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Abertawe Bro Morgannwg
University Health Board



Meeting Date	28th March 2019	Agenda Item	4.1
Report Title	Development of a Swansea Wellness Centre		
Report Author	Heather Edwards, Business Planning Manager		
Report Sponsor	Hilary Dover, Director Primary and Community Services		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	To seek Health Board approval on the Strategic Outline Case (SOC) for Swansea Wellness Centre prior to submission to Welsh Government.		
Key Issues	<p>This project was included within the Welsh Government's <i>Primary Care Pipeline Plan</i>, which was approved by the Health Secretary in December 2017 and identified up to £68m for the delivery of nineteen new integrated health and care centres across Wales by the end of 2021. This 'pipeline' of facilities aims to improve access to a range of health and social care services closer to people's homes. The provision of a new generation of integrated health and care centres is a key commitment in Welsh Government's <i>Taking Wales Forward 2016-2021</i> (Sept. 2016).</p> <p>This project aligns with national and local strategic plans, supports people in managing their physical, mental and social well-being and builds upon the engagement underpinning ABMUHB's Clinical Services Plan, and supports <i>Our Healthier Wales</i> (2018), <i>Social Services and Wellbeing Act</i> (2014) and <i>Wellbeing of Future Generations Act</i> (2015). This investment facilitates delivery of a new and more collaborative model of primary care, founded upon a multi-sector and multi-disciplinary approach to integrated service delivery. It supports the <i>Local Well Being Plan</i> for Swansea 'working together to build a better future' and Wellness initiatives, delivers on feedback from public engagement sessions, and strengthens community provision.</p> <p>The Project Board has identified key investment objectives and a range of potential options. The preferred way forward was Option 2 – Do Minimum. This solution involves the merger of two GP practices, the transfer of existing primary care services from Central Clinic into a co-located city-centre Wellness Centre and the development of new wellbeing services.</p>		

Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE progress to date on this Strategic Outline Case. • APPROVE the Strategic Outline Case and agree it can be shared with Welsh Government to enable progression to Business Justification (to support Enabling Works) and Outline Business Case (to support Main Work) stage. 			

DEVELOPMENT OF A SWANSEA WELLNESS CENTRE

1. INTRODUCTION

This project supports the development of a Wellness Centre in Swansea City Centre. Situated in the heart of a deprived and high health need area, this investment supports *A Healthier Wales* and aims to:

- Deliver high-quality primary care services that measurably improve the patient experience and satisfaction;
- Meet the demand of a growing and ageing population, with services provided as close to home as possible, thereby avoiding acute hospital admission, and; Deliver fully compliant accommodation and appropriate environments for the delivery of high quality health care in the community.

2. BACKGROUND

This project was included within the Welsh Government's *Primary Care Pipeline Plan*, which was approved by the Cabinet Secretary in December 2017 and identified up to £68m for the delivery of nineteen new integrated health and care centres across Wales by the end of 2021. This 'pipeline' of facilities aims to improve access to a range of health and social care services closer to people's homes. The provision of a new generation of integrated health and care centres is a key commitment in *Taking Wales Forward*. This project aligns with national and local strategic plans including the Health Board's Organisational Strategy, supports people in managing their physical, mental and social well-being and builds upon the engagement underpinning ABMUHB's Clinical Services Plan, which supports peoples' desire for more integrated services and care provided closer to their homes. It supports *Our Healthier Wales*, *Social Services and Wellbeing Act* and *Wellbeing of Future Generations Act*. This investment facilitates delivery of a new and more collaborative model of primary care, founded upon a multi-sector and multi-disciplinary approach to integrated service delivery.



It supports the *Local Well Being Plan* for Swansea 'working together to build a better future' and Wellness initiatives, delivers on feedback from public engagement sessions, and strengthens community provision. The concept of wellness centres or villages are a key component within the portfolio delivery plan of A Regional Collaboration for health (ARCH) which included a wellbeing programme for delivering

improved health, wealth, and wellbeing for the 1-million strong population of South West Wales.

The Swansea Wellness Centre will support people in managing their physical, mental and social health and wellbeing, by working for patients in a new way. It will embody the social model of primary care whilst supporting the development of resilient stable communities at the heart of Swansea.

The Wellness Centre will enable a wide range of health services to be co-located into modern, fit for purpose facilities thereby supporting a new model of primary and community services founded on a multi-sector and multi-disciplinary approach to integrated service delivery.

The Wellness Centre will be located within the heart of the City Cluster which serves a population of circa 50,000 patients. This provides an opportunity to invest in primary and community infrastructure in an area in a geographical area of high health need.

The City Cluster has:

- **49% of residents** living within the **most deprived** fifth of areas in Wales, this will equate to significant health inequalities in comparison with other areas of the Health board.
- High levels of Asylum seekers and multi-racial/ cultural groups
- **Nearly a third** of those living within the Cluster have **no qualifications**
- Many of the men released from HMP Swansea are provided housing within the City Cluster
- The Cluster has the **lowest levels of screening uptake** in all four areas (Bowel, Breast, Cervical and AAA) in the Health Board area.
- The cluster population are **comparatively high users** of A&E, OOH and the Cluster has a comparatively high number of emergency hospital admissions.

The Wellness Centre will support the delivery of some cluster based services and facilitate the further development of cluster working allowing a more cluster led approach to co-ordination and delivery of services.

As well as providing a wide range of primary, community and well-being services, third sector organisations will also be able to use the Wellbeing Centre through the use of multi sessional rooms. There will be a café area where befrienders and community navigators will support citizens to engage with local community groups and activities, strengthening bonds between people. This will have a positive impact on mental health and wellbeing and community resilience. Citizens will be able to sit in an open performance and learning space where they can watch or interact with a rolling programme of talks, groups or classes chosen to improve health literacy, promote self-reliance and self-management in health needs. This could be about a presentation on managing anxiety or stress, or a groups for managing self-care in diabetes, or a class on using apps for managing medication.

Swansea Wellness Centre will be an exciting venue for students and clinicians in training to learn and experience modern approaches to health and wellbeing.

We aim to develop a Wellness Centre that can:

- Support the improvement of health and well-being and the **reduction of health inequities**.
- Promote **self-care and a preventative approach** to improving population health, providing a range of well-being services.
- Address the **sustainability** of primary and community services.
- Improve **access** and provide **modern fit for purpose facilities** that assist in addressing the inverse care law.
- Provide **capacity** for increased population growth within the Swansea area
- Support **research, education and training**.
- Support **cluster based working** across the City Health Cluster.
- Maximise the opportunities presented through the **digital health agenda**.
- Support **multi agency and multi-disciplinary working** between and across public sector agencies and boundaries.
- Contribute to the **regeneration** of the Swansea City Centre
- Contribute to the **strategic aims** set out in the Swansea City Area Regeneration Framework to increase those living, working and visiting the City Centre.
- Support the **World Health Organisation (WHO) Healthy City designation of Swansea**.

The Project Board has identified the key investment objectives of this project as follows:

- To improve access to high-quality services and facilitate delivery of a new model of primary care.
- To deliver appropriate service capacity and create a more acceptable and sustainable service.
- To promote service economies.
- To promote service efficiencies.
- To improve service effectiveness by improving Swansea's community working arrangements.

To satisfy the project's investment objectives a range of options were identified by the Project Board as follows:

- **Option 1 – Business as Usual:** Minimal re-decoration of Central Clinic only;
- **Option 2 - 'Do Minimum':** Develop a City Health Wellness Centre: Includes essential Health Board community services (i.e. Health Visiting, Out-patient Clinics, Childrens' Zone, Asylum Seekers, Telehealth, Diabetic & Youth Clinics, Audiology, Podiatry, Local Primary Mental Health Support Services) and support and sessional accommodation, co-located city centre GP service, Dental and (leased) Pharmacy services and the Third Sector;
- **Option 3 Intermediate:** As Do Minimum option plus develop enhanced Health Board services & Integrated Health & Social Care Teams, Base for Speech & Language Therapy support accommodation;

- **Option 4 ‘Do Maximum’:** As Intermediate option plus develop Adult Community Mental Health Teams accommodation & University space.

The preferred way forward is **Option 2 – Do Minimum**. This solution involves the merger of two GP practices based on the High Street and St Helens Road, Swansea into one surgery including, a GP reception, consulting rooms, and treatment rooms to accommodate approx. 6,600 patients and forecast LDP population growth projections, and; Transfer of existing primary care services from Central Clinic.

This investment delivers a new model of care and the following benefits:

- Improvements in diagnostics, treatment, care and support delivered in community settings, with enhanced care delivery environments;
- Offers patients access to 21st century healthcare delivered closer to home and providing services for a range of vulnerable groups;
- Deliver high-quality primary care services that measurably improve the patient experience and satisfaction;
- Meets the demand of a growing and ageing population, with services provided as close to home as possible, thereby avoiding acute hospital admission;
- Builds upon and strengthen existing cross-sectoral partnerships and cluster working;
- Co-locates a range of essential primary and community services with third sector, dental, general medical and pharmaceutical services, and;
- Delivers fully compliant accommodation and appropriate environments for the delivery of high quality health care in the community.

We anticipate this project will be delivered via the *Designed for Life – Building for Wales*3 procurement route.

The indicative programme is as follows:

Activity	Due Date
Submit SOC to WGov for information	April 2019
Appoint Supply Chain Partner	May 2019
IBG endorse Enabling BJC and submit to WGov for approval	August 2019
WGov approve Enabling BJC	October 2019
Enabling Works & Demolitions commence, subject to constructor's programme	April 2020
IBG endorse OBC & submit to WGov for approval	November 2019
WGov approve OBC	January 2020
IBG endorse FBC & submit to WGov for approval	June 2020
WGov approve FBC	August 2020
Enabling works completed	July 2020
Main works commence, subject to constructor's programme	August 2020
Handover/Commissioning	October/November 2021

3. GOVERNANCE AND RISK ISSUES

The main risks are as follows:

Risk Description	Probability	Impact	Score	Mitigating Actions
Service requirements/scope significantly changes at a strategic level, impacting on service scope, capital costs/ revenue affordability /design footprint	3	4	12	1) Continued liaison with GPs and other stakeholders; (2) Continued liaison with WGov
Capacity & Demand Planning - Significant changes in capacity/demand	3	4	12	(1) Appointed Health Care Planner; (2) Undertake activity/capacity planning; (2) Project Board signs off SoA based on forecast activity levels.
Planning approval & planning conditions - Failure to achieve planning permission conditions are excessive, that Sections 278/106 planning condition / building control approvals are more involved than anticipated	3	4	12	(1) Early engagement with Local Planners; (2) Appoint a Planning Advisor & Submit a pre-planning application & draft Transport Impact Assessment (TIA).
Funding approval delayed or timing of funding does not match our current programme	4	4	16	(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.
Unrealistic programme set for new build and decant/demolitions/relocation solutions	4	4	16	(1) Review with appointed <i>Designed for Life: Building for Wales</i> 3 Supply Chain Partner (SCP)/constructor.
Risk we may not identify acceptable / accessible city centre <u>decant</u> accommodation for services / medical records storage temporarily displaced from preferred redevelopment site (Central Clinic), disrupting service delivery or preventing the preferred development site being freed-up on a timely basis.	5	3	15	Confirm service requirements; Identify alternative decant accommodation in Swansea city centre; Assess refurbishment implications and capitalise; Assess short-term (estimated 2 years) rental/revenue implications; Involve service leads.
Risk we may not identify acceptable / accessible city	5	4	20	Confirm service requirements; Identify

centre <u>permanent</u> relocation accommodation for services / medical records storage temporarily displaced from preferred redevelopment site (Central Clinic), disrupting service delivery or preventing the preferred development site being freed-up on a timely basis.			alternative fit for purpose and accessible permanent relocation accommodation in Swansea city centre; Assess refurbishment implications and capitalise; Assess long-term rental/revenue implications; Involve service leads.
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4. FINANCIAL IMPLICATIONS

The indicative financial implications of the proposed investment for each shortlisted option were identified as follows:

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Departmental Costs & Building Abnormals	1,317	9,761	11,595	14,045
Works Costs Total	1,317	9,761	11,595	14,045
Fees	461	1,705	2,037	2,440
Non Works Costs	170	163	163	188
Equipment Costs	305	320	370	420
Planning Contingency	225	1,195	1,417	1,709
VAT (adjusted for reclaim)	403	2,288	2,709	3,272
Base Project Cost	2,881	15,432	18,291	22,074

The revenue affordability of each shortlisted option above baseline are as follows:

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Recurring Revenue				
Non Staff Costs	381.4	229.9	296.4	444.2
Permanent Relocation (Lease Costs)	-	285.6	269.2	-
Total Recurring Revenue	381.4	515.5	565.6	444.2

Non-recurring revenue is nil for Option 1. For Options 2 - 4, non-recurring revenue is the same for each year of the project, phased as shown below:

	Year 1	Year 2	Year 3	Year 4
Non-recurring Revenue				
Dental Suites (Lease)	23.4	28.1	23.6	-
Decant (Lease Costs)	441.6	530.2	444.5	-
Total Non-Recurring Revenue	465.0	558.3	468.1	-

A full assessment of capital and revenue affordability will be made at Outline Business Case stage.

5. RECOMMENDATION

Members are asked to:

- **NOTE** progress to date on this Strategic Outline Case.
- **APPROVE** the Strategic Outline Case and agree it can be shared with Welsh Government to enable progression to Business Justification (to support Enabling Works) and Outline Business Case (to support Main Work) stage.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓		✓			✓	✓			
Quality, Safety and Patient Experience										
This investment delivers a new model of care – Improves diagnostics, treatment, care and support delivered in community settings; Offers patients access to 21st century healthcare delivered closer to home and providing services for a range of vulnerable groups; Delivers high-quality primary care services that measurably improve the patient experience and satisfaction, and; Meets the demand of a growing and ageing population, with services provided as close to home as possible, thereby avoiding acute hospital admission.										
Financial Implications										
The indicative financial implications of the proposed investment for each shortlisted option were identified as follows:										
	Option 1 Business As Usual		Option 2 Do Minimum		Option 3 Intermediate		Option 4 Do Maximum			
Base Project Cost	2,881		15,432		18,291		22,074			
The revenue affordability of each shortlisted option above baseline are as follows:										
	Option 1 Business As Usual		Option 2 Do Minimum		Option 3 Intermediate		Option 4 Do Maximum			
Total Recurring Revenue	381.4		515.5		565.6		444.2			
Non-recurring revenue is nil for Option 1. For Options 2 - 4, non-recurring revenue is the same for each year of the project, phased as shown below:										
	Year 1		Year 2		Year 3		Year 4			
Total Non-Recurring Revenue	465.0		558.3		468.1		-			
Legal Implications (including equality and diversity assessment)										
This project aligns with supporting people in managing their physical, mental and social health & wellbeing and supports Health Board strategic direction and delivery of <i>Healthier Wales: Our Plan for Health and Social Care</i> (2018).										
Staffing Implications										
A detailed Workforce Plan is being developed for OBC stage.										

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
This investment supports <i>The Well-being of Future Generations Act</i> by bringing health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, and by addressing Swansea's social, economic, environmental and cultural wellness issues as evidenced by delivering a sustainable development.	
Report History	Previously reported to IBG in January 2019
Appendices	None



Strategic Outline Case (SOC)

Development of a Wellness Centre in Swansea City Centre



Document control sheet

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Executive Summary

Introduction

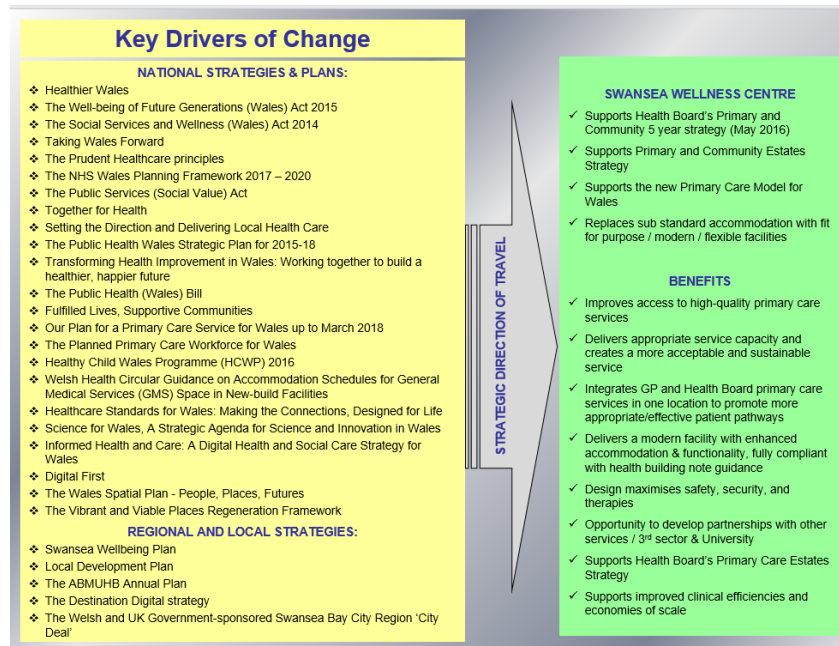
1. This document outlines the strategic direction supporting the development of an integrated community-based Wellness Centre in Swansea City centre. This Strategic Outline Case (SOC), which has been drafted for internal Health Board approval, details a range of options requiring capital investment between £15.432m to £22.074m (including non-recoverable VAT) to deliver this project.
2. The proposed project was included within the Welsh Government's Primary Care Pipeline Plan, which was approved by the Cabinet Secretary in December 2017, which identified up to £68m for the delivery of nineteen new integrated health and care centres across Wales by the end of 2021. This 'pipeline' of facilities aims to improve access to a range of health and social care services closer to people's homes. The provision of a new generation of integrated health and care centres is a key commitment in Taking Wales Forward.
3. This project aligns with national and local strategic plans, supports people in managing their physical, mental and social well-being and builds upon the engagement underpinning ABMUHB's Clinical Services Plan, which supported peoples' desire for more integrated services and care provided closer to their homes. It supports *Our Healthier Wales* (2018), *Social Services and Wellbeing Act* (2014) and *Wellbeing of Future Generations Act* (2015).
4. This case facilitates delivery of a new and more collaborative model of primary care, founded upon a multi-sector and multi-disciplinary approach to integrated service delivery. It supports the strategic priority of ABMUHB and ARCH, and national strategic drivers by 'shifting' care out of hospital settings and into community settings closer to people's homes. It supports the *Local Well Being Plan* for Swansea 'working together to build a better future' and Wellness initiatives, delivers on feedback from public engagement sessions, and strengthens community provision.

Strategic Case

A. Strategic Context

5. The key national, regional and local strategic drivers for this investment are summarised as follows:

Figure – Key Strategic Drivers

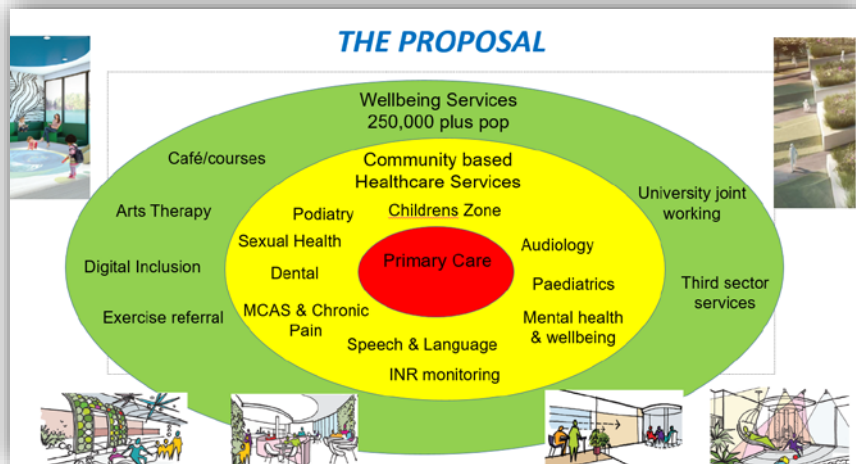


B. The Case for Change

- Health and Social Care Services are no longer sustainable in their current form. There is a growing, aging population with complex care needs. 63% of the population globally die through non communicable disease and there is an urgent need for a strong shift towards partnerships with communities to increase resilience, prevent ill health, strengthen health literacy and self-care. There is a compelling need to reduce health inequalities that are unfair and unjust. A new model of care is required which will deliver improvements in diagnostics, treatment, care and support delivered in community settings, with enhanced care delivery environments, offer patients access to 21st century healthcare delivered closer to home, and will build upon and strengthen existing cross-sectoral partnerships and cluster working. Services must be delivered in line with Prudent Healthcare principles, to ensure the cost effectiveness of service change is measured and maximised.

Proposed Solution

- The proposed solution is a new build Wellness Centre situated in Swansea City Centre. This is in the heart of a deprived and high health need area. The wellness centre would support the delivery of the quadruple aims contained within *Our Healthier Wales* and promote the improvement of health and well-being. A range of essential primary and community services would be co-located with third sector, dental, general medical and pharmaceutical services. The wellness centre would provide services for a range of vulnerable groups as (please see the illustration below) - well as City Cluster patients and visitors to Swansea thereby improving access:



8. This solution will deliver high-quality primary care services that measurably improve the patient experience and satisfaction; Meet the demand of a growing and ageing population, with services provided as close to home as possible, thereby avoiding acute hospital admission, and; Deliver fully compliant accommodation and appropriate environments for the delivery of high quality health care in the community.

Economic Case

9. Within this potential scope, a long list options were considered and compared against the investment objectives and CSFs for the scheme (Please see **Appendix H – Framework Options Appraisal**). The **shortlist** of options was confirmed as follows:

Figure – Short Listed Options

OPTION 1 - Business As Usual	
Service Scope	Business As Usual
Potential Service	Minimal re-decoration of Central Clinic only
Potential Service Delivery	Procure via ABMUHB's Local Framework
Potential Implementation	Phased programme of works
Funding Solution	Capital funding
OPTION 2 - Do Minimum	
Service Scope	Develop a City Health Wellness Centre: Includes essential Health Board community services (i.e. Health Visiting, Out-patient Clinics, Childrens' Zone, Asylum Seekers, Telehealth, Diabetic & Youth Clinics, Audiology, Podiatry, Local Primary Mental Health Support Services) and support and sessional accommodation, co-located city centre GP service, Dental and (leased) Pharmacy services and the Third Sector
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding
OPTION 3 – Intermediate	
Service Scope	As Option 2 plus Enhanced Health Board services & Integrated Health & Social Care Teams, Base for Speech & Language Therapy support accommodation
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding
OPTION 4 - Do Maximum	
Service Scope	As Option 3 plus Adult Community Mental Health Teams accommodation & University space
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding

10. **The preferred way forward is Option 2 – Do Minimum** (Develop a City Health Wellness Centre: Includes essential Health Board community services (i.e. Childrens' Zone, Asylum Seekers, Audiology, Podiatry, Local Primary Mental Health Support Services) and support and sessional accommodation, co-located city centre GP service, Dental and (leased) Pharmacy services).

The Commercial Case

Required Services

11. The essential requirements are as follows:
- Enabling works as required including decant, asbestos removals and demolitions;
 - Development of a Wellness Centre in Swansea City centre, and;
 - Development of an integrated Pharmacy 'shell and core' facility.

Procurement Strategy

12. It is anticipated the enabling works will be procured following approval of a fully tendered Business Justification Case (BJC) - procurement route to be advised; The main scheme will be procured following approval of a fully tendered Full Business Case (FBC) under the *Designed for Life3:Building for Wales* Framework. The main scheme will be procured via an NEC3 Form of Contract.

Financial Case

13. The indicative financial implications of the proposed investment for each shortlisted option (inclusive of recoverable VAT) are as follows:

Figure – Indicative Capital Requirements (£000 incl. of recoverable VAT)

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Departmental Costs & Building Abnormals	1,317	9,761	11,595	14,045
Works Costs Total	1,317	9,761	11,595	14,045
Fees	461	1,705	2,037	2,440
Non Works Costs	170	163	163	188
Equipment Costs	305	320	370	420
Planning Contingency	225	1,195	1,417	1,709
VAT (adjusted for reclaim)	403	2,288	2,709	3,272
Base Project Cost	2,881	15,432	18,291	22,074

Source: Health Board Cost Advisor

Overall Affordability +

14. The revenue affordability of each shortlisted option above baseline are as follows:

Figure – Revenue Impact (£000's p.a. incl non-recoverable VAT)

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Recurring Revenue				
Non Staff Costs	381.4	229.9	296.4	444.2
Permanent Relocation (Lease Costs)	-	285.6	269.2	-
Total Recurring Revenue	381.4	515.5	565.6	444.2

15. Non-recurring revenue is nil for Option 1. For Options 2 - 4, non-recurring revenue is the same for each year of the project, phased as shown below:

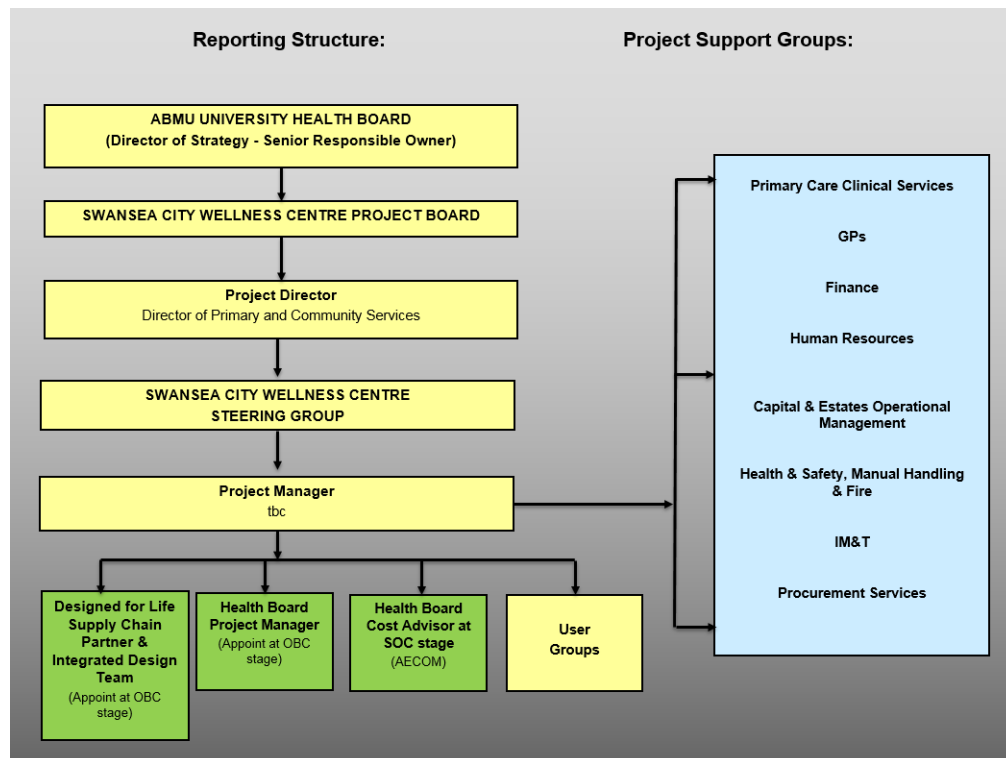
	Year 1	Year 2	Year 3	Year 4
Non-recurring Revenue				
Dental Suites (Lease)	23.4	28.1	23.6	-
Decant (Lease Costs)	441.6	530.2	444.5	-
Total Non-Recurring Revenue	465.0	558.3	468.1	-

The Management Case

Project Management Arrangements

16. The project management arrangements are shown below:

Figure – Project Structure



Indicative Project Milestones

17. The indicative milestones are set out below:

Figure – Key indicative milestones

Milestone Activity	Date
IBG scrutiny and endorsement of SOC and submit to WGov for information.	February - April 2019
Appoint Supply Chain Partner	May 2019
IBG endorse Enabling BJC and submit to WGov for approval	August 2019
WGov approve Enabling BJC	October 2019
Enabling Works & Demolitions commence, subject to constructor's programme	April 2020

IBG endorse OBC & submit to WGov for approval	November 2019
WGov approve OBC	January 2020
IBG endorse FBC & submit to WGov for approval	June 2020
WGov approve FBC	August 2020
Enabling works completed	July 2020
Main works commence, subject to constructor's programme	August 2020
Handover	October 2021
Commissioning	October/November 2021
Operational	November 2021
Post Evaluation – Technical (3 months)	February 2022
Post Evaluation (12 months)	November 2022

NHS Wales Gateway Review Arrangements

18. A Risk Potential Assessments 1 (RPA 1) has been carried out for this scheme. A copy is included in **Appendix E - Gateway Review - RPA1**.

Recommendation

19. This SOC supports the development of a Wellness Centre in Swansea City centre under the WGov's Primary Care Pipeline funding route and could be undertaken with separate contracts for enabling/demolitions works and for main works. We estimate enabling works could start mid-2020, and main works could start end 2020.

20. We recommend:

- This SOC be internally approved by ABMU;
- That WGov be asked to fund this project under the 'Primary Care Pipeline' All Wales Capital Programme and to progress it through the *Designed for Life3:Building for Life* Framework route, and;
- That a Business Justification Case procurement route be used for the enabling and demolitions works and an Outline Business Case procurement route be used for the main works.

Signed & Dated:

.....

Mrs Sian Harrop-Griffiths, Director of Strategy

Senior Responsible Owner

Abertawe Bro Morgannwg University Health Board

1 Structure

1.1.1 This document is in two volumes:

- Volume 1 - The Strategic Outline Business Case (SOC)
- Volume 2 - Appendices

1.1.2 The document structure for Volume 1 is as follows:

Introduction
The Strategic Case
▪ Part A: The Strategic Context
▪ Part B: The Case for Change
The Economic Case
The Commercial Case
The Finance Case
The Management Case

1.1.3 The document has been prepared using the 5-case Model:

- HM Treasury - The Green Book: Central Government Guidance on Appraisal and Evaluation (2018).
- Welsh Government – WHC 2018 043 NHS Wales Infrastructure Investment Guidance (2018).

2 Strategic Case Part A: The Strategic Context

2.1 Introduction

- 2.1.1 This document outlines the strategic direction supporting the development of an integrated community-based Wellness Centre in Swansea City centre. This Strategic Outline Case (SOC), which has been drafted for internal Health Board approval, details a range of options, which would require capital investment of between £15.432m to £22.074m (including non-recoverable VAT) to deliver this project.
- 2.1.2 The project was included within the Welsh Government's Primary Care Pipeline Plan, which was approved by the Cabinet Secretary in December 2017, identified up to £68m for the delivery of nineteen new integrated health and care centres across Wales by the end of 2021. This 'pipeline' of facilities aims to improve access to a range of health and social care services closer to people's homes. The provision of a new generation of integrated health and care centres is a key commitment in Taking Wales Forward.
- 2.1.3 Swansea's Abertawe Medical Practice have committed to the scheme, their two city centre practices are part of the Swansea City Health Cluster.
- 2.1.4 This project aligns with national and local strategic plans, supports people in managing their physical, mental and social well-being and builds upon the engagement underpinning ABMUHB's recently approved Clinical Services Plan (approved by Board in January 2019), which supports peoples' desire for more integrated services and care provided closer to their homes. It supports *Our Healthier Wales* (2018), *Social Services and Wellbeing Act* (2014) and *Wellbeing of Future Generations Act* (2015).
- 2.1.5 This project facilitates delivery of a new and more collaborative model of primary care, founded upon a multi-sector and multi-disciplinary approach to integrated service delivery, and; ABMUHB's and ARCH's local and regional strategic drivers of change and national strategic drivers by 'shifting' care out of hospital settings and into community settings closer to people's homes and supports:
- The Welsh Government's **Our Plan for a Primary Care Service for Wales up to March 2018** national plan for promoting more effective and collaborative working between the NHS and its partner;
 - Prudent Healthcare principles
 - The requirements of the **Social Services and Well-being (Wales) Act (2016)**, by ensuring maximum involvement with stakeholders and by taking into account the impact changes could have on people living their lives in ABMU Health Board area. The **Local Well Being Plan for Swansea: Working Together to Build a Better Future and Wellness Initiatives** by delivering on feedback from public engagement sessions, and strengthening community provision.
 - **Wellness initiatives**, by strengthening community provision.
 - The **New Primary Care Model for Wales**.
- 2.1.6 Our city centre wards are amongst the most densely populated within Wales & the UK and ONS forecasts a steady growth in Swansea's population.

2.2 Background

- 2.2.1 Traditional hospital based and community primary care services' service models are no longer sustainable or always appropriate, and clearly the public wants a more innovative approach and better access to services, so health and social care models are changing to meet these challenges because simply "doing the same thing in the same way" is no longer an option.

- 2.2.2 This case for the development of a Wellness Centre in Swansea aligns with the development of wellness services partnering models across health and social care, the third sector, and beyond.
- 2.2.3 The Swansea Wellness Centre will be tailored to meet local needs and challenges and will be co-located with complementary 'centre' services, including Local Authority and Voluntary services appropriate to its population's demographics.

2.3 Organisational Overview

The Health Board

- 2.3.1 ABMUHB covers a population of approx. 500,000 within West Glamorgan and Bro Morgannwg and its bordering counties, has a budget of over £1 billion and employs around 16,000 staff, 70% of whom are involved in direct patient care. ABMUHB provides a range of community based services are also delivered within patients' own homes, via community hospitals, health centres, and clinics. Services within primary care are provided through General Practitioners, Opticians, Pharmacists and Dentists who are independent contractors. There 65 GP Practices, 52 Optometry practices, 125 Community Pharmacies and 78 Dental Practices in the area.

The ABMU Clinical Services Plan 2019-2024 is central to our organisational ambition to provide Better Health and Better Care to enable Better Lives for all in our communities.

- 2.3.2 ABMUHB's Primary Care services' vision for improvement the next five years is for a vibrant and sustainable future for primary and community services where we are '*Caring for each other, Working together, (and) Always improving*'. We aim to develop a Wellness Centre that can:

- Support the improvement of health and well-being and the **reduction of health inequities**.
- Promote **self-care and a preventative approach** to improving population health, providing a range of well- being services.
- Address the **sustainability** of primary and community services.
- Improve **access** and provide **modern fit for purpose facilities** that assist in addressing the inverse care law.
- Provide **capacity** for increased population growth within the Swansea area
- Support **research, education and training**.
- Support **cluster based working** across the City Health Cluster.
- Maximise the opportunities presented through the **digital health agenda**.
- Support **multi agency and multi-disciplinary working** between and across public sector agencies and boundaries.
- Contribute to the **regeneration** of the Swansea City Centre
- Contribute to the **strategic aims** set out in the Swansea City Area Regeneration Framework to increase those living, working and visiting the City Centre.
- Support the **World Health Organisation (WHO) Healthy City designation of Swansea**.

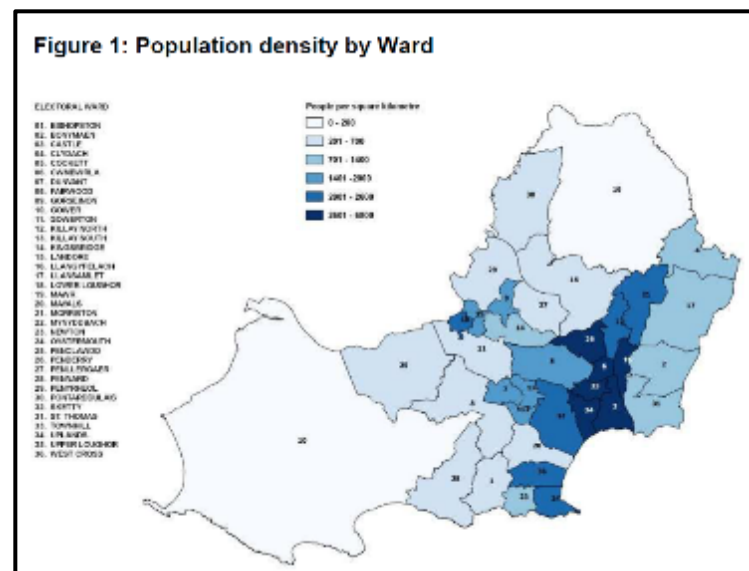
2.4 Geography and Catchment

- 2.3.3 Situated in the middle of the South Wales coast, Swansea is the second largest city in Wales and the regional centre of South West Wales. Its centre contains the main shopping and leisure district in Swansea. In recent years much of the retail and business sector has relocated from the city centre to retail parks and recent data on the structure of Swansea's workforce suggests that economic activity and employment rates in Swansea are currently below both the Wales and UK average rates¹.

2.5 Population Base

- 2.5.1 There are approx. 245,500 people living in Swansea and it is the 2nd largest local authority population in Wales, accounting for almost 8% of its total population (3,125,200). It is one of the most densely populated Local Health Boards in Wales, with high concentrations of population in and immediately around the city (Castle) ward. The following map illustrates population density is concentrated in the city centre wards (areas with darker shades correspond to higher levels of population density):

Figure 1 – Key Population Density by Ward as at 2011²



2.6 Health Indicators

- 2.6.1 The latest the population and age structure of Wales' and Swansea's population (as at 2014) are illustrated below:

Figure 2 – Key Population & Healthy life style Statistics (2014)

Key Statistics	Wales	Swansea ³ ex total pop.
Total Population	3,092,000 ⁴	245,500 ⁵
Population aged <16 (%)	18% ⁶	17.3%
Population aged 16-64 (%)	62% ⁷	64.7%

¹ <https://www.swansea.gov.uk/profiles> - Swansea Profile (Sep-18)

² <https://www.swansea.gov.uk/profiles> - Swansea Profile (Sep-18). Source: Population Estimates, Office for National Statistics (ONS), 2011 and land area (sq. km).

³ 2011 Census Profile: City & County of Swansea

⁴ Public Health Wales Observatory using MYE ONS

⁵ <https://www.swansea.gov.uk/profiles> - Swansea Profile (Sep-18)

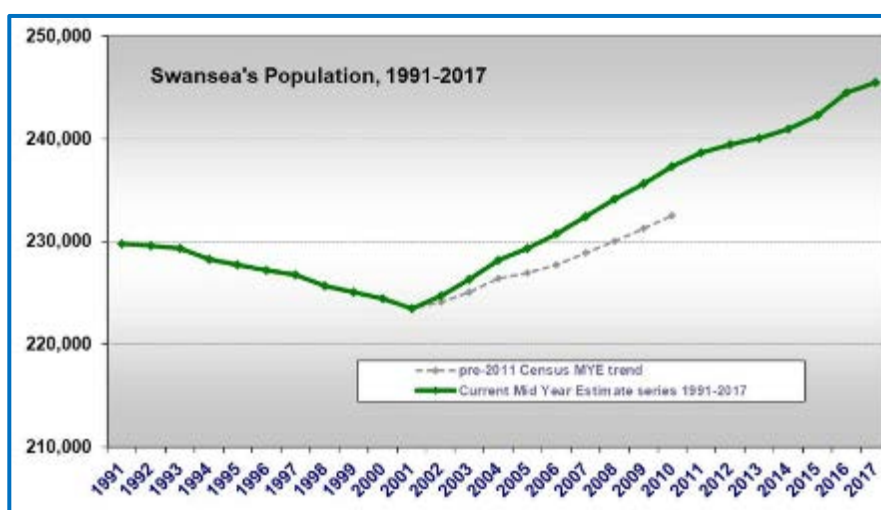
⁶ cf.

⁷ cf.

Population aged 65 and over (%)	20% ⁸	17.9%
Adults who are overweight or obese (%) ⁹	58%	57%
Adults who smoke (%) ¹⁰	20%	20%
Adults who drink above guidelines (%) ¹¹	41%	43%
Adults – average no. of days of physical activity in last week ¹²	2.4 days	2.3 days
Adults who drink heavily (%) ¹³	14%	16%

- 2.6.2 Over the last decade only 64.8% of Swansea's working age population have been economically active, well below the Welsh average¹⁴ and Swansea is the 8th lowest performing for average weekly compared against all other Welsh local authorities.
- 2.6.3 ABMUHB's population rates poorly on health indicators: we have a higher rate of adults who drink above guidelines, compared with Wales's rates and are on par with national rates for self-reported smoking in adults. Compared to the Welsh average, our population drinks more and exercise less than the Welsh average. The average life expectancy for Swansea's males is lower, only 76.3 yrs compared with Wales & UK rates 76.8 yrs & 77.2 yrs respectively; Likewise, the average life expectancy for Swansea's females is lower, 80.7 yrs compared with Wales & UK rates 81.2 yrs & 81.5 yrs respectively¹⁵. Overall, Swansea is one of the poorest performing in terms of healthy diet and obesity.
- 2.6.4 Our city centre wards are amongst the most densely populated within Wales & the UK by age and sex (please see the figure below¹⁶). Overall, ONS records show a steady growth in Swansea's population in 2001 - 2017 our population is forecast to increase by 1,300 people (+0.6%) per year.

Figure 3 – Swansea Population Change (1991 – 2017)¹⁷



⁸ cf.

⁹ Public Health Wales Observatory, using Welsh Health Survey (WG)

¹⁰ cf.

¹¹ cf.

¹² cf.

¹³ cf.

¹⁴ Local Area Summary Statistics 16/12/2014 stats.info.desk@wales.gsi.gov.uk

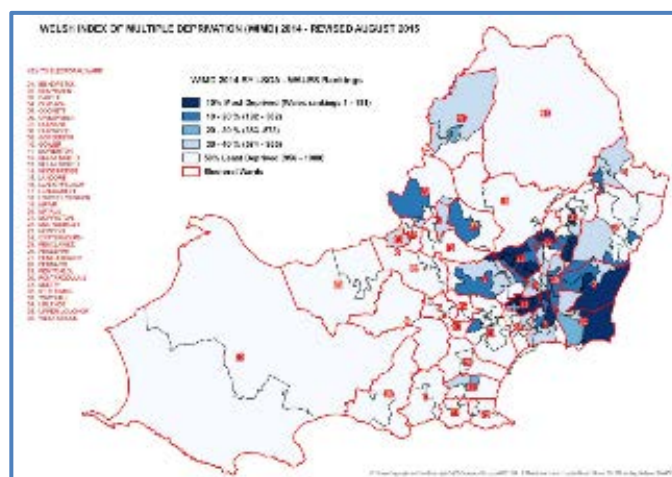
¹⁵ <http://www.publichealthwalesobservatory.wales.nhs.uk/abmulhb-demography-profile#Population>

¹⁶ cf.

¹⁷ cf.

- 2.6.5 Swansea's birth rate is below, and death rate is above, the Wales average (2016). Published estimates of the key components of population change – namely births, deaths and migration – suggest the main driver of population growth in Swansea over the period 2001-2017 has been migration. In the ten years from 2001, average annual net inflow from all migration was around 1,500. In terms of natural change, the recorded number of births and deaths in Swansea has remained relatively constant overall since 2001. From 2005, the number of births exceeded deaths and positively contributed to population growth, most significantly in the years 2007-08 and 2010-12. However, in the last three years deaths have exceeded births; marginally initially but by almost 300 in 2016-17¹⁸.
- 2.6.6 We are predicted to see a rise in ABMUHB's oldest (75 yrs+) residents from 43,000 (9% of the total population) in 2006 to 72,000 (13% of the total population) by 2031 with the largest increase projected is in the 85 yrs, which is predicted to more than double by 2036. An ageing population will significantly increase in the demand for health and social care services¹⁹ due to chronic conditions such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals and our rising general population will be a key challenge for the local health boards. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities²⁰.
- 2.6.7 According to the 2011 Census 6.0% of the Swansea's population (14,326) are from a non-white ethnic group, higher than the equivalent figure for Wales (4.4%). The largest ethnic minority populations were recorded in the most densely populated Swansea city centre ward, Castle ward 10%+ (3,202).²¹
- 2.6.8 A map (see below) of the Welsh Index of Multiple Deprivation (WIMD) confirms levels of deprivation vary geographically across ABMUHB²². Areas are shaded blue, with darker shades corresponding to higher levels of deprivation). Some of the highest concentrations of deprivation in ABMUHB are in central Swansea, with smaller pockets visible in areas in and around Swansea that are ranked as significantly more deprived than the Wales average.²³

Figure 4 – Areas of Multiple Deprivation in Swansea (2014)²⁴



¹⁸ cf.

¹⁹ ABMUHB's *The Primary And Community Strategy 2017-2022*

²⁰ <http://www.publichealthwalesobservatory.wales.nhs.uk/abmulhb-demography-profile#Population>

²¹ Swansea Council - Information, Research & GIS (updated Sep-18)

²² <https://www.swansea.gov.uk/profiles> - Swansea Profile (Sep-18 - LSOA's in Wales are based on Income; Employment; Health; Education; Housing; Physical environment; Access to services, and; Community safety.

²³ <http://www.publichealthwalesobservatory.wales.nhs.uk/abmulhb-demography-profile#Population>

²⁴ <https://www.swansea.gov.uk/profiles> - Swansea Profile (Sep-18). Source: Welsh Index of Multiple Deprivation (WIMD) 2014 (revised Aug-2015), Welsh Government.

2.6.9 The City Cluster has:

- **49% of residents** living within the **most deprived** fifth of areas in Wales, this will equate to significant health inequalities in comparison with other areas of the Health board.
- High levels of Asylum seekers and multi-racial/ cultural groups
- **Nearly a third** of those living within the Cluster have **no qualifications**
- Many of the men released from HMP Swansea are provided housing within the City Cluster
- The Cluster has the **lowest levels of screening uptake** in all four areas (Bowel, Breast, Cervical and AAA) in the Health Board area.
- The cluster population are **comparatively high users** of A&E, OOH and the Cluster has a comparatively high number of emergency hospital admissions.

2.7 General Practitioners

- 2.7.1 Swansea's City Cluster Network's 50,000 patients are served by 8 practices (including main and branch practices). The majority of practices are GP-owned, the remainder are Health Board-owned or leased.

2.8 Stakeholder Engagement

- 2.8.1 In partnership with the Council for Voluntary Services an engagement exercise has been undertaken incorporating to date a focus group and a questionnaire at local GP surgeries. So far a significant number of responses have been received and this engagement will be utilised and build upon during OBC stage. At an overarching ARCH programme level engagement was undertaken with the following stakeholders (list is not exhaustive):

- Welsh Government
- Local Authorities
- General Practitioners
- GP Practice Managers
- Community Health Councils
- Voluntary and third sector organisations

- 2.8.2 Taking this scheme forward, partners and key stakeholders within the Swansea area will be consulted with locally via face-to-face meetings, presentations and verbal updates. This process will formally commence following approval of this case.

2.9 Business Strategies

- 2.9.1 This section summarises the key national, regional and local drivers of change (please refer to **Appendix N – Key Strategic Drivers** for further details):

National & International Strategies

- Health 2020 The European Policy for Health and Well Being / WHO Healthy Cities Programme Phase 7 (2019)
- Our Healthier Wales: Our Plan for Health and Social Care 2018
- The Well-being of Future Generations (Wales) Act 2015
- The Social Services and Wellness (Wales) Act 2014
- Taking Wales Forward
- Local Development Plan
- The Prudent Healthcare principles
- The NHS Wales Planning Framework 2017 – 2020
- The Public Services (Social Value) Act
- Together for Health
- Setting the Direction and Delivering Local Health Care
- The Public Health Wales Strategic Plan for 2015-18

- Transforming Health Improvement in Wales: Working together to build a healthier, happier future
- The Public Health (Wales) Bill
- Fulfilled Lives, Supportive Communities
- Our Plan for a Primary Care Service for Wales up to March 2018
- The Planned Primary Care Workforce for Wales
- Healthy Child Wales Programme (HCWP) 2016
- Welsh Health Circular Guidance on Accommodation Schedules for General Medical Services (GMS) Space in New-build Facilities
- Healthcare Standards for Wales: Making the Connections, Designed for Life
- Science for Wales, A Strategic Agenda for Science and Innovation in Wales
- Informed Health and Care: A Digital Health and Social Care Strategy for Wales
- Digital First
- The Wales Spatial Plan - People, Places, Futures
- The Vibrant and Viable Places Regeneration Framework

Regional & Local Strategies

- The ABMUHB Organisational Strategy: *Better Health, Better Care, Better Lives* 2019 - 2030, Clinical Services Plan 2019-2024 and Annual Plan
- The Destination Digital strategy
- The Welsh and UK Government-sponsored Swansea Bay City Region 'City Deal'
- Swansea Public Services Board (PSB) Local Wellbeing Plan 2017
- ABMU's Primary and Community Strategy

Other Organisational Strategies

- The Western Bay Health and Social Care Programme
- ABMU's Primary and Community Strategy
- The Mid-Wales Healthcare Collaborative
- ABMUHB's Primary Care and Community Estates Strategy 2017-2022 (draft)
- The Nuffield Trust produced a report entitled '*Securing the future of general practice*' (2013)
- Royal College of General Practitioners (RCGP) 2020 *Vision for Primary Care*
- The New Model of Primary Care

Summary

- 2.9.2 This SOC presents a compelling case for change and supports the development of a Wellness Centre in Swansea City centre
- 2.9.3 This scheme can be undertaken with separate contracts for enabling/demolitions works and for main works. We estimate enabling works could start mid 2020, and main works could start end 2020.

3 Strategic Case Part B: The Case for Change

3.1 Investment Objectives

3.1.1 In accordance with HMT's *The Green Book: Central Government Guidance on Appraisal and Evaluation* (2018), the key investment objectives have been identified as follows:

- To improve access to high-quality services and facilitate delivery of a new model of primary care.
- To deliver appropriate service capacity and create a more acceptable and sustainable service.
- To promote service economies.
- To promote service efficiencies.
- To improve service effectiveness by improving Swansea's community working arrangements.

All of the above to be delivered by the end of 2021.

3.2 Current Services

3.2.1 ABMUHB provides the following city centre health services from Central Clinic. Community Delivered Service Profile includes:

- Community Dental Services (without wheelchair and bariatric access)
- Area wide Audiology Centre
- Community Paediatrics
- SALT
- Podiatry
- Sexual Health
- Mental Health Services
- Primary Care Local Mental Health Service

3.2.2 Swansea's Abertawe Medical Practice, provides the following services from 151 St Helens Road Surgery and its branch sub-surgery at 160 High Road:

- Tier 1 Mental Health Counselling Service
- Audiology Community Clinic
- Cluster Pharmacist
- Physiotherapy project
- Vasectomy Service Federation
- Healthy Children Initiative

3.2.3 Current services experience the following challenges:

Figure 5 – Current Service Challenges

Challenges	Comment
Current working arrangements	<ul style="list-style-type: none">▪ The condition and functionality of Swansea's current primary care estate limits opportunities for the Health Board & GP Clusters to innovate, co-operate and develop new models of care.
Model of Care	<ul style="list-style-type: none">▪ Limited opportunities for integration of care.
Sustainability pressures	<ul style="list-style-type: none">▪ A growing and ageing population, coupled with higher patient and public expectations, is placing increased demand on traditional healthcare services.▪ Unsustainable traditional service models across the whole health and care system.

	<ul style="list-style-type: none"> GP recruitment and retention issues are increasingly unsustainable & GP out of Hours (OOH) services.
Opportunities to improve Quality are limited	<ul style="list-style-type: none"> Multi-disciplinary working is not evenly implemented across primary care. More complex care is delivered from hospital settings.
Capacity is limited	<ul style="list-style-type: none"> Projected significant population growth in Swansea's Local Development Plan is compounded by a growing, ageing and multi-morbid population.
Accessibility & Acceptability	<ul style="list-style-type: none"> GP practices town centre locations have limited accessibility and access to public transport. Existing accommodation offer limited disabled access.

3.3 Existing Arrangements

- 3.3.1 Central Clinic is a freehold property and is owned by ABMUHB. Pictured below, it was built in 1960/70s and has a G.I.A. of 4,428 m² (excluding the basement level car parks/store). Situated in Swansea city centre, it is adjacent to a Mental Health Resource Centre, Breast Screening Centre, the University's Art College, and an NCP multi-storey car park. It is on a main public bus route and has good accessibility.

Figure 6 – Central Clinic, 'Trinity Buildings' 21 Orchard Street, Swansea



- 3.3.2 Central Clinic is in a poor condition due to its age. Its structure and its engineering systems and general décor are in a very poor condition and there has been no significant infrastructure investment since c2009. The lack of attention means that the existing building is expensive to maintain and it is under-sized to meet current and planned capacity.
- 3.3.3 Swansea's Abertawe Medical Practice's main surgery at 151 St Helens Road Surgery and its branch sub-surgery at 160 High Road are pictured below:

Figure 7 – Abertawe Medical Practice - 151 St Helens Road (left) & Abertawe Medical Practice, 160 High Street, Swansea (right)



- 3.3.4 Neither GP surgery meets modern primary health care standards or has spare capacity to meet future demand.

3.4 Business Needs

- 3.4.1 A large proportion of primary care estate is no longer fit-for-purpose, and impedes GP and primary care services attempts to innovate and to generate income. Central Clinic in Swansea and the majority of GP sites in Central Clinic are no longer fit-for-purpose.

Figure 8 – Business Needs

Business Needs	Objectives
Achieve a strategic shift in working arrangements	<ul style="list-style-type: none"> The Health Board is committed to achieving a significant strategic shift in the development and expansion of primary and community services via cluster working and partnership working.
Deliver a new Model of Care	<ul style="list-style-type: none"> A new model of care is required which will deliver improvements in diagnostics, treatment, care and support delivered in community settings, with enhanced care delivery environments, offer patients access to 21st century healthcare delivered closer to home, and will build upon and strengthen existing cross-sectoral partnerships and cluster working. The new model must: <ul style="list-style-type: none"> Be delivered in line with Prudent Healthcare principles; Strengthen local joint-working arrangements and co-productive working, via referral routes across cluster networks into the centres; Adopt a person-centered, community-based model that delivers improvements in diagnostics, treatment, care and rehabilitation; Make full and effective use of a multi-disciplinary and multi-agency approach to the delivery of Wellness services, crossing disciplinary and organisational boundaries but keeping constant a shared commitment to the delivery of person-centred coordinated care and; Integrate care and tackle health inequalities of in the locality and wider region.
Improve Sustainability	<ul style="list-style-type: none"> Services must be delivered in line with Prudent Healthcare principles, to ensure the cost effectiveness of service change is measured and maximised.
Improve the Quality of Services & Outcomes	<ul style="list-style-type: none"> We must deliver high-quality services that measurable improve the patient experience and satisfaction. This investment needs to make full use of primary care professionals (e.g. physician assistants and physiotherapists), who can manage significant parts of the primary care workload and bring specialist skills to the general practice workforce.
Deliver on Capacity	<ul style="list-style-type: none"> We must meet the demand of a growing and ageing population, so our services need to be provided as close to home as possible, thereby avoiding acute hospital admission. This is a key strategic imperative of ABMUHB.
Improve the Primary Care Environment	<ul style="list-style-type: none"> We must deliver fully compliant accommodation and appropriate environments for the delivery of high quality health care in the community. We must deliver high-quality out-of-hospital services that enable more intelligent and effective use of the Health Board estate.

Accessibility & Acceptability issues	<ul style="list-style-type: none"> Services should be accessible but encourage the use of alternative means of access and transport. All buildings should comply with part L
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3.5 New Primary Care Service Model

3.5.1 To satisfy these business needs ABMUHB proposes making a significant change in its strategic delivery of Swansea city centre's primary and community services by developing a partnership model. This will involve co-location in a Wellness Centre, sited in the heart of the city. The Wellness Centre development will:

- Deliver of high-quality primary care, community and wellbeing services that measurably improve the patient experience and satisfaction.
- Deliver fully compliant accommodation and appropriate environments for the delivery of high quality health care in the community.
- Support relocation of the existing primary care and GP facilities on High Street, St Helens Road and at Central Clinic's into modern purpose-built facilities with the sufficient capacity and flexibility to meet future service need.
- Promote better services for patients by teaching, research, allowing service developments by working closely with other health, social services and third sector agencies.
- Maximise the appropriate use of health, social services, third-sector and community facilities including work, leisure and education opportunities Meet the demands of a growing and ageing population, with services provided as close to home as possible.
- Provide services for patients within the Swansea City boundaries and for visitors from the wider Swansea Bay region.
- Enable patients to live with dignity and independence and to direct their own lives, optimise self-care and autonomy, and maximise opportunities for full participation in society.

3.5.2 The Wellness Centre will initially operate 5 days-a-week, between 08:00 - 18.30, excluding bank holiday periods. The opening hours for patients will be between 08:00 - 18.30. NB This is likely to change in future with the provision of an Out of Hours GP service and the provision of services in the evening.

3.6 Proposed Staffing Structure & Services

3.6.1 The proposed staffing structure and services will include the following (to be detailed at OBC stage):

- GP services
- Podiatry, Orthotic, MCAS and Chronic Pain Services
- Community Dental services
- Audiology Sessional services
- Children's Health Services
- Clerical / Support staff

3.6.2 A wide range of primary, community and well-being services will be co- located within the wellness centre include:

- Audiology
- Sexual Health
- Mental Health and Well-Being Services
- Community Dental Services
- Community Pharmacy
- General Medical Services
- Asylum Seeker Team
- Homeless Outreach services
- Podiatry, Orthotic, MCAS and Chronic Pain Services
- Community midwifery
- Health visiting

- Outpatient clinics
- Telehealth
- Diabetic clinics
- Youth clinics
- A' Childrens Zone' incorporating Paediatric Outpatients, Physiotherapy and Speech and Language Therapy

3.6.3 In partnership with the Swansea Council for Voluntary Service (SCVS) a letter has been sent to all third sector organisations to ascertain the interest in being a partner in the wellness centre for the provision of well-being services. To date there has been a very positive response with approximately 15 organisations have responded to express an interest in being involved with the development of the wellness centre

3.6.4 We anticipate there will be a high proportion of multi-functional rooms that will enable the inclusion of arts therapy, and a range of third sector services that support independence, self-care and well-being.

3.7 Activity and Capacity Analysis

3.7.1 Capacity analysis is being undertaken on behalf of the Health Board by IBI (an independent Health Care Planners) to determine detailed/future proofed floorspace requirements to support development of this scheme at OBC stage. IBI will apply Welsh Healthcare Standards to floorspace requirements to ensure that Welsh design and functional requirements for primary care services were complied with, and to ensure that the potential benefits of a 'wellness' centre development can be maximised.

3.8 Potential Scope

3.8.1 This section describes the potential scope for the project in relation to the above business needs. The potential range of service solutions are described in the figure below:

Figure 9 – Potential Scope Options

Business as Usual	Core	Desirable	Optional
Business As Usual	Do Minimum / 'Core' Develop a City Health Wellness Centre: Includes essential Health Board community services (i.e. Health Visiting, Out-patient Clinics, Childrens' Zone, Asylum Seekers, Telehealth, Diabetic & Youth Clinics, Audiology, Podiatry, Local Primary Mental Health Support Services) and support and sessional accommodation, co-located city centre GP service, Dental and (leased) Pharmacy services and the Third Sector	Intermediate As 'Do Minimum' scope <u>plus</u> Enhanced Health Board services & Integrated Health & Social Care Teams, Base for Speech & Language Therapy support accommodation	Do Maximum As Intermediate scope <u>plus</u> Adult Community Mental Health Teams accommodation & University space

3.9 Main Outcomes and Benefits

- 3.9.1 The new model of care should result in a number of significant improvements in service integration and improved patient experience. These are summarised below:

Figure 10 – Main Outcomes and Benefits

Main Outcomes	Benefits
Focus on wellbeing	A more health literate population benefitting from access to a greater range of wellbeing support services
A multidisciplinary and multi-agency workforce.	Where the heart of the workforce will include physician associates, pharmacists, physiotherapists, mental health workers, integrating with a wider network of Wellness services and staff.
Opportunity for significant technological advancements.	Support seamless flows of information and advice between people, Wellness centres and Wellness services delivered in other settings.
Strong collaborative networks.	Work collaboratively and sharing ideas.
Opportunity for co-investment strategies with partners.	Allow partners to come together and target investments and activity at scale and pace to fundamentally regenerate areas and transform the relationship between people and place.

- 3.9.2 The high-level main outcomes and benefits to patients, the Health Board and the wider health community are classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable benefits, and non-quantifiable benefits. Please see **Appendix B – Benefits Realisation Plan**. These will be detailed and supported by metrics at OBC stage. Please refer to **Appendix J – Investment Objectives and Benefits by Stakeholder Group**.

3.10 Main Risks

- 3.10.1 Please refer to **Appendix A - Risk Register** and to **Appendix L – Risk Appraisal Group Membership** for details of the appraisal team members.

3.11 Constraints & Dependencies

- 3.11.1 The scheme is subject to the following constraints and dependencies:

Figure 11 – Constraints & Dependencies

Constraints	Dependencies
<ul style="list-style-type: none"> The solution must be located in the heart of the city, ensuring it is available to the wide population and is well served by train and public transport. The solution must provide a local solution that supports development of a Wellness centre in Swansea City centre by the required deadline. The solution must be fit for purpose (i.e. it must comply with WHBN & HBN / WHTM & HTM guidance). Revenue resources are limited and the solution should offer value for money and recurring revenue savings. The solution must be affordable in capital and revenue terms. The solution must be delivered within project budget. The solution must allow the service to meet local and regional targets. 	<ul style="list-style-type: none"> Continued support for the agreed model of care and workforce model locally and regionally. Availability of capital funding from the Welsh Government. Agreement of the revenue associated with the change in funding flows to support any revenue consequences from this investment.

4 The Economic Case

4.1 Introduction

- 4.1.1 In accordance with the HMT's *The Green Book: Central Government Guidance on Appraisal and Evaluation* (2018), this section of the business case demonstrates the wide range of options that have been considered in response to the potential scope identified in this SOC.

4.2 Critical Success Factors

- 4.2.1 The Critical Success Factors (CSFs) have been identified to allow evaluation of the potential options. These are shown below:

Figure 12 – Critical Success Factors (CSFs)

CSF 1 Business needs: How well the solution aligns with supporting people in managing their physical, mental and social Wellness.

CSF 2 Strategic fit: How well the solution provides synergy with key elements of the national, regional and local strategies, including ABMUHB's Annual Plan and the evolving Primary Care Estates Strategy (2018-2023).

CSF 3 Flexibility: How well the solution meets the changing needs of the population of Swansea.

CSF 4 Benefits optimisation: How well the solution optimises the potential return on expenditure; contributes to a shift of care from hospitals into community settings; addresses workforce recruitment issues; and makes more efficient use of scarce resources within Swansea's community services.

CSF 5 Potential achievability: The ability of partner organisations to innovate; to introduce, support and manage required levels of change; to manage risks; to deliver within timescale and budget.

CSF 6 Supply side capacity and capability: The ability of the marketplace and potential supplier to deliver the required services and deliverables within timescale and budget.

4.3 Methodology

- 4.3.1 The Appraisal Group identified a range of options considered is in accordance with extant Treasury Green Book and the Capital Investment Manual. The five categories of framework options that were considered are as follows:

Potential Service Scope Options – what is the potential coverage of the service to be delivered (the 'what');

Potential Service / Technical Solution Options – potential options for delivering the preferred service scope option (the 'how');

Potential Service Delivery Options – who will deliver the preferred scope & preferred service / technical solution options (the 'who');

Potential Implementation Options – potential timescales options for delivering the preferred scope, preferred service / technical solution and preferred delivery options (the 'when');

Potential Finance Options – potential funding and affordability options for delivering the preferred scope, preferred service / technical solution, preferred delivery preferred implementation options.

- 4.3.2 The Swansea Wellness Centre Steering Group reviewed and evaluated the options at a workshop in August 2018. A list of members is attached in **Appendix M – Appraisal Team**.

4.4 The Long Listed Options

- 4.4.1 The long list of options was generated using the Scoping Options framework. The sections below summarise the assessment of each scoping option as they were assessed against the Investment Objective and CSF criteria to determine their short list suitability. Please refer to **Appendix H – Framework Option Appraisal** findings.

4.5 Summary of Short List Options Framework

- 4.5.1 The preferred and possible solutions identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were ‘discounted’ as impracticable have been excluded at this stage.
- 4.5.2 Based on this hi-level non-financial analysis, the recommended short list for further appraisal are as follows:

Figure 13 – Short Listed Options

OPTION 1 - Business As Usual	
Service Scope	Business As Usual
Potential Service	Minimal re-decoration in Central Clinic only
Potential Service Delivery	Procure via ABMUHB’s Local Framework
Potential Implementation	Phased programme of works
Funding Solution	Capital funding
OPTION 2 - Do Minimum	
Service Scope	Develop a City Health Wellness Centre: Includes essential Health Board community services (i.e. Health Visiting, Out-patient Clinics, Childrens’ Zone, Asylum Seekers, Telehealth, Diabetic & Youth Clinics, Audiology, Podiatry, Local Primary Mental Health Support Services) and support and sessional accommodation, co-located city centre GP service, Dental and (leased) Pharmacy services and the Third Sector
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding
OPTION 3 – Intermediate	
Service Scope	As Option 2 plus Enhanced Health Board services & Integrated Health & Social Care Teams, Base for Speech & Language Therapy support accommodation
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding
OPTION 4 - Do Maximum	
Service Scope	As Option 3 plus Adult Community Mental Health Teams accommodation & University space
Potential Service	New build
Potential Service Delivery	D4I:b4W3 Regional Framework
Potential Implementation	Health Board delivery
Funding Solution	Capital funding

4.5.3 Subject to detailed review of the potential technical solutions at Outline Business Case stage, Options 2, 3 & 4 were all confirmed as new build solutions and their respective schedules of Accommodation (GIA) footprints were agreed with primary care leads as follows:

- Option 2 Do Minimum 2,561m²
- Option 3 Intermediate 3,301m²
- Option 4 Do Maximum 4,948m²

4.5.4 Please refer to **Appendix F – SOAs** for the draft schedules of accommodation.

4.6 Confirmation of the Preferred Way Forward Option (Option 2)

4.6.1 This solution involves the merger of two GP practices based on the High Street and St Helens Road, Swansea into one surgery including, a GP reception, consulting rooms, and treatment rooms to accommodate approx. 6,600 patients and forecast LDP population growth projections, and; Transfer of existing primary care services from Central Clinic.

Description

4.6.2 The proposed estates solution is 2,561 m² and includes a range of clinical accommodation to support hospital services, including, e.g. sessional consulting rooms, sessional treatment rooms, sessional group and flexible multi-purpose rooms, sessional interview rooms, audiology rooms, and dental surgeries, and the provision of integrated offices and support accommodation. A new build development would involve, temporary decant and permanent re-location of existing services (from Central Clinic) to provide a developable footprint; asbestos removal and demolitions; works and building abnormalities (i.e. road, car parking, services' diversions, piling, etc.).

Service Model

4.6.3 Swansea Wellness Centre will work for patients and citizens in a new way. It will embody the new model of primary care, whilst supporting the development of resilient stable communities at the heart of Swansea.

4.6.4 The building will be located close to public transport and shopping centres which citizens from anywhere in Swansea can easily visit, perhaps as a destination for their journey or as just one of the places visited in their day.

4.6.5 The ground floor will be accessible to all members of the public from anywhere in Swansea, and will be where citizens can meet, learn and access informal support in a relaxed area.

4.6.6 There will be a café area where befrienders and community navigators will support citizens to engage with local community groups and activities, strengthening bonds between people. This will have a positive impact on mental health and wellbeing, and community resilience.

4.6.7 Citizens will be able to sit in an open performance & learning space where they can watch or interact with a rolling programme of talks, groups or classes chosen to improve health literacy, promote self-reliance and self-management in health needs. This could be about a presentation on managing anxiety or stress, or a group for managing self-care in diabetes, or a class on using apps for managing medication.

4.6.8 For some clinical services, patients would check in electronically using smartphone apps or electronic kiosks. This would free the reception staff to become key deliverers /sign-posters of care even though the clinicians will be elsewhere in the building.

4.6.9 Dedicated waiting areas designed for children, young people, and people with mental health concerns will ensure that patients with special needs wait in a welcoming environment.

- 4.6.10 The Swansea Wellness centre will be an exciting venue for students and clinicians in training to learn and experience modern approaches to health and wellbeing. Undergraduate and Postgraduates will have attachments in all the clinical services in the building, and shared meeting rooms on upper floors will provide space for seminars and lectures. A formal response from Swansea University is awaited on areas of collaboration and joint working.
- 4.6.11 The Centre will realise multiple benefits for a wide range of stakeholders including, but not limited to, service users, carers, members of the public, partner organisations, and the multitude of professional and voluntary groups involved in the provision of health and wellbeing care. This will include vulnerable groups. This will have a positive impact on mental health and wellbeing, and community resilience. The investment objectives were agreed in a stakeholder workshop facilitated by capital planning in September 2018.

Proposed Location

- 4.6.12 Several potential locations within central Swansea were identified at Feasibility Stage between April – September 2017. This stage was informed by IBI Group (Health Care Planner). All viable potential locations and development opportunities were reviewed by MACE (Construction Project Manager) in November 2018. The location of the preferred estates solution and estates options to support decant/relocation solutions will be further assessed at OBC stage.

5 The Commercial Case

5.1 Introduction

- 5.1.1 This section of this SOC outlines the proposed 'deal' in respect of the preferred option outlined in the Economic Case and is seeking to secure public funding from the WGoV's 'Primary Care Pipeline' All Wales Capital Programme.

5.2 Background

- 5.2.1 A Main Contractor and design team will be appointed at OBC stage following a single stage tendering exercise. The Main Contractor's contract and contract clauses will include for Welsh Government's Community Benefits and BIM level 2 requirements, as appropriate.

5.3 Required Services

- 5.3.1 The essential requirements are as follows:
- Enabling works as required including decant, asbestos removals and demolitions;
 - Development of a Wellness Centre in Swansea City centre, and;
 - Development of an integrated Pharmacy 'shell and core' facility.

5.4 Procurement Arrangements & Contract Arrangements

- 5.4.1 It is anticipated the enabling works will be procured following approval of a fully tendered Business Justification Case (BJC) - procurement route to be advised; The main scheme will be procured following approval of a fully tendered Full Business Case (FBC) under the *Designed for Life3: Building for Wales* Framework. The main scheme will be procured via an NEC3 Form of Contract.

5.5 Risk Management

- 5.5.1 A risk register has been compiled and costed relative to risks that apply over the whole of the project lifecycle for the preferred way forward option (please see **Appendix A – Risk Register**). The planning contingency has been assessed by an independent cost advisor. The planning contingency sum of £1,194,950 (including non-recoverable VAT) is a robust assessment of risk and complies with NHS Wales Shared Services Partnership Services (NWSSP) guidance.

5.6 Personnel Implications (Including TUPE)

- 5.6.1 TUPE (Transfer of Undertaking and Protection of Employee) does not apply.

5.7 Indicative Implementation Timescales

- 5.7.1 The implementation milestones are set out below:

Figure 14 – Key indicative milestones

Milestone Activity	Date
IBG scrutiny and endorsement of SOC and submit to WGov for information.	February - April 2019
Appoint Supply Chain Partner	May 2019
IBG endorse Enabling BJC and submit to WGov for approval	August 2019
WGov approve Enabling BJC	October 2019
Enabling Works & Demolitions commence, subject to constructor's programme	April 2020
IBG endorse OBC & submit to WGov for approval	November 2019
WGov approve OBC	January 2020
IBG endorse FBC & submit to WGov for approval	June 2020
WGov approve FBC	August 2020
Enabling works completed	July 2020

Main works commence, subject to constructor's programme	August 2020
Handover	October 2021
Commissioning	October/November 2021
Operational	November 2021
Post Evaluation – Technical (3 months)	February 2022
Post Evaluation (12 months)	November 2022

- 5.7.2 Please see **Appendix D – Indicative Management Control Plan**. Note, dates are subject to confirmation of planning and funding approvals and agreed construction programmes.

5.8 FRS5 – Accountancy Treatment

- 5.8.1 It is assumed public funding will be allocated for this project and therefore capital will be included on the balance sheet.

6 The Finance Case

6.1 Introduction

6.1.1 The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the Economic Case) and proposed 'Deal' (as described in the Commercial Case).

6.2 Indicative Capital Requirements

6.2.1 A capital cost assessment of the shortlisted options has been undertaken by AECOM, Cost Advisors. The costing was undertaken in accordance with as per NWSSP – SES guidance.

6.2.2 The hi-level capital costs of the shortlisted options (including recoverable VAT) are as follows:

Figure 15 – Capital Requirements (£000 incl non-recoverable VAT)

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Departmental Costs & Building Abnormals	1,317	9,761	11,595	14,045
Works Costs Total	1,317	9,761	11,595	14,045
Fees	461	1,705	2,037	2,440
Non Works Costs	170	163	163	188
Equipment Costs	305	320	370	420
Planning Contingency	225	1,195	1,417	1,709
VAT (adjusted for reclaim)	403	2,288	2,709	3,272
Base Project Cost	2,881	15,432	18,291	22,074

Capital Assumptions

6.2.3 The key planning assumptions are as follows:

- Capital Costs include a breakdown of new build works based on £2,300/sqm² based on BCIS PUBSEC Firm Price Index 248 and abnormals elements (i.e. piling, roads, etc.) - please see Section 4.5.3 for estimated floorspace requirements.
- The Location Factor is 0.97.
- A VAT rate of 20% has been reflected in the capital costs. The level of recoverable VAT is 100% on professional fees. Other elements of VAT recovery will be assessed by specialist VAT advisors at OBC stage.
- Planning contingencies of 10% has been allowed to the shortlisted options, as appropriate, and in line with the generally accepted norm at this stage of the project.
- Optimism Bias has been excluded as per guidance.
- The Business As Usual option (Option 1) was retained as the baseline comparator.

6.3 Indicative Revenue Costs

6.3.1 The revenue affordability of each shortlisted option above baseline are as follows:

Figure – Revenue Expenditure (£000's p.a. incl. non-recoverable VAT)

	Option 1 Business As Usual	Option 2 Do Minimum	Option 3 Intermediate	Option 4 Do Maximum
Recurring Revenue				
Non Staff Costs	381.4	229.9	296.4	444.2
Permanent Relocation (Lease Costs)	-	285.6	269.2	-

Total Recurring Revenue	381.4	515.5	565.6	444.2
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- 6.3.2 Non-recurring revenue is nil for Option 1. For Options 2 - 4, non-recurring revenue is the same for each year of the project, phased as shown below:

	Year 1	Year 2	Year 3	Year 4
Non-recurring Revenue				
Dental Suites (Lease)	23.4	28.1	23.6	-
Decant (Lease Costs)	441.6	530.2	444.5	-
Total Non-Recurring Revenue	465.0	558.3	468.1	-

6.4 Overall Affordability

- 6.3.3 The project requests capital investment of between £15.432m to £22.074m (including non-recoverable VAT) to be allocated by the Welsh Government.
- 6.3.4 The depreciation and impairment costs associated with the preferred option will be confirmed at Outline Business Case stage.
- 6.3.5 Annual recurring revenue costs are estimated to be in the range of £444k to £566k, representing an increase in the range of £63k to £185k. There are estimated non-recurring revenue costs of £1.491m over a 3 year period.

7 The Management Case

7.1 Introduction

- 7.1.1 The section of the SOC addresses the achievability of the scheme.

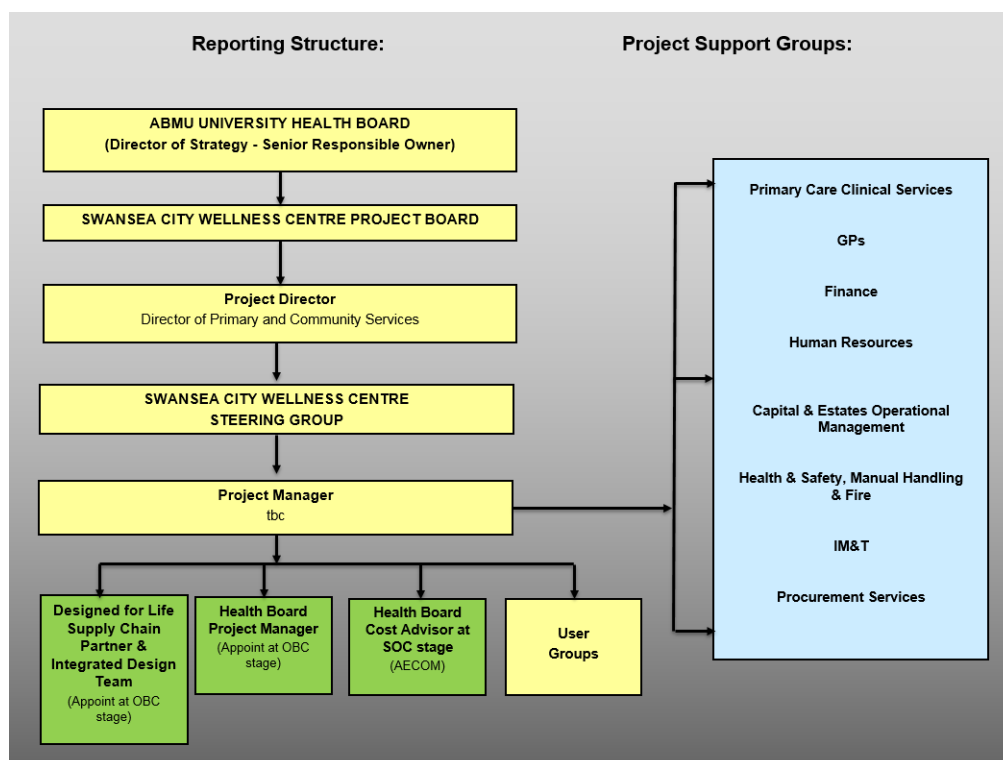
7.2 Project Management Arrangements

- 7.2.1 To ensure successful project delivery a robust project management reporting structure has been established. The structure is based on the Prince2 principles. The Health Board's experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development. The structure has been developed in order to have the shortest possible reporting lines while ensuring that there is a sufficient capacity and processes in place to control the delivery of the project.
- 7.2.2 There is a Senior Responsible Owner and a Project Director with the authority and responsibility to manage delivery of the project. A Project Manager who will deliver the project supports the Project Director.
- 7.2.3 The contractual framework that has been adopted for this project will ensure that project structures are robust from the outset and that the parties have agreed the contractual approach to be adopted between them. The Health Board has ownership of the project at the highest level to ensure that objectives of the project are met. The primary objectives of the project are to ensure:
- The operational commissioning of the new Unit to realise the organisational benefits of the scheme.
 - That construction phases are achieved on time, and in accordance with the design brief;
 - The transition process ensures that clinical services are not disrupted, and;
 - Operational commissioning of the building realises the organisational benefits of the scheme.

7.3 Project Reporting Structure

- 7.3.1 Development of Swansea's Wellness Centre is managed by a Project Team (please see **Appendix G – Steering Group's Terms of Reference & Membership**), in collaboration with key stakeholders and partners. Project Board and Project Team arrangements and membership will be formalised once the SOC has been approved by Welsh Government.
- 7.3.2 The Senior Responsible Owner is Mrs Sian Harrop-Griffiths, Director of Strategy.
- 7.3.3 The Project Director is Ms Hilary Dover, Director of Primary and Community Services. The Project Director reports via the Project Board to the Senior Responsible Owner.
- 7.3.4 The Project Manager is to be advised.
- 7.3.5 The proposed Swansea project structure diagram is shown below:

Figure 17 – Project Management Structure



7.4 Project Roles and Responsibilities

- 7.4.1 Project Roles and Responsibilities for the SRO, Project Director and Project Manager are in accordance with Prince2 principles.

7.5 Service Change, Workforce Planning & Commissioning

- 7.5.1 Service Change, Workforce Planning and Commissioning strategies will be worked up in collaboration with agreed service, stakeholder representatives.

7.6 Use of Special Advisers

- 7.6.1 Special Advisers will be appointed in accordance with the **Treasury Guidance: Use of Special Advisers**.

Figure 18 – Special Advisers

Role	Advisor
Health Care Planner (Architect Feasibility Stage & Capacity Analyses)	IBI
Project Management Support (Commercials)	MACE
VAT Advisor	Ernst & Young

7.7 Workforce Planning & Operational Arrangements

- 7.7.1 The Project Director is lead for service change and operational arrangements in collaboration with agreed service stakeholder representatives.

7.8 Health Impact Assessment (HIA)

- 7.8.1 A HIA is attached in **Appendix I – HIA** for information.

7.9 Equality Impact Assessment (EIA)

- 7.9.1 An EIA is attached in **Appendix K – EIA** for information.

7.10 Post Evaluation Arrangements

- 7.10.1 All projects are subject to post-construction review evaluation in accordance with recognised best practice and NHS guidance. Post evaluation arrangements and timescales will be agreed with the key stakeholders and will be undertaken by a team constituting planning, construction and design, and management leads at key stages, as appropriate.

7.11 Building Research Establishment Environmental Assessment Method (BREEAM)

- 7.11.1 A pre-construction BREEAM pre-assessment will be provided at OBC stage.

7.12 Achieving Excellence Design Evaluation Toolkit (AEDET)

- 7.12.1 An AEDET assessment will be progressed with NWSSP-SES representatives at outline design stage.

7.13 Arrangements for Benefits Realisation

- 7.13.1 A draft Benefits Register and Benefits Realisation Plan are attached in **Appendices B & C – Benefit Realisation Register & Plan**. These arrangements will be detailed at OBC stage.

7.14 Arrangements for Risk Management

- 7.14.1 A risk framework has been established which outlines the process for managing risk associated with developing a Wellness project for Swansea City centre, including a structure for identifying and mitigating operational and construction related risks. Please refer to **Appendix A – Risk Register** for information.

7.15 Arrangements for Project Evaluation

- 7.15.1 A Project Evaluation Strategy will be detailed at OBC stage.

7.16 NHS Wales Gateway Review (Stage 0 – Business Justification)

- 7.16.1 A Risk Potential Assessments 1 (RPA 1) has been carried out for this scheme. A copy is included in **Appendix E - Gateway Review - RPA1**. A Gateway '1' review (Business Justification) could be arranged Welsh Government after completion of this SOC and prior to the submission of an OBC in accordance with Welsh Government Investment Guidance. Further Gateways would be completed according to Office of Government Commerce (OGC) guidelines following further evaluation.

7.17 Contingency Arrangements

- 7.17.1 The Health Board can identify two major categories of project failure: failure to achieve business case approval to deliver the scheme; failure of the main contractor/developer to deliver the new build to quality and time.
- 7.17.2 The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with Welsh Government to develop a Wellness solution for the Swansea area that is acceptable.
- 7.17.3 In the event of Supply Chain failure, ABMUHB would seek recompense in line with the agreed contractual arrangements and appoint another contractor/developer to complete the project.

Appendix A – Risk Register



Appendix A - Risk Register v4.xlsx

Appendix B – Benefits Plan



Appendix B -
Benefits Realisation

Appendix C – Benefit Realisation Register



Appendix C -
Benefit Realisation I

Appendix D – Indicative Management Control Plan



Appendix D -
Indicative Programm

Appendix E – Gateway Review - (RPA1)



Appendix E -
RPA1.doc

Appendix F – SoAs



Appendix F1 -
Swansea Health and



Appendix F2 - GP
Accommodation SoA

GP Accommodation SoA

Appendix G – Terms of Reference & Membership



Appendix G -
Swansea City WellIn

Appendix H – Framework Options Appraisal



Appendix H -
Framework Options

Appendix I – Health Impact Assessment (HIA)



Appendix I -
HIA.doc

Appendix J – Investment Objectives and Benefits by Stakeholder Group



Appendix J -
Investment Objectiv

Appendix K – Equality Impact Assessment (EIA)



Appendix K -
EIA.doc

Appendix L – Risk Assessment Membership



Appendix L - Risk
Membership.docx

Appendix M – Appraisal Team Membership



Appendix M -
Framework Option /

Appendix N – Key Strategic Drivers



Appendix N - Key
Strategic Drivers.docx

Abbreviations

ABMUHB	Abertawe Bro Morgannwg University Health Board
AEDET	Achieving Excellence Design Evaluation Toolkit
AME	Annually Managed Expenditure
ARCH	A Regional Collaboration for Health
BCR	Benefit Cost Ratio
BIS PUBSEC	Tender Price Index of Public Sector Building Non-Housing
BREEAM	Building Research Establishment Environmental Assessment Method
CRB	Cash Benefit
CSF	Critical Success Factor
D4I:b4W3	Design for Life:Building for Wales
DECAG	Departmental Cost Allowance Guide
DGM	Divisional General Manager
DoH	Department of Health
EAC	Equivalent Annual Cost
ECAG	Equipment Cost Allowance Guide
EFPMS	Estates and Facilities Performance Management System
EIA	Equality Impact Assessment
FBC	Full Business Case
GEM	Generic Economic Model
GIA	Gross Internal Area
GMP	Guaranteed Maximum Price
GP	General Practitioner
HBCA	Health Board Cost Adviser
HBN	Health Building Note
HBPM	Health Board Project Manager
HIA	Health Impact Assessment
HTM	Health Technical Memorandum
LSOA	Lower Super Output Areas
MCAS	Musculoskeletal Clinical Assessment Service
MDT	Multi-Disciplinary Team
NCRB	Non Cash Benefit
NEC3	New Engineering Contract 3
NIA	Net Internal Area
NICE	National Institute of Clinical Excellence
NPC	Net Present Cost
NWSSP – SES	NHS Wales Shared Services Partnership – Specialist Estates Services
NWSSP-P	NHS Wales Shared Services Partnership – Procurement
OBC	Outline Business Case
OGC	Office of Government Commerce
ONS	Office of National Statistics
PEP	Project Execution Plan
PoWH	Princess of Wales Hospital
PPE	Post Project Evaluation
RCGP	Royal College of General Practitioners
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SCP	Supply Chain Partner
SoA	Schedule of Accommodation
SOC	Strategic Outline Business Case
SRO	Senior Responsible Owner
TUPE	Transfer of Undertaking and Protection of Employee
VAT	Value Added Tax
WG / WGov	Welsh Government
WHBN	Welsh Health Building Note
WHSSC	Welsh Health Specialised Services Committee
WHTM	Welsh Health Technical Memorandum
WIMD	Welsh Index of Multiple Deprivation