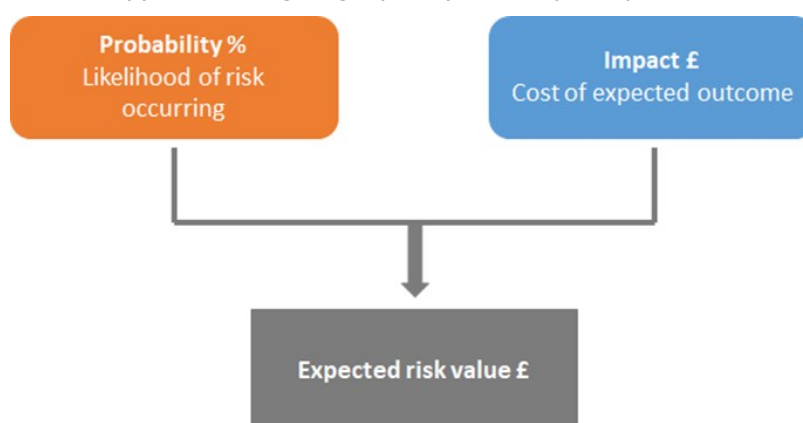


Ref	Benefit	Class	Measure	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF	Calculation
B12	Contributes towards decarbonisation strategy	QB	Various	✓	✓	✓	
B15	Increased use of multi-disciplinary approach to patient care	QB	Number of MDTs	1 MDT per practice per week	1 MDT per practice per week	1 MDT per practice per week	
B16	Improved workforce resilience through co-location of multidisciplinary team Improved wellbeing through enhancing working environment and hence retention of staff and resilience / continuity of service	QB	Sickness Rate	Reduce from current average 8.6% to 4.7%	Reduce from current average 8.6% to 4.7%	Reduce from current average 8.6% to 4.7%	
B17	Improved patient and service user experience	Qual	Contribute to the delivery of overall Health Board objectives	✓	✓	✓	
<b>Unmonetised benefits</b>							

## 7.8 Risk analysis

- 7.8.1 In addition to quantified capital risks and optimism bias, there are various operational risks which should be considered. The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms by calculating an 'expected value'.
- 7.8.2 This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of mitigating or addressing the risk (impact) and summing the results for all risks and outcomes.
- 7.8.3 The diagram below provides an overview of the risk assessment undertaken.

Figure 16 Risk quantification approach using single-point probability analysis



- 7.8.4 Stakeholders undertook an assessment of risk, the results of which are provided below.

Table 31 Risk quantification

Cross Hands Health and Wellbeing Centre  
Outline Business Case  
Risk Register

Risk Category	Ref	Risk	Impact Quantification assumptions	Likelihood of risk occurring			
				Option 0	Option 1	Option 2	Option 3
Capacity and demand	R01	Demand increases at a higher level than anticipated	Cost of primary care and community services for registered population increases by 5%	25.00%	12.50%	10.00%	5.00%
Capacity and demand	R02	Unable to continue to deliver current range of services at a local level - GMS sustainability	10 x GPs across practices @ 10% premium	25.00%	6.25%	5.00%	1.25%
Capacity and demand	R03	Unable to continue to deliver service model and the vision to the required equitable standard	Cost of primary care and community services for registered population increases by 5%	25.00%	18.75%	15.00%	1.25%
Workforce	R04	Workforce unable to adapt new ways of working required to deliver integration and agile working - scale of change	Financial benefits not delivered	5.00%	7.50%	8.75%	10.00%
Workforce	R05	Unable to recruit and retain GMS staff	10 x GPs across practices @ 10% premium	20.00%	7.50%	7.50%	2.50%
Workforce	R06	Unable to recruit and retain key staff to deliver model of care	Cost of primary care and community services for registered population increases by 5%	20.00%	15.00%	10.00%	5.00%
Implementation	R12	Delays in business case and procurement processes impact on overall project timescales despite mitigations as listed	Delays in benefits (12 months)	0.00%	7.50%	10.00%	12.50%
Funding and finance	R16	Unable to secure adequate capital and revenue funding	Delays in benefits (12 months)	0.00%	1.25%	2.50%	3.75%
Total Expected Value (Undiscounted)				21,746,123	27,432,394	22,176,898	10,070,635

## 7.9 Economic appraisal

**7.9.1** The assumptions above have been incorporated into a discounted cash flow for each of the options. The discounted cash flow has been prepared over a 60-year period, using a discount rate in line with the requirements of HM Treasury. The key assumptions are summarised in table below.

Table 32 Key assumptions used in the economic appraisal

- Costs are calculated over a 60-year appraisal period for Options 1, 2, 3 and a 30-year appraisal period for Option 0 (BAU)
- Year 0 is 2018/19
- Costs and benefits use real base year prices – all costs are expressed at 2018/19 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
  - Exchequer 'transfer' payments, such as VAT;
  - General inflation;
  - Sunk costs; and
  - Non-cash items such as depreciation and impairments.

- A discount rate of 3.5% has been applied to Years 1-30 and 3.0% to Years 31-60 in line with HM Treasury guidance.

7.9.2 The results of the economic appraisal are provided in the table below (see Appendix A8 for detailed workings).

*Table 33 Net Present Cost*

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Opportunity Costs	165,000	165,000	165,000	165,000
<b>Total Opportunity Costs</b>	<b>165,000</b>	<b>165,000</b>	<b>165,000</b>	<b>165,000</b>
Initial Capital Costs	187,716	22,605,745	25,225,084	28,211,345
Lifecycle Costs	0	11,937,726	13,895,307	16,144,404
Residual Value	0	660,000	660,000	660,000
<b>Total Capital Costs</b>	<b>187,716</b>	<b>33,883,471</b>	<b>38,460,391</b>	<b>43,695,749</b>
Recurring revenue costs	12,311,746	22,337,636	24,538,682	27,822,529
<b>Total Revenue Costs</b>	<b>12,311,746</b>	<b>22,337,636</b>	<b>24,538,682</b>	<b>27,822,529</b>
Optimism Bias	47,492	7,793,007	8,457,829	8,964,297
Expected Risk Value	21,746,123	27,432,394	22,176,898	10,070,635
<b>Total Risk Value</b>	<b>21,793,615</b>	<b>35,225,401</b>	<b>30,634,727</b>	<b>19,034,932</b>
<b>Total Risk-Adjusted Costs</b>	<b>34,458,077</b>	<b>91,611,509</b>	<b>93,798,800</b>	<b>90,718,210</b>
Cash releasing benefits				
Non-cash releasing benefits	0	30,022,628	34,224,860	38,874,399
<b>Total Benefits</b>	<b>0</b>	<b>30,022,628</b>	<b>34,224,860</b>	<b>38,874,399</b>
<b>Total Net Present Cost (Undiscounted)</b>	<b>34,458,077</b>	<b>61,588,881</b>	<b>59,573,940</b>	<b>51,843,811</b>

Total Opportunity Costs	165,000	165,000	165,000	165,000
Total Capital Costs	152,707	22,352,563	25,098,013	28,094,194
Total Revenue Costs	7,094,918	9,094,723	9,861,392	10,998,506
Total Optimism Bias	38,635	5,061,042	5,443,731	5,694,233
Total Expected Risk	12,114,213	10,670,089	8,586,812	3,811,843
<b>Total Risk-Adjusted Costs</b>	<b>19,565,473</b>	<b>47,343,416</b>	<b>49,154,948</b>	<b>48,763,777</b>
<b>Total Benefits</b>	<b>0</b>	<b>10,307,374</b>	<b>11,735,838</b>	<b>13,316,355</b>
<b>Total Net Present Cost (Discounted)</b>	<b>19,565,473</b>	<b>37,036,042</b>	<b>37,419,111</b>	<b>35,447,422</b>
Appraisal period (years)	37	67	67	67
<b>Equivalent annual cost</b>	<b>528,797</b>	<b>552,777</b>	<b>558,494</b>	<b>529,066</b>
Options ranked (Discounted NPC)	1	3	4	2
<b>Benefit Cost Ratio</b>	<b>0.00</b>	<b>0.22</b>	<b>0.24</b>	<b>0.27</b>
Options ranked (Benefit Cost Ratio)	4	3	2	1

7.9.3 The Net Present Cost (NPC) represents the total cost of delivering each option over the 37-year appraisal period for Option 0 and 67-year appraisal period for Options 1, 2 and 3 while the Benefit Cost Ratio (BCR) represents the proportion of benefits to costs and risks.

## 7.10 Sensitivity analysis

- 7.10.1 The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential movements in capital and revenue costs.
- 7.10.2 The first part of this involves undertaking switching value analysis which has been applied to areas of material cash flows to identify the extent that costs and benefits must change in order for the Net Present Cost (NPC) to reflect that of the highest-ranking option (excluding Business as Usual).

*Table 34 Sensitivity analysis - switching*

	Option 1 Do Minimum	Option 2 Less Ambitious
Discounted NPC	-4.3%	-5.3%
Initial capital costs	-7.1%	-7.9%
Total revenue costs	-17.5%	-20.0%
Total financial benefits	15.4%	16.8%
Expected risk value	-14.9%	-23.0%

- 7.10.3 The results of the switching analysis show that:
- For Option 1 (Do Minimum) to rank higher than Option 3 (Preferred Way Forward), discounted NPC would need to reduce by 4.3%. This would involve capital costs reducing by 7.1% or revenue costs by 17.5%. Financial benefits would need to increase by 15.4% and expected risk value would need to reduce by 14.9%.
  - For Option 2 (Less Ambitious) to rank higher than Option 3 (Preferred Way Forward), discounted NPC would need to reduce by 5.3%. This would involve capital costs reducing by 7.9% or revenue costs by 20.0%. Financial benefits would need to increase by 16.8% and expected risk value would need to reduce by 23.0%.
- 7.10.4 This suggests that the ranking of options is somewhat sensitive to changes in costs and benefits.
- 7.10.5 The second part of the sensitivity analysis involves considering the impact on the ranking of options in relation to the following scenarios:
- Scenario 1:** All options (excluding Option 0, Business as Usual) deliver the same level of financial benefits.
  - Scenario 2:** All options (excluding Option 0, Business as Usual) deliver the same degree of risk.

*Table 35 Sensitivity analysis – scenarios*

Discounted	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Equivalent annual cost	528,797	552,777	558,494	529,066
Options ranked (Discounted NPC)	1	3	4	2
Financial benefits		-10,307,374	-11,735,838	-13,316,355
Options 1 and 3 equal to Option 3		-13,316,355	-13,316,355	-13,316,355
Impact on NPC (Scenario 1)		3,008,981	1,580,517	0
Equivalent annual cost (Scenario 1)	528,797	507,867	534,904	529,066
Options ranked (Scenario 1)	2	1	4	3
Expected risk value		10,670,089	8,586,812	3,811,843
Options 1 and 3 equal to Option 3		3,811,843	3,811,843	3,811,843
Impact on NPC (Scenario 2)		6,858,246	4,774,969	0
Equivalent annual cost (Scenario 2)	528,797	450,415	487,226	529,066
Options ranked (Scenario 2)	3	1	2	4

7.10.6 The results of the scenario analysis show that the ranking of options is sensitive to changes in benefits and risks assumptions.

7.10.7 Overall, the ranking of options has some sensitivity to changes in assumptions. However, this does not take into account the higher level of non-financial benefits that Option 3 delivers by bringing together a greater number of services.

## 7.11 Preferred option

7.11.1 The results of the options appraisal are presented in the table below.

Table 36 Results of options appraisal

	Option 0 BAU	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 PWF
Discounted Net Present Cost	£19,565k	£37,036k	£37,419k	£35,447k
Equivalent Annual Cost	£528k	£553k	£558k	£529k
Benefit Cost Ratio	0.00	0.22	0.24	0.27

7.11.2 The results of this analysis suggest that

- Option 3 represents the best value for money because it has the lowest NPC and best BCR. This is because despite the increased capital investment required, it maximises benefits by having a fully integrated community hub and minimises risk by providing the capacity and resilience required to meet the needs of the local population.
- Option 2 would reduce the level of investment required while delivering a similar level of financial benefits. However, it does not maximise non-financial benefits and increases the risk value since without including all elements in the community hub it may be challenging to deliver the entire vision for the future of community care in Amman Gwendraeth.

- Option 1 reduces the level of investment even further as well as the revenue costs. However, since it only covers core clinical services, it increases the risk of being able to deliver the future vision and reduces the financial and non-financial benefits.
- Option 0 requires minimal investment but does not enable delivery of the future vision and so will not be possible to realise any benefits. It results in the highest expected risk value since it offers lowest level of capacity and resilience. It is therefore not a feasible option.

7.11.3 On the basis of this analysis, Option 3 which incorporates core clinical, supplementary and other services in a new build fully integrated health and wellbeing centre, is the preferred option.





# Commercial Case

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## 8 Procurement Strategy

### 8.1 Introduction

- 8.1.1 This section of the business case outlines the procurement strategy and routes that will be delivered as part of the development of the deal to deliver the preferred solution for the Cross Hands Health and Well-being Centre.

### 8.2 Acquisition of land

- 8.2.1 The Health Board has reached agreement with the Local Authority on a subject to contract basis to purchase 3.127 acres of land at Cross Hands for the sum of £660,000 (plus VAT) for its proposed development of the Cross Hands Health and Well-being Centre. The valuation figure has been determined by the District Valuer (See attached final report Appendix A4, and both the valuation, and the contract head of terms is agreed by all parties. (see attached Letter from the Local Authority).
- 8.2.2 On the basis that the title ownership within the 3.127 acres is with the Local Authority and their Joint Venture partner, the Authority is providing a recommendation to their Executive Board that the Council purchase the JV partner interest. The Authority are working to arrange the JV land title purchase in advance of the OBC approval, and exchange of contract with the Health Board. Upon approval of the OBC a 10% deposit will be payable on exchange of contracts to the Authority, and remaining balance upon approval of the FBC, in line with the agreed timelines for the project.

### 8.3 Procurement strategy

- 8.3.1 The delivery of the preferred solution requires procurement in relation to the design and build of a health and well-being centre at Cross Hands to accommodate Scope A, B and C based on the schedules of accommodation referenced in Appendix A5.

### 8.4 Underlying principles

- 8.4.1 As outlined in the AHMWW PBC, our procurement strategy will be developed to reflect the following:
- Well-being of Future Generations (Wales) Act 2015: We will maximise the opportunities for our Programme to further the aims of the Well-being of Future Generations (Wales) Act in the following ways:
  - Incentivising our contractors to further the aims of the Act through our tender evaluation criteria and the performance criteria we place in our contracts.

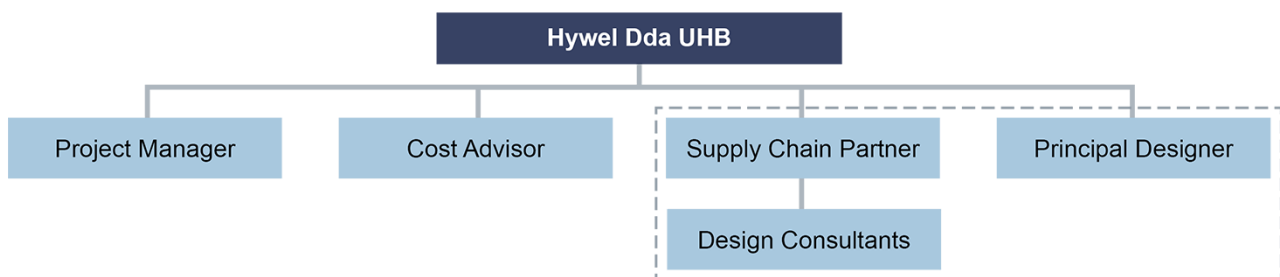
- Structuring the way in which we plan our procurement processes and draft our contracts to reflect the Five Ways of Working set out in the Future Generations framework for projects
- Incorporating the Seven National Well-being Goals (Prosperous, Resilient, Healthier, More equal, Cohesive communities, Vibrant culture, Globally responsible) into our procurement strategies and contract designs.
- Being mindful of the findings of the report titled “Procuring Well-being in Wales: a review into how the Well-being of Future Generations Act is informing procurement in Wales”, published in February 2021.
- Social Value: Social value is a broader appreciation of value from not only a finance perspective, but from an environmental and social perspective too. By bringing these three elements together, it will enable us to make decisions that reduce environmental harm, reduce inequality, improve the well-being of our communities and bolster our local economy and the economy of Wales. We recognise the important role the University Health Board plays in positively impacting its local communities by providing jobs, procuring local goods and services, leasing and owning buildings and working with a range of partners to draw on expertise.
- Decarbonisation and alignment with Net Zero by 2030: The University Health Board is developing an Action Plan to report to the NHS Wales Decarbonisation Programme Board and which recognises that procurement is the largest contributor to our carbon footprint. The Action Plan will be fully reflected in the University Health Board’s procurement strategies under the AHMWW Programme.
- NHS Wales Infrastructure Investment Guidance and Annexes: The NHS Wales Infrastructure Investment Guidance and Annexes set out a number of requirements which we will meet as we develop our procurement strategies.

## 8.5 Procurement route

- 8.5.1 Two frameworks have been procured by NHS Wales Shared Services Partnership – Specialist Estate Services on behalf of Health Boards in Wales:
- NHS Building for Wales Regional frameworks for projects with a construction value of between £4 million and £12 million.
  - NHS Building for Wales National frameworks for projects with a construction value in excess of £12 million.
- 8.5.2 Members of each framework must enter into a legal contract with the Welsh Government upon successful appointment to the framework. This contract is known as the Framework Agreement, and it is maintained for the life of the framework, or a minimum of four years. The Framework Agreement commenced on 30th April 2018. The Velindre NHS Trust acts as the hosting body for NHS Wales Shared Services Partnership – Specialist Estate Services for the purpose of the Framework Agreement.
- 8.5.3 Framework members are invited to tender for projects by the Health Boards and, if successful, enter into a legal contract with that Health Board. This contract is known as a Call-Off Contract.

- 8.5.4 Following advice from NHS Wales Shared Services Partnership – Specialist Estate Services and based on preliminary cost estimates for the new Cross Hands Health and Well-being Centre, the Hywel Dda University Health Board used Lot 2 (south and west Wales) of the NHS Building for Wales Regional framework to appoint a Project Manager, Cost Advisor and Supply Chain Partner in December 2018.
- 8.5.5 The Supply Chain Partner team includes design consultant services but does not include Health Care Planner services which will be appointed directly by HDUHB, if required.
- 8.5.6 The Supply Chain Partner will be the Principal Designer and Principal Contractor for the purpose of the Construction (Design and Management) Regulations 2015 (CDM 2015).

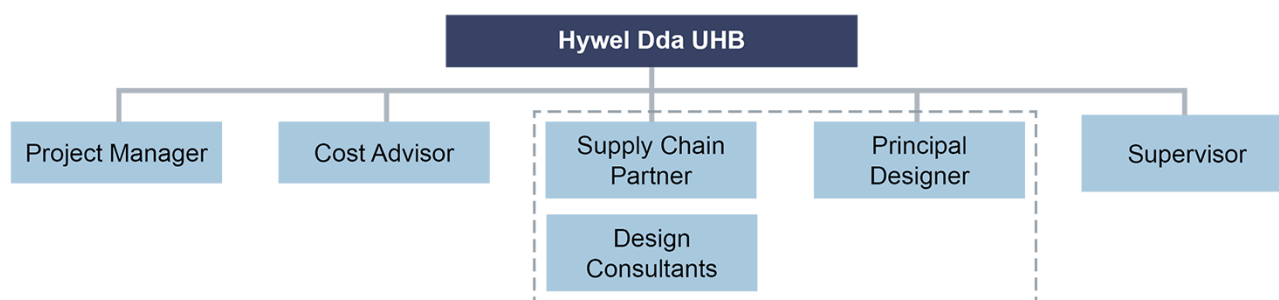
Figure 17 - contractual relationships between parties at Stage 2 and 3 (OBC and FBC)



- 8.5.7 NHS Building for Wales Regional framework uses the NEC 3 suite of contracts as its principles support the objectives of the framework. The NEC Professional Services Contract (April 2013) with main option clause C (Target Contract), as amended, forms the basis for the Project Manager and Cost Advisor contracts, and the NEC 3 Engineering and Construction Contract with main option clause C (Target Contract with activity schedule), as amended, forms the basis for the Supply Chain Partner contract.
- 8.5.8 The roles and responsibilities for each party are based upon discipline specific schedules of services which are included with each Call-Off Contract.
- 8.5.9 Each Project has the following defined Stages:
- Stage 1: Strategic Outline Case (not included in Framework duties);
  - Stage 2: Outline Business Case;
  - Stage 3: Full Business Case;
  - Stage 4: Design Completion and Construction;
  - Stage 5: Operational Commissioning;
  - Stage 6: Project Closure.
- 8.5.10 Services in respect of Stage 3, and Stages 4 to 6 inclusive will only commence if so required by the Health Board who will confirm by issuing Confirmation Notice 1 in advance of commencing Stage 3, and Confirmation Notice 2 in advance of commencing Stages 4, 5 and 6.
- 8.5.11 There are four primary roles under the NEC 3 Engineering Construction Contract: the Employer, the Project Manager, the Supervisor, and the Contractor. The contractual relationship between these parties is shown below.

- 8.5.12 The Project Manager will be responsible for administering the Supply Chain Partner contract on behalf of the Employer at all Stages. The Cost Advisor will provide cost management services to the Employer and will support the Project Manager on cost related matters.
- 8.5.13 A Supervisor will be appointed directly by the Health Board using the NEC Professional Services Contract (April 2013) with main option clause C (Target Contract), as amended, at the start of the Construction Stage. The Supervisor will be responsible for undertaking quality management duties under the NEC Contract, and supporting the Project Manager.

Figure 18 - Contractual relationships between parties at Stage 4, 5 and 6



## 8.6 Implementation timescales

- 8.6.1 The Health Board is seeking to acquire the land and award the contract by 23rd August 2022. Construction activities planned to commence 28th July 2023.
- 8.6.2 Construction period 79 calendar weeks. Construction completion is 14th July 2025.

## 8.7 Accountancy treatment

- 8.7.1 It is assumed that public funding will be allocated for this project and therefore capital will be included on the balance sheet. Please refer to the Financial Case for further details.

## 8.8 Personnel implications

- 8.8.1 Staff employed in the services falling within the scope of this business case will be required to change the base of their work to the new facilities. The new premises will enable more integrated working between staff as set out in the Strategic Case.
- 8.8.2 The TUPE (Transfer of Undertakings (Protection of Employment)) regulations 2006 do not apply to the investment outlined in this business case since no employees are being transferred between organisations.



# Financial Case

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## 9 Financial Appraisal

### 9.1 Introduction

9.1.1 The purpose of this section is to set out the financial implications of delivering the preferred option as set out in the Economic Case.

### 9.2 Capital and Funding Requirements

9.2.1 The figure below summarises the capital funding requirements of the scheme. The Health Board is looking for capital funding of £37,241,187 from the Welsh Government to support the development. Cost forms are contained in Appendix A6.

*Table 37 Capital Cost Summary Preferred Options*

	£'000
Works Costs	22,522
Fees	3,456
Non-Works Costs	2,006
Equipment Costs	945
Quantified Risk Contingency	2,329
<b>Total Net Costs</b>	<b>31,258</b>
VAT	5,983
<b>Total Gross Costs</b>	<b>37,241</b>

9.2.2 It should be noted that the capital cost estimates are based on Option 3 which was identified as the preferred option in the Economic Case. the following assumptions have been made around the capital costs:

- The assumption in the Outline Business case is that VAT recovery will only be available on Health Board fees, however further work is already planned with our VAT advisors as the Full Business Case is developed to ensure that VAT recovery is maximised.
- Optimism bias is not included on the capital costs but has been included in the Economic Case.
- The above costs are based on a start on site in November 2023.
- The total capital costs are based on BIS PUBSEC (MIPS FP) 277.
- The capital costs are based on departmental costs and published guidance and the On-Costs and Non Works have been estimated by the Health Board appointed Design Team based on outlined proposals, site surveys and historical data from the Health Board.

9.2.3 The timing of the cash flows, by financial year, is shown below, this is based on a start on site in November 2023.

*Table 38 Capital Cash Flow Requirements*

	£'000
2018/19	120
2019/20	875
2020/21	21
2021/22	348
2022/23	1,062
2023/24	4,533
2024/25	24,861
2025/26	5,339
2026/27	82
<b>Total Capital Cost</b>	<b>37,241</b>

- 9.2.4 The OBC has been prepared and is being submitted for NHS Capital funding, however it should be noted that there may be opportunities for partial funding from the Health and Social Care Integration and Rebalancing Capital Fund.

## 9.3 Impairment and Balance Sheet Treatment

- 9.3.1 It is estimated that the preferred option will impact on the Balance Sheet of the Health Board by increasing the value of fixed assets by £23,284,870.
- 9.3.2 The Cross Hands Health Care Centre will be disposed and in line with current guidance the Health Board is assuming that it will retain disposal proceeds.
- 9.3.3 The estimated impairment on this scheme on completion will equate to £13,596,316.
- 9.3.4 The Hywel Dda Health Board is assuming that the AME impairment on completion of the new build will be funded as AME funding via Welsh Government.

## 9.4 Revenue Affordability

- 9.4.1 The revenue costs of this Project are mainly associated with the additional footprint which has to be built to deliver the objectives for this Project. However, it is anticipated that this will be offset by savings on rent and additional income as outlined in the table below. Detailed schedules of costs can be seen in Appendix A8.

Table 39 Revenue Impact of Scheme – Operating Costs

	Current Costs £'000	Preferred Option £'000	Variance £'000
Premises	45	344	299
Digital	-	57	57
Clinical Equipment Maintenance	-	13	13
GMS	65	49	(16)
Other - Rent	249	-	(249)

	Current Costs £'000	Preferred Option £'000	Variance £'000
Income	-	(105)	(105)
<b>Total Recurring Revenue Costs</b>	<b>358</b>	<b>358</b>	<b>-</b>

- 9.4.2 There are no other cash releasing revenue savings associated with the scheme.
- 9.4.3 The scheme will reduce the backlog maintenance associated with Cross Hands Health Centre by £242,647.
- 9.4.4 There are also revenue consequences of the capital expenditure (depreciation). These additional costs represent an estimated increase in the Health Board's baseline depreciation non-cash funding requirement of £939,001 which we are assuming will be funded by Welsh Government.

*Table 40 Revenue Impact of Scheme – Capital Charges*

	Current Costs £'000	Preferred Option £'000	Variance £'000
<b>Depreciation charges</b>	<b>22</b>	<b>961</b>	<b>939</b>

## 9.5 Overall Affordability

- 9.5.1 The gross capital cost of the proposed project is £37,241,187.
- 9.5.2 The scheme will be delivered within the existing revenue envelope since additional premises costs will be offset by savings in rent and additional income.
- 9.5.3 There will be additional annual depreciation costs associated with the scheme of £939,001.
- 9.5.4 This OBC assumes the strategic funding of the capital charges by Welsh Government.



# Management Case

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## 10 Management Arrangements

### 10.1 Introduction

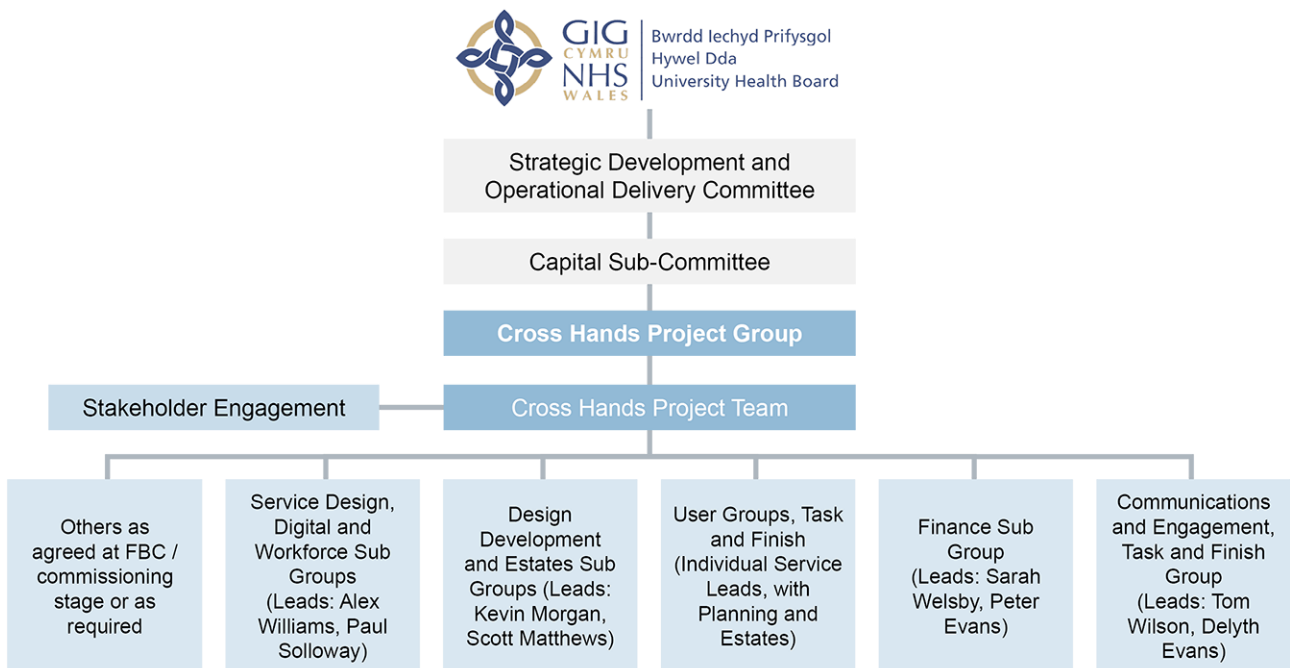
10.1.1 This section of the business case sets out the management arrangements required to deliver the preferred option including:

- Project governance structure;
- Project management arrangements;
- Plans for communication and engagement of staff and stakeholders;
- Benefits realisation plans;
- Risk management plans; and
- Post project evaluation plans.

### 10.2 Project governance arrangements

10.2.1 The project governance arrangements are outlined below.

Figure 19 - Project governance



10.2.2 The project group will be in place for the duration of the implementation period. As shown in the diagram, six identified project workstreams will report into the Project Group.

- 10.2.3 Each of these will require a nominated chairperson and formal membership and take an active role in progressing the modernisation and reconfiguration of services throughout the duration of the project.

### **Service Design, Digital and Workforce work stream**

To develop the 'vision', aims and objectives for the Cross Hands Health and Well-being Centre Project in the context of a community based model of care, build the overall service model, design specific services and assess the capacity and resources required to deliver an affordable, sustainable service. The group's role will be to test, challenge and debate to establish a clear rationale and evidence base for all services proposed. To develop and implement a workforce modernisation plan and digital plan to support agreed strategy and service models.

### **Design Development and Estates Work stream**

To develop the design detail of the project.

### **Communications and Engagement Task & Finish Work stream**

To develop and implement an effective communication and engagement programme.

### **Finance Work stream**

To develop a deliverable financial strategy (revenue and capital) and monitor throughout the project's lifetime.

### **User Groups**

To attend task and finish groups with designers to inform development of the design brief and design strategies.

- 10.2.4 The UHB has worked with specialist advisors and a supply chain partner from the Building for Wales Regional Framework, they are:
- Health Board Project Manager – MACE: to fulfil the contractual obligations imposed by the chosen contracts
  - Health Board Cost Advisor – Gleeds: providing independent cost advice to the Health Board and Project Manager
  - The Supply Chain Partner appointed is – Willmott Dixon Ltd. They will provide contractor services as well as to lead the project's supply chain and are supported by design team and others

## **10.3 Project management arrangements**

- 10.3.1 The Project will be managed in line with best practice principles of programme and project management as set out in the Cabinet Office's Managing Successful Programmes (MSP) and Projects in Controlled Environments (PRINCE2) methodologies.
- 10.3.2 A project programme has been developed to control and track the progress and delivery of the project and resulting outcomes. This is provided in Appendix A11 and the key milestones are summarised below. Achievement of this is dependent on Welsh Government granting approvals within the timescales shown.



Table 41 - Project timeline

Milestone	Duration	Start	Completion
OBC update and internal governance	15 weeks	16/02/22	31/05/22
OBC submission to Welsh Government and approval	12 weeks	31/05/22	22/08/22
Planning update	21 weeks	08/12/21	26/05/22
FBC development and approvals	58 weeks	23/08/22	23/10/23
Reserved Matters Planning Application	18 weeks	30/11/22	21/04/23
Land Purchase & Formal exchange of Title	3 weeks	30/10/23	20/11/23
Construction to handover	79 weeks	27/11/23	14/07/25
Service commissioning	8 weeks	14/07/25	08/09/25
Facility operational		08/09/25	08/09/25

Please note durations are working weeks

- 10.3.3 Opportunities to accelerate the above programme, could be explored if there is Health Board appetite supported by Welsh Government to do so.

## 10.4 Communications plan

- 10.4.1 The Communications and Engagement Plan sets out the action required to enable engagement with and communicate progress to key stakeholders about the development of the community hub. The plan comprises overarching messages, together with plans for engagement and communication activity and the associated timelines.
- 10.4.2 A continuous engagement approach has been taken to inform the project and this has and will continue to include, having conversations with our communities and stakeholders throughout design development.
- 10.4.3 While the design of the centre has been well received during this process, several common issues were raised which the Health Board have and will continue to address during the design and service planning of Cross Hands Health and Well-being Centre. These include:
- Concerns regarding transport, bus routes and access to the new centre;
  - Concerns about congestion at Cross Hands Roundabout;
  - Potential closure of Penygroes Pharmacy; and
  - Enabling better access to appointment when the new centre is opened.
- 10.4.4 The Communications and Engagement Plan is provided in Appendix A14.

## 10.5 Benefits management

- 10.5.1 A Benefits Realisation Plan will be developed by the Project Board to put in place the necessary arrangements to ensure that the project delivers its anticipated benefits. This includes setting out the arrangements for planning, modelling and tracking the identified benefits as well as a framework that assigns responsibility for the realisation of the benefits throughout key phases of the project. The Benefits Realisation Plan will be owned by the Health Board's Project Director.
- 10.5.2 The main benefits for the preferred option are outlined in the benefits register included in Appendix A12 which include the actions required to realise the benefits.
- 10.5.3 The spending objectives and aligned benefits used in the selection of the preferred option will be used to measure the project success. These are aligned to the strategic objectives and outcome measures set out in the Health Board's Board Assurance Framework.
- 10.5.4 This evaluation process will be run in parallel with the Post Project Evaluation Plan as noted below and will be developed as part of the detailed design stage. The Benefits Realisation Plan will be regularly reviewed and updated. This will ensure that – should any strategic change take place, such as a legislative change – the service and project will be flexed accordingly to ensure that the facility delivers a fit for purpose service from the point of operational commencement.
- 10.5.5 The benefits realisation approach outlined above is a key output to provide assurance on investment delivery and performance and will be shared with the Health Board and Welsh Government to facilitate shared learning.

## 10.6 Risk management

- 10.6.1 A Risk Management Plan will be developed to ensure a structured approach to identifying, assessing and controlling the risks that emerge during the project lifecycle. This includes:
- Mechanisms to minimise the likelihood of risks materialising with adverse effects;
  - Processes to monitor risks and access reliable, up-to-date information about risks;
  - Control mechanisms to mitigate the adverse consequences of risks should they materialise;
  - Assigned responsibility for the management of risks.
- 10.6.2 The current project risk register is included in Appendix A13 including the mitigations required. This register will be continually reviewed and updated throughout the project.
- 10.6.3 The technical risk register is included in the Estates Annex.
- 10.6.4 From a governance perspective, the Project Board has three responsibilities with regard to risk:
- Notifying the SRO of any external risk exposure to the project;

- Making decisions to address risks; and
- Striking a balance between the level of risk and the potential benefits that the project may achieve.

10.6.5 The Project Manager is responsible for ensuring that all risks are identified, recorded and regularly reported to and reviewed by the Project Board.

## 10.7 Assurance review

10.7.1 During the development of the business case various assurance reviews were undertaken. The Integrated Assurance and Approval Plan (IAAP) and Audit Plan is provided in Appendix A17.

## 10.8 Post project evaluation

10.8.1 Post-project evaluation (PPE) is a mandatory requirement for infrastructure projects that receive Welsh Government funding. The purpose of PPE is to improve project delivery through lessons learned during the project delivery phase and to appraise whether the project has delivered its anticipated outcomes and benefits.

10.8.2 The Health Board and its partners are committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that lessons are learnt. As part of the AHMWW PBC, a Reflections Log (Appendix 17 of the PBC) has been developed to record and act on the lessons learned from similar projects.

10.8.3 The PPE also sets in place a framework within which the benefits realisation plan set out in Appendix A12 can be tested to identify which benefits have been achieved and which have not.

10.8.4 The Health Board is exploring opportunities to work with a local university in carrying out the PPE. Detailed plans will be drawn up in partnership with the university. The evaluation will be carried out in line with NHS guidance, and will measure the project against the following factors:

- The extent to which the original objectives have been met;
- Measurement against the Benefits Realisation Plan;
- The cost of the project and the extent to which it can demonstrate value for money;
- The Project outcome compared with the 'Do Nothing' or 'Do Minimum' scenarios;
- The economic viability of the project in comparison with the 'Do Nothing option';
- Risk Allocation;
- Timetable;
- Functional Suitability – how the facility performs;
- Functional Relationships – how well the various process flows (staff, patient, service) work;
- User satisfaction; and

- Procurement route.

10.8.5 We envisage four key stages to the evaluation, outlined as follows:

### Stage 1: Project procurement

10.8.6 The objective of the evaluation at this stage is to assess how well the project was managed from the time of BJC approval to commencement of the construction phase. It is planned that this evaluation will be undertaken within three months of construction commencement. The evaluation at this stage will examine:

- How effectively the project was managed;
- The quality of the documentation prepared by the Health Board and its partners;
- Communications and involvement during procurement;
- The effectiveness of advisers used on the scheme; and
- The efficacy of NHS guidance in delivering the scheme.

### Stage 2: Implementation

10.8.7 The objective of this stage is to assess how well the project was managed from the time the construction phase commences through to commencement of operational commissioning. It is considered that this should be undertaken three months following operational commissioning of the unit. The evaluation at this stage will examine: -

- How effectively the project was managed;
- Communications and involvement during construction; and
- The effectiveness of the joint working arrangements established by the Contractor, the design team and the project team.

### Stage 3: New operational model in place

10.8.8 The objective of this stage will be to assess how well the project was managed during the operational commissioning phase, through to operation in the new building. It is proposed that this stage will be undertaken up to 12 months after completion of operational commissioning of the scheme. The evaluation at this stage will examine:

- How effectively the project was managed;
- Effectiveness of the new operational model;
- Communications and involvement during commissioning, and into operations;
- Overall success factors for the project in terms of cost and time; and
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

### Stage 4: New operational model well-established

10.8.9 It is proposed that this evaluation is undertaken 18 months following completion of operational commissioning. The objective of this stage will assess how well and



effectively the project was managed during the actual operation of the new hospital. The evaluation at this stage will examine:

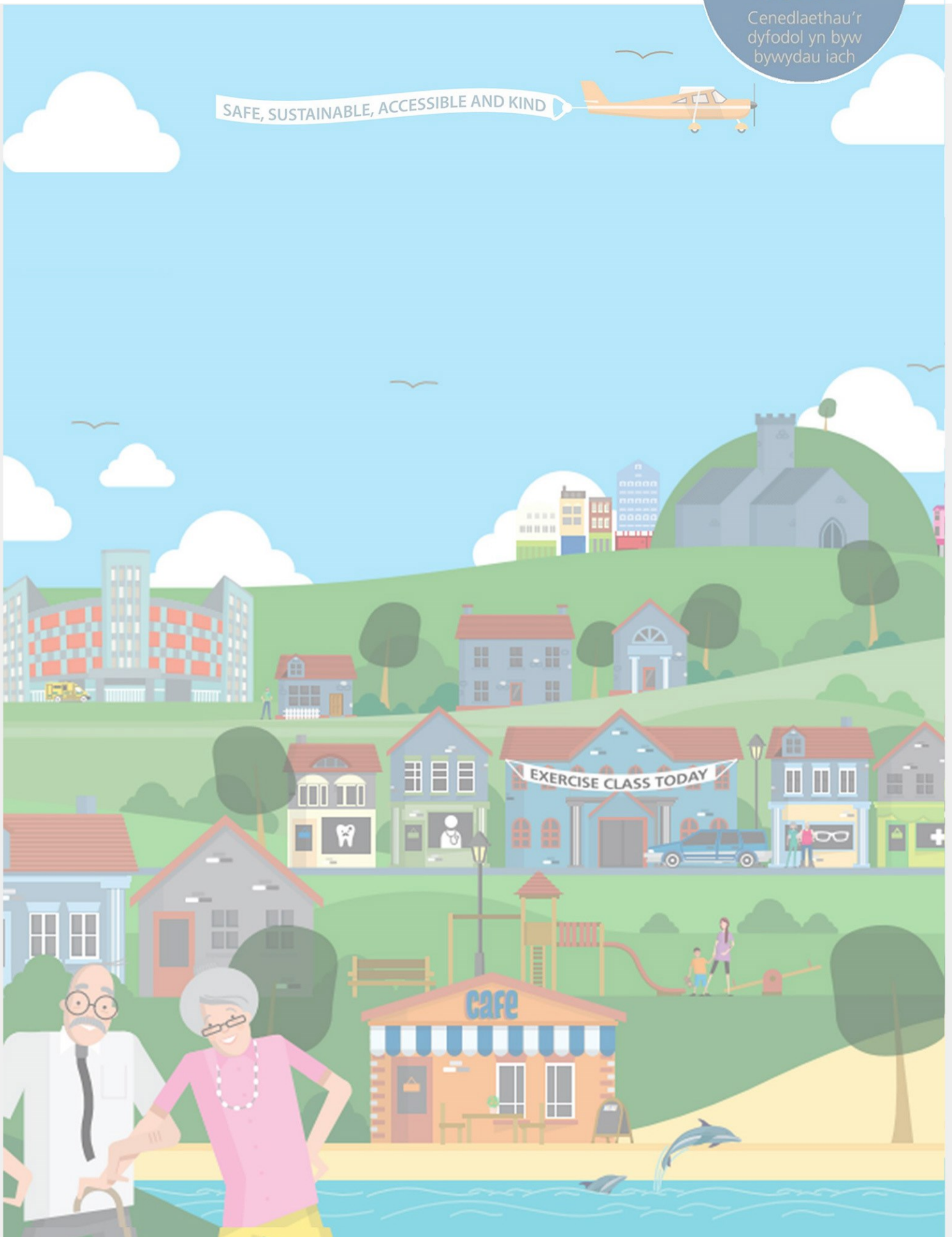
- Effectiveness of the new operational model; and
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

10.8.10 The evaluation process will be managed by the Project Manager via a bespoke team established to oversee the PPE. Evaluation reports will be made available to all relevant stakeholders, including Welsh Government.

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