

PTHB Board Meeting


Wed 30 March 2022, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

 Board_Agenda_30Mar22.pdf (2 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Minutes of previous meetings:

1.3.1. 26 January 2022 (for approval)

 Board_Item_1.3a_PTHB Board Minutes Unconfirmed 26-01-2022.pdf (16 pages)

1.3.2. Chair's Action 9 March 2022 (for ratification)

 Board_Item_1.3b_ChairsActionMinutes_09-03-2022.pdf (4 pages)

1.4. Matters arising from the minutes of previous meeting

1.5. Board Action Log

 Board_Item_1.5_PTHB_Action_Log_Mar22.pdf (2 pages)

1.6. Patient Experience Story


 Board_Item_1.6_Patient Story Presentation.pdf (2 pages)

1.7. Update Reports of the

1.7.1. Chair

 Board_Item_1.7a_Chairs Report March 2022.pdf (4 pages)

1.7.2. Chief Executive

 Board_Item_1.7b_CEO's Report for Board - March 2022.pdf (5 pages)

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. North Powys Outline Programme Strategic Outline Case

 Board_Item_2.1_North Powys SOC cover paper.pdf (15 pages)

 Board_Item_2.1a_MASTER Infrastructure and HC SOC Feb2022..pdf (217 pages)

2.2. Integrated Medium Term Plan (draft)

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- Board_Item_2.2_IMTP cover paper.pdf (12 pages)
- Board_Item_2.2a_IMTP 2022-25 Final Draft.pdf (94 pages)
- Board_Item_2.2b_IMTP Delivery Plan 22-25 Final Draft.pdf (21 pages)
- Board_Item_2.2c_IMTP_2022-2025_Schedule of Requirements.pdf (7 pages)

2.3. Board Governance

- Board_Item_2.3__Committee Arrangements 2022-23.pdf (11 pages)

2.4. Discretionary Capital Programme 2022/23 - 2023/24

- Board_Item_2.4_Capital Pipeline 2022.pdf (17 pages)

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3. ITEMS FOR DISCUSSION

3.1. Integrated Performance Overview Month 9 2021/22

- Board_Item_3.1_March 22 IPR Board Paper Covering Sheet.pdf (3 pages)
- Board_Item_3.1a_Integrated Performance Report..pdf (58 pages)

3.2. Financial Performance

- Board_Item_3.2_Financial Performance Report Mth 11 Board..pdf (18 pages)

3.3. Corporate Risk Register, March 2022

- Board_Item_3.3_Corporate Risk Report_Mar22.pdf (4 pages)
- Board_Item_3.3a_App A_Corporate Risk Register Mar22.pdf (42 pages)

3.4. Report of the Chief Officer of the Community Health Council

- Board_Item_3.4_CHC CO Report March 2022.pdf (10 pages)

3.5. Assurance Reports of the Board's Committees

3.5.1. PTHB Committees

- Board_Item_3.5a_Committee Chair Reports_March_2022.pdf (3 pages)
- Board_Item_3.5a_AppendixA_Executive Committee Chair's Assurance Report_Mar22 final.pdf (14 pages)
- Board_Item_3.5a_Appendix B_ARA_Chairs_Report_20 January 2022.pdf (6 pages)
- Board_Item_3.5a_Appendix_C_D&P_Chairs Assurance Report.pdf (6 pages)
- Board_Item_3.5a_Appendix_D_PEQS_Chair's Assurance Report.pdf (3 pages)
- Board_Item_3.5a_Appendix_E_PPPH_Chair's Assurance Report.pdf (3 pages)
- Board_Item_3.5a_Appendix_F_W&C_Chair's Assurance Report.pdf (2 pages)

3.5.2. Joint Committees

- Board_Item_3.5b_Joint Committee Reports_March_2022.pdf (3 pages)
- Board_Item_3.5b_APPENDIX 1_2022-01-18 JC Briefing.pdf (5 pages)
- Board_Item_3.5b_APPENDIX 2_2022-02-08 WHSSC JC Briefing.pdf (2 pages)

3.6. Assurance Report of the Board's Partnership Arrangements

- Board_Item_3.6_Summary of Partnership Board Activity.pdf (3 pages)
- Board_Item_3.6a_SSPC Assurance Report 20 January 2022.pdf (4 pages)

3.7. Report of the Board's Local Partnership Forum

- Board_Item_3.7_LPF_Advisory Group_March2022.pdf (2 pages)

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10:00 - 10:00 **4. ITEMS FOR INFORMATION**
0 min

10:00 - 10:00 **5. OTHER MATTERS**
0 min

5.1. Any other urgent business

5.2. Close

5.3. Date of next meeting:

25 May 2022

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**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 30 MARCH 2022
10:00 – 13.00
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00am	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes of Previous Meetings: a) 26 January 2022 (for approval), b) Chairs Action 9 March 2022 (for ratification)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Patient Experience Story	Presentation	Director of Therapies and Health Sciences
	1.7	Update from the: a) Chair b) Chief Executive	Attached Attached	Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.25	2.1	North Powys Wellbeing Programme Strategic Outline Case	Attached	Director of Planning and Performance and Carly Skitt
10.55	2.2	Integrated Medium Term Plan (draft) • WHSSC ICP • EASC	Attached	Director of Planning and Performance
11.25	2.3	Board Committee Arrangements for 2022/23, including Membership	Attached	Interim Board Secretary
11.35	2.4	Discretionary Capital Programme 2022/23 – 2023/24	Attached	Director of Environment
COMFORT BREAK 11.45 – 11.55				
3: ITEMS FOR DISCUSSION				
11.55	3.1	Integrated Performance Overview Month 9 2021/22	Attached	Director of Planning and Performance

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12.15	3.2	Financial Performance Report Period 11	Attached	Director of Finance and IT
12.25	3.3	Corporate Risk Register, March 2022	Attached	Board Secretary
12.35	3.4	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12.45	3.5	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
12.50	3.6	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
12.55	3.7	Report of the Board's Local Partnership Forum	Attached	Director of Workforce & OD
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair
13.00	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 25 May 2022 Via Microsoft Teams		

Key:

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members. The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 26 JANUARY 2022

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Trish Buchan	Independent Member (Third Sector Voluntary)
Matthew Dorrance	Independent Member (Local Authority)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Ronnie Alexander	Independent Member (General)
Cathie Poynton	Independent Member (Trade Union)
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
Stuart Bourne	Director of Public Health
Kate Wright	Medical Director
Alison Davies	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences
Julie Rowles	Director of Workforce, OD & Support Services

In Attendance

James Quance	Interim Board Secretary
Ian Virgil	Head of Internal Audit
Bethan Hopkins	Audit Wales
Joy Garfitt	Assistant Director of Mental Health Services and Learning Disabilities
Katie Blackburn	CHC – Chief Officer
David Collington	CHC – Chair
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Apologies for absence

Ian Phillips

Frances Gerrard

Independent Member (ICT)

Independent Member (University)

PRELIMINARY MATTERS

RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practice social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.

The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.

PTHB/21/100

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.

PTHB/21/101

DECLARATIONS OF INTEREST

No new declarations of interest were made.

PTHB/21/102

MINUTES OF MEETING HELD ON 24 NOVEMBER 2021 FOR APPROVAL

The minutes of the meeting held on 24 November 2021 were received and AGREED as being a true and accurate record.

PTHB/21/103

MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

There were no matters arising.

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PTHB/21/104	BOARD ACTION LOG <p>The Board noted that the following action had been completed and would be closed:</p> <ul style="list-style-type: none"> PTHB/21/95 (Neonatal Transport): This matter had been discussed at a recent Independent Members meeting.
PTHB/21/105	UPDATE FROM THE: <ul style="list-style-type: none"> CHAIR <p>The Chair presented the report which provided an overview of items for the Board's attention since the previous Board meeting in November 2021. The Chair confirmed the appointment of Kirsty Williams as Vice Chair of the Health Board following the announcement by Welsh Government.</p> CHIEF EXECUTIVE OFFICER <p>The Chief Executive presented the report and highlighted the following matters for the Board's attention:</p> <ul style="list-style-type: none"> A presentation on System Resilience would be provided later on the agenda (Item 3.1). It would be usual for the January meeting of the Board to consider a final draft Integrated Medium Term Plan for the 3 year period ahead. The original submission date of February 2022 had been extended as a result of the latest wave of the pandemic and was therefore required to be submitted at the end of March 2022. The meeting would be the last meeting of the Board for Alison Davies, Director of Nursing and Midwifery and Stuart Bourne, Director of Public Health. The Chief Executive expressed thanks for the contributions made by both individuals, particularly during the pandemic period. The Chair reiterated her thanks to both Directors on behalf of the Board. <p>The updates from the Chair and Chief Executive were RECEIVED.</p>
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/106	REVIEWED AND UPDATED CIVIL CONTINGENCIES AND BUSINESS CONTINUITY PLANS

	<p>The Director of Public Health presented the item and reported that the Health Board was described as a Category One Responder under the Civil Contingencies Act (2004). As a Category One Responder, the Health Board is required to undertake risk assessments, produce emergency plans and have business continuity management arrangements in place. The Civil Contingences Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are therefore reviewed on an annual basis. The plans presented had been reviewed and updated to incorporate the relevant learning identified following the Health Board's response to the pandemic. It was NOTED that there was a separate Pandemic Influenza Framework and Communicable Disease Outbreak Plan which dealt more specifically with pandemic planning.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given the contiguous border with Powys County Council had there been sufficient partnership input into the updated plans?</i></p> <p>It was reported that, as a member of the Local Resilience Forum (LRF), multiagency testing of the plans had been undertaken prior to the pandemic and the Director of Public Health suggested that it was anticipated that further testing, both Health Board and multiagency, would be undertaken in 2022. The Board was assured that Powys County Council was also a Category One Responder and is required to produce Civil Contingences Major Incident and Emergency Response Plans which were mutually aligned to the Health Board's plan and had been developed in close partnership.</p> <p><i>How had the plans been integrated with other NHS Wales organisations?</i></p> <p>The Director of Public Health provided assurance that integration between organisations was diligently managed by the Local Resilience Forum (LRF) within Wales. However, it was noted that integration with NHS England partners was more challenging.</p>
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	The Board DISCUSSED and APPROVED the Civil Contingences Major Incident and Emergency Response Plan and Corporate Business Continuity Plan.
PTHB/21/107	<p>MAINTAINING GOOD GOVERNANCE</p> <p>The Interim Board Secretary presented the paper which reported that on 14 January 2022, the Chair, in consultation with the Chair of the Delivery and Performance Committee and Vice-Chair of the Charitable Funds Committee was asked to consider a paper on Covid-19 Maintaining Good Governance Arrangements for approval.</p> <p>The Board RATIFIED the following decision taken by Chair's Action:</p> <p style="padding-left: 40px;">The Chair, in consultation with the Chair of the Performance & Resources Committee and Vice-Chair of the Charitable Funds Committee, APPROVED the approach outlined in ensuring an appropriate level of Board oversight and scrutiny to discharge responsibilities effectively during the current wave of the COVID-19 pandemic and associated system resilience pressures, together with the revised Strategic (Gold) Command and Control structure for January and February 2022.</p>
PTHB/21/108	<p>NORTH POWYS WELLBEING PROGRAMME – MEMORANDUM OF UNDERSTANDING</p> <p>The Director of Planning and Performance presented the item and reported that the Programme Business Case (PBC) for the Multi-Agency Wellbeing Campus in Newtown was submitted to Welsh Government in November 2020. Welsh Government Strategic Investment Board had completed the scrutiny of the PBC. However, the Health Board are still awaiting Ministerial approval due to the complexity of the case requiring approval across several Ministerial departments. If approved, the Strategic Outline Case (SOC) for the Health, Care and Infrastructure elements would be submitted in early 2022.</p>

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	<p>The report provided an overview of initial demand and capacity modelling and sought approval for the Memorandum of Understanding (MOU), which had been developed in partnership with Powys County Council to support with the submission of the Strategic Outline Case. The MOU set out the key partnership working principles and arrangements for the programme. It was noted that the MOU was in draft following consideration by the Planning, Population and Public Health Committee and the Local Authority Cabinet. The document would be updated to include more detail and incorporate a stronger legal standing as the programme progressed. The Health Board and Local Authority had agreed that the MOU would be taken forward for approval to its corresponding decision-making bodies prior to consideration of the SOC in March 2022, ahead of the pre-election period.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had the early modelling indicated that services such as diagnostic scanning would be viable as part of the programme?</i></p> <p>The Director of Planning and Performance reported that early modelling had been done based on available activity. However, financial analysis had yet to be undertaken. This would be available at the Outline Business Case (OBC) stage. A pan-Powys diagnostics strategy was under development by the Renewal Portfolio Board and this work would inform the North Powys Model of Care concurrently and the modelling indicated the demand for enhanced diagnostic scanning to meet the needs of the population.</p> <p><i>The Planning, Population and Public Health Committee had raised a query regarding timeframes for the approval process, had this been addressed?</i></p> <p>It was confirmed that the SOC would be presented to the Powys County Council Cabinet for approval on 1 March 2022 and the Board on 30 March 2022, as these dates</p>
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	<p>were the only suitable options prior to the commencement of the pre-election period. It was reported that there was reasonable confidence that, subject to Cabinet and Board approval, the SOC would be submitted by the end of March 2022. Significant support for the programme had been expressed by the Local Authority and other partners. It was agreed that an update would be brought forward to the Board Development meeting in February 2022.</p> <p>The Board NOTED the progress of the programme and the planned submission of the Strategic Outline Case for the Health, Care and Infrastructure elements in early 2022 and APPROVED the Memorandum of Understanding (MOU).</p>
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ITEMS FOR DISCUSSION

PTHB/21/109

SYSTEM RESILIENCE

The Chief Executive provided the Board with a presentation which provided the following overview of system resilience:

- In the September and November 2021 Board meetings the approach and progress on planning for system resilience had been presented.
- The Board recognised the system pressure through summer/autumn 2021 due to high levels of the Delta COVID variant and its impacts, strenuous efforts on making progress on backlog, and a general (non-COVID) increase in demand.
- During November 2022 preparation ahead of an anticipated challenging winter commenced. The Delivery Coordination Group mechanism was re-introduced (multi-agency) to support the Health Board's operational functions.
- In November and December 2021 the emergence of the fast-moving Omicron variant and the request to accelerate the booster COVID-19 vaccination programme had presented significant pressure on the NHS Wales system. It was noted that 300k vaccine doses had been delivered in Powys, which was the strongest performance across Wales.
- Significant system pressure was experienced across Wales in December 2021 and January 2022. A refocusing of priorities was undertaken and some reduction in non-urgent, non-clinical work had been agreed.
- In summary, the Board was assured that good system resilience had been maintained overall.

	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>What had been the uptake of Flu Vaccination by staff during the winter period?</i></p> <p>The Director of Public Health reported that, as of the week commencing the 17 January 2022, 54% of staff had received their flu vaccination. It was anticipated that this was lower amongst front line staff due to the disruption caused by the pandemic. The offer of flu vaccination remained available to staff via both peer vaccination and drop-in sessions. Analysis of vaccination by service group was due to be undertaken to enable a more targeted approach to encouraging vaccination.</p> <p>The Committee RECEIVED and NOTED the System Resilience presentation.</p>
PTHB/21/110	<p>INTEGRATED PERFORMANCE OVERVIEW DECEMBER 2021</p> <p>The Director of Planning and Performance presented the item which provided a performance update against the 2021/22 NHS Delivery Framework and limited local measures. This continued to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report.</p> <p>The report contained a high-level summary of COVID-19 (e.g., infection rates, mortality and vaccination progress) and a brief update on the Health Board's performance, set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures. The document contained relevant dashboards and extra analysis of data demonstrating the levels of compliance against the National Framework, and Powys Teaching Health Board local measures. Using this data, performance achievements and challenges at a high level were highlighted, as well as brief comparisons to the All Wales performance benchmark, where available.</p> <p>Independent Members sought assurance by asking the following questions:</p>

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	<p><i>Was it felt that the reduction in in-reach services was proportionate to the system pressures experienced?</i></p> <p>The Director of Planning and Performance suggested the reduction had been proportionate due to the impact of both staff absence and the redeployment of some clinicians to support acute services, though it was highlighted that consideration would be given to how in-reach services could be made more sustainable in the future under the Renewal Programme.</p> <p><i>As a commissioner of services, what steps were other Welsh health boards taking to address the Planned Care backlog?</i></p> <p>The Director of Planning and Performance reported that information in relation to the approaches of other health boards was available via Contract Quality and Performance Review meetings and the National Planned Care Group, which would inform the Integrated Medium-Term Plan 2022/25. The Chief Executive noted that a meeting of the NHS Wales Leadership Board had considered Planned Care on 25th January 2022. Performance had been strong in November 2021. However, it was anticipated that the system pressures in December 2021 and January 2022 would have impacted on performance for the period. An analysis of data, variation and opportunities was due to be undertaken nationally on a specialism-by-specialism basis. Through February 2022 focused action would be undertaken alongside Welsh Government to support the National Operational Recovery Plan. It was reported that the Board would have further opportunities to consider renewal trajectories in the coming months.</p> <p>The Board DISCUSSED and NOTED the Integrated Performance Overview for December 2021.</p>
<p>PTHB/21/111</p>	<p>MENTAL HEALTH PARTNERSHIP ANNUAL REPORT AND RENEWAL PRIORITY</p> <p>The Assistant Director of Mental Health Services and Learning Disabilities joined the meeting to present the Report, with the support of the Director of Therapies and Health Sciences. It was noted that Welsh Government had requested that the 'Live Well' Mental Health Planning and Development Partnership Board produced a public-facing annual report each year, which detailed progress in Powys against the actions and milestones in Welsh Government's</p>

	<p>Together for Mental Health Delivery Plan. The annual report highlighted key areas of development and improvement over the previous 12 months, promoted the collaborative nature of the partnership and its focus on meaningful co-production and engagement with mental health service users and carers.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Was the provision of a single age-appropriate bed in Felindre Ward, Bronllys sufficient?</i></p> <p>The Assistant Director of Mental Health Services and Learning Disabilities confirmed that the age-appropriate bed was used on a needs-must basis due to national fragilities and potential delays of 42-72 hours in the provision of Tier 4 support for young people. The bed was used approximately 1-2 times per year and provided a flexible, short-term provision when no other alternatives were available for young people. The Health Board sought to avoid the use of the age-appropriate bed unless absolutely necessary, in favour of more suitable provision.</p> <p><i>Was it felt that the reliance on locums within some Mental Health Services impacted on patients' ability to build relationships with the professionals responsible for their care?</i></p> <p>The Assistant Director of Mental Health Services and Learning Disabilities confirmed a national shortage of consultant psychiatrists across the UK. The Board was reassured that each patient received wrap around care from a consistent multidisciplinary team, though psychiatry specifically did present a challenge in relation to consistency. The Chief Executive reported that Health Education and Improvement Wales (HEIW) is due to publish a Workforce Plan in relation to Mental Health imminently. The Health Board would also carefully consider how services could be configured to make the best use of</p>
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	<p>service availability in the Integrated Medium-Term Plan 2022/25.</p> <p><i>Was a timeline available for the introduction of a Carer's Forum?</i></p> <p>The Chief Executive recognised the broadening of the services to include focus on wider emotional health and wellbeing and the importance of co-production with those with real life experience of Mental Health services, both from the Health Board and local community. It was confirmed that the Carer's Forum would be developed to inform co-production work and would be included within the Integrated Medium-Term Plan for 2022/25.</p> <p><i>Had physical health metrics been developed for those with mental health needs?</i></p> <p>The Assistant Director of Mental Health Services and Learning Disabilities reported that a General Practitioner had been recruited into the service to focus on the physical health needs of mental health patients and was due to commence in post on 1st March 2022. The post would provide an important link between both physical and mental health services.</p> <p>The Committee REVIEWED and NOTED the Mental Health Partnership Annual Report 2020/21.</p>
PTHB/21/112	<p>FINANCIAL PERFORMANCE, MONTH 09, 2021/22</p> <p>The Director of Finance and IT presented the item which provided an update on the December 2021 (Month 09) Financial Position including Financial Recovery Plan (FRP) delivery and Covid. The following matters were discussed and noted by the Board:</p> <ul style="list-style-type: none"> • the Month 9 2021/22 financial position; • the actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery; • the Covid-19 position reported on page 8 and in the attachments detailed in appendix 1;

	<ul style="list-style-type: none"> • additional risks to delivery of a balanced position at 31st March 2022 and; • the underlying financial position and actions to deliver recurrent breakeven for 2022/23. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Was there concern that an accumulating deficit position would impact upon the Health Board's ability to progress?</i></p> <p>The Director of Finance and IT reported that detail in relation to the Integrated Medium-Term Plan for 2022/25 was under development and the key message from the plan was that the Health Board would continue with a Value Based Healthcare approach and focus would be given to areas that would provide the greatest value to the Powys population. The Chief Executive supported the approach and confirmed that work was underway to identify how the Health Board's allocation would be best spent to enable value, positive outcomes, patient experience and cost efficiency for the population. A further update on the position would be provided at the Board Development session in February 2022 and the meeting of the Board on 30th March 2022.</p> <p>The Board DISCUSSED and NOTED the Month 9 Financial Position.</p>
PTHB/21/113	<p>CORPORATE RISK REGISTER SEPTEMBER 2021</p> <p>The Interim Board Secretary presented the item and highlighted that the register had been updated to reflect the current system pressures and their impact upon the Health Board's risk profile. The Executive Committee had considered the updated Corporate Risk Register (CRR) and has supported two risks for a proposed increase in score from 12 to 16 in respect of sustaining an adequate workforce (CRR006) and potential adverse impact on business continuity and service delivery arising from COVID-19 (CRR014).</p>

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	<p>In addition, it was proposed that two risks were de-escalated from the CRR to be managed at the relevant Health Board management group:</p> <ul style="list-style-type: none"> • CRR016 which related to Health and Safety (H&S) and was previously escalated due to the delayed approval of the H&S Policy and associated processes including risk assessments. The Policy had been approved by Board and an interim workplan was in place. The implementation of the workplan and wider risks relating to H&S would be reviewed by the H&S Group (chaired by the Director of Environment) and any which required consideration for escalation to the CRR would follow the established process. • CRR017 which related to Fire Safety. This risk was previously escalated due to issues relating to site co-ordination and oversight of fire training and drills. This issue had been addressed with deployment of the site co-ordination model and drill compliance had been monitored by the Fire Safety Group and Site Co-ordination Forum (both of which are chaired by the Director of Environment). The risk would be further reviewed by the Fire Safety Group and any items which required consideration for escalation to the CRR would follow the established process. Fire risks associated with the Health Board's estate (including fire compartmentation) remained on the CRR within CRR005, which had been updated. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Did the Board feel it was reasonable that Health and Safety Risks would not be reflected on the Corporate Risk Register?</i></p> <p>It was confirmed that prior to escalation in 2020, a Health and Safety Risk was not reflected as an organisational risk on the CRR. Health and Safety risks would continue to be managed at a Directorate level and risks would be escalated to the CRR as required.</p> <p>The Board REVIEWED the January 2022 version of the Corporate Risk Register and DISCUSSED the appetite threshold and tolerance levels for each risk. The Chair</p>
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	suggested that the CRR presented an accurate reflection of the Health Board's risk profile.
PTHB/21/114	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Chief Officer of the Community Health Council presented the report and recognised the level of pressure across NHS Wales. Thanks were expressed to Members of the Board for the maintenance of good communication throughout the pandemic and the expedient responses to any concerns raised.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p>
PTHB/21/115	<p>ANNUAL AUDIT REPORT</p> <p>The Interim Board Secretary and External Audit presented the Auditor General's Annual Audit Report for 2021. The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> • audit of the Accounts • arrangements for securing efficiency, effectiveness, and economy in the use of resources; and • the report provided a broadly positive position. <p>The Board RECEIVED and NOTED the Auditor General's Annual Audit Report 2021.</p>
PTHB/21/116	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>A) PTHB COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 17th November, 1st December, 15th December 2021 and 12th January 2022.</p> <p>The Committee Chair wished to highlight to the Board the actual percentage uplift to be applied to Funded Nursing Care in 2021/22 in line with the methodology previously agreed by the Board. The Executive Committee APPROVED the uplift of 2.89% on 1st December 2021 (EC/21/349) subject to endorsement by the Board.</p>

	<p>The Board NOTED the report and ENDORSED the Funded Nursing Care actual percentage uplift of 2.89%.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 2nd December 2021. It highlighted that a discussion regarding complex concerns had been held In-Committee.</p> <p>The Board NOTED the Report.</p> <p><u>Charitable Funds Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 1st December 2021.</p> <p>The Board NOTED the Report.</p> <p>B) JOINT COMMITTEES</p> <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"> ▪ Welsh Health Specialised Services Committee (WHSSC); ▪ Emergency Ambulance Service Committee (EASC); and ▪ an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC). <p>It was noted that streamlined agendas had been implemented for some Joint Committees due to system pressures.</p> <p>The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
<p>PTHB/21/117</p>	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p>

	<p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). <p>The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.</p>
PTHB/21/118	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board.</p> <p>The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.</p>
OTHER MATTERS	
PTHB/21/119	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business</p>
PTHB/21/120	<p>DATE OF THE NEXT MEETING:</p> <p>30 March 2022, 09:00 via Teams</p>

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CHAIR'S ACTION

UNCONFIRMED

MINUTES OF THE MEETING HELD ON WEDNESDAY 9 MARCH 2022 HELD AS TEAMS MEETING

Present:

Vivienne Harpwood
Kirsty Williams
Mark Taylor
Carol Shillabeer

Independent Member (Chair)
Independent Member – Vice Chair
Independent Member – Capital and Estates
Chief Executive Officer

In Attendance:

Jamie Marchant
James Quance
Pete Hopgood
Wayne Tannahill

Director of Environment
Interim Board Secretary
Director of Finance and IT
Associate Director of Capital, Estates and Property

Secretariat

Stella Parry

Interim Corporate Governance Manager

Apologies for absence:

None Received for Recording

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CA/21/04	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p> <p>The Chair outlined the purpose of the meeting: <i>The Chair in consultation with the Vice-Chair and the Chair of the Performance & Resources Committee was asked to consider for approval the item included on the agenda. The Chief Executive Officer, Director of Finance and IT, Director of Environment, Board Secretary and Associate Director of Capital, Estates and Property were present to support discussion and present the report for consideration.</i> <i>It was noted that the item would be formally presented to the Board for ratification on 30 March 2022, along with a note of the discussion held.</i></p> <p>The Chair reminded those present that any decision taken would be done so in-line with the Board's approved Standing Orders: <i>"There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."</i></p>
CA/21/05	<p>DECLARATIONS OF INTERESTS</p> <p>No declarations of interest were received.</p>
CA/21/06	<p>PURCHASE OF LLANWRTYD WELLS HEALTH CENTRE</p> <p>The Director of Environment provided an overview of the opportunity to purchase Llanwrtyd Wells Health Centre. It was noted that Llanwrtyd Wells Health Centre was of strategic importance to the Health Board due to the community's specific geography and rurality. It was also noted that the 2021/22 Pharmaceutical Needs Assessment had highlighted Llanwrtyd Wells as the only area within Powys with a gap in pharmaceutical services provision. In September 2021, P & C Davies formally served notice of their intention to cease provision of pharmaceutical services from the Builth Wells Medical Practice branch surgery premises in Llanwrtyd Wells. As a result of this a tender process for alternative provision was enacted by the Health Board.</p>

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On 9 December 2021 the Executive Committee approved the conditions put forward by a potential pharmacy services provider for Llanwrtyd Wells. Remodelling of the Health Centre was stipulated as part of the conditions, which would affect the extant leases and require significant capital investment. During discussions with the landlord of Llanwrtyd Health Centre in relation to permission to alter the premises, the option to purchase the property was raised as well as options to extend the current lease arrangements. Discussions had been held with the Landlord's property agent, Waypoint Properties, to develop four possible options for the future of Llanwrtyd Wells Health Centre:

- Option 1 Purchase of Llanwrtyd Wells Health Centre:
The agent had been approached and an offer of £460,000 to purchase the property had been received. If the Health Board was to consider outright purchase of the property Welsh Government had given indicative support that slippage capital monies may be available if the purchase could be completed within the 2021-22 financial year. Estimated legal fees of £4k would need to be added to any agreed purchase cost.
- Option 2: Do nothing option:
Make no changes to the existing lease apart from progressing the lease maintenance agreement and legal paperwork relating to the sub-leases.
- Option 3: Remove Break clause:
If the current (2027) break clause was removed from the extant lease, the Landlord would be willing to contribute £5,000 to the proposed remodelling works to the property. The lease would still be subject to the 3-yearly rent review and the maintenance agreement would still need to be progressed.
- Option 4: New 15-year lease:
In exchange for a new 15-year IRI (Internal Repairing Insuring) lease, the agent has proposed a rental uplift to £30,000 per annum and is prepared to contribute £30,000 to the proposed alterations to the property.

An appraisal of the options had been undertaken, and both the Innovative Environments Group and Executive Committee had supported Option 1. The Executive Committee had expressed one caveat to their support and sought assurance that monies would not be allocated to the Health Board prior to confirmation that the sale would be completed within 2021-22. Outline discussions with Welsh Government had been positive and had indicated that financial support existed to make a capital purchase of the

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property, with the express caveat that the case to do so was robust and that funding would only be allocated following confirmation that the purchase could be completed in the 2021-22 financial year. It was also reported that the purchase had been appraised by the Health Board's Finance Directorate who had supported the financial benefits of the purchase. The Director of Environment confirmed that subject to approval by the Chair's Action and subsequent Ministerial Approval the purchase of the property would be completed within the 2021-22 financial year.

Independent Members sought assurance in relation to the potential outcomes for the local population and the mitigations in place for the Health Board should risks to the sustainability of pharmacy services in Llanwrtyd Wells arise. Assurance was provided that the incoming pharmacy services contractor sought to provide enhanced pharmacy services such as choose pharmacy and the minor ailments scheme, which had been welcomed by the local community following public engagement.

This enhanced provision would also address the areas of concern raised within the Pharmaceutical Needs Assessment. In relation to the risk of service instability it was reported that the incoming pharmacy services provider had demonstrated a considerable commitment to the provision of pharmacy services within the area. A contract between the Health Board and service provider had been developed with the support of NHS Shared Services Legal and Risk which sought to mitigate the risks to the Health Board as far as was possible. It was also noted that alongside the Branch Surgery and Pharmacy, the building was used by the Health Board directly to provide services such as District Nursing.

Assurance was sought in relation to the £460,000 purchase price due to the local valuation agent's estimated open market value of £300,000. It was confirmed that as a health building the properties valuation was higher than that of the open market value. Welsh Government had supported the appropriateness of the purchase price as a special purchase and a further review by the independent District Valuer supported the appropriateness of the purchase price and the Health Board being considered as a Special Purchaser.

The Chair, in consultation with the Vice-Chair and Chair of the Performance and Resources Committee APPROVED the delegated signature of Chief Executive and Vice Chair of the Health Board to enter into the contract of sale for the freehold property known as Llanwrtyd Wells Surgery from Whitehawk VI Care Limited, subject to Ministerial Approval by the First Minister.

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated March 2022)

Board Minute	Board Date	Action	Responsible	Progress at 22/03/2022	Status
PTHB/21/67	29 September 2021	A report be taken to Delivery and Performance Committee on cataract surgery referral to treatment times.	Director of Planning and Performance	Planned Care Performance Report produced for consideration by the Delivery & Performance Committee on 28 February 2022.	
PTHB/21/93	24 November 2021	An in-depth review of committee based risks to be undertaken in quarter 4	Board Secretary	Focus has been on the Corporate Risk Register and maintaining appropriate good governance through the January and February period and more recently ensuring committee based risks are routinely reported to each committee. A template to guide in depth review of committee based risks will be developed in order to ensure consistency of approach.	

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Arthur's Story

Virtual consultations worked for me

Read by Claire Madsen, Director of
Therapies and Health Sciences

Arthur's story

I had experienced considerable discomfort and pain in my right shoulder over a period of years. We're talking years now, and I couldn't sleep on my right side. In fact, I hadn't slept on my right side for about 10 years. And then I was diagnosed with a very rare form of cancer. This was the first time I'd been in the hospital since I was 19.

So, I started undergoing a battery of tests, significant tests, obviously biopsies and scans. And I started to find the scan experience more difficult than the diagnosis or the treatment. I'm not claustrophobic but I couldn't hold myself in the positions they wanted for up to 20 to 25 minutes, on one occasion it was 45 minutes that I had to be perfectly still for, and that's when I went to see the Brecon practice about physiotherapy. I had an initial consultation and didn't get very far. I heard nothing until suddenly I was contacted by Chloe and we arranged a video conferencing physiotherapy session. I was really disappointed because I had a very simplistic view of physiotherapy and I thought therapy just involved me going into room, Chloe twisting my head a bit and that the result would be instant.

This problem had built up over years and what impressed me, Chloe identified the problems almost immediately by the way I was holding myself in front of the screen. At my second Zoom consultation, I did the exercises in front of her, and she would comment on what I was doing and how we needed to change certain things or tilt this a bit further this way and that. That's what continued then throughout my consultations with her. I'm not sure how many there were, but they were very frequent. She kept on adjusting my posture and she would make comments on exercises that I did in front of her on screen. She would watch and say no or yes and say what she wanted me to do and so it built up like that.

And to the point where I had two huge scans done in the early autumn and I went through them fine.

I know it's hard to believe but I was more anxious about having to lie still for a period of time than I was about what they were trying to do. So, it was a very positive experience thanks to the physiotherapy I had, which did not involve me being in a room with a physiotherapist once!

Ironically, I don't know if I would have gone for all my appointments, if they had been done in the surgery as I don't think I would have been able to full fill them all.

The best part was the care that was shown to me via video link by an excellent physiotherapist. I don't know how many patients she's got, but she always came in fully briefed and ready to move on to the next stage. I don't see how I could have had better care to be honest with you.



AGENDA ITEM: 1.7a

BOARD MEETING		Date of Meeting: 30 March 2022
Subject :	CHAIR'S REPORT	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair	
Prepared by:	Vivienne Harpwood, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in January 2022.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

CHAIR'S REPORT:

Board Membership

The Board will be aware that Trish Buchan's term as Independent Member (Third Sector) ends on 31 March 2022. This will therefore be Trish's last meeting with the Board. I know that Trish has worked extraordinarily hard on behalf of the Health Board throughout her time with us and has played a key role in the development of our Patient Experience, Quality and Safety Committee in particular. Trish has brought such valuable contributions to the Board during her time as an Independent Member and I extend my sincere thanks to her on behalf of all Board Members.

The process for seeking a new Independent Member (Third Sector) is in progress with shortlisting due to commence from 1 April 2022.

Finally, it is a pleasure to welcome Claire Roche as a permanent appointment as Director of Nursing and Midwifery and to recognise Stephen Powell as the incoming Director of Planning and Performance on a one-year secondment.

Ministerial visit to Llandrindod Wells Hospital

On the 10 March, I was delighted to welcome the Minister for Health and Social Services, Eluned Morgan, to Llandrindod Wells Hospital to see at first-hand what has been achieved with the investment we received from Welsh Government to update the building and the positive impact this has had on

the level of care we are able provide to patients and the working environment for staff.

The development of the Llandrindod Wells site is significant in delivering the commitments made by the health board in 'A Healthy, Caring Powys', which was the first integrated health and care strategy in Wales, published in 2017. Five years later, the developments at the site have so far brought additional services to local people, providing care closer to home.

To add to the good news, at the end of the previous week we had received the excellent news that Welsh Government has endorsed our Programme Business Case for further investment and capital works at the hospital. The Programme Business Case describes our approach to the refurbishment and reconfiguration of the remainder of the hospital, as one of the Rural Regional Hubs serving Powys population.

The Minister had the opportunity to look at the development plans during her visit. During her brief visit, she acknowledged and praised the hard work of our staff, not only by progressing plans for the hospital, but also in the efforts they had made during the pandemic and vaccination programme, and she made a point of speaking to as many people as possible during her visit.

Opening of the newly refurbished Staff and Visitor dining room on the Bronllys Hospital site

As Chair of the Charity Committee for Powys Teaching Health Board, I felt very privileged to cut the ribbon to mark the opening of the Bronllys Hospital Staff and Visitor dining room on Wednesday 16th March.

Although the opening had been postponed for a while because of storm damage to the external walkway in February, it was at last possible at the start of Spring, to see the much-improved dining room to which the Charity had contributed funds.

The renovated dining room is amazing. Many thanks to everyone who had worked so hard on the project, not only on the design and physical work but also on the excellent ideas, advice, planning, oversight, artwork and everything else that brought about the transformation. Staff and visitors will now have a light and airy space in which to relax and enjoy the delicious and affordable food which the catering staff will still be producing there.

Ongoing Activity

On 9 March 2022, in consultation with the Chief Executive, the Chair of the Delivery and Performance Committee (P&R) and the Vice-Chair of the Charitable Funds Committee, a decision was made to approve the item outlined and included on this agenda and presented to the Board for ratification today, together with a note of the discussion held on 9 March. The purpose of the Chair's Action was to approve the purchase of Purchase of Llanwrtyd Wells Health Centre following options appraisal for the continuity of service by the Executive Committee and Innovative Environments Group, with reference to the 2021/22 Pharmaceutical Needs Assessment. The Chair's Action contained

further scrutiny of value for money and risks to continuity of service in the Llanwrtyd Wells community and approved the purchase.

I will be continuing to meet with Independent Members virtually on an individual basis during the currency of the emergency measures following the Chair's action, in order to ensure that they feel supported, and to understand any issues they might be experiencing as the Board continues to operate in a virtual manner.

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Chair's Report

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Board Meeting
30 March 2022
Agenda Item: 1.7a



Agenda item: 1.7b

BOARD MEETING

DATE OF MEETING:
30 March 2022

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Carol Shillabeer, Chief Executive

Prepared by:

Carol Shillabeer, Chief Executive

**Other Committees
and meetings
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision¹

Discussion

Information

✓

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report briefly outlines some of the key matters to draw to the attention of the Board. More detailed reports, for example in relation to system resilience and performance are presented as separate items during the Board meeting.

DETAILED BACKGROUND AND ASSESSMENT:

Reflection on COVID-19

The 23 March marked two years since the first lockdown across the UK as a result of the COVID-19 pandemic. The resilience of the people of Powys, partners and staff in the health board has been remarkable as the progression of the pandemic continues. Over recent months restrictions have been eased and the thought of moving more toward a normal life has gathered pace. It is important, however, to indicate concern over rising cases and the need for this awareness to be shared more broadly. Significant changes to testing and tracing will be implemented in line with revised Welsh Government approaches; whilst the Spring booster campaign for the COVID19 Vaccination has now commenced. Work is underway to transition to

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a more 'business as usual' longer term approach, whilst maintaining a plan for responding to surges in the virus including new variants.

The Public Inquiry into the COVID-19 Pandemic has moved a step further with the UK-wide inquiry publishing its terms of reference for consultation. The health board will seek to respond to a collective response being coordinated by the Welsh NHS Confederation. Internal work is already underway to assist the organisation to respond to the requirement of the Inquiry; and to enable a further period of learning and reflection within the organisation.

System Resilience through Winter

Each of the last 3 Board meetings has considered the matter of preparing for and managing through a challenging winter period. The work undertaken during September to November in planning for system resilience and then activating the plan from November onward has delivered strong performance in some key areas. The focus on reducing the number of patients delayed in hospital and the length of their delay has been the mainstay of managing to support patient care, reducing the risk of deconditioning (further deterioration of patients as a result of being in hospital). The reset of the approach to managing patient pathways in partnership with Powys County Council and Powys Association of Voluntary Organisations achieved a significant reduction in the length of stay of patients, directly impacting on the ability to bring Powys residents back into community hospital from District General Hospitals more swiftly. Furthermore, it has resulted in not needing to expand further bed capacity in community hospitals which would have further stretched the workforce, during a time where staff absence was peaking. Colleagues across the health board and partnerships are congratulated for their efforts during an extremely difficult winter.

Unfortunately, the pressure in the wider system has been significant and has impacted on patient experience. The number of people delayed in DGHs is approximately double that prior to the pandemic and this is impacting on hospital flow and the ability of the ambulance service to handover patients at the ED departments of acute hospitals. This is affecting Powys residents accessing DGH care in Wales and England and the Health Board team continues to work closely with providers and the Welsh Ambulance Services Trust on this matter.

Welsh Government Escalation and Intervention Framework: Assessment of Powys Teaching Health Board

Every six months the Welsh Government, with Healthcare Inspectorate Wales and Audit Wales undertake an assessment of each NHS body in line with the WG Escalation and Intervention Framework. The most recent assessment

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outcome has been shared with the Health Board; the outcome remaining as 'routine arrangements'. This is particularly pleasing given the challenging two year period the health board has needed to navigate. There were two areas to note for focus including the changeover of personnel at Executive and Independent Member level of the Board; and the quality of services secured from providers (Wales and England).

Programme Business Case Approvals/capital investments

The Welsh Government has recently approved two key Programme Business cases for developments in Powys; and has supported additional capital investment aligning to strategic developments:

1. North Powys Wellbeing Programme. The next stage of the business case process is presented separately as an agenda item on today's Board.
2. Llandrindod Wells Hospital. This relates to the next phase of work to refurbish the Hospital, enabling the health board to offer more services closer to home.
3. Llanwrtyd Wells Health Centre. Welsh Government has supported an application to purchase the above facility, which is currently subject to a lease agreement. Final arrangements are being made in relation to this.

Maternity Services: Ockenden Report

At the time of writing, it was anticipated that the publication of the Secretary of State (UK Government) commissioned Review of Maternity Services in Shrewsbury and Telford NHS Trust would be published on/near 30 March 2022. This follows the publication of an interim report in December 2020. Several families from Powys have been involved in the Review which has sought to identify the learning required to ensure safe and effective maternity services are provided. The Health Board has been working with the Review Team to enable good communication and support for families and to connect to the improvements being made. The Maternity Assurance Framework used systematically within the organisation assists in enabling a focus on maternity service performance and outcomes across the domains of safety, effectiveness and experience.

Supporting people from Ukraine

The Health Board is working with partners under the guidance of Welsh Government in relation to supporting Ukrainian refugees into Wales. There are several mechanisms that can be utilised by refugees including the Welsh Government 'super-sponsor' scheme. A planning group has been established to enable access to public health interventions, primary care, mental health, community care and support for women and children.

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Senior Staff changes

This is the first Board meeting for the new Director of Nursing and Midwifery Claire Roche, joining the organisation from the Welsh Ambulance Services Trust. Other senior staff changes include the move of portfolio of Hayley Thomas from Director of Planning and Performance to the Director of Primary Care, Community and Mental Health for a period of 12 months. Stephen Powell has been appointed on secondment to take up the role of Director of Planning and Performance. The recruitment process for the Director of Public Health is underway.

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Agenda item: 2.1

BOARD MEETING		Date of Meeting: 30 March 2022
Subject :	North Powys Wellbeing Programme – Strategic Outline Case for Infrastructure and Health, Care and Assisted Living	
Approved and Presented by:	Hayley Thomas, Deputy Chief Executive & Director of Planning and Performance	
Prepared by:	Sali Campbell-Tate, Service Planning Manager	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • North Powys Wellbeing Programme Delivery Team • North Powys Wellbeing Programme Board • Powys County Council Executive Management Team • Powys Teaching Health Board Informal Board Development • Powys County Council Health and Care Scrutiny Committee • North Powys Wellbeing Programme Sponsor Oversight Group • Powys County Council Cabinet 	

PURPOSE:

1. To provide the Board with an update on the North Powys Wellbeing Programme.
2. To gain Board approval on the Strategic Outline Case (**Appendix 1**) and supporting Memorandum of Understanding (**Appendix 2**), ready for submission to Welsh Government in April 2022.

RECOMMENDATION(S):

The Board is asked to approve the draft Strategic Outline Case and supporting appendices for onward submission to Welsh Government.

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Approval/Ratification/Decision ¹	Discussion	Information
✓		

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper provides background to the programme, outlines the work undertaken to support the development of the Strategic Outline Case, and includes the draft Strategic Outline Case and appendices for submission to Welsh Government.

The Programme Business Case was submitted to Welsh Government in November 2020 and received approval from their Strategic Investment Board in November 2021. On 15 March 2022, the First Minister announced the PBC had received ministerial endorsement to proceed to the next phase.

Alongside the Strategic Outline Case, the programme has secured further revenue investment via the Regional Integrated Fund to support ongoing delivery of the programme during 22/23.

The programme continues to operate in a challenging environment with a high level of risk around operational capacity. Revised governance arrangements and a resource plan have been prepared to address some of

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision-making at a strategic level

these issues. Both Clinical and Operational leadership arrangements need strengthening to support the next stage of the programme which includes delivery of the Outline Business Case which is planned for approval in early 2023. This will require significant resource from across the partnership to deliver.

DETAILED BACKGROUND AND ASSESSMENT:

The North Powys Wellbeing Programme was formally launched in May 2019 to test and deliver a new integrated model under the remit of the Health and Care Strategy. To date, the programme has received Welsh Government Transformation Funding to support the delivery of:

- long-term change of a new integrated model of care and wellbeing which is being tested in north Powys initially; this includes a new development of a multi-agency wellbeing campus
- short term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver a new integrated model

The Transformation Funding was initially awarded over a 2-year period until April 2021. Due to the impact of the pandemic across Wales, in August 2020 Welsh Government announced an extension to Transformation Funding to April 2021/22. Powys Regional Partnership Board were awarded a further £1.8m.

In 2019, the programme team undertook extensive public and staff engagement following the formal launch of the programme. This engagement supported the development of a new co-designed integrated model of care and wellbeing for Powys which was approved by Cabinet Member decision and PTHB Board during Q1 of 2020. Covid-19 has impacted engagement opportunities significantly and the programme had a period of time during 2020 and in to 2021 where engagement was not possible due to ongoing pressures of the pandemic.

Engagement has in recent months recommenced in order to solicit stakeholder engagement to support development of the Strategic Outline Case for the multi-agency wellbeing campus. The following key members of public have been targeted as part of this phase of engagement:

- Individuals: People in the Newtown area who make decisions about their own health and care, and that of their families
- Health and Social Care Providers: Public and private sector organisations who deliver health and social care services in north Powys, including primary and secondary care
- Policy Makers: Decision making bodies at local level with responsibility for residents' health and wellbeing, and at national level from Welsh Government
- Education Providers: Schools and colleges in north Powys, both staff and pupils

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- **Communities:** Link with community groups and third sector around shared space, activities, and services with links to health and wellbeing. The creation of walking and exercise space within neighbourhoods, location of health facilities as close as possible to people's homes.
- **Stakeholders:** Organisations who have a strong interest in health, social care and wellbeing services in Powys outside of the public sector, for example: Joint Committee for Rural Health and Care, Powys Community Health Council, PAVO, Town and Community Councils
- **Staff:** Staff from PCC and PTHB who make decisions about health, social care and wellbeing programmes, HR, Workforce and OD, Finance, Education, Property/Estates etc.
- **Primary Care Cluster and Mid Wales Joint Clinical Advisory Committee** who continue to provide clinical input and support to the programme.

Service design work has been undertaken collaboratively with partners to understand how different aspects of the multi-agency wellbeing campus respond to delivery of the integrated model of care and wellbeing and RPB Outcomes Framework. Although there have been some challenges around operational capacity to support with the service design work, the programme has sought alternative ways of ensuring appropriate levels of input from clinicians, professionals and strategic leaders across health, social care and the third sector. A bottom-up approach was taken to developing the service specifications, working with frontline staff and middle managers on a 1:1 basis to articulate their service visions and future service requirements.

Service specifications have been developed to articulate the models of care and services that will be located on the multi-agency wellbeing campus:

- **Rural Regional Diagnostics and Treatment Centre** – *The centre will include diagnostics, planned and urgent care to ensure timely diagnosis and care closer to home. Rehabilitation and Reablement services will be integral to the inpatient facility, supporting the D2RA pathways and enabling timely recovery and discharge underpinned by a 'home first' ethos.*
- **Integrated Health and Care Centre** – *including location of Integrated Community Teams which will bring together health, social care and third sector services to strengthen citizens' abilities to manage their own health, promoting self-care and independence wherever possible through a strengths-based approach. The Integrated Community Team will also include a rapid home-based support service that brings together social care, home care, therapy services and reablement to provide input in an emergency or period of poor health to prevent people from having to go into longer term care or acute hospitals. Children's Social Care will also form a part of the Integrated Health and Care Centre, working in collaboration with PTHB Women and Children's Services and third sector services. There are also opportunities to locate the mental health, learning*

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disabilities and homelessness teams who will be supported other health and wellbeing services, providing a holistic offer to support them to access the services they require to live fulfilled lives.

- **Rural Regional Diagnostics and Treatment Centre** – *Reablement services will be integral to the inpatient facility, supporting the D2RA pathways and enabling timely recovery and discharge underpinned by a 'home first' ethos.*
- **Integrated Health and Care Centre** – *including location of Integrated Community Teams which will bring together health, social care and third sector services to strengthen citizens' abilities to manage their own health, promoting self-care and independence wherever possible through a strengths-based approach. The Integrated Community Team will also include a rapid home-based support service that brings together social care, home care, therapy services and reablement to provide input in an emergency or period of poor health to prevent people from having to go into longer term care or acute hospitals. Children's Social Care will also form a part of the Integrated Health and Care Centre, working in collaboration with PTHB Women and Children's Services and third sector services. There are also opportunities to locate the homelessness team into this building, providing a holistic offer to support them to access the services they require to live fulfilled lives.*
- **Learning, Innovation and Community Hub** – *The library will be located in this space, with librarians becoming educators and champions of self-care, with digital skills and resources at their disposal for the purpose of providing life-enhancing opportunities for residents. The Academy will provide training for social care professional education, supporting the health and care sector in Powys to become the sector of choice, by growing the workforce through local training and education, skills development and leadership. The community hub element of this space will support the prevention agenda, helping to tackle isolation and reducing demand on statutory social care services.*
- **Supported Living Accommodation** – *to support a range of identified needs across social care including children in transition to adulthood, step-down care for older people, and those experiencing or facing homelessness.*

These service specifications set out the service vision for each service to be included within the facilities, as well as an initial assessment of the integration opportunities, digital opportunities, spatial requirements and workforce requirements. The specifications are iterative at this stage and though have been used to support the Strategic Outline Case, they will continue to be developed as further detailed design work is undertaken to develop the Outline Business Case, at this point, they will be signed off as final versions.

Strategic demand, capacity and financial modelling has been undertaken to support with the Strategic Outline Case. Phase 1 has focused initially on the

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key elements of the built environment. This has helped to inform the Schedule of Accommodation as well as providing a level of reassurance around the deliverability and affordability of the new integrated model of care and wellbeing. Due to the pressures of timescales, the modelling has been split into two phases and the first phase has focused on the highest cost areas or areas with the greatest opportunities for transformation.

Phase one modelling indicates the following:

- Inpatient community care - initial analysis of optimal D2RA models of care and discharges on to each pathway: 32 bed unit consisting of stepdown beds, specialist stroke and neurorehabilitation beds, step-up beds for assessment/rehabilitation/reablement, and end of life/palliative care beds.
- Supported living accommodation (proposed 12-place flexible development on site to support a range of needs)
- Student, new staff and locum staff accommodation (proposed 6x 3-bed flats on site to provide for up to 18 students/staff at any one time)
- Short stay assessment and diagnostics, ambulatory care and urgent care (proposed CT, MRI, Ultrasound and Plain Film provision on site, assumed 50% repatriation of non-urgent/see and treat attendances)
- Day case and outpatient surgical and medical procedures (assumed 50%-90% repatriation across specialties for elective day surgery, pre-operative assessment and outpatient consultations, requiring 1 operating theatre, 1 enhanced procedure room and 1 endoscopy room on site to support daycase and outpatient procedures)
- Outpatient consultations (proposed 10 outpatient consulting rooms, 4 outpatient e-consulting rooms and 5 additional consulting APC rooms on site to support with repatriation of outpatient consultations)
- Maternity (ambition for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys)

Further work is required to refine and valid the assumptions underpinning the modelling for the SOC, this will be based on development of more detailed models of care, pathways/flows and workforce planning.

Underpinning the work is an agreed Planning Framework, this has shaped and guided the service planning for the programme and sets out five key areas of focus to enable the programme to deliver transformational change. These have been developed and will align with the renewals priorities in PTHB as well as the new ways of working in PCC. The five key areas proposed for transformational change are set out below:

- Children and young people (the ambition for the future model is to embed a multi-agency one stop shop, supporting all children and young people to meet their individual needs).
- Social model for health (the ambition for the future model is to embed a citizen-led, place-based community approach to preventing

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disease and illnesses, improving wellbeing and reducing social isolation).

- Integrated community model and frailty (the ambition for the future model is to embed an Integrated Community Model, providing timely access to care, adopting a proactive, person-centred, community-based approach).
- Mental health, learning disabilities and wellbeing (the ambition for the future model is to transform mental health, learning disabilities and wellbeing services into a well-designed, seamless and fully integrated network of care).
- Diagnostics, ambulatory and planned care (the ambition for the future model is to embed a regional planned care and diagnostic network providing access to advice and guidance, diagnostics and planned care in the community setting).

The current situation, business need and high-level vision for each of the 5 transformational areas has been articulated to support with the Strategic Outline Case and are included within the service specifications. To deliver these aspirations and level of transformation change requires investment into the multi-agency wellbeing campus as a vehicle for delivery to develop the services as set out in the service specifications.

Further work is required during Outline Business Case (OBC) to refine and validate the assumptions underpinning the modelling for the SOC, using a value-based healthcare lens, this will include the development of more detailed models of care, pathways/flows and workforce plans. It is anticipated further efficiencies will be achieved and the overall space requirements will reduce.

The school element of the multi-agency wellbeing campus is being managed through a separate business case, with different timelines. The teams are working closely together to ensure alignment. To enable the schools work to proceed, further work has been undertaken on the infrastructure elements of the site and site layout options. Hughes Architects were commissioned to look at site options and have produced concept drawings to articulate visually what the site could look like and to aid with master planning. These can be found in Appendix 2 at Appendix C. Further feasibility work is being undertaken by the Schools Transformation team who are working with the school to look at options of where the school could be located, this is being tested against the work that Hughes Architects have undertaken. The location of the school will be confirmed following completion of the feasibility works in April 22.

The location and proposed configuration of the campus will maximise mental and physical wellbeing and leisure and cultural prospects via essential links with vast outdoor green spaces through Open Newtown and to the Oriel Gallery, providing art, play and outdoor activities to help support wellbeing and leisure opportunities for children, adults and families. The location of the proposed campus also lends itself to further opportunities to enhance

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wellbeing, increasing collaborative working with partners such as Oriel Gallery, Police, Fire, Leisure Centre, Third Sector and local businesses. Furthermore, there are opportunities for strengthening community resilience by utilising partners' assets on the site to host community groups outside of school hours, further expanding the wellbeing offer that the campus brings as well as providing value for money.

The Third Sector has a strong presence in north Powys and there are many examples of wellbeing services that are in operation and could be enhanced and offered from the campus. Providing spaces on a wellbeing campus that are accessible and multi-purpose will support community groups and staff to share resources and work together to meet the needs of individuals - building and developing their skills and transferring knowledge. When groups and teams work from the same spaces it provides opportunities to try new ways of working, to test innovative approaches.

The Strategic Outline Case has been prepared using the agreed standard and format for business cases using the Better Business Cases Five Case Model as outlined in the HM Treasury Green Book, which comprises the following key components:

- The Strategic Case: this sets out the strategic context and the case for change, together with the supporting investment objectives for the programme.
- The Economic Case: this dimension of the five cases focuses on options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.
- The Commercial Case: this describes the development and procurement of the potential deal, ensuring it is commercially viable and attractive to the supply side.
- The Financial Case: this focuses on the whole life costs of the proposed deal, confirming the programme is affordable and is fundable over time.
- The Management Case: this demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality and focuses on the implementation arrangements for the proposal.

The main focus of the Strategic Outline Case is to:

- Demonstrate the scheme is aligned to national and local policy.
- Define the benefits of a multi-agency wellbeing campus in Newtown.
- Provide an overview of the work PCC and PTHB have undertaken to further define and assess options for the multi-agency wellbeing campus, including detailed service design work.
- Demonstrate the desired service scope will fit on the preferred site.
- Define the economic and financial elements of the scheme and commercial intentions.
- Outline the management arrangements and indicative timescales for delivery.

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The scope of the SOC includes a Rural Regional Diagnostic and Treatment Centre, Integrated Health and Care Centre, Learning, Innovation & Community Hub, and Supported Living. The campus includes a primary school, which is being led by the PCC Schools Transformation programme and is managed under a separate business case, but fully joined up.

The Strategic Outline Case (**Appendix 1**) builds on the initial feasibility work undertaken in 2018 (and approved by Cabinet in February 2019), this work appraised all the available sites in the Newtown area, identifying a preferred site of which further work was undertaken to test the level of ambition would fit on this site. It also further builds on the Programme Business Case that was developed in 2020, approved by Cabinet in October 2021, which strengthened the initial feasibility work by further testing of the level of ambition and fit on the site, identifying synergies the multi-agency wellbeing campus would bring, as well as the development of the commercial case.

A core aim of the programme is to support the shift to a social model for health and to provide significantly improved and enhanced local integrated services, delivered from a single location within sustainable and fit-for-purpose accommodation. The strategic case demonstrates the campus is fully aligned and will deliver against a number of national and local policies and strategies. It will significantly contribute to the decarbonisation agenda and Programme for Government through development of the hub, focus on wellbeing and integration of primary and community care services with pharmacy, education, housing, third sector and other community-based services.

The campus will maximise efficiency, integration and innovation across multiple sectors which will represent significant benefits for the local community, including a wider range of services being delivered in county. There has also been a strong emphasis throughout the development of the case on decarbonisation and what opportunities we can harness to reduce our carbon emissions across the public sector through the built environment, procurement and reduced unnecessary travel out of county.

The location and proposed configuration of the campus will help to support economic growth and regeneration of the area, in line with the National Development Framework, which identified Newtown as an important regional centre. The scheme will also have strong links with the town centre supporting Welsh Government's initiative "Town Centres First". Though the programme is largely health and care focused, the benefits of delivering the programme span much wider than health and care; regeneration and economic growth is recognised as one of the key benefits that the scheme will deliver. The social and economic benefits can be found within the Strategic Outline Case. Additionally, the delivery of hubs and regional centres via the multi-agency wellbeing campus is aligned to the latest Programme for Government in Wales.

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The benefits of the programme have been further explored are outlined within the Strategic Outline Case, grouped under the following 5 key areas:

- Access to health and care: Improved sign posting and uptake of wellbeing services and activities to enable people to self-manage and live independently; reducing social isolation and hospital admissions.
- Health and care outcomes: Prudent healthcare and the early intervention/prevention agenda in social care
- Workforce: More sustainable and efficient workforce model through new ways of working co-location and collaborative working
- Decarbonisation and environment: Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions
- Regeneration: Creating a social and economic hub making Newtown a more desirable place to live and work
- The built environment: A purpose-built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery

The investment objectives have been further refined at a more granular level for the Strategic Outline Case, based on what was included within the PBC:

- Integrated Local Services: provide a multi-agency environment in Newtown that is conducive to wellbeing and enables delivery of integrated health, care, third sector and other public services, serving the population of north Powys.
- Sustainable Workforce: deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
- Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.
- Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of public sector funds and assets.
- Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and social care services and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.
- Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
- Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement

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with the third and voluntary sector, and through increased footfall to the area, by making Newtown a destination of choice.

The economic case assesses all the options available to support delivery of the investment objectives and to achieve the desired benefits. The short-listed options were then further subjected to a non-financial appraisal, considering the appraisal of the options in relation to the economic benefits and intended outcomes.

The preferred option at this stage identified by the partnership is to deliver the solution in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus. The preferred scope of services delivered through the campus is proposed to include, enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Community Hub (including library & H&C academy). The site will also include assisted living and student accommodation, Primary, Community and Social Care services and potential space for high street primary care.

The commercial case has explored the following Procurement options:

- Building for Wales Framework
- Welsh Government Mutual Investment Model
- SEWSCAP Framework
- Modular Build Frameworks

The financial case has looked at the high-level capital and revenue implications appropriate at this stage. The high-level capital banding of the PBC was £89m (including £10m for the school). The capital costs for the health, care, supported living and infrastructure costs are show below (excluding the school). The schools programme currently forms part of the Band B regime and funded in principle by both Welsh Government and the Council, although the Outline Business Case has yet to be prepared and approved.

The increase in capital costs is driven by further work on infrastructure (circa £10m) and increase in optimism bias and risk appropriate for SOC planning (circa £23m). It is envisaged the scheme will be fully funded by Welsh Government and there will be no impact on PCC capital.

The lead partner for the build elements has not been confirmed, consideration of VAT implications will be given, due to the different implications for the Council in relation to reclaiming VAT.

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Project Costs	
Capital Cost	£67,146,191
Optimism Bias	£16,115,086
Risk	£7,751,486
VAT (only to be included where non-recoverable by applicant)	£18,202,553
Total Project Cost (inclusive of optimism bias and risk)	£109,215,316
Funding Body Contribution	100% funded by Welsh Government

At SOC stage it has been identified that there is an ongoing requirement for revenue funding of £10,029,018 from year 9, once the new way of working has been fully embedded, this reflects an increase in current revenue costs of approximately £41k per annum. However, some financial benefits have not yet been factored in. Work at OBC stage will refine this revenue model further.

The capital costs for this scheme are to be funded 100% by Welsh Government. The scheme will require the transfer of Council owned land to the Health Board, this will take place using land transfer protocols with the Council receiving a capital receipt in exchange for the land transferred. It is envisaged there will be efficiencies realised from vacating properties.

The management case is aligned to the existing programme governance arrangements. Recognising further work is required to revise these in line with the Programme Assessment Review and next stage of the programme.

The programme will now commence more detailed planning to support with the Outline Business Case and Full Business Case. For the health, care and infrastructure aspects of the scheme, this will also include more detailed service planning work looking at innovative practice and pathway changes, further detailed demand, capacity and financial modelling and revenue business case development for major service developments.

Alongside the Strategic Outline Case, work continues to accelerate short term changes to support delivery of the integrated model of care and wellbeing and achieve 'quick wins' in achieving some of the programme outcomes.

Examples include:

- **Digital Facilitators** – A digital first approach supporting improved access to advice and assistance. Digital facilitators have been providing digital support for the use of virtual health and care

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systems, and continue to support administrative teams to explore ways to provide digital support to service users during the continued impact of the Covid-19 pandemic and beyond. To date, 84 people have been assisted using digital facilitators (since June 2021). The Ask SARA platform has also been utilised to bring together existing and new information systems into one place that will help transform how citizens can self-serve to help them help themselves.

- **Bach a Iach** – This project aims to upskill staff in schools and early years settings in the most deprived areas in Powys in order to deliver and embed physical and emotional literacy within curriculum and other areas of school life, to support children in more deprived areas to become physically and emotionally literate.
- **Powys Together** – The Powys Together project is a locality-based project working with communities across north Powys. The Newtown Together is based on the national Children First model, creating system change in the most deprived areas of Powys through increased opportunities and reduced disadvantages for children, young people and families. The project places the voice of children and families at the centre of everything they do. Powys Together supports a number of strategic priorities including community development, prevention and health improvement, supporting carers, tackling Adverse Childhood Experiences and innovative research and development.
- **Repatriation of Children Looked After** – Bringing children looked after back to Powys will support a reduction in inequalities and an improvement in outcomes. This is being improved through creating and developing additional in-house fostering capacity, development and establishment of north Powys residential provision for mainstream children, increasing resources for placement teams, and creating and development of additional supported lodgings capacity.
- **Development of a Community Training Platform** to provide service users with improved access to electronic resources, to support them when making decisions about their health and social care. The platform will host video and interactive content to support a number of services.

Further revenue funding has been secured to support ongoing implementation of these projects:

- Digital facilitators - broadening their support across the partnership
- Testing of the Community Training Platform in Powys Living Well service with a view to further roll out across the Health Board and the Council.
- Embedding the Powys together model and looking at scaling up opportunities across Powys.
- Further strengthening and repatriation of eye care services.

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Both the Bach A Iach and Repatriation of Children Looked After projects will transition to business as usual.

NEXT STEPS:

- To submit the Strategic Outline Case to Welsh Government for approval.
- Further engage and communicate plans with key stakeholders.
- Finalise the evaluation report focused on the accelerated projects and provide ongoing revenue funding post March 22 to embed new ways of working.
- To prepare for the next stage of the programme – Outline Business Case. This includes continuing with the demand, capacity and financial modelling work and establishing operational leadership arrangements for the 5 transformation areas.

Ref	Document Name	Attachment
Appendix 1	Strategic Outline Case	Attached separately due to file size.
Appendix 2	Strategic Outline Case Appendices including MOU, Demand Capacity Modelling and Site Master Plans	Attached separately due to file size.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				
<p style="text-align: center;">Statement</p> <p>At this stage of the Programme an EIA impact assessment has not been undertaken. This will be undertaken during the next stage of planning and submission of the Outline Business Case.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial			X	
Corporate	X			
Operational			X	
Reputational			X	
<p style="text-align: center;">Statement</p> <p>There are no risks currently identified in relation to clinical safety at this stage, however assurance will need to be sought during the next stage of more detailed service planning.</p> <p>There are some financial, operational and reputational risks associated with delivering the Strategic Outline Case.</p>				

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North Powys Regional Partnership Board Health & Care and Infrastructure Strategic Outline Case Multi- Agency Wellbeing Newtown Campus



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Draft 6.0



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0. Document Control

0.1 Version Control

Minor versions not shown

Version	Status	Date	Author	Update
0.1	Draft	21/09/21	MH	SOC template and base information
1.0	Combined Draft (Master)	01/12/21	MH/LD/SL	Creation of combined Infrastructure + H&C Master SOC Master, will all above further refined
2.0	Combined Draft (Master)	22/12/21	MH/LD/SL	Revised draft following updated Strategic Case and feedback from client
3.0	Combined Draft (Master)	13/01/22	MH/LD/SL/RG	Revised draft following updated from SCT, LM, CS
4.0	Final Draft (Master)	21/01/22	LD/MH/SCT	Revised draft following updates from CS, SCT and LM
5.0	Final Draft (Master)	27/01/22	MH/SCT	Revised draft following updated information re Assisted Living element of scope
6.0	Final Draft (Master)	14/02/22	MH/SCT/CS	Final updates following further review prior to Programme Board

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The integrated model of care and wellbeing is a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances, with new ways of working developed in response to the pandemic.

Please note that previously, in the Programme Business Case, these elements of the Campus were referred to as the Rural Regional Centre and Community wellbeing Hub (respectively).

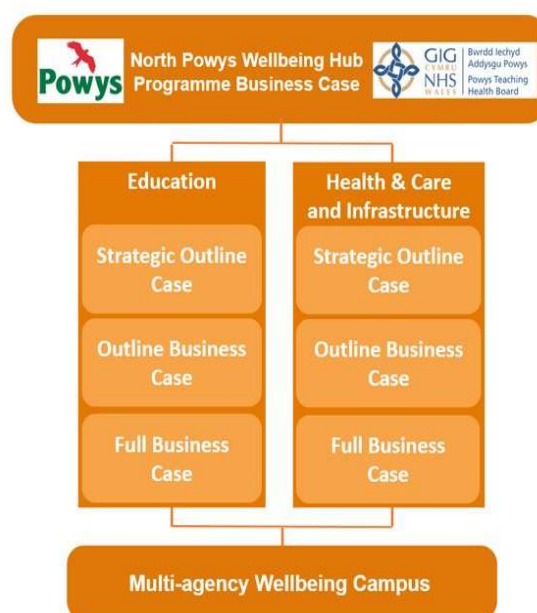
1.2 Programme Business Case Update

The following updates can be provided in respect of the PBC and associated SOC:

1. The North Powys Wellbeing Programme PBC was submitted to Welsh Government in November 2020.
2. The PBC was well received at the Welsh Government Committee for Strategic Investment in November 2021.
3. Currently Awaiting Ministerial endorsement.
4. Single SOC The Programme Board has changed its approach from the development of two separate SOC's (Health and Care and Infrastructure) to one combined business case to cover all aspects.
5. The SOC has been taken to a SOC+ stage, to reflect Welsh Government's priorities in better understanding the proposed site fit and the potential for development.

Please note that the SOC for Education has already been submitted to, and approved by Welsh Government, under the 21st Century Schools Programme (recently rebranded to 'Sustainable Communities for Learning').

Figure 2: Programme Deliverables



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1.3 Demand and Capacity Modelling

Demand and Capacity Modelling has been undertaken based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets, as far as these were available.

The following service areas have been included in the modelling work to support with the Strategic Outline Case:

- Community inpatient care.
- Supported living accommodation.
- Short stay assessment and diagnostics, ambulatory care, urgent care.
- Day Case and outpatient surgical and medical procedures.
- Outpatient consultations.
- Maternity.

The high level modelling outputs from this exercise are:

- **Inpatient community care** - initial analysis, based on national best practice and optimal D2RA models of care and discharges on to each pathway indicates: **32 bed inpatient unit** consisting of stepdown beds, specialist stroke and neurorehabilitation beds, step-up beds for assessment/rehabilitation/ reablement and end of life/palliative care beds.
- **Primary and Community based urgent ambulatory care and diagnostics.** Initial analysis, future demand modelled on Richards Report, OECD benchmark and repatriation from acute providers. Indicates potential demand for **CT and MRI** in Powys, with increase provision for Ultrasound and Plain Film. **Some repatriation of urgent care** requiring up to 7 consult / exam treatment rooms based on best practice Ambulatory Emergency Care along with significant potential for repatriation of some A&E minors and urgent care.
- **Short Term Flexible Supported living** - initial analysis based on population needs and other local development plans indicates **12 flats** 3 x separate children in transition, 3 x step down and 6 x homeless triage. **Student provision 6 x 3-bed flats is proposed as sufficient to provide for up to 18 people at any one time.**
- **Primary Care and Community Based Outpatients, surgical and medical day case and procedures** initial modelling based on BADs Directory of Procedures and 50%-90% repatriation indicates 1 operating theatre, enhanced procedure room, endoscopy room and 10 outpatient consulting rooms, with e-consulting rooms.
- **Maternity** - ambition for 45% of mothers deemed to be low risk to give birth in Powys

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1.4 Engagement and Service Specifications

Further Engagement has been undertaken and the following Service Specifications have been developed:

- Rural Regional Diagnostic & Treatment Centre.
- Integrated Health & Care Centre.
- Learning, Innovation and Community Hub (which incorporates Library, Health and Care Academy, Community Space) plus Assisted Living.

1.5 Memorandum of Understanding (MoU)

The RPB has established and agreed a Memorandum of Understanding, which details:

1. The partner organisations in the RPB.
2. The purpose i.e. how the partners will work together in creating a new, purpose built, multi-agency, wellbeing Campus.
3. Principles to be followed:
 - Cost effective public purse.
 - 'Do once' with no duplication .
 - Commitment to decarbonisation and biodiversity.
 - Deliver benefits from synergies and shared approach.
 - Engage will all key stakeholders, e.g. School Governing Body.
4. The actions to deliver the campus, including any required property transactions.
5. Commitments – to ensure that negotiations or agreements with 3rd parties align with the objectives of the MoU.
6. Information Sharing and Confidentiality protocols.
7. Cost burden on respective partners – i.e. that unless agreed otherwise for specific areas/projects, partner organisations will bear their own costs when contributing to activities directly connected to the MoU.
8. Duration of agreement.
9. Details of organisational leads and reporting.
10. Dispute resolution.

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11. Disclaimer.

1.6 Other SOC developments

Other developments at this stage include:

- Further work demonstrating strategic fit, refinement of investment objectives, benefits and an assessment of the options.
- Engagement of Hughes Architects to further develop concept of what development might look like and support with site master planning options, site analysis, phasing and demonstrate a 'fit' on the site, and high level infrastructure costs.
- Draft Schedule of Accommodation has been developed in line with the Service specifications and Demand and Capacity Modelling work. This has been used to inform Capital and Revenue costs
- Engagement of the Heart of Wales Property Services joint venture team to undertake site surveys, flood plain analysis and other site analyses.

1.7 Ministerial Priorities

This is particularly relevant due to the Ministerial priorities set out in July 2021:

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

All of these priorities are addressed by the proposals within this document and the overarching scheme, addressing issues such as Health equality, digital technology and innovation, providing care closer to home and the focus on the mental health and wellbeing of people in North Powys.

1.8 Learning from COVID-19

The new integrated model of Care and Wellbeing we aim to deliver through this programme is also part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care, which includes an ageing population, lifestyle changes, public expectation, emerging medical technologies and the ongoing effects of the Covid-19 pandemic.



During the pandemic we have accelerated delivery of some parts of the model, through Welsh Government Transformation funding we have supported virtual clinics, implemented new ways of working to provide local Ophthalmology and Respiratory services and developed the wellbeing offer to support children, young people and families.

There are now opportunities that lend themselves as key drivers for transformation post-Covid:

- An evidence-based and value-based and outcome-focused approach to all clinical pathways of care that impact at a local community level – including better access to clinical diagnostics and expertise
- An adoption of new ways of working across the system to support current workforce pressures, the medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and wellbeing, and also prevention, at the heart of the discussion with social measures of health improvement.

Skill-mix initiatives and the establishment of new roles working across traditional boundaries with more apprenticeships and assistant practitioners and using qualified staff at the top of their licence will be essential as we learn lessons from staff flexibility and roles undertaken during the Covid-19 pandemic.

There is also learning from the built environment we will further explore through use of digitally enabled spaces, infection control and prevention and use of generic and shared spaces to ensure flexibility and best value for money.

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2 Executive Summary

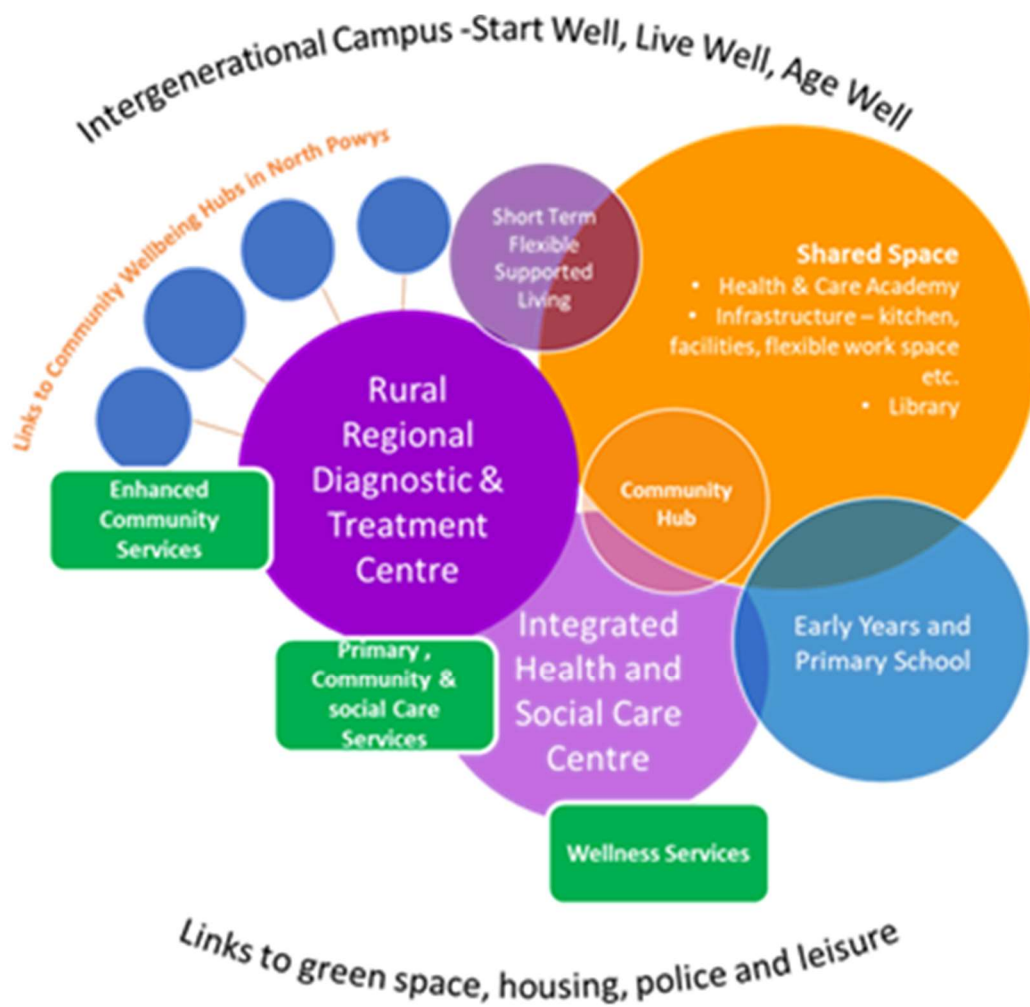
2.1 Strategic Case

2.1.1 Working in Partnership

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services.

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support, and to provide more joined up care when people need to access services. This approach is being demonstrated across Powys, through developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, the Third Sector, Open Newtown and many other organisations.

Figure 3: Multi-Agency Wellbeing Campus Model

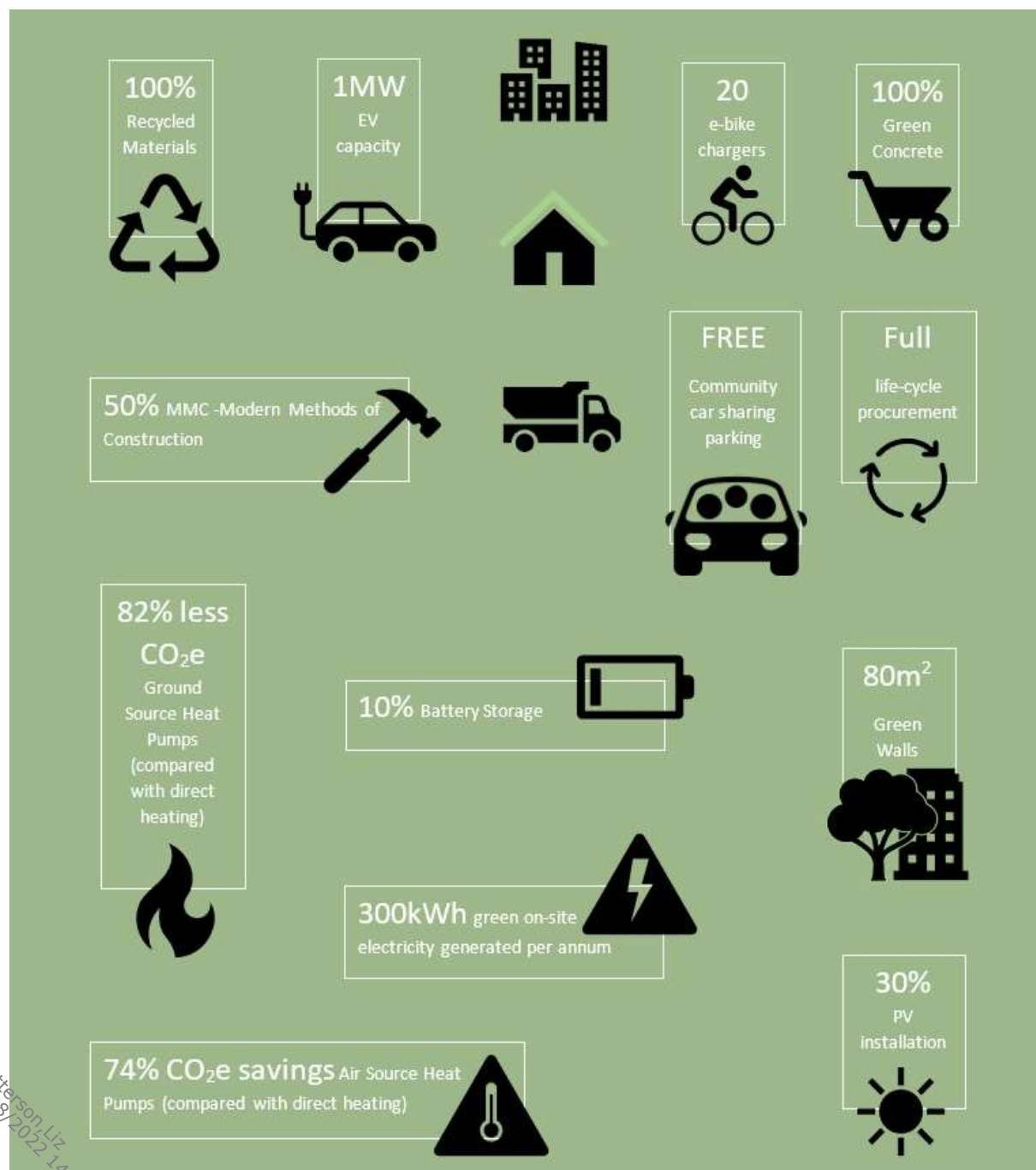


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2.1.2 Strategic Context National Policy Drivers

Nationally, this scheme aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction, especially in relation to the ambition set out by Welsh Government in becoming a Net Zero Carbon Public Sector by 2030.

Figure 4: Policy Alignment





Specifically key policy areas this project aligns to include:

- Welsh Government: Programme for Government (2021-2026).
- Quadruple Aim A Healthier Wales: Our Plan for Health and Social Care (2019).
- The Social Services and Wellbeing Act (2014) – 5 Ways of Working.
- National Development Framework 2020-2040.
- National Clinical Framework: A Learning Health and Care System 2021.
- Primary Care Model for Wales 2019.
- NHS Decarbonisation Strategic Delivery Plan 2020/2030.
- The Public Health (Wales) Bill (November 2016).
- Taking Wales Forward (2016-2017).
- Prosperity for All: A Low Carbon Wales, 2019.
- Prosperity for All: The National Strategy (Wales) 2017.
- The Housing (Wales) Act 2014.
- Additional Welsh Guidance.

2.1.3 Strategic Context Local Policy Drivers

Locally, this project supports the objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this project (and overarching programme) are:

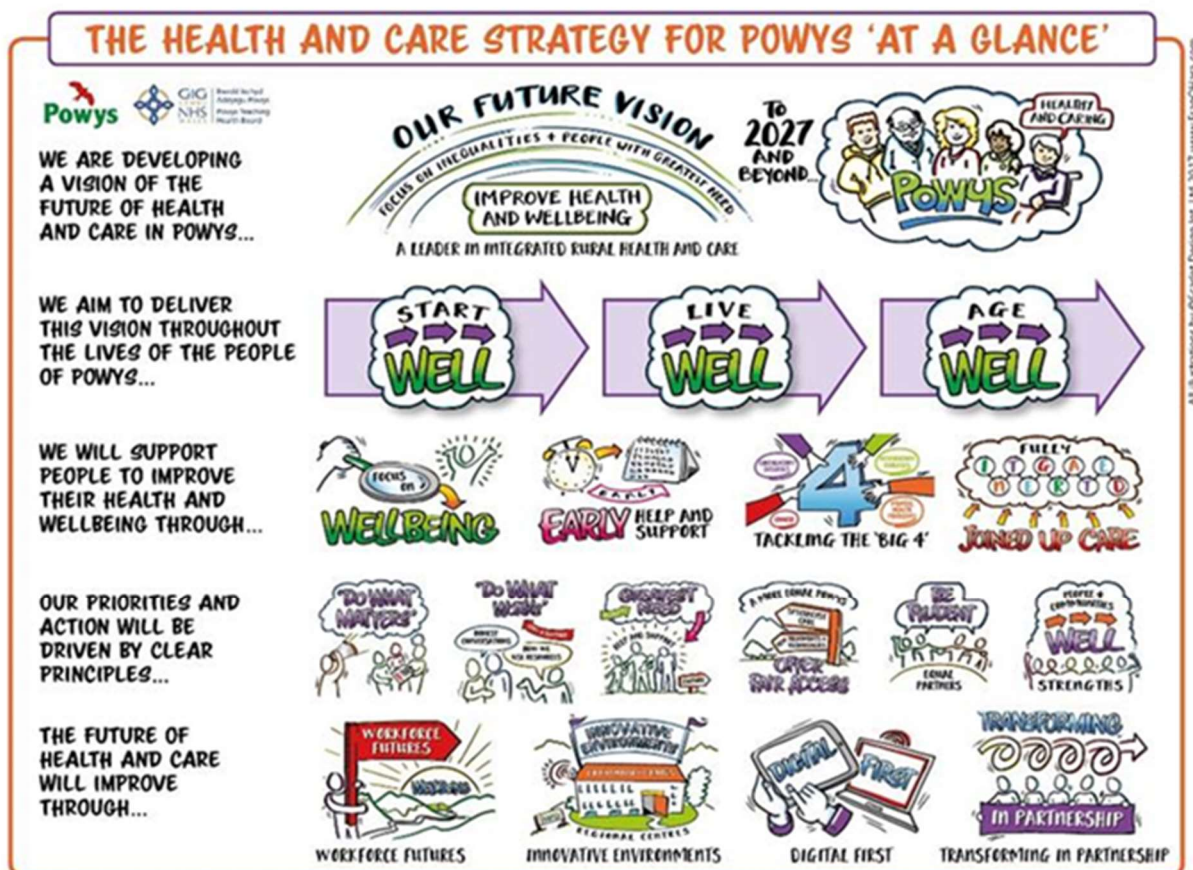
- The Health and Care Strategy: A Healthy Caring Powys.
- Powys: Workforce Futures - Health and Care Strategic Framework.
- Powys Environmental Policy.
- Red Kite Climate Vision & Strategy.

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2.1.4 Strategic Context - Wider Developments

Other Capital Developments relevant to the delivery of the Health and Care strategy and development of the North Powys Wellbeing Campus include:

Figure 5: Health and Care Strategy for Powys



- Brecon War Memorial Hospital Development - Rural Regional Treatment and Diagnostic Centre (South Powys) (£2M)
- Llandrindod Wells Community Hospital Development - Rural Regional Treatment and Diagnostic Centre (Mid Powys) (£10M)
- Bro Ddyfi Community Hospital Health and Wellbeing Project – Integrated Health and Care Centre (£15M)
- Powys Health and Care Academy, Bronllys (£1M)
- 21st Century School Programme Developments (£56M)

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Figure 6: Strategic Developments within Powys County



2.1.5 Problems with the status quo

The key issues with current provision are:

- Inequality of access to services for north Powys population.
- The impact of COVID is widening inequalities.
- Current demand and costs for statutory services is increasing (incl. COVID) and existing practices are not sustainable. The Covid-19 pandemic has exacerbated the pre-existing problems which exist in diagnostics, urgent and planned care. The backlog of the number of patients waiting needs to be tackled with a major expansion and

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reform of diagnostic services to help facilitate recovery and meet the rising demand across multiple aspects of diagnostics.

- Operate via a traditional model with majority of activity taking place in Acute settings out of county, and services also moving further away due to external hospital reconfiguration programmes.
- The full range of community assets to improve population health is currently not being realised and that transformational approaches are necessary. A value based healthcare approach needs developing, but this is prohibited in current built environments.
- Lack of joined up care (e.g. sharing of information, separate buildings, culture of silo working) .
- Significant recruitment and retention issues exist.
- Lack of infrastructure to support digital first agenda.

Built Estate

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated.

The key issues for the Built Estate are:

- Current Backlog Maintenance, sits at approximately £7.4M.
- Services provided from multiple buildings which are not fit for purpose (in PTHB 38% pre-dating 1948) poor condition, poorly utilised, non compliant and non functional.
- Existing buildings perform poorly for energy efficiency (insulation/windows etc.).
- There are significant Compliance risks across the Estate.
- There is a risk of service closure due to poor quality environment .
- Improve accessibility
- The carbon footprint of the estate is too high.
- There is inefficient use of space and resources

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, much of PCC's existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risk of non-compliance or failure. By working collaboratively and combining services, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from



more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

Commissioned Services

As PTHB is primarily a commissioning organisation, the largest proportion of its budget is devoted to commissioning NHS services in the community by primary care contractors and the Third Sector. Additionally, secondary care services are provided through commissioning arrangements with other Health Boards in Wales and NHS Trusts in England.

A significant proportion of commissioning expenditure is to other organisations supporting the population of north Powys, with £23m being spent on services in Shrewsbury and Telford Hospital Trust alone.

The focus of the campus is to provide care closer to home where safe and effective to do so, as a result there will be changes in patient flows and commissioning arrangements with the following providers:

- Betsi Cadwaladr University Health Board
- The Shrewsbury and Telford NHS Hospitals Trust (SaTH)
- The Robert Jones and Agnes Orthopaedic Hospital (RJA)
- Hywel Dda University Health Board

2.1.6 Investment Objectives

The Investment Objectives underlying the case for change for this project are:

1. **Integrated Local Services:** Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3rd Sector and other public services, serving the population of north Powys.
2. **Sustainable workforce:** Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
3. **Innovative Environment (Fit for Purpose Estate):** An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.
4. **Innovative Environment (Effective Accommodation):** To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.
5. **Decarbonisation (Infrastructure & Estate):** To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.

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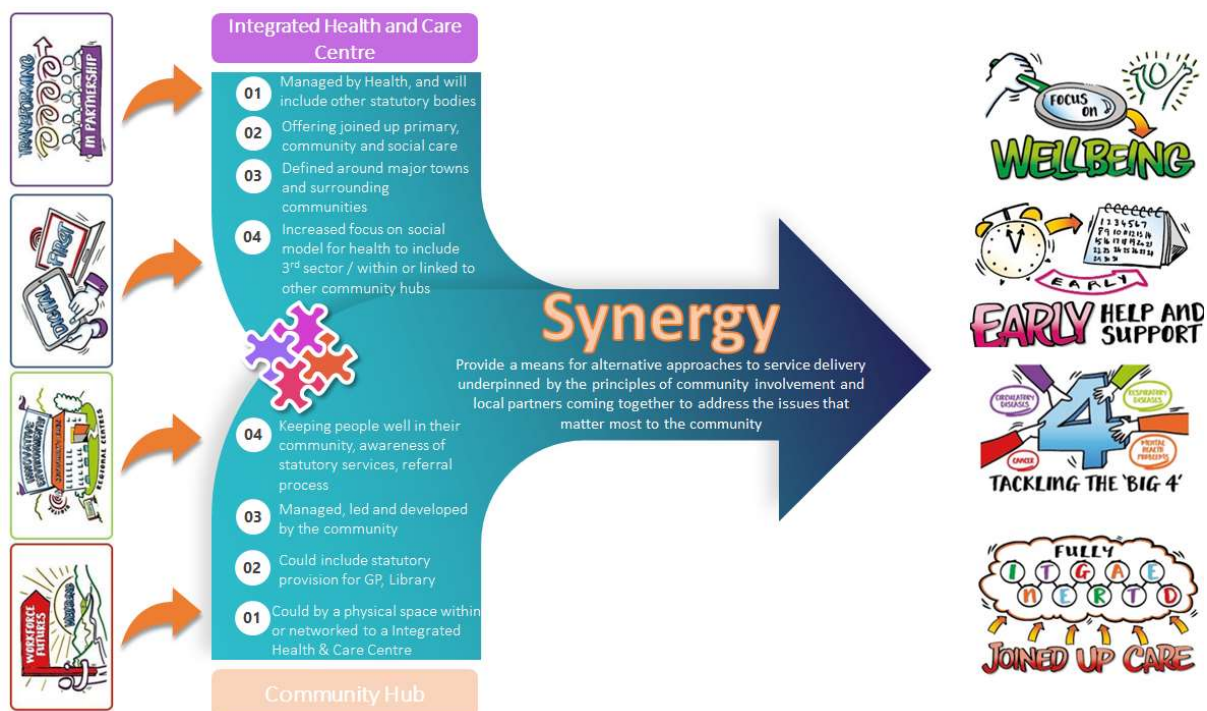
6. **Decarbonisation (Greener Travel):** To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
7. **Regeneration:** Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.

While these Investment Objectives may appear different to those included in the Programme Business Case, they are simply provided at a more granular level and can be linked directly back to the original Programme Business Case Investment Objectives through the prefixes shown (e.g. Integrated Local Services).

2.1.7 Main Benefits

The main benefits associated with the strategic case are outlined below.

Figure 7: Campus Synergies



Benefit Category1 : Integrated Model

- Synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users.

Improved sign posting and uptake of wellbeing services, enabling people to self-manage and live independently; reducing social isolation and hospital admissions.

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- Increase the value provided by Health & Care services.
- Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.
- Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.
- Contribute to improved early years health outcomes.

Benefit Category 2: Sustainable workforce

- Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training – via the Health and Care Academy.
- Improved recruitment and retention rates by making North Powys a more attractive place to live and work.
- More integrated, sustainable and efficient workforce model through new ways of working co-location and collaborative working.

Benefit Category 3: Innovative Environment (Fit for Purpose Estate)

- Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment.
- A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.
- Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.

Benefit Category 4 Innovative Environment (Compliance)

- Improved estate-wide energy efficiency.
- Increase in % utilisation of estate through sharing of accommodation across partners.
- Compliance with statutory and mandatory estate code and improved functional suitability and reduced backlog maintenance.

Benefit Category 5: Decarbonisation

- Achieve BRE AAM Rating Excellent.
- Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.
- More people using active travel in Newtown.
- Increased number of electronic vehicle charge points on site.

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- Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.
- Environments are fully digitally enabled.

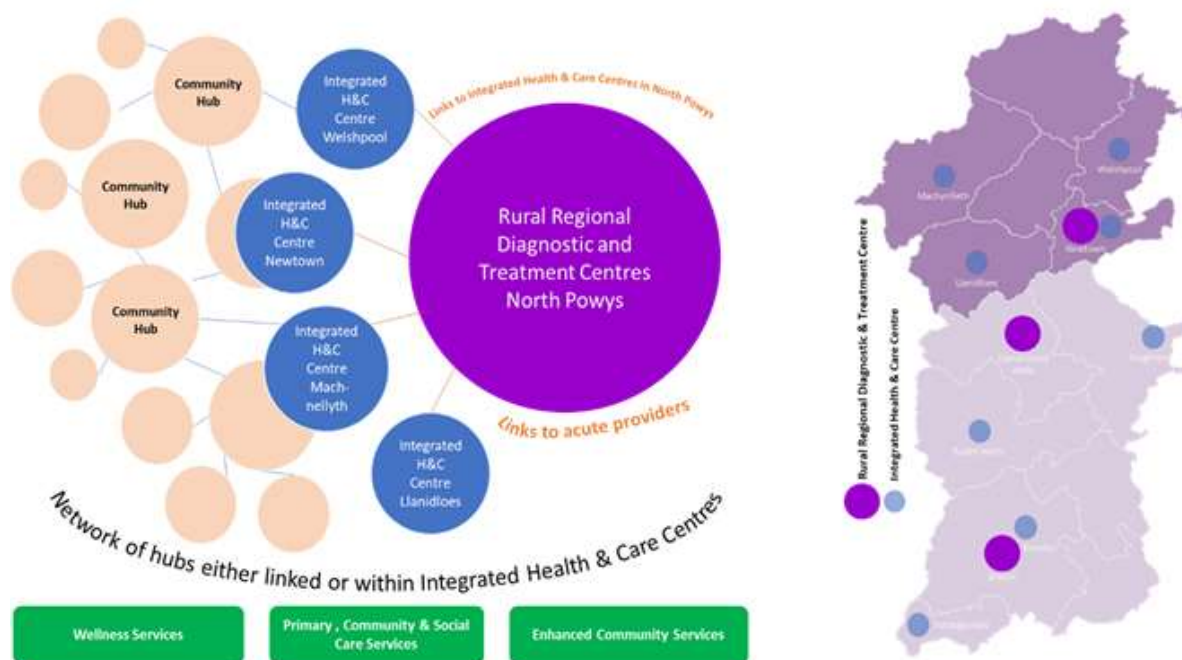
Benefit Category 6 : Regeneration

- Creating a 'destination' increasing footfall to the High Street and surrounding areas, with more choice for residents and visitors
- Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.

2.1.8 Business Needs

Having explored the existing issues facing current service delivery including; building condition and suitability, the need for more integrated joined up services and the current and future needs of service providers and users alike, the following items are the key business needs:

Figure 8: Powys network of hubs



- Improve population health – partners working together to deliver a social model for Health, supporting the NHS to operate as an anchor organisation through health, care, education, housing and greater employment opportunities.
- Access to real-time data and digital systems in an innovative multi-agency environment for all partners to provide seamless integrated care and wellbeing services.

Innovative models in rural practice, with care closer to home with focus on wellbeing, local diagnostics, urgent care, planned care and supported living arrangements.

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- Further utilise new technologies to support earlier diagnosis, as well as enabling rapid response to avoid hospitalisation.
- Equality of access to local services.
- Implement innovative and sustainable workforce model which attracts people to work in North Powys.
- Develop rural health and social care practice to promote Powys as a place to live, work and play.
- Fit for purpose Estate that allows specialist and integrated local service provision within a wellbeing campus, carbon neutral, efficient, digitally enabled, generic and shared space.
- Use of the full range of community assets to improve population health through a transformational approach.

2.1.9 Main Risks

The main business, service and environmental risks associated with the potential scope for this programme are shown below and will be developed further in each Business Case:

Table 1: Strategic Risks & Countermeasures

Main Risk	Counter Measures
Business and Political Risks	
1. Failure to secure funding / affordability.	No contractual commitments will be made until firm assurances have been given regarding the affordability and availability of funding.
2. Delays in business case process.	Plan flexibility into the options where possible and establish governance pathways early in the programme, working closely with Welsh Government to support timely process.
3. Stakeholder support.	Early engagement with all stakeholders, as part of effective stakeholder planning / mapping, to identify any potential issues.
4. Scope of the Model of Care (what's in what's out) may not be agreed.	Partnership arrangements developed early to enable detailed service design and strategic modelling.

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Main Risk	Counter Measures
5. Preferred site in Newtown may not be agreed.	Site specific partnership arrangements to be developed via Strategic Outline Case; MoU will mitigate the risk in due course.
6. Potential changes in WG / local policy.	Expediated SOC ahead of next scheduled local elections and MoU will help to mitigate in due course.
7. Increase in cost.	Effective Cost Management and modelling of MoC will help to mitigate the risk.
8. Increase in timescales.	Plan flexibility into the options where possible.
9. Not having sufficient Operational resource available to support the delivery of the programme.	Ongoing assessment and controls, through effective governance and PPM, in place. Stage 2 Resource Plan to be expanded, to include wider corporate and operational teams.
10. Space requirement for the new Primary school may impact upon Campus space requirements.	Complete feasibility study for the new school and consider Building Bulletin/external space requirements ahead of OBC.
Service Risks	
1. Inability to deliver additional and repatriated services on the campus in Powys, due to workforce challenges.	Build strategic partnership arrangements and sustainable workforce plans developed.
2. Formal Partnership Agreements (PCC - PTHB) may not be in place in a timely manner.	Partnership arrangements with other strategic partners (e.g. commissioning model), plus partnership agreement with GMS, will be strengthened by the application of a site Memorandum of Understanding (MoU).
3. Deliverability of the Model of Care, e.g. may not be affordable/sustainable, or delivered within timescales.	Demand & Capacity financial modelling developed early and, specifically, workforce plans to support MoC further developed.



Main Risk	Counter Measures
4. Digital connectivity, data requirements and IT Infrastructure may not be adequate to deliver the programme.	Ensure alignment of business case to reflect Mid-Wales Growth Deal, user acceptability and capability, and installation of infrastructure and connectivity all addressed.
5. Inability to ensure the right workforce, is in the right place, at the right time.	Enabling Workstream established to facilitate sufficient workforce planning undertaken in good time, to enable adequate time for recruitment, and gap analysis for mitigation.
External Environmental Risks	
1. Issues relating to access, highways, planning permission or planning constraints.	Early engagement with the Local Authority Planning Department on the proposed site and to identify any issues relating to access, highways, planning permission or planning constraints.
2. Covid 19: <ul style="list-style-type: none"> Impact on programme whilst responding to the pandemic; Impact on programme should there be an increase in new cases; Changes in working practices which underpin current thinking; Impact on clinical and office accommodation requirement. 	Early engagement with all contractors to mitigate impact. Ensure learning from COVID is applied to programme – ongoing links with renewals and recovery programmes in PTHB and PCC.
3. Response to requirements as part of the 'climate-change' agenda results in the build scheme becoming unaffordable.	Project management, governance and budget arrangements kept under constant review.
4. General market 'instability' results in the build scheme becoming unaffordable or unachievable.	Project management, governance and budget arrangements kept under constant review.
5. Brexit: <ul style="list-style-type: none"> Impact on the programme caused by employment constraints 	Early engagement with contractors (supply-chain and construction) to mitigate impact, and with HR staff to establish an appropriate risk response.



Main Risk	Counter Measures
<ul style="list-style-type: none">Impact on the programme caused by supply chain limitations	

2.1.10 Project Constraints

The project is subject to the following constraints:

- There is a floodplain to the north of the proposed Campus site that cannot be built upon (please note that a flood risk assessment has been undertaken against both the current and proposed TAN15 standards. The assessment indicates that a narrow area of the site alongside the River Severn can only be used for external play activities, but that the majority of the site is at a sufficiently high level that there are no constraints on development).
- The school must be constructed first, with the existing infant school and junior school open as usual until the end of the Summer term 2025 and the new Primary school opening in September 2025.
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries.
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build.
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding.
- Works must be planned to have the minimum possible disruption to live services;
- A Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding. Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational.

2.1.11 Project Dependencies

The project dependencies are as follows:

- Political support at local and national level;
- Stakeholder support;
- Capital funding from Welsh Government and Powys County Council;
- Internal officer capacity;
- Capacity of other service areas to provide support;
- Planning permission and any other statutory consents that may be required;

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- Broader programme, project and change management support to alter commissioning pathways.

2.2 Economic Case

2.2.1 Options Appraisals

1. Scope Appraisal (the 'what')

2. Service Solution Appraisal (the 'how')

- Options around utilities;
 - Options around on site infrastructure;
 - Options around off site highways infrastructure.
- a. Service Solution: Model of Care**
- No change – continue with existing models of care;
 - Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;
 - Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.
- b. Service Solution: Location**
- Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level);
 - Multiple Zones – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may be occur in multiple locations or in a single location (town level);
 - One location – all services provided at one granular geographical location (i.e. at a level lower than a town).
- c. Service Solution: Organisational Integration**
- Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration;
 - Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision;
 - Fully Integrated Campus – A Campus where all buildings are shared spaces.

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d. Service Solution: Build

- Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated;
- Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient;
- New Build – Primarily or wholly new build construction.

e. Service Solution: Utilities

- Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.
- Intermediate – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.
- Maximum – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies.

f. Service Solution: Site Infrastructure

- Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site.
- Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source of energy on site, with contingency plans in case additional energy is required.
- Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network. Wholly dependent upon a single energy source for the site.

g. Service Solution: Highways Connectivity

- Minimum – Maintain existing traffic networks, including blue light access.
- Intermediate – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.

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- Maximum – Reconfiguration of the local road network to open up the both the Campus site and town.

3. Service Delivery Appraisal

- In House – PCC and PTHB;
- Partnership – PCC, PTHB and Private Sector;
- Outsource – Private Sector partnership (PPP).

4. Implementation Appraisal

- Minimum – Zoned site built out in several phased developments;
- Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026.
- Maximum - Single construction phase delivering all units for handover in September 2025.

5. Funding Appraisal

- Public Funding – Existing Capital Programme and Welsh Government funding;
- Private Funding.

2.2.2 Options carried forward for Economic Appraisal

The mix of scope and service solution options carried forward for appraisal are:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.

In line with the service solution appraisal, options 5 and 6 are considered for delivery in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus

The do nothing option is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors.

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2.2.3 Economic Appraisal

The following table summarises key results of the economic appraisals for each option. Short-listed options were assessed over a 60 year to understand the Net Present Cost (NPC) and Equivalent Annual Cost (EAC) of each option.

Table 2: Economic Appraisal Summary

Discounted Cash flow (DCF) Summary Sheet		Inc. Optimism Bias		Excl. Optimism Bias	
Option No.	Option Name/Description	NPC (£m)	EAC (£m)	NPC (£m)	EAC (£m)
Option 1:	Do Nothing – Status quo for existing core health and care services.	163.0	11.08	161.3	10.97
Option 5:	Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.	354.4	13.51	342.00	13.04
Option 6:	Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.	368.81	14.06	354.1	13.5

DCF = Discounted Cash flow, **NPC** = Net Present Cost, **EAC** = Equivalent Annual Cost

At this SOC stage the preferred option identified by the partnership is to deliver the solution:

- One location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions.
- This is to be supported by a reconfiguration of the local road network to open up the Campus.
- The preferred scope of services delivered through the campus is proposed to include, enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub (including library & H&C academy). The site will also include assisted living accommodation, with potential for GP Primary Services, space for Highstreet Pharmacy and student accommodation.

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2.2.4 Preferred Site

Figure 9: Current site layout

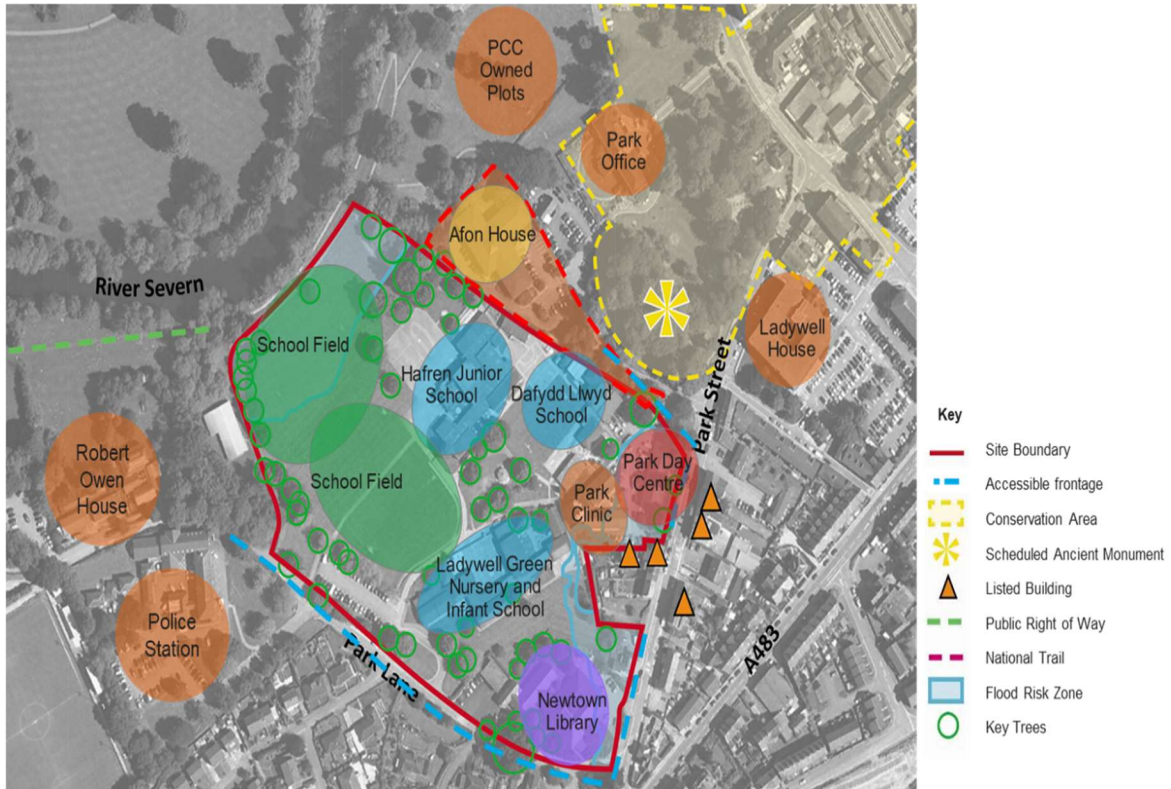


Figure 10: Components of the Campus model

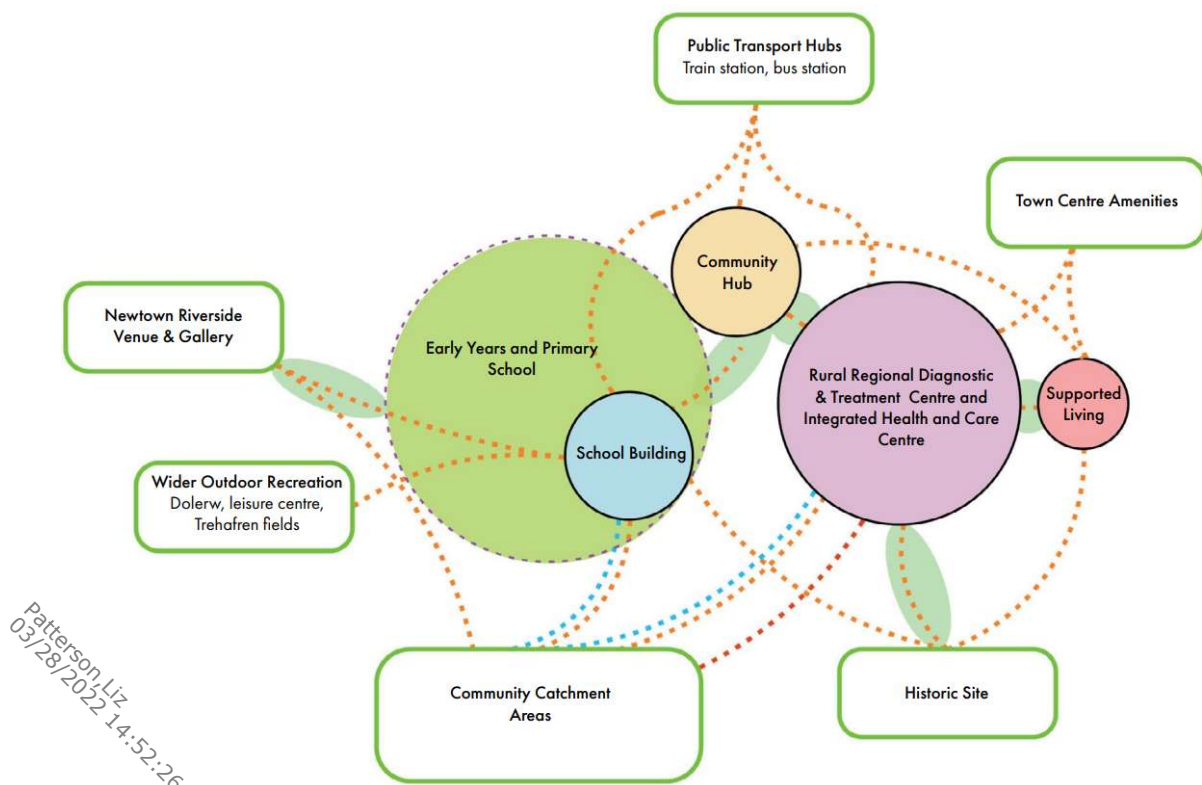


Figure 11: Proposed site plan

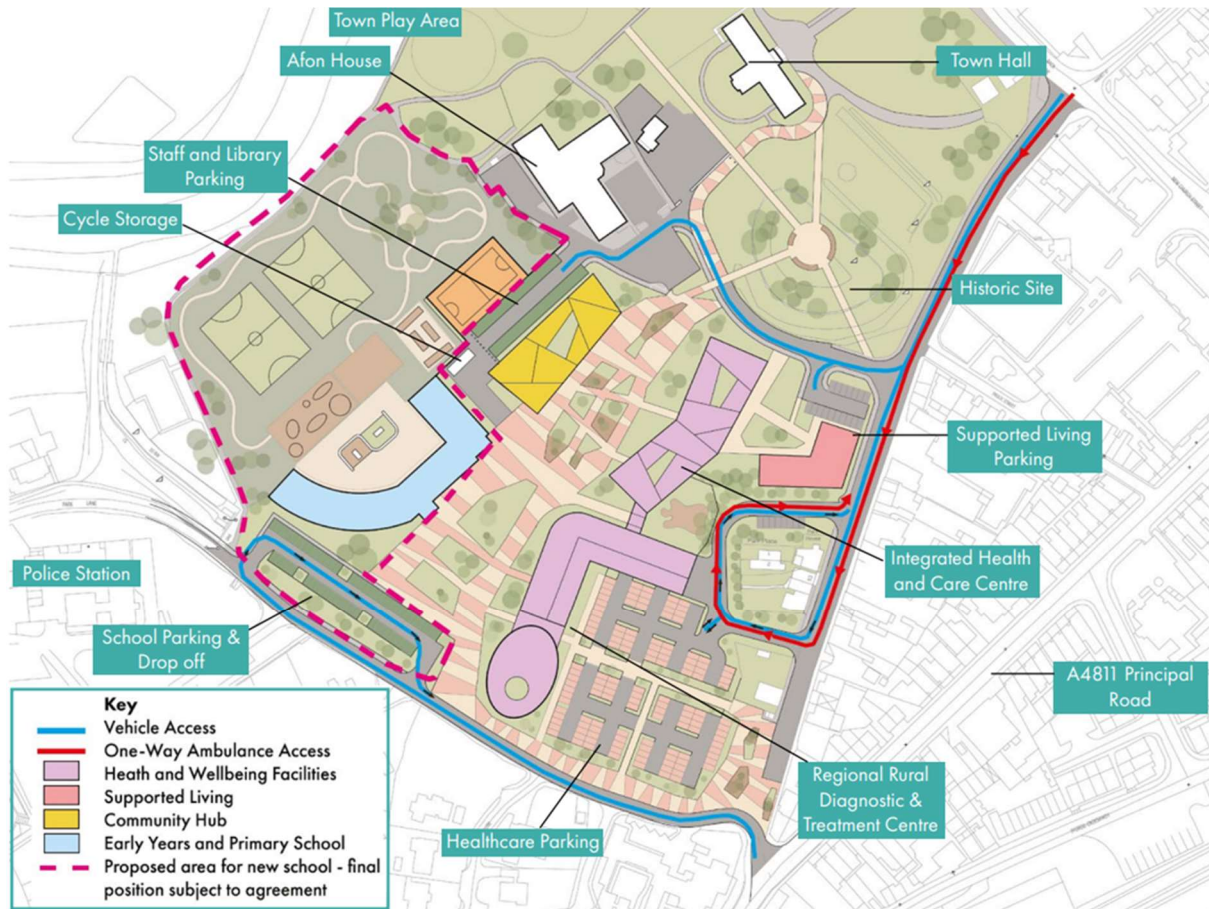


Figure 12: Potential campus renewables

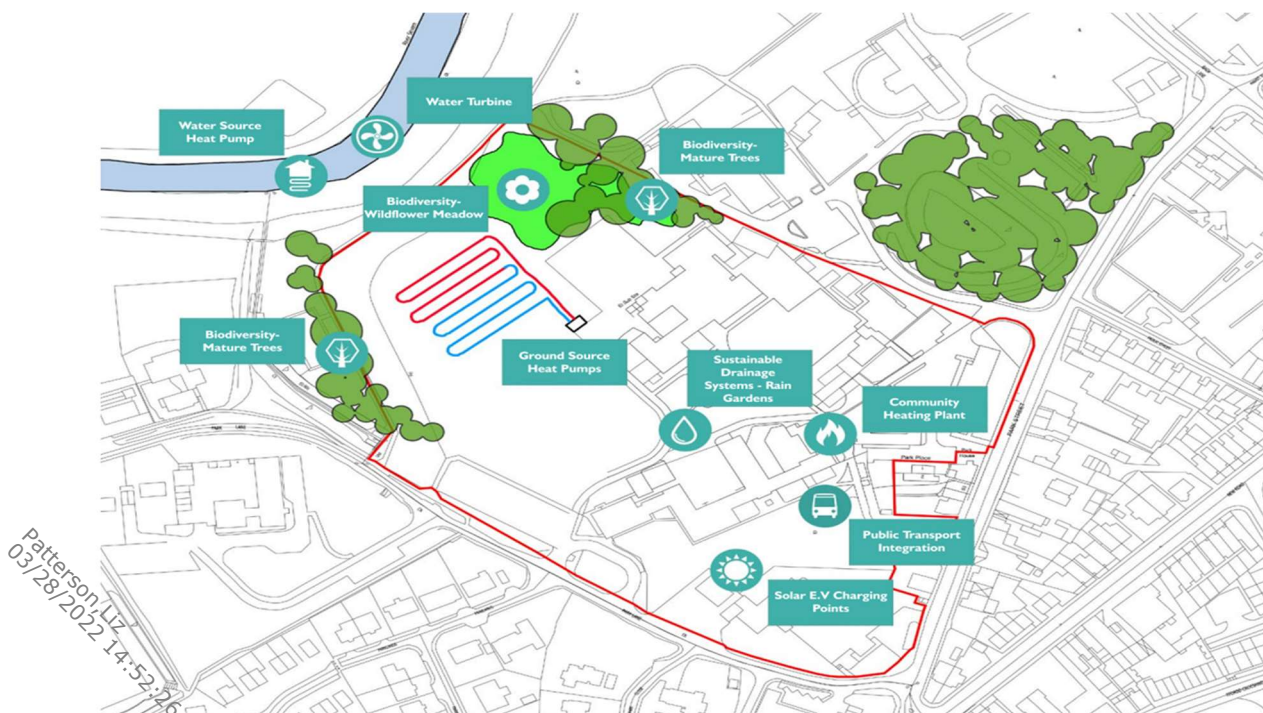


Figure 13: Illustrative arial view



Figure 14: Illustrative vista view



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A core objective of the SOC is to demonstrate that the range of options above will “fit” on the site facilitating the desired campus style approach. Using the maximum scope derived from the preferred way forward, the potential configuration of the site has been tested.

Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements. School feasibility is underway and will shortly confirm the location of the school within the Campus.

Figure 15: Site parcel development sequence



2.3 Commercial Case

2.3.1 Procurement Strategy

This element of the scheme is an integral part of the overarching North Powys Wellbeing Programme and, as such, the procurement strategy needs to be agreed by all members of The Regional Partnership Board (RPB). A combined procurement exercise, to include the Health and Wellbeing elements of a Campus, as well as the Education and Library elements is the desired approach.

Discussions are underway with Welsh Government, to achieve the aim of a joint procurement, and to optimise the cost and time efficiencies resulting from avoidance of duplication of effort. The options available for a joint procurement are:

1. Building for Wales framework;
2. Welsh Government mutual investment model;
3. SEWSCAP framework;
4. Modular Build framework.

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2.3.2 The specification of required outputs:

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM, Passivhaus or Zero Net Carbon alternative
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study
- The project team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.

2.4 Financial Case

Table 3: Breakdown of Capital Costs

Project Costs	
Capital Cost	£67,146,191
Optimism Bias	£16,115,086
Risk	£7,751,486
VAT (only to be included where non-recoverable by applicant)	£18,202,553
Total Project Cost (inclusive of optimism bias and risk)	£109,215,316
Funding Body Contribution	100% funded by Welsh Government

2.4.1 Capital and Revenue implications

1. Assumption at this stage, land purchase is offset by the sale of assets.
2. Increase in risk and optimism bias in response to the PBC scrutiny Grid and NHS SBS advice.
3. Increase in capital costs due general increase space required within the Schedule of Accommodation, and items that were not previously covered in the PBC (i.e. infrastructure costs and student accommodation costs).
4. Slight increase in revenue implications at this stage, which are anticipated to reduce following more detailed financial analysis at OBC stage.

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2.4.2 Impact on the Organisations income and expenditure account

Table 4: Impact on the Organisation's Income & Expenditure Account

£,000s	Total Cost	Years (years 10-60) same as year 9									
		0	1	2	3	4	5	6	7	8	9
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Preferred way forward:											
New Build Capital	57.179		1.144	13.191	24.741	15.816	2.287				
New Build Infrastructure	9.967		4.984	4.984							
Revenue Cost	601.461	9.988	9.988	9.988	9.988	9.998	10.009	9.997	10.008	10.018	10.029
VAT	13.43		1.23	3.64	4.9	3.16	0.46				
Total	£682.04	9.988	17.346	31.773	39.629	28.974	12.756	9.997	10.008	10.018	10.029
Funded by:											
Existing Revenue	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
Total Existing	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
Additional Funding Req.	83.024	0.000	7.358	21.785	29.641	18.986	2.768	0.009	0.020	0.030	0.041
Cumulative Funding		0.000	7.358	29.143	58.784	77.770	80.538	80.547	80.567	80.597	80.638

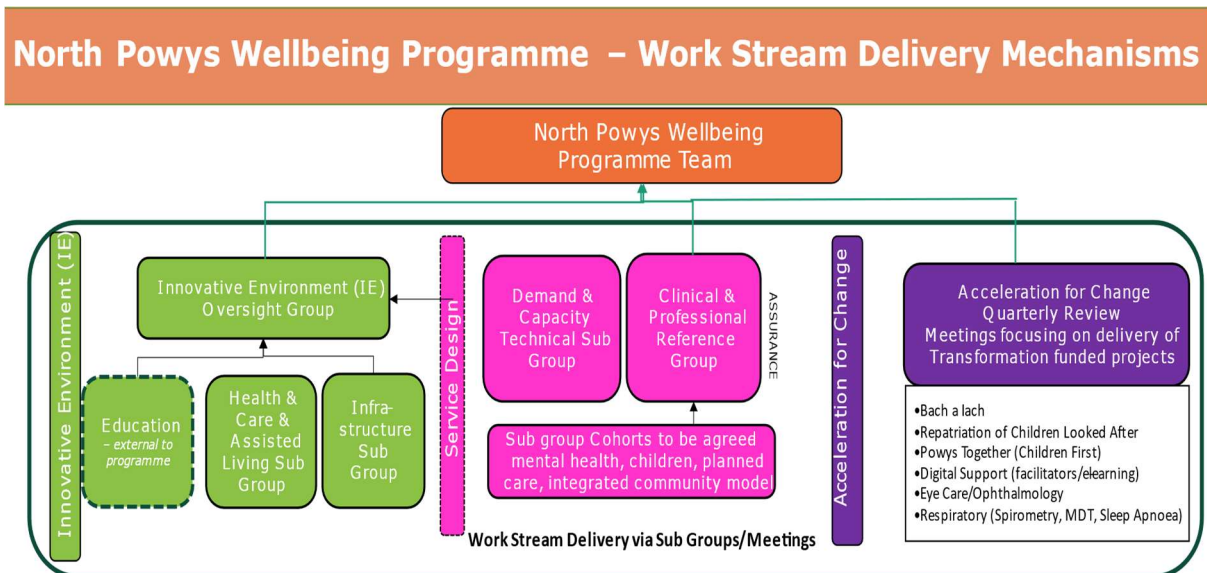
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2.5 Management Case

2.5.1 Programme Structure

The following figure details the governance regarding programme roles and responsibilities:

Figure 16: Programme Structure



2.5.2 Outline Project Plan

Table 5: Outline Project Plan (of remaining items)

Date	Actions (commencement)
09/2021	SOC Development
01/2022	Demand Capacity & Financial Modelling
07/2022	SOC WG Approval
07/2022	Final Integrated Model Evaluation Report
07/2022	OBC Development commences
11/2022	Ongoing Design Work in support of OBC/FBC
02/2023	OBC Sovereign body Approval
03/2023	Commence Procurement
10/2023	FBC Development



Date	Actions (commencement)
03/2024	FBC WG Approval
04/2024	Phase Two Construction & Implementation
09/2026	Phase Three Commission Building & Implementation

2.5.3 Project Management Arrangements

The project will be managed in accordance with the general principles of PRINCE2 methodology. The project management team comprises the Project Board, "Project Team", the Project Manager and the Team Managers. This "team" is responsible for the day-to-day management and implementation of the project.

2.5.4 Benefits Realisation

Based on the benefits detailed in the Strategic Case, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the Regional Integrated Fund National Outcome and Measures Framework and will ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

2.5.5 Risk Management Approach

All Programmes/projects have an element of risk and there must be a proactive approach to risk management to balance risks against the potential rewards and a plan to minimise or avoid them. It is also acknowledged that taking some amount of risk will be inevitable to the success of the project.

The process for dealing with the management of risk for the preferred option follows the Health Board Risk Management Framework, which is signed up to by the partnership and supported by a Programme Risk Appetite Framework which has been developed specifically in the context of the North Powys Wellbeing Programme. This project will have a separate Risk Register with an escalation process feeding into the overarching Programme Risk Register and to Corporate Risk Registers across the partnership accordingly.

2.5.6 Risk Identification

Risk identification can occur at all levels of the project, whether from the project teams or the project manager regarding the sub-elements of the project, or from the Project or Overarching Programme Board (where external risks are identified). Initial risks will be identified through



structured workshops attended by the relevant experts and these risks will be captured in a formal project risk register document.

When a risk is identified, the project manager will be responsible for the day to day monitoring of the Risk Register.

2.5.7 Change and Contract Management

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model of care and wellbeing, achieve the required level of cultural change, and to ensure the outcomes and benefits of the health specific project and overarching North Powys Wellbeing Programme are achieved.

A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

2.5.8 Stakeholder Engagement and Management

The programme will follow the best practice guidance including that of the Consultation Institute and will utilise the quality assurance mechanisms wherever public consultation is required.

Engagement on the Strategic Outline Case for the North Powys Wellbeing Programme's plans for a multi-agency Wellbeing Campus in Newtown took place throughout the end of 2021 and early 2022, asking stakeholders for their views on the programme's early plans, building on the previous engagement work undertaken in 2019.

Engagement sessions (predominately online using Teams), attendance at scheduled meetings and a survey (online and offline) have been used to inform stakeholders of the latest proposals as well as to obtain feedback on the strategic direction of the programme.

Stakeholders who have been engaged with include:

- The general public (including neighbours of the proposed site);
- Staff (Powys County Council, Powys Teaching Health Board and the Third Sector);
- Newtown and Llanllwchaiarn Town Council;
- County Councillors on the Health and Care and Learning and Skills Scrutiny Committees of Powys County Council;
- Pupils, staff and governors of Ysgol Calon y Dderwen;
- The third sector in general;
- 'Wellbeing providers' (ie third sector groups who are interested in being involved with the project');

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- Site stakeholders (ie representatives of services likely to have a presence on the campus);
- Powys Community Health Council;
- Members of Powys County Council's People's Panel;
- The Mid Wales Joint Committee for Health and Care;
- Schools in North Powys outside of Newtown;
- Town and Community Councillors in North Powys outside of Newtown.
- The Primary Care Cluster Group;
- MPs and MSs;
- The Newtown School Heads Cluster meeting;
- Neighbouring acute health service providers.

Letters of support have been received from Campus partners, underpinning the Business Needs for the Campus.

2.5.9 Gateway Reviews

Generally, the programme will follow the Welsh Government Gateway Review Process.

The Partnership Board has recently completed a Programme Assurance Review (PAR), as part of an OGC Gateway 1 review. This provided an Amber rating – Demonstrating good leadership but recognised the need to re-engage since the pandemic, with funding and governance for the campus amongst the challenges raised.

The majority of the recommend changes have been implemented and the Partnership Board confirms that it is prepared to complete the full suite of Gateway reviews as the business case moves from SOC to OBC, to FBC.

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3 Strategic Case

3.1 Part A: Strategic Context

The purpose of this Strategic Outline Case (SOC) is to explore development of a new multi-agency wellbeing campus in Newtown, as a key part of the North Powys Wellbeing Programme (NPWP). This programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys, while ensuring that there is a commitment to maintaining the strategic positioning of Bronglais Hospital (Hywel Dda) in Aberystwyth.

Figure 17: Multi-Agency Wellbeing Campus Mode



While this SOC focusses on the Health, Care, Wellbeing and Infrastructure elements of a new Campus in Newtown, rather than the programme as a whole, it is endorsed and sponsored by the Regional Partnership Board (consisting of Powys Teaching Health Board, Powys County Council and the Third Sector), and recognises the dependencies, synergies and benefits as they relate to a campus. The campus is a key enabler in delivering the transformational change as set out in the NPWP programme to improve wellbeing, integrate services and bring care closer to home (see Appendix F)



The Regional Partnership Board are fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer. Please note that previously, in the Programme Business Case, these elements of the Campus were referred to as the Rural Regional Diagnostic and Treatment Centre and Integrated Health and Care Centre (respectively).

In addition, enhanced community and wellbeing services will be delivered through a learning, Innovation and Community hub including library services and a Health and Care academy and the provision of specialist housing. All of which are in line with the Health and Care Strategy: 'A Healthy Caring Powys' which was agreed in 2018.

"A Healthy Caring Powys" is fully aligned with PCC's Vision 2025 and PTHB's Integrated Medium Term Plan. To support delivery of the programme, Transformation Funding was secured from Welsh Government in mid-2019, enabling the delivery of the long-term change associated with the new integrated model of care, which includes a new Campus in Newtown, as well as short-term areas of acceleration of change in relation to new ways of working that can be implemented now to deliver the new integrated model of services.

The scope of the overarching programme includes:

- The testing and delivery of a new integrated model to a rural population which focuses strongly on evidence based innovative practice to deliver the highest value and efficient system.
- The development of a multi-agency wellbeing campus in Newtown, which includes education, housing, health and social care and leisure/wellbeing activities.
- Working with local communities to co-design and address the practical implementation of a new integrated model, which is based on future needs, addressing "what matters" to people, has ownership by communities, and builds the capacity of individuals and communities to develop and evolve formal and informal community services, that enable people to live independent and healthier lives.
- Effective learning, evaluation and transfer, acting as a flagship scheme to support the broader roll out of a new integrated model across Powys.

The programme aims to bring partners together across education, health and social care, housing and third sector, with opportunities for further linkages to leisure, police, fire and ambulance services. It will also maximise essential links with green spaces through Open Newtown, as well as the town centre supporting Welsh Government's initiative "Town Centres First".

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3.1.1 Organisational overview

The **Strategic Context** provides an overview of PTHB/PCC and the current services being delivered in north Powys. This section confirms that there is a strategic fit between the proposed Campus and national/local policy and objectives and that the programme supports the proposed vision for service delivery and changes in activity.

3.1.1.1 Powys County Council

PCC is responsible for delivering a range of services to approximately 132,000 residents across Powys and has a strong vision for the future, with four strategic priorities which focus on the economy, health & care, learning & skills, and residents & communities. It is one of the largest employers in Powys delivering health and social care services, education, highways and leisure. Some of the services PCC delivers include:

- Social care (including adult and children's services)
- Schools and Nurseries (Early Years Education, Childcare offer, Flying Start)
- Construction and maintenance of roads, parks and other infrastructure
- Planning and building control services
- Waste collections
- Environmental Health
- Libraries
- Housing (including homelessness)
- PCC receives money in three ways:
- Welsh Government
- Income raised through fees and charges
- Council tax

Key challenges for PCC include:

- Continuing to manage demand for social care whilst achieving significant financial savings as well as improving societal outcomes in a range of areas, including health, education and the economy.
- A need for more affordable, energy efficient housing. In Powys, 3500 people are listed on the Council's housing demand register. 48% of social housing properties have a low energy EPC rating (rating D-C), focus is needed in this area to tackle climate change and affordability of energy.

The inflated cost of living in a rural area.

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- 4088 families with children are living in absolute poverty in Powys (income is below 60% of median income).
- The average household income in Powys is £33,458 with 55% of households in the county earning below the Welsh average.

The ongoing Covid-19 pandemic has already, and continues to, cause unprecedented disruption to the economy.

Key to achieving sustainable financial savings whilst improving societal outcomes will be keeping people safe and independent at home through increased use of digitally enhanced services and more integrated ways of working, as well as increased wellbeing and early help and support to reduce demands on statutory provision. This programme will support the integration of community wellbeing services, to improve health outcomes and reduce health inequalities for residents in deprived communities in north Powys, thus reducing the need for admission to hospital and care homes in the future.

Since early 2018, PCC has been working with schools in Newtown to develop plans for the development of a schools' infrastructure which will strengthen local communities. A primary aim of this programme is to integrate an "all through" primary school (which is to be developed following the merger of an infant school and junior school in Newtown) into the Campus in line with PCC's Strategy for Transforming Education in Powys 2020-2030, which states that new developments should support community-focussed schools which act as a central point for multiagency services to support children, young people, families and the community.

3.1.1.2 Powys Teaching Health Board

Like PCC, PTHB is one of the largest employers within Powys and shares many of the same challenges in terms of delivering diverse services across a large and sparsely populated rural region. The population base and rurality of Powys means that it is not viable to provide secondary care services via a District General Hospital. PTHB is responsible for commissioning secondary health care and hospital services and co-ordinating the delivery of primary care services. The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals around the county's borders. The rural geography of Powys and the complex commissioning arrangements are key factors in bringing care closer to home. A co-ordinated whole system approach is required to manage the complexity of these commissioned services especially in the context of increased population waiting times for District General Hospital services across Wales and England.

- PTHB also directly delivers community care services including (but not limited to):
- District nursing
- Child health (e.g. community paediatric nursing, health visiting, school nursing, safeguarding)

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- Mental health (e.g. older people's, adults, CAMHS, dementia home treatment team, memory assessment services) and learning disabilities (e.g. Integrated Autism Service, adult LD,
- Women's services (e.g. antenatal care, birthing centres, family planning)
- Therapies (e.g. physiotherapy, occupational therapy, speech and language, podiatry, audiology, MSK CMATS).

3.1.1.3 Working in Partnership

The Partnership serves the same population, largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The Partnership have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements. Powys is also the first region in Wales to have an approved joint Health and Care strategy 'A Healthy Caring Powys', a ten year co-produced strategy which was published in 2017.

PCC and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements embedded bringing teams together to deliver integrated backroom and frontline services including:

- Reablement
- Community equipment
- ICT
- Glan Irfon (short stay residential beds for rehabilitation)

The impact of this integration is to shift the balance of services towards an increased emphasis of wellbeing, early help and support and to provide more joined up care when people need to access services. This is being demonstrated across Powys, including developments such as those at Bro Ddyfi Community Hospital in Machynlleth as well as within Newtown where partners are already working together to improve wellbeing. There are many initiatives where the community is being drawn together in Newtown, with linkages to the school, police, PAVO, Open Newtown and many other partners across the system.

In order to facilitate this partnership, a Memorandum of Understanding has been developed and can be seen in full at Appendix E. The purpose and principles of which are as follows:

The system will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care centre for health, specialist housing, Library and Health and Care Academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.

The system agrees to observe the following principles for the MOU and campus development:

- Cost effective public purse



- 'Do once' with no duplication
- Commitment to decarbonisation and biodiversity
- Deliver benefits from synergies and shared approach

Whilst services have been significantly disrupted through the pandemic, the partnership has committed to the provision of essential/business critical services. Health and care staff and patients/service users have however had to adapt quickly to different approaches to accessing and delivering services.

The use of digital technology, phone and email access and provision has increased the ability of the system to support patients. E-learning platforms are being developed to support people with long term conditions/pain management and support recovery i.e. prehab. There is an increase in use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and preventing premature moves to residential care, and we have been providing remote treatment and care for people with mental health conditions and learning disabilities.

Where 'face to face' services have been provided, the environment of care has had to change to accommodate the safety measures required. It must be acknowledged that this has caused challenges and both staff and patients/service users have needed to be flexible and patient. It has also meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult.

Learning and reflections from the ongoing pandemic demonstrate that virtual contact and remote communication has its benefits for patients/service users and staff with increased flexibility of choice and access, and easier collaboration with wider team members and partners across geographies. There was also clear learning on preparedness including PPE, IT, procedures, skills and capabilities for crisis. Great adaptability and strength has been shown across the system, with a strong and renewed sense of shared commitment and a greater sense of the word 'community'. Additionally, there is a clear drive for new ways of working, quality improvement and innovation in order to refresh and renew the system.

3.1.1.4 Powys: The Rural County

Powys is predominantly rural in character, covering 25% of the land mass of Wales with only 5% of the population making it the most sparsely populated county in England and Wales, with just 26 persons per square kilometre. This leads to many particular challenges, including those of isolation, transport demands and lack of critical mass. It is widely recognised that some of the major determinants of health such as physical and social isolation, deprivation, access to transport services, poor housing and lower than average earnings, impact disproportionately on rural communities.

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3.1.2 National Policy Drivers

Nationally, this scheme aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Environment (Wales) Act 2016, with particular reference to the National Climate Change Emergency and how the proposed works will contribute to carbon reduction, especially in relation to the ambition set out by Welsh Government in becoming a Net Zero Carbon Public Sector by 2030, as advocated within the 'Prosperity for All: A Low Carbon Wales 2019'.

3.1.2.1 The Well-being of Future Generations (Wales) Act 2015

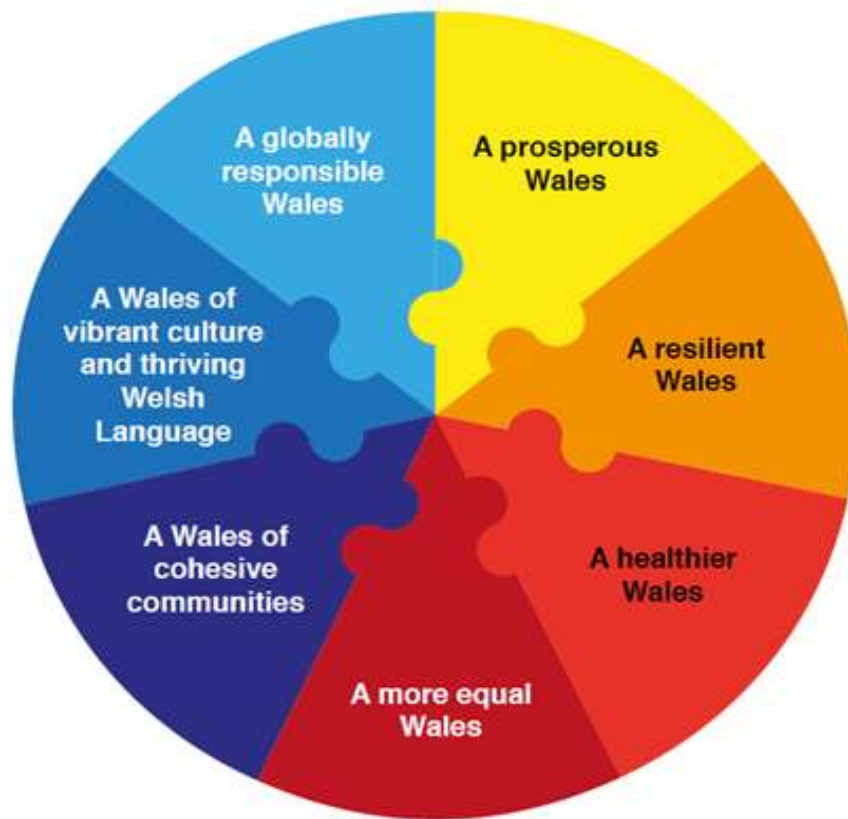
Wales faces several challenges both now and in the future. These include climate change, poverty, health inequalities, jobs and growth. To tackle these issues the National Assembly for Wales passed legislation in 2015 which requires a range of public bodies across Wales to work together to give current and future generations a better quality of life.

The Act places a duty on all public bodies to carry out sustainable development - the process of improving the economic, social, environmental and cultural well-being of Wales. It requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure 2 below).

By considering the seven well-being goals, PTHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life.

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Figure 18: Well-being Goals



The Act places duties on public bodies to consider how key decisions impact on the longer term. It sets out 5 key ways of working. The five ways of working will provide a framework for the programme as follows:

Table 6: Key ways of working in the context of the NPWP

5 Key Ways of Working	North Powys Wellbeing Programme
Long-Term	Developed within the context of the Powys Wellbeing Plan setting out what the Public Service Board wants Powys to look like in 2040
Prevention	Key focus on wellbeing and the provision of early help and support, healthy lifestyles, early years and maintaining independence
Integration	Joined up services to improve people's experiences, through new models of care, co-location and integration of services
Collaboration	Collaboration between communities, public, partners, universities and other organisations to deliver greater benefits and opportunities, involving health, care and wellbeing

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5 Key Ways of Working	North Powys Wellbeing Programme
Involvement	New models of care, services and facilities co-produced with communities, public, partners, and other organisations around “what matters most to the individual”

During 2019, the programme was audited by the Future Generations Commission against its ability to deliver the five ways of working under the Act; the outcomes of the audit demonstrated that there was alignment and some aspects were identified as good practice for other regions to consider.

3.1.2.2 NHS Wales Planning Framework (2022 – 2025):

This is particularly relevant due to the Ministerial priorities set out in July 2021:

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

All of these priorities are addressed by the proposals within this document and the overarching scheme, addressing issues such as Health equality, digital technology and innovation, providing care closer to home and the focus on the mental health and wellbeing of people in North Powys.

3.1.2.3 The other key national drivers for this project are:

- Welsh Government: Programme for Government (2021-2026)
- A Healthier Wales: Our Plan for Health and Social Care (2019)
- Prudent Health Care (2015)
- The Social Services and Wellbeing Act (2014)
- National Development Framework 2020-2040
- National Clinical Framework: A Learning Health and Care System 2021
- Primary Care Model for Wales 2019
- The Environment (Wales) Act 2016
- NHS Decarbonisation Strategic Delivery Plan 2020/2030
- The Public Health (Wales) Bill (November 2016)

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- Taking Wales Forward (2016-2017)
- Prosperity for All: A Low Carbon Wales, 2019
- Prosperity for All: The National Strategy (Wales) 2017
- The Housing (Wales) Act 2014
- Additional Welsh Guidance.

There is also a link to the 21st Century Schools and Education Programme, operated by Welsh Government, as the school will form an integrated part of a campus.

More detail about each of these National Policy Drivers and how this programme will respond to these drivers can be found at Appendix F.

The Covid-19 pandemic has exacerbated the pre-existing problems which exist in diagnostics, urgent and planned care. The backlog of the number of patients waiting needs to be tackled with a major expansion and reform of diagnostic services to help facilitate recovery and meet the rising demand across multiple aspects of diagnostics. There is a national drive to encourage new facilities and equipment, together with a significant increase in the diagnostic workforce in order to support this. Skill-mix initiatives and the establishment of new roles working across traditional boundaries with more apprenticeships and assistant practitioners and using qualified staff at the top of their licence will be essential as we learn lessons from staff flexibility and roles undertaken during the Covid-19 pandemic.

3.1.3 Local Policy Drivers

Locally, this project supports the objectives of “A Healthy Caring Powys” and supports a move to a “Carbon Positive Powys” as set out in the Public Service Boards Wellbeing Plan and the emerging Regional Energy Plan. The key local drivers for this project (and overarching programme) are:

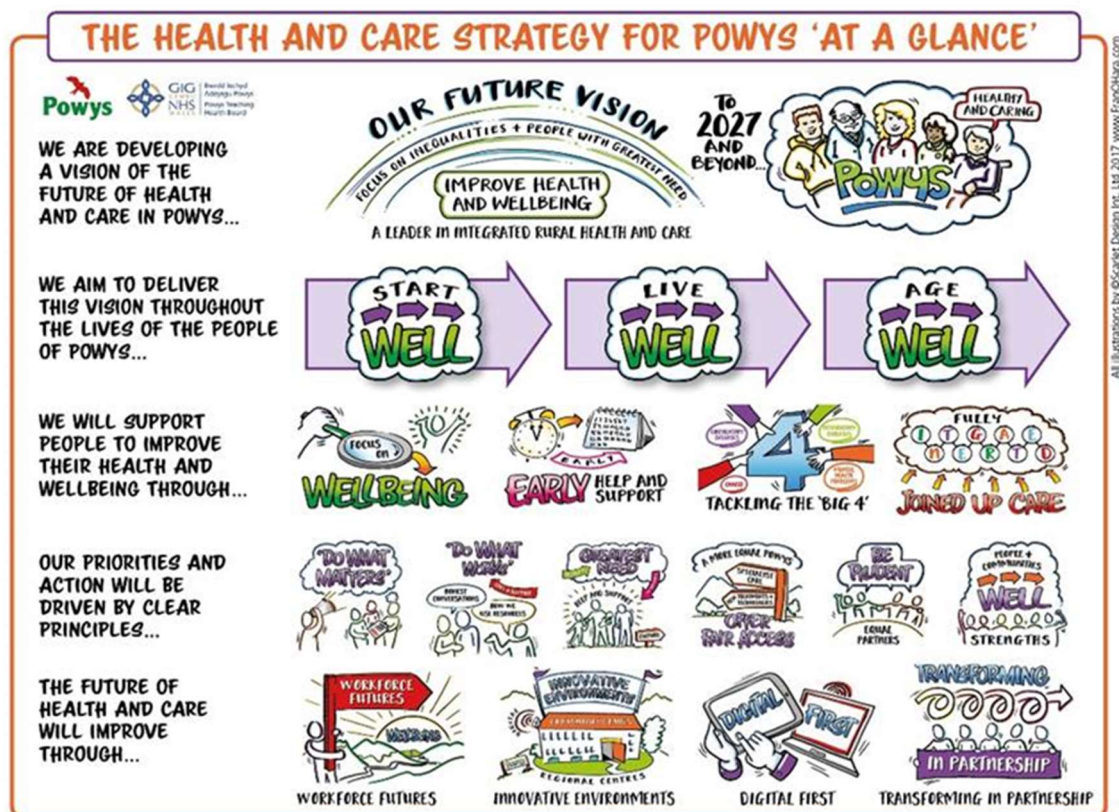
3.1.3.1 The Health and Care Strategy: A Healthy Caring Powys

The strategy builds on the early insights from the Powys Well-being Assessment and is the vision for Health and Care in Powys, which also forms a key component of the Powys Well-being Plan. The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. The vision for the future is ‘a Healthy Caring Powys’ to be delivered throughout people’s lives to enable children and young people to “Start Well”, for people to “Live Well” and older people to “Age Well”.

The Strategy sets out an integrated model of care predicated on a network approach of Care closer to home; Integrated Health and Care Centres within key market towns; three Rural Regional Treatment and Diagnostic Centres to provide more enhanced services within regions of the county; and out of county to access acute and specialist provision.

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Figure 19: Health and Care Strategy

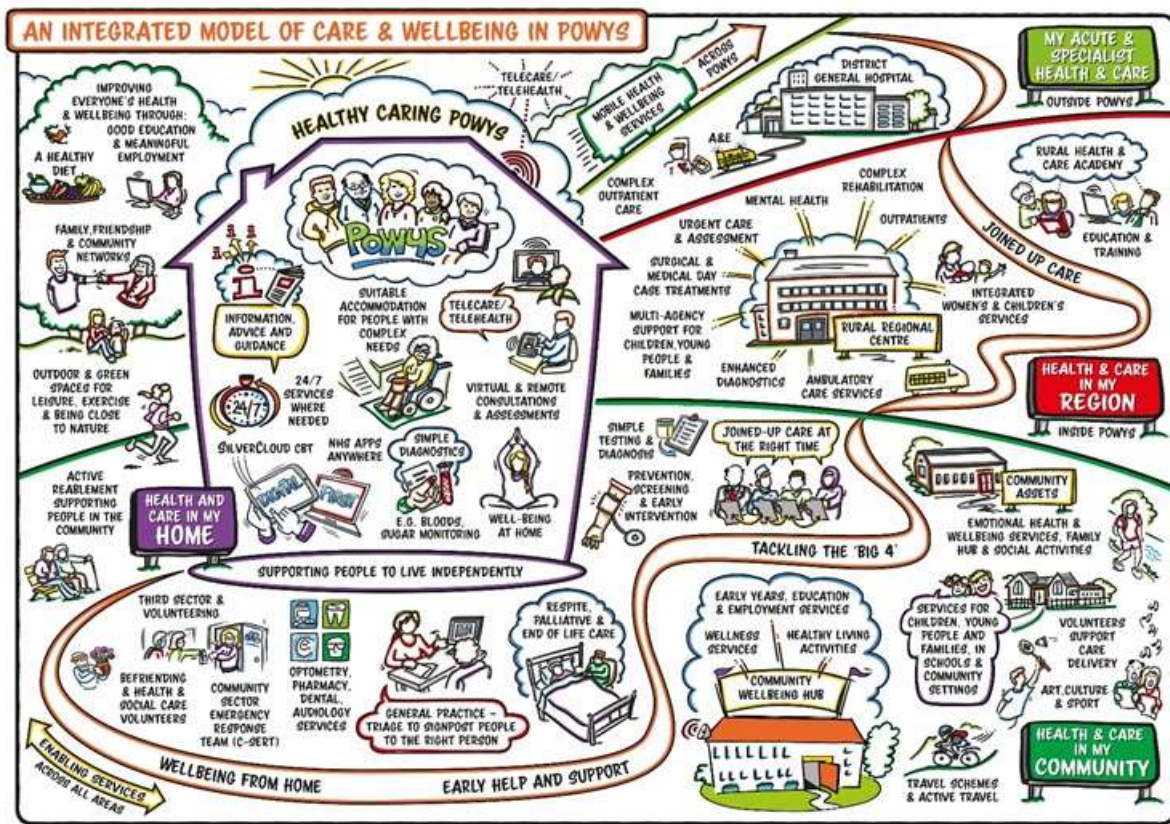


3.1.3.2 Integrated Model of Care and Wellbeing

The proposed scheme and associated model of care is fully aligned to delivery of the Welsh Government's "A Healthier Wales: Our Plan for Health and Social Care". The RPB is seeking to shift the balance of urgent care, outpatients, day cases, diagnostics and elective inpatient services to a primary and community care settings to improve access and quality of care within Powys, and reduce demand and dependence on high-cost intervention services through alternative approaches. This is becoming increasingly important and forms part of the RPB's longer term response to the pandemic in addressing the backlog and future needs of the population for planned care services through more local and flexible provision.

The integrated model of care and wellbeing is a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances. The model is also part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care, which includes an ageing population, lifestyle changes, public expectation, emerging medical technologies and the ongoing effects of the Covid-19 pandemic. The model will deliver on the ambition for 'A Healthier Wales' to enable health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, so that people only need to use a hospital for treatment that cannot be provided safely anywhere else.

Figure 20: Integrated Model of Care and Wellbeing



The new integrated model of care and wellbeing will promote independence and self-care where possible, use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities. It will provide one-stop universal and targeted early and primary prevention services at Integrated Health and Care Centres and Integrated Health and Care Centres bringing services together to improve health outcomes and reduce inequalities. This joined up approach will:

- increase and improve multiagency working across all sectors,
- provide early intervention, multi-agency services for families who are most in need
- provide activities that help children develop resilience as they move into adulthood
- better understand people's lifestyles so resources can be targeted to meet need and reduce the impact of clinical and social risk factors
- provide 24/7 urgent care in our communities,
- coordinate care to prevent unnecessary hospital admissions and help people return home as soon as possible after a necessary hospital admission.
- support people with complex needs to live independently for as long as possible
- provide more local accommodation so that fewer children and adults are placed out of county.



There are opportunities that lend themselves as key drivers for transformation post-Covid. These include:

- An evidence-based and value-based and outcome-focused approach to all clinical pathways of care that impact at a local community level – including better access to clinical diagnostics and expertise
- An adoption of new ways of working across the system to support current workforce pressures, the medical model and the digital enablement of care provision closer to home
- A new clinical approach which places maintenance of health and wellbeing, and also prevention, at the heart of the discussion with social measures of health improvement.

These drivers will be realised through the following approaches:

1. Diagnostics provision forms a part of all of our transformation engagement programmes and the diagnostic value challenge will focus on:
 - Diagnostics that enable care to be delivered closer to home
 - Early decision making to enable better value-based clinical decision
 - Access to local alternate clinical diagnostic and early management pathways constructed through dialogue
 - Reductions in transfer for urgent care
 - Reductions in transfer to planned secondary care pathways
 - Early diagnosis of cancer and serious chronic disease
2. We believe that the full range of community assets to improve population health is currently not being realised and that transformational approaches are necessary. New ways of working will include:
 - Organising and co-ordinating care around people's needs, via multidisciplinary teams of professionals spanning health and social care are needed to deliver better population health
 - Meeting physical health, mental health and social needs in the round. This will need consideration of agile flexible roles and to be also aligned with a national social prescribing scheme
 - "Best in class" co-ordination and utilisation of all the community's assets based on evidence – centring on an online directory of local community resources as the mechanism to signpost right care provision
 - Enable professionals to work together across boundaries utilising digital technology as an enabler
 - Build in access to specialist advice and support, e.g. specialist palliative care, psychological advice etc
 - Focus on improving population health and reducing inequalities by tackling preventable causes of ill health especially in vulnerable groups and community support for younger people
 - Empowering people to take greater control of their own health and care and certain high-risk groups to set health goals in order to help promote behaviour change
 - Design new delivery models to support and provide for older, more vulnerable adults with a high degree of frailty

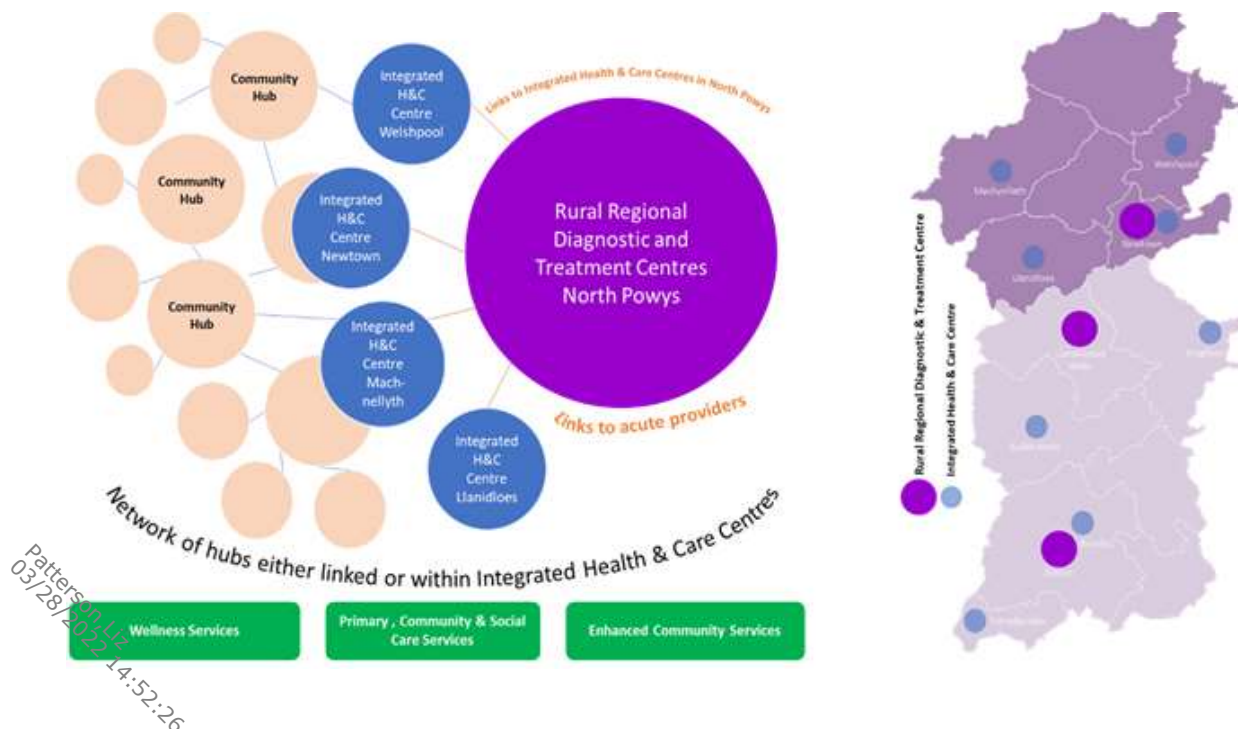
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- Make whole system, community-based engagement the central element of the new system. Learning from UK evidence-based examples as well as international exemplars.
- Demonstrate positive work with our third sector partners with an outcome focused approach to enable the creation of social and public value.

The multi-agency wellbeing campus is a key enabler and will facilitate the delivery of the Integrated Model of Care and Wellbeing and embed meaningful change, bringing partners together across education, health and social care, housing, community development and third sector, with opportunities for further linkages to leisure, police and ambulance service. The facility will provide early help and support for those most in need, supporting children to start well, people to live well and age well and help communities become self-sustaining and more resilient through its focus on children and young people and on wellbeing activities.

A primary aim of this programme is to support the development of a Rural Regional Treatment and Diagnostic Centre in Newtown, a key priority of the Integrated Medium-Term Plan 2019/20-2021/22 (IMTP). Rural Regional Treatment and Diagnostic Centres are already under development within existing healthcare buildings in Llandrindod Wells and Brecon, and the development of this model in Newtown will create a central spine through Powys, focussing on enhanced and extended local diagnostics, planned and ambulatory care services to reduce inequity of the current offer, improving care closer to home and maximising the range of services which can sustainably be delivered in a rural primary and community setting in county. Provision of CT and MRI capacity is a critical component of the model of care to facilitate proactive assessment and urgent care, and to support local provision of effective elective and outpatient care.

Figure 21: Central Spine of Rural Regional Treatment and Diagnostic Centres





Investment in new facilities and digital technology will enable significant repatriation of services from acute hospital to include additional urgent care services, outpatient services, surgical and medical day cases, enhanced diagnostics and inpatient services – support value based healthcare and care closer to home.

3.1.3.3 Powys: Workforce Futures - Health and Care Strategic Framework

A Campus would support the development of a satellite Health and Care Academy which will enable Powys to “grow their own workforce” and to attract people to come and work in Powys by being an innovator in rural practice. In January 2020, the RPB approved a Joint Framework for the Powys Health & Care Workforce, this is closely aligned to the NPWP and will be key to developing a sustainable workforce to underpin the new integrated model of care.

Also in 2020, Integrated Care Funding (ICF) was secured to upgrade Basil Webb Hall (located at Bronllys Hospital) to provide a Health and Care Academy. The facility will act as a ‘hub’ for South Powys and would be supported by a further ‘hub’ which would form part of the North Powys Wellbeing Campus. Further detail can be found in paragraph 2.1.3 below.

The Powys Workforce Futures Health and Care Strategic Framework is a key enabler of the Health and Care Strategy; A Healthy Caring Powys and is designed to ensure there is a strong, cross sector workforce to help improve health and wellbeing for the people of Powys. It also responds to the Quadruple Aim of the Healthier Wales: Our National Plan for Health and Social Care in terms of achieving ‘a motivated and sustainable health and social care workforce’.

3.1.3.4 Powys Environmental Policy

In line with Welsh Government’s Seven Wellbeing Goals, PTHB’s ISO14001 (2015) accredited Environmental Management System and Estates Decarbonisation Plan are both effective systems for driving through and monitoring the changes needed to help meet government ambitious environmental targets as set out in the Environment (Wales) Act 2016.

This scheme also has links with the Strategy for Transforming Education in Powys 2020-2030, as Education will form an integral part of a Health and Wellbeing Campus. The significance of Education to this scheme (and overarching programme) is that it also includes a number of Enabling Actions, which will support the implementation of the Strategic Aims, one of which (EA1) is the implementation of a major capital investment programme that will ensure that schools in Powys have inspiring, environmentally sustainable buildings that can provide opportunities for wider community activity, including where possible childcare, early years, ALN, multi-agency support and community and leisure facilities. This will also include developing a reliable high-quality digital infrastructure.

3.1.3.5 Red Kite Climate Vision & Strategy

The Red Kite Vision and Strategy shows the urgency for change. Creating a region that retains talented people through high skilled and innovative projects which draw national and wider attention, including funding and building the local economy, delivering on each of Powys County Council’s four pillars in *Vision 2025* and strengthening them.

Climate is a key part of an organisation’s transformation, strengthening and enhancing the established vision and supporting a new way of working. In doing this, we achieve vital work.



We save lives, improve livelihoods, and offer a realistic and aspirational vision of sustainable living in Powys.

3.1.4 Response to Policy and Strategic Drivers

In summary to the strategic drivers outlined above, the RPB is working towards a model of care and Campus, which aims to:

- further develop the integrated delivery of community-based services
- reduce carbon emissions by addressing compliance and backlog maintenance issues and embracing less carbon intensive technologies
- develop an estate that is fit-for-purpose and better meets service needs
- maximise opportunities to deliver integrated services as close as possible to where people live
- make best use of the resources available
- reduce commissioning costs for out-of-county providers by striving to bring as many services back into Powys as possible
- deliver services in county where it is both safe and appropriate to do so
- extend the range and volume of services available
- ensure children and young people get the best start in life to enable them to become personally fulfilled, economically productive, socially responsible and globally engaged citizens

3.1.4.1 PTHB and PCC Capital Developments

In response to the strategic objective to develop an estate that is fit-for-purpose and better meets service needs, PTHB has completed a Strategic Outline Programme to outline a five-year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate. During 2022/23, PTHB will continue to develop a long-term estates strategy building on the Health and Care Strategy to ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit-for-purpose facilities across the public sector footprint is achieved for the citizens of Powys. The following capital developments are already completed/underway:

- Brecon War Memorial Hospital Development - Rural Regional Treatment and Diagnostic Centre (South Powys) (£2M)
- Llandrindod Wells Community Hospital Development - Rural Regional Treatment and Diagnostic Centre (Mid Powys) (£10M)
- Bro Ddyfi Community Hospital Health and Wellbeing Project – Integrated Health and Care Centre (£15M)
- Powys Health and Care Academy, Bronllys (£1M)

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- 21st Century School Programme Developments (£56M)

While Education on the Campus will be subject to a separate SOC, it is important to understand within the broader context of the Local Authorities achievements in this area. During Phase A of the 21st Century School Programme, nine school building projects were completed in Powys, with almost £56m being invested by PCC and the Welsh Government as part of the programme's first wave of investment. One high school and seven primary schools have been built and another primary school refurbished.



Digital Developments

Several opportunities are already being developed within the digital space including:

- Supporting Digital Ambulatory Care – virtual clinics for outpatients enabling enhanced connection between primary care clinicians and secondary consultants to ensure optimum clinical pathway management.
- Use of MS Teams is enabling more integrated working in a timely way (such as virtual consultation and bed management) but does not negate the need for some face to face meetings.
- E-learning platforms are being developed to support people with long term conditions/pain management and support recovery i.e. prehab.
- Increase in use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and preventing premature moves to residential care.
- Provide remote treatment and care for people with mental health conditions and learning disabilities.

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- Increase digital therapies and online support.
- Delivery of technology enabled care to support people in their homes to live independently.
- Use of immersive technologies such as augmented reality to provide health and care services
- Developing use of LoRaWAN IOT to provide connected care to people's homes
- Provision of immersive meeting technology to provide inclusive patient/client support reducing the need for experts to travel.

A digital business case is currently being commissioned alongside this SOC to ensure appropriate IT infrastructure needs and digital opportunities are identified and maximised alongside this investment to ensure a value based approach which meets service user expectations.

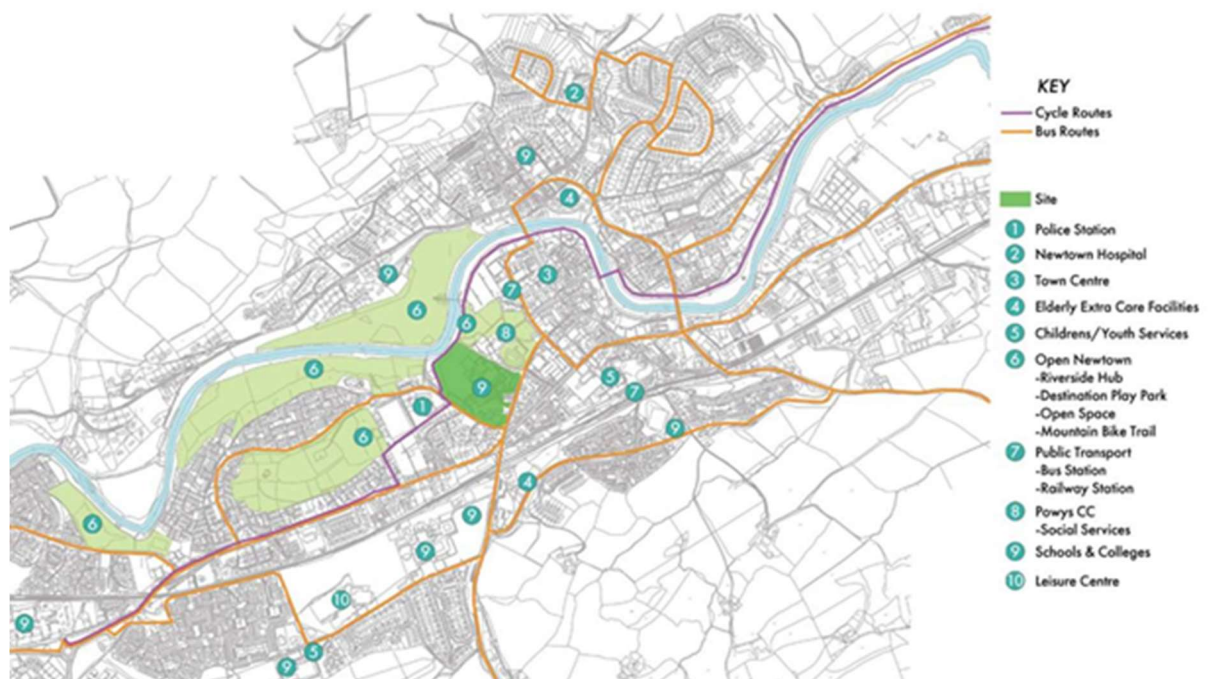
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3.2 Part B: Case for Change

3.2.1 Existing Service Arrangements

This section will examine the existing arrangements/Business as Usual (BAU) and related business needs. It sets out detailed information describing key challenges faced and serves to confirm the potential impact of those challenges not being responded to in a cohesive manner.

Figure 22: Newtown town centre key service locations



The following health and social care services are currently undertaken in Newtown, serving the town and surrounding areas.

It is worth noting that there was empirical evidence of some teams beginning to work more closely together before the impact of Covid-19 realigned the focus, somewhat. The shift in focus due to the pandemic has accelerated integrated working in some areas and any campus facility will clearly enhance and further support those opportunities for integrated working.

3.2.1.1 Adult Services

Adult Services works alongside people in need of support, in partnership with others to enable people to make decisions about how they can live as independently as possible.

The underpinning principles are to:

- Bring health and social care together
- Work alongside the voluntary sector

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- Be about services in people's own homes
- Do as much locally as is realistic, safe and possible
- Provide a rapid home-based support service that brings together social care, homecare, therapy services, reablement and advice/guidance during an emergency or poor health. The objective is to stop people from having to go into care or acute hospitals.
- Domiciliary and voluntary services that are more flexible and work around each person's needs.
- Broaden skills of the extended District Nurse support service, so early nursing support is available when local people really need it.

Social Care and Health have a number of teams working jointly, along with voluntary providers. There are also strong ties with the voluntary and independent sectors in order to build resilience within communities. Social Care Staff are based in the Park Offices, Newtown.

Community Health Care staff including District Nurses, Specialist Nurses and Therapists are based in Newtown hospital which pre-dates 1940's, is in poor condition and poorly utilised. The facility is not conducive to collaborative working, leading to variable practice between services and poorly defined models for frailty and Long-Term Conditions (LTC).

Adult Services has seen a significant increase in demand for social care and support during the pandemic and this high level of demand remains in the system. The NHS Delivery Unit and Welsh Government modelling and monitoring group have undertaken whole system modelling of the health and social care capacity required for COVID and beyond.

Projections from this work include:

1. The impact of 'long-Covid' could mean that the 'tail' of demand for intermediate care and longer-term social care may be even longer. I.e. the pressure on intermediate and social care will continue to be felt for some time after the surge in demand on the NHS has begun to decrease.
2. Even if a prompt and robust supported recovery model is implemented for individuals, we can still expect to see a Covid-related additional increase in demand for longer-term packages of care and care home placements, into 2022.

Prehabilitation is in its infancy in Powys, however is a firm direction of travel. A person centred prehabilitation approach enhances people's general health and wellbeing. Powys aims to promote healthy behaviours through prescribed exercise, nutrition and psychological intervention based on a person's needs, to help them find the best way of managing their own health. Prehabilitation has a strong evidence base in its effectiveness and helps to tackle health inequalities. It adds value to the population and to the providers of health and care by improving long term healthy lifestyle, faster rehabilitation, empowerment and person involvement and a more joined up, cohesive service approach.



3.2.1.2 Children's Services

To support families across Powys there are approximately 220 staff in Children's Social Care Services across a range of teams including fostering, adoption, children's locality teams (0–18), care leavers teams, children with disabilities, youth justice service, integrated family service team, Powys children's front door, safeguarding & quality assurance and children's commissioning team. Children's Social Care Services in Newtown are delivered from three different buildings in Newtown: Ynys Y Plant; Park Street Clinic; Integrated Family Centre, this does not promote and support opportunities for joined up care.

Children's health care services include community paediatric nursing, health visiting (including flying start), school nursing, paediatric ophthalmology, audiology, safeguarding, learning disabilities, outpatients/paediatrician services, CAMHS, therapies, portage (play therapy), orthotics, podiatry and in reaching wheelchair services. The present PTHB Children and Family centre accommodation for babies, children and young people is being delivered out of multiple sites which are outdated and require a lot of work to meet current delivery needs. CAMHS services are no longer located with other services supporting children and young people who are rich in shared knowledge and experience to share in networks of care for children and young people. The children with disabilities social care team are based away from other health care professionals meaning a shared neighbourhood of support for children and young people in north Powys is difficult to achieve.

There are fundamental estates issues at both sites, with many services not meeting the Welsh Health Technical Memorandum for Buildings guidance. There are also frequent Accommodation Request Forms (ARF's) being submitted to provide additional accommodation for staff, highlighting the issue further. This is exemplified in the condition surveys for the buildings, where both are rated B for condition, C for Environment, and F for space utilisation.

Newtown Integrated Family Centre (IFC) was developed following a Welsh Government grant allowing for shared office, training, family and contact spaces for professionals, children, young people and families. The IFC offers a number of examples of how increased integration can work in practice and the benefits this can bring; it has resulted in a number of teams working together in one office space, allowing for sharing of information and a joined multi-agency approach. Staff have also gained awareness of each other's roles and all that can be offered from an amalgam of teams. There are a number of examples of a multi-agency approach to working with children, young people and their families, utilising third sector support to enhance their wellbeing. These include joint art projects with third sector partners, aiding both artistic creativity and transition to high school for children, delivered in partnership; singing and rhythm to develop fluency and aid learning to read music; development of children's park and BMX track through third sector provision, and; healthy food initiatives for all ages.



However, due to the configuration of the buildings, staff are working in cramped conditions and it is not possible to maximise opportunities for joint or multi professional working centred on the individual's needs. A lack of suitable outside space also presents a barrier for children who are well enough and their siblings who may wish to play outdoors whilst waiting for their health or social care appointment.

The aim is to deliver the vision and ensure children and young people have the best start in life, facilities need to support integrated children's services in one place in Newtown for our young people and those with complex needs in a child friendly environment.

3.2.1.3 Primary Care Services

Working within the Primary Care Clusters, the development of a population based approach is taken to the planning and delivery of the health and social care model, supporting development of shared services across GP cluster areas, to provide wider access to scarcer skills and the continued development of enhanced service arrangements. This work is supporting:

- Further integration of primary care with community based services to ensure focus on wellbeing, equity, early help and support, sustainability of services and joined up care.
- Continuing to strengthen local delivery of optometry and community dental services, avoiding unnecessary travel out of county to District General Hospitals.
- Providing mobile services across Powys to improve access to dental care for hard to reach groups to reduce inequity of service.

Primary care services are facing increasingly unsustainable pressures and, as such, need to transform the way services are provided to reflect these growing challenges. These include an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, and the need to address inequalities in access to primary care.

The GP practices close to the proposed site are Newtown Medical Practice and the Ladywell Surgery which is a branch of the Montgomery practice. The main surgery, Newtown Medical Practice, offers generic GP primary care services in addition to Baby Clinics (health visitors), Diabetic Clinics, Asthma Management, Heart Disease Clinics, Chronic Obstructive Pulmonary Disease (C.O.P.D) Clinic, Hypertension Clinic (High Blood Pressure) and Minor Surgery.

There is a dispensary adjoining Newtown Medical Practice in addition to the Superdrug, Boots, Lloyds and Morrison's pharmacies in the town and there are three optometrist practices operating from Newtown town centre. The pharmacy on Park Street provides a range of services supporting people with minor illnesses and providing health and wellbeing advice services, it is actively used by the population, there are opportunities to link or embed this further with the campus.

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A locally accessible optometry service undertakes routine eye examinations in north Powys, and appropriate spectacles and other appliances are dispensed. The service also provides enhanced eye care services, for example those provided via EHEW. Minor Injuries & GP Out of Hours

Newtown Medical Practice provides a Minor Injuries service, operating 08:00-18:30 weekdays (not at the weekend or on Bank Holidays). Patients requiring this service need to report to reception and are seen by a healthcare professional within 15 minutes. There is also a Minor Injuries service currently provided from Welshpool Hospital which is about a 15-minute drive from Newtown, but further from other parts of north Powys. The GP Out of Hours service currently operates from Newtown Hospital.

3.2.1.4 Community Dentistry

The community dentist service is provided from different venues across north Powys. In Newtown, it practices from two dental surgery rooms at Park Street Clinic. Treatment and care is provided for a wide and very diverse group of patients, who are unable to obtain the more specialised and tailored care that they require within the primary dental services. The dental rooms are small, particularly for those in a wheelchair, and do not meet the requirements of the Equality Act 2010.

3.2.1.5 Podiatry

The podiatry service is delivered from one room at Park Street Clinic. The podiatry room does not have any support facilities and does not meet the recommendations of either the Welsh Health Building Notes (WHBN) or Welsh Health Technical Memoranda (WHTM).

3.2.1.6 Community Hospital Services

Whilst several services are delivered from the Montgomeryshire Royal Infirmary (Newtown Hospital) site, some patients have to contend with going out of county for services, and they are having to go to multiple sites in order to be fully assessed, diagnosed and treated, rather than having a one stop shop where most aspects of treatment can be done in one place. For some disciplines, almost all activity goes out of north Powys, particularly to Shrewsbury and Telford and some to Bronglais in Hwyl Dda Health Board, in some cases, patients can travel as far as Stoke and Cardiff for a face-to-face consultation.

Diagnostic imaging provision in Newtown hospital is currently only a plain x-ray modality with opening hours 9-5 Monday – Friday and Ultrasound (US) Scan provision.

Nationally the number of Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans performed is increasing by over 10% each year but there is a failing to keep pace with the growth in demand (Royal College of Radiologists annual census). The Richards report, Diagnostics recovery and renewal (2020) recommends providing diagnostic facilities away from acute sites in a highly productive elective Community Diagnostic Hub (CDH) which would respond directly to increasing demands, assist with throughput and reduce the backlog following the pandemic. There are examples in Scotland of community hospitals using CT



facilities. Having access to similar facilities in North Powys has the potential to transform PTHB's use of external services, helping to detect difficulties at earlier more treatable stages (including for suspected cancer) and to prevent multiple out of county journeys for patients.

PTHB has also strengthened health sciences, such as physiology, which can provide, for example, the majority of sleep studies locally.

3.2.1.7 Mental Health Services

Mental Health Primary Care are mainly provided by GPs and by Powys Community Mental Health and Learning Disabilities service.

The Powys Community Mental Health Teams (CMHTs) are a community secondary care service for adults made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers. Mental Health Teams also support Dementia Home Treatment; Memory Assessment Service, Crisis Resolution Support and Learning Disabilities. The team are based in Fan Gorau on the Newtown Hospital site.

Powys Child and Adolescent Mental Health Services (CAMHS) offers assessment and treatment for children and young people who have or are thought to have mental health problems or emotional health difficulties. The team includes Clinical Psychologists, Consultant Child & Adolescent Psychiatrists, Specialist Nurses, Primary Mental Health Workers, Child Psychotherapists and Counsellors. An Integrated Autism service is also available. The teams work from Ynys y Plant and Park Street Clinic.

The local approach for mental health delivers against the ministerial priority and the national strategy through Powys Together for Mental Health. Joint working with social care and other partners including the third sector is a key interdependency. The key focus of the mental health service during 2022 – 2025 is on the continued development of local, sustainable and person-centred mental health services:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018 – 2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction (Talk 2 me 2 strategy) and co-produced pathway for those affected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' children and young people emotional health and resilience service in partnership with social care and the third sector
- Reconstruct community drug and alcohol services

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3.2.1.8 Commissioned Services

The majority of PTHB's budget is spent on commissioning primary care delivered by local independent contractors such as GPs, dentists and optometrists; continuing health care in nursing homes and patients' own homes; third sector services; secondary care in district general hospitals; ambulance services; and specialised services.

A significant proportion of commissioning expenditure is to other organisations supporting the population of north Powys, with £28m being spent on services in Shrewsbury and Telford Hospital Trust and £10.16m on services in Robert Jones and Agnes Hunt Hospital.

The focus of the campus is to provide care closer to home where safe and effective to do so, as a result there will be changes in patient flows and commissioning arrangements with the following providers:

- Betsi Cadwaladr University Health Board
- The Shrewsbury and Telford NHS Hospitals Trust (SaTH)
- The Robert Jones and Agnes Orthopaedic Hospital (RJA)
- Hywel Dda University Health Board

The tables below, set out the current balance of in and out of county provision for key services provided to the residents of Powys.

Table 7: Present inpatient activity by site

Site	Locality	Activity 2019	Beddays 2019	71Iso
Montgomeryshire County Infirmary, Newtown	North Powys	160	4,928	31
Victoria Memorial Hospital, Welshpool	North Powys	262	6,989	27
Llanidloes And District War Memorial Hospital	North Powys	113	2,630	23
Bro Ddyfi Community Hospital, Machynlleth	North Powys	123	4,761	39
Llandrindod Wells Hospital	Mid Powys	983	9,410	10
Knighton Hospital	Mid Powys	87	3,565	41
Breconshire War Memorial Hospital	South Powys	2,760	13,154	5
Bronllys Hospital	South Powys	274	10,340	38
Ystradgynlais Community Hospital	South Powys	220	8,392	38

Table 8: Diagnostic provision by location (2019)

Location	CT	MRI	Ultrasound	Ultrasound obstetric	Plain film
Powys	0	0	5,283	4,308	20,051
Out of County	7,545	4,446	10,543	895	23,377
Aneurin Bevan LHB	2,878	1,373	1,945	219	7,853



Location	CT	MRI	Ultrasound	Ultrasound obstetric	Plain film
Betsi Cadwaladr ULHB	216	197	210	285	264
Hywel Dda LHB	1,328	497	1,069	313	2,326
Robert Jones and Agnes Hunt	120	653	140	0	158
Shrewsbury & Telford Hospital	1,848	1,062	4,418	48	7,862
Wye Valley NHST	1,155	664	2,761	30	4,914
Grand Total	7,545	4,446	15,826	5,203	43,428
% Powys	0.0%	0.0%	33.4%	82.8%	46.2%

Table 9: Ambulatory Emergency Care by DAEC Specialty and location (2019)

Location	General Medicine	General Surgery	Obstetrics & Gynaecology	Trauma & Orthopaedics	Urology
Powys	163	23	14	164	22
Out of County	3,074	404	147	438	472
Aneurin Bevan LHB	364	82	51	58	72
Betsi Cadwaladr ULHB	15	8	6	5	0
Cardiff & Vale ULHB	54	3	0	3	0
Cwm Taf Morgannwg ULHB	60	12	1	3	2
Hywel Dda LHB	225	25	9	32	41
Other/Not recorded	99	23	6	33	12
Robert Jones & Agnes Hunt	9	0		114	0
Shrewsbury & Telford NHST	1,331	162	33	77	189
Swansea Bay ULHB	194	43	8	47	36
Velindre NHST	5	0	8		1
Worcestershire Acute NHST	2	4		0	1
Wye Valley NHST	716	42	25	76	118
Grand Total	3,237	427	161	602	494
% Powys	5.0%	5.4%	8.7%	27.2%	4.5%

Table 10: Urgent Care by location (2019)

Location	North	Mid	South	Total
Powys	20,263	28,416	32,469	81,148
Out of County	48,883	22,523	40,540	111,946
Aneurin Bevan ULHB	110	3,025	15,972	19,107
Betsi Cadwaladr ULHB	1,724	76	72	1,872
Cardiff and Vale ULHB	108	182	457	747
Cwm Taf Morgannwg ULHB	73	444	3,936	4,453



Location	North	Mid	South	Total
English Other	3,896	1,589	1,428	6,914
Gloucestershire Hospitals NHSFT	26	48	45	120
Hywel Dda ULHB	14,532	2,464	554	17,551
Shrewsbury & Telford Hospital NHST	28,134	535	34	28,702
Swansea Bay ULHB	81	113	14,362	14,555
Worcestershire Acute Hospitals NHST	47	271	57	375
Wye Valley NHS Trust	152	13,776	3,622	17,550
Grand Total	69,146	50,939	73,009	193,093
% Powys	29.3%	55.8%	44.5%	42.0%

3.2.1.9 Third Sector Services

The Third Sector has a strong presence in Powys, and in Newtown in particular. There are many examples of Wellbeing services that are in operation and could be offered from a Campus. By providing spaces in a wellbeing hub, that are accessible and multi-purpose; groups and wider will offer services in a more joined up way, through sharing resources, and, together, offering and meeting the needs of individuals and groups, building and developing their skills and transferring knowledge.

Third sector services are crucial in supporting service users and/or their carers. There are significant opportunities to integrate third sector into statutory service provision closer to the heartbeat of the communities we serve in order to better support people's health and wellbeing, whilst managing increasing demand. The contribution of the third sector is hugely valued in Powys, and it is recognised that the sector is much more adaptable than large scale statutory health and social care systems; there is a vital role for them in providing informal networks of support, building community resilience, being able to respond to very specific and subtle local nuances.

3.2.1.10 Assisted/Supported Living

Most people with a disability, older people, mental health needs and/or complex need can lead independent lives with the right support. Therefore, as resources reduce, effective planning and provision of care and support services is becoming an increasingly important aspect of public policy in Wales and locally in Powys. Effective commissioning involves putting the individual at the centre of the process of identifying needs and helping them make choices about how they are supported to live their lives.

Due to changes in guidance issued during the pandemic, which Welsh Government intend to keep in place post pandemic, there has been a significant change in the number of complex homeless households who present and need to be accommodated safely. The multi-agency assessment and triage of these cases is essential in order to plan for safe accommodation provision and to agree appropriate long term support plans.



The campus will facilitate a best practice approach to joined up care for residents with a range of needs as set out below:

- **Supported housing for learning disabilities and older people step down** - The care home setting does not have support of in reach services to enable reenabling ethos. Evidence supports that such individuals can become dependent of staff for all support and lose confidence to return to their own home. This can unnecessarily lead to such individuals entering long term care before they need to. In Newtown specifically, evidence indicates that 18 individuals will require supported independent accommodation, with an additional 15 from the Welshpool area. The development will include 3 units on the edge of the campus as close as possible to other off-campus residential areas.
- **Homelessness triage facility** – As at October 2021 there were 371 live homelessness cases. Of this total, 202 individuals are being housed in temporary accommodation and 18 individuals are residing at a bed and breakfast. The remaining 151 individuals are considered hidden homeless. The development will provide 6 units on the edge of the campus, as far away as possible from other on-campus accommodation to mitigate any risk of mixing vulnerable groups.
- **Young people in transition** - There are currently 72 young people with an identified housing and support need who are transitioning into adulthood and live with a learning disability and/or have mental health needs. Such individuals are identified from the age of 16 years with varying support needs. Until housed in supported independent accommodation, the young people may be supported in various ways, including: residential care, direct payment support, living with family and still in school. The development will provide 3 units on the edge of the campus as far away as possible from other accommodation units, and as close as possible to other off-campus residential areas.

3.2.1.11 Student Accommodation

The current accommodation arrangements for students on rural placements in north Powys is to stay in local bed and breakfast accommodation, where issues arise such as social isolation and difficulties accessing digital learning opportunities due to poor or no connectivity. These problems have a negative impact on student experience and result in difficulty attracting students to rural settings. A central modern facility close to the Health and Care Academy offering accommodation, a clinical skills centre, meeting facilities, reliable digital connectivity, and other resources on site would improve students' experiences, boost the reputation of rural placements and make north Powys an attractive place to study and work.

The Welsh Deanery want to work with Powys as a region to train more medics in a rural setting through credentialled programmes such as Rural Care and Palliative Care. An all-round positive experience to rural placements will inspire more students to come and experience rural Mid Wales, offer alternative training opportunities and enable North Powys to become an



exemplar provider of rural professional and clinical education through modern physical and virtual spaces.

3.2.1.12 Library Services

Newtown Library is the county headquarters and all books are delivered here for onward transmission to the other libraries in Powys. It welcomes an average of 500 people per day. As well as traditional library activity (reading on site, borrowing from the loan collection, and using computer workstations) it supports a range and quantity of other activities as follows:

Table 11: Newtown Library Services

Education
<ul style="list-style-type: none">• Book loan, including physical books, Ebooks and EAudio Books• PCs• iPads (in child area plus access to online catalogue)• local studies - dedicated Trysorau Maldwyn/Maldwyn Treasures room that holds the Local Studies collection for Montgomeryshire• school visits to support literacy and learning, i.e. learn about books, local history, finding info• Lego Club• After School homework• Newspapers• Adult Learners Wales hire meeting room
Wellbeing
<ul style="list-style-type: none">• Customer service for council (pay council tax, phone and online access to Council, blue badge application, bus pass and parking permits)• Document scan for housing benefits and Blue Badge• Knit and Natter• Poetry Group• Reading Group• Craft activities• Baby Yoga and rhyme-time (Welsh Language)• Story times• Bus timetables• Prime Cymru group (those out of work who are aged 54+)
Health
<ul style="list-style-type: none">• Books on prescription: Reading Well for Mental Health, Reading Well for Children, Reading Well for Dementia• Books about cancer: sets of books recommended by Macmillan health professionals• Dementia: singing with Ysgol Calon Y Dderwen – intergenerational friendly music group• Loaning of blood pressure monitors



- Drop in hearing aid clinic
- PAVO – Community Connector drop-ins
- Counselling course
- Carer library cards
- Large print and audio books for visually impaired

Infrastructure

- Support for people who don't have their own computer (digital strategy)
- Wi-Fi
- Computer course
- One to one digital drop-in sessions
- Local job hunting
- iPad loaning scheme
- Printing facilities

The library service is underpinned by a holistic community-centric philosophy and works closely with other public services to provide for the information and learning needs of the whole community. The service promotes wellbeing and aims to counter loneliness.

By co-locating this service with education and health and social care, the library can fully realise its central role in signposting and providing resource for wellbeing services in north Powys.

The library services is already working closely with health and social care to provide support for accessing virtual clinics and educational literature for people with Cancer. By co-locating this service with education and health and social care, the library can fully realise its central role in providing and signposting wellbeing services in north Powys as well as information, advice and guidance.

3.2.2 Existing Infrastructure

3.2.2.1 Built Estate

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, much of PCC's existing estate is of poor quality, with the two existing schools being identified as condition categories C and D. As such, the Partnership is managing sites with high levels of backlog maintenance, which have significant or high risks of non-compliance or failure. By working collaboratively and combining services, the programme aims to significantly reduce the backlog maintenance across a number of sites whilst benefiting from



more efficient space utilisation. In addition, this would release surplus building stock, delivering either cash releasing benefits or potential development opportunities.

Backlog maintenance in Health and Social Care PTHB and PCC sites in Newtown currently stands at £7.4 million as follows:

Table 12: Key asset data

Property	Age of Building	Backlog Maintenance	Condition	Comment
Park Day Centre	1970s	£180,000	Condition C	The building needs substantial improvement works to ensure it continues to be capable of delivering day services as it is not functional for its current use, the roof requires replacing and the internal fabric requires updating
Park Street Clinic	1970	£702,211	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	Too small and has limited facilities that support children and young people
Newtown Library	1960s	£550,000	Condition B/C	c. 1970s building that has had considerable extensions and recent refurbishment (2011).
Integrated Family Centre	1980	£70,000	Condition B	The building is in need of significant improvement. The building had circa £250,000 improvement works undertaken to maintain the facility for its current use, but it remains unviable longer term. The facility is not fit for purpose for delivering multi agency support.
Park Offices	1950	£30,000	Condition C	The building is not easily adapted. Changes to service delivery requires significant



Property	Age of Building	Backlog Maintenance	Condition	Comment
				remodelling of the building to provide a space where service users can be met in a safe and mutually beneficial environment
Montgomery County Infirmary	1911-2000	£4,783,133	Grade B except Facet 3 - Space Utilisation (Grade F - Fully utilised)	Various departments are encountering difficulties with the size and capacity of their current location and the lack of space for expansion will hinder the delivery of the new integrated model of care
Bro Hafren	1991	£405,657	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	Had been unoccupied due to the building condition/suitability. However, staff have been temporarily moved in due to the unexpected closure of PCC Robert Owen House
Ynys Y Plant	1980	£657,323	Grade B except Facet 6 - Environmental (Grade C) and Facet 3 - Space Utilisation (Grade F - Fully utilised)	A report undertaken in November 2016 identified several shortcomings in this accommodation and stated that "there is a clear and pressing need for the issues with the physical environment to be addressed"

A key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys' is an 'innovative environment', which includes developing a 'fit for purpose estate'.

Properties that are no longer suitable for service delivery will be identified when progressing with the Business Case(s), resulting in an estate of better performing buildings leading to a reduction in the running costs and a more sustainable, innovative "fit for purpose" property portfolio, with no residual high or significant compliance risks across the Partnership.

In addition to the issues of building condition and suitability, services are currently being delivered from multiple sites limiting opportunities for staff integration and the provision of joined up care. Under the current arrangements there are occasions where residents need to



make multiple journeys to different locations in order to receive consultation, diagnosis and treatment.

The sharing of services and development of one-stop-shops will provide greater convenience and efficiency for the residents of north Powys. By designing more efficient pathways through integrated teams, residents can be treated holistically, improving health outcomes.

3.2.3 Demand and Capacity Modelling

3.2.3.1 Background

Analysis has been undertaken to forecast future demand and capacity modelling to underpin new models of care, service transformation and right sizing of the multi-agency wellbeing campus. The modelling work has been underpinned by extensive stakeholder engagement including a clinical and professional reference group, and is based on best practice and evidence base.

The modelling is based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets as far as these were available.

The following areas were included in the scope of the initial work to support with the Strategic Outline Case:

- Community inpatient care - analysis of optimal Discharge to Recover then Assess (D2RA) models of care and discharges onto each pathway:
 - stepdown reablement and rehabilitation (D2RA Pathway 3)
 - step-up admissions for assessment / reablement / rehabilitation
 - specialist stroke and neuro rehabilitation beds
 - palliative / EOL care beds
- Supported living accommodation
- Short stay assessment and diagnostics, ambulatory care, urgent care
- Daycase and outpatient surgical and medical procedures
- Outpatient consultations
- Maternity

The analysis for North Powys was undertaken in the context of a wider, whole-system exercise to develop detailed demand and capacity plans reflecting the new integrated model of health and wellbeing.

The outputs of the modelling work are summarised below. For each service, activity projections are given for a “No Change” scenario, followed by projections reflecting proposed models of care and repatriated activity.

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3.2.3.2 Discharge to Recover then Assess (D2RA)

Detailed analysis and modelling was undertaken to understand optimal baseline and projected future stepdown pathway requirements, based on the D2RA model being used to inform the Powys Integrated Model of Care and Wellbeing (drawn from work undertaken over a number of years by Prof. John Bolton and others).

The Welsh (D2RA) Model was designed through consultation by the NHS Wales Delivery Unit with stakeholders and Regional Partnership Boards (RPBs), tailoring some of the work of Professor John Bolton and the English D2A model to suit the needs of the Welsh health and social care landscape. D2RA been specifically designed to be adaptable, and as such it continues to be adapted to respond to the challenges of COVID-19.

Key principles of the approach include:

- Optimised care pathways;
- Rapid discharge from secondary care for recovery/reablement and assessment (ie. Assessment takes place outside the acute setting, alongside recovery/reablement);
- Short as possible acute length of stay;
- No warehousing where patients will decondition and require a higher level of care on discharge.

The D2RA pathways, defined according to Prof. Boltons well-established “model”, can be sub-divided as follows:

Pathway 0: Discharged, no further action or short-term third sector support

Pathway 1: Comprehensive front-door assessment to assess criteria to admit

Pathway 2: Supports people to recover at home before being assessed for ongoing need

- P2A: “low level” support (e.g. straightforward follow-up from therapist or district nurse) and support for self-care
- P2B: up to 2 weeks focussed package of integrated care and reablement
- P2C: up to 6 weeks package of integrated care and reablement

Pathway 3: bed-based care and reablement, typically for between 2 and 6 weeks

Pathway 4: home first when your home is a care home / long-term care home

Table 13: Estimated D2RA activity with no change in existing pathways (Do Nothing)

Pathway	Baseline 2021	% of Total	Forecast 2025	% of Total	Forecast 2030	% of Total
P0	2,888	24.1%	3,311	23.7%	3,733	23.4%
P2	6,891	57.6%	8,033	57.6%	9,176	57.5%
P3	1,428	11.9%	1,700	12.2%	1,972	12.4%



P4	758	6.3%	912	6.5%	1,065	6.7%
Total	11,965		13,956		15,946	

The new model of care (below) will optimise the D2RA pathway activity for service users. The significant increase in demand shown below is driven largely by the projected growth in frail and elderly people.

Table 14: Projected D2RA activity based on optimised models of care

Activity	Forecast Activity 2021	Forecast Bed Days 2021	Forecast Activity 2031	Forecast Bed Days 2031
Step-down POA	4,519	25,928	5,855	34,298
Step-down POB	1,633	12,075	2,098	15,784
Step-down P2A	2,498	22,905	3,293	30,378
Step-down P2B	1,242	14,154	1,645	18,529
Step-down P2C	1,869	24,352	2,530	33,132
Step-down P3	505	7,153	698	9,894
Step-down P4	126	1,460	177	2,056
Step-up low risk of frailty	148	3,763	191	4,820
Step-up moderate/high risk of frailty	98	4,025	132	5,412

The impact of this can be contrasted with the “Do Nothing” forecasts summarised below:

Table 15: Comparison of D2RA activity existing model of care vs. optimised model of care

Pathway	Actual Discharges Year 0	% of Total	Forecast Year 10 Discharges Current Model of Care	% of Total	Forecast Year 10 Discharges Optimised Model of Care	% of Total
P0	2,888	24.1%	3,733	23.4%	7,953	48.8%
P2	6,891	57.6%	9,176	57.5%	7,468	45.8%
P3	1,428	11.9%	1,972	12.4%	698	4.3%
P4	758	6.3%	1,065	6.7%	177	1.1%
Total	11,965		15,946		16,297	

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3.2.3.3 Community Inpatient Care

Baseline (pre-covid) inpatient activity by site (2019) was as follows.

Table 16: Baseline inpatient activity by site, 2019

Site	Locality	Activity 2019	Beddays 2019	Average Stay
Montgomeryshire County Infirmary, Newtown	North Powys	160	4,928	31
Victoria Memorial Hospital, Welshpool	North Powys	262	6,989	27
Llanidloes And District War Memorial Hospital	North Powys	113	2,630	23
Bro Ddyfi Community Hospital, Machynlleth	North Powys	123	4,761	39
Llandrindod Wells Hospital	Mid Powys	983	9,410	10
Knighton Hospital	Mid Powys	87	3,565	41
Breconshire War Memorial Hospital	South Powys	2,760	13,154	5
Bronllys Hospital	South Powys	274	10,340	38
Ystradgynlais Community Hospital	South Powys	220	8,392	38

3.2.3.4 Inpatient Stepdown for Assessment, Recovery and Reablement

Projected future activity and consequent capacity requirements for stepdown care are based on D2RA Pathway 3. Based on this, the modelling has determined that stepdown bed capacity requirements for North Powys are:

- Year 0 (2021): 25 stepdown beds
- Year 10 (2031): 34 stepdown beds

3.2.3.5 Step-up Admissions for Assessment / Reablement / Rehabilitation

Projected step-up care activity is based on moving towards a much more proactive model of care based on D2RA Pathway 1, with an emphasis on timely diagnostics, ambulatory urgent and emergency care. With this approach, following triage, assessment and treatment, care at home should be the default, with step-up admission only when absolutely necessary.

The modelling has determined that step-up bed capacity requirements for North Powys are:

- Year 0 (2021): 5 step-up beds
- Year 10 (2031): 6 step-up beds

3.2.3.6 Specialist Stroke and Neuro Rehabilitation

The future model of care for specialist stepdown stroke & neuro rehabilitation in Powys is for an integrated service, covering both the inpatient beds and the community services provided in people's homes.

For stroke rehabilitation, it is known that around 40% of patients recovering following a stroke benefit from a period of bed-based rehabilitation. Demand and capacity projections have been made based on the estimated future annual number of strokes amongst the Powys population.



Stepdown neuro rehabilitation (Level 2A) would represent a new inpatient (and community) service within Powys for patients stepping down from intensive or acute care out of county. Existing services for these patients are fragmented and spread across a wide range of external providers. Funding is currently handled through individual patient funding requests. Projected future bed capacity requirements are based on British Society of Rehabilitation Medicine (BSRM) recommendations for beds in relation to population size. Besides providing for the population of Powys, the Health Board wishes to offer a Mid Wales regional service to residents of Ceredigion and to those adjacent areas of Shropshire and Herefordshire residents.

The modelling has determined that stroke and neuro rehabilitation bed capacity requirements for North Powys are:

- Year 0 (2021): 14 stroke & neuro rehab beds
- Year 10 (2031): 16 stroke & neuro rehab beds

Note that these figures exclude wider catchment.

3.2.3.7 End of Life Care

The aim is improve bespoke services and provision of palliative / end of life care in appropriate settings. It is proposed to include provision of two beds with appropriate / bespoke accommodation, including sensitively-designed bedrooms.

3.2.3.8 Supported Living

The capacity planning for Supported Living has been based on the 2021 Accommodation and Support Delivery Plan. Based on this, a 12-place development in the North Powys Multi-Agency Wellbeing Campus (as part of the wider provision across the north of Powys) would alleviate the challenge of meeting the demand for independent accommodation for 18 people with learning disabilities and mental health needs.

3.2.3.9 Proactive Urgent Care and Assessment (D2RA Pathway 1)

The proposed model of care for urgent care and assessment within Powys is characterised by:

- Comprehensive assessment at the hospital front door / assess, treat and support at home
- Ready access to appropriate diagnostics
- Focus on reduction in admissions through enhanced urgent care services in Rural Regional Centres (hub and spoke model)
- Repatriation of some urgent care activity and same day urgent care from other providers

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- Maintaining urgent care / treatment room services as locally to where people live as possible, recognising that much urgent care already takes place locally within primary care and community health services.

3.2.3.10 Diagnostics

This is a fundamental part of the new proactive urgent care model, together with ambulatory emergency care, urgent care, and proactive step-up inpatient care. It will also support increased local provision of elective care (minor procedures, outpatients etc). CT and MRI provision is a fundamental part of the new models of care - this is a new development as these modalities are currently only available to Powys residents from external providers. This will also be supported by an increasing use of diagnostics in patients' own homes, online and in community settings. A range of professionals will be increasingly involved in ultrasound such as podiatrists and physiotherapists.

Projected activity and capacity (below) includes modality-specific annual demand change , taking account of the findings of the "Richards report".

Table 17: Projected diagnostic activity

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
CT	7,545	8,606	11,958	16,616
MRI	4,446	4,958	6,511	8,550
Ultrasound	15,826	17,051	20,547	24,759
Ultrasound obstetric	5,203	5,203	5,203	5,203
Plain film	43,428	44,214	46,239	48,358

This data represents total demand for services and includes diagnostics undertaken both within and outwith the County. As can be seen there is forecast to be a substantial increase in demand for certain diagnostic modalities, with a projected increase in the demand for CT scans of 120% and an increase in MRI scans of 92% within a forecast time horizon.

Table 18: Projected diagnostic activity with proposed repatriation

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
CT	0	7,545	8,308	8,308
MRI	0	4,446	4,275	4,275
Ultrasound	5,283	10,543	16,512	8,247
Ultrasound obstetric	4,308	895	4,756	448



Plain film	20,051	23,377	35,342	13,015
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
CT	0.0%	100.0%	50.0%	50.0%
MRI	0.0%	100.0%	50.0%	50.0%
Ultrasound	33.4%	66.6%	66.7%	33.3%
Ultrasound obstetric	82.8%	17.2%	91.4%	8.6%
Plain film	46.2%	53.8%	73.1%	26.9%

This data represents total demand for services and includes diagnostics undertaken both **within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care). Projections include a repatriation assumption of 50%.**

Based on this, the modelling has determined that diagnostic capacity requirements for North Powys (Year 10, 2031) are:

- CT: 1 scanner
- MRI: 1 scanner
- Ultrasound: 3 rooms
- Plain film (digital): 3 rooms

3.2.3.11 Ambulatory Emergency Care

This is a fundamental part of the new proactive urgent care model, together with improved diagnostics (CT & MRI), urgent care, and proactive step-up admissions. It relates to non-elective admissions that could/should be undertaken in an ambulatory setting, ie not admitted overnight.

Table 19: Projected ambulatory emergency care activity

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
General medicine	3,237	3,220	3,521	3,850
General surgery	427	419	455	496
Obstetrics & Gynaecology	161	162	166	172
Trauma & Orthopaedics	602	616	685	766
Urology	494	497	540	597



Table 19 above shows total demand for ambulatory emergency care undertaken both within and out of the County. Demand for DAEC specialities is projected to increase across all areas within the forecast horizon. The increase in demand is particularly acute for Trauma and Orthopaedics which it has been estimated will increase by 25%, and Urology at 20%.

Table 20: Projected ambulatory emergency care activity with repatriation

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
General medicine	163	3,074	2,035	1,815
General surgery	23	404	262	233
Obstetrics & Gynaecology	14	147	94	79
Trauma & Orthopaedics	164	438	493	273
Urology	22	472	314	283
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
General medicine	5.2%	95.0%	52.9%	47.1%
General surgery	5.7%	94.6%	52.9%	47.1%
Obstetrics & Gynaecology	8.7%	91.3%	54.4%	45.6%
Trauma & Orthopaedics	27.9%	72.8%	64.4%	35.6%
Urology	4.7%	95.5%	52.7%	47.3%

Table 24 above shows projected demand for ambulatory emergency care undertaken both within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and 50% repatriation

3.2.3.12 Urgent Care

This is a fundamental part of the new proactive urgent care model, together with improved diagnostics (CT & MRI), ambulatory emergency care, and proactive step-up admissions. Significant urgent care (A&E minors) activity already takes place locally. The modelling includes an assumption of 50% repatriation of very low risk / see and treat cases from external providers - this is reflected in the projected future activity and capacity shown in the tables below.

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Table 21: Projected urgent care activity

Activity	Baseline (2019)	Forecast 2021	Forecast 2026	Forecast 2031
North Powys	69,146	70,170	74,391	79,171
Mid Powys	50,939	53,281	56,652	60,409
South Powys	73,009	79,116	84,033	89,216

Table 22: Projected urgent care activity with repatriation

Activity	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
North Powys	21,343	48,827	30,872	48,299
Mid Powys	29,373	23,908	34,487	25,923
South Powys	39,905	39,211	50,547	38,668
Percentage	In County (2019)	Out County (2019)	In County (2031)	Out County (2031)
North Powys	30.4%	69.6%	39.0%	61.0%
Mid Powys	55.1%	44.9%	57.1%	42.9%
South Powys	50.4%	49.6%	56.7%	43.3%

Table 22 above shows total demand urgent care undertaken both within and outwith the County for the baseline 2019 (current model of care) and 2031 forecast (preferred model of care). Forecasts include a repatriation assumption of 50% of low risk activity.

3.2.3.13 Surgical and Medical Procedures (day case and outpatient procedures)

The proposed model of care for minor procedures is to provide services as close to where people live as possible, taking account of clinical and financial viability considerations for each specialty / service. Thus, minor medical and surgical procedures should be undertaken in each Powys locality (North / Mid / South), with appropriate repatriation from external providers helping to ensure critical mass.

An appropriate and viable “basket of procedures” has been reviewed and agreed in detail with clinical staff, in line with British Association of Day Surgery (BADs) best practice guidance. In addition, the Powys policy on Interventions Not Normally Undertaken (INNU) has been factored in to ensure optimal outcomes and value for money.

Table 23: Projected surgical and medical procedures activity

Activity	2021	Forecast 2026	Forecast 2031
Powys provider activity	12,289	13,479	14,656



Other provider activity	57,687	62,249	66,543
Total	69,977	75,728	81,199

The above data shows total projected demand for minor procedures activity undertaken both within and outwith the County. Demand is projected to increase across all areas within the forecast horizon.

Table 24: Projected surgical and medical procedures activity with repatriation

Activity	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
North Powys	2,381	34,679	15,017	27,650
Mid Powys	4,642	14,051	11,461	10,205
South Powys	5,266	8,957	10,626	5,874
Percentage	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
North Powys	6%	94%	35%	65%
Mid Powys	25%	75%	53%	47%
South Powys	37%	63%	64%	36%

Table 24 presents projected demand for minor procedures undertaken both within and outwith the County for 2021 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and repatriation. Based on this, the modelling has determined that activity and capacity requirements for North Powys (Year 10, 2031) are:

- Operating theatre: 1,952 cases, 1 theatre;
- Enhanced procedure room: 2,539 cases, 1 room;
- Endoscopy room: 1,965 cases, 1 room;
- Outpatient treatment / clean room: 8,561 cases, 2 rooms.

3.2.3.14 Outpatient Consultations

The proposed model of care for outpatient consultation is to provide services as close to where people live as possible, taking account of clinical and financial viability considerations for each specialty / service. Thus, outpatient services should be provided within each Powys locality (North / Mid / South), with appropriate repatriation from external providers helping to ensure critical mass.

There may be significant changes in model in some specialities such as respiratory where it is planned that outpatient activity will be repatriated, including level 1-3 sleep studies.



Detailed consideration has been given to in-county delivery potential for each specialty through a comprehensive series of Clinical Network Sessions held in 2019, and involving both clinicians from Powys and also from neighbouring Health Boards and NHS Trusts. In addition, the potential future role of digital and remote consultation and use of technology has been factored in.

Table 25: Projected outpatient activity

Activity	2021	Forecast 2026	Forecast 2031
Powys provider activity	12,289	13,479	14,656
Other provider activity	57,687	62,249	66,543
Total	69,977	75,728	81,199

Table 25 shows total projected demand for outpatient activity undertaken both within and outwith the County. Demand is projected to increase across all areas within the forecast horizon.

Table 26: Projected outpatient activity with repatriation

Activity	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
North Powys	18,096	54,272	40,613	41,687
Mid Powys	15,017	20,260	25,304	15,402
South Powys	19,826	26,650	35,432	17,842
Percentage	In County (2021)	Out County (2021)	In County (2031)	Out County (2031)
North Powys	25%	75%	49%	51%
Mid Powys	43%	57%	62%	38%
South Powys	43%	57%	67%	33%

Table 26 shows projected demand for outpatient undertaken both within and outwith the County for 2021 (current model of care) and 2031 forecast (preferred model of care, with repatriation). Future activity and capacity requirements allow for demand change and repatriation.

Based on this, the modelling has determined that capacity requirements for North Powys (Year 10, 2031) are:

- Outpatient Consulting (face to face): 10 rooms
- Outpatient eConsulting: 4 rooms / e-consulting spaces

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3.2.3.15 Maternity

The service vision for maternity services is for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys. To support this model of care, locally-provided obstetric appointments will use “Attend Anywhere” to link with obstetricians in acute hospitals. Postnatal care will continue to be community-based, and there will be improved local provision of early pregnancy and miscarriage support – it is estimated that 70% of early pregnancy assessment activity can be repatriated.

The birth rate is not projected to change from current levels. Baseline deliveries in (215 deliveries in 2020) equates to 35% of low risk deliveries for Powys residents. The future target is 45% of low-risk deliveries, which equates to 280 deliveries per year in Powys, around 260 of which are likely to be in local Midwife Led Units, together with around 20 home births.

Capacity requirements for North Powys have been determined based on discussion concerning functional requirements, informed by review of the recently developed unit in Llandrindod. Based on historical delivery patterns across Powys, around half of future projected deliveries (140) could be expected to take place in North Powys.

3.2.4 Problems with the status quo

3.2.4.1 Current Operating Arrangements

Current health and care services are delivered in a way that is not conducive to collaborative working across organisations and fails to achieve successful integration. Services are disparate and predicated on a model that focuses on illness rather than wellness and prevention, which is outdated and unsustainable particularly in light of demand pressures currently being experienced across the system. This is leading to less favourable health and wellbeing outcomes for our population.

There are a number of barriers that exist between organisations. Often health and social care services have to rely on referring to and drawing data from different systems when trying to determine the efficiency and effectiveness of interventions across the whole system, which in turns presents difficulties in planning effective future service provision. Additionally, there are barriers that exist between community teams across the partnership with variation of service provision, inhibiting a proactive approach to care delivery. The use of D2RA pathways is inconsistent and often too many people are defaulting to pathway 3, meaning people are ending up in bedded facilities when they may not need to be there.

The shift in focus on illness to wellness and prevention needs to be supported by a robust social model of health, placing an emphasis on the importance of third sector service delivery in order to mitigate against demand for statutory intervention. Currently pathways are developed independently of the third sector and therefore unnecessary demand is traditionally placed upon statutory services. This is a new concept for Powys and to date there has been a lack of shared vision across the partnership, however work has commenced on embedding a joined up strategic approach to underpin the success of implementing a social model of health.



The majority of health care activity for the north Powys population is predicated on a traditional model of service delivery in acute settings out of county. Though there has been a shift to virtual clinics since the onset of the Covid-19 pandemic, more can be done to deliver services more locally and reduce the travel time and cost burden for patients. Hospital reconfigurations around our borders mean that some services are moving even further away. There is currently no day case or ambulatory care provision in north Powys, and limited diagnostic provision which is not in line with the offer available in other parts of the county, creating inequity of service for the north Powys population.

Workforce challenges have been increasing over recent years, with the ongoing Covid-19 pandemic further exacerbating the issues. Change needs to be embedded into the fabric of the organisations in order to radically transform the health and care workforce, harnessing opportunities to train and upskill staff to maximise and enhance career progression and job satisfaction.

3.2.4.2 Built Environment

The geographical distribution of PTHB's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the HB has some unique challenges in terms of maintaining building stock.

Similarly, as shown in table 16 above, the majority of PCC's estate is based on outdated models of delivery and requires significant investment to transform the way care is provided.

Backlog maintenance in Health and Social Care across PTHB and PCC sites in Newtown currently stands at **£7.4 million**, as also shown in table 16.

Properties that are no longer suitable for service delivery will be addressed as part of the Business Case development, resulting in an estate of better performing buildings leading to a reduction in the running costs, and a more efficient and sustainable property portfolio, with no residual high or significant compliance risks across the Partnership.

Developing an estate with innovative environments is a key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys'. The current estate presents significant challenges when addressing decarbonisation. Existing buildings perform poorly in terms of energy efficiency (insulation/windows etc.). Most buildings feature gas fired boilers and other carbon intensive technologies and present little opportunity to incorporate modern innovative low carbon technologies due to the cost prohibitive nature of retrofitting existing facilities. The layout of the physical environment also constrains opportunities for head zoning

Developing an estate with innovative environments is a key enabler to the delivery of the eight objectives defined in 'A Healthy Caring Powys'. These consist of four Well-being Objectives: Supported by four Enabling Objectives:

Figure 23: Four well-being objectives



3.2.4.3 Wellbeing Assessment

The social determinants of health are the non-medical factors that influence health outcomes amongst the population. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. The social determinants of health and wellbeing have an important influence on health inequities. At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

These determinants of health are of particular prominence in the Newtown area, an area of multiple deprivation and poor health outcomes as evidenced in each of the sections below.

The full extent of the Covid-19 pandemic on general wellbeing is not yet known, however initial analysis from the Powys 2021 Population Wellbeing Assessment clearly demonstrates the societal factors contributing to our health and wellbeing are getting worse across Powys. It also identified that the health and social care need was greater in north Powys compared to mid and south Powys, with several indicators highlighting Newtown as a challenging area in terms of social determinants of health and wellbeing. This makes north Powys and Newtown specifically a priority for investment to improve wellbeing and access to more innovative local health and social care services, as well as being a key area that requires investment in children and focus on the early years and education.

The Powys PSB Population Wellbeing Assessment undertaken in 2017 highlighted a range of stark statistical analysis across north Powys, placing localities across the regions at the forefront of poor scoring wellbeing and public health factors, as demonstrated in figure 5 below.

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Figure 24: Summary of North Powys 2017 Wellbeing Assessment

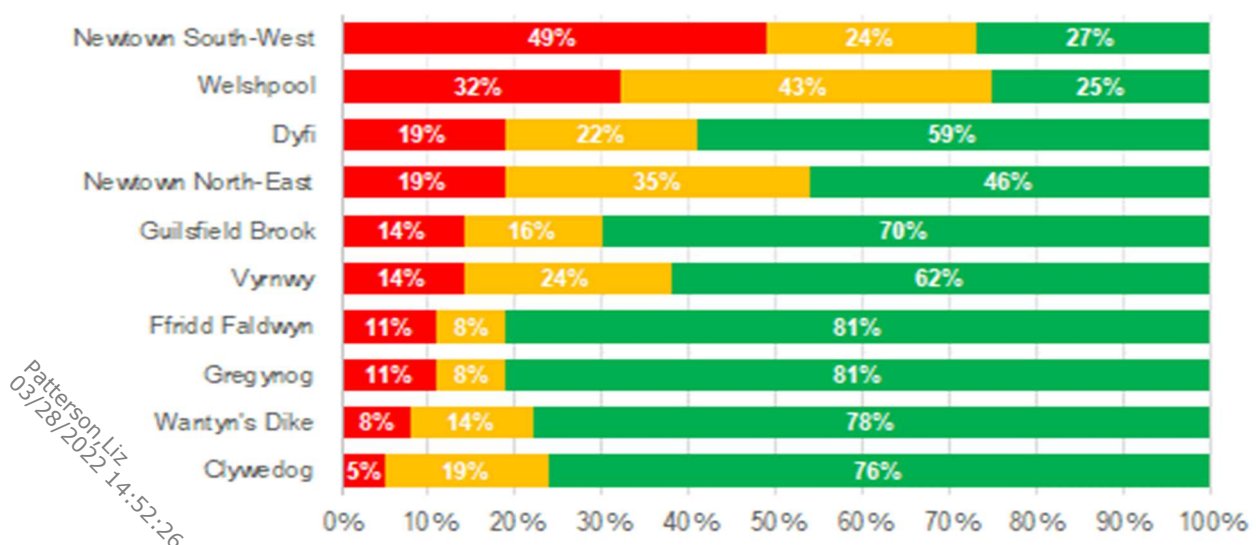


In 2018/19 a more detailed wellbeing analysis was undertaken including over 40 datasets split into three areas:

1. Wellbeing
2. The Big Four
3. Joined Up Care

The same methodology was utilised in all three areas: indicators were coloured red, amber or green, depending on how far off the Powys Average (mean average) they were, with green being better than average. The ratings have been converted into percentages, allowing identification of the areas with North Powys with the greatest proportion of “red”.

Figure 25: North Powys health indicators (wellbeing, big 4, joined-up care)





The analysis also found:

- Newtown has a higher average of children living in poverty
- The lowest levels of home ownership for north Powys are in Newtown and Welshpool
- People in Newtown South West have a higher average for those struggling to keep up with bills
- Newtown South West has the highest average unemployment and, in general, unemployment is rising steeply in Powys
- The lowest level of satisfaction with the local area is Newtown South West
- Lowest levels of two parent households are in Newtown South West
- Children on the child protection register average rates are high in Newtown and Welshpool
- The number of unpaid carers on average is higher in Welshpool and Newtown South West
- The rate of people receiving domiciliary care is higher in Newtown South West and Dyfi localities

The full analysis can be found at Appendix A, which highlights Newtown East and Newtown South West as localities with low scores relating to The Big Four, Focus on Wellbeing and Joined up Care.

3.2.4.4 Workforce

With demographic predictions indicating more people will be living longer with long term conditions, this is likely to be associated with increased demands for health and social care services across Powys.

Alongside this, the working population in Powys is shrinking faster than the Wales average. Young people are leaving the county to access educational opportunities, with outward migration at its highest between the ages of 15-19. Powys does not have a university within the county to attract and retain its young students. We are seeing a migration of approximately 500 students each year going out of county to access higher level educational opportunities. This equates to £2 million worth of educational funding being lost to neighbouring counties and across the border into England. Many do not return and those who do so often do not return until their early forties. This is directly contributing to the reduction in the working population, with further reductions predicted over the next 15 years. In addition to this, our pupil numbers have been reducing and are projected to reduce further. Development of local education services is key to prevent this migration and to attract and develop a workforce which can strengthen and provide an innovative rural primary, community and social care system.

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Currently there are around 71,500 “people roles” within the health and care workforce in Powys (health and social care, including in the voluntary, independent sector and as unpaid carers & volunteers). This is equivalent to more than half of the Powys population, but it does include some people who have multiple roles (e.g. a paid role as well as volunteering roles, multiple volunteer roles).

70% of the workforce lives in Powys, and 18.6% of the Powys population speaks Welsh which reinforces the importance of Welsh language skills and capabilities within the health and care workforce. The health and care workforce is predominantly female, with a 50% split in the volunteer sector and spiking at 86% in health. Volunteers and carers play a significant role in providing services to the communities of Powys and they make up nearly two thirds of effective workforce. The delivery of a wide range of community and support services is critically dependent on volunteers and carers.

Overall, Powys is faced with some significant workforce challenges, with specific regional challenges for north Powys as outlined below:

- Recruitment and retention gaps across the health and care system in the following service areas:
 - Registered nursing wards & mental health
 - GPs, domiciliary carers, pharmacy, specialist role AHPs, dentistry, psychologists
 - Senior practitioners and social workers
 - Approved mental health practitioners
 - Healthcare Assistants (MIU)
 - Children’s community nursing (ability of team to provide end of life care)
 - Medical staffing, particularly in mental health across adults and older adults
- Around 50% of staff based in north Powys are engaged on a part-time contract
- The % of staff over the age of 55 is generally reflective of the organisational profiles, thus succession planning will need to be factored in
- Across the independent sector, 82% of vacant posts are carers/domiciliary care providers
- Recruitment into areas across north West Powys poses a specific challenge due to the rurality of the area
- Retirement predictions between 5 – 25% over the next 5 years
- A decline in early retirement has led to volunteering challenges

Whilst the county has a large voluntary and carer workforce, more opportunities for younger people are needed. People tend to do more than one volunteering job, supporting different



people. Most common types are errands, caring for children, keeping in touch with a housebound person, providing transport and giving advice.

The below table demonstrates the workforce profile of PTHB in north Powys currently. Over 30% of the overall workforce in health are over the age of 55.

Table 27: Workforce statistics

Staff Group	Headcount	WTE	Av. Age	% >55	Org % of staff >55	% PT
Add Prof Scientific & Technic	31	23.2	44	19%	30%	31%
Additional Clinical Services	164	122.22	46	32%	31%	60%
Admin & Clerical	127	95.96	50	38%	32%	48%
Allied Health Professionals	78	59.85	43	21%	22%	40%
Estates & Ancillary	70	49.09	51	47%	48%	67%
Medical & Dental	14	9.77	51	36%	33%	28%
Nursing & Midwifery Registered	241	186.93	48	29%	29%	50%

3.2.4.5 Demography

The population of north Powys is 63,271¹. Newtown is the largest town and has the second highest population concentration within the county (13% of Powys residents, 16,967, live here). Welshpool and Montgomery have the highest number of residents aged 65 and over. Apart from the 4 largest towns, the rest of the population are widely dispersed in smaller centres, hamlets and across many rural properties.

Powys has an ageing population and it is projected that 38% of the population will be aged over 65 by 2036. The aged 80+ age group has seen the largest increase in Powys over the last 20 years with a 53% increase, from 6,361 in 2000 to 9,737 in 2020 (Wales 39% increase). The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons). The increase in the number of elderly people in Powys will occur as the number of people of working age also decreases. By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), whilst at the same time the working age population is projected to fall -8.8% (- 6,152). The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it. While people are living longer, these years are not always healthy, this population

¹ Powys County Council Business Intelligence Unit February 2020



group tend to require more significant access to health and care services and accommodation. To meet future demand, the way in which services are delivered must change, we need to be more innovative and value based to ensure they meet future needs, are affordable and sustainable.

The 15 and under age group has seen a reduction in Powys over the last 20 years of -14% in total, from 24,528 in 2000 to 21,069 in 2020. This trend in population of this age group is set to continue with a further reduction of -6.5% (1,382 people) projected by 2043. The reduction in children across the county could add to existing workforce pressures in years to come.

3.2.4.6 Accessibility

In addition to the ageing population. Powys also has a dispersed rural population with nearly 59% of the population living in villages, hamlets and rural areas, making access to services challenging and, in some areas, limited. In response to the ongoing Covid-19 pandemic more of us are accessing services from home and many organisations have been forced to adapt and boost online delivery. However, generally broadband connectivity is poor across Powys which may impact the full potential of digital opportunities. 12.2% of Powys properties have an internet connectivity speed of under 10mbps, with 21% of premises not able to access 30mbps internet connectivity speed. 65% of households in the Llansilin LSOA, in north Powys, are falling below the standard of 30mbps, with many other LSOAs across north Powys experiencing poor internet connectivity. Additionally, the level of digital exclusion in Wales is higher than the UK, creating a risk that digitally excluded users of health and care services get left behind in the digital health revolution. Applied to the current Powys population, as many as 13,300 residents could be digitally excluded.

Powys as a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services, particularly in the sparsely populated areas of north Powys. Rurality and accessibility to services is a key challenge in the planning and delivery of health and care services across north Powys, with variation in service provision across the county.

The Department for Transport estimates that people in rural areas of England and Wales travel approximately 40% further than people in most urban areas and almost all of this extra distance travelled by rural residents is by car. The car-dependent nature of travel in many rural areas means that there is a rising risk of mobility-related exclusion particularly amongst the oldest and those with health needs and local provision of primary, community and social care as part of an integrated offering can part of the solution to rural areas.

People in Powys rely on health services around the county's borders. Each of these systems link into their own wider health economies which mean people can travel further away from Powys for specialist care. Due to the geography and population size of Powys, it is not feasible to develop a District General Hospital in the county, and as a result most specialist care has continued to be provided through the five health systems around its borders.



Powys is therefore unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services. However, there is an opportunity for some services such as day cases, diagnostics and outpatient appointments to be provided more locally in north Powys meaning people don't have to travel and more people can be seen locally in a primary and community care setting, reducing over reliance on hospital services.

Table 28: District Hospitals serving North Powys residents (with min and max travel time)

Closest Hospitals by Rank	Distance ² (miles)	Min Travel Time (mins) ³	Max Travel Time (mins) ⁷
Royal Shrewsbury Hospital	32	58.1	155.2
Robert Jones & Agnes Hunt	32	57.8	155.8
Bronglais Hospital	44	56.8	154.9
Wrexham Maelor Hospital	44	56.9	156.4
Telford Hospital	48	56.7	155.5

Travel times for some patients are extending due to hospital transformation /reconfiguration programmes which often are resulting in services moving further away.

In north Powys there is currently no local service provision for day cases; approximately 5,000 people travel out of county each year for relatively straight forward operations that could be undertaken in a day-case facility in north Powys. There are also around 60,000 outpatient appointments which take place each year outside Powys, a large proportion of which could be delivered more locally or via virtual digital clinics if there was access to the right infrastructure, diagnostics, workforce and facilities. Investment in digital technology and new facilities will enable the delivery of local day cases, diagnostics and one stop services in north Powys, this will hugely overcome travel distances and multiple visits to District General Hospitals, providing value-based healthcare and improving the experiences for some of the most deprived communities in Wales by reducing unnecessary travel.

Inequalities in service provision are significant in north Powys. People in north Powys rely heavily on health services from within Shropshire's Shrewsbury and Telford Hospital Trust (SaTH). Many of these services are changing under the Future Fit reconfiguration programme and a large proportion of services including planned care are going to be transferred to the Telford Hospital site, resulting in people having to travel much further for routine care that could be provided locally in Powys. Recently the CQC have reported concerning quality issues in relation to the standards of care at the Shrewsbury and Telford Hospital Trust, and discussions are ongoing in partnership around more short-term measures which could be taken to support a reduction in admissions to SaTH and to improve discharge planning – this

² <https://www.rac.co.uk/route-planner/> using the town clock in Newtown SY16 2BB and the fastest route

³ Powys County Council Business Intelligence Unit February 2020



relies on new models of care, but also a new facility to enable more care to be provided locally in north Powys.

In developing a new facility, geographically north Powys is strategically important in strengthening health and care services for the mid Wales region, reducing the impact of reconfiguration proposals around its borders. This presents opportunities to work differently with Acute Providers and to develop Strategic Partnership which support clinical networks and upskilling the local primary and community workforce to enable some of these services more locally in north Powys.

Delivering as much care as possible in north Powys, avoiding out of county travel and providing a better experience for the individual will overcome some of the accessibility issues, as well as the issues associated with affordable healthcare as the current hospital model is proving increasingly challenging to sustain, and a key goal is to redesign and strengthen the primary and community care sector to support a sustainable future for health and social care in the community.

3.2.4.7 Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas, LSOAs, in Wales. It identifies areas with the highest concentrations of several different types of deprivation in relation to:

- Income
- Employment
- Health
- Access to Services
- Education
- Housing
- Physical Environment
- Community Safety

The most recent Powys Population Wellbeing Assessment 2021 initial analysis continues to tell us that the LSOAs of Newtown East and Newtown South are ranked in the top 20% most deprived areas in all Wales, whilst Newtown Central 1 and Newtown Central 2 are ranked in the top 30% most deprived in all Wales. While the life expectancy compares favourably with that in Wales overall, inequalities persist within Powys and Newtown itself between the most and least affluent along the social gradient:

- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas

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- A boy brought up in the least affluent areas can expect to live 6.5 years less in good health.

By growing up in a deprived area, children are more likely to have poorer health which will impact on the rest of their lives. Evidence shows that over a period of 10 years, cognitive outcomes for children in high and low socioeconomic status diverge over time. Across Wales, there is a clear correlation between levels of deprivation and rates of overweight or obesity, ranging from 28.4% of children living in the most deprived areas being overweight or obese to 20.9% in the least deprived. This is a particular concern in the Newtown locality which scores high on a number of factors associated with the WIMD.

Out of the 13 localities in Powys, Newtown locality has the highest rate of crimes with 3,180 per 10,000 population. Notably, Newtown East ranks 31st of all 1,909 LSOAs in Wales for most deprived for community safety.

Free School Meal eligibility is a key proxy measure of household income. At all key stages, learners eligible for free school meals tend to perform significantly less well than those not eligible, leading to a decrease in educational attainment. Poor educational attainment is likely to harm children and young people's future life chances and perpetuate the cycle of poverty.

Over the past two years from 2018/19 to 2020/21, owing to the Covid-19 pandemic, Powys has seen the second largest increase among all Welsh Local Authorities in the number of children eligible for free school meals (increase of 46%). The number of children eligible increased from 1,820 to 2,651 children. In Powys Primary Schools, 15% of all pupils are receiving free school meals, the highest being a school in Newtown catchment area with 46% of pupils receiving Free School Meals. Newtown catchment has the highest free school meals take up with 23%. In Powys Secondary Schools, 14% of all pupils are receiving free school meals, a secondary school in Newtown has the second highest up take with 19% of pupils receiving free school meals.

Childhood poverty is an important driver of population health for two reasons:

- Adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health and wellbeing throughout the life course
- Poverty itself is associated with a range of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors', meaning that it can bring many negative health effects.

Reducing inequalities can be achieved through effectively working across health, local authorities, schools and other agencies by implementing upstream interventions throughout the life course, but with particular emphasis on the first 1000 days, adverse childhood experiences and on well-being and independence. We need to work much more closely with our communities to plan and deliver effective care and support to everyone including those who need it most.



Since June 2019, as a result of the ongoing pandemic, unemployment has also risen sharply in Powys. The Annual Population Survey (ONS) results show that between December 2019 and June 2021 unemployment in Powys has doubled. The unemployment rate increased from 3.1% to 6.3% (+3.2%) in Powys, compared with the Welsh average from 4.2 to 4.4% (+0.2%). As a result of this increase Powys went from ranking 12th out of 22 for the lowest rate of unemployment in Wales, to 6th lowest, and (as seen above) for the first time Powys' unemployment rate exceeded the Welsh average. The Claimant Count data shows the number of people who are claiming Jobseeker's Allowance and those claiming Universal Credit who are required to seek work as an indicator of unemployment. Between March 2020 and September 2020, Newtown locality saw the highest overall increase in the number of claimants with 405 new claimants during the same period, equating to an increase of 140%. As of September 2021, Powys has 2,340 claimants. Newtown locality has the highest number and the highest % of claimants out of all 13 localities across Powys. Newtown locality contains 16.5% of all Powys' claimants (385).

People have different life expectancies depending on their income and where they live, which is unfair. For example, in the Ffridd Faldwyn MSOA area, the average male life expectancy is 83.2 years, whereas in Newtown South-West this is just 74.3 years, whilst the average male life expectancy in Powys is 79.9 years. These figures correlate with the percentage of children living in poverty, with Newtown South-West having the highest percentage (31%).

Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke, and 4 in 10 drink more than the recommended amount of alcohol.

3.2.5 Investment Objectives

The Investment Objectives underlying the case for change for this project are:

8. **Integrated Local Services:** Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3rd Sector and other public services, serving the population of north Powys.
9. **Sustainable workforce:** Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.
10. **Innovative Environment (Fit for Purpose Estate):** An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.

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11. **Innovative Environment (Effective Accommodation):** To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.
12. **Decarbonisation (Infrastructure & Estate):** To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.
13. **Decarbonisation (Greener Travel):** To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.
14. **Regeneration:** Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.

While these Investment Objectives may appear different to those included in the Programme Business Case, they are simply provided at a more granular level and can be linked directly back to the original Programme Business Case Investment Objectives through the prefixes shown (e.g. Integrated Local Services).

3.2.6 Main Benefits

The main benefits associated with the strategic case are outlined below. They are grouped by the respective delivery partners, in addition to the service users. As a result, there is a degree of duplication, as the delivery partners will have overlap in both their aims and the benefits they will derive from the project.

Table 29: Benefits by Investment Objective

Investment Objectives	Main benefits criteria
<i>Integrated Local Services</i> Provide a multi agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	<u>Cash Releasing</u> <ul style="list-style-type: none">• Reduced operating cost of Health & Care services <u>Quantifiable</u> <ul style="list-style-type: none">• Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users• Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions.• Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.• Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.• Contribute to improved early years health outcomes



Investment Objectives	Main benefits criteria
	<u>Qualitative</u> <ul style="list-style-type: none"> • Opportunities for informal interactions because of service and officer proximity • Prudent healthcare and the early intervention/prevention agenda in social care supported.
Sustainable Workforce Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	<u>Cash Releasing</u> <ul style="list-style-type: none"> • Reduction in the use of locum, agency and bank staff.
	<u>Quantifiable</u> <ul style="list-style-type: none"> • Improved education and learning for staff; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training. • Improved recruitment and retention rates • More sustainable and efficient workforce model through new ways of working co-location and collaborative working • New employment opportunities – through the repatriation of services.
	<u>Qualitative</u> <ul style="list-style-type: none"> • Training Academy status, improving status + perception of local area • Creating a social and economic hub making Newtown a more desirable place to live and work
Innovative Environment (Fit for Purpose Estate) An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	<u>Cash Releasing</u> <ul style="list-style-type: none"> • Reduction in premises operating costs
	<u>Quantifiable</u> <ul style="list-style-type: none"> • Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment • A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery. • Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives. • Improved access to services through digital enhancement of facilities.
	<u>Qualitative</u> <ul style="list-style-type: none"> • Maximised opportunities to share expertise and knowledge with other Health and Care providers • Environment will support national and local policy objectives to develop services which focus on community wellbeing and delivering social value
Innovative Environment (Effective Accommodation)	<u>Cash Releasing</u> <ul style="list-style-type: none"> • Reduction in premises backlog maintenance costs (£'s to be defined)



Investment Objectives	Main benefits criteria
To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	<ul style="list-style-type: none"> Reduction in ongoing premises revenue costs (£'s to be defined) <p><u>Quantifiable</u></p> <ul style="list-style-type: none"> Improved estate-wide energy efficiency Increase in % utilisation of estate through sharing of accommodation across partners Compliance with statutory and mandatory estate code and improved functional suitability <p><u>Qualitative</u></p> <ul style="list-style-type: none"> Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment
<p>Decarbonisation (Infrastructure & Estate)</p> <p>To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> Reductions in estate-wide running costs for energy <p><u>Quantifiable</u></p> <ul style="list-style-type: none"> Achieve BREAAAM Rating Excellent (with a view to achieving overall Net Zero Carbon) Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies. <p><u>Qualitative</u></p> <ul style="list-style-type: none"> Improvement in public perception of the partner organisations
<p>Decarbonisation (Greener Travel)</p> <p>To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> Reduced service user transport costs Reduction in staff mileage costs <p><u>Quantifiable</u></p> <ul style="list-style-type: none"> More people using active travel in Newtown Increased number of electronic vehicle charge points on site Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions. Environments are fully digitally enabled <p><u>Qualitative</u></p> <ul style="list-style-type: none"> Encourages staff, visitors and patients to stay active through green spaces and proximity to 'Open Newtown' – improving health and wellbeing
<p>Regeneration</p> <p>Generate opportunities to optimise Social Value through stimulation of the local job</p>	<p><u>Cash Releasing</u></p> <ul style="list-style-type: none"> Increased revenue generating opportunities <p><u>Quantifiable</u></p> <ul style="list-style-type: none"> A regenerated high street, with more choice for residents and visitors



Investment Objectives	Main benefits criteria
market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	<ul style="list-style-type: none">Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum. <u>Qualitative</u> <ul style="list-style-type: none">Supporting NHS to operate as an ANCHOR organisation enabling community wellbeing and delivering social valueCreating a social and economic hub making Newtown a more desirable place to live and workTraining Academy status, improving status + perception of local area

3.2.6.1 Economic Additionality

Economic Additionality, whilst a valid and deliverable benefit, only really materialises under the Investment Objective for Regeneration. Therefore, the realisable benefits for Additionality are listed separately here:

- Additional Income brought into the Newtown area as a result of new jobs
- Increased opportunities in North Powys to access apprenticeships, employment and training
- Encourage 'footfall' to local services, businesses and the town centre
- Community Benefits as a result of the procurement exercise
- A full Economic Additionality assessment will take place at OBC stage.

3.2.7 Targets and measures

The following table identifies the measures that will be utilised to ensure that the identified investment objectives are SMART. At Outline Business Case (OBC) stage we will be much better positioned and informed to be able to submit a comprehensive set of targets for each of these identified measures.

Table 30: Measures and Targets

Investment Objectives	Quantifiable Benefits	Measures
1. Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd	<ul style="list-style-type: none">Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users.Improve citizen experience, quality of care, reduce	<ul style="list-style-type: none">Number of complaints and trends analysis for north Powys.% of commissioned services repatriated into north Powys.Reduced waiting times for imaging (CT, MRI, Ultrasound, plain film).



Investment Objectives	Quantifiable Benefits	Measures
Sector and other public services, serving the population of north Powys.	<p>waiting times and speed up diagnosis.</p> <ul style="list-style-type: none"> Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions. Contribute to improved early years health outcomes. Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities. 	<ul style="list-style-type: none"> Reducing patients waiting for planned care Reduce acute hospital admissions for specific patient groups (linked to same day urgent care in north Powys). No. of contacts with third sector services or monitor uptake of social prescribing framework (not yet in place). No. of people living at home independently following a period of reablement. Book loan measures / information take-up. Reduction in Adverse Childhood Experiences. Track First 1,000 Days initiative.
<p>2. Sustainable workforce:</p> <p>Deliver a new and sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.</p>	<ul style="list-style-type: none"> Improved recruitment and retention rates. Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training. More sustainable and efficient workforce model through new ways of working co- location and collaborative working. 	<ul style="list-style-type: none"> Track staff churn levels and vacancies. Track recruitment costs. No. of no training weeks per £m invested; proportion of training time spent by staff. Estyn measurements including Academic achievement, leadership, wellbeing, Health & Employment. Undertake and track staff Wellbeing / satisfaction surveys.

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Investment Objectives	Quantifiable Benefits	Measures
	<ul style="list-style-type: none"> New employment opportunities – through the repatriation of specialist services. 	<ul style="list-style-type: none"> Staff sickness levels.
<p>3. Innovative Environment (Fit for Purpose Estate):</p> <p>An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.</p>	<ul style="list-style-type: none"> A purpose-built environment to enable innovation in practice, flexible working with facilities to improve efficiencies and future proof service delivery. Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives. Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment. Improved access to services through digital enhancement of facilities. 	<ul style="list-style-type: none"> No. of concerns raised relating to Estates Issues. % of space available for flexible/multi-use No. of people using technology enabled independence, care or health. No. of people attending virtual clinics. No. of services available including digital.
<p>4. Innovative Environment (Effective Accommodation):</p> <p>To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public</p>	<ul style="list-style-type: none"> Improved estate-wide energy efficiency. Increase in % utilisation of estate through sharing of accommodation across partners. Statutory and mandatory estate compliance and improved functional suitability. 	<ul style="list-style-type: none"> Current Levels of Backlog Maintenance across all the services to be removed. Utilisation of shared rooms and spaces (before and after measures). No. of people agile working. Improved accessibility (in line with the Equality Act).

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Investment Objectives	Quantifiable Benefits	Measures
sector funds and assets.		
<p>5. Decarbonisation (Infrastructure & Estate):</p> <p>To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.</p>	<ul style="list-style-type: none"> Reduced carbon footprint of the estate Installation of water-saving devices throughout Utilisation of low carbon heat sources throughout No fossil fuelled combustion systems shall be employed as primary heat sources Achieve BREEAM Rating Excellent. 	<ul style="list-style-type: none"> Carbon Footprint of the Estate. BREEAM Rating.
<p>6. Decarbonisation (Greener Travel):</p> <p>To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.</p>	<ul style="list-style-type: none"> More people using active travel in Newtown. Environments are fully digitally enabled, which supports e-consulting. Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions. Principles of sustainable travel shall be used to include: suitable and sufficient public transport links, cycle storage, changing facilities, e-bike shelter and charging 	<ul style="list-style-type: none"> No. of people cycling to work. No. of Non-emergency transport miles travelled to out of county hospitals. No. of electric car charging points.

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Investment Objectives	Quantifiable Benefits	Measures
	<p>provisions, car sharing schemes</p> <ul style="list-style-type: none">• EV charging provisions shall exceed standards given in Planning Policy Wales [Edition 10] for 10% of all new spaces.	
<p>7. Regeneration:</p> <p>Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.</p>	<ul style="list-style-type: none">• A regenerated high street, with more choice for residents and visitors.• Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.• Increased opportunities for volunteering, apprenticeships and work placements'	<ul style="list-style-type: none">• No. of new temporary and permanent jobs created.• Track Gross added value benefits relating to increased economic activity (£).• Track% of labour force from defined postcode,• Track % of labour force from Wales.• Track footfall: residents and visitors - both no's and spend (£).• Track # of volunteer placements• Track # of apprenticeships

3.2.8 Business Needs

Having explored the existing issues facing current service delivery including; building condition and suitability, the need for more integrated joined up services and the current and future needs of the local community the following business needs have been identified.

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Table 31: Relationship between Business Need, Benefits and Investment Objectives

Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Lack of joined up care (Barriers between organisations, e.g. sharing of information, separate buildings, culture of silo working)	<ul style="list-style-type: none"> Access to real-time data and digital systems in an innovative multi-agency environment for all partners, to provide seamless integrated care and wellbeing services. 	<ul style="list-style-type: none"> Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users 	√						
Current demand and costs for statutory services is increasing (incl. COVID), current arrangements are not sustainable	<ul style="list-style-type: none"> Invest more in prevention and early help and support. Develop a shared vision and joint commissioning framework to deliver a new sustainable Social Model for health. New relationships needed between public services and communities to enable shared decision making and co-production Multi agency environment in Newtown that is conducive to physical, mental health and wellbeing with a range of services creating a 'one stop shop' on the campus to support people to self manage through information, advice, education and sign posting. Develop Home support (Outreach model) to promote help and support at earliest 	<ul style="list-style-type: none"> Improved sign posting and uptake of wellbeing services and activities to enable people to self-manage and live independently, reducing social isolation and hospital admissions. Reduced operating cost of Health & Care services 	√						

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>opportunities with the aim to keep people in their own homes.</p> <ul style="list-style-type: none"> New treatments and technology are creating new ways of working and these need to be exploited to support delivery in a rural setting 								
Inequality of access to services for north Powys population due to variation of service provision across Powys. Services also moving further away due to external hospital reconfiguration programmes.	<ul style="list-style-type: none"> To improve equality of access to local services through providing a flexible and responsive planned care service in north Powys to prevent people travelling out of county unnecessarily. 	<ul style="list-style-type: none"> Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis. Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities. 	v						
Traditional model with majority of activity taking place in Acute settings out of county (No diagnostic and ambulatory care provided locally).	<ul style="list-style-type: none"> Improve and enhance rural practice in primary, community and social care through innovation and new models of care with focus on local diagnostics, urgent care, planned care and supported living arrangements. (links to workforce - Health and Care Academy) Further utilise new technologies to support earlier diagnosis, as well as enabling rapid response to avoid hospitalisation (links to innovative environment) 	<ul style="list-style-type: none"> Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis. Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities. 	v						

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<ul style="list-style-type: none"> Benchmarking vs. UK and OECD demand and capacity highlights imaging capacity in the UK is significantly below other European countries. Diagnostic, Recovery and Renewal Report of the Independent Review of Diagnostic Services for NHS England October 2020 outlined significant increase in demand for CT and MRI services. 								
Newtown is a deprived area with disparate children's services and lacks opportunities for children and young people to have the best start in life. The impact of COVID is widening inequalities.	<ul style="list-style-type: none"> Strengthen wellbeing, early help and support services. Joined up care across multiple agencies (NEST) (education, health, social care, police, third sector etc) Strengthen education and employment opportunities 	<ul style="list-style-type: none"> Contribute to improved early years health outcomes 	v						
Significant recruitment and retention issues	<ul style="list-style-type: none"> Develop and implement an innovative and sustainable workforce model /robust workforce plan based on gap analysis and training needs to support and attract people to work in North Powys. Lead way in rural health and social care practice to promote Powys as a place to live, work and play – this will be via the multi agency wellbeing campus. 	<ul style="list-style-type: none"> Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training. Improved recruitment and retention rates 		v					

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<ul style="list-style-type: none"> Roll out of the school of volunteers and carers within the Academy that will support Carers and volunteers have a space (Physical & Virtual) where they can be connected, nurtured, inspired, empowered and equipped to support organisations that support them, in communities across Powys to work together to make a real difference to everyone's health and well-being. Develop and grow workforce through the Health and Care Academy offering including; education, housing, health, social care and 3rd sector. Work with universities to attract and encourage more students to come and enjoy rural placements in the area. Facilitate an all-round positive experience to rural placements to help inspire more students to come and experience rural Mid Wales, through offering modern student accommodation facilities with reliable internet connectivity to support digital learning opportunities. 								

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Cultural and traditional model leading to silo working	<ul style="list-style-type: none"> More digital enabled practice to improve efficiency Generic and blended roles across health, social care and 3rd Sector. Increased capacity of our multi-agency workforce to improve emotional health and well-being within our communities. 	<ul style="list-style-type: none"> More sustainable and efficient workforce model through new ways of working co-location and collaborative working 		√					
Workforce gaps – numerical and skillset	<ul style="list-style-type: none"> Ensure that adequate attention is paid to establishing the correct workforce in the right places at the right time. 	<ul style="list-style-type: none"> Improved recruitment and retention rates More sustainable and efficient workforce model through new ways of working co-location and collaborative working 		√					
Buildings generally not fit for purpose: Services provided from multiple buildings as part of an aged (in PTHB 38% pre-dating 1948) and in poor condition, poorly utilised, non compliant and non functional	<ul style="list-style-type: none"> Fit for purpose Estate that allows specialist and integrated local service provision within a wellbeing campus Learning from Covid 19 and applying new ways of working, indoor, outdoor and flows 	<ul style="list-style-type: none"> Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment 			√				
Current buildings do not allow innovation of practice, collaborative working or expansion of services.	<ul style="list-style-type: none"> Need for generic digitally enabled, flexible space. Need for modern environment for new ways of working and support repatriation of services 	<ul style="list-style-type: none"> A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery. 			√				



Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Lack of suitable environments for key groups i.e. dementia, autism. General access issues, e.g. lack of disable facilities and no provision of dementia friendly environments	<ul style="list-style-type: none"> Develop shared creative spaces to support all key groups, i.e. dementia friendly, child friendly. 	<ul style="list-style-type: none"> Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives. 			√				
The current buildings are poorly-utilised and outdated and services are provided from various partners across many separate buildings – the population have shared they are disparate.	<ul style="list-style-type: none"> To improve efficiency of current estate and make best use of public sector funds and assets through creation of a campus that has generic and shared spaces which can be utilised by multi-agency partners improving efficiency and effective use of space. 	<ul style="list-style-type: none"> Improved estate-wide energy efficiency Increase in % utilisation of estate through sharing of accommodation across partners 				√			
<ul style="list-style-type: none"> Building condition survey outcomes range from B - D Building suitability survey outcomes range from B- D Accessibility survey outcomes range from B - D Backlog Maintenance of over £7M 	<ul style="list-style-type: none"> Develop an estate which meets statutory / mandatory compliance and that is in line with latest thinking and design guidance, offering improved physical environment in terms of; Functional suitability; Fire safety compliance, Accessibility, Ease of use and reduced risk of infections 	<ul style="list-style-type: none"> Compliance with statutory and mandatory estate code and improved functional suitability 				√			



Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
Existing buildings perform poorly for energy efficiency (insulation/windows etc.). Most buildings feature gas fired boilers and other carbon intensive technologies and present little opportunity to incorporate modern innovative low carbon technologies due to the cost prohibitive nature of retrofitting existing facilities. The layout of the physical environment also constrains opportunities for head zoning	<ul style="list-style-type: none"> Development of a built estate able to respond to the initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan and Welsh Governments ambition for the public sector in Wales to be net zero by 2030. 	<ul style="list-style-type: none"> Achieve BREAAAM Rating Excellent Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies. 					√		
Retaining the status quo will not facilitate improvements to sustainable travel arrangements; nor will retaining existing delivery model improve the use of sustainable travel options.	<ul style="list-style-type: none"> Integration of health, wellbeing and social care in a new Health & Care model for Newtown and surrounding areas, to facilitate improvements to sustainable travel. 	<ul style="list-style-type: none"> More people using active travel in Newtown Increased number of electronic vehicle charge points on site 						√	
Lack of infrastructure, local service provision and digital opportunities resulting in travel out of county.	<ul style="list-style-type: none"> New Model of Health & Care, with services repatriated to the locale reducing miles travelled, reducing carbon footprint. Increase number of service user and staff accessing digital enabled services. 	<ul style="list-style-type: none"> Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions. 						√	



Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
		<ul style="list-style-type: none"> Environments are fully digitally enabled. 							
Wellbeing assessment identified health and social care needs are greater in north Powys. Newtown largest town in Powys, ranked as deprived area. High unemployment, children in poverty. National Development framework has identified Newtown as a regional centre – recognising the role this area plays in sub-regional areas through supplying jobs; leisure, retail, education and health and care services.	<ul style="list-style-type: none"> Enhanced offer - creating more jobs, attractive place to live and work. Encourage people to live well in local environment Supporting NHS to operate as an anchor organisation enabling community wellbeing and delivering social value. Support delivery of wider Welsh Government Policy in relation to National Development Framework and "Town Centres First" Initiative. 	<ul style="list-style-type: none"> A regenerated high street, with more choice for residents and visitors Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum. 							v
Demand is currently outstripping supply across north Powys for supported living accommodation provision, with high numbers of people either placed supported in interim placements or in accommodation out of county far from their home communities, friends and families.	<ul style="list-style-type: none"> Development of supported limited accommodation on the multi-agency wellbeing campus to accommodate a range of needs. With specialist services, GP surgery and a learning academy based on campus, the breadth of services offered will enable delivery of the right support at the right time. All accommodation and support will be based on what matters to 	<ul style="list-style-type: none"> Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users Improved sign posting and uptake of wellbeing services and activities to enable people 							



Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>residents. This will be with a view to promoting their independence and supporting individuals to live the best life possible</p> <ul style="list-style-type: none"> Focus on wellbeing as set out in the Well-being of Future Generations (Wales) Act 2015/Social Services and Well-being (Wales) Act 2014. Focus on prevention which is in line with the Act but also informed by good practice. Seeks to enable people to consider a wide range of places to live and deliver the support people want and need. Ensure effective investment with the resources available by developing up-to-date and appropriate services, which are progressive and flexible in nature. Increase suitable accommodation and support options within Powys, thus reducing the need for citizens to move out of county and away from home to receive the appropriate support. Address the needs of those facing and/or experiencing homelessness. This is driven by 'Rapid Rehousing', 'Housing 	<p>to self manage and live independently; reducing social isolation and hospital admissions.</p> <ul style="list-style-type: none"> Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities. 	√		√				

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Issues with current provision	Business Needs	Benefits	IO 1	IO 2	IO 3	IO 4	IO 5	IO 6	IO 7
	<p>First', and 'Everyone In' approaches, which aims to house individuals immediately who face or are experiencing homelessness.</p> <ul style="list-style-type: none"> • Demographic significance – demand for supported accommodation is high throughout Powys although particularly in the north of the county. • Address the increased financial pressures on public services. • Respond to the impact of Covid-19, which has added more pressure on health and care services, 								

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3.2.9 Project Scope

The scope of the solution will be informed by a number of principles related to both design and operation. These principles are aligned to the investment objectives and with redressing issues related to the status quo.

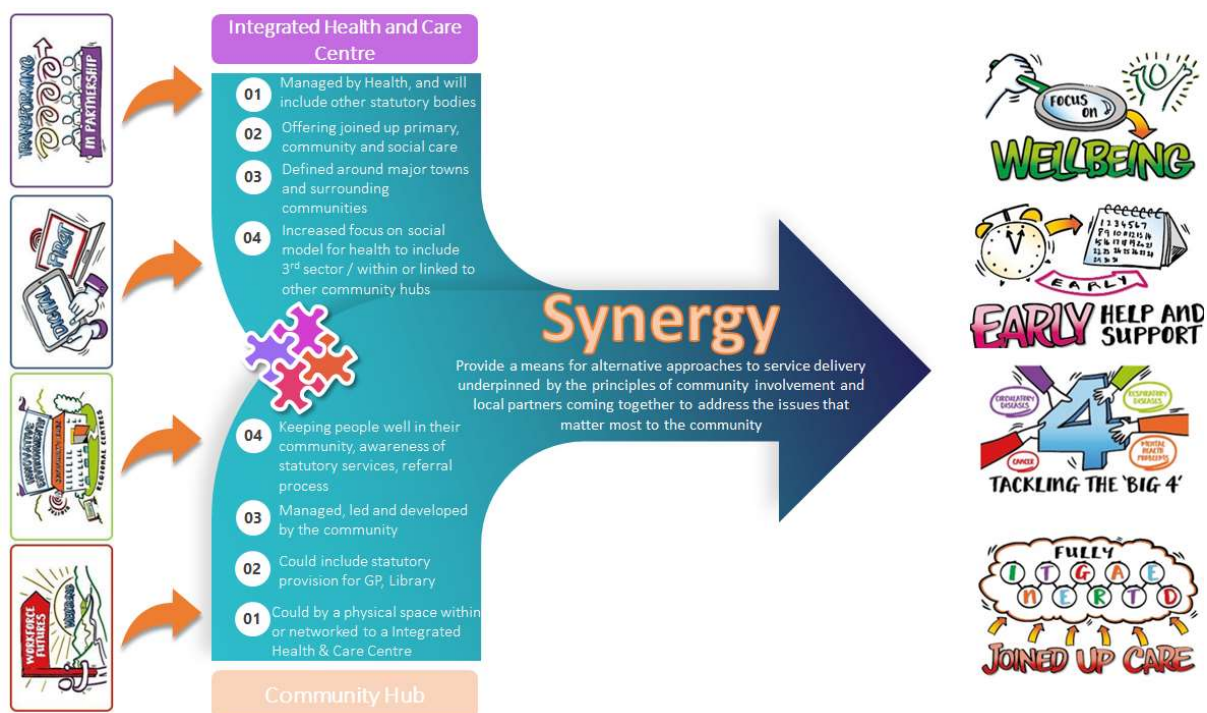
3.2.9.1 Innovative Environments

The Innovative Environment Oversight Group will ensure that innovation is embedded throughout the programme both in relation to the 'synergies' that can be achieved as well the main themes in relation to Design, infrastructure, Digital and Decarbonisation.

3.2.9.2 Synergies

One of the key drivers in leveraging the opportunities that change can achieve is by increasing synergies between organisations, individual services, the workforce and the estate. These synergies can be defined as **"interaction or cooperation which gives rise to a whole that is greater than the simple sum of its parts"**. Key synergies associated with the principles of the project are:

Figure 26: Project 'Synergies'



Campus synergies achieved through adopting a new model of care and the proposed principles of design will help to enable improvement across many areas including:

Provision of high quality public Realm – Creating a social and economic 'destination' for the population of North Powys offering a range of statutory and non-



statutory services as well as a centre for employment, leisure and social interaction tackling issues of social isolation.

- **Staff recruitment and retention** – providing high quality environments and amenities along with employment, education and training opportunities making North Powys a more attractive place to live and work.
- **Integrated services** – enabling multi team/organisation working leading to a more holistic approach to care and a focus on Health promotion, wellness and early intervention.
- **Regeneration** – acting as a catalyst for local regeneration through links to the town centre and other local amenities.
- **Convenience** – creating a ‘one stop shop’ for the local community, streamlining the process of consultation, diagnosis and treatment.
- **Relieve pressure on acute services** – through facilitating the provision of advice, guidance and support that will focus on prevention, allowing people to maintain independence and improving health outcomes.
- **Early Years Support** – by bringing together education, health and community support for families and creating safe spaces for children and young people.
- **Decarbonisation** – creating a series of buildings and interconnecting spaces which harness low carbon technologies and a single energy strategy for the site based on a ‘do it once’ approach.

3.2.9.3 Design

The development of a holistic approach ensures that each space being utilised is fit for purpose (utilising clinical spaces for office or storage for example is inefficient – and expensive). A building typology approach will mean that highly clinical, technical spaces are focussed where they are appropriate and less technical spaces such as office and meeting spaces which are more cost effective are also designed appropriately. The design will also consider the use of ‘repeatable’ or standardised rooms and modular building elements which streamline both design and construction processes. The principles associated with this design approach include:

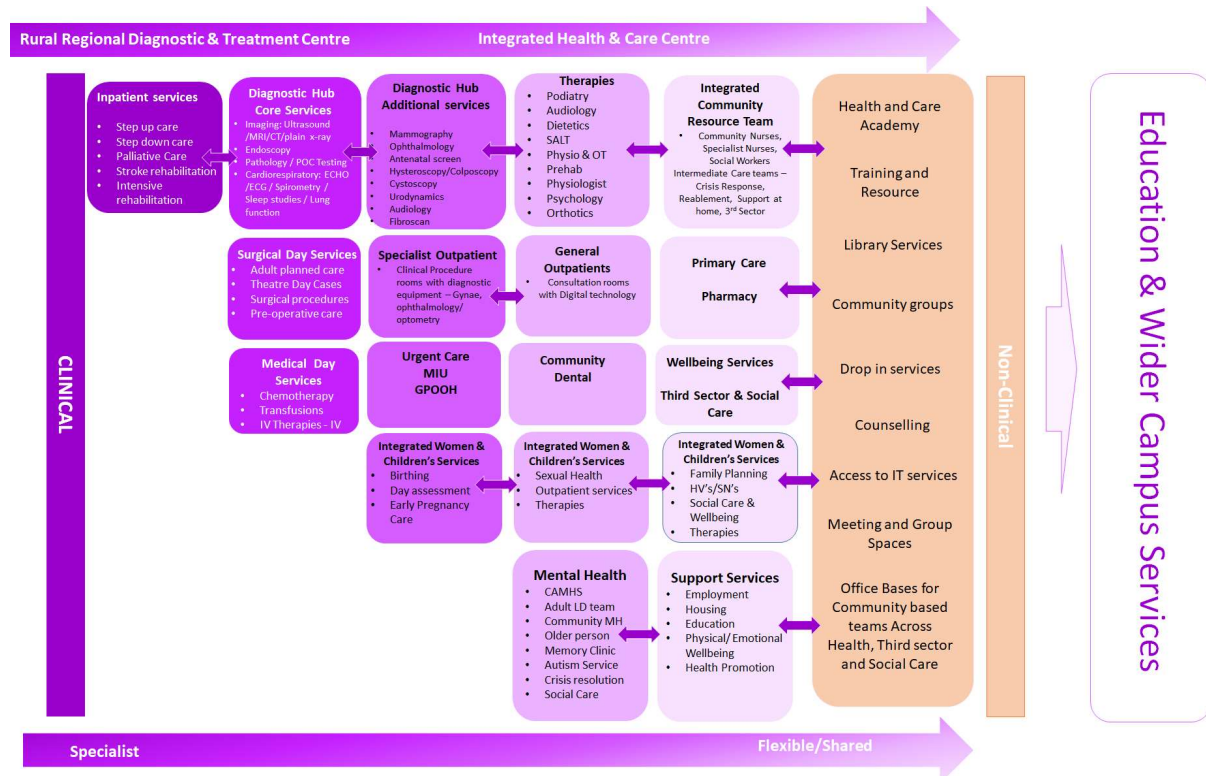
- **Space Utilisation** – bringing multiple disparate buildings/services into a single location will lead to better space utilisation and reduce duplication.
- **Improved efficiency** – through consolidation and sharing, improving space utilisation and reducing duplication
- **‘Right space right place’** – ensuring all spaces are fit for their intended purpose i.e. not over/under engineered `

• **New ways of working** – The development of the Interim Innovative Environments Strategic Framework



- Environmental quality – impact of our environment on our health and wellbeing
- Improved digital infrastructure - Digital infrastructure is one of the key priorities for the RPB (Digital First).
- Shared Spaces – a holistic approach has allowed the programme team to explore the opportunities for multi-use, flexible and shared spaces which can offer a number of benefits.

Figure 27: Design of Health and Care Services



3.2.9.4 Digital

Digital infrastructure is one of the key priorities for the RPB taking a longer term view to support connectivity in rural Powys and further alignment with the National Digital Health and Care Wales plan.

The Digital rollout plan remains a high priority, supporting both immediate priorities of COVID response, including a huge acceleration in agile and new ways of working, as well as essential service delivery and the scoping of the renewal priorities. The development provides a real opportunity to ensure that infrastructure is in place to enable targets for increased digital rollout. This will be a key thread to the service planning and pathway work that the partnership are currently undertaking.

The longer term ambition for the Campus is:



- Fully enabled digital ambulatory care services – provide the latest state of the art diagnostics, virtual consultations and e-learning platforms. Where clinically safe and effective provide remote diagnostics which will enable primary and community care teams to undertake local diagnostic investigations in Powys which can be seen by secondary care consultants. Develop virtual consultation suites enabling patients to be seen and treated locally in Powys with remote access to consultants when needed.
- Urgent care – Where clinically safe and effective, provide ambulatory urgent care with links with A&E consultants to reduce admissions to hospital.
- More digital pathways where diagnostics are worked up locally
- Digital hub room with ear scopes and heart monitors to access remote consultants
- Everyone in Powys is able to access self-management apps and digital technology with assistance from third sector, these services could also be provided from the shared space / Community Wellbeing hub, as evidence suggests some people are happy to utilise technology when they are supported by other professionals.
- Digitally enabled working spaces to enable multi agency staff to connect together, which enables electronic booking linked to screens outside rooms to show the usage of that room for the day.

Opportunities for the broader model of care include:

- Multi-agency support available from third sector to assist people in their own homes to access technology.
- Consultant Connect can be used and accessed by all GPs to manage demand and reduce number of referrals to secondary care.
- Technology enabled care available to all in need across all of Powys.
- Technology enhanced exercise programmes to target The Big 4
- Improving internet/wifi access across the county will enable greater use of GP telephone triage.
- Technology enhanced care to support hospital at home services`

Digital connectivity will be at the heart of connecting professionals across the region with service users, and will enable rapid knowledge transfer to professionals working in community hubs from centres outside our geography.

It will also enable signposting to local services and enable tracking of health status of more vulnerable members of the community through to evaluation of the use of wearable devices and mobile technology.

The use of technology will also be included in all clinical workstreams going forward with a transformational/innovation “check” - including examining the potential for artificial intelligence



and point of care testing on strengthening rural diagnostic workforce requirements and reducing unit costs.

The innovation team is working with a number of clinical IT companies that offer IT support in COPD, mental health, heart failure and frailty monitoring. These offer the ability to significantly improve care in the home situation. The impact of these is in its infancy and the place in the whole pathway will be part of the way the system works towards OBC. Aiming to maximise outcomes and value for money.

We will also focus on technology reducing travel need for as many patients as possible as well as professionals in order to minimise any carbon footprint of new developments.

3.2.9.5 Decarbonisation

The project represents a unique opportunity for north Powys to create an efficient, consolidated network of buildings with single service strategy – an opportunity to utilise ‘green’ building techniques and technologies as well as supporting reduced travel and promoting green travel plans including the provision of Electric Vehicle (EV) charging. The IEOG includes environmental specialists from both organisations and are being supported by Welsh Government Energy Service (WGES) and Re:Fit Cymru, who provide technical guidance and potential access to additional funding. The proposals also support a move to a “Carbon Positive Powys” as set out in the Public Service Board’s Wellbeing Plan and the emerging Regional Energy Plan. A number of workshops have taken place to develop a long list of potential decarbonisation options which will be further developed and defined in subsequent business cases.

The main considerations are summarised below:

- In line with funding requirements solutions will be designed to meet BREEAM ‘excellent’ but will also set ambitious targets for decarbonisation by considering passive house standards.
- With a required build size of 10,000 – 15,000 m² the project presents an estimated total energy demand of 150,000kw - 225,000kw, which is an annual total commodity cost only of £21,000- £32,000 at current energy rates. Because of the strict and necessary air quality controls and high air exchange rates, 15kWh/m² is the benchmark.
- Through ‘life cycle analysis’ the project team and environment managers will make informed decisions, on construction materials and methods of construction, to ensure as low an impact as possible, whilst not compromising functionality.
- There will be a holistic approach to service energy strategy, with technologies such as river source heat pumps being considered to control the thermal comfort across the site. In addition, we are offering innovative plans to control building temperatures based on occupancy detection and temperature, rather than conventional ‘space’ temperature.

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- Through this project and procurement processes, we hope to recognise private sector endeavours through procurement scoring criteria and will help shift the supply chain towards an added value decarbonised sector.
- To help deliver against the Wellbeing of Future Generation Act, decarbonisation benefits will be carefully balanced against social and economic benefits.
- As a partnership scheme the project will support PCC's "Wood Encouragement" policy, as the greater use of timber is seen as beneficial in terms of decarbonisation and the wellbeing of buildings. In addition, the study on Home Grown Homes, led by Powys County Council has just issued its research findings, which provides advice on build solutions that can be delivered by Welsh timber product manufacturers and maximise carbon capture. The results of this study can be applied to the scheme.
- In use, the building function and resource demands are as important as during construction. Building orientation, passive heating, cooling, lighting and ventilation will be designed in harmony with nature, enhanced with centralised monitoring and controls to optimise the working environment. Natural resources will be used to best effect, new and emerging technologies including river, ground and air source heat pumps, solar PV, energy storage and solar thermal panels will all be considered.
- Technologies installed will help to significantly reduce the total offsite generated energy. Any procured energy will be REGO-backed, as with all PTHB sites since 2021, and through the Energy Price Risk Management Group and NWSSP procurement a proportion of gas will be guaranteed biogas. It's hoped that at times the onsite energy generation will exceed demand and so allow an amount of onsite excess, which will be distributed through local distribution network and provide us a revenue stream.
- In line with Welsh Government guidance the scheme will include a minimum of 10% EV charging spaces, but with a goal of 50% by 2030, supporting the reduction of 2390-11,950 tCO₂e per annum from patient, visitor and staff transport-related emissions.
- This project is an opportunity to champion sustainable products and engineering solutions which could be scaled up or down to help meet the challenge we all face in Wales meeting national climate change targets, whilst protecting and caring for the present and future population of Wales.
- Additionally, biodiversity is a key consideration for the project. Following ecological assessments of the site, important species and habitats will be considered in the design to reduce negative impacts, the site could even be enhanced to support transient and migratory species with permanent and ephemeral ponds and scrapes, which would also act as Sustainable Urban Draining Scheme (SUDS). Aspects could include courtyard gardens and growing spaces, vertical growing which could double up as passive insulation to help heat and cool the building. Planting of trees helping to shade the site and sowing of wildflowers to increase habitat for pollinators. Biodiversity mitigation and CO₂e offsetting will also be taken off site with planting of trees from

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PTHB's tree nursery (with third-sector partners) on publicly-accessible land and appropriate land management plans in place.

3.2.9.6 Infrastructure

The infrastructure element, scope and cost, is one of the most challenging but also important pieces of work, which, in collaboration with WG colleagues, has been identified as the means by which the site can be 'unlocked'. By necessity, this must be one of the first stages of the scheme to be developed and this is needed to support and underpin all elements of the project but, in addition to the more traditional roads and utilities, this could also include the more innovative 'public sector' and community space in terms of the built shared environment.

The innovative approach and pushing the boundaries means there is no clear template to follow, although the workstream is looking at lessons learned from other collaborative projects across Wales and beyond, and more work is needed before more detailed analysis can be done. An early joint partnership approach is evidenced by the engagement of the Heart of Wales Property Services joint venture team to undertake site surveys (circa £100K).

3.3.7.7 Service Transformation

The local and national policy drivers that impact on the partnership board and the Case for Change (in North Powys) identified within this document, establishes the need for a Multi-Agency Wellbeing service offering in the heart of Newtown. This would underpin successful service transformation and act as an enabler for collaboration and integration of services, enhancing and transforming the way health and care services are delivered to the population of north Powys. Current services are disparate and delivered from buildings and facilities which are no longer fit for purpose, which acts as a barrier to delivering effective integrated health and care to our population. Relocation of existing and additional services on to the single site would support development of new models of care, with an increased focus on wellbeing and also enabling an enhanced service offer, and support statutory and third sector health, care and wellbeing services to operate in a joined-up way, reducing the burden of increasing demand on statutory services whilst delivering better outcomes to our residents.

There would be a number of significant opportunities for delivering an enhanced model in Newtown via a significant shift in activity from acute sites to more local delivery include diagnostics, outpatients (across a multitude of specialties), surgical and medical day cases, urgent care, and inpatients (step-up and level 2 rehabilitation beds). Further detail can be found at Appendix G.

Additional to relocation and development of services, there would also be opportunities for co-location and integration that are difficult to achieve with the current estate and the disparate configuration of services. Further detail can be found at appendix G.

3.2.10 Main Risks

The main business, service and environmental risks associated with the potential scope for this programme are shown below and will be developed further in each Business Case:



Table 32: Strategic Risks & Countermeasures

Main Risk	Counter Measures
Business and Political Risks	
1. Failure to secure funding / affordability.	No contractual commitments will be made until firm assurances have been given regarding the affordability and availability of funding.
2. Delays in business case process.	Plan flexibility into the options where possible and establish governance pathways early in the programme, working closely with Welsh Government to support timely process.
3. Stakeholder support.	Early engagement with all stakeholders, as part of effective stakeholder planning / mapping, to identify any potential issues.
4. Scope of the Model of Care (what's in what's out) may not be agreed.	Partnership arrangements developed early, in line with the MoU, will enable detailed service design/strategic modelling and therefore mitigate the risk.
5. Preferred site in Newtown may not be agreed.	The MoU between the Campus partners will mitigate the risk in due course.
6. Potential changes in WG / local policy.	Expediated SOC ahead of next scheduled local elections and MoU will help to mitigate in due course.
7. Increase in cost.	Effective Cost Management and modelling of MoC will help to mitigate the risk.
8. Increase in timescales.	Plan flexibility into the options where possible.
9. Not having sufficient Operational resource available to support the delivery of the programme.	Ongoing assessment and controls, through effective governance and PPM, in place. Stage 2 Resource Plan to be expanded, to include wider corporate and operational teams.
10. Space requirement for the new Primary school may impact upon Campus space requirements.	Complete feasibility study for the new school and consider Building Bulletin/external space requirements ahead of OBC.
Service Risks	



Main Risk	Counter Measures
6. Inability to deliver additional and repatriated services on the campus in Powys, due to workforce challenges.	Build strategic partnership arrangements and sustainable workforce plans developed.
7. Formal Partnership Agreements (PCC - PTHB) may not be in place in a timely manner.	Partnership arrangements with other strategic partners (e.g. commissioning model), plus partnership agreement with GMS, will be strengthened by the application of a site Memorandum of Understanding (MoU).
8. Deliverability of the Model of Care, e.g. may not be affordable/sustainable, or delivered within timescales.	Demand & Capacity financial modelling developed early and, specifically, workforce plans to support MoC further developed.
9. Digital connectivity, data requirements and IT Infrastructure may not be adequate to deliver the programme.	Ensure alignment of business case to reflect Mid-Wales Growth Deal, user acceptability and capability, and installation of infrastructure and connectivity all addressed.
10. Inability to ensure the right workforce, is in the right place, at the right time.	Enabling Workstream established to facilitate sufficient workforce planning undertaken in good time, to enable adequate time for recruitment, and gap analysis for mitigation.
External Environmental Risks	
3. Issues relating to access, highways, planning permission or planning constraints.	Early engagement with the Local Authority Planning Department on the proposed site and to identify any issues relating to access, highways, planning permission or planning constraints.
4. Covid 19: <ul style="list-style-type: none"> Impact on programme whilst responding to the pandemic; Impact on programme should there be an increase in new cases; Changes in working practices which underpin current thinking; Impact on clinical and office accommodation requirement. 	Early engagement with all contractors to mitigate impact. Ensure learning from COVID is applied to programme – ongoing links with renewals and recovery programmes in PTHB and PCC.

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Main Risk	Counter Measures
3. Response to requirements as part of the 'climate-change' agenda results in the build scheme becoming unaffordable.	Project management, governance and budget arrangements kept under constant review.
4. General market 'instability' results in the build scheme becoming unaffordable or unachievable.	Project management, governance and budget arrangements kept under constant review.
5. Brexit: <ul style="list-style-type: none">• Impact on the programme caused by employment constraints• Impact on the programme caused by supply chain limitations	Early engagement with contractors (supply-chain and construction) to mitigate impact, and with HR staff to establish an appropriate risk response.

3.2.11 Project Constraints

The project is subject to the following constraints:

- There is a floodplain to the north of the proposed Campus site that cannot be built upon (please note that a flood risk assessment has been undertaken against both the current and proposed TAN15 standards. The assessment indicates that a narrow area of the site alongside the River Severn can only be used for external play activities, but that the majority of the site is at a sufficiently high level that there are no constraints on development).
- The school must be constructed first, with the existing infant school and junior school open as usual until the end of the Summer term 2025 and the new Primary school opening in September 2025.
- The available site area is limited with little or no room for expansion as there are live services on site, any proposed build solution is constrained by existing site boundaries.
- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build.
- The projects detailed within the programme should be flexible to respond to fluctuations in resource and available Welsh Government Funding.
- Works must be planned to have the minimum possible disruption to live services;
- A Campus will be built in phases, each phase dependent on the previous; plans will be put in place to mitigate the failure of any phase not proceeding. Each phase will be carefully planned in order to position services on the site to dovetail with the requirement to decant services and keep them operational.

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3.2.12 Project Dependencies

The project dependencies are as follows:

- Political support at local and national level;
- Stakeholder support
- Capital funding from Welsh Government and Powys County Council;
- Internal officer capacity;
- Capacity of other service areas to provide support;
- Planning permission and any other statutory consents that may be required;
- Broader programme, project and change management support to alter commissioning pathways.

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4 Economic Case

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book, this section of the SOC documents the options appraisal and demonstrates that the proposals will maximise social value to society through the selection of the optimal combination of projects and related activities.

4.1 Critical Success Factors

CSF1: Business Needs

- The option supports the specific needs of the business

CSF2: Strategic Fit

- The option meets and supports the over-arching aims of local and national strategy/legislation.

CSF3: Potential Value for Money (VFM)

- The option must maximise return on the required investment for the economy;
- The option must minimise associated risks.

CSF4: Potential Achievability

- The option must deliver the projects within the agreed timescale;
- The option must deliver operational and fit-for-purpose facilities;
- The option must satisfy the level of skills required to deliver the projects successfully.

CSF5: Supply side Capacity and Capability

- The option must deliver the required level of service and functionality.

CSF6: Potential Affordability

- The option must deliver the projects within the ascribed capital and revenue envelope.

4.2 Long List Options

The long list of options was generated by a representative group of stakeholders at a workshop held on 13th October 2021. The following individuals were present at this workshop:

- Louise Morris – PTHB Head of Capital
- Carly Skitt – RPB Assistant Programme Director
- Emma Peace – RPB Change Manager
- Carys Williams - RPB Clinical Change Manager

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- Tanya Summerfield – RPB Programme Manager
- Neil Clutton - PCC Principle Property Manager

4.3 Scope Appraisal (the ‘what’)

4.3.1 Definitions used within scope appraisal

The following series of definitions are provided to enable enhanced understanding of the proposed options.

1) Services

- Core Services** – Existing services provided by PTHB and PCC. Child and Adult Social Care, Disabilities, Housing and Homelessness Services, Mental Health Services, Women’s Services.
- Enhanced Services** – Existing services provided by PTHB and PCC enhanced to include further integrated family and mental health services and greater links to third sector.
- Repatriated Services** – Services for residents within Powys that currently take place outside Powys.

2) Elements

- Assisted Living** – Twelve one bedroom flats that are suitable for a range of potential service user usage. This includes:
 - 3 units of short term accommodation for children and young people (16-25) in transition;
 - 3 units for supported housing, focussing on rehabilitation and training, step-down for adults and (potential) emergency placement; and
 - 6 units as a Homeless triage facility.
- Student Accommodation** – a range of three-bedroom flats, to support students on placement, staff needing temporary accommodation, and locum staff;
- Learning, Innovation and Community Hub** – hub for community use including provision of a new Health and Care Academy, Library, office, seminar, training and IT suites;
- Integrated Health and Care Centre** – hub that provides a new integrated model of care for the following services: Children’s and Adults Social Care, Disabilities, Housing and Homelessness Services, Mental Health, Outpatients (non-specialist), Sexual Health, Therapies (Enabling), Third Sector Wellbeing Services and Women’s Services;
- GP Primary Care** – General Medical Services
- High Street Primary Care** – including high street pharmacy, dental and optometry;

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- g) **Rural Regional Diagnostic and Treatment Centre** – specialist provision in relation to Assessment, Day Cases, Diagnostics, Out of Hours GP, Inpatients, Minor Injuries Unit, Ophthalmic Services, Outpatients, and Phlebotomy.

4.3.2 Options

Do Nothing:

1. Status quo for existing core health and care services.

Minimum Scope:

2. Enhanced core services

Intermediate Scope:

3. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre
4. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre with a Rural Regional Diagnostic and Treatment Centre
5. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub
6. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with (combinations of)
 - a. Assisted Living and 18 bed purpose built Student Accommodation
 - b. GP Primary Care
 - c. 500m² of A1 class Highstreet Primary Care space

Maximum Scope:

7. Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m² of A1 class Highstreet Primary Care space, and (combinations of)
 - a. 1000m² of D2 class indoor sport, recreation or fitness space.
 - b. 2000m² of D2 class indoor sport, recreation or fitness space, including hydrotherapy pool;
 - c. Additional 500m² of A1 class Highstreet Primary Care space;
 - d. Additional 1000m² of A1 class Highstreet Primary Care space;
 - e. 36 bed purpose built student accommodation.

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4.3.3 Advantages and Disadvantages

Table 33: Scope Advantages & Disadvantages

Option 1: Do Nothing – Status quo for existing core health and care services	
Advantages	Disadvantages
<ul style="list-style-type: none">• Minimises programme costs related to change by instead focussing on smaller iterative but independent organisational improvements.• Minimises the effect of change on existing staff and service users.	<ul style="list-style-type: none">• Does not address the forecasted health and wellbeing demands of service users within the north of Powys;• Unlikely to meet ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services;• Does not increase the synergies or interfaces between existing services;• Does not address problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand;• Does not create or support career routes that enable retention of highly trained and in demand staff;• Does not provide a sustainable long-term model for service delivery within the north of Powys;• Does not improve service user experience or perceptions of PCC and PTHB effectiveness in the delivery of services;• Does not support the decarbonisation agenda by repatriating demand that is currently delivered out of county;• Does not enable the wider economic regeneration opportunities that repatriating service demand enables;• Unlikely to create opportunities to maximise the efficient use of space or increase utilisation for certain estate assets;• No impact on the cost of agency cost associated with staff shortages;• Does not create any new revenue raising opportunities for the partner agencies;• Does not offer service user access to adjacent high street Primary Care services;• Does not address the complex needs or costs related to service users using assisted living accommodation.

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Option 2: Do Minimum – Enhanced core services	
Advantages	Disadvantages
<ul style="list-style-type: none"> Minimises programme costs related to change by instead focussing on smaller iterative but independent organisational improvements; Limited the effect of change on existing staff and service users; Could provide highly focussed service improvements within a narrow scope. 	<ul style="list-style-type: none"> Addresses few of the forecasted health and wellbeing demands of service users within the north of Powys; Only meets ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services in a few key areas; Unlikely to substantially increase the synergies or interfaces between existing services; Does little to address problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand; Does not create or support career routes that enable retention of highly trained and in demand staff; Does not provide a sustainable long term model for service delivery within the north of Powys; Minimal improvement in service user experience and perceptions of PCC and PTHB effectiveness in the delivery of services; Does not support the decarbonisation agenda by repatriating demand that is currently delivered out of county; Does not enable the wider economic regeneration opportunities that repatriating service demand enables; Unlikely to create opportunities to maximise the efficient use of space or increase utilisation for certain estate assets; No impact on the cost of agency cost associated with staff shortages Does not create any new revenue raising opportunities for the partner agencies; Does not offer service user access to adjacent high street Primary Care services; Does not address the complex needs or costs related to service users using assisted living accommodation.

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Option 3: Intermediate (1) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre

Advantages	Disadvantages
<ul style="list-style-type: none"> Creating a Integrated Health and Care Centre will facilitate a critical mass for a range of services provided across PTHB, PCC and the third sector, that will support efficiency of service provision; Adjacencies of key services such as housing, homelessness, adult and children's social care, mental health disabilities, sexual health and women's services will improve interagency referrals, signposting and working practices; Multi-agency environment is more conducive to continuous improvement 	<ul style="list-style-type: none"> Does not create any new revenue raising opportunities for the partner agencies; Does not offer service user access to adjacent high street Primary Care services; Does not address the complex needs or costs related to service users using assisted living accommodation. Does not provide a full solution to address workforce shortages or increase the supply of trained staff within the region; Minimal repatriation of services, with substantial services still provided out of county; Minimal impact on the decarbonisation agenda through limiting some staff and service user travel; Does not address required service improvement in the areas of inpatients, outpatients, diagnostics, clinical OPD, therapies urgent and planned care; May not account for the national recruitment challenges to certain staffing groups.

Option 4: Intermediate (2) – Enhanced core & repatriated services delivered through Integrated Health and Care Centre with a Rural Regional Diagnostic and Treatment Centre

Advantages	Disadvantages
<ul style="list-style-type: none"> Supports PTHB and PCC to address some of the key health and wellbeing demands of service users within the north of Powys; Supports ambitions to achieve substantial performance improvement in the delivery of PTHB or PCC services in a wide range of areas including inpatients, outpatients, diagnostics, clinical OPD, therapies urgent and planned care; Unlikely to substantially increase the synergies or interfaces between existing services; Addresses many of the problems with the existing workforce model and the challenges this presents in relation to meeting forecasted future demand; Creates and supports a range of career routes that enable retention of highly trained and in demand staff; Provide a sustainable long term model for service delivery within the north of Powys; 	<ul style="list-style-type: none"> Does not create any new revenue raising opportunities for the partner agencies; Does not offer service user access to adjacent high street Primary Care services; Does not address the complex needs or costs related to service users using assisted living accommodation; May not account for the national recruitment challenges to certain staffing groups.

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<ul style="list-style-type: none"> • Will enable substantial improvement in service user experience and perceptions of PCC and PTHB effectiveness in the delivery of services; • Supports the decarbonisation agenda by repatriating demand that is currently delivered out of county; • Supports the wider economic regeneration opportunities that repatriating service demand enables; • Creates opportunities to maximise the efficient use of space or increase utilisation for certain estate assets; • Will have some impact on the cost of agency cost associated with staff shortages. 	
<p>Option 5: Intermediate (3) – Enhanced core & repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub</p>	
Advantages	Disadvantages
<p>As option 5 plus:</p> <ul style="list-style-type: none"> • Provides new fit for purpose and flexible community use space that can be used by a range of organisations for a wide range of activities; • Opens up revenue raising opportunities from income generated by community use space; • Integrates Newtown Public Library into the scope of the project which provides access to a range of front line Council services and effective signposting to other proposed within scope services; • Removes backlog maintenance liabilities from existing library building • Inclusion of the Health Care Academy helps to address the sustainability of the future workforce model for the whole of North Powys; • Inclusion of the Health Care Academy likely to reduce the long term costs of agency costs to PTHB. 	<p>As option 4 plus:</p> <ul style="list-style-type: none"> • Community space may duplicate or displace activity taking place in other community use space within the vicinity of Newtown.

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Option 6a: Intermediate (4a) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub, Assisted Living and 18 bed purpose-built Student Accommodation

Advantages	Disadvantages
<p>As option 5 plus:</p> <ul style="list-style-type: none"> Partially addresses shortages in existing accommodation requirements in North Powys; Flexibility in design will enable a range of service users to gain support from this specialist provision; Reduces cost pressures from the use of emergency accommodation for PCC; Critical mass of 12-15 flats will make the accommodation support costs more sustainable than existing disparate arrangements; Proximity to other services enables a network of easily and quickly accessible support for vulnerable service groups. 	<p>As option 5 plus:</p> <ul style="list-style-type: none"> Proximity to school may cause some concern to stakeholders.

Option 6b: Intermediate (4b) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with GP Primary Care

Advantages	Disadvantages
<p>As option 5 plus:</p> <ul style="list-style-type: none"> Creates an opportunity to increase site synergies; Increases ease of access for visitors to the range of services that they are likely to require when attending the site; Location and modern standard of construction likely to prove attractive to a private sector business. 	<p>As option 5 plus:</p> <ul style="list-style-type: none"> Limited organisational experience in operating as a commercial landlord; Potential minor displacement on other areas of Newtown town centre.

Option 6c: Intermediate (4c) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with 500m² of A1 class Highstreet Primary Care space

Advantages	Disadvantages
As option 5 plus:	As option 5 plus:



<ul style="list-style-type: none"> • Additional income generation opportunities from commercially let A1 space; • Creates an opportunity to increase site synergies through providing space for at least one Highstreet Primary Care provider e.g. Pharmacy; • Increases ease of access for visitors to the range of services that they are likely to require when attending the site; • Location and modern standard of construction likely to prove attractive to a private sector business. 	<ul style="list-style-type: none"> • Limited organisational experience in operating as a commercial landlord; • Potential minor displacement on other areas of Newtown town centre.
<p>Option 7a: Maximum (a) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m² of A1 class Highstreet Primary Care space, and 1000m² of D2 class indoor sport, recreation or fitness space</p>	
Advantages	Disadvantages
<p>As option 6 plus:</p> <ul style="list-style-type: none"> • Additional income generation opportunities from commercially let D2 space; • Increased site synergies achieved through provision of indoor leisure and recreation space; • Co-location of leisure will increase the footfall across the rest of the site increasing the potential for other onsite revenue raising opportunities; • Provides additional and easily accessible fitness and leisure opportunities for staff, students and visitors at the site. 	<p>As option 6 plus:</p> <ul style="list-style-type: none"> • Requirement for additional capital costs; • Risk of vacant commercial space; • Displacement effects on existing leisure businesses elsewhere in the town.
<p>Option 7b: Maximum (b) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m² of A1 class Highstreet Primary Care space, and 2000m² of D2 class indoor sport, recreation or fitness space</p>	
Advantages	Disadvantages
<p>As option 7a plus:</p> <ul style="list-style-type: none"> • Maximised income generation opportunities from commercially let D2 space; • Potential for a greater range of indoor sport and recreation space; 	<ul style="list-style-type: none"> • Higher Risk of vacant commercial space; • Substantial displacement effects on existing leisure businesses elsewhere in the town.



<ul style="list-style-type: none"> Wider opportunities for local sports clubs within Newtown to access modern fit for purpose facilities. 	
<p>Option 7c: Maximum (c) –Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/1000m² of A1 class Highstreet Primary Care space</p>	
Advantages	Disadvantages
<p>As option 6 plus:</p> <ul style="list-style-type: none"> Increased income generation opportunities from the larger commercially let retail space. Increased site synergies through a wider range of Highstreet healthcare provision 	<p>As option 6 plus:</p> <ul style="list-style-type: none"> Requirement for additional capital costs; Increased risk of vacant commercial space; Increased negative displacement on highstreets within Newtown town centre;
<p>Option 7d: Maximum (d) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/1500m² of A1 class Highstreet Primary Care space</p>	
Advantages	Disadvantages
<p>As option 7c plus:</p> <ul style="list-style-type: none"> Maximised income generation opportunities from the larger commercially let retail space. Maximised site synergies through a wider range of Highstreet healthcare provision such as pharmacy, dentistry, optometry and other therapies. 	<p>As option 7c plus:</p> <ul style="list-style-type: none"> Higher risk of vacant commercial space; Potential for substantial negative displacement on Newtown town centre; Site constraints may make additional space requirement unviable.
<p>Option 7e: Maximum (e) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m² of A1 class Highstreet Primary Care space and 20 bed purpose built student accommodation</p>	
Advantages	Disadvantages
<p>As option 6 plus:</p> <ul style="list-style-type: none"> Creates and additional revenue stream from student accommodation; Provides opportunities for modern affordable accommodation close to their place of study for students studying at the Healthcare Academy; Likely to prove and additional 'pull' factor for the Healthcare Academy; 	<p>As option 6 plus:</p> <ul style="list-style-type: none"> Requirement for additional capital costs; Limited organisational experience of operating this type of facility.

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<ul style="list-style-type: none">Provides further opportunities for induced economic benefits at the site.	
Option 7f: Maximum (f) – Enhanced core and repatriated services delivered through a Integrated Health and Care Centre , Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub with assisted living and/or Primary Care/500m ² of A1 class Highstreet Primary Care space and 40 bed purpose built student accommodation	
Advantages	Disadvantages
As option 7e plus: <ul style="list-style-type: none">Maximised potential additional revenue streams from student accommodation.	As option 7e plus: <ul style="list-style-type: none">Larger number of units creates risk of void space;

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4.3.4 Conclusion

Table 34: Scope Appraisal Summary

Scope Appraisal Reference to	Do Nothing	Do Minimum	Option 3	Option 4	Option 5	Option 6a	Option 6b	Option 6c	Option 7a	Option 7b	Option 7c	Option 7d	Option 7e	Option 7f
Investment Objectives														
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	x	x	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



Scope Appraisal Reference to	Do Nothing	Do Minimum	Option 3	Option 4	Option 5	Option 6a	Option 6b	Option 6c	Option 7a	Option 7b	Option 7c	Option 7d	Option 7e	Option 7f
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✗	✗	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Critical Success Factors														
Business Need	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
Strategic Fit	✗	✗	✗	?	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗
Potential VFM	✗	✗	?	✓	✓	✓	✓	✓	?	?	?	?	✓	✓
Benefits optimisation	✗	✗	✗	✗	?	✓	✓	✓	✓	?	✓	✓	✓	✓
Potential achievability	✓	✓	✓	✓	✓	✓	?	?	?	?	?	?	?	?
Supply side capability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Affordability	✗	✗	✓	✓	✓	✓	✓	?	?	?	✓	✓	✓	✓
Summary	Carry Forward	Discounted	Discounted	Discounted	Possible	Preferred	Possible	Possible	Discounted	Discounted	Discounted	Discounted	Discounted	Discounted

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4.3.5 Options Carried Forward

The Scope options carried forward are therefore:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.

The do nothing scope is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors.

All Intermediate scope option 6 sub options a), b) and c) are possible. The preferred option at this SOC stage is to combine all of these into a single scope, however the achievability of the inclusion of GP services and Highstreet Primary Care needs further exploration, with the anticipation that there is likely to be some provision on site. It may therefore be that at OBC stage that the preferred scope of the project will be refined further, pending the outcomes of the feasibility discussions on the inclusion of GP and dispensing services and/or Highstreet Pharmacy space.

4.4 Service Solution Appraisal (the 'how')

The range of service solution options that could be adopted to deliver on this project are expansive. In order to provide structure to this the service solution appraisal has been partitioned into a series of sub appraisals that will each evaluate different aspects of any potential solution. The service solution has therefore been subdivided into the following areas:

- The model of care employed in delivery of the scope of services;
- The location of the identified scope of services;
- The level of organisational integration that can be achieved between the partner agencies in the delivery of the scope of services;
- The build options to deliver upon the scope of services; and
- The infrastructure options that will enable the scope of services to be delivered upon in an effective way this includes:
 - Options around utilities;
 - Options around on site infrastructure;
 - Options around off site highways infrastructure.

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4.5 Service Solution: Model of Care

4.5.1 Model of Care Options

There are three potential ranges application to the model of care that could be delivered though the project:

1. **No change** – continue with existing models of care;
2. **Optimised** – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;
3. **Aspirational** – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.

4.5.2 Model of Care Advantages and Disadvantages

Table 35: Service Solution: Model of Care Advantages & Disadvantages

Option 1: No change – continue with existing models of care;	
Advantages	Disadvantages
<ul style="list-style-type: none">• No change for practitioners	<ul style="list-style-type: none">• Unlikely to lead to improved service user outcomes;• Unlikely to lead to improved service user experience;• Model is unlikely to be able to accommodate future demographic pressures;• Does not create a working environment that is conducive to attracting and retaining the best staff;• Sustainability of this form of delivery in the medium to long term is questionable;• Does not optimise health or council spend on health and wellbeing services;• Does not enable the repatriation of any substantive existing out of county provision;• Does not match the local strategic and operational objectives of PTHB

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Option 2: Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Delivers substantially improved care for the residents of Powys; • Likely to generate substantial positive health and wellbeing outcomes for the local population; • Likely to be attractive to practitioners, which will support ongoing recruitment and retention; • Considered to be an achievable model by local practitioners and senior management; • Likely to represent better value for money within each individual care pathway; • Model is aligned to the local strategic plans and objectives of PTHB; • Model will enable the repatriation of substantial existing out of county provision. 	<ul style="list-style-type: none"> • Will require change management to be deployed to assist with movement from the current to proposed organisational states; • Likely to require substantial additional revenue costs in the transition from one system of care to another.
Option 3: Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Delivers gold standard in care for the residents of Powys; • Likely to have the most positive outcome on health and wellbeing measures; • Highly adaptable model which can flex and contract to changing pressures; • Likely to be highly attractive to practitioners, which will support (medium to long term) recruitment and retention; • Model will enable the repatriation of the majority of existing out of county provision. 	<ul style="list-style-type: none"> • Represents step change in practice which will take considerable change management in order to be achieved; • Likely to require substantial additional revenue costs in the transition from one system of care to another. • Ongoing costs of service delivery may be prohibitive; • May be undeliverable from the current baseline; • Potential difficulties in (initially) attracting the quantum of professionals required by the workforce model

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4.5.3 Model of Care Appraisal Conclusion

Table 36: Service Solution: Model of Care Appraisal Summary

Service Solution Appraisal	No Change	Optimised	Aspirational
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✗	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✗	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✗	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✗	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✗	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✗	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✗	✓	✓
Critical Success Factors			
Business Need	✗	✓	✓
Strategic Fit	✗	✓	✓
Potential VFM	✗	✓	✓
Benefits optimisation	✗	✓	✓
Potential achievability	✓	✓	✗
Supply side capability	✓	✓	✓
Affordability	✗	✓	✗
Summary	Carry Forward	Preferred	Discounted



4.6 Service Solution: Location

4.6.1 Location Options

The options related to the potential location of services are as follows:

1. **Multiple locations** – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)
2. **Multiple Zones** – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may occur in multiple locations or in a single location (town level)
3. **One location** – all services provided at one granular geographical location (i.e. at a level lower than a town)

4.6.2 Location Advantages and Disadvantages

Table 37: Service Solution: Location Advantages & Disadvantages

Option 1: Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)	
Advantages	Disadvantages
<ul style="list-style-type: none">• Cost separation related to estate operation for each partner agency is simple;• Creates opportunities for other use of the proposed Newtown town centre site.	<ul style="list-style-type: none">• Loss of synergies achieved through close proximity of a range of services;• Does little to reduce existing levels of staff travel between sites (although a different mix of locations may go some way towards this);• Does not reduce travel time/costs for service users who need to access more than one service which may be provided in different locations;• Does not create any substantial regeneration opportunities for Newtown town centre;• Development on multiple sites likely to substantially increase capital construction costs;• Fixed use space does not support flexibility in use and associated potential for revenue savings on the estate;• Removes the potential for some land to be released for capital receipts;

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Option 2: Multiple Zones – Services not delivered in Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may occur in multiple locations or in a single location (town level)

Advantages

- Cost separation related to estate operation for each partner agency is simple;
- Creates opportunities for other use of the proposed Newtown town centre site.

Disadvantages

- Complexity in management arrangements;
- Complexity in design;
- Loss of synergies achieved through close proximity of a range of services;
- Does little to reduce existing levels of staff travel between sites (although a different mix of locations may go some way towards this);
- Does not reduce travel time/costs for service users who need to access more than one service which may be provided in different locations;
- Does not create any substantial regeneration opportunities for Newtown town centre;
- Development on multiple sites likely to substantially increase capital construction costs;
- Fixed use space does not support flexibility in use and associated potential for revenue savings on the estate;
- Removes the potential for some land to be released for capital receipts;

Option 3: One location – all services provided at one granular geographical location (i.e. at a level lower than a town)

Advantages

- Synergies achieved through close proximity of a range of services;
- Will reduce existing levels of staff travel between sites;
- Will reduce travel time/costs for service users who need to access more than one service that were previously provided in different locations;

Disadvantages

- Some service users will have to travel further than others to access services;
- Introduces some complexities in identifying the costs attributable to each partner organisation.



<ul style="list-style-type: none">• Creates substantial regeneration opportunities for Newtown town centre;• Proximity to town centre, likely to increase footfall for local businesses in Newtown;• Optimises construction costs through delivery on just one site;• Creation of some flexible multi-purpose space creates opportunities for revenue savings on the estate;• Reduces estate management costs inherent from operating across multiple sites/locations;• Delivery of a range of services from a single location has the potential to reduce service user sense of complexity when accessing the range of services required to meet their individual needs;• Creates the opportunity for some land from the existing estate to be released for capital receipts.	
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4.6.3 Location Appraisal Conclusion

Table 38: Service Solution: Location Appraisal Summary

Service Solution Appraisal	Multiple locations	Multiple zones	One location
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	x	x	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	?	?	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	x	x	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	x	x	✓
Critical Success Factors			
Business Need	x	x	✓
Strategic Fit	x	x	✓
Potential VFM	x	x	✓
Benefits optimisation	x	x	✓
Potential achievability	✓	✓	✓
Supply side capability	✓	✓	✓
Affordability	?	?	✓
Summary	Discounted	Discounted	Preferred



4.7 Service Solution: Organisational Integration

4.7.1 Organisational Integration Options

The options related to the level of organisational integration that can be achieved by partner agencies in the delivery of services is as follows:

1. **Collocated services** – A Campus where all buildings provide discreet services and there is no level of service integration
2. **Partially Integrated Campus** – A Campus where some buildings have discreet use, while others form a shared space for service provision
3. **Fully Integrated Campus** – A Campus where all buildings are shared spaces

4.7.2 Organisational Integration Advantages and Disadvantages

Table 39: Service Solution: Organisational Integration Advantages & Disadvantages

Option 1: Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration	
Advantages	Disadvantages
<ul style="list-style-type: none">• Proximity of collocated services would make it easier for service users with complex needs to access the support they need;• Proximity of collocated services likely to improve inter-agency signposting.• Collocated services will reduce service user travel time when accessing more than one service;• Collocated services will reduce staff travel time between sites;	<ul style="list-style-type: none">• Foregoes the majority of the benefits achievable through closer working and service integration.
Option 2: Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision	
Advantages	Disadvantages
<ul style="list-style-type: none">• Improved pathways for service users with complex needs;• Will generate some building revenue costs savings through more effective use of space;• Optimisation of space utilisation;• Achievable management arrangements;	<ul style="list-style-type: none">• Forgoes increased benefits achievable through more fundamental integration.



- Enables identification and allocation of independent partner agency costs
- Integrated services will reduce service user travel time when accessing more than one service;
- Integrated services will reduce staff travel time between sites.

Option 3: Fully Integrated Campus – A Campus where all buildings are shared spaces

Advantages

- Would likely enable the most streamlined pathways for services users with complex needs;
- Wider potential revenue savings achievable through increasingly integrated delivery routes;
- Maximised opportunities for effective utilisation of space
- Improved working relationships across multi agencies could reduce gaps in service pathways;
- A wider team wrap around to support the service user;
- Integrated services will reduce service user travel time when accessing more than one service;
- Integrated services will reduce staff travel time between sites.

Disadvantages

- Complexity of management arrangements;
- Complexity around integrating budgets related to each distinct partner agency;
- Political complexity;
- Potential statutory barriers to greater integration between Local Government run social care services and Heath;

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4.7.3 Organisational Integration Appraisal Conclusion

Table 40: Service Solution: Organisational Integration Appraisal Summary

Service Solution Appraisal	Collocated	Partially Integrated	Fully Integrated
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✗	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✗	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
Critical Success Factors			
Business Need	✗	✓	✓
Strategic Fit	✗	✓	✗
Potential VFM	✗	✓	✓
Benefits optimisation	✗	✓	✓
Potential achievability	✓	✓	✗
Supply side capability	✓	✓	✓
Affordability	✓	✓	✓
Summary	Discounted	Preferred	Discounted



4.8 Service Solution: Build

4.8.1 Build Options

The build options that could be used to deliver on this project are:

1. **Refurbished** – Existing buildings which have the same layout, but which have been renovated and redecorated
2. **Remodelled** – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient
3. **New Build** – Primarily or wholly new build construction.

4.8.2 Build Options Advantages and Disadvantages

Table 41: Service Solution: Build Options Advantages & Disadvantages

Option 1: Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated	
Advantages	Disadvantages
<ul style="list-style-type: none">• Simple refurbishments would be substantially less capital intensive;• Phasing could be undertaken to minimise the effect on service users;• Would provide an immediate term solution in some key areas;• Partially removes backlog liabilities from estate.	<ul style="list-style-type: none">• Refurbishment unlikely to substantially extend the life of existing facilities;• Net zero carbon ambitions would be unachievable;• Ambitions for service improvement would not be realised within existing estate configuration due to constraints with layout and adjacencies;• Existing estate does not provide the capacity to repatriate services or deliver on existing forecasted service demand.
Option 2: Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient	
Advantages	Disadvantages
<ul style="list-style-type: none">• Existing estate is well known;• Likely to offset substantial element of existing estate carbon footprint;• Likely to increase substantially the effective life of existing asset;	<ul style="list-style-type: none">• Configuration of existing building is such that substantial remodelling would be required in order to deliver on expected benefits of the scheme;



<ul style="list-style-type: none"> • Removes all existing estate backlog liabilities. 	<ul style="list-style-type: none"> • Existing site boundaries and likely planning conditions may make extensions difficult in some areas. • Complex remodelling can be cost prohibitive; • Some existing building present high levels of complexity in order to achieve new zero carbon ambitions; • Interruptions on existing service delivery over a protracted period would be impractical within certain healthcare settings
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Option 3: New Build – Primarily or wholly new build construction.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Easier to achieve net zero carbon requirements through a new build than retrofitting existing facilities; • Removes all existing estate backlog liabilities • Minimal service interruption during construction period as new build will be discrete from existing service provision; • Reduced design constraints; • Easier site management arrangements during construction phase; • Enables aspirational rather than just functional design; • Provides a long term solution to PTHB and PCC estate requirements; • Maximises the benefits capital spend can achieve to extend the life of PTHB and PCC estate; • New state of the art facilities will have a positive impact on how the citizens of North Powys view investment in their communities; • Allows a consistent sense of place to be developed through an entirely newly developed scheme; • Multidisciplinary working enhanced when the building is cohesive. 	<ul style="list-style-type: none"> • Some existing building such as the library are in quite good condition; • Limited walls between services can act as barriers for collaborative working.

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4.8.3 Build Options Appraisal Conclusion

Table 42: Service Solution: Build Options Appraisal Summary

Service Solution Appraisal	Refurbish	Remodel	New Build
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	?	?	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	×	?	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	×	?	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	×	?	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
Critical Success Factors			
Business Need	×	✓	✓
Strategic Fit	×	✓	✓
Potential VFM	×	✓	✓
Benefits optimisation	×	×	✓
Potential achievability	×	?	✓
Supply side capability	✓	✓	✓
Affordability	✓	?	✓
Summary	Discounted	Discounted	Preferred

4.9 Service Solution: Utilities

4.9.1 Utilities Options

The utilities options that could be deployed to deliver on this project include:

1. **Minimum** – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.
2. **Intermediate** – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.
3. **Maximum** – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies..

4.9.2 Utilities Options Advantages and Disadvantages

Table 43: Service Solution: Utilities Options Advantages & Disadvantages

Option 1: Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Readily available; • Technologies well understood and supportable; • Service/maintenance costs are low due to the size of the market; • Buildings are independent, easier site strategy/phasing; • Safest service strategy in the short term. 	<ul style="list-style-type: none"> • Reliance on carbon based technologies Does not meet WG targets to reduce carbon; • Does not align to PCC or PTHB strategies; • Adoption of this solution could create an obstacle to obtaining capital grant funds from WG; • Solution is not future proofed; • Creates a lack of control over costs; • Cost volatility in existing supply is expected to be sustained; • Does not meet increasing service user expectations for sustainable and renewable energy usage within the public sector estate • Likely to require extensive retrofitting of new buildings at some point in the future as requirements/regulations in this area are evolving rapidly.

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Option 2: **Intermediate** – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.

Advantages	Disadvantages
<ul style="list-style-type: none">• Readily available• Technologies are generally well understood and supportable, although technologies are evolving quickly• Reduces reliance on traditional utilities provision which is proving to be sensitive to volatile cost increases in supply• Safest service strategy in the short term• Is likely to meet WG targets for carbon reduction• Future proofs utilities provision• Reduced reliance on third party provider	<ul style="list-style-type: none">• Although this goes some way to meeting WG targets this may not be sufficient in the medium to long term

Option 3: **Maximum** – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies. Single energy strategy for Site.

Advantages	Disadvantages
<ul style="list-style-type: none">• Meets/exceeds WG targets for carbon reduction• Limits reliance on traditional utilities provision which is proving to be sensitive to volatile cost increases in supply• Future proofs utilities provision• Less reliant on third party provider• Do it once – shared site approach• Local employment opportunities• Enables the potential to sell excess energy generation back to the grid	<ul style="list-style-type: none">• New technology – not tried and tested• More complex planning of infrastructure arrangements• Would need back up supply / contingency plans for utilising grid• Substantially higher initial capital costs• Short term maintenance and renewal costs likely to be considerably higher than the costs of maintaining existing widely adopted technologies, although this will decrease over time as adoption increases elsewhere.

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4.9.3 Utilities Options Appraisal Conclusion

Table 44: Service Solution: Utilities Appraisal Summary

Service Solution Appraisal	Minimum	Intermediate	Maximum
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	?	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	x	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	x	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the procurement and design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	x	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	?	✓	✓
Critical Success Factors			
Business Need	✓	✓	✓
Strategic Fit	?	✓	✓
Potential VFM	x	?	?
Benefits optimisation	?	✓	✓
Potential achievability	✓	✓	?
Supply side capability	✓	✓	?
Affordability	✓	✓	?
Summary	Discounted	Preferred	Possible



4.10 Service Solution: Site Infrastructure

4.10.1 Site Infrastructure Options

The site infrastructure options that could be deployed to deliver on this project are:

1. **Minimum** – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site.
2. **Intermediate** – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source of energy on site, with contingency plans in case additional energy is required.
3. **Maximum** – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network. Wholly dependent upon a single energy source for the site.

4.10.2 Site Infrastructure Options Advantages and Disadvantages

Table 45: Service Solution: Site Infrastructure Options Advantages & Disadvantages

Option 1: Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces, segregated active travel access, egress and storage facilities, with required links to existing sewage network;	
Advantages	Disadvantages
<ul style="list-style-type: none">• Less 'land-take' in terms of parking• Initial Capital Cost savings associated with limited carparking and charge points	<ul style="list-style-type: none">• Limited segregation for vehicles• 10% charging only meets current minimum standards with no futureproofing• Will not provide parking capacity for disabled/emergency cases/peripatetic staff drop off etc)• Does not support the campus ethos• Is not ambitious enough in view of the strategic importance of the Campus• Multiple energy sources make it more difficult to achieve decarbonisation goals

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Option 2: Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network

Advantages	Disadvantages
<ul style="list-style-type: none">Exceeds current guidelines on EV charging with additional capacity for the futureAdequate parking onsite with strong links to local carparking facilitiesAppropriate segregation for public (including pedestrians), blue light, goods etcSupports PTHB/PCC 'green' travel plansMakes external spaces part of the 'Campus' by creating dedicated pedestrian routes and public plazasSingle energy source for the site, with contingency plans, provides a clear route to achieving decarbonisation targets	<ul style="list-style-type: none">Higher initial Capital costIncrease in land required for parking

Option 3: Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has dedicated sewage network.

Advantages	Disadvantages
<ul style="list-style-type: none">Appropriate segregation for public (including pedestrians), blue light, goods etcMakes external spaces part of the 'Campus' by creating dedicated pedestrian routes and public plazasSite is wholly self-manageableSingle energy source for site provides clear route to achieving decarbonisation targets	<ul style="list-style-type: none">Significantly exceeds current guidelines on EV charging – investing too much, too soon, as new EV technology evolvesMay be too expensive in the short termFocus on car parking may be against the ethos of the Campus and does not support active travel (i.e. is against PTHB/PCC's 'green travel' plans)May be too ambitious at this junctureAdditional on-site parking may have a detrimental impact on PCC revenue streams (from existing car parks)Site may be overly congested

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4.10.3 Site Infrastructure Options Appraisal Conclusion

Table 46: Service Solution: Site Infrastructure Appraisal Summary

Service Solution Appraisal	Minimum	Intermediate	Maximum
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✓	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✗	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	?	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✗
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	?
Critical Success Factors			
Business Need	?	✓	✗
Strategic Fit	?	✓	✓
Potential VFM	✓	✓	?
Benefits optimisation	✓	✓	?
Potential achievability	✓	✓	✗
Supply side capability	✓	✓	✓
Affordability	✓	✓	?
Summary	Discounted	Preferred	Discounted



4.11 Service Solution: Highways Connectivity

4.11.1 Highways Connectivity Options

The Highways connectivity options that could be deployed to deliver on this project are:

1. **Minimum** – Maintain existing traffic networks, including blue light access.
2. **Intermediate** – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.
3. **Maximum** – Reconfiguration of the local road network to open up the both the Campus site and town.

4.11.2 Highways Connectivity Options Advantages and Disadvantages

Table 47: Service Solution: Site Infrastructure Options Advantages & Disadvantages

Option 1: Minimum - Maintain existing traffic networks, including blue light access	
Advantages	Disadvantages
<ul style="list-style-type: none">• No/minimal action necessary to highways• Frees up capital for other elements of spend within the Campus's cost envelope• No highways disruption to the wider Newtown community	<ul style="list-style-type: none">• The Campus cannot operate effectively with existing traffic networks• May lead to increased traffic congestion in/around the Campus and Town Centre areas• May not pass Planning tests
Option 2: Intermediate Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street	
Advantages	Disadvantages
<ul style="list-style-type: none">• Fairly easy to achieve• Is not as capital intensive as other options – and may free up elements of spend with the Campus's cost envelope	<ul style="list-style-type: none">• Piecemeal amendments to the existing road network may be inadequate to service the needs of the Campus• Risk of increased traffic congestion in/around the Campus and Town Centre areas• May not pass Planning tests
Option 3: Maximum - Reconfiguration of local road network to open up both Campus site & town	
Advantages	Disadvantages
<ul style="list-style-type: none">• Traffic movements within the Newtown area will be optimised	<ul style="list-style-type: none">• Is the most expensive option• Is the most complex and time consuming option



<ul style="list-style-type: none"> • A reconfigured road network will facilitate easy access to the Campus • A reconfigured road network may also allow for pedestrian access and promote active travel • Potentially a cleaner solution for Planning 	<ul style="list-style-type: none"> • May be difficult to achieve within project timescales
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4.11.3 Site Infrastructure Options Appraisal Conclusion

Table 48: Service Solution: Site Infrastructure Appraisal Summary

Service Solution Appraisal	Minimum	Intermediate	Maximum
Investment Objectives			
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	?	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	?	?	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	?
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✗	✗	✓
Critical Success Factors			
Business Need	✗	?	✓
Strategic Fit	✗	?	✓
Potential VFM	✓	✓	?
Benefits optimisation	✗	?	✓



Service Solution Appraisal	Minimum	Intermediate	Maximum
Investment Objectives			
Potential achievability	✓	✓	?
Supply side capability	✓	✓	✓
Affordability	✓	✓	?
Summary	Discounted	Discounted	Preferred

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4.12 Service Delivery Appraisal

4.12.1 Options

- In House – PCC and PTHB
- Partnership – PCC, PTHB and Private Sector;
- Outsource – Private Sector partnership (PPP);

4.12.2 Advantages and Disadvantages

Table 49: Service Delivery Advantages & Disadvantages

In House: PCC and PTHB	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Requisite delivery structures already in place; • PCC and PTHB have extensive experience in delivering this service delivery model; • Cost effective model; • Most expedient model for delivery; • Politically acceptable; • Limited risk due to specialist local expertise. 	<ul style="list-style-type: none"> • May stifle innovation;
Partnership: PCC, PTHB and Private Sector partner arrangements	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Requisite delivery structures already in place; • PCC and PTHB extensive experience in delivering this service delivery model; • Cost effective model; • Expedient model for delivery; • Politically acceptable; • Limited risk due to specialist local expertise. 	<ul style="list-style-type: none"> • Likely to prove more expensive • Contractor may not be au fait with the workings and culture of Local Authority
Outsource: Private Sector partnership (PPP)	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Private sector suppliers provide specialisms and capacity that PCC & PTHB cannot • Services can be delivered relatively quickly 	<ul style="list-style-type: none"> • Private contractor is an unknown quantity • Contractor may not be au fait with the workings and culture of PCC and PTHB • Any private sector partnership will be unlikely to include local contractors (because off scale)

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	<ul style="list-style-type: none"> Profit element of partnership may impact on funds available for development
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4.12.3 Conclusion

Table 50: Service Delivery Appraisal Summary

Reference to:	In House	Partnership	Outsource
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✓	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓	✓
Critical Success Factors			
Business Need	✓	✓	✓
Strategic Fit	✗	✓	✗
Potential VFM	✗	✓	?
Potential achievability	✗	✓	?
Supply side capability	✗	✓	?
Affordability	✗	✓	?
Summary	Discounted	Preferred	Discounted

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4.13 Implementation Appraisal

4.13.1 Options

These options include an element of crossover between the School SOC and Health and Care SOC as implementation is considered at a Programme level.

- Minimum – Zoned site built out in several phased developments
- Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026
- Maximum - Single construction phase delivering all units for handover in September 2025

4.13.2 Advantages and Disadvantages

Table 51: Implementation Advantages & Disadvantages

Minimum: Zoned site built out in several phased developments	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Some construction elements can advance quicker than others; • Transition between the current organisational state and the future model of care can be more easily managed; • Handover, migration and occupation can be more easily managed in smaller tranches; 	<ul style="list-style-type: none"> • Extended disruption related to major construction work in Newtown town centre; • Newly occupied building will be operational next to noisy and busy construction site , potentially for extended periods; • Likely to be more expensive due to the protracted construction phases; • The benefits of the project will accrue at a slower rate over an elongated timeline; • Campus will not be as attractive to work or visit due to the ongoing large scale construction until much later in the programme timeline.
Intermediate: Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Practical in that the option aligns to the relative state of the programmes constituent projects; • Has the potential to offer substantial construction efficiencies over a more phased development; • As the school is developed from an entirely separate funding stream, the well-formed process for this will enable the project to 	<ul style="list-style-type: none"> • School will open bordering a large construction site; • Extends the disruption of a major construction project in the centre of Newtown (however this is shorter than the do minimum option);



<p>advance expeditiously and accrue the benefits it delivers at the earliest possible interval;</p> <ul style="list-style-type: none"> School and Health and Care Projects migration and occupation process can be managed separately 	
Maximum: Single construction phase delivering all units for handover in September 2025	
Advantages	Disadvantages
<ul style="list-style-type: none"> Maximises early benefit accrual; Minimises the disruption on the wider Newtown town centre; Likely to offer the most cost efficient construction route; Whole site can be opened formally to staff, learners and the public in one go. 	<ul style="list-style-type: none"> Site constraints could make this impractical; Existing programme is not aligned in that the school is further along in the process; Most complex migration and occupation process to manage.

4.13.3 Conclusion

Table 52: Implementation Appraisal Summary

Reference to:	LA	LA & PSP	PPP
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✓	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through	✓	✓	✓



increased footfall to the area, by making Newtown a destination of choice.			
Critical Success Factors			
Strategic Fit	✗	✓	✓
Potential VFM	?	✓	✓
Potential achievability	✓	✓	✗
Supply side capability	✓	✓	✓
Affordability	✗	✓	✓
Summary	Discounted	Preferred	Discounted

4.14 Funding Appraisal

4.14.1 Options

- Public Funding – Existing Capital Programme and Welsh Government funding;
- Private Funding

4.14.2 Advantages and Disadvantages

Table 53: Funding Advantages & Disadvantages

Public Funding: Mix of Local Authority borrowing and Welsh Government funding.	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Ensures affordability of scheme; • Provides certainty to Welsh Government i.e. the scheme fits strategically; • Provides a high level of ownership of decision making for PCC and PTHB; • Allows for the direction of capital monies to other community priorities. 	<ul style="list-style-type: none"> • Welsh Government grant funding requirements may be onerous; • Application process may delay delivery.
Private Funding	
Advantages	Disadvantages
<ul style="list-style-type: none"> • No capital funding required up front; 	<ul style="list-style-type: none"> • Lack of suitable private finance initiatives; • Potential lack of commercial value in site to attract private sector interest; • Ability of Health Board to absorb the pressures of repayment; • Complex ownership and governance model; • Multifaceted governance may stifle innovation.

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4.14.3 Conclusion

Table 54: Funding Appraisal Summary

Reference to:	Public	Private
Investment Objectives		
Integrated Local Services: Provide a multi-agency innovative environment in Newtown that is conducive to wellbeing and enables delivery of integrated Health, Care, 3 rd Sector and other public services, serving the population of north Powys.	✓	✓
Sustainable workforce: Deliver a new, sustainable workforce model that improves the recruitment and retention of staff, through career opportunities, enhanced training and a focus on staff wellbeing.	✓	✓
Innovative Environment (Fit for Purpose Estate): An innovative use of the built environment to provide flexible, digital enabled spaces, which aid relationship building, provides health and wellbeing opportunities and allows the population of north Powys to Start Well, Live Well and Age Well.	✓	✓
Innovative Environment (Effective Accommodation): To provide safe, efficient and compliant accommodation, which improves utilisation and makes the best use of Public sector funds and assets.	✓	✓
Decarbonisation (Infrastructure & Estate): To support decarbonisation through the design of health and care facilities and infrastructure which utilise low carbon technologies, reduce energy consumption and supports biodiversity.	✓	✓
Decarbonisation (Greener Travel): To support decarbonisation through minimising service user and staff journeys, by providing care closer to home, while promoting active travel and supporting 'green' travel plans.	✓	✓
Regeneration: Generate opportunities to optimise Social Value through stimulation of the local job market, increased engagement with the 3 rd and Voluntary Sector, and through increased footfall to the area, by making Newtown a destination of choice.	✓	✓
Critical Success Factors		
Strategic Fit	✓	✗
Potential VFM	✓	?
Potential achievability	✓	?
Supply side capability	✓	?
Affordability	✓	✗
Summary	Preferred	Discounted

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4.15 Summary of appraisals

Table 55: Summary of appraisals

Scope Appraisal	Do Nothing	Do Minimum	Intermediate	Intermediate	Intermediate	Intermediate	Maximum
	Status quo for existing core health and care services	Enhanced core services	+ repatriated services delivered through a Integrated Health and Care Centre	+ Rural Regional Diagnostic and Treatment Centre	+Learning, Innovation and Community Hub	+ Assisted Living + GP Primary + 500m2 Retail	+1000m2 D2 +2000M2 D2 +1000M2 Retail +18 Bed PBSA + 36 Bed PBSA
Service Solution Model of Care	No change – continue with existing models of care;		Optimised – redesigned models of care to deliver optimised service provision, workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 28 days, 90% occupancy;		Aspirational – radically redesigned models of care to deliver best in class service provision workforce model, policies and processes e.g. Inpatient Hospital Stay: Step-up admissions - moderate or high frailty risk: average length of stay 21 days, 90% occupancy.		
Service Solution	Multiple locations – Services not delivered in a Campus model, but delivered from a variety of different locations (at a town level)		Multiple Zones – Services not delivered in a Campus model, but in a zoned model (i.e. a Health Zone, A Social Care Zone, A Housing Zone). These may be occur in multiple locations or in a single location (town level)		One location – all services provided at one granular geographical location (i.e. at a level lower than a town)		



Service Solution Organisational Integration	Collocated services – A Campus where all buildings provide discreet services and there is no level of service integration	Partially Integrated Campus – A Campus where some buildings have discreet use, while others form a shared space for service provision	Fully Integrated Campus – A Campus where all buildings are shared spaces
Service Solution Build	Refurbished – Existing buildings which have the same layout, but which have been renovated and redecorated	Remodelled – Existing buildings with structures changed, based on service need (e.g. existing building set up changed to best meet schedule of accommodation). May involve some new build extensions where existing footprint is not sufficient	New Build – Primarily or wholly new build construction.
Service Solution Utilities	Minimum – Use of predominantly grid services and adoption of common industry standard renewable energy generating and energy and water saving build technologies. Buildings are individually serviced.	Intermediate – Increased provision of locally generated renewable energy and reduced grid consumptions, combined with market leading energy and water saving build technologies. Energy strategy for groups of buildings.	Maximum – Use of predominantly localised renewable energy generation, localised energy storage and market leading energy and water saving build technologies..
Service Solution Site Infrastructure	Minimum – Minimum required parking for development, EV charging infrastructure deployed for 10% of all spaces. Site to include links to existing sewage network; multiple sources of energy on site	Intermediate – Optimised parking for development, EV charging infrastructure deployed for 20% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, plus dedicated pedestrian link through the site and public plaza. Site to include links to existing sewage network; single source	Maximum – Onsite multi story car park EV charging infrastructure deployed for 50% of all spaces (plus infrastructure for increased future usage), disabled parking, limited staff parking and segregated active travel access, egress and storage facilities, an access road through middle of the site, with accompanying pedestrian access and a public plaza. Site has own dedicated sewage



		of energy on site, with contingency plans I case additional energy is required.	network. Wholly dependent upon a single energy source for the site.
Service Solution Highways Connectivity	Minimum – Maintain existing traffic networks, including blue light access.	Intermediate – Existing traffic networks plus new entrance, linking the Campus to existing traffic networks from a new point on Park Street.	Maximum – Reconfiguration of the local road network to open up the both the Campus site and town.
Service Delivery	In House – PCC and PTHB	Partnership – PCC, PTHB and Private Sector;	Outsource – Private Sector partnership (PPP);
Implementation	Minimum – Zoned site built out in several phased developments	Intermediate – Zoned site built out in two phases delivering school in phase one and all other developments in phase two. School handover in 2025, remaining site handover in 2026	Maximum - Single construction phase delivering all units for handover in September 2025
Funding	Public Funding – Wholly Welsh Government funded		Private Funding

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4.16 Short List

The scope options carried forward for appraisal are:

- Option 1: Do Nothing – Status quo for existing core health and care services.
- Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.
- Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.

In line with the service solution appraisal, options 5 and 6 are considered for delivery in one location through a new build partially integrated Campus, delivering an optimised model of care, on a site with new utilities and site infrastructure solutions. This is to be supported by a reconfiguration of the local road network to open up the Campus.

The do nothing service solution option is carried forward as a comparator only, as it does not meet the majority of either the Investment Objectives or the Critical Success Factors

4.17 Economic Appraisal

The following table summarises key results of the economic appraisals for each option. Values used for the economic analysis are expressed in base year terms. Options have been risk-adjusted to account for the 'risk retained' (in £s) by the organisation under each option.

4.17.1 Derivation and treatment

The derivation and treatment of each component of the economic appraisal is set out as follows:

Table 56: Economic Appraisal Summary

Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
Option 1: Do nothing				
Capital	£7,331,301	Backlog Maintenance	PBC and Updated versions of the Property Database from PTHB and PCC	Total cost split over 5 years (straight line), starting year 0.
Capital	£1,759,512	Optimism Bias	HM Treasury Green Book – standard 24% used,	Optimism Bias split to match annual cost of



Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			agreed with Business Case project team leads	Backlog Maintenance repairation.
Capital	£916,413	Risk	Risk estimated at 10.4%, agreed with Business Case project team leads	Risk split to match annual cost of Backlog Maintenance repairation.
Revenue	£9,338,848 Per annum	PTHB Revenue costs (including staffing & property)	Archus Modelling (baseline)	Treated as a consistent figure over 20 years (i.e. no inflation).
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team	Treated as a consistent figure over 20 years (i.e. no inflation).
Option 5 - Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Assisted Living, Student Accommodation and Learning, Innovation and Community Hub.				
Capital	£46,968,521	Capital New Build	PBC – Option 4 be used as Capital cost (agreed with Business Case project team leads). Source is Appendix L (Financial Appraisal of Shortlisted options).	Total capital cost for Option 4 reduce by 17.86%, as per the space requirements in the draft schedule of accommodation. This reflects the fact that Assisted living, GP Primary services and High Street Primary Care space is not included in this option.
Capital	£9,967,151	Capital Infrastructure	This figure has been provided by Hughes Architects and Gleeds, and provide as accurate costs as possible at this stage	Costs profiled as 50% in year 2 and 50% in year 3.

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Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
Capital	£11,272,447	Optimism Bias (New Build)	HM Treasury Green Book – Complex rate of 51% used, mitigated to 24% agreed with Business Case project team leads	Optimism Bias split to match profile of capital spend.
Capital	£2,392,116	Optimism Bias (Infrastructure)	HM Treasury Green Book – standard 24% used, agreed with Business Case project team leads. Based on costs provided by Hughes Architects/Gleeds	Optimism Bias split to match profile of capital spend.
Capital	£4,111,936	Risk (New Build)	Risk estimated at 10.42%. Please note that the Scrutiny Grid provided by Welsh Government (PBC) contended that the proposed risk (2.5%) was too low. The 10.42% level has been agreed with Business Case project team leads and Programme Board.	Risk split to match profile of capital spend.
Capital	£1,793,430	Risk (Infrastructure)	Design and Construction Risks identified by Hughes Architects/Gleeds - amount to a greater quantum of risk than a flat 10.42%	Risk split to match profile of capital spend.
Capital	£15,457,559	VAT	Standard 20% VAT rate utilised (including VAT on Risk and Optimism Bias)	VAT applied to the whole scheme, as currently no % split between costs for PTHB and PCC.

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Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
				This will be formally examined and updated at OBC stage.
Revenue	£9,338,848 per annum, rising to £11,234,651 at year 10.	PTHB Revenue costs Including staffing & property)	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£305,381 per annum, rising to £1,832,288 in year 10.	PTHB Benefits	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team	Treated as a consistent figure over 20 years (i.e. no inflation).
Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.				
Capital	£57,179,040	Capital New Build	PBC – Option 4 be used as Capital cost (agreed with Business Case project team leads). Source is Appendix L (Financial	Total capital cost for Option 4 for the Campus scope that includes Assisted living, Student Accommodation, GP Primary services and

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Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			Appraisal of Shortlisted options)	High Street Primary Care. Additional space requirement of 2,657 M2 (based on draft schedules of accommodation) has increased the cost from PBC levels.
Capital	£9,967,151	Capital Infrastructure	This figure has been provided by Hughes Architects and Gleeds, and provide as accurate costs as possible at this stage	Costs profiled as 50% in year 2 and 50% in year 3.
Capital	£13,722,970	Optimism Bias (New Build)	HM Treasury Green Book – Complex rate of 51% used, mitigated to 24% agreed with Business Case project team leads	Optimism Bias split to match profile of capital spend.
Capital	£2,392,116	Optimism Bias (Infrastructure)	HM Treasury Green Book – standard 24% used, agreed with Business Case project team leads. Based on costs provided by Hughes Architects/ Gleeds	Optimism Bias split to match profile of capital spend.
Capital	£5,958,056	Risk (New Build)	Risk estimated at 10.42%. Please note that the Scrutiny Grid provided by Welsh Government (PBC) contended that the proposed risk (2.5%) was too low. The 10.42% level has been agreed with Business Case project team leads and Programme Board.	Risk split to match profile of capital spend.

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Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
Capital	£1,793,430	Risk (Infrastructure)	Design and Construction Risks identified by Hughes Architects/Gleeds - amount to a greater quantum of risk than a flat 10.42%	Risk split to match profile of capital spend.
Capital	£18,202,553	VAT	Standard 20% VAT rate utilised (including VAT on Risk and Optimism Bias).	VAT applied to the whole scheme, as currently no % split between costs for PTHB and PCC.
Revenue	£9,338,848 per annum, rising to £11,302,571 at year 9.	PTHB Revenue costs Including staffing & property)	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC. Includes cost of operating Student Accommodation.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.
Revenue	£305,381 per annum, rising to £1,922,288 in year 9.	PTHB Benefits	Archus Modelling – please note that not all aspects of the transformation are currently included in the revenue cost model and this will be finalised for OBC. The currently omitted items include assisted living and specialist neuro rehabilitation, which will likely provide further benefits within the range of £219k - £633k per annum.	Revenue model has been adapted to transition from year 5 to year 10, to show costs and benefits increasing incrementally as the Campus activity moves to an optimal position. Agreed with PTHB Finance.

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Cost Type	Total Cost (£)	Detailed Cost Type	Cost Source	Cost Treatment
			Current position includes forecast revenue from Student Accommodation.	
Revenue	£648,735	PCC Revenue costs	Appendix B (Property Database) of the PBC – updated with assistance from PCC Finance Team.	Treated as a consistent figure over 20 years (i.e. no inflation).

4.17.2 Net Present Cost and Equivalent Annual Cost

Short-listed options were assessed over a 60 year to understand the Net Present Cost (NPC) and Equivalent Annual Cost (EAC). The Economic Appraisal resulted in the following outcome:

Table 57: Economic Appraisal Summary

Discounted Cash flow (DCF) Summary Sheet		Inc. Optimism Bias		Excl. Optimism Bias	
Option No.	Option Name/Description	NPC (£m)	EAC (£m)	NPC (£m)	EAC (£m)
Option 1:	Do Nothing – Status quo for existing core health and care services.	163.0	11.08	161.3	10.97
Option 5:	Option 5: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre and Learning, Innovation and Community Hub.	354.4	13.51	342.00	13.04
Option 6:	Option 6: Enhanced core and repatriated services delivered through an Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Care Services and 500m2 Highstreet Primary Care Space.	368.81	14.06	354.1	13.5

DCF = Discounted Cash flow, **NPC** = Net Present Cost, **EAC** = Equivalent Annual Cost

4.18 Qualitative Benefits Appraisal

A workshop was held on the 25th November with 18 participants from across The Partnership Group. The group included representatives from a broad spectrum of specialisms, including programme representatives, Estates and Property representatives, various Change Managers and workforce representatives.



All of the benefits from the SOC were grouped into six categories, and the benefit groups were then weighted by the project team in order to provide an assessment against the two options.

Table 58: Benefit Group Weighting

Benefit Groups	Example of Benefits	Weight
Access to Health & Care	<ul style="list-style-type: none"> Bring synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users Improved sign posting and uptake of wellbeing services and activities to enable people to self manage and live independently; reducing social isolation and hospital admissions. Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis. Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities 	25%
Health & Care outcomes	<ul style="list-style-type: none"> Opportunities for informal interactions because of service and officer proximity Prudent healthcare and the early intervention/prevention agenda in social care supported Reduced operating cost of Health & Care services Contribute to improved early years health outcomes 	30%
Workforce	<ul style="list-style-type: none"> Reduction in general workforce costs Reduction in agency staff costs Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training Improved recruitment and retention rates More sustainable and efficient workforce model through new ways of working co-location and collaborative working 	15%
Decarbonisation & Environment	<ul style="list-style-type: none"> Achieve BREAAAM Rating Excellent Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies More people using active travel in Newtown Increased number of electronic vehicle charge points on site 	15%

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Benefit Groups	Example of Benefits	Weight
	<ul style="list-style-type: none"> Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions 	
Regeneration	<ul style="list-style-type: none"> A regenerated high street, with more choice for residents and visitors Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum Increased revenue generating opportunities Creating a social and economic hub making Newtown a more desirable place to live and work Training Academy status, improving status + perception of local area 	5%
The Built Environment	<ul style="list-style-type: none"> Improved estate-wide energy efficiency Increase in % utilisation of estate through sharing of accommodation across partners Compliance with statutory and mandatory estate code and improved functional suitability Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery 	10%

Each of the benefit groups were scored on a range of 0-10 for each option. These scores were agreed by the workshop participants, to confirm that the scores were fair and reasonable.

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Table 59: Benefits Appraisal

Benefit Group	Weight	Maximum Score	Raw			Weighted		
			Option 1	Option 5	Option 6	Option 1	Option 5	Option 6
Access to Health & Care	25	10	3	7	7	75	175	175
Health & Care outcomes	30	10	3	8	9	90	240	270
Workforce	15	10	4	9	9	60	120	120
Decarbonisation & Environment	15	10	2	9	9	30	120	120
Regeneration	5	10	3	8	9	15	40	45
The Built Environment	10	10	2	9	9	20	90	90
Total	100	10	17	50	52	290	785	820
Rank			3	2	1	3	2	1

Option 1 scores poorly, confirming that the option is not fit for purpose and has only been carried forward for comparison.

Options 5 and 6 score well, with option 6 showing a 183% improvement against the Do Nothing (Option 1) comparison.

To provide some rationale to these scores:

1. The Do Nothing option (Option 1) was scored universally low across the six quality dimensions, on the basis that the current provision has developed piecemeal over many years and is not particularly fit for purpose for the people of North Powys and Newtown. An example of this is in the Workforce Benefit Group (dimension), the group articulated that whilst 3rd sector may score a 5, H&C scores a 3 (giving an average 4/10) because there is an ageing workforce and Covid is adding to pressures.
2. Under Options 5 and 6, Access to Health and Care marked a lower score (7/10) than H&C Outcomes, because not all external impacting services (e.g. public transport) is within the power of the programme to influence/control. In essence, there will still need to be some services provided elsewhere (other than the Campus), and the group felt strongly that this needed to be reflected.
3. In terms of the Healthcare outcome dimension, the group considered that the way services are currently provided impact on healthcare outcomes, to the extent that a score of 3/10 was agreed for Option 1. Under both Options 5 and 6, the group felt strongly that the new facility, with easy access, joined up working and a highly trained,

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sustainable workforce deserved a much improved score, with Option 5 scoring 8/10 and Option 6, with its broader scope, scoring 9/10.

4. With regard to the Workforce dimension, under Option 1 there is still a significant cultural challenge and, in addition, there are ongoing challenges in respect of natural drift from Powys, difficulties in recruitment (including the challenges of an aging workforce, levels of pay and Brexit). This is reflected in a score of 4/10. Under Options 5 and 6, in both instances there is an excitement about the Campus, which will aid recruitment, provide joint working opportunities, optimise training opportunities and provide an environment where people will want to work. This is reflected in a score of 9/10 for both options.
5. Re Decarbonisation, the group agreed that the ambition of the Campus would reflect a score of 10/10 (Options 5 and 6), but it was unanimously agreed that a score of 10/10 would not be affordable to the Partnership and a score of 9/10 was allocated.
6. On Regeneration, score for Option 1 (4/10) is a little higher than one might expect because there is significant investment in Newtown, via Welsh Government funding and from Central Government's Towns Fund. Under Option 5, the further regeneration that can be achieved is reflected in a score of 8/10 and Option 6, because of the broader scope and service offerings scored a 9/10.
7. On Built Environment, Option 1 is marked as a 2/10, as the Estate is not fit for purpose. The continued use of some existing buildings means that Options 5 and 6 cannot score as highly as 10/10 and are therefore shown as a 9/10 in both instances.

4.19 Summary of Appraisals

Table 60: Summary of Appraisals

Evaluation Results	Option 1	Option 5	Option 6
Economic appraisals (Equivalent Annual Cost)	1	2	3
Qualitative Benefits appraisal	3	2	1
Overall Ranking	=1	=1	=1

At this SOC stage, without all scheme quantifiable benefits established, it is not possible to differentiate between the options through a summary scoring table. As significant additional benefits are likely to coalesce during the comprehensive OBC evaluation the partnership therefore endorses option 6 as its preferred approach at this stage.

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4.20 Preferred Option

In line with the options appraisal conducted above. Initial feasibility work has been undertaken to identify a preferred site for delivery of the project.

4.20.1 Site selection

As part of initial feasibility work, a full site options appraisal has been undertaken. The preferred site measures 4.6 hectares (45,904sqm).

Figure 28: Preferred Site Existing Arrangements



The table below details what the preferred site currently comprises of and what buildings are in close proximity to the site:

Table 61: Buildings on and in close proximity to the Preferred Site

Current Site	Close Proximity
Ladywell Green Infant and Nursery School	Afon House (Job Centre)
Hafren Junior School	Park Office (Council Offices)
Newtown Library	Ladywell House (Council Offices)
Integrated Family Centre	Newtown Police Station
Park Day Centre	Robert Owen House (formerly mental health team office and now a housing development opportunity)
Park Clinic	

The consensus of the site appraisal was that the preferred site offers:

- ✓ A good location, accessible to centre of the town, to the Open Newtown programme, recent housing initiatives and to other transport and amenities

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- ✓ Links to the school's investment in the area
- ✓ Appropriate size to facilitate the potential scope of the programme
- ✓ No policy designations
- ✓ Owned and know site near existing public amenities and assets
- ✓ Flat, serviced site with potential expansion scope
- ✓ A therapeutic site, ideal for promoting well-being; open green spaces, views, on the banks of the Severn

4.20.2 Site Analysis

As part of the SOC development the RPB has engaged Hughes architects to undertake a site analysis and develop site development options. Full details can be found in Appendix C. The site analysis considered the following:

- Access routes and links
- Phasing and sequencing
- Local services and amenities
- Decarbonisation Opportunities

Figure 29: Sustainability Opportunities

Sustainability Opportunities





4.20.3 Site Development Options

Further development work has been undertaken to demonstrate that the scope of services developed will “fit” on the site facilitating the desired campus-style approach. It is also critical for local stakeholders to confirm that the following seven key design concepts can also be delivered on the site:

1. flexibility
2. supporting collaboration
3. managing safeguarding
4. ability to potentially expand into nearby sites
5. access and car parking
6. connectivity/social catalyst/cohesion
7. buildability/deliverability (such as the timescales required for the completion of the new school)

Using the preferred scope derived from the programme scoping and the developed demand and capacity modelling undertaken, a draft schedule of accommodation has been developed against which the potential configuration of the site has been tested. This accounts for the desired location of the school and other services on the site and consideration of the seven key design concepts. Access, green and shared spaces, infrastructure and car parking are key to “unlocking” the preferred site and phasing requirements.

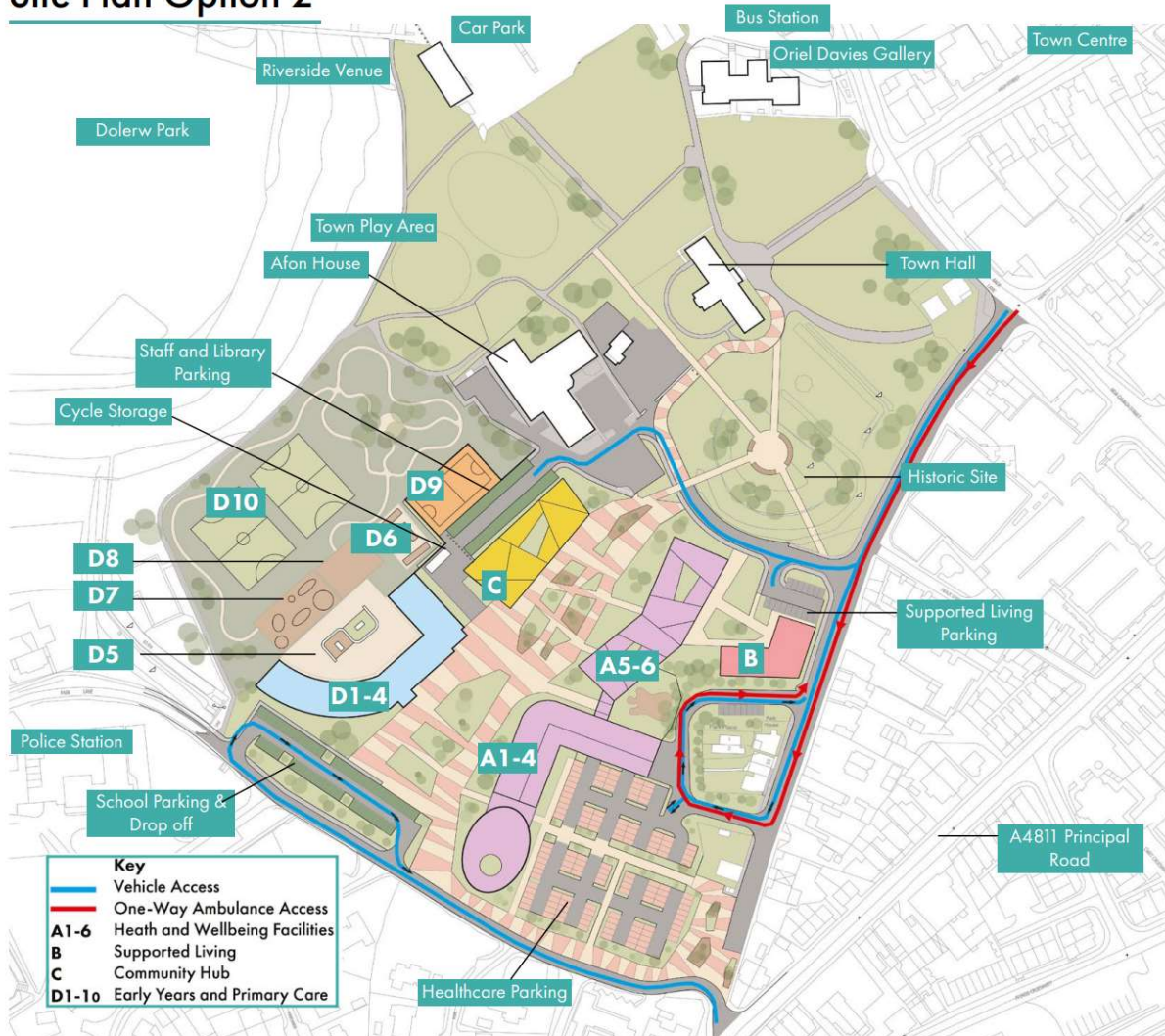
Further work on the masterplan design will be undertaken during the development of the OBC’s, however, during the SOC development, several site configurations were appraised at a high level with a number of stakeholders and their feedback has been incorporated into an initial concept site configuration plan (pictured below). As part of the same process, the school element of the Campus is currently subject to a feasibility study, to confirm space requirements.

This concept plan is produced only to demonstrate that the site can deliver a collaborative multi-agency wellbeing campus and the plan will undoubtedly change as a result of further design work:

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Figure 30: Site concept to demonstrate 'fit'

Site Plan Option 2



4.20.4 Site Infrastructure

Further work is ongoing in terms of defining the infrastructure requirements and is being led by a cross agency workstream and in consultation with Heart of Wales Property Services (including council Highways colleagues, etc.) and NHS Building for Wales. This work is considering the following:

- Access /routes and deliveries (considering centralised FM).
- Phasing: the school is programmed to be complete by September 2025, with the two schools operating as usual; planning will ensure that any construction near to the school site does not disrupt live services on the site

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- The site has minimal access points (they only exist as entrances to the current buildings on site) so consideration needs to be given to access to the site and construction traffic during the build
- There is a floodplain to the north of the site that cannot be built on
- The level and nature of car parking needs to be determined
- Campus-wide service strategy – particular reference to decarbonisation and carbon reducing technologies such as river source heat pump/PV/electrical charging
- Open and Green Spaces
- Outside of the Core Health and Care or Education offering there is an opportunity to create a fully integrated community building to include a range of services (but not limited to):
 - Transformation of library services
 - Integrated Education Academy
 - Third Sector/community groups and local business

Initial site survey and flood risk assessments have been completed on the site, and the RPB is looking to commission further work around highways in Spring 2022, including Travel Planning Assessments.

4.20.5 Other Infrastructure

Ancillary to the property asset portfolio, described above, is an extensive range of other infrastructure considerations that the project must navigate. These include:

- Existing Road Network in and around potential sites
- Wider external Highways Network
- Utilities strategy
- Education requirements (in terms of schooling on site)
- Phasing (see Figure 11 below)
- Energy
- Parking
- Public Realm

Representatives from both Education and Highways have been involved in discussions about the existing issues, consideration of options, and the potential solutions on offer. A key consideration being the phasing and sequencing of the development to ensure that the school development can open in September 2025.

Whilst it is abundantly clear that existing infrastructure does not sufficiently:

- respond to the Newtown bypass,
- offer decarbonisation opportunities,
- present opportunities to improve public realm,

The intention is to create a high-quality modern development with an Identity designed for Newtown through:

- Considering Place-making at the town level
- Integrating the new development, and opening up the site with no walls or boundaries
- Developing a new public realm, creating new spaces and routes for the community
- Using opportunities to enhance existing amenities, and
- Sustainable principles to be woven through all aspects of the scheme.

Figure 31: Construction sequencing and operation of the school



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5 Commercial Case

5.1 Procurement Method

5.1.1 Procurement Strategy

This element of the scheme is an integral part of the overarching North Powys Wellbeing Programme and, as such, the procurement strategy will be review by the Regional Partnership Board (RPB), with ultimate sign off will through the sovereign bodies i.e. PTHB Board and PCC Cabinet.

The RPB wishes to see a combined procurement exercise, to include the Health and Wellbeing elements of a Campus, as well as the Education and Library elements. RPB is currently in discussion about new models of procurement with Welsh Government, to achieve the aim of a joint procurement, and to optimise the cost and time efficiencies resulting from avoidance of duplication of effort.

The options available for a joint procurement are:

5.1.1.1 Building for Wales Framework

The development of a Campus could be procured via the Building for Wales Framework. The framework is the NHS in Wales's construction procurement and delivery vehicle for major capital projects with construction costs in excess of £4 million, based on the fundamental principles of collaborative working, integrated supply chains and continual improvement.

Given the projected cost of this project will exceed £12m (excluding VAT), it would be procured through the NHS Building for Wales National Framework. There are no Lots on the National Framework.

This framework's objectives are to:

- Implement the Welsh Government's construction policy, to ensure that the NHS in Wales complies with best practice models of procurement based on long-term strategic partnerships.
- Support the NHS in Wales becoming an exemplar client for all major construction procurement projects.
- Create an environment of continuous improvement and team building and skills development, to help deliver better value for money for the NHS in Wales in the procurement of major construction projects, through strategic partnerships with integrated supply chains.

The framework aims to deliver core objectives on behalf of the Welsh Government, including Best Value for Money and Development of Best Practice and Sustainability, amongst others, and is managed by a dedicated team of professionals employed by NHS Wales Shared



Services Partnership (NWSSP). The framework was procured and managed by NWSSP-SES on behalf of the NHS in Wales.

Powys Teaching Health Board would act as the Client under the terms of the contract.

Table 62: List of successful national SCPF suppliers

BAM Construction Ltd
Tilbury Douglas Construction
Kier Construction Ltd
Willmott Dixon Construction Ltd
<i>IHP (Reserve SCP)</i>

It should be noted, however, that the current framework runs until April 2022 and is currently under-review as to whether existing suppliers may receive a 1 or 2-year extension, or whether NWSSP-SES will go back to market. Therefore, this may potentially have an impact on the procurement timetable for this project and programme.

5.1.1.2 Welsh Government Mutual Investment Model

The Welsh Government's Mutual Investment Model (MIM) is an innovative way to invest in public infrastructure developed in Wales, having been by the Welsh Government to finance major capital projects due to a scarcity of capital funding.

The model supports additional investment in social and economic infrastructure projects and help to improve public services in Wales. MIM schemes will see private partners build and maintain public assets. In return, the Welsh Government will pay a fee to the private partner, which will cover the cost of construction, maintenance and financing the project. At the end of the contract the asset will be transferred into public ownership.

During the construction phases of the projects, private partners will help the Welsh Government create apprenticeships and traineeships to benefit local communities. This option is not the RPB's preferred procurement approach.

5.1.1.3 SEWSCAP Framework

The South East & Mid Wales Collaborative Construction Framework (SEWSCAP) is a collaborative construction framework, that is in its third iteration, revised and re-launched in June 2019 as SEWSCAP 3.

SEWSCAP3 draws together the expertise of pre-qualified, experienced small, medium and large contractors to provide various school / public buildings construction works, as well as modular and demountable solutions, between the values of over £250k to £100m.



Its mission is to achieve best value arrangements for South East & Mid Wales through competitive procurement, whilst driving regeneration, continuous improvement and best practice. This is achieved through continuous improvement with the involvement of key stakeholders and industry benchmarking.

The SEWSCAP 3 Framework is divided into the following (relevant) lots:

- Lot 1: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£250,000 to £1,500,000) - Powys County Council and other Potential Employers based or operating in Powys or operating nearby;
- Lot 5: Provision of Construction services, extensions and refurbishment under traditional or design and build with all associated works – (£1,500,001 to £3,000,000) - Powys County Council and other Potential Employers based or operating in Powys or operating nearby to include new build
- Lot 6: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£1,500,001 to £3,000,000) - All Potential Employers
- Lot 7: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£3,000,001 to £5,000,000) - All Potential Employers
- Lot 8: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£5,000,001 to £10,000,000) - All Potential Employers
- Lot 9: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£10,000,001 to £25,000,000) - All Potential Employers
- Lot 10: Provision of Construction services to include new build, extensions and refurbishment under traditional or design and build with all associated works – (£25,000,001 to £100,000,000) – All Potential Employers

In the case of Option 3, the RPB could use Lot 10 (£25M-£100M respectively), subject to the quantum of a Campus, as all schemes will be included within one procurement exercise.

5.1.1.4 Modular Build Frameworks

The RPB is also actively considering a modular build solution for the Campus and, in the instance that this approach is carried forward, then procurement may be through:

- The Crown Commercial Service (CCS) Modular Buildings Framework, or
- The NHS SBS Modular Buildings Framework.

5.1.2 Award methodology

Subject to Welsh Government's agreement re the procurement strategy, there are a number of methods which the RPB may use to award this contract:



1. Mini-tender – Contractors in the relevant Lots will be invited to tender against a range of quality and pricing criteria. This method will apply to all Lots;
2. Early Contractor Involvement mini-tender - Early Contractor Involvement allows the Employer to engage with a Contractor via a contract to carry out services such as initial design, feasibility and assisting in planning and business cases etc. This process known as a 2 stage design and build requires bidders to submit an overall price for the whole of the works including the design. This will form the basis for the ECI appointment and will be discussed and refined during ECI with the aim of agreeing prices or a contract sum within the price envelope prior to the start of the construction stage.

Suppliers appointed to the NHS Building for Wales National Framework are required to operate throughout Wales and compete for every project, regardless of the nature, location or value. PTHB can access the central framework arrangements and select private sector parties under a prescribed mini-competition.

Each Supply Chain Partner is expected to submit a valid bid proposal, attend an open day and an interview. In addition to hourly rates and percentages bid at framework selection stage, the bid proposal will also include a priced activity/resource schedule for the Outline Business Case stage, which will be financially evaluated against the other three bids.

The successful organisations will be required, as a strict obligation, to sign Project Agreements prior to commencement of the commission. Failure to do so may be counted as a breach of the Framework Agreement.

5.2 Required Services

5.2.1 The required service streams:

Create a collaborative, Health and wellbeing Campus for the population of north Powys.

5.2.2 The specification of required outputs:

At this stage in the development, the following key appointments/specialist advisors are to be determined:

- Ecology surveys
- Site investigation and topographical survey
- BREEAM, Passivhaus or Zero Net Carbon alternative
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study
- The project team has had high level discussions with various consultants regarding the above, in order to inform the PBC, and these will be developed further as each project progresses.

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5.3 Potential for Risk Transfer.

The general principle is that risks are passed to “the party best able to manage them”, subject to value for money. The table below highlights the typical apportionment of service risks in the design, build and operational phases for a project, which should be reviewed and assessed for each project:

Table 63: Risk Category

Risk Category	Potential allocation		
	Public	Private	Shared
Design risk			✓
Construction and development risk			✓
Transition and implementation risk			✓
Availability and performance risk			✓
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks			✓
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks	✓		
Other project risks	✓		

5.4 Project Bank Accounts (PBAs)

The Welsh Government policy on Project Bank Accounts (PBAs) will be adopted in order to demonstrate compliance with the requirements of Principle 6 of the Wales Procurement Policy Statement to ‘use Project Bank Accounts where appropriate’.

Project Bank Accounts support ethical business practises through facilitating fair and prompt payments within the supply chain. Procurement can act as a lever for driving economic, social and environmental benefits in Wales and PBA’s are a mechanism that supports this.

The process involves both Trustees (PTHB) and Beneficiaries (e.g. the lead contractor and any sub-contractors). The lead contractor will issue an invoice, at which time the invoice will be evaluated by PTHB and its technical advisors. The money will be transferred and held in a



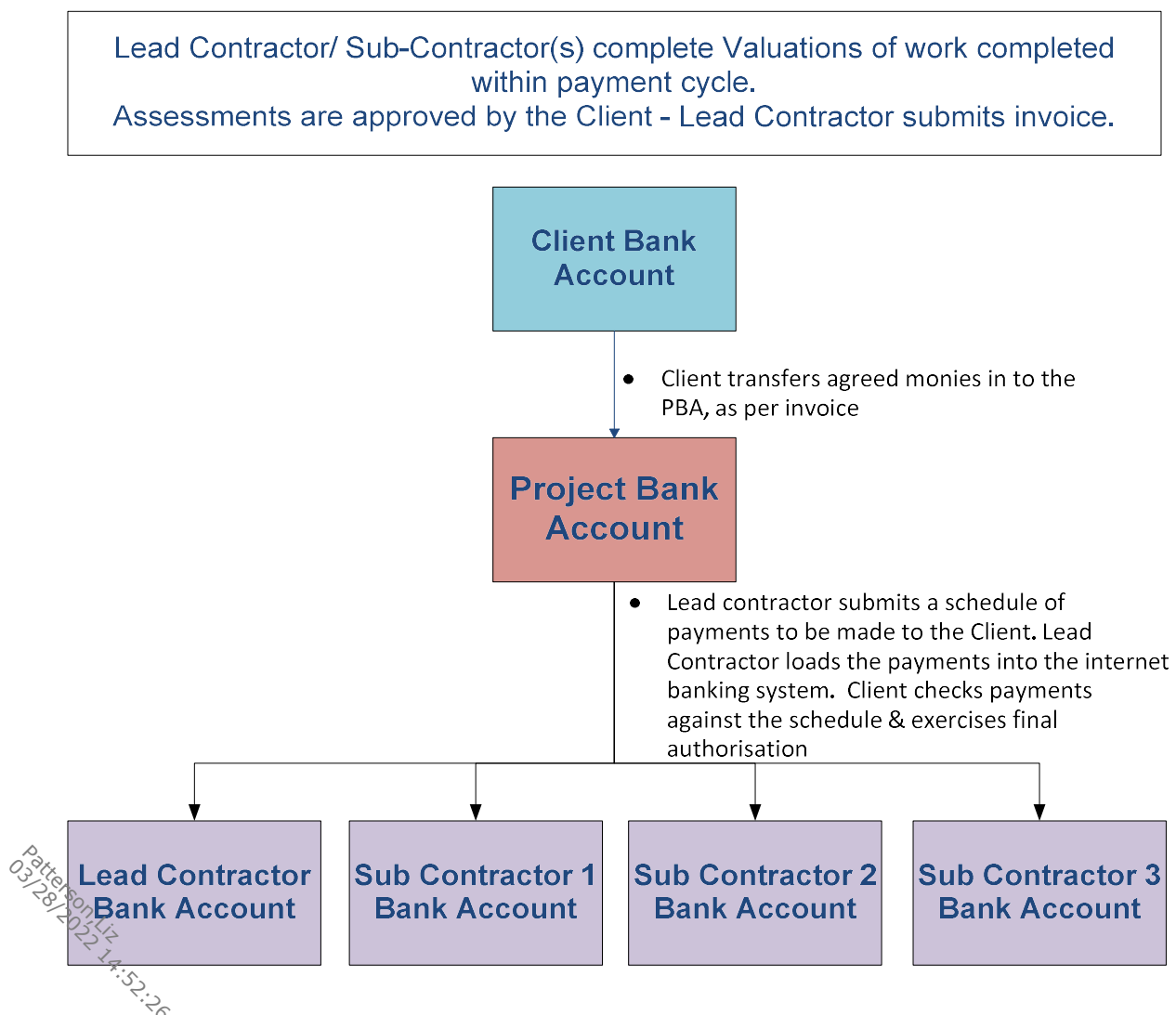
PBA until further authorised by the trustees. Contractors will align their supply chain payment cycles with the payment cycle agreed with PTHB.

Details around the approach to PBAs are to be developed as this proposal moves through the various approval gates. This will include the following details:

- Who will approve the PBA documentation and how? For example, who will approve and sign the Deeds of Trust, Deeds of Adherence / Joining Deed, Bank Mandate.
- Who will agree payments due to the lead contractor and each of their named suppliers and how?
- Who will be responsible for paying money into the PBA and authorising payments out?
- Who will agree why certain supply chain members may not be paid directly from the PBA and the criteria this will be based upon?

Figure 32 – PBA money route

PBA money route





It is important that PTHB ensure the benefits of PBAs are understood, and that prospective tenderers understand that they should communicate these benefits down the supply chain, to maximise sub-contractor sign up to the PBA.

5.5 Framework and Community Benefits

5.5.1 Framework Benefits

Both the Building for Wales and SEWSCAP 3 frameworks have been through an “OJEU” tender, satisfying requirements of EU Procurement Directives. These frameworks are accessible by any UK public sector organisation. The frameworks ensure that open book costing ensures Value for Money can be demonstrated. The general framework benefits that could occur are:

- Improved Risk management.
- Reduced programme of design and construction .
- Greater predictability in relation to cost and programme.
- improved performance monitoring procedures, with higher quality of design and construction, less defects and reduced accident rates on site.

It is important to note that, as discussions about procurement strategy with Welsh Government continue, framework selection is currently flexible and more detailed, specific arrangements will be set out in subsequent business cases (i.e. at OBC stage).

5.5.2 Community Benefits

The Welsh Government actively seeks to derive benefits for the local community from procurement activity through the application of a Community Benefits policy approach.

This approach is further endorsed by Principle 4 of the Wales Procurement Policy Statement, which makes delivery of social, economic and environmental benefit through effective application of Community Benefits; a policy must be an integral consideration in procurement.

All NHS projects financed through Welsh Government Capital are required to apply Community benefits to ‘all’ procurement irrespective of value, reporting using the Community Benefits Measurement Toolkit on contracts over £2 million ‘where such benefits can be realised’. Use of the toolkit enables the capture of the full range of Community Benefits outcomes, including jobs, educational support initiatives and training, and provides a consistent way of measuring such benefits.

The approach covers:

- Apprenticeship opportunities – creating new opportunities or providing hands on training weeks for current apprentices.
- Job opportunities for economically inactive people.

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- Training opportunities for economically inactive people.
- Retention and training opportunities for the existing workforce.
- Promotion of open and accessible supply chains that provide opportunities for SMEs to bid for work; and promote social enterprises and supported businesses.
- Code of Practice Ethical employment in supply chains 26 NHS Wales Infrastructure Investment Guidance.
- Fair payment.
- Contribution to education in Wales through engagement with school, college and university curriculums.
- Contributions to community initiatives that support tackling poverty across Wales and leave a lasting legacy within the community.
- Opportunities to minimise the environmental impact of the contract and to promote environmental benefits.

The intention for inclusion of community benefits/social requirements within contracts will ensure that wider social and economic issues are taken into account when tendering construction and development work. PTHB particularly considers that the works afford an ideal opportunity to the contractor to enhance employment prospects and skills through the recruitment, training and retention of economically inactive people at a disadvantage in the labour market.

Based on previous experience, for a project of this value, we anticipate that the successful contractor would deliver such community benefits as:

- Deliver a Meet the Buyer Event to raise awareness of project to local supply chain;
- Use Sell2Wales to advertise opportunities;
- Complete 100% payments to sub-contractors within 23 days of receipt of invoice;
- Utilise and complete the Value Wales Measurement Tool;
- Provide weeks of employment (to be decided); training and/or work experience opportunities for unemployed people, those leaving and educational establishment or training provider; trainee's or apprentices;
- Employee apprentices on the project (numbers to be decided as the scheme develops);
- Conduct a number of pupil interactions;
- Spend a % of contract spend in Wales;
- Divert a % of waste from landfill; and
- Conduct a number of community initiatives throughout the duration of the project.

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At the tender/bid stage the invitation to tender/bid will include the community benefits targets that the project will be aiming for. This information will be evaluated as part of the bid; any other benefits offered by an individual contractor/SCP can be included in the contract if that contractor/SCP is successful in being awarded the project.

The targets that form part of the contract will then be included in the Full Business Case for inclusion in the grant letter when the business case is approved by the Cabinet Secretary for Health and Social Services.

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6 Financial Case

6.1 Project Summary Costs

Table 64: Key Metrics

Option	Option 6: Enhanced core and repatriated services delivered through a Integrated Health and Care Centre, Rural Regional Diagnostic and Treatment Centre, Learning, Innovation and Community Hub, Assisted Living, Student Accommodation, GP Primary Services and 500m2 Highstreet Primary Care Space.
Location	Newtown
New Build % (Area)	100%
Description of work & any unusual constraints	TBC
# Storeys (including basement)	Multi storey TBC
Delivered through Regional Framework?	Yes
Contract period in weeks	TBC
Anticipated Community Benefits	TBC
# Trainee and apprenticeship opportunities	TBC
Use of local subcontractors as a % of total cost	TBC

6.2 Breakdown of Capital Costs

Table 65: Breakdown of Capital Costs

Project Costs	
Capital Cost	£67,146,191
Optimism Bias	£16,115,086
Risk	£7,751,486
VAT (only to be included where non-recoverable by applicant)	£18,202,553
Total Project Cost (inclusive of optimism bias and risk)	£109,215,316
Funding Body Contribution	100% funded by Welsh Government



6.3 Impact on the Organisation's income and expenditure account

Table 66: Impact on the Organisation's Income & Expenditure Account

£,000s	Total Cost	Years (years 10-60) same as year 9									
		0	1	2	3	4	5	6	7	8	9
		2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Preferred way forward:											
New Build Capital	57.179		1.144	13.191	24.741	15.816	2.287				
New Build Infrastructure	9.967		4.984	4.984							
Revenue Cost	601.461	9.988	9.988	9.988	9.988	9.998	10.009	9.997	10.008	10.018	10.029
VAT	13.43		1.23	3.64	4.9	3.16	0.46				
Total	£682.04	9.988	17.346	31.773	39.629	28.974	12.756	9.997	10.008	10.018	10.029
Funded by:											
Existing Revenue	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
Total Existing	599.255	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988	9.988
Additional Funding Req.	83.024	0.000	7.358	21.785	29.641	18.986	2.768	0.009	0.020	0.030	0.041
Cumulative Funding		0.000	7.358	29.143	58.784	77.770	80.538	80.547	80.567	80.597	80.638

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6.4 Overall Affordability and Balance Sheet Impact

A balance sheet asset addition of £57,179,040 is made for a new Campus, between PTHB and Powys County Council. Short term additional funding is required of £80.538M for years 1 through 5 (inclusive). At SOC stage it has been identified that there is an ongoing requirement for revenue funding of £10,029,018 from year 9, once the new way of working has been fully embedded, this reflects an increase in current revenue costs of approximately £41k per annum. Work at OBC stage will refine this revenue model further.

The original PBC submission and this SOC have been scrutinised for affordability and endorsed by senior members of each partner organisation, including Powys County Council's Section 151 Officer in light of the programme intervention rate (to be agreed with WG).

VAT has been applied to the whole of the capital element, and a full evaluation of the split between the Partners will be completed at OBC stage.

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7 Management Case

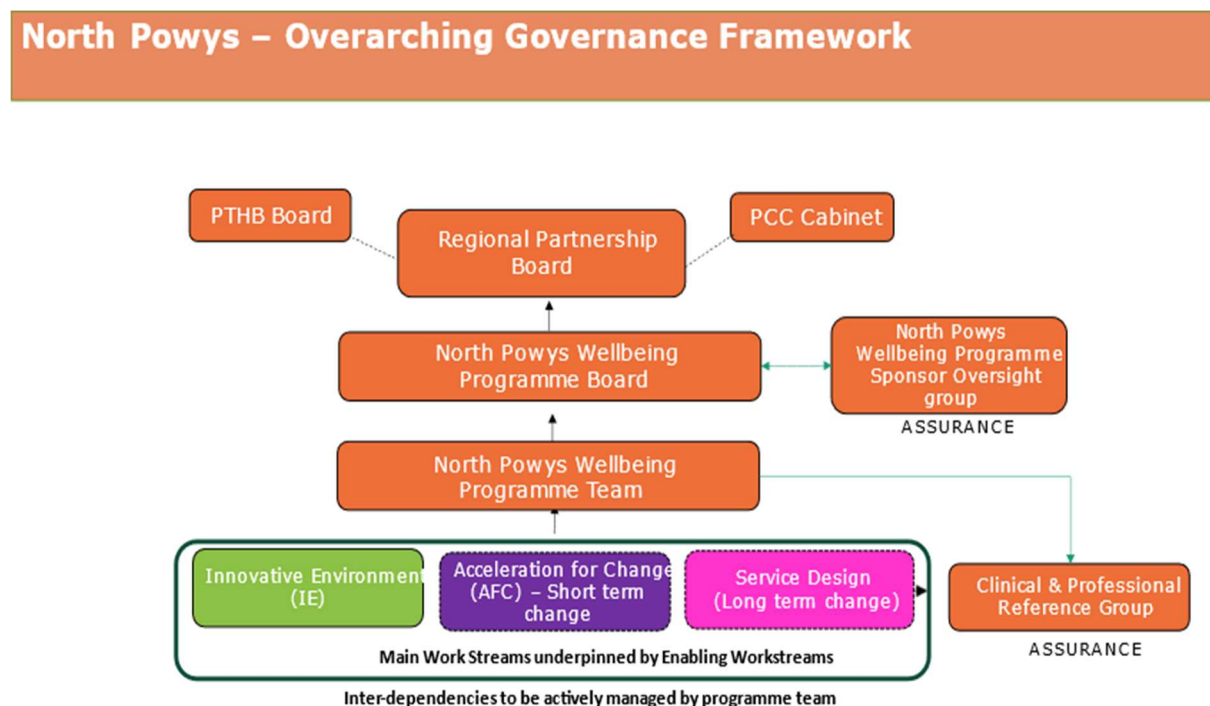
This section focuses on the implementation arrangements demonstrating how the programme will be delivered successfully to time, cost and quality verifying that it will adopt a methodology that is based on standards of best practice and quality management principles.

7.1 Programme Governance Arrangements

Under the sovereign body of the Partnership, the governance arrangements for the North Powys Wellbeing Programme (NPWP) are delivered under the Regional Partnership Board (RPB) via the Cross-Cutting Resource Overview Group (CCROG).

The programme is supported by a number work-streams as set out in the figure below. There may also be a requirement to establish sub task and finish groups as the programme progresses:

Figure 33: North Powys Programme Governance Structure (Overarching)



Reporting and assurance mechanisms are summarised below:

- The Programme Board reports progress quarterly to the North Powys Programme Oversight Group
- The programme is supported by Workstreams and Task & Finish Groups and underpinned by enabling work streams

Progress reports, assurance and approval of key documents or proposals are presented to the governing body of each sovereign organisation as required

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- The programme objectives and outputs are reliant on links with the Workforce Futures and Digital First Programme Board
- Clinical leadership, input and assurance into the integrated model of care and wellbeing development will be via work-stream links with the Mid Wales Committee Clinical Advisory Group and Primary Care Cluster group and as necessary via Task & Finish Groups established as required to support the programme.

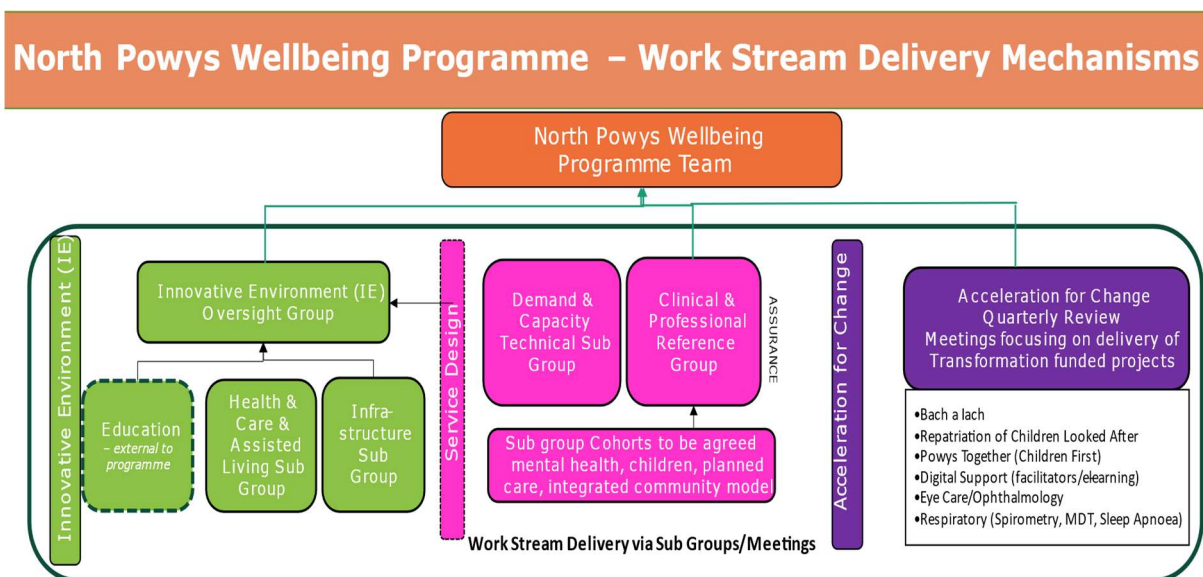
Please note that governance arrangements are currently under review and will likely change in line with Welsh Government's Programme Assessment Review (PAR) , in response to the PBC.

7.2 Programme Management Arrangements

7.2.1 Programme Structure

The following figure details the governance regarding programme roles and responsibilities:

Figure 34: Programme Structure



The table below details the responsibilities of each role:

Table 67: Roles and Responsibilities

Role	Description
Programme Sponsors: Carol Shillabeer (PTHB) Dr Caroline Turner (PCC)	<ul style="list-style-type: none">• Accountable to the Board/Cabinet• To sponsor and own the business case• To champion the programme
Senior Responsible Owners: Alison Bulman (PCC) Hayley Thomas (PTHB)	<ul style="list-style-type: none">• To define the programme objectives and ensure that they are met• Appoint the Programme Lead



Role	Description
	<ul style="list-style-type: none"> • Ensure appropriate reporting to reference committees and boards • Resolve escalation of risks and issues
Assistant Programme Director: Carly Skitt (PTHB)	<ul style="list-style-type: none"> • To produce the programme mandate and plan • Ensure all work is defined in a manner suitable for purposes of control • Lead and direct efforts of the programme team towards successful delivery of the programme objectives • Ensure adequate communication mechanisms exist within the programme between the programme and external stakeholders and between the programme and the rest of the Health Board and Cabinet • Ensure all work is planned, resource is made available and work is carried out in accordance to the programme plan • Let contracts and monitor performance of external contractors • Ensure adequate procedures are in place to monitor and control cost, time and quality • Ensure procedures are in place to manage issues • Ensure full handover of the programme to the operational teams and manage post completion programme evaluation
Programme Manager: Tanya Summerfield (PTHB)	<ul style="list-style-type: none"> • To provide programme management support to the Assistant Programme Director and ensure adherence to an agreed methodology • Ensure appropriate plans are in place to support delivery of workstream objectives • Provide regular progress reporting • To manage and escalate risks in accordance with the agreed risk framework
Service Planning Manager: Sali Campbell-Tate (PCC)	<ul style="list-style-type: none"> • Lead on the development of new models of care, service plans, service specifications and pathways • Provide service planning expertise to support delivery of the programme business case
Project Support Manager: Hayley Grigg (PTHB)	<ul style="list-style-type: none"> • To provide programme support to assist the Assistant Programme Director and Programme Manager in delivering the programme objectives • Manage the programme office to include updating and monitoring of workstream plans, programme reporting, document management, taking minutes and actions in all programme meetings
Administration Support Officer	To provide administration support to the Assistant Programme Director and the North



Role	Description
Sharon Lewis	Powys Programme Team, taking minutes and actions in all workstream Meetings.
Workstream Leads (Main workstreams and Enablers) (Infrastructure, Health & Care and Assisted Living, Engagement and Communications, Digital, Quality & Safety, Workforce, Finance, Evaluation, Research and Learning, Acceleration for Change)	<ul style="list-style-type: none"> • To provide leadership to the workstream team, ensuring successful delivery of the agreed workstream objectives and outputs • To chair workstream meetings • To ensure workstream plans are developed and deliver the required outputs • To provide regular progress reports • To liaise with and ensure the input from their respective colleagues in PTHB/PCC
Clinical Change Manager Carys Williams	<ul style="list-style-type: none"> • Lead and implement agreed service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved • Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management (including clinical change management expertise) • Accelerate and scale up changes to support a new integrated model across north Powys
Change Manager Emma Peace	<ul style="list-style-type: none"> • Lead and implement agree service change across the organisation to ensure the outcomes and benefits of the North Powys Wellbeing Programme are achieved • Work with clinicians, managers, staff, professionals, partners and other key stakeholders to provide leadership and expertise in change management • Accelerate and scale up changes to support a new integrated model across north Powys
John Thomas Engagement and Communications Specialist	To lead on and co-ordinate the implementation of the engagement and communications work for the programme, including the promotion of the Acceleration for Change projects.

7.2.2 Outline Project Plan

Table 68: Outline Project Plan (of remaining items)

Date	Actions (commencement)
09/2021	SOC Development
01/2022	Demand Capacity & Financial Modelling
07/2022	SOC WG Approval



Date	Actions (commencement)
07/2022	Final Integrated Model Evaluation Report
07/2022	OBC Development commences
11/2022	Ongoing Design Work in support of OBC/FBC
02/2023	OBC Sovereign Body Approval
03/2023	Commence Procurement
10/2023	FBC Development
03/2024	FBC WG Approval
04/2024	Phase Two Construction & Implementation
09/2026	Phase Three Commission Building & Implementation

7.2.3 Project Management Arrangements

The project will be managed in accordance with the general principles of PRINCE2 methodology. The project management team comprises the Project Board, “Project Team”, the Project Manager and the Team Managers. This “team” is responsible for the day-to-day management and implementation of the project.

Table 69: Project Team

Name	Title	Project Role
Wayne Tannahill	Assistant Director of Estates and Property, PTHB	Innovative Environment Lead
Neil Clutton	Principle Property Manager, PCC	Infrastructure Lead
Louise Morris	Head of Capital, Estates, PCC	Health & Care and Assisted Living Lead
Carly Skitt	Assistant Programme Director, PTHB	Assistant Director for NPWP Programme



Name	Title	Project Role
Gary Leatherhead	Procurement (add title), PCC	Procurement Lead
Marie Jones	Capital Systems Accountant, PTHB	Finance Lead
Sarah Pritchard	Head of Financial Services. PTHB	Finance Lead
Dafydd Evans	Service Manager Housing Solutions, PCC	Housing Lead
Alinda Tyler	Project Manager, 21 st Century Schools Programme, PCC	Education Lead
Emma Peace	Change Manager, NPWP, PTHB	Change Management
John Thomas	Engagement & Communication Specialist NPWP, PTHB	Engagement & Communication Lead

7.2.4 Benefits Realisation

Based on the benefits detailed in the Strategic Case, a benefits realisation plan will be developed detailing the management and delivery of benefits. This will be aligned with the Regional Integrated Fund National Outcome and Measures Framework and will ensure appropriate baseline and monitoring underpins programme delivery and is linked with the evaluation process.

The plan will include the benefits of the project and how they support the broader benefits of the programme. The category of each benefit (in economic terms), how they will be measured and quantified, and who is responsible for their realisation will also be outlined. This plan is a management tool which addresses the specific benefits as a result of the project. An action plan will be developed to deliver the benefits, the results of which will be validated by the Project Board.

7.3 Risk Management

7.3.1 Risk Management Approach

All Programmes/projects have an element of risk and there must be a proactive approach to risk management to balance risks against the potential rewards and a plan to minimise or avoid them. It is also acknowledged that taking some amount of risk will be inevitable to the success of the project.

The process for dealing with the management of risk for the preferred option follows the Health Board Risk Management Framework, which is signed up to by the partnership and supported by a Programme Risk Appetite Framework, see Figure 19 below, which has been developed specifically in the context of the North Powys Wellbeing Programme. This project will have a separate Risk Register with an escalation process feeding into the overarching Programme Risk Register and to Corporate Risk Registers across the partnership accordingly.

7.3.2 Project Risk Management Process

The Project Risk Register will be a 'living document' which will be actively managed. Risks will be identified, monitored, updated, mitigated and escalated accordingly. The framework and plan of the risk register will involve a rated table format. The risk will be described and the date of its identification noted. An initial risk rating will be made and the probability and impact of the risk evaluated, followed by a current and target risk rating column. The effects and impact of risk can involve elements such as environment, time, quality, cost, resource, function or safety.

Within the format there will also be the facility for proposals to mitigate and manage, identifying the control strategy, risk owner and the current risk status. Risks will be actively managed via project meetings and workshops to review all aspects and escalated/endorsed by the Multi-Agency Wellbeing Campus Project Board.

The risks and issues identified within this project will be cross referenced with the risks/issues held by the Programme Board, so that cross cutting issues can be mitigated safely and escalated accordingly.

7.3.3 Risk Identification

Risk identification can occur at all levels of the project, whether from the project teams or the project manager regarding the sub-elements of the project, or from the Project or Overarching Programme Board (where external risks are identified). Initial risks will be identified through structured workshops attended by the relevant experts and these risks will be captured in a formal project risk register document.

When a risk is identified, the project manager will be responsible for the day to day monitoring of the Risk Register.

Figure 35: Risk Tolerance Profile

Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15



	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood							

7.4 Change and Contract Management

Change management resource has been secured to support the whole system change required to underpin the delivery of the integrated model of care and wellbeing, achieve the required level of cultural change, and to ensure the outcomes and benefits of the health specific project and overarching North Powys Wellbeing Programme are achieved.

A combined programme and change management approach is being applied to delivery of the programme to support change and this is being linked with the evaluation approach to ensure transfer of learning and best practice across Powys. Independent evaluators have been appointed to support with evaluation, transfer and learning of the programme.

7.5 Stakeholder Engagement and Management

The programme will follow the best practice guidance including that of the Consultation Institute and will utilise the quality assurance mechanisms wherever public consultation is required.

Engagement on the Strategic Outline Case for the North Powys Wellbeing Programme's plans for a multi-agency Wellbeing Campus in Newtown took place throughout the end of 2021 and early 2022, asking stakeholders for their views on the programme's early plans, building on the previous engagement work undertaken in 2019.

Engagement sessions (predominately online using Teams), attendance at scheduled meetings and a survey (online and offline) have been used to inform stakeholders of the latest proposals as well as to obtain feedback on the strategic direction of the programme.

This has been delivered in an environment where there has been considerable pressure on the public sector to cope with the Covid-19 pandemic and has resulted in some delays – often as a result of the, wholly understandable, limited availability of senior officers within Powys County Council and Powys Teaching Health Board as they worked to manage these pressures on services.

Stakeholders who have been engaged with include:



- The general public (including neighbours of the proposed site);
- Staff (Powys County Council, Powys Teaching Health Board and the Third Sector);
- Newtown and Llanllwchaearn Town Council;
- County Councillors on the Health and Care and Learning and Skills Scrutiny Committees of Powys County Council;
- Pupils, staff and governors of Ysgol Calon y Dderwen;
- The Third Sector in general;
- 'Wellbeing providers' (i.e. third sector groups who are interested in being involved with the project');
- Site stakeholders (i.e. representatives of services likely to have a presence on the campus);
- Powys Community Health Council;
- Members of Powys County Council's People's Panel;
- The Mid Wales Joint Committee for Health and Care;
- Schools in North Powys outside of Newtown;
- Town and Community Councillors in North Powys outside of Newtown.
- The Primary Care Cluster Group;
- MPs and MSs;
- The Newtown School Heads Cluster meeting;
- Neighbouring acute health service providers.

The Engagement Report (see Appendix J) looks at the responses in more detail but in summary there was widespread support for the aims of the campus amongst respondents with the potential investment in health and care services in the north of the county widely welcomed. The potential regeneration benefits for the town are also recognised as well as the opportunity for the public and voluntary sector to work closely together to develop services for the Newtown (and North Powys) communities.

There have been some concerns raised by the school community; worries that the non-education elements of the campus would significantly take away from the land available for education (particularly outdoor education), safeguarding concerns and that the building of the new school could be held back by the development of the wider campus. We continue to listen and to respond to these concerns and are keen to work together to look at how we can resolve these through the campus design. There is also more work to be done to outline the benefits to healthcare and wellbeing providers from the school being co-located.

The Health and Care Academy proposals have gained general support although from the survey there appears to be a need to provide more information about this element of the programme. The development of the Bronllys provision will help in this respect. And although a majority of respondents agreed that incorporating the library on the programme is a good idea, there were a number of comments received relating to leaving the library as it is. Engagement with respect to the inclusion of shared community space and garden garnered overall support.



Further work is required to explore the benefits further with the community, staff and partners.

In terms of the supported housing element, whilst there was a good level of support for this, some concerns were raised about the safeguarding issues in respect of the primary school and this has been reflected in the initial site master plan drawings in respect to the local of the accommodation away from the school and near other residential elements of the site. Additionally, concerns have been raised about the safeguarding of children in transition to adulthood being placed in supported living alongside adults with substance misuse and mental health problems, this will need to be mitigated through the design'.

These and other issues will be explored in the next stage of engagement as the team develops the Outline Business Case (OBC) during 2022 and 2023. There will also be increased focus on those stakeholders where more and deeper engagement is required and a wash-up review session will be held prior to the development of the next engagement plan.

Ongoing engagement has been undertaken throughout the service design process to ensure appropriate level of input from clinicians, professionals and strategic leaders across the partnership. Due to the ongoing pressures of the pandemic, engagement with clinical and professional staff has been challenging however has been achieved via two mechanisms:

- Establishing a Clinical and Professional Reference Group – this group was established to provide advice, clinical and professional expertise and interpretation of best practice policy review in order to inform the demand, capacity and financial modelling.
- Bottom-up approach to development of service specifications. Front line and middle management staff were engaged to develop service specifications, these were further refined by the Programme Team and shared back with operational staff via 1:1 sessions for further input and sign off.

There has also been ongoing engagement with the north Powys Primary Care Cluster and the Mid Wales Clinical Advisory Group, particularly with regards to the modelling and repatriation of services.

A briefing session has been held with Chief Executives and Executive Directors from Betsi Cadwaladr Health Board, Shrewsbury and Telford Hospital NHS Trust, Hwyl Dda Health Board and Shropshire and Telford Clinical Commissioning Group. Letters of support are enclosed within the appendices (Appendix K).

7.6 Use of Special Advisors

6.6.1 Internal Advisors

As the programme and projects develop, the use of internal advisors from the Partnership will be better determined.

Work on this will be undertaken as part of the Programme's Enabling Workstream 3: Workforce Futures, which has the following strands:



- Workforce Planning
- Education, Training & Development
- System/organisation Development & Engagement
- Organisational Change, including Legal Process, and Job Evaluation
- Recruitment

6.6.2 External Advisors

At this stage in the programme, it is envisaged that the following key appointments/specialist advisors will be required:

- Ecology
- Site Investigation and topographical survey
- BREEAM
- Demand and Capacity Modelling
- Masterplanning and transport planning
- Energy assessment and feasibility study

If further expertise is required, this will be documented in the Business Case, going forward.

7.7 Gateway Reviews

Generally, the programme will follow the Welsh Government Gateway Review Process.

The Partnership Board has recently completed a Programme Assurance Review (PAR), as part of an OGC Gateway 1 review. This provided an Amber rating – Demonstrating good leadership but recognised the need to re-engage since the pandemic, with funding and governance for the campus amongst the challenges raised.

A number of the actions have been implemented, some are ongoing from Welsh Government feedback and the Partnership Boards confirms that it is prepared that it is prepared to complete the full suite of Gateway reviews as the business case moves from SOC to OBC, to FBC.

7.8 Post Project Evaluation

The outline arrangements for Post Implementation Review (PIR) and Project Evaluation Review (PER) have been established in accordance with best practice and are as follows.

7.8.1 Post Implementation Review (PIR)

These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place a year post construction, i.e. September 2027.

7.8.2 Project Evaluation Reviews (PERs)

PERs appraise how well the project was managed and delivered compared with expectations and are timed to take place one-year post construction, i.e. September 2027.



7.9 Contingency Plans

In the event of project failure, the existing Health and Care services will continue to operate until such time that the project can be righted.

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Appendix A: North Powys Wellbeing Assessment

Appendix B: Integrated Model of Care & Wellbeing

Appendix C: Site Design and Master Planning

Appendix D: Pictures of current assets

Appendix E: Memorandum of Understanding (MOU)

Appendix F: National Drivers

Appendix G: Service Transformation

**Appendix H: Rural Regional Diagnostic Treatment
Centre Specification**

**Appendix I: Integrated Health and Care Centre
Specification**

Appendix J: Report on SOC Engagement

Appendix K : Letters of Support

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