Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan

STRATEGIC OUTLINE PROGRAMME

October 2006

Final Draft – For Approval
**FOREWORD**

Wales is changing and developing, and its health and health care services are no different. The Welsh Assembly Government has set out how our health services will develop to meet our country’s changing needs in its ten year plan for the NHS in Wales, “Designed for Life”. This sets out a clear vision for health services in Wales and what we need to do to provide world class services for the people of Wales. It says that we need:

- Improvement in general health and well being
- Better health education and preventive programmes
- Stronger and more responsive primary care provided twenty four hours a day
- More health and social care provided in people’s own homes
- Immediate access to appropriate emergency care and hospital beds
- Local provision of frequently used services that are traditionally provided in hospitals, for example out-patients and diagnostic services

The Local Health Boards in Cardiff and the Vale of Glamorgan and Cardiff and Vale NHS Trust, as the three main local health organisations serving Cardiff and the Vale of Glamorgan, are committed to working together to respond effectively to the challenges set out in Designed for Life. In so doing, we have recognised the need to work closely with other key partners including Velindre NHS Trust, the Welsh Ambulance Service NHS Trust, Health Commission Wales, the two Local Authorities and the voluntary sector.

Many significant changes have been made to develop health services across Cardiff and the Vale of Glamorgan over recent years. These changes mean that the local health community has addressed some of the issues that now face other areas of Wales in their aims to sustain high quality hospital based services.

The health needs assessments undertaken for the local Health Social Care and Well Being Strategies, clearly highlight, however, that far more needs to be done to improve the health and wellbeing of our local communities and to ensure our services are responsive, appropriate and sustainable.

Together the local NHS community has recognised the need for significant improvement in local health and health care. There are very clear common themes that are reflected through this Strategic Outline Programme that provide a firm basis for this:

- a commitment to improving access to services in terms of time and location, with the focus being on the provision of safe services as locally as possible, provided they are both clinically safe and make better use of resources.
- a commitment to ensuring services are focused on maintaining and improving the health and independence of service users, not just treating illness - thereby reducing reliance on institutional care
- a commitment to providing greater continuity of care, and improved integration of services between different professionals, settings and providers including local authority and voluntary sector partners, which will meet the needs of patients.
- a commitment to ensuring that service are organised to deliver the best outcomes for patients within the resources available
- a commitment to ensuring all services are based on best clinical and managerial practices whether provided in primary care (in GP surgeries, pharmacies, dental practices or by optometrists), in the community (by medics, community nurses, health visitors and allied health professionals), or in hospitals are based on best clinical and...
managerial practices. They will achieve or exceed recognised standards of safety and sustainability whilst delivering the best outcomes for patients.

To enable this vision to be developed and implemented for the people of Cardiff and the Vale of Glamorgan and beyond, an extensive programme of change will be needed— not only to ensure that new health care standards in relation to the delivery of patient care are achieved, but to facilitate and enable new ways of working to be driven forward within available resources.

This Strategic Outline Programme aims to establish the case for change and the way forward in relation to modernising and improving the way services are planned and delivered. It sets out a programme to support the development of local services to meet current and future health care needs. It has been developed through a comprehensive process of engagement with NHS staff, the public and partner organisations. This process will continue in the Spring of 2007 with formal stakeholder engagement prior to formal public consultation in the summer of 2007.
Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan – An Investment Plan for local health services

STRATEGIC OUTLINE PROGRAMME FOR CAPITAL INVESTMENT TO DELIVER SERVICE EXCELLENCE IN CARDIFF AND THE VALE

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**Glossary**

**Acute and Sub Acute** - The abrupt onset of a disease or illness. Acute often describes illness that is of short duration and requires urgent care. “Acute” is a measure of the timescale of the disease and is in contrast to “sub-acute” which indicates longer duration or less rapid change. “Chronic” indicates indefinite duration or virtually no change.

**Community Healthcare** - Services provided in the community such as health visiting and district nursing.

**Community Health Councils** - Community Health Councils are independent health service watchdogs for their local services. They help and advise people who wish to make complaints about NHS services and offer information and advice about health and related services in their area. They must be consulted by NHS organisations about any substantial changes to health services that affect the local population.

**Critical Mass** - The numbers of patients that a service requires to deliver high quality, cost effective service is often referred to as critical mass.

**Designed for Life** – The Welsh Assembly Government 10 year strategy for the NHS in Wales.

**Diagnostic Services** - Tests and investigations carried out to find out what is wrong with someone.

**District General Hospital (DGH)** - The term often used to describe hospitals that provide acute medical and surgical services for their catchment populations.

**Flying Start** - A Welsh Assembly Government Programme launched in 2006 targeting services for 0-3 year olds and their families, taking education and family support to where parents are.

**Health Commission Wales** - Health Commission Wales is an executive agency of the Welsh Assembly Government, which develops and builds on existing relationships with the National Public Health Service and clinical networks.

**Health Professionals** - The body of individuals whose work helps to maintain the health of their clients.

**Intensive/Critical Care** - Provides close and constant monitoring of seriously ill patients, often involving ventilation.

**Local Health Boards** - Local Health Boards exist in order to improve the health and healthcare of the local population. They were established in 2003 to take over the responsibilities of the Health Authorities in Wales and were given three quarters of the NHS health budget in Wales. They decide what health services their populations need and then pat hospital trusts, family doctors, dentists and others to provide these services.

**Long Term Conditions** - Those conditions that cannot at present be cured by can be controlled. They include diabetes, respiratory illness, heart failure and arthritis.

**Model of Care** - The description of how healthcare services are designed, who they are delivered by and where they should be delivered.

**National Service Framework (NSF)** - Long term strategies for improving specific areas of care, including setting out core standards of services.
**NHS Trusts** - Statutory organisations with responsibility for providing a range of community and acute services.

**NICE - National Institute for Health and Clinical Excellence** - NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

**Palliative Care** - Care provided to patients who are at the end stages of their life and which seek to relieve or soothe symptoms without affecting a cure.

**PET Scanner** - Positron Emission Tomography Scanner

**Primary Care** - Healthcare provided in a community by a member of the general practice team, community pharmacists, dentist or optometrist

**Respite Care** - Care which provides a carer temporary relief from the responsibilities of caring for individuals with chronic physical or mental health needs

**Scheduled/Planned Care** - Scheduled care means planned specialist medical care or surgery, usually following referral from a primary or community health professional. Examples of scheduled care include a hip replacement operation or kidney dialysis. Scheduled care patients may be admitted as an inpatient or a day case patient or they may attend an outpatient consultation or clinic.

**Secondary Care** - Healthcare mainly provided in a hospital setting

**Service Re-design** - The process of reviewing how existing services can be changed for the better

**Service User/Patient/Client** - Someone who uses the services of the NHS

**Stakeholder** - A person such as an employee, customer or citizen who is involved with an organisation, society, etc. and therefore has responsibilities towards it and an interest in its success

**Social Care** - Services that attend to peoples’ social needs

**Sustainability** - Capable of being continued within available resources (financial and human)

**Telemedicine** - Use of telecommunications technology for medical diagnosis and patient care when the clinician and patient are separated by distance. Telemedicine can be used to support pathology, radiology and patient consultation from a distance and also to enable and support the monitoring of an individuals condition remotely.

**Tertiary Care** - Very specialised services, often only provided from few organisations in the country

**Unified Assessment Process** - This aims to make sure that the care needs of adults are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies.

**Unscheduled Care** - Unscheduled care is any event that is unplanned or unscheduled, when an individual requires attention from a health or social care professional
KEY REFERENCES

I. Cardiff and Vale of Glamorgan Local Health, Social Care Well Being Strategies (2004/05)

II. Local Wanless Action Plans (2005)

III. Cardiff Local Health Board

IV. Vale of Glamorgan Local Health Board

V. Caerphilly Local Health Board

VI. Cardiff and Wales NHS Trust Clinical Strategy (2005)

VII. Health Commission Wales Commissioning Framework 2006


XI. Beyond Boundaries – Citizen Centred Local Services For Wales (2006)

XII. Welsh Assembly Government Spatial Plan (2005)

XIII. Improving Health Care in Wales, Welsh Assembly Government (2005)


XVI. Designed to Comply, Welsh Assembly Government 2005

XVII. Predicted Future Changes in General Surgery and ENT in Wales, NPHS (2006)


XXI. National Service Frameworks (Welsh), Welsh Assembly Government (since 2004)

XXII. National Institute for Health and Clinical Excellence: NICE Guidance, in place since 2000


EXECUTIVE SUMMARY
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1.1 INTRODUCTION

The key partners presenting this Strategic Outline Programme (SOP) are:

- Cardiff Local Health Board
- Vale of Glamorgan Local Health Board
- Cardiff and Vale NHS Trust

These bodies represent the commissioners and providers of the majority of healthcare services for the Cardiff and Vale of Glamorgan populations. In developing this SOP close links have been established with Health Commission Wales, Caerphilly Local Health Board, Velindre NHS Trust and the Welsh Ambulance NHS Trust which commission and provide local services for our communities. Working in partnership with Cardiff University is also recognised as a priority to support high quality teaching and research across the health community.

1.1.1 Purpose

In May 2005 “Designed for Life” set out a challenging but essential agenda for the NHS in Wales, and its partners, in accelerating change and continuing the whole scale transformation of services to ensure that the NHS plays a key role in improving the quality of life within Wales.

The Health Community in Cardiff and the Vale of Glamorgan welcome the direction of travel set out in Designed for Life and the recognition by the Welsh Assembly Government that changes in the way services are developed and provided must be supported to ensure that the people of Wales have access to world class services. It is, however, also important to recognise that change is not new in Cardiff and the Vale. Much has already been achieved to support and develop local services for our local communities, and the more specialist services provided by Cardiff and the Vale NHS Trust for the population of South Wales and beyond as illustrated in Figure 1. These changes have sought to ensure that services are safe, sustainable and work to maximise the quality of care provided to patients and their families.

However, we can not be complacent and this process of change must be ongoing and focused on a continuous commitment to improve and develop local services within our available resources.

This Strategic Outline Programme:

- brings together in a single document, a shared vision for health services across Cardiff and the Vale of Glamorgan, and our case for change.
- sets out the emerging options to deliver this vision and signals to the Assembly Government the need for targeted investment of capital resources to enable this to be achieved.
- provides the framework to enable and inform detailed planning to move forward in line with the Welsh Assembly Government’s strategic agenda set out within Designed for Life.
The SOP follows the 5 case model in line with Welsh Assembly guidance. The main focus of the Strategic Outline Programme is to set out clearly the strategic case for change. Through the development of strong business planning, the strategic case will be developed and tested robustly in terms of the economic and financial case for change. The overarching aim is to improve the health and reduce health inequalities working within the resources available. Consideration is also given to the commercial and management approach to be taken to support the strategic programme.

It is also recognised that while the SOP takes a 5-10 year perspective in relation to the changes that are needed to improve the quality and effectiveness of health care services to meet local need, there are many issues identified within the SOP that must be tackled in the short term. This is particularly important in relation to the issues identified through the first phase of engagement and the opportunities to improve patient experience. This includes a recognition of the need to improve communication between health professionals and service users, ensuring effective co-ordination of care and implementing actions within existing resources that improve access to services.

Figure 1

**Examples of Recent Strategic Services Changes**

1. remodelling of Accident and Emergency Services on to a single site at the University Hospital of Wales, facilitating the closure of the acute inpatient unit at Cardiff Royal Infirmary.

2. concentration of acute services at the University Hospital of Wales and Llandough Hospital

3. ongoing development of Llandough Hospital as an elective surgical centre e.g. the commissioning of the Cardiff and Vale Orthopaedic Centre in the Autumn of 2006, with emergency surgical services being provided at the University Hospital of Wales

4. an ongoing process to transform local mental health services, including investment in community based services and plans to replace outdated hospitals e.g. opening the new Llanfair Unit at Llandough (Sully Hospital has now closed and there are plans to replace Whitchurch Hospital)

5. establishment of local midwifery led birth centres in Cardiff and the Vale of Glamorgan, with a single consultant led service for higher risk births at the University Hospital of Wales, including centralisation of neonatal services

6. commissioning of Barry and St David’s community hospitals, enabling the closure of facilities that were no longer suitable for the provision of high quality care e.g. Lansdowne Hospital and the Royal Hamadryad

7. ongoing development of out of hours primary care services following the introduction of the new contract for general medical services

8. developing more specialised services provided in Cardiff for the people of Wales

9. commissioning Phase I of the Children’s Hospital for Wales, bringing together inpatient services for children on to a single site across the Trust

10. provision of increased levels and types of care in primary and community based settings e.g. cardiac rehabilitation and rapid response services

11. completion of the consultation exercise on “Services for the Residents of Central and Eastern Cardiff: Local Services Meeting Local Needs” which considered the future model of care for a primary care resource centre, intermediate care and rehabilitation, services for vulnerable groups, outpatients including sexual health services and mental health services.

12. ongoing development of paramedic services, including the development and deployment of paramedic practitioners
1.1.2 Context

This SOP has been informed by both National and local strategic policies, standards and frameworks. It has also sought to address the issues highlighted within the health needs assessments undertaken for the local Health Social Care and Well Being Strategies. These strategies clearly demonstrated that more needs to be done to improve the health and wellbeing of our local communities and to ensure our services are responsive and appropriate. The SOP also recognises the need to take forward our plans for developing health services within the context of available resources.

The two Local Health Boards and Cardiff and Vale NHS Trust recognise the need for significant and complex change. The three organisations have together established a shared philosophy of care that informs clear objectives:

- a commitment to improving **access** to services in terms of time and location, with the focus being on the provision of safe services as locally as possible, provided they are both clinically effective and make better use of resources.
- a commitment to ensuring services are focused on **maintaining the health and independence** of service users, not just treating illness - thereby reducing reliance on institutional care
- a commitment to providing greater **continuity of care**, and improved **integration** of services between different professionals, settings and providers including local authority and voluntary sector partners, which will meet the needs of patients.
- a commitment to ensuring services are organised to deliver the **best outcomes** for patients within the resources available
- a commitment to ensuring all services are based on **best clinical and managerial practices** whether provided in primary care (in GP surgeries, pharmacies, dental practices or by optometrists), in the community (by community nurses, health visitors and allied health professionals), or in hospitals. They will achieve or exceed recognised standards of safety and sustainability whilst delivering the best outcomes for patients
- A recognition of the need to drive forward improvements that will improve the **efficiency and effectiveness** of services provided within available resources

The local health community has sought to work with other Local Health Boards and NHS Trusts in South East Wales to ensure that our plans address those services which need to be planned and provided on a regional basis including surgical cancer services, critical care and cardiac services.

The outcome of this work means that this Strategic Outline Programme supports the development of:

- **A network of locally based primary and community based services that meet the needs of individuals and communities** - Access to care within a primary care setting will be improved, and people with complex conditions will have access to education, support and care that helps them maintain their independence.
- **Improved Sustainable Access to planned hospital treatment** – through targeted and appropriate investment in our acute hospital infrastructure to achieve the
Welsh Assembly Government target of a maximum total waiting time of 26 weeks by December 2009.

- A reduction in unplanned admissions and delayed transfers of care – through new ways of working there will be reduced numbers of unplanned and avoidable admissions to hospital and patients who no longer need to be in hospital will be discharged appropriately and with the necessary support in place based on their needs, and the needs of their family/carer.

- Joint Working with Partner Organisations – with services provided in an integrated way based on the needs of the individual.

- A health community approach which is committed to rebalancing and refocusing local services such that they are sustainable and affordable

1.2. THE STRATEGIC CASE

1.2.1 National Overview

Cardiff and Vale of Glamorgan Health Community operates in a national and regional context. Of particular relevance to the Strategic Outline Programme is the Welsh Assembly Government publication Designed for Life which sets out a framework for creating world class Health & Social Care for Wales in the 21st Century. The vision is to minimise avoidable death, pain, delays, helplessness and waste by 2015. Designed for Life builds on the diagnostic work undertaken through the Review of Health and Social Care in Wales advised by Derek Wanless, and the foundations for improvement set in the Assembly’s NHS Plan Improving Health in Wales.

The publication of Healthcare Standards for Wales is also a key policy driver, aiming to ensure that the NHS delivers better standards of care in four key domain areas - patient experience, clinical outcomes, healthcare governance, and public health. Together with National Service Frameworks (NSFs) and National Institute for Clinical Excellence (NICE) guidance, these standards resonate with the strategic objectives of the Programme for Health Service Improvement and are drivers for the models of care that have been developed.

These key health documents must also be set within the wider context of the People Places Futures – the Wales Spatial Plan. The stated role of the Wales Spatial plan is:

- To ensure the Welsh Assembly Government and its partners and agents develop policy in ways which take account of the different challenges and opportunities in the different parts of Wales; and

- To provide a basis and momentum for working together on a shared agenda locally, so that the different parts of Wales can establish their own distinctive approaches to meet the objectives set out in the strategic plan Wales: A better Country and the Assembly’s Sustainable Development Scheme
1.2.3 Local Strategic Context

Local Health Social Care & Wellbeing Strategies

As recognised throughout this Strategic Outline Programme, the strategic direction for health and social care is underpinned by the Health, Social Care and Well Being Strategies that have been developed by Local Health Boards and Local Authorities. Essentially these Strategies are focused on achieving the strategic aims of improving health and social well being, promoting independence and reducing inequalities in health. Each of the strategies has been through a formal period of consultation.

The Vale of Glamorgan and Cardiff Wanless Local Action Plans also set out clear objectives for local health and health service improvement over the next three years. These objectives are based around services for identified priority client groups:

Programme for Health Service Improvement

In recognition of the challenges facing health services, the Programme for Health Service Improvement in Cardiff and the Vale (PHSI) has been established to drive forward the modernisation and transformation of local health services in response to Designed for Life.

The objectives of the Programme have been clearly set out, namely to:

- define and develop a model of care to support the development of safe, high quality local services which has the support of clinicians, partners and the public
- map out how existing service plans and priorities fit together, and what further changes need to be considered
- Support an effective process of engagement with local communities and stakeholders to inform plans and proposals, recognising the potential need for formal consultation where changes are proposed.
- Ensure that the programme is taken forward within the wider resource framework within which services must be delivered, specifically in terms of workforce, information management and technology, estates and finances.

1.2.4 Existing Service Arrangements

There has been significant progress made across the local health community to sustain and develop local health services respond to meet local needs. While many of the challenges being faced elsewhere in Wales to sustain core services such as Accident and Emergency and obstetric services have been addressed in this health community, there are a number of service delivery problems which cannot be addressed without radical and fundamental change:

- Without strategic investment, primary and community services will not have sufficient physical capacity to take forward the significant opportunities that have been identified through the Programme for Health Service Improvement to support new models of care.
- While good progress has been made to develop the provision of rehabilitation and rehabilitation services it is recognised that services are not provided
equitably across Cardiff and the Vale of Glamorgan, with a poor environment for
the provision of modern, multi-disciplinary working in a number of areas. This is
resulting in difficulties for patients in terms of access, presents obstacles to
integration of care and potentially leads to poorer outcomes for patients.

- Supporting the **strategic development of local mental health services** to
  provide modern, patient focused care. This includes the development of high
  quality community based services that reduce reliance on acute inpatient care
  and improve outcomes for patients.

- While significant progress has been made to develop **integrated working across
  the two main acute hospital sites** (Llandough Hospital and the University
  Hospital of Wales) some services remain fragmented. This has the potential to
  result in a duplication of scarce resources required for major emergency,
  specialist and complex services and dilution of the critical mass required to
  develop skills, expertise and improve outcomes for patients. This duplication also
  means that levels of efficiency are not optimal.

- Patients who are ready for **discharge can be delayed** within acute and
  community hospital beds because of a lack of alternative provision either relating
  to short term interventions or long term care. This not only means inappropriate
  care for patients, but also prevents optimum use of resource intensive hospital
  capacity. This continues to represent a significant challenge to the local health
  and social care community that requires effective partnership working in the
  interests of our patients.

- **Increasing levels of emergency admissions** and variable provision of
  alternatives to support primary care leads to high bed occupancy across the two
  acute hospitals. This in turn leads to high levels of outlying patients, cancellations
  of elective operations, blockages in critical care beds and delays in our
  Emergency Unit. This means sub-optimal quality care for patients and presents
  significant challenges in meeting waiting times targets and the A&E 4 hour wait
  target.

- **Long waiting times for certain specialties for outpatient appointments** exist
  due to changes in demand and a lack of alternatives to Consultant provision.

- **Long waiting times for certain specialties for treatment** arise from a lack of
  appropriate capacity (for example, intensive care facilities) and pressures
  associated with emergency demand.

- Our two **modern community hospitals** (Barry Hospital and St David’s Hospital)
  need to be more fully integrated into the health care system.

- Physical capacity constraints in **diagnostic** departments such as radiology and
  pathology make it difficult for services to be sufficiently responsive to both elective
  and emergency care needs.

- The need to ensure effective implementation of **workforce changes** including
  European Working Time Directive, Agenda for Change and new contractual
  arrangements for Consultants and medical professionals working in primary care.
The need to ensure that Cardiff and Vale NHS Trust provides and supports excellent teaching and educational opportunities in partnership with Cardiff University.

Associated difficulties of recruitment and retention in high pressure areas/congested facilities and poor environments.

Achievement of financial targets and implementation of the Strategic Change and Efficiency Plan, for example, resulting from the need to increase hospital capacity on a regular basis to meet peaks in demand.

Physical Constraints

The age, condition and design of our local health care facilities is another major issue which presents the following problems:

- Significant investment requirements to improve capacity in core service areas to meet the needs of our community – e.g. primary and community services, critical care, theatres, diagnostics.
- Severe design constraints on remodelling ward accommodation to provide patients with modern standards of space, privacy and dignity in a number of our current healthcare facilities e.g. some clinical areas in Llandough and UHW, Rookwood and West Wing and Whitchurch.
- Lack of compliance with current design guidelines on control of infection.

Not only does this mean that there are real constraints to developing and improving the current services, it prevents more significant service reconfiguration that will be essential in the future to maintain the viability of major emergency, complex and specialist services. A programme of rationalisation and renewal is essential if services are to be sustained in a safe and effective way within available resources.

Public Engagement

Many of these issues have been reinforced as a result of the extensive communications and engagement programme that has been undertaken over the last 6 months. In particular views from the general public have reinforced the case for change and have confirmed that local people want to see action in relation to the following issues:

- unreasonable waits to access a range of secondary care provision and appointments in primary care.
- limited access to routine services locally, even where healthcare facilities are new and modern.
- standards of cleanliness with particular reference to MRSA.
- lack of continuity between health providers and between health and social services.
- variable standards and availability of home based health and social care.
- poor quality of many NHS facilities.
- need for more investment in staff across the system.
1.2.6 Scope and Service Requirements

It is clear from both national and local work that maintaining the status quo is not an option. There is therefore a need for significant and complex change that will require the commitment of all partners if it is to be successful.

Redesigning services across Cardiff and the Vale of Glamorgan will involve the expansion of capacity and resources in primary care. It will also need to support the creation of new community based models of care which integrate primary, social and community services and ensure that the skills and expertise available within hospital base settings are more accessible in primary and community settings where appropriate.

This will enable a rebalancing and refocusing of care to reduce pressure on, and optimise the capacity available at, the two acute hospital sites (University of Wales Hospital and Llandough Hospital). This in turn will improve local access to services and those more specialised services provided for a wider population. Figure 2 below sets out the different kinds of services that might be expected in the future.

Figure 2: Different kinds of health services that might be expected in the future (Mental health in lower box)

Increasingly local care – less care in main acute hospitals

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<th>Resource centres and community hospitals</th>
<th>Acute and emergency hospitals</th>
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<td>Local facilities throughout the area</td>
<td>Resource centres serving networks of @ 50 – 80,000 populations, with network of community hospitals</td>
<td>University Hospital of Wales, Llandough</td>
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<td>Primary care team and therapy</td>
<td>Rehabilitation &amp; Re-ablement teams</td>
<td>Day-case surgery – local anaesthetic</td>
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<td>Clinics (for example diabetes and CHD)</td>
<td>Specialist rehabilitation</td>
<td>Diagnostics (such as X-ray)</td>
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<td>Minor procedures</td>
<td>Outpatients</td>
<td>Community Rehabilitation</td>
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<td></td>
<td>Minor emergencies</td>
<td>Day-therapy services</td>
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Supporting care in peoples own homes

Mental Health

Increasingly specialist care – more care in major hospitals
In summary, we are proposing the following levels of facilities, recognising also the ability to provide many services in people's own homes.

- **Primary Care Practices (GP, community pharmacists, dentists, optometrists)** will provide a first point of contact for the majority of care, and will be encouraged and supported to work together to provide a wider range of services for their local population.

- A network of **resource centres** will provide a wider range of services for their local population, including diagnostic services and the co-ordination of community based services provided in an individual’s own home. They will encourage and facilitate the development of more integrated services with social services, the voluntary sector and other primary care providers, maximising the use of technology to provide care across traditional organisational boundaries.

- **Community/neighbourhood hospitals**, working closely with Resource Centres, will provide beds for people with a variety of needs including multi-disciplinary rehabilitation for those individuals who are not sufficiently well/stable to be supported at home, those individuals would need access to multidisciplinary assessment and those who require palliative care for example. These hospitals will be supported by a wide range of diagnostic services to support service delivery. While they will not have the same level of backup available on site as acute hospitals (e.g. intensive care), they will be supported by specialist doctors and other health care professionals as appropriate. They will provide an environment which promotes health and wellbeing and is able to support teaching and training for multi-disciplinary teams.

- Our two **acute hospitals** will work together to provide the full range of emergency and inpatient services for the local population and the more specialist services associated with a major teaching hospital that cannot be provided in community based settings. Service models will aim to ensure consistently high quality hospital services that maximise the potential for health gain and minimise risk for patients. Clear care pathways will be established with increased separation of planned and emergency work to improve efficiency and effectiveness.

Fundamental to the service model will be clinical quality and standards. This will include the need to demonstrate the local health community is managing risk effectively and ensuring that there is access to the right skills to deliver best clinical practice.

1.2.7 Summary of Strategic Case

The service models proposed require a collective commitment to refocus and rebalance the way in which services are provided.

The following diagrams set out the high level proposals for strategic capital investment required to support the emerging service models. Many of these developments have been recognised within the capital investment programme included within *Designed for Life*. Of the £525m capital programme set out within the Strategic Outline Programme over £320m (61%) relates to specific schemes or service areas identified within the Designed for Life capital programme.

The work undertaken through PHSI has reconfirmed that these schemes are in line with the vision for health service improvement across the Cardiff and Vale Health...
Community, while also identifying a number of additional areas where targeted investment is needed to support sustainable, high quality safe, efficient and effective services. It is, however, important to note that not all of the areas identified for improvement require capital investment. Much of the redesign and refocusing of services set out within this SOP can and must be achieved within existing resources and delivered through new ways of working.

**Primary and Community based Services - Summary**

*including reablement and rehabilitation*

- **Strategic case**
  - Strategic expansion of capacity in community settings to support health improvement in line with recommendations from the Review of Health and Social Care in Wales.
  - Investment targeted to reduce health inequalities and reduce demand on acute hospital services through the development of evidence based services.
  - Remodelling of rehabilitation and rehabilitation services to maximise independence and recovery.
  - This will support a strategic shift to a new model of care, reducing reliance on inappropriate inpatient facilities and enabling the closure of Westwing and Rookwood.

- **Capital requirements**
  - £28m to support practice improvements in line with LHB Primary Care Estates Strategy including a network of Resource Centres.
  - £18.5m to support additional community based services including dental services and diagnostics.
  - £49m to support improvements in rehabilitation and recovery services in community settings.

**Commentary on the Business Cases**

Mixture of public and private capital procurement options could be considered.

Public consultation already undertaken for development of first Resource Centre for Central/Eastern Cardiff at CRI and expectation that OBC to be prepared for consideration in early 2007. Detailed option appraisals will be needed to support needed for other localities in Cardiff. Vale of Glamorgan proposing development of Barry Hospital as Resource Centre networked with smaller centres in Eastern and Western Vale.

Further work to be undertaken to establish capacity requirements to support new model of rehabilitation and reablement services to inform detailed planning and option appraisal.

Case for investment will need to evidence impact and release of resources from hospital based services and while some transitional support may be required, the expectation is that the Resource Centre OBCs will demonstrate improved efficiency and effectiveness of services through more local provision.

Need for full public consultation recognised as detailed work on proposals for rehabilitation and reablement developed.

Opportunities for joint developments with key partners, including local authorities and voluntary sector recognised as a key priority.
Mental Health - summary

Modernisation of services for adults and older people in line with National Service Frameworks and Designed for Life.

Focusing on development of community based services to support individuals effectively through a comprehensive range of services which then reduce reliance on institutional care.

Commentary on the Business Cases
Draft OBCs to be submitted in January 2007 based on the outcome of agreed public consultation.

Major capital developments reflect changes in service models and the need to improve quality of patient environment. Strategic assistance for some elements of the capital schemes may be required to achieve full modernisation. Aim is to bring forward proposals to enable closure of Whitchurch Hospital by 2009/10.

Unscheduled Care - Summary

Improved management of urgent and unscheduled care to reflect the policy direction set out within DECS

Commentary on the Business Cases
Detailed plans to be developed based on clear service model with clear business justification, in the context of the emerging WAG policy framework (DECs).
**Acute Hospital Service Transformation - Summary**

**Strategic case**

Modernisation of hospital care pathways to ensure that health community demonstrates performance in the upper quartile of comparator providers.

Model of care proposes balanced approach to general/acute medicine across two acute sites with clearer separation of elective and emergency surgical streams with development of short stay/low dependency planned surgery at Llandough, and UHW as base for emergency/specialist surgical services.

Models also seek to recognise unique role of the Cardiff and Vale Trust in relation to undergraduate and postgraduate teaching and research in partnership with Cardiff University.

**Capital requirements**

- **£52m** to support implementation of service models on UHW site including ward modernisation, critical care capacity, women's services implementation.
- **£66m** to support implementation of service models on Llandough site including low dependency surgical treatment centre, ward modernisation, orthopaedic centre.
- **£54m** to develop range of schemes to support service modernisation across health community including outpatient services, surgical cancer services, pathology services.

**Commentary on the Business Cases**

Major capital schemes will need clear business justification based on ensuring appropriate capacity to meet demand and improving long term efficiency and effectiveness and improved outcomes for patients.

Some aspects of proposals relating to elective surgical services would need to be the subject of formal public consultation planned for Summer 2007.
Tertiary and Specialist Services - Summary

Strategic case

Recognising the unique role of the Cardiff and Vale Trust in providing highly specialist and tertiary services in line with the commissioning intentions of Health Commission Wales.

Strong links with the University are recognised as being vital

Capital requirements

£7.2m for the PET research centre

£38m for ph2 of the Children’s Hospital for Wales

£2.2m for the Teenage Cancer Trust Unit (funded by the Teenage Cancer Trust)

£9.9m for the new Renal Unit (part of tertiary block)

£13.5m for the Neurosciences Centre (part of Tertiary block, subject to outcome of consultation)

£10m to support cardiothoracic services (subject to outcome of HCW review)

Commentary on the Business Cases

PET Outline Business Case (OBC) resubmitted in partnership with Cardiff University - a major development to support research and clinical service delivery.

Strategic Outline Case and Outline Business Case for Children’s Hospital to be submitted in December 2006. Phase II will ensure sustainability of specialised services for Children in South Wales through improving configuration of services within the Trust and providing child focused environment. Strategic capital support may be required.

Tertiary service proposals will aim to support HCW commissioning framework noting some aspects are subject to outcome of public consultation.

All developments will need to demonstrate improvements in efficiency, effectiveness and quality of care.
Other Acute and Community Service Modernisation Summary
including Clinical Support and Infrastructure issues

Strategic case

- To ensure that high quality clinical support services are in place to support emerging service models

Capital requirements

- £10m to support pathology rationalisation and development
- £5m to support the modernisation of outpatient capacity (including community based services as appropriate)
- £101m across a range of infrastructure schemes including:
  - catering
  - electrical infrastructure
  - switchboard
  - information technology

Commentary on the Business Cases

Investment in clinical support services must demonstrate contribution to efficiency and effectiveness and quality.

All proposed investments will need to be subject to clear business justification

The above proposals confirm the need for strategic change to support and develop primary and community based services to enable them to meet the needs of patients effectively. In particular local work has demonstrated the need to improve the care provided to people with long term conditions such as heart disease, diabetes or asthma. This will mean more services being provided in local communities with a greater focus on maintaining health and preventing illness as well as providing high quality treatments. Individuals with complex and ongoing health problems and their carers will have access to improved support and help them manage their condition. More health professionals will be based in primary and community based settings, working closely with local authority and voluntary sector colleagues where appropriate. There will be a network of resource centres providing an enhanced range of services for local communities supporting local primary care and social care professionals.

Priority must be given to remodelling and improving access to unscheduled care, bringing together existing resources to work more effectively to meet local need. Where individuals require access to urgent, unscheduled care, there is a need for greater co-ordination and collaboration between primary and secondary hospital based services. The roles played by NHS Direct, the ambulance and paramedic services, primary care services in and out of hours, mental health services and the minor injuries and accident and emergency services are vital components of an effective unscheduled care model, working closely with local authorities and the
voluntary and independent sector. Opportunities for greater co-ordination to ensure that our residents can be confident of receiving the right care, at the right time, in the right place by the right professionals is a major strand of this programme.

**Rehabilitation and re-ablement services** play a vital role in helping people to maintain their independence and also to regain it, for example after an acute illness. Changes in peoples’ expectations and the opportunities provided through new technology mean that new ways of delivering rehabilitation and intermediate care must be taken forward, enabling people to remain safely in their own homes where possible. This will mean more services being provided in local communities and in partnership with local authority social services colleagues. There is a need to target our resources in services that enable people to live more independently and which can respond quickly to individuals needs. Rehabilitation and re-ablement services must refocus to support this, requiring the highest quality multi-disciplinary rehabilitation services in hospital and community settings. There is a recognition that two of the main facilities for the provision of community inpatient rehabilitation, namely West Wing and Rookwood, are not fit for purpose and must be replaced.

The major transformation of local **mental health services** in Cardiff and the Vale of Glamorgan that has been taken forward over the last five years is making a real difference to service users and their families. It is vital that this programme of change continues with the further strengthening of community based services and replacement of Whitchurch Hospital. Through this SOP it is planned to bring forward the planned community developments and the replacement for Whitchurch Hospital by 2009/10. As part of this programme of change, the development of services for older people with mental health problems is also a priority, and will include the development of a new assessment unit at Llandough Hospital.

By focusing on developing capacity outside of the two main acute hospitals, the ability to respond to the needs of the local population who require hospital based services will be improved. Increasingly the Trust will be working to separate **emergency work** from **planned work** as this is important in providing good quality, efficient and responsive care. Opportunities to review how our two main hospital sites work will also ensure that providing specialised and tertiary services does not detract from a commitment to providing high quality services for the local population. This will mean that access to services, whether planned or unplanned, will be easier and quicker.

It is important that there is a recognition of the role of Cardiff and Vale NHS Trust in providing **specialised and tertiary** services for the population of Wales. It is clear that this role is likely to expand in the future and it will be important that this is supported, while also protecting local services. The development of a clear strategic policy framework to support the development of specialist services in Wales has been recognised by the Welsh Assembly Government. In the absence of such a framework, working with Health Commission Wales, (who are responsible for commissioning specialised and tertiary services in Wales) the PHSI has sought to identify those services which it is anticipated will need to be provided in the future to meet the needs of South Wales. In so doing account has been given to the need to ensure that these services are safe, sustainable and cost effective. This has confirmed the need to take forward the next phase of the Children’s Hospital for Wales, and ensuring that our plans can support the implementation of the recommendations arising from the reviews of neurosurgical services, neonatal intensive care, Child and Adolescent mental health services and thoracic surgery currently being undertaken by Health Commission Wales. Work has also begun with Local Health Boards and NHS Trusts in South East Wales to ensure that our plans
address those services which need to be planned and provided on a regional basis including for example surgical cancer services, critical care and cardiac services.

1.2.8 Next Steps

The strategic case for change has been clearly acknowledged cross the health community and new models of care have been set out which aim to improve the quality and outcomes for patients, while also offering scope for improved efficiency and effectiveness. The next phase of work will involve:

- A programme of engagement with staff, stakeholders and the public to discuss and inform the emerging vision for health care across Cardiff and the Vale of Glamorgan

- Further refinement of the models of care where appropriate to enable detailed options to be developed, including robust service modelling, consideration of the workforce issues and wider resource implications

This work will enable the health community to prepare proposals for formal consultation as appropriate in the summer of 2007.

1.3 ECONOMIC CASE

1.3.1 Developing the Options

Critical success factors have been established to guide the development of our proposed models of care, and will be used to evaluate emerging options to support the delivery of these models. These factors include: capacity, accessibility, quality, achievability, integration, and strategic fit.

The preferred and possible options to support the new models of care will be developed in line with the required capital investment process at OBC stage for each proposed strategic area.

For the purpose of the SOP the key areas for strategic capital investment have been identified and the initial costs set out. This suggests the need for capital investment of over £525 million over the next five to ten years to support the emerging clinical models and drive more efficient and effective services within the revenue available.

In considering this scale of investment it must be noted that within Designed for Life, the initial capital programme identified over £176m for specific developments across the Cardiff and Vale health community with a further £355.56m identified for all Wales and targeted strategic service areas many of which are relevant to this SOP. Of the £525m capital programme set out within the SOP over £320m (61%) relates to specific schemes or service areas identified within the Designed for Life capital programme.

1.4 FINANCIAL CASE

1.4.1 The health community has established a programme of work to support a high level analysis of the revenue consequences associated with the options taking into account:
Final Draft – For Board Approval

- Capital charge increases
- Savings from the new model of care
- Impact of growth on income and expenditure

In broad terms full revenue cost impact of the emerging capital programme could be up to £25m. Based on 2006/07 figures, the two main LHB commissioners have a combined budget of £517.7m of which approximately £276m is invested in services provided by Cardiff and Vale NHS Trust. Other LHB/PCT commissioners invest over £50m in services provided by the Trust, with HCW funding to support specialist services in Cardiff and Vale NHS Trust of over £138m (2006/07).

£25m would represent approximately 0.5% year on year growth over the timescale envisaged for the project. This must be seen within the context that this investment will enable the delivery of national and local targets, reduce occupancy to safe and sustainable levels and improve quality of care and provide a basis for sustainable services into the future.

The Trust and LHBs will continue to refine the financial strategy in order to match the costs of the project with future resources. The ability to secure strategic assistance in relation to capital changes to support some areas of the strategic investment programme is recognised as being critical to the achievability of this major programme of change.

1.5 COMMERCIAL CASE

The Welsh Assembly Government has recently completed a construction procurement review and the Trust and Local Health Boards are committed to working within the agreed framework.

The programme of capital investment outlined will need to take place over an agreed 5 year timeframe between 2008 and 2012 to ensure the viability of the services and overall affordability. An outline critical path has been prepared.

1.6 MANAGEMENT CASE

An effective strategic partnership already exists in the form of the Programme Project Board to oversee the planning and implementation of the PHSI work programme.

The work programme consists of a number of elements including service redesign, workforce modernisation as well as the capital investment requirements for the new health care network. A comprehensive project structure consisting of communication, services planning, technical and local reference groups has been established to reflect the broad nature of the programme and this will be developed to support specific strands of work it moves forward ensuring that there is alignment and consistency between all of the streams of work.

Outline control development plans for the emerging capital programme have also been developed (as set out below) to demonstrate the deliverability.
Control Development Plans

COMMUNITY DEVELOPMENTS

- Cardiff Royal Infirmary
  - Community Resource Centre
- Royal Hamadryad
  - Community Mental Health
- Canton Clinic
  - Rehabilitation Unit
- Barry Hospital
  - Community Resource Centre

UNIVERSITY HOSPITAL OF WALES DEVELOPMENTS

- Children’s Hospital Phase 2
- Women’s Services
- PET/Tertiary Services Tower
- SFRT (3) Research (University)

LLANDOUGH HOSPITAL DEVELOPMENTS

- Low Dependency Services
  - Ambulatory Care

Cardiff and Vale of Glamorgan Health Community
Strategic Outline Programme- Executive Summary
1.6.1 Timetable and Deliverability

The outline programme that has been developed indicates the following provisional milestones:

- Submission of Strategic Outline Programme to WAG – October 2006
- Formal stakeholder engagement on SOP Spring 2007
- Formal public consultation on new proposals Summer 2007
- Submissions of Outline Business Cases (OBCs) within the framework for the SOP from November 2006

1.7 CONCLUSION

In conclusion the Cardiff and Vale of Glamorgan Health Community are seeking support from the Welsh Assembly Government to take forward a comprehensive programme of change and development to meet the expectations and requirements set out within Designed for Life. The case for change is compelling and the way forward has been developed through a comprehensive planning process involving staff and stakeholders.

The Strategic Outline Programme provides a single strategic framework to support the development of local health care services.
INTRODUCTION
Chapter 1

PURPOSE

1.1 In May 2005 “Designed for Life” set out a challenging but essential agenda for the NHS in Wales, and its partners. It highlighted the need to accelerate change to achieve a whole scale transformation of services to ensure that the NHS plays a key role in improving the quality of life within Wales.

1.2 The Health Community in Cardiff and the Vale of Glamorgan welcome the direction of travel set out in Designed for Life and the recognition by the Welsh Assembly Government that changes in the way services are developed and provided must be supported to ensure that the people of Wales have access to world class services. The publication of a draft strategic framework for the development of social care in Wales is also welcomed, recognising the wider agenda for health and wellbeing.

1.3 Change is not new in Cardiff and the Vale of Glamorgan. Much has already been achieved to support and develop local services for our local communities, and the more specialist services provided by Cardiff and Vale NHS Trust for the population of South Wales and beyond as illustrated in Figure 1 below. This process of change is ongoing and focused on a continuous commitment to improve and develop local services within our available resources.

1.4 This Strategic Outline Programme:

- Brings together in a single document, a shared vision for health services across Cardiff and the Vale of Glamorgan, and our case for change.
- Sets out the emerging options to deliver this vision and signals to the Welsh Assembly Government the need for targeted investment of resources to enable this to be achieved.
- Provides the framework to enable and inform detailed planning to move forward in line with the Welsh Assembly Government’s strategic agenda set out within Designed for Life.

1.5 The Strategic Outline Programme reflects and incorporates a number of interrelated and interdependent workstreams, which are being taken forward as part of the Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan (PHSI). The PHSI is being led by the Cardiff and Vale of Glamorgan LHBs and Cardiff and Vale NHS Trust and represents a real commitment on the part of the local NHS to transform and improve local services (See Figure 2).
Examples of Recent Strategic Services Changes

1. remodelling of Accident and Emergency Services onto a single site at the University Hospital of Wales, facilitating the closure of the acute inpatient unit at Cardiff Royal Infirmary.

2. concentration of acute services at the University Hospital of Wales and Llandough Hospital

3. ongoing development of Llandough Hospital as an elective surgical centre e.g. the commissioning of the Cardiff and Vale Orthopaedic Centre in the Autumn of 2006, with emergency surgical services being provided at the University Hospital of Wales

4. an ongoing process to transform local mental health services, including investment in community based services and plans to replace outdated hospitals e.g. opening the new Llanfair Unit at Llandough (Sully Hospital has now closed and there are plans to replace Whitchurch Hospital)

5. establishment of local midwifery led birth centres in Cardiff and the Vale of Glamorgan, with a single consultant led service for higher risk births at the University Hospital of Wales

6. commissioning of Barry and St David’s community hospitals, enabling the closure of facilities that were no longer suitable for the provision of high quality care e.g. Lansdowne Hospital and the Royal Hamadryad

7. ongoing development of out of hours primary care services following the introduction of the new contract for general medical services

8. developing more specialised services provided in Cardiff for the people of Wales

9. commissioning Phase I of the Children’s Hospital for Wales, bringing together inpatient services for children onto a single site across the Trust

10. provision of increased levels and types of care in primary and community based settings, including joint services with local authority social service partners e.g. cardiac rehabilitation and rapid response services

11. completion of the consultation exercise on “Services for the Residents of Central and Eastern Cardiff: Local Services Meeting Local Needs” which considered the future model of care for a primary care resource centre, intermediate care and rehabilitation, services for vulnerable groups, outpatients including sexual health services and mental health services.

12. ongoing development of paramedic services, including the development and deployment of paramedic practitioners
1.6 It is recognised that all components of the work programme are required to deliver this Strategic Outline Programme (SOP), which is based on guidance issued by the Welsh Assembly Government [WHC (2005) 014]. Welsh Health Circular (2004)84 “Shaping Health Services Locally” has also been used to guide the public and stakeholder engagement process.

1.7 The core purpose of the Strategic Outline Programme is to set out in a single document a clear vision for health services in Cardiff and the Vale of Glamorgan. In so doing it aims to identify the capital investment needed to deliver world class services in Cardiff and the Vale of Glamorgan in line with the strategy set out within Designed for Life.

1.8 Included within this are the Primary Care Estate Strategies developed by both Cardiff and the Vale of Glamorgan LHBs and the capital plans developed by Cardiff and Vale NHS Trust that are required to support the delivery of modern, responsive and high quality health and health care services.

1.9 The priorities for investment in primary care, community and hospital based services outlined in this single document reflect our collective commitment to an integrated, whole systems approach to planning and delivering high quality local services. The SOP does not include specific proposals for the development of local authority and independent sector capacity, although the development of community based services do assume a high level of integration. This integrated approach is recognised as being an essential enabler for the delivery of world class health and social care in line with the agenda set out within Designed for Life. This Programme will also need to be considered alongside similar documents relating to the Welsh Ambulance Services NHS Trust and Velindre NHS Trust, as well as the regional plan for South East Wales.

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Chapter 2

APPRAOCH

Background

2.1 The Cardiff and Vale of Glamorgan Heath Community has recognised the need to develop new models of care to drive the future development of health and well being services. The key to these new models is achieving the right balance between primary, community, and hospital based services.

2.2 *Planning and Delivering Health Services in South East Wales (April 2006)* reinforced the need for change, highlighting the drivers for change that were influencing strategic service planning (see Figure 3). It highlighted the strategic choice we have to make as to whether or not the drivers for change impacting on the NHS are planned and managed, or whether we allow inevitable change to take place in a more chaotic manner. Experience of change in the past has been that change forced upon the system as services cease to be clinically viable is very damaging for patients and staff, with standards suffering. The economic side of this argument can also not be ignored as committing to sustain services that could be better delivered in alternative ways diverts our limited resources from where they can give greatest benefit for patients.

Figure 3: Drivers Influencing Strategic Service Planning

Increasingly local care – less care in main acute hospitals
*Public expectations, local partnerships, technology*

Self care / care at home
Primary & Community Care
Local Hospitals
Specialist & Critical Care Services
Tertiary care

Increasingly specialist care – more care in major hospitals
*Sub specialisation, clinical standards, training, workforce, technology*

Programme for Health Service Improvement in Cardiff and Vale of Glamorgan

2.3 In 2006 the Programme for Health Services Improvement in Cardiff and the Vale of Glamorgan was established to meet the challenge set out above, building on the work being undertaken locally by the two Local Health Boards and their partners through local Health Social Care and Well Being Strategies and Local Wanless Action Plans.

2.4 The Programme Project Board is chaired by the Chief Executive of Cardiff Local Health Board and includes the Chief Executives from the Vale of Glamorgan and Caerphilly LHs, the Chief Executive of Cardiff and Vale NHS Trust, Health Commission Wales, Velindre NHS Trust, and Chair of the Clinical Reference Group/Local Medical Committee. The Programme Project Board also has representation from the Welsh Ambulance NHS Trust, Local Authorities, the local Community Health Councils, Staff Side, and Cardiff University. The Programme arrangements are summarised below:
2.5 The objectives of the Programme are clearly set out, namely to:

- define and develop a model of care to support the development of safe, high quality local services which has the support of clinicians, partners and the public
- map out how existing service plans and priorities fit together, and what further changes need to be considered
- Support an effective process of engagement with local communities and stakeholders to inform plans and proposals, recognising the potential need for formal consultation where changes are proposed.
- Ensure that the programme is taken forward within the wider resource framework within which services must be delivered, specifically in terms of workforce, information management and technology, estates and finances.

2.6 While the Programme focuses primarily on the services provided by local primary care professionals and Cardiff and Vale NHS Trust for people living in Cardiff and the Vale of Glamorgan, it has been recognised that this work can not be done in isolation. In particular recognition has been given to the:

- inter-relationship with services provided by local authority and non statutory partners including the independent sector who are key partners in many of our community based services
- links with other local LHBs and other providers, noting in particular that the majority of services for residents in the Western Vale are currently commissioned by Vale of Glamorgan LHB from Bro Morgannwg NHS Trust.
- role of Cardiff and Vale NHS Trust in providing highly specialised services for a wider population and its role in teaching and research
- need to ensure that local plans are consistent with wider regional and all Wales service strategies
2.7 The focus of the Programme of work being led by the two Local Health Boards and Cardiff and Vale NHS Trust is improving health care services and patient experience. It has been recognised that this is not just about developing hospital based services. Indeed it is based on a belief that there is scope to reduce the need for people to use the two main acute hospitals in the area (Llandough Hospital and University Hospital of Wales) and that this will require the development of new services in primary and community based settings, including in peoples own homes in partnership with social care, that support people in maintaining their health and independence. This will in turn ensure improved access to more specialised services that need to be provided in an acute hospital setting. This is relevant both in terms of access to those services provided for the local population served by Cardiff and Vale NHS Trust, and for the wider population who look to the Trust for a range of specialised services that are provided on a regional/all Wales basis.

2.8 The Programme therefore aims to develop, and take forward with partners, a clear vision for health services for the local community that will focus on providing safe, sustainable and high quality services as locally as possible, provided they are both clinically and cost effective. Through a process of discussion and engagement with staff, with stakeholders and with our communities the Programme has enabled us to develop this Strategic Outline Programme which includes clear proposals for change that will be subject to further discussion and development prior to formal consultation in the summer of 2007.

2.9 The formal PHSI structure builds on strong foundations to support partnership working and has involved a series of multi-agency stakeholder events, external independent advice on the development of an integrated service and estates solution, and an ongoing process of learning from others to promote best practice and new approaches.

Strategic Service Planning

2.10 The Programme established a Clinical Services Planning Group to take a lead role in reviewing current service models and identifying priorities for improvement. The Group has strong clinical and managerial representation. A Clinical Reference Group led by the Chair of the Local Medical Committee has also been established to consider and review emerging models. A number of core principles to support the planning and delivery of services to improve health and wellbeing have been agreed. In summary, these principles aim to ensure that our services:

- are focused on the **patient pathway and patient experience** not professional convenience…..
- reflect the **needs of the patients** not the “ology” or specialist clinical interests…
- are **multi-disciplinary** not just medical …
- are **integrated** not developed and delivered in silos….

The work of the Clinical Services Planning Group has also made a number of key assumptions about our service users, namely that they will:

- Be more confident in using information and technology
- Expect responsive, personal and high quality integrated services
- Want to receive more care at home, or as close to home as possible
Principles Underpinning the PHSI Clinical Services Planning Group Work

Planning Population Basis
- All services provided in the community should be planned on a clear, and common population basis, with the registered practice population as the core building block. The planning basis should be common across the NHS and local authorities.

Improving Access
- Services will be provided as locally as possible where this is clinically and cost effective.
- Services should be delivered immediately in the case of an emergency and as soon as possible in the case of planned care.
- Access should be through a single point of contact and single assessment of need.
- Appropriately qualified professional staff should be able to refer individuals to appropriate services irrespective of professional and organisational boundaries
- All services should be subject to equality impact assessment

Ensuring Best Practice
- Formally agreed pathways, protocols and guidelines should be in place to reduce inappropriate variation in service provision to individual patients.
- Services should be based on up to date knowledge, research and guidance.
- Services should support the Trust’s key role in teaching and research

Maintaining Health and Independence
- Focussing on the provision of services “up-stream” will be recognised as essential
- Our plans must engage with “future” patients to ensure that opportunities for health promotion, self care and avoidance of acute episodes are maximised.

Integration of Services and Continuity of Care
- Integration of services must be encouraged.
- The model of care must support the patient and their carers in navigating the healthcare system to ensure they receive the right service from the most appropriate professional.
- The model of care should promote continuity of care.

Safety
- Patient safety must be the ultimate priority for services, and systematic risk assessments must be an integral part of the process for designing and assessing new models of care.
- The physical environment should be conducive to the provision of safe and effective health care to support the delivery of the best possible outcomes of care.

Value for Money
- Only those services which demonstrate value for money will be provided.
- Where possible, funding arrangements which reduce avoidable admissions and inappropriate bed utilisation will be promoted.

Sustainability
- Only services which are sustainable in both clinical and financial terms will be provided.
- Long term sustainability of services in will be paramount over short term expediency.
- Services which are unsustainable will not be commissioned.

Communication and Involvement

2.12 A key focus for the Programme Project Board has been the comprehensive communications and engagement programme required to support the delivery plan for health service improvement. This work has informed the Strategic Outline Programme and will continue to support as appropriate formal public engagement and formal consultation.
2.13 The Communications and Engagement Group has been a core part of the project structure and incorporates representatives from each LHB, the Trust and key stakeholder organisations including the voluntary sector and Community Health Councils. The Communications Group has taken forward three specific programmes of work:

- Stakeholder briefings
- Staff Communication
- Public Engagement

2.14 Stakeholder Briefings

Following the establishment of the PHSI Project Board in January 2006 a series of briefings and discussions were held with key partners to ensure a level of knowledge and understanding about the Programme, and to generate support for the case for change. A common presentation was used to provide this information to Local Health Boards, the Trust Board, Local Authority meetings, Partnership Boards, Patient Forums and Community Health Councils.

These briefings took place between March 2006 and July 2006 and helped inform the public engagement process as well as the development of the Strategic Outline Programme.

2.15 Staff Communication

In establishing the PHSI there was recognition of the need for strong clinical leadership and staff engagement. The Clinical Services Planning Group is chaired by the Trust’s Nurse Director and has sought to ensure effective clinical input across the workstreams. This has also helped to facilitate communication amongst staff. In addition to this routine information mechanisms such as newsletters and briefings have been used as well as a number of specific events held to engage clinical and managerial leaders across the Trust and primary care community. There is also Staff Side and Community Health Council representation on the Programme Project Board.

2.16 Public Engagement

The third element of the communications programme has been an extensive public engagement programme led by individual LHBs and supported by the Trust and the local Community Health Councils. This took place between April and July 2006, linked to the Regional consultation. A wide variety of mechanisms were used including the following:

- Distribution of a case for change document and questionnaire. Over 55 written responses have been received to date.

- Attendance at over 30 public events to present the case for change and gain feedback on local issues and priorities.

- Open invitations were provided to enable community and voluntary organisations to request meetings.

- Use of Trust Patient’s Panel to comment on the changes and also the best way of securing effective public engagement.
In addition the Communications and Engagement Group have worked to launch a dedicated web site that will provide information about the PHSI with access to LHB and Trust web sites.

Resources Working Group

2.17 The PHSI has to be taken forward in the context of the resources available. The Resources Working Group is a multi-disciplinary group responsible for ensuring that there is a full understanding and appreciation of the resource environment in terms of money, workforce, information technology and estate. In support of this the Group have commissioned external project support, with particular expertise in health service, financial and workforce modelling.

Summary

The local health community has established a comprehensive Programme framework to support service improvement and modernisation in response to the challenging agenda set out within Designed for Life.

The work undertaken through this Programme has enabled the development of this Strategic Outline Programme, which sets out in a single document a collective vision for health care services in this locality.
STRATEGIC CASE
Chapter 3

ORGANISATIONAL OVERVIEW

Overview

This Chapter describes:

- The key organisations sponsoring the Strategic Outline Programme (SOP)
- The main features of the geography and demography of Cardiff and the Vale of Glamorgan
- A profile of the health and social care needs of the local population
- The national and regional strategic context

3.1. Organisations

3.1.1 The key partner organisations involved in the production of the Strategic Outline Programme, working together with primary care colleagues, neighbouring LHBs and Trusts are as follows:

- Cardiff Local Health Board
- Vale of Glamorgan Local Health Board
- Cardiff and Vale NHS Trust

3.1.2 Local Health Boards for Cardiff and the Vale of Glamorgan were established as statutory organisations in 2002. They are responsible for securing primary care, community and secondary care services for their populations, and in some instances directly provide some primary care and community health care services. They are also responsible for improving the health and well being of their local populations, engaging them in the planning, commissioning and monitoring of services and developing effective partnerships with local stakeholders. A snapshot of the two organisations is provided on the following table:

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Budget (06/07)</th>
<th>Number of GPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff</td>
<td>343,289</td>
<td>£360m</td>
<td>Approximately 200 General Practitioners working in 53 practices</td>
</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>119,300</td>
<td>£158.7m</td>
<td>Approximately 68 General Practitioners</td>
</tr>
</tbody>
</table>

3.1.3 Cardiff and Vale NHS Trust was established on 1st April 2000 as an integrated Trust whose primary responsibility is to provide a range of health services to a catchment area of approximately 500,000 people including the populations of Cardiff and the Vale of Glamorgan, and neighbouring areas. Services include community services, dental services, acute services, and mental health services. The Trust has a property portfolio valued at £344m, an annual income (based on 2006/07 projections) of over £600m and employs over 13,000 staff.
3.2 About the Area

The Vale of Glamorgan

3.2.1 The Vale of Glamorgan is located in South Wales to the west of Cardiff and covers about 33,000 hectares with over 50 kilometres of coastline.

3.2.2 The main settlements are Barry (the largest town with a population of 47,000), Penarth (20,930), Llantwit Major (8,890), Dinas Powys (8,790) and Cowbridge (3,539). Penarth and Barry are predominantly urban areas and relatively densely populated, whilst the Western Vale of Glamorgan covers the more rural areas from Wenvoe to St Brides Major which are less densely populated. 80% of the Vale of Glamorgan is rural with a strong farming tradition.

3.2.3 The 2001 Census recorded about 119,300 people resident in the Vale of Glamorgan (57,000 male and 62,000 female). Over the past 10 years, the total population has increased by about 1%. There has been a decrease in the number of children and an increase in the number of elderly people, a trend that is mirrored in other parts of Wales. The greatest change (+26.2%) has been in those over 80 years. The census indicated that 2.2% of the population were from an ethnic minority group.

3.2.4 In the next 10 years the total population of the Vale of Glamorgan is expected to be much the same. However the number of households and the age profile is expected to change and these changes will have important consequences for public services:

• The number of children aged 15 years and under is forecast to fall from 25,600 in 2001 to 22,800 in 2011

• The number of people aged over 65 years is forecast to rise from 20,000 in 2001 to 23,100 in 2011

• The number of households will continue to grow, from 48,750 in 2001 to 52,000 in 2011 as the average household size reduces.

• There are plans that will result in a significant increase in the military population based in St Athan (up to 2,500 people) who will require access to healthcare services.
3.2.5 Health status statistics for the Vale of Glamorgan mask major differences in health status between electoral divisions and small neighbourhoods within these areas. For example, of the 22 electoral divisions (formerly called wards), the Vale of Glamorgan is recorded as having 10 of the most affluent areas in Wales. However Castlelands and Gibbonsdown in Barry are in the top fifth of the most deprived areas in Wales, and a further three areas in Barry – Court, Cadoc and Buttrils – are in the second fifth. The rural Western Vale of Glamorgan which includes areas such as Rhoose, St. Bride’s Major and Llantwit Major also experience poorer geographical access to services.

3.3 Cardiff

3.3.1 Over the last 10 years Cardiff, the capital city of Wales, has rapidly developed into one of the UK’s most dynamic and enterprising cities. This is reflected in a population growth of 30,000 over that period to over 343,000 according to the National Health Service Administrative Register. The population is expected to grow by a further 5% by 2007 with almost two thirds of this growth expected to take place in the South East locality. The significance of this sustained level of growth cannot be underestimated for health policy; for example the increase in population over the last ten years equates to the need for over 15 additional GPs.

3.3.2 Cardiff’s economy has also developed strongly over the last decade. This economic regeneration has been supported by a number of major inward investments. These developments mean that as a capital city Cardiff experiences an approximate increase of 40% in the population each day as a result of commuters, tourism and sporting events, again presenting unique challenges within the region for planning service delivery.

3.3.3 Cardiff has a much higher proportion of young people aged 15-24 than Wales as a whole – partly due to a large number of students. It also has a lower proportion of
people of retirement age than the Wales average, and a slightly higher proportion of people aged 0 to 15 years old.

3.3.4 Whilst Cardiff-wide data presents a picture of a prosperous and healthy city enjoying relatively low unemployment and lower than average mortality rates, this masks significant differences within and between localities. Needs assessment data demonstrates that there are two distinctly different Cardiffs: the relatively prosperous northern part of the City and a ‘southern arc’ which experiences high levels of multiple deprivation. The size of the population of Cardiff means that the high levels of deprivation in the ‘southern arc’ affect a large number of people. The population of the electoral divisions in the ‘southern arc’ is estimated to be over 120,000. Perhaps more significantly however, is the number of children experiencing poverty across the City. The fact that 26% of all children under 16 in Cardiff live in households dependant on income support suggests that over 16,000 children are living in relative poverty.

3.3.5 Cardiff has more people living in multiple deprivation than any other unitary authority in Wales. The numbers of persons in Cardiff living within the 10% most deprived wards in Wales is twice the totals living in the combined areas of Merthyr Tydfil and Blaenau Gwent. Butetown II in Cardiff is the most deprived ward in Wales.

3.3.6 The City also has a higher proportion of residents within specific groups who have diverse and complex health and well-being needs that create additional pressures on the health and social care system in Cardiff. Communities with specific health needs across the City include:

- An ethnic minority population of over 25,000, the vast majority of whom reside in inner-city Central, South East and West localities and who create a greater need for translation, advocacy and specialised services.
- Cardiff’s two formal gypsy traveller sites providing residential accommodation for 77 families are both located in the east of the South East locality. This community often experience high rates of morbidity and mortality and have difficulty gaining access to health care.
- Cardiff has 1000 homeless families a year, and the majority of Cardiff’s homeless are located in hostels in Central Cardiff, the southern portion of South East Cardiff and in the West locality Electoral Divisions closest to the city centre. Evidenced health problems associated with homelessness include a higher prevalence of mental health, physical and substance dependency problems.
- Cardiff has approximately 30,000 students, 58% of whom are concentrated in Central Cardiff.
- Most of Cardiff’s 2,000 asylum seeker population are located in the inner-city electoral divisions of Central and South East Cardiff and display multiple and complex health needs.
- Sexually transmitted diseases are rising rapidly. Most of the sex industry in Cardiff is located in the inner-city Electoral Divisions of the Central and South East and, (to a lesser extent), West localities and it is likely that the majority of the sex worker population is also resident there.
- Her Majesty’s Prison Cardiff is located in the city which, with a population of approximately 750 prisoners, has a number of implications in respect of the demand on drug, alcohol and mental health services. 63% of prisoners who are
released from the prison remain living in Cardiff. Cardiff LHB took over commissioning responsibility for this service in April 2006.

3.4 The Strategic Context

3.4.1 The challenges facing the Cardiff and Vale of Glamorgan Health Community must also be considered in an All Wales and Regional context. The main national policies and priorities are outlined in Figure 5 below. These, along with a number of major reviews and strategies, including National Service Frameworks (NSFs), relating to the development of health and social care provide the context for planning and development of public services in Wales.

**Figure 5: Overview of key national policies and strategic service frameworks for health services in Wales**

<table>
<thead>
<tr>
<th>Wales: A Better Country</th>
<th>Making the Connection: Delivering Better Services for Wales</th>
<th>Wales Spatial Plan</th>
<th>Beyond Boundaries – The Beecham Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Health in Wales (NHS Plan)</td>
<td>Review of Health and Social Care in Wales</td>
<td>Health Challenge Wales</td>
<td>Healthcare Standards for Wales</td>
</tr>
<tr>
<td>A Question of Balance</td>
<td>Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century</td>
<td>Fulfilled Lives, Supportive Communities</td>
<td>Building Bridges</td>
</tr>
<tr>
<td>WAG Priorities and Planning Guidance</td>
<td>Workforce Modernisation</td>
<td>Informing Healthcare</td>
<td>National Estates Strategic Framework</td>
</tr>
</tbody>
</table>

**NSF for Older People**
**NSF for Children, young people and maternity services**
**NSF for diabetes**

**NSF for Coronary heart disease**
**NSF for adult mental health services**
**NSF for Renal Services**

**Orthopaedic Plan for Wales**
**Children and Young People’s Specialised Services Project**
**National Institute for Clinical Excellence (NICE) guidance**
**Cancer Minimum Standards**

3.4.2 **Wales – A Better Country** sets out the strategic agenda of the new Welsh Assembly Government. Its vision is of a sustainable future for Wales where action for social, economic and environmental improvement work together to create positive change.
One of the top ten commitments provided in the document is the need to invest in modern health care facilities.

3.4.3 *Making the Connection: Delivering better services for Wales* builds on the vision set out in “Wales – A Better Country” by demonstrating how the vision is to be achieved. It sets out four inter-connected principles for better services:

- Citizens are central to designing and delivering public services
- Equality and Social Justice is crucial
- Working together in partnership as the ‘Welsh Public Service’
- Achieving ‘Value for Money’

3.4.4 There is an expectation that these principles will direct and underpin all of the activities of the NHS in Wales, and have been recognised throughout the PHSI workstreams.

3.4.5 *Beyond Boundaries – Citizen Centred Local Services for Wales* sets out a challenging agenda for public services in Wales. This review of public services commissioned by the Welsh Assembly Government was led by Sir Jeremy Beecham. It sought to identify the scope for improvement in arrangements for local service delivery and examine how existing arrangements for accountability can be used to support innovation. A summary of the key conclusions is set out below:

**Summary of key themes identified within the Beecham Review**

- Wales needs to embrace a more ambitious vision of the future of public service delivery and governance
- Organisations need to use their joint resources to secure better outcomes
- WAG needs to design and lead a delivery system to facilitate this
- Structural re-organisation is not the answer. However, this does not mean there should be no change in current structures, but it needs to be done consensually, based on local need and local leadership.
- Critical success factors for transformation are:
  - citizen engagement
  - delivery
  - partnership
  - challenge
- A need to reduce bureaucracy, simplify grant regimes and reduce the burden of inspection and regulation
- The need for a less defensive approach to performance management, making available appropriate, credible and meaningful data for public scrutiny as part of a citizen-focused model of performance management.

3.4.6 The strategic development of health and social care services must also be set within the wider context of the *People Places Futures – the Wales Spatial Plan*. The stated role of the Wales Spatial plan is to:
ensure the Welsh Assembly Government and its partners and agents develop policy in ways which take account of the different challenges and opportunities in the different parts of Wales; and

provide a basis and momentum for working together on a shared agenda locally, so that the different parts of Wales can establish their own distinctive approaches to meet the objectives set in the strategic plan Wales: A Better Country and the Assembly’s Sustainable Development Scheme

3.4.7 The Wales Spatial Plan defines six distinctive areas of Wales:

- North West Wales
- North East Wales
- Central Wales
- South East – The Capital Network
- Swansea Bay – Waterfront & Western Valleys
- Pembrokeshire – The Haven

3.4.8 The plan sets out a vision for each area, supported by strategic themes and local propositions. Cardiff and the Vale of Glamorgan fall within the spatial planning area of South East – The Capital Network. The vision for South East Wales is for:

“An innovative skilled area offering a high quality of life – international yet distinctively Welsh. It will compete internationally by increasing its global visibility through stronger links between the Valleys and the coast and with the UK and Europe, helping to spread prosperity within the area and benefiting other parts of Wales”

3.4.9 The underpinning strategic themes for the Capital Network are:

- to strengthen and reintegrate the existing system of towns and cities within South East Wales so that the area functions as a coherent urban network, and can compete internationally. Integrated transport is crucial to this; and

- to work with our partners to develop an ambitious programme of joined-up regeneration action along the Heads of the Valleys corridor which will complement the planned upgrading of the A465. The aim of this will be to improve quality of life, retain and attract residents, and increase the prosperity of the whole area focusing initially on the unlocking the potential of Merthyr Tydfil and Ebbw Vale.

3.4.10 In support of these key strategic themes a number of propositions have been set out against which detailed proposals for health service change will be assessed. The assessment tool being used in South East Wales is attached at Appendix A.
Spatial Plan Propositions for the Capital Network

- The area will function as a single networked city-region on a scale to realise its international potential, its national role and to reduce inequalities. A fully integrated transport system is necessary to enable this to happen. The area will operate in a way that maintains and enhances the facility of international gateways and corridors.

- The success of the area relies on Cardiff developing its capital functions, together with strong and distinctive complementary roles of other towns and cities.

- Newport’s locational advantages, its good inter-urban transport links and its strong connections with the Gwent Valleys provide it with strategic development opportunities, which have to be considered in the context of flood risks.

- The Valleys need to be strengthened as desirable places to live, work and visit; combining a wider mix of types of housing and good access to jobs and services, in distinctive communities set in an attractive environment.

- Private house building and the improvement of public sector housing stock have a key role to play in regeneration in the Valleys. Well-performing schools, leisure and retail facilities will also be important in attracting people to live in the Valleys.

- The linked challenges of low economic activity rates, skill levels and poor health need to be tackled to address social exclusion and improve economic performance in a lasting way.

- Investment in the early years development of children growing up in communities with concentrations of deprivation is a high priority, while the principle of lifelong learning needs to be embedded in communities on a larger scale.

- Development must not compromise the attractiveness of the area’s towns and wider environment, which are key factors in the area’s success. A better balance of development is necessary to avoid overheating in the coastal zone.

- The tourism and leisure sector has the potential to contribute to a much greater extent to the area’s economy. This includes heritage, culture, events and countryside based activities and destinations.

- The area needs excellent access not only to London but to major international cities. Collaboration with the Bristol area should focus on securing first class transport links to secure this.

3.4.11 Improving Health in Wales was published in 2001 and set out a number of important targets and objectives for the next 10 years, and incorporated The Primary Care Strategy for Wales which signalled major changes in the future delivery of these services. This was followed by the Review of Health and Social Care in Wales advised by Derek Wanless, in June 2003. The findings and recommendations from this Review have been reflected in local Wanless Actions Plans and are clearly reflected in this SOP, namely the need to address:

- The over dependence of the system on the acute hospital sector

- The decreasing ability of the acute hospitals in Wales to meet elective demand

- The unsustainable nature of current service models
Final Draft – For Board Approval

- Increasing difficulties in sustaining services in small acute hospitals
- Changing nature of the workforce
- Changing needs and demands of the population
- Addressing clinical specialisation and loss of accreditation for training
- Advances in medicine, medical technology and information communication technology
- The need to rebalance health and social care
- Shifting the focus onto prevention and primary care led services which provide an alternative to hospital

3.4.12 These national reviews and plans have now culminated in the publication of a strategic framework by the Welsh Assembly Government entitled *Designed for Life: Creating world class health and social care in Wales for the 21st century*. This sets out a vision to minimise avoidable death, pain, delays, helplessness and waste by 2015, through continuing the transformation of services and their delivery. “Designed for Life” is about a new planning process to deliver change and improvement. It sets out important requirements in terms of the “Design Principles” – user centred services, getting the most from resources, and targeting continuous performance improvement - which is embedded in the PHSI. It also describes the future “Design Components” for a new national and health care strategy. Of specific importance to the development of local services is the distinction between four different levels of care as outlined in Figure 6 below.

3.4.13 A number of underpinning strategies have also been developed to support the implementation of *Designed for Life* including: *Designed to Comply, Commissioning a World Class Service in Wales, Spending by Design*

*Figure 6: Levels of Care as defined in Designed for Life*
3.4.14 **Fulfilled Lives, Supportive Communities** is the draft new strategy for social services in Wales which will expect more consistent high quality services for those in need and greater links with the community to promote independence and well being. It was launched by the Welsh Assembly Government in August 2006 for a period of consultation, with the final strategy set to be published early in 2007. The draft strategy identifies five key issues:

i) Social services should have a much higher profile, working across local government to champion the needs of families and vulnerable people.

ii) Adults and children's social services should ensure that individuals and families are properly supported by coherent services that offer continuity of care for those with enduring needs.

iii) Services should put the citizen at the centre of what they do and focus on earlier prevention rather than concentrating with those with the most intense needs.

iv) Local authorities should remain both commissioners and providers of services but take a more active role in shaping the mixed market of private, public and voluntary care.

v) The strategy proposes a more diverse model for using the skills of a better qualified workforce.

3.4.15 The recent publication of *Healthcare Standards for Wales* by the Welsh Assembly Government also reinforces the case for change in Cardiff and the Vale of Glamorgan by ensuring that the fundamental cornerstone of any new service models or reconfiguration of care is the need to develop safe, high quality care for patients. Standards have been developed in the four domains of patient experience, clinical outcomes, healthcare governance, and public health. Many of the standards highlighted in terms of patient experience have been addressed through the planning process, as well as in the service models that will be delivered as a result. Standards relating to clinical outcomes have underpinned the case for change in clinical care, particularly in relation to the appropriate configuration of more specialist, complex and major emergency services across the Region. The emphasis on public health has also been a key driver in shifting the balance within the current system, and meeting the strategic aims which are to improve health and well being and reduce inequalities in health.

3.4.16 The *Healthcare Standards for Wales* complement and support the delivery of National Service Frameworks and NICE guidance. There are many services within the Trust where full compliance with these standards cannot be achieved within the current configuration, and which are therefore driving the new service models, including the need for enhanced skills, expertise and capacity at local level in order to maintain health and to support patients.

3.4.17 On an annual basis the Welsh Assembly Government also publishes *Planning and Priorities Guidance* to focus on immediate targets and deliverables. The emphasis over recent years has been on the effective management of emergencies and achievement of waiting times targets, together with reducing Delayed Transfers of Care and ensuring financial viability. These have a direct impact the PHSI in terms of the benefits and improvements that need to be made on a sustainable basis for service delivery.

3.4.18 There are also a number of national initiatives that relate to the infrastructure and resources that need to be deployed by the NHS. For example, some of the most
significant challenges for the next few years relate to the modernisation of the workforce, and will represent the biggest changes that have been undertaken in the way that the NHS employs its staff. These include New Deal, Agenda for Change, the Consultant Contract and the General Medical Service Contract, the Dental and Pharmacy Contracts, European Working Time Directive and Modernising Medical Careers. These all provide opportunities and drivers for the development of new and improved service models through the PHSI. A redesigned workforce will be essential to underpin these models, developing new roles, new teams and new ways of working and in recognising the changing labour markets that are developing.

3.4.19 Informing Healthcare was published by the Welsh Assembly Government in July 2003, and recognised the opportunity arising from new information and communication technologies to support service improvement and integration around the patient by developing a seamless and shared information base. A new network model for care inside and outside hospitals will rely upon this approach to information.

3.4.20 Patient and Public Involvement is central to service planning and provision as outlined in the WHC (2004) 84 Shaping Health Services Locally, and is a major catalyst for service improvement. The key principle of planning services with patients not for them must be respected, recognising also the vital contribution that the patient can make in managing their own health and well-being. The Health Community has focused a great deal of attention on this area.

3.4.21 Finally, in terms of strategic context it is important to note the Welsh Assembly Government’s plan for the future healthcare estate which is clearly encapsulated in its vision “to develop accessible, modern, comfortable and adaptable environments where patient care can be delivered safely and efficient.” The National Estates Strategic Framework recognises the need for urgent upgrading, remodelling and re-provision of the healthcare estate in Wales. In particular it recognises the need to focus more effectively on staff recruitment and retention by delivering improved training, by providing research and development facilities and by improved working conditions. More recently discussion has focused on the emerging body of evidence regarding the significant impact that good design can have on the efficiency and effectiveness of patient care, and the benefits of specific design features such as single rooms and larger bed spaces. The vast majority of the current hospital infrastructure within Cardiff and the Vale of Glamorgan falls short of both current and future standards in this respect.

3.5 Regional Service Planning

3.5.1 At a Regional level there is clearly a need for a co-ordinated service planning and delivery framework that ensures that the relationship between “level 3” services (as defined in Designed for Life) and the more specialised “level 4” services provided by Cardiff and Vale NHS Trust are aligned. It is therefore important that effective regional networks are developed to support those services that can not be planned or provided at a local level. In particular, the regional service planning framework needs to ensure:

- changes to patient flows across the Region arising from strategic service changes are identified in new service models and reflected in local plans
- the future configuration of major surgical and non surgical cancer services is sustainable and in line with minimum standards to ensure safe, high quality care
The future development of key specialist services that cannot be planned at a local level are taken forward effectively, such as low secure forensic psychiatry opportunities to increase the range of specialist and outreach tertiary services provided locally are maximised.

3.5.2 Planning and Delivering Health Services in South East Wales, the strategic framework for service planning in South East Wales identified seven key areas where a regional approach to planning, commissioning and delivering safe sustainable services was needed:

- Emergency care, including the future contribution of the ambulance services and NHS Direct
- Critical care
- Cancer services (non-surgical and surgical)
- Sub specialist services
- Specialist diagnostics
- Paediatrics, obstetrics and neonatal intensive care
- Specialist mental health services, including child and adolescent mental health services

3.5.3 The establishment of a regional service planning framework and the development of the Regional Commissioning Support Unit will be vital to support the development of this agenda. This will be supported through the implementation of the new Commissioning a World Class Service in Wales Framework.

3.6 Drivers for Change Summary

3.6.1 This chapter has highlighted a whole range of factors that are changing the way health care will be delivered in the future. A summary of some of the key drivers for change are set out in table 2 below.
Drivers for Change

• **Less care in main hospitals and more care closer to people’s homes.** More people with minor illnesses and injuries (such as minor cuts or sprains) or long-term conditions (such as diabetes, coronary heart disease or asthma) want to be looked after in or near their own homes. We are increasingly moving away from the idea of ‘institutional care’.

• **Advances in medical technology.** For example, many people who used to need to stay in hospital for several days for a surgical procedure can now safely be treated as a day case. Nowadays, diagnostic equipment can often be provided cheaply and effectively in local settings, rather than in the past when it was only possible to have it at major acute hospitals.

• **The need for individual patient-focused care.** Services must be focused on the needs of the patient, not on what is convenient for the hospital or the GP practice. For example, patients should have access to ‘one-stop’ services, where they attend once for tests and diagnosis, rather than having to make several visits.

• **Reducing waiting times and providing access to unscheduled care.** Patients should not have to wait a long time for a service, particularly if they are in pain and the quality of their lives is being affected. The needs of emergency patients should be met effectively and not delay care for people waiting for operations.

• **Improving patient care.** Making sure that our service are safe and meet the standards set out in *Healthcare Standards for Wales* and other national and local standards e.g. Cancer Minimum Standards

• **A changing workforce.** Making sure that we respond to the changing needs of our workforce by developing new roles and working differently to meet the needs of staff and patients.

• **Value for money and affordability.** Making sure that we use our available resources as effectively as possible. *The Review of Health and Social Care in Wales* was clear that we cannot continue to deliver health-care services in the way we do now. It highlighted the need to invest more effectively in primary and community-based services and to reorganise our hospital-based services to improve health and wellbeing within the available resources.

3.6.2 Across the local health community it is vital that we respond effectively to these drivers for change, and this Strategic Outline Programme which is being taken forward in the context of the local Health, Social Care and Well Being Strategies aims to do this.
Summary

- The key organisations involved in the development of the SOP are responsible for the planning and delivery of the majority of health care services for the Cardiff and Vale of Glamorgan populations.
- The diverse geography of the area, and the specific issues associated with the Capital city requires a flexible and localised approach to the delivery of services.
- There are pockets of very poor health, and generally high levels of mortality and morbidity, particularly in relation to long term conditions.
- These issues require an integrated approach to tackle the underlying causes of poor health through better health education and prevention programmes and radical changes to the health and social care delivery system.
- The demographic and epidemiological issues facing the population of Cardiff and the Vale of Glamorgan demand different service responses which take a more proactive approach.
- The national and regional context sets the agenda for a transformation of the current health system.
Chapter 4

STRATEGY AND OBJECTIVES

Overview

This chapter describes:

- The local plans and priorities that have provided the strategic direction for the Programme for Health Service Improvement and this Strategic Outline Programme including the Local Wanless Action plans and Health Social Care and Well Being Strategies
- The investment objectives that have underpinned the development of the Strategic Outline Programme

4.1 Strategic Direction

4.1.1 As outlined in the previous chapter the future model and configuration of services in Cardiff and the Vale of Glamorgan has to achieve an effective balance between services provided in primary and community based settings, working closely alongside social care and voluntary sector services for example, and those that require the facilities of a larger acute hospital.

4.1.2 Local Health Social Care and Well Being Strategies, together with the Trust’s Clinical Strategy aim to provide the strategic framework to support the development of services that deliver both access and excellence for our population.

4.2 Local Strategic Direction

4.2.1 Locally the strategic direction for health and health care services is underpinned by the Health, Social Care and Well Being Strategies that have been developed by Local Health Boards and Local Authorities in the context of broader Community Plans. Essentially these Strategies are focused on achieving the strategic aims of improving health and social well being, promoting independence and reducing inequalities in health. Both of the local strategies have been through a formal period of consultation and acceptance by the statutory partners.

4.2.2 The Strategies incorporate the Local Wanless Action Plans which are helping drive the changes that are required in primary care and in the development of innovative community based service models that integrate health and social care services.

4.2.3 The development of the local Health, Social Care and Well-being Strategies has provided a valuable basis to support the planning of NHS services and health related Council services. These strategies cover the full spectrum of health - from promoting healthy lifestyles and preventative action to the provision of services by the Council, NHS, voluntary sector and private sector. Importantly, they also set out how the LHBs and Councils will together address the wider issues that impact upon health, including poverty, employment, access to public and private transport, access to healthy and affordable food, the environment and environmental health, lifestyle, housing, workplace health and crime and disorder. Local Health Needs Assessments were undertaken to inform the development of the strategies, and this information provides
a broad-based description of the state of health of the local populations. There are clearly specific local issues, such as the capital city issues in Cardiff and rurality in the Vale of Glamorgan, however these assessments also provide a set of common strategic themes across the health community that will underpin the commissioning of health services over the coming years.

Cardiff and Vale of Glamorgan Health Social Care and Wellbeing Strategies - Key Strategic Themes

*Improving health and wellbeing* - focusing on individuals’ needs and ensuring strong links between health and social care and other services (housing, transport etc) to ensure other areas of planning take into account health and wellbeing needs

*Engagement* with and *empowerment* of individuals and communities, to enable them to contribute to improving their own health and be involved in planning of services

*Early intervention* to prevent people becoming ill or infirm

Effective *partnership working* across health and social care to ensure a coordinated and integrated approach to meeting local needs and maximizing benefits

The need to *reduce inequalities* in health between geographical communities and communities with specific needs

Improving services for *key groups* identified as older people, children and people with mental health problems.

4.2.4 The Vale of Glamorgan and Cardiff Local Wanless Action Plans also set out clear objectives for local health and health service improvement over the next three years. These objectives are based around services for identified priority client groups:

4.3 Cardiff and Vale NHS Trust Clinical Services Strategy

4.3.1 Cardiff and Vale NHS Trust is an integrated Trust providing community, mental health, dental and acute hospital based services. It is the largest such Trust in the United Kingdom. The majority of Trust services are provided for the local population living in Cardiff and the eastern Vale of Glamorgan, whilst more specialised services
are provided on a regional basis and some for all of Wales and beyond. All of the Trusts’ services are provided by teams of staff, often working closely with colleagues in other NHS Trusts, primary care, universities, local authorities, voluntary or charitable organisations. The Trust’s close relationship with Cardiff University ensures that University staff are involved in clinical services as well as teaching and research activities. Similarly many Trust staff contribute to the work of Cardiff and other Universities.

4.3.2 The Trust has developed a Clinical Services Strategy which aims to describe the main themes of clinical service change and development that it believes need to be taken forward over the next ten years.

<table>
<thead>
<tr>
<th>Principles underpinning the Clinical Services Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) to provide integrated services designed to meet the needs of patients</td>
</tr>
<tr>
<td>2) to ensure that services are based on the best clinical and managerial practices achieving or exceeding recognised standards of safety and sustainability including Health Care Standards for Wales</td>
</tr>
<tr>
<td>3) to provide services as locally as possible providing they are both clinically safe and cost effective</td>
</tr>
<tr>
<td>4) to underpin services with a strong base of research and development, education and training</td>
</tr>
</tbody>
</table>

4.3.3 The Strategy recognises that primary and community based services are important in co-ordinating and providing appropriate and timely care for people with chronic diseases, long-term conditions and continuing care needs. Developing integrated working with local authority partners in particular is recognised as being essential in supporting this agenda.

4.3.4 The Strategy also recognises the importance of working with its commissioners (the Local Health Boards and Health Commission Wales) to improve access to services that have historically been provided in acute hospital settings.

4.3.5 As a major provider of specialised services in Wales the Trust’s Clinical Service Strategy reflects the need to balance access on the one hand, and critical mass of staff and facilities required to maintain viable and safe specialised services on the other. This reflects the principle established in Designed for Life to provide safe services as locally as possible, rather than local services as safely as possible. The important role of clinical networks is recognised in supporting this balance.

4.4 Strategic Service and Investment Objectives

4.4.1 The purpose of the Strategic Outline Programme is to set out within a single document our vision for health care services in Cardiff and the Vale of Glamorgan. It will provide a framework to inform future investment in health care infrastructure across Cardiff and the Vale of Glamorgan with the aims of delivering the following key objectives:

- A network of locally based primary and community based services that meet the needs of individuals and communities. Access to a primary care professional will be further improved, and people with complex conditions will have access to
Final Draft – For Board Approval

education, support and care that helps them maintain their independence thereby avoiding unnecessary admission or lengthy stays in hospital. Alignment with social care support services and other local authority services including housing, education and leisure is recognised as being central to this objective, as is close working with non statutory, voluntary sector and independent providers of health and social care.

- **Improved, sustainable access to planned hospital treatment** – to achieve the Welsh Assembly Government target of a maximum total waiting time of 26 weeks by December 2009. This will require us to work in new ways to manage demand and provide care.

- **A reduction in unplanned admissions and delayed transfers of care** – to achieve a reduction in the number of unplanned admissions to hospitals through, for example, ensuring alternative arrangements are in place out of hours, undertaking patient education and identifying opportunities for alternative models of care. Patients who no longer need to be in hospital will be discharged appropriately and with the necessary support in place based on their needs, and the needs of their family/carer.

- **Joint working with partner organisations** – services will be provided in an integrated way based on the needs of the individual.

4.4.2 These objectives provide the basis for the benefits and critical success factors outlined later in the Strategic Outline Programme.

**Summary**

- The local Health Social Care and Wellbeing Strategies provide a local strategic direction for health and health care services across Cardiff and the Vale of Glamorgan

- The health community has identified a number of broad overarching strategic service objectives.
Chapter 5

EXISTING ARRANGEMENTS FOR THE PROVISION OF
HEALTH CARE IN CARDIFF AND THE VALE OF GLAMORGAN

Overview
This Chapter provides an overview of current services and infrastructure across the Cardiff and Vale of Glamorgan Health care community including:

- Primary Care
- Community Services, including some aspects of social care
- Hospital Services
- Mental Health and Learning Disabilities
- Workforce
- Estate
- Finance

It recognises the key issues facing community and hospital based services and the need to ensure an effective balance across services to meet local need.

It also highlights the important linkages that need to be made in relation to teaching and research, including the vital partnership that exists between the NHS and Cardiff University.

5.1 Primary Health Care

5.1.1 Over 90% of health services are provided in primary care without further referral or contact with other services. The two Local Health Boards, and Cardiff and Vale of Glamorgan commission provide primary health care services for their local populations. This includes services provided through General Medical Practices; Dental Services; Pharmacy Services; and Optometrists and opticians.

5.1.2 Some of the key issues facing primary care are as follows:

- High levels of ill health in some areas of Cardiff and the Vale of Glamorgan, particularly in parts of central and south eastern Cardiff and Central Vale of Glamorgan which places enormous strain on primary care services and resources.
- Variable conditions of GP and dental practice premises to meet demands of modern primary care
- Recruitment and retention difficulties in certain areas exacerbated by the age profile of current GPs, which highlights that a high number are approaching retirement.
- A shortage of General Dental Practitioners available to undertake NHS work in some areas
• Adequate numbers of Pharmacists and Opticians across the community but local variation in the number of Optometrists.
• Effective implementation and maximising benefits of new contracts for independent practitioners

5.1.3 Out of hours primary care services are provided in Cardiff by HealthCare Services 24, part of SERCO Health, with bases at CRI and UHW. In the Vale of Glamorgan out of hours services are provided by Primecare, with bases in Barry and Princess of Wales Hospital, Bridgend. Access to dental services out of hours is provided by Primecare and Cardiff and Vale NHS Trust.

5.2 Services Provided in Community Settings

5.2.1 Cardiff and Vale Local Authorities provide community based services for vulnerable people in the key service areas of learning disabilities, mental health, children, older people and physical disability, as well as a range of universal services for all residents.

5.2.2 Cardiff and Vale NHS Trust provides an extensive range of community services, working in a number of locations including community hospitals, 21 health centres and many GP practices as well as in the homes of individual patients. Many professionals are involved in community services including medical staff, district nurses, health visitors, community paediatricians, therapists, re-ablement workers, school nurses, community mental health teams and community dentists, often working in partnership with social care services, the voluntary and independent sector, and carers. In 2004/05 clinical staff based in the community were responsible for over four hundred and seventy thousand contacts.

5.2.3 In recent years there have been excellent examples of innovation in this area across Cardiff and the Vale of Glamorgan – for example, the development of Rapid Response Teams, Re-ablement Services, and Integrated Day Care – although these have not been consistently available across the catchment population. During the last year the two LHBs and the Trust have been working to identify opportunities to refocus existing resources and expand these services to provide viable alternatives to hospital admission, facilitate discharge and provide effective rehabilitation. Mainstreaming these new models and demonstrating the effectiveness of these services will be critical in delivering the future model of care.

5.2.4 The important role of our three day hospitals at Rookwood, Llandough and Barry Hospitals must also be recognised. Between them they have capacity to support over 80 patients each day.

5.3 Hospital Services

5.3.1 The local catchment population for Cardiff and Vale NHS Trust is approximately 500,000. This provides sufficient critical mass to provide a comprehensive range of acute services. As the major teaching hospital in South Wales, providing a range of more specialised services, Cardiff and Vale of Glamorgan also draws in significant additional work from across South Wales.

5.3.2 There are approximately 1407 acute inpatient beds and 300 community inpatient beds in the current configuration of acute services, with a further 218 adult mental health beds and 139 older persons mental health beds. The distribution of these beds and the range of services provided at each site is summarised at Appendix B.
The current acute inpatient beds are provided at the University Hospital of Wales (976 beds) and Llandough Hospital (431 beds). In terms of community based hospitals, the 300 beds are provided through 4 community based hospitals – Rookwood (85 beds), West Wing CRI (119 beds), St David’s (100 including 50 older persons mental health continuing care beds) and Barry (81 including 34 older persons mental health continuing care beds).

5.3.3 In recent years clinical networks have been developed across SE Wales in areas such as Coronary Heart Disease, Vascular Surgery and Cancer services and specialist paediatric services, with other initiatives under consideration. The development of clinical networks, breaking down organisational and professional barriers and establishing service links with other providers will be a key priority for the Cardiff and Vale of Glamorgan Health Community over the next few years in order to address access and quality issues. In developing these network arrangements, there will be a need to ensure appropriate frameworks to support professional and managerial accountabilities to support improved patient care.

5.3.4 In terms of current hospital activity, Table 3 provides a summary illustration of the current activity for inpatient services in 2005/06 by type of admission and length of stay. A more detailed breakdown of activity is provided in Appendix C.

| Table 3: Analysis of Acute Activity by spell and bed days (OBDs) 2005/06 |
|-------------------------------|----------------|---------------|
| Current Activity by Spells and OBDs | Spells | OBDs |
| All | 118,000 | 607,000 |
| Emergencies | | |
| all | 36,100 | 100% | 447,000 | 100% |
| LoS <= 1 day | 9,800 | 27% | 7,400 | 2% |
| LoS 2 to 3 days | 5,500 | 15% | 13,600 | 3% |
| LoS 4 to 7 days | 6,700 | 19% | 36,200 | 8% |
| Elective | | |
| all | 52,000 | 117,300 |
| DC | 37,000 | 71% | 18,500 | 16% |
| LoS 0 to 1 day | 5,100 | 10% | 5,100 | 4% |
| LoS 2 to 3 days | 3,800 | 7% | 8,900 | 8% |
| Longer Stay | | |
| all | 118,000 | 607,000 |
| LoS >14 days | 9,700 | 8% | 240,000 | 40% |
| LoS >21 days | 6,100 | 5% | 184,000 | 30% |
| LoS >28 days | 4,200 | 4% | 147,500 | 24% |
| LoS >42 days | 2,300 | 2% | 103,000 | 17% |

5.4.5 Flows for secondary care services in and around Cardiff and the Vale of Glamorgan are determined by a combination of factors including geography, transport, and GP referral patterns as well as availability of services. For acute services these create sub-catchment areas for the University Hospital of Wales and Llandough, with residents in parts of the Western Vale looking to Bro Morgannwg Trust and the Princess of Wales Hospital in the West, and Pontypridd and Rhondda NHS Trust and the Royal Glamorgan Hospital to the North.

5.4.6 The University Hospital of Wales and Llandough hospitals aim to provide complementary and integrated roles across the catchment population. The University Hospital of Wales is also the main acute site for the provision of the more specialist...
and tertiary services provided for the population of South East Wales and beyond, and the primary base for the Cardiff University Medical School and medical research facilities.

5.4.7 Patient flows are complex and analysis reveals some important strategic issues, not least:

- While the vast majority of patients within our catchment area receive their care in one of the two local acute hospitals, there is little evidence that patterns of admission to Llandough and UHW reflect the natural flows of patients in terms of their residence and proximity to each of the two main acute sites.

- Admission to community based hospitals is not arranged to ensure optimal access for patients and their families.

- There continue to be significant flows for “routine” work from neighbouring Local Health Board areas including Caerphilly, Rhondda Cynon Taff and Merthyr and these will need to be reviewed in the context of emerging clinical models in those areas.

- There are increasing flows in to Cardiff and Vale NHS Trust for the more specialist services provided on a regional and supra regional basis.

5.5 Mental Health & Learning Disabilities Services

5.5.1 Mental health services have been subject to an ongoing programme of modernisation over recent years, which has seen considerable investment in community based services to reduce dependence on institutional care. For example there are now two Crisis Resolution and Home Treatment Teams covering the whole of Cardiff and the Central and Eastern areas of the Vale of Glamorgan. A Crisis House – the first of its kind in Wales, developed in partnership with Gofal Cymru, a voluntary sector organisation – has recently opened. As a result there as been a planned reduction in acute adult inpatient beds. Plans for further development of community based services are well advanced.

5.5.2 The development of the new acute unit on the Llandough site – the Llanfair Unit - provides a high quality environment to provide effective acute inpatient care. Two wards at Whitchurch Hospital have been transferred there and work to re-provide the acute inpatient accommodation for Northern and Central Cardiff at Whitchurch is a priority. One adult acute ward is also currently situated at the Rawnsley Unit, University Hospital of Wales – plans are in hand to transfer this ward to the third empty ward at the Llanfair Unit.

5.5.3 The cornerstone of the adult and older adult mental health services provided by Cardiff and Vale NHS Trust are the Community Mental Health Teams which are being developed in line with a multi-disciplinary /multi-agency model across Cardiff and the Vale of Glamorgan (currently excluding the Western Vale where these services are provided by Bro Morgannwg NHS Trust).

5.5.4 There are also a number of day services provided by the Trust, social services and the voluntary sector for adult patients and older people with mental health problems and for children and adolescents at the Harvey Jones Unit in Whitchurch.
5.5.5 Older person’s mental health services are provided in a number of locations, with assessment currently being undertaken in Whitchurch and Barry Community Hospital – this is not consistent with best practice and the health community has previously consulted on centralising older person’s mental health assessment at Llandough Hospital to maximise the interface with general medicine. Older person’s mental health continuing care is currently provided at a number of locations including Whitchuch, Barry Community Hospital and St David’s.

5.5.6 The current configuration of care mental health services across Cardiff and the Vale of Glamorgan can be set out as follows:

| Adult Services | • 8 Community Mental Health Teams  
|                | • 2 Crisis Resolution and Home Treatment Teams (each with capacity for a caseload of 25)  
|                | • 1 Crisis House (4 beds)  
|                | • 3 Rehabilitation Units (21 beds)  
|                | • 2 Day hospitals  
|                | • 2 CMHT based day services  
|                | • 5 acute inpatient wards (92 beds)  
|                | • 1 intensive care unit (5 beds)  
|                | • 2 rehabilitation inpatient wards (27 beds)  
| Older People   | • 3 Community Mental Health Teams  
|                | • 3 Day hospitals  
|                | • 4 assessment wards (82 beds)  
|                | • 4 continuing care wards (109 beds)  
| Other          | • 1 Neuro-psychiatry ward (13 beds) and day unit  
|                | • 1 Addictions ward (12 beds) and a day unit  
|                | • 1 community forensic team  
|                | • 2 low secure wards (25 beds)  
|                | • 1 mother and baby unit (3 beds)  
|                | Liaison psychiatry services  

5.5.7 Child and Adolescent Mental Health Services (CAMHS) are provided through a clinical network arrangement hosted by Pontypridd and Rhondda NHS Trust. Health Commission Wales, which is responsible for commissioning the more specialist CAMHS services is preparing to consult on proposals to transfer the services currently provided at the Harvey Jones Unit in Cardiff to a new facility in the Bridgend area.

5.5.8 The Learning Disability services for the residents of Cardiff and the Vale of Glamorgan are provided by Bro Morgannwg NHS Trust, and commissioned through a consortium of Local Health Boards. Most of these services are provided through community based teams. Bro Morgannwg NHS Trust is currently working to reprovide specialist accommodation for people with learning disabilities in line with All Wales Strategy and will enable the planned closure of Hensol Hospital. While the strategic programme for learning disabilities services is not covered within this SOP, recognition of the key links with core services has been recognised.

5.6 Workforce

5.6.1 The primary care and Cardiff and Vale NHS Trust workforce is large and complex, with more than x staff employed in various professional and occupational groups as shown at Tables 4 and 5 below.
Table 4 – Primary Care Workforce by Staff Group July 2006  
(DN: figures awaited from LHBs)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>WTE</th>
<th>Heads</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin &amp; Clerical (GMS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Dental Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometrists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community pharmacists</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 - Trust Workforce by Staff Group July 2006

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>WTE</th>
<th>Heads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary</td>
<td>1114.87</td>
<td>1332</td>
</tr>
<tr>
<td>Maintenance</td>
<td>132.0</td>
<td>132</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>1934.54</td>
<td>2329</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>1044.05</td>
<td>1136</td>
</tr>
<tr>
<td>Nursing</td>
<td>4865.86</td>
<td>5680</td>
</tr>
<tr>
<td>Nursing Qualified</td>
<td>3338.04</td>
<td>3848</td>
</tr>
<tr>
<td>Nursing Unqualified</td>
<td>1527.82</td>
<td>1832</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>711.25</td>
<td>830</td>
</tr>
<tr>
<td>Scientific &amp; Professional</td>
<td>352.68</td>
<td>403</td>
</tr>
<tr>
<td>Technicians</td>
<td>1183.32</td>
<td>1346</td>
</tr>
<tr>
<td>Works</td>
<td>34.00</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11372.57</td>
<td>13222</td>
</tr>
</tbody>
</table>

5.6.2 Two thirds of the Cardiff and Vale NHS Trust spending is on staff costs and the workforce is therefore a major driver of total spending as well as a vital ingredient in improving service performance and productivity. The same is true of primary care services. The strong links between Cardiff and Vale NHS Trust and Cardiff University must also be recognised, with a number of clinical staff employed solely or jointly with the University. This requires close co-operation between the University and the Trust to ensure effective job planning and the management of competing demands.

5.6.3 In considering current and future service delivery, the headline issues in relation to our workforce are summarised below:

Workforce – Drivers for Change

1. **Agenda for Change (AFC).** One of the original aims of AFC was to enable working practices to be changed and to enable to staff to develop skills and move into new roles and new ways of working. The job evaluation system within AFC allows for roles to be developed and evaluated. The application of the Knowledge and Skills Framework (KSF) also enables required competencies to be assigned to roles and development plans put in place to enable staff to acquire new skills.

2. **Modernising Medical Careers (MMC).** The revised training programme for doctors will bring changes to the way in which they are taught and is likely to reduce their time spent on service delivery with patients. This will impact on the Consultant workforce by
requiring them to deliver more structured training and assessment and more direct patient care. The length of training prior to being eligible for a Consultant post will be shortened and therefore consideration will have to be given to the nature of the skills in the future of newly appointed Consultants.

3. **European Working Time Directive.** August 2009 is the date when all doctors and dentists in training have to be compliant with the 48 hour working week. This again will have an impact on the amount of service delivery time of doctors and dentists in training. Whilst this will be a challenge it also provides opportunities for looking at different models of service delivery and different staff extending their roles to undertake work previously delivered by doctors. This is not a new phenomenon but will need to be carefully planned.

4. **Consultant contract.** In the next few years most Consultant Medical staff will be working 37.5 hours per week in accordance with the Welsh contract. The service impact of this will need to be planned. It is possible that in the next year there will be agreement on a revised contract for non Consultant Career Grade Medical Staff which may also have an impact on services.

5. **General Medical Service Contract and other independent contractor contracts.** This and other changes to contracts of staff in primary care has had an impact on the way in which GPs, dentists and pharmacist organise their work and the way they are rewarded for that work, with a greater emphasis on outcomes for patients. The opportunities from the contract, which should enable more provision of services in primary care setting, will need to be explored with Primary Care contractors and LHBs.

6. **Feminisation of the Medical Workforce.** Women now make up over 50% of the intake to medicine. There has always been a mainly female workforce for nursing and therapies and over a number of years there has been an increase in flexible working patterns to accommodate this. However, the feminisation of the medical workforce will change assumptions about work participation rates which will knock on to other staff groups. Most women doctors come into training in their 20s and the most fertile age for women is between 25-35 years of age. There will therefore be a need to factor in the impact of maternity leave and the probable requests for flexible training. This will require the service to accommodate extended lengths of training and more flexible job opportunities.

7. **Age Profile.** In the Trust 47% of nurses and 34% of doctors are in the 40 to 60 age bracket. If the proposed, revised pension provisions are agreed, staff will be able to work until 65 but existing NHS staff will still be able to retire at 60, therefore almost half of the Trust’s nursing workforce will be able to retire over the next 10-20 years. Currently in the Trust only 3% of nurses and 2% of doctors work beyond age 60. In Cardiff 70% of Principal General Practitioners are aged between 41 and 60, in the Vale of Glamorgan this figure is 80%.

8. **Multiple Job Holding.** This phenomenon is spreading across Europe, although is not seen to any great extent in the NHS in the UK at present.

9. **Generic workers.** Linked to Agenda for Change, more staff will be working in generic support roles which will support those with professional qualifications. These roles will work across professional boundaries.

10. Greater role for nurses and therapists – nurses and therapists have seen an expansion of their roles into areas previously the domain of medical staff, for example nurse prescribing and supplementary prescribing, ordering of diagnostic tests, surgical practitioners, nurse anaesthetists, advanced practitioners. These expanded roles may be governed by protocols, based on competencies and regulated by the regulatory
5.7 ESTATE

Primary Care

5.7.1 The Cardiff and Vale LHB estates strategies for primary care aim to ensure the availability of appropriately located, high quality premises to support and facilitate the delivery of modern primary care services over the next decade and beyond. Maximising the capacity and role of primary care is recognised as being fundamental within the Strategies, highlighting the need for strategic investment to enable primary care teams to meet local need.

5.7.2 The majority of the primary care estate is already fully utilised and very few premises, other than those recently developed, having the potential for expansion to meet increases in demand for services. In many cases the current estate is also non compliant with the new requirements of the Disability Discrimination Act.

5.7.3 To ensure that primary care is able to respond to the new service models and support a shift in balance of provision of care the strategies propose strategic investment in local practices where required, alongside the development of resource centres that will work in support of local primary care teams and increase overall capacity for service delivery. The resource centres will aim to support smaller and larger primary care teams develop services which facilitate increasingly integrated primary and community health and social care service delivery in partnership with secondary care/hospital based services.

Cardiff and Vale NHS Trust

5.7.4 The estate portfolio of Cardiff and Vale NHS Trust is one of the largest and most diverse of the Trusts in Wales and has a value of £344m (DV) based on current use.

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Number</th>
<th>Main locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Hospital</td>
<td>2</td>
<td>UHW, Llandough</td>
</tr>
<tr>
<td>Local / Community Hospitals</td>
<td>4</td>
<td>St David’s, Barry, West Wing CRI, Rookwood (including ALAS)</td>
</tr>
<tr>
<td>Major Mental Health Hospital</td>
<td>1</td>
<td>Whitchurch</td>
</tr>
<tr>
<td>Mental Health Facilities</td>
<td>3</td>
<td>Llanfair, Rawnsley Unit, Harvey Jones Unit</td>
</tr>
<tr>
<td>Health Centres</td>
<td>21</td>
<td>Distributed</td>
</tr>
<tr>
<td>Other properties</td>
<td>44</td>
<td>Distributed</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td></td>
</tr>
</tbody>
</table>

5.7.5 The age profile of the estate is such that only 11% of the estate is less than 10 years old and over 28% is over 60 years old.

5.7.6 The official condition of Trust properties (Welsh Health Estates criteria) also shows that 29% of the estate is in need of major repair or replacement soon.
Table 7 – Condition of the Estate

<table>
<thead>
<tr>
<th>Category – Physical Condition</th>
<th>% for facilities in Cardiff and Vale of Glamorgan</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5</td>
<td>As new with full life expectancy of 60 years</td>
</tr>
<tr>
<td>B</td>
<td>66</td>
<td>Adequate / operationally safe – anticipated life of 10 years for existing use</td>
</tr>
<tr>
<td>C</td>
<td>26</td>
<td>Element is operational but major repair or replacement soon within 3 years for building work and 1 year for engineering</td>
</tr>
<tr>
<td>D</td>
<td>1%</td>
<td>Serious risk of imminent breakdown</td>
</tr>
<tr>
<td>CX</td>
<td>2%</td>
<td>Improvement impossible – replacement only option</td>
</tr>
<tr>
<td>DX</td>
<td>0%</td>
<td>Improvement impossible – replacement only option</td>
</tr>
</tbody>
</table>

5.7.7 The Trust has accumulated backlog maintenance costs in excess of £93 million in 2005/06 of which £46 million relates to CRI which is a WAG residual asset. This has resulted from the cumulative effects of limited discretionary capital available to support life cycle costs. At the current level of discrepancy the position will worsen exponentially over the next 10 years without further investment.

5.7.8 In considering the Trust estate, it is also recognised that the links with Cardiff University must also be taken in to account. The University has ambitious and exciting plans that will support undergraduate and postgraduate education, training and research and development and it will be important that these can be supported through our strategic programme.

5.8 FINANCIAL RESOURCES

5.8.1 The Cardiff and Vale of Glamorgan health community is operating within an increasingly challenging financial framework. All partner organisations are formally in recovery and are facing significant pressures to deliver savings against agreed Service Change and Efficiency Plans (SCEPs), as summarised in table 8 below.

<table>
<thead>
<tr>
<th>2006/07 Turnover £m</th>
<th>2006/07 SCEP saving £m</th>
<th>Future anticipated annual SCEP savings £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff and Vale NHS Trust</td>
<td>600</td>
<td>23 (3.8%)</td>
</tr>
<tr>
<td>Cardiff LHB</td>
<td>357</td>
<td>7.5 (2.1%)</td>
</tr>
<tr>
<td>Vale LHB</td>
<td>159</td>
<td>2 (1.2%)</td>
</tr>
<tr>
<td>Health Commission Wales</td>
<td>500</td>
<td>21(4.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>51.5</td>
<td>32.5</td>
</tr>
</tbody>
</table>
5.8.2 It is recognised that the outlook beyond 2007/08 is unlikely to improve with the new Government Comprehensive Spending Review for the next period (2008/09 - 2010/11) indicating a further reduction in growth from current levels. This means that the programme of change set out within this Strategic Outline Programme, and throughout the PHSI work must be sufficiently radical to deliver a service model that is sustainable and able to deliver best value and improved efficiency given the likely resource framework.

5.8.3 While the above focuses primarily on the position of the local NHS community, the resource position must also take account of the pressures being faced by our partners, in particular the two local authorities. Both Cardiff and the Vale of Glamorgan councils are experiencing significant financial pressures with corresponding restrictions impacting on access to social care services and facilities. This in turn is creating very significant and real pressures in the NHS.

5.8.4 While the above scenario highlights the immense challenges faced across the health community, it is however, important to recognise that the health community does have a good track record in meeting its statutory financial targets. The Trust, over its recovery plan period, between 2003/04 – 2005/06, has met its financial targets and forecasts that it will achieve financial balance in 2006/07. Likewise Cardiff and the Vale of Glamorgan LHBs have each met their financial targets since their establishment and have worked to reduce their inherited deficits.

5.9 Teaching and Research

5.9.1 The provision and development of health care services in Cardiff and the Vale of Glamorgan can not be considered in isolation from the key relationship that exists with Cardiff University and the wider agenda associated with teaching, research and development.

5.9.2 While this relationship brings significant advantages to the health community in terms of service delivery, service development and recruitment and retention for example, it also carries with it significant duties and responsibilities associated with providing an appropriate, high quality environment to support both undergraduate and postgraduate teaching and research. It is recognised that through the implementation of this Strategic Outline Programme these tensions must be managed in the interests of both partners.

5.9.3 Research developments can have a real and significant impact on the range of clinical services that are available locally and regionally. An example of this is the proposed development of a PET scanner in Cardiff to support both research and clinical service development. This development is being led by Cardiff University in partnership with the Cardiff and Vale NHS Trust and the Welsh Assembly Government.

5.9.4 The impact of undergraduate teaching is also a key consideration, and impacts upon the ability of the Trust to deliver high quality clinical services, now and in the future. Providing a positive and effective environment to support teaching is therefore crucial and has to inform and be informed by the emerging models of care that are being developed to support health improvement.

5.9.5 Postgraduate teaching is also a vital component that has to be considered in the context of the Programme for Health Service Improvement. It has been recognised by the University and the Trust that educational capacity will need to increase in the future to respond to the changes in the clinical workforce. These changes will also
need to reflect new models of care, with an increased emphasis on community based services.

Summary

- Over 90% of all health services are provided in primary and community based settings
- Cardiff and Vale NHS Trust is the main provider of secondary healthcare services to the populations of Cardiff and the Vale of Glamorgan (with the exception of the Western Vale) and also provides significant services to some neighbouring LHBs including Caerphilly, Rhondda Cynon Taff and Merthyr
- The local catchment population of over 500,000 is sufficient to deliver a comprehensive range of secondary care services.
- Cardiff and Vale NHS Trust, as the major university teaching centre in South Wales also provides a number of highly specialist and tertiary services for a wider catchment area of South East Wales and beyond
- The health community has a substantial infrastructure in terms of estate and workforce that needs to be developed and redesigned in line with the future service strategy.
- The financial outlook will place even greater financial challenges on the health community
- The health community has a good track record of financial management despite challenging legacies and ongoing pressures
- The strong and developing partnership between the health community and Cardiff University provides an invaluable opportunity to drive forward service change and modernisation.
Chapter 6

CURRENT AND FUTURE SERVICE NEEDS

Overview

This chapter:

- Identifies the main pressures on service delivery and resources in Cardiff and the Vale of Glamorgan
- Assesses how the main performance issues are being addressed
- Indicates where a more strategic approach is needed to deliver improvements and sustainability over the longer term.
- Provides a detailed analysis of the current estate
- Summarises the views of the public about current services.

6.1 Overall Performance

6.1.1 The new contractual frameworks for primary care are providing more robust information on the overall performance and quality of primary care services. For example, in Cardiff and the Vale of Glamorgan all general medical practices achieved the minimum target of 700 quality and outcome framework (QOF) points in 2005-06.

6.1.2 The main factor affecting acute hospital performance in recent years has been the ability to respond to the sustained increase in emergency admissions — from both medical and surgical specialties. This increase is compounded by the increasingly complex needs of patients being admitted to hospital leading to increased lengths of stay. This has led to high levels of bed occupancy with a direct impact on elective performance for in patient and day case treatments. These pressures have been exacerbated by difficulties in supporting the transfer of patients from acute care settings when they are no longer in need of acute medical care (delayed transfers of care). Partnership working with local authority social care services is a key issue in supporting this, both in terms of ensuring appropriate resources are available to fund the provision of identified social care services based on an agreed assessment of the individuals need, and supporting the development of high quality services to meet these needs whether provided by the statutory or independent sector.

6.1.3 These pressures indicate that if we do not work together to reduce the need for admission to hospital, and to ensure that our hospital care is as efficient and effective as possible, there is insufficient capacity in the system as configured at present. This relates both to the capacity within our hospital beds or bed alternatives. These issues are ever more important as we work together to improve access to elective care to meet the Access 2009 waiting times targets.

6.1.4 Radical changes are therefore needed to ensure that we match demand and capacity, and that our models of care are robust in enabling individuals to take more responsibility for their health and wellbeing, therefore placing less reliance on primary, community and hospital based services. There are, however some fundamental changes that are essential for the health community to tackle in the short term through improving the way we work. For example
• Supporting primary care in their ongoing role in identifying and pro-actively managing patients with complex long term care needs

• Further reducing the length of stay for patients where their length of stay is above average. This can be facilitated through better pre-admission processes, improved assessment and appropriate therapeutic intervention. Efficient discharge processes are also vital and require the availability of appropriate community based services.

• Increasing day case rates by setting a target of managing all elective procedures currently occupying hospital bed days for 3 days or less as day cases. The impact of this will be to leave the more complex surgery in the inpatient sector but to reduce the number of in patient beds required

• Reducing the overall number of admissions through better assessment processes and more alternatives to admission, particularly for people with long term conditions and frail, older people.

• Further enhancement of community based services to support people with mental health problems to improve the health and wellbeing and reduce dependence on hospital based care.

6.1.5 Through the PHSI Clinical Services Planning Group, significant work has been driven forward to develop new models of care that will meet the needs of our patients and respond to the drivers for change.

6.1.6 This work has sought to ensure collective ownership of the current service pressures and emerging models, but has also recognised that there are some fundamental capacity and structural issues that must be addressed. These are summarised in the tables below.
<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
</tr>
</thead>
</table>
| Primary Care| • Responsiveness of secondary care services to primary care requirements for advice, opinion and diagnosis in order to avoid admitting or referring patients on to hospital care.  
• Variability of current capacity and quality of primary care, and access to extended services including community based services across Cardiff and the Vale of Glamorgan leading to differential use of secondary care services.  
• Responsiveness of primary care to emergency/urgent patients and differential access to alternatives to admission. | • Implementation of the GMS contract and the Quality and Outcomes Framework provides a mechanism to monitor and improve standards in primary care.  
• GPs with specialist interests are being developed in certain specialties such as dermatology  
• Commissioning of new out of hours arrangements in line with national service specification and standards.  
• New contracts for other primary care contractors e.g. pharmacists and dentists provide opportunities to enhance service provision locally. | • Developing more opportunities to integrate primary and secondary care through the development of local accessible health facilities with appropriate capacity for multi professional teams – through health and wellbeing care resource centres and utilisation of GMS/QOF to review care pathways.  
• Exploiting the opportunities of new technology to improve relationships between primary and secondary care |
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<tr>
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<th>ACTION TAKEN TO DATE</th>
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</table>
| Community based services – including rehabilitation and reablement | • Two of our inpatient community rehabilitation hospitals (Westwing CRI and Rookwood) can no longer provide an appropriate environment for the provision of care.  
• The two modern community hospitals have the potential for greater clinical focus  
• Delayed Transfers of Care have been a major problem  
• There is a lack of co-ordination and equity in relation to the many of the community based rehabilitation and intermediate care services that have been developed across Cardiff and the Vale of Glamorgan  
• There is no clear locality framework to support the delivery of community rehabilitation and reablement services which is preventing good relationships from being developed to manage the interface between primary and secondary care | • Local Wanless Action Plans which are now incorporated within Local Health, Social Care and Well Being Strategies, have established a much stronger base of community based services which will build up over the next few years  
• The roll out of “theory of constraints” within the Trust which has provided a framework to reduce delays in transfers of care for health reasons. There continue however to be real pressures relating to delays for reasons beyond the control of the Trust  
• Review of the suitability of the environment at Rookwood and Westwing to inform future plans which confirms that they are not fit for purpose  
• Framework developed to support the development of a network of health and wellbeing resource centres across Cardiff and the Vale of Glamorgan | • The establishment of locality based service models  
• Development of clinically focused community based hospitals working in partnership with the two acute hospitals and primary care resource centres.  
• Ensuring and demonstrating the cost effectiveness of community based alternatives to hospital care to gain support and confidence  
• Ensuring effective medical cover, to include the potential for models which include therapy led beds  
• Establishing incentives to address the ongoing issues associated with delayed transfers of care |
<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
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<th>STRATEGIC ISSUES</th>
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</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>• Higher than average levels of demand for mental illness services including an increase in the use of recreational drugs and alcohol.</td>
<td>• High priority area for action on additional Wanless monies has led to a number of initiatives providing alternatives to hospital admission have been established with the establishment of Crisis intervention teams.</td>
<td>• The impact of moving progressively towards 24/7 service levels with initiatives like first access and crisis intervention in order to support independence and reduce reliance on institutional care and local provision.</td>
</tr>
<tr>
<td></td>
<td>• Ensuring adequate local access to specialist services such as eating disorders and dedicated capacity for women in need of “low secure” facilities</td>
<td>• Significant investment in community based services</td>
<td>• In conjunction with the Regional Commissioning Unit/Regional Planning process to support the development of plans to enable the repatriation of appropriate specialist services such as “low secure” facilities.</td>
</tr>
<tr>
<td></td>
<td>• An ageing workforce and skill mix gap which could affect the ability to meet future demand</td>
<td>• Commissioning of new Llanfair Unit and closure of Sully Hospital.</td>
<td>• The need to re - provide appropriate replacement for Whitchurch Hospital</td>
</tr>
<tr>
<td></td>
<td>• Scope for improving the interface with primary care and extend inter-agency working</td>
<td>• Plans for reprovision of services currently provided on Whitchurch site.</td>
<td>• Implementing agreed model for older peoples mental health services, including development of assessment unit at Llandough</td>
</tr>
<tr>
<td></td>
<td>• Deteriorating estate and facilities at old acute site (Whitchurch)</td>
<td></td>
<td>• The future service commissioning and provision model for the Western Vale</td>
</tr>
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<td></td>
<td>• Further development of general community mental health team capacity</td>
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Cardiff and Vale of Glamorgan Health Community
Strategic Outline Programme- Strategic Case
### Unscheduled Care

<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Increasing numbers of admissions year on year</td>
<td>• Innovation in intermediate care with the establishment of the Acute Response Team and the Elderly Care Response Service for example, which provides an alternative pathway to hospital care.</td>
<td>• The large and complex catchment populations served by the current acute hospitals is making it difficult to establish close working relationships with local primary care and community health and social services that could help prevent admission and facilitate discharge.</td>
</tr>
<tr>
<td></td>
<td>• An increasingly elderly age profile, particularly the 75 age group – with a high prevalence of circulatory and respiratory disease, and a longer than average length of stay for this age group.</td>
<td>• Improvements to the emergency medical assessment process at UHW and Llandough through the Emergency Care Improvement Programme, a Health Community project to meet the A&amp;E 4 hour wait by developing better links with Out of Hours, redesigning streams within A&amp;E, improving patient flow within the hospital and enhancing the discharge process.</td>
<td>• The need to develop a more integrated approach to providing unscheduled care – particularly between primary and secondary care, noting the recent WAG consultation on a new policy framework for unscheduled care DECS</td>
</tr>
<tr>
<td></td>
<td>• High bed occupancy levels for adult medicine with on average over 80 outliers across the two acute sites (i.e. patients being cared for on non medical wards)</td>
<td>• Establishment of an health community Unscheduled Care Network Board to support a whole systems approach to planning and developing services</td>
<td>• Developing protocol driven care with agreed pathways</td>
</tr>
<tr>
<td></td>
<td>• Long waiting times in the Accident and Emergency Departments, presenting difficulties in achieving the 4 hour transit time target</td>
<td></td>
<td>• Continuing to monitor and respond to the impact of changes such as New Deal and European Working Time Directive and the potential reduction in the number of staff available to provide services overall.</td>
</tr>
<tr>
<td></td>
<td>• Competing pressures on diagnostic services for faster response times.</td>
<td></td>
<td>• Development of acute assessment and rehabilitation capacity enabling primary care access to rehabilitation/reablement resources</td>
</tr>
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<td></td>
<td>• Variable coverage of alternatives to admission and community schemes.</td>
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Cardiff and Vale of Glamorgan Health Community
Strategic Outline Programme- Strategic Case
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<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
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</thead>
<tbody>
<tr>
<td>Scheduled and Acute Hospital Care</td>
<td>• Emergency pressures have disrupted elective work which leads to high numbers of cancelled operations. (x operations in 2005/06)</td>
<td>• The establishment of new referral management arrangements in the Vale of Glamorgan</td>
<td>• The large and complex catchment populations served by the current acute hospitals is making it difficult to establish close working relationships with local primary care and community health and social services that could help prevent admission and facilitate discharge.</td>
</tr>
<tr>
<td></td>
<td>• Capacity shortfall issues in some specialties with the creation of long waiting times. This provides ongoing pressures on the system to address the backlog, much of which is achieved through ad hoc initiatives and short term funding as opposed to a sustainable expansion in capacity.</td>
<td>• Improving the management of waiting lists, for example using Primary Target Lists</td>
<td>• The need to develop a more integrated approach to providing unscheduled care – particularly between primary and secondary care, noting the recent WAG consultation on a new policy framework for unscheduled care DECS</td>
</tr>
<tr>
<td></td>
<td>• There is an overall lack of appropriate critical care capacity within Cardiff and Vale of Glamorgan and congestion in acute beds means that on some occasions patients cannot be transferred out of critical care resulting in cancellations of operations.</td>
<td>• Exploring ways of altering the skill mix in clinical teams in order to take pressure off Consultant Medical Staff,</td>
<td>• Developing protocol driven care with agreed pathways</td>
</tr>
<tr>
<td></td>
<td>• Considerable progress in reducing outpatient waiting times will result in additional pressure on treatment waiting times.</td>
<td>• Implementing short term waiting list initiatives to address the backlog.</td>
<td>• Continuing to monitor and respond to the impact of changes such as New Deal and European Working Time Directive and the potential reduction in the number of staff available to provide services overall.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Expanding access to orthopaedic surgery to assist with the particular problems surrounding this specialty as evidenced through the commissioning of the Cardiff and Vale Orthopaedic Centre.</td>
<td>• Development of acute assessment and rehabilitation capacity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In conjunction with the LHBs developing new approaches to managing demand using community based teams (e.g. Multi professional musculo skeletal triage team) and GPs with specialist interests (e.g. Dermatology)</td>
<td></td>
</tr>
<tr>
<td>SERVICE AREA</td>
<td>CURRENT ISSUES</td>
<td>ACTION TAKEN TO DATE</td>
<td>STRATEGIC ISSUES</td>
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</table>
| Specialist Services – Cancer | • Increasing referrals in many areas including breast, upper GI, dermatology, urology, gynaecology.  
• Achievement of new waiting times standards for referral to treatment.  
• Issues arising from the SE Wales Cancer Services Network costed plan for the achievement of cancer standards which identifies a number of service reconfiguration issues that will be essential if the Region is to deliver acceptable standards of care for patients.  
• Increasing pressure on diagnostic services  
• Addressing the current pressures in non surgical cancer services provided primarily by Velindre NHS Trust for non surgical cancer services  
• Ensuring effective responses to national minimum standards and standards set out through the Children and Young People’s Specialised Services Project | • The introduction of better communication mechanisms between primary and secondary care to speed up the referral process  
• Work with the Teenage Cancer Trust and partners to support strategic development of Teenage Cancer Unit at UHW  
• Development of multi-disciplinary teams | • Single regional teams are being considered (normally based at a single centre) in relation to:  
  o Head and Neck  
  o Major gynaecological cancers  
  o Urological Cancers  
  o Upper GI Cancers  
• Single Cardiff and Vale of Glamorgan teams to be supported in relation to other cancer sites such as breast, haematology, colorectal and gynaecology.  
• Establishment of dedicated Teenage Cancer Unit  
• Consideration of protected capacity to support cancer surgical services  
• Supporting the development and implementation of the strategic outline programme for non surgical cancer services  
• The knock on effects of consolidating these services on other non cancer services must also be considered – for example, the feasibility of maintaining emergency rotas, the requirement for critical care facilities, impact on diagnostics. |
<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
</tr>
</thead>
</table>
| Specialist Services – General Tertiary Services | • The need for a clear national strategic framework to underpin and support the development of highly specialised services for the population of Wales  
• Responding to HCW reviews including:  
  o Neurosciences  
  o Thoracic Surgery  
  o Neonatal intensive care  
  o Child and Adolescent mental health services  
• Development of PET scanner  
• The need for strategic development of a number of highly specialist services including for example:  
  o Renal services  
  o Highly specialist sexual health services including HIV  
  o Liver service | • Cardiff and Vale NHS Trust continues to have a good track record in developing and providing high quality specialised and tertiary services which benefit from the strong links established with Cardiff University.  
• Centralisation of paediatric neurosurgery completed in 2005  
• Ongoing strategic development of specialised services in response to HCW commissioning framework e.g. bone marrow transplantation, renal transplantation, paediatric surgery | • Need for all Wales framework to support the development of highly specialised services  
• Ensuring tertiary/specialised services do not compromise ability to provide high quality services for local catchment population – to be supported by development of tertiary services capacity on the UHW site to support expansion of neurosciences (subject to outcome of public consultation) renal services and commissioning of PET scanner |
<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
</tr>
</thead>
</table>
| Specialist Services – Paediatric Services | • Development of clear national commissioning framework for the development of specialised services for Children, including surgical services is overdue  
• Responding to changes in clinical practice with particular reference to surgery on children  
• Addressing the poor environment currently available for children and young peoples surgical services in Cardiff and Vale of Glamorgan | • Centralisation of all inpatient paediatric services on to the UHW site, supported by Phase I of the Children’s Hospital for Wales  
• Centralisation of paediatric neurosurgery in Cardiff and Vale of Glamorgan  
• Development of Paediatric Intensive care  
• Development of paediatric surgery in Cardiff  
• Repatriation of paediatric nephrology services from Bristol  
• Commissioning of first Teenage Cancer Trust Unit | • Development of Phase II of the Children’s Hospital for Wales, to include agreed service model of surgery on children |
<table>
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<tr>
<th>SERVICE AREA</th>
<th>CURRENT ISSUES</th>
<th>ACTION TAKEN TO DATE</th>
<th>STRATEGIC ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>• Sustainability of some elements of pathology services on multiple sites</td>
<td>• Implementation of PACS across the Trust</td>
<td>• Implications and role out of All Wales diagnostics strategy</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic capacity to manage competing demands – direct access for primary</td>
<td>• Developing the Trust “clinical portal” to provide improved access to information</td>
<td>• Understanding and supporting the developing role of assistive technologies in driving new models of care</td>
</tr>
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<td></td>
<td>care, emergency workstream, elective workstreams etc.,</td>
<td>across the health community</td>
<td>• Potential for near patient testing</td>
</tr>
<tr>
<td></td>
<td>• Ensuring the benefits of PACS, which enables images to be shared electronically across different sites, are maximised to drive new ways of working</td>
<td></td>
<td>• The need for modernised terminal sterilisation manufacturing unit which is an All Wales service which requires relocation to an off site location to be compliant with national standards and fulfilling the Civil Contingencies Act requirements?</td>
</tr>
</tbody>
</table>

Final Draft – For Board Approval
6.2 Estate and Environment

6.2.1 The problems experienced with the current health care infrastructure are also major drivers within this Strategic Outline Programme. As highlighted in section 5.7 above even without the need to deliver major changes to the current service models the health community would require substantial support to bring the estate up to current and future standards.

Primary and Community Based Services

6.2.2 Both Cardiff and the Vale of Glamorgan LHBs have developed primary care estates strategies which highlight the need for strategic investment in primary and community based services to support new ways of working. The strategies reinforce the key role of local practices in supporting local communities, while also acknowledging the need for the strategic development of locality based resource centres to provide an interface between local practices and the more specialist health and social care services.

6.2.3 There has already been significant progress in modernising some primary care infrastructure across the health community, but far more work is needed to realise the vision set out within the estates strategies. The model of care set out within the strategies have been reinforced through the work of the PHSI clinical services planning group, both in terms of assisting individual practices to realise their aspirations and in developing state of the art resource centres which bring together core community services and a range of other related services that can support the specific needs of defined localities.

Hospital Sites

6.2.4 As highlighted in section 5.7 backlog maintenance is a major problem for the Trust not withstanding the fact that much of the accommodation is designed to meet the needs of the service many decades ago. While a number of major improvements have been taken forward over recent years to improve the infrastructure, in many instances critical physical relationships between departments are no longer optimal due to changes in clinical practice leading to complex and inefficient patient flows.

6.2.5 A number of sites suffer from a lack of capacity and space in key clinical areas which have outgrown the original service and activity levels. In addition, many of our clinical areas do not meet current and future standards with regard to privacy, dignity, control of infection, Disability Discrimination Act.

6.2.6 At the University Hospital of Wales the specific issues include the following:
- Complex and confusing internal flows of patient, staff and supplies
- Lack of space and capacity for expansion and modernisation of diagnostic services.
- Need for modernisation of ward areas to meet required standards in terms of privacy, dignity and control of infection
- Need for dedicated areas for the care and treatment of children and young people that are age appropriate, building on progress achieved through the first phase of the Children’s Hospital for Wales.
- Poor environment for outpatients, requiring significant modernisation to provide enhanced capacity e.g. multi-disciplinary integrated clinics
- Poor environment and lack of cohesion in therapeutic space both to accommodate increased numbers of staff and students, as well as therapeutic space
- Poor relationships between emergency departments and poor functionality within emergency departments such as A&E, which impact on the effectiveness of patient streaming and emergency assessment processes.
- Limited capacity within critical care which reduces flexibility and increases congestion in these areas.
- The main operating theatres require an ongoing programme of capital investment to maintain them in terms of condition and statutory compliance
- Insufficient non clinical space to accommodate the increasing numbers of staff being employed to work on the site, including undergraduate and post graduate accommodation
- Meeting and supporting needs of the University of Cardiff with respect to undergraduate and postgraduate teaching accommodation, research and development
- Capacity to support the increasing role of the Trust in providing highly specialised work without compromising ability to provide high quality services for the local catchment population
- Major infrastructure developments to support enhanced work of the hospital e.g. electrical infrastructure and switchboard

6.2.7 At Llandough the specific problems include the following:

- An outdated and undersized Medical Assessment Unit facility to meet current demand and model of care
- Poor ward and various departmental accommodation in much of the hospital that is unlikely to be addressed through normal refurbishment approaches
- Improving and separating patient and logistical support flows
- Increasing car parking and congestion problems.
6.2.8 With regard to community hospitals there are two hospitals which in terms of accommodation are relatively new and fit for purpose - St David’s Hospital and Barry Community Hospital. It has been recognised, however, that to maximise the potential of these facilities there is a need to increase the diagnostic and therapy input. While there has been a strong commitment to the services provided in Rookwood, Westwing and Whitchurch there is also a recognition that these facilities do not provide modern standards of privacy, dignity and cleanliness and are not designed for the most efficient and effective care of the patients who require the services provided within them. An independent review was undertaken of Rookwood and CRI Westwing to highlight the difficulties associated with these sites and these reports are available to support future planning. (It is noted that the Artificial Limb and Appliance Service (ALAS) is currently located at Rookwood and will need to be subject to further consideration in the context of this overall programme)

6.2.9 The position in relation to Whitchurch has been well rehearsed and detailed plans for its replacement will be submitted in parallel with this Strategic Outline Programme.

At Whitchurch the specific problems include the following:

- Age/structure and design prevents implementation of modern practices
- Privacy and dignity of patient accommodation is compromised
- Physical accessibility is limited (e.g. no lifts)
- Environment creates risks for patients/carers/staff
- Inequity between standards of inpatient accommodation between Cardiff and the Vale of Glamorgan
- Fragmented locations within existing Whitchurch Hospital environment
- Does not meet estate performance targets such as for energy usage

6.2.10 In support of the work being taken forward through the Programme for Health Service Improvement, the health community has commissioned an independent consultancy to support some aspects of the work. As part of the initial phase, senior representatives from RKW have visited the main hospital sites where services are currently delivered. They have provided an independent assessment of the position and this is set out in Figure 7.
Figure 7: RKW Hospital Sites: Independent Summary Assessment

An initial, non-technical assessment of the main hospital sites, based on opinions from discussions and interviews, is presented here. Although lacking detail at this stage, there seems to be a broad consensus about the state of the current estate and the clinical functionality of the various sites.

- University Hospital Wales: The main acute and university teaching site, with an essential focus on acute care and diagnosis, while also providing specialist / tertiary care and as such it is the logical site for the development of specialist / tertiary services. Clinical and non-clinical relationships are already well established both internally and externally and it is a key element in the future network of care. As a site there is perhaps a need to see improvements in patient flows and clinical models and there needs also to be a greater degree of ‘cohesion’ for more efficient use of facilities, but the site density is none the less in the lower quartile for teaching hospitals. It is anticipated that refurbishment in a number of clinical areas will be a priority to support modern clinical standards of care.

- Llandough Hospital: The second acute site for the area with variable quality of estate and varying suitability for the level of acute care that it is providing. There is strong local support for this site and is perceived as being a major element in the future care network. There is also a widely held perception that this site has major potential for being a centre of excellence for ambulatory / elective care. Many of the buildings that house clinical services are over 70 years old and are inconsistent with the needs of modern healthcare delivery, with replacement rather than refurbishment considered as the only realistic option.

- Rookwood Hospital: Currently used as a site for elderly care and rehabilitation services with very poor quality facilities. Options for the reprovision of the services provided from this site are needed urgently.

- CRI West Wing: Currently used for elderly care and stroke and rehab services, again with very poor quality facilities. Options for the reprovision of the services provided from this facility are needed urgently.

- St David’s Hospital: new PFI community hospital partly used for elderly care and Mental Health Services for Older People. Houses Children’s Service, Podiatry Service, Physiotherapy musculoskeletal and Dental. Some of the building is not occupied by clinical services – representing a clear potential to accommodate more clinical functions – and is deemed as being in urgent need of the clear clinical focus that it perhaps lacks. Car parking could become an issue if the site were to be further developed due to the arrangement of the building on the site and the site location.

- Barry Hospital: relatively new community hospital with a range of minor injuries, therapy outpatients, general outpatient services, diagnostic and inpatient elderly care rehabilitation functions. Has a strong local focus but is probably underutilised and would benefit from a clearer clinical focus.

- Whitchurch Hospital: Currently used as site for acute and older persons mental health plus range of non related clinical and non clinical activities. Very poor quality facilities. Options for reprovision of services needed urgently.
6.3 Views of the Public and Stakeholders

6.3.1 This section of the Strategic Outline Programme has highlighted the current gaps and future needs for services and infrastructure. Many of these drivers for change were reinforced by the outcome of the extensive communications and engagement programme that has been undertaken over the last six months. In particular views from the general public have reinforced the case for change and confirmed that they particularly want to see action in relation to the following issues:

- Unreasonable waits to access primary care
- Unreasonable waits to access a range of secondary care provision including diagnostics, therapies, outpatients and operations
- Greater focus on prevention and health promotion
- Improved rehabilitation services
- Variable standards and availability of home based health and social care
- Poor quality of many NHS facilities
- Emphasis on the need for more investment in staff across the system

A summary of the feedback from the first phase of engagement is attached at Appendix D.

It has been recognised that while many of the priorities identified through feedback from the public reinforce the need for a strategic refocusing of services, many relate to the quality of patient experience that can and must be addressed in the short term. This is particularly relevant to areas such as improved communication, access to information and improving access to services.

<table>
<thead>
<tr>
<th>Summary</th>
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<tbody>
<tr>
<td>• A number of major challenges face Cardiff and Vale of Glamorgan Health Community both in terms of service delivery, workforce development and modernising the estate.</td>
</tr>
<tr>
<td>• Where feasible action has been taken to address these challenges, but this action is constrained by the current system.</td>
</tr>
<tr>
<td>• Major transformation and radical change to the current system is necessary if the Health Community is to deliver its strategic objectives.</td>
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Chapter 7

SCOPE AND SERVICE REQUIREMENTS

Overview

This chapter includes:

- The scope of the Strategic Outline Programme
- An overview of the service requirements to meet the needs of our local communities
- A summary of the key issues that need to be considered on a Regional basis
- Views of the public and stakeholders

7.1 Scope

7.1.1 The Strategic Outline Programme focuses on the need to deliver more effective and efficient health care services for the people living in Cardiff and the Vale of Glamorgan, as well as those people who rely on Cardiff and Vale NHS Trust for access to a growing number of more specialised services.

7.1.2 The ongoing strategic development of primary and community services is recognised as being essential to the delivery of the modern patient focused care, with services provided in acute hospital settings being responsive to and working with primary care colleagues in a seamless way.

7.1.3 To reflect this agenda, the Programme for Health Service Improvement has been working to develop new models of care and to articulate at a general level the implications of these models for the health community. The service models have been developed through a number of discrete but interrelated workstreams, overseen by the Clinical Services Planning Group, as set out below:

- Primary and community services, including
  - Long term condition management
  - Rehabilitation and intermediate care
  - Resource centres
- Mental Health
- Unscheduled care
- Acute and Emergency Care
- Specialist and tertiary services, including cancer services and children's services
- Clinical Support

7.1.4 Underpinning the work of the Clinical Services Planning Group workstreams has been an acknowledgement that we must plan services looking forward and with an understanding of the expectations and needs of service users. In this regard, it has been recognised that our service users will:
• Be more confident in using information and technology
• Expect responsive, personal and high quality integrated services
• Want to receive more care at home, or as close to home as possible

7.2 Primary and Community Services – emerging model

7.2.1 The model recognises that over 90% of health needs are addressed within a primary care setting. Priority must therefore be given to support and develop our existing primary care capacity to meet increasing demand and maximise the opportunities offered through the new contractual frameworks. Close working with local authority partners, in particular social services is also recognised as being fundamental.

7.2.2 The emerging model is for a network of high quality primary care practices, including general medical practices, community pharmacists, dentists and optometrists working within defined localities alongside district nurses, health visitors and community based therapy teams such as dietetics, podiatrists and speech and language therapists. It is proposed that there will be four defined localities in Cardiff and three in the Vale of Glamorgan.

7.2.3 These seven localities will in the future provide the basis for managing access to community based services managed through resource centres, with the clear focus being to enable and support individuals to maintain their health and independence. The alignment of these localities with local authority partners is recognised as being fundamental for the delivery of integrated, citizen focused services. The seven localities are set out below:
7.2.4 A framework to support the development of resource centres, and the services that will be provided in support of localities has been developed and is set out in Appendix E. These developments will also enable the rationalisation of the many small health centres and health clinics, bringing services together to provide more efficient, responsive services for local people. A summary profile of services that could be provided in resource centres in Cardiff and the Vale of Glamorgan is set out below, accepting that local needs and opportunities will guide the services to be provided in each locality.

<table>
<thead>
<tr>
<th>Core Service Profile provided in all Resource Centres/Localities</th>
<th>Services based on local needs and which may provide services for a wider area</th>
<th>Options for co-location of additional NHS, Voluntary Sector and Local Authority Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Healthy Living Services</td>
<td>• Specialist services for ethnic minority communities and other vulnerable groups</td>
<td>• Urgent Care Treatment Services</td>
</tr>
<tr>
<td>• Sexual health and family planning services</td>
<td>• Outpatient services</td>
<td>• Social Work as part of integrated teams</td>
</tr>
<tr>
<td>• Chronic Disease Management Support</td>
<td>• Integrated sexual health services</td>
<td>• Integrated Children’s Centres</td>
</tr>
<tr>
<td>• Community Child Health Services</td>
<td>• Services to meet the health needs of students</td>
<td>• Drop-in, day care, self-help and support groups</td>
</tr>
<tr>
<td>• Base for professional Education and Training</td>
<td></td>
<td>• Co-location of GP practice/s</td>
</tr>
<tr>
<td>• Community mental health services</td>
<td></td>
<td>• Extended Minor Injuries Service</td>
</tr>
<tr>
<td>• Community Dental Services</td>
<td></td>
<td>• Health and Leisure Services</td>
</tr>
<tr>
<td>• Therapy Services</td>
<td></td>
<td>• Day services</td>
</tr>
<tr>
<td>• Diagnostic Services</td>
<td></td>
<td>• Information, advice and signposting</td>
</tr>
<tr>
<td>• Community rehabilitation and rehabilitation services.</td>
<td></td>
<td>• Support for carers</td>
</tr>
<tr>
<td>• Community Nursing and Midwifery Services</td>
<td></td>
<td>• Optometry</td>
</tr>
<tr>
<td>• Minor Surgery (where current capacity in primary care is insufficient, or increased range required)</td>
<td></td>
<td>• Dispensing Pharmacist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHS Dentist</td>
</tr>
</tbody>
</table>
Long Term Condition Management

7.2.5 60% of adults in Wales report a chronic long term condition which could severely limit their day to day ability to cope. Multiple long term conditions make care particularly complex, and a small number of patients and diseases account for a disproportionate amount of health care use across primary and hospital services, impacting also on social care and voluntary sector services.

7.2.6 The need to improve the systematic care for people with long term conditions has been recognised as a priority for the health community. Long term conditions can only be controlled and not, at present, cured. They include diabetes, asthma, arthritis, heart failure, chronic obstructive pulmonary disease, dementia and a range of disabling neurological conditions.

7.2.7 Evidence has shown that the socio economic environment and the broader determinants of health influence the incidence of many chronic diseases within the community. There is also a higher incidence of some chronic/long term conditions amongst different racial groups and this will need to be reflected in any service responses. This is particularly relevant for Cardiff given the diverse population.

7.2.8 People with a chronic condition are:

- significantly more likely to see their General Practitioner (accounting for about 80% of GP consultations),
- significantly more likely to be admitted as inpatients and to use more inpatient bed days than those without such conditions.
- more likely to be admitted as medical emergencies (accounting for two thirds of all emergency admissions).

7.2.9 This is not exclusively a primary care issue, although many interventions aimed at managing and preventing chronic disease are delivered in the primary and community setting. Improving care and services for people with such conditions will not only benefit individuals themselves, it will also have a beneficial impact on their carers and on secondary and emergency care – waiting lists, demand, workforce, improving other services and prescribing. Improving chronic disease/long term condition management will also have implications for social care - many people living with long term disabling conditions are dependent on social services for a range of support e.g. community equipment, housing adaptations and personal care.

7.2.10 The health community has been working to establish a new framework to support the commissioning and development of services that is responsive to an individual's need over their lifetime, and which harnesses the strengths of the extended primary care team as the building block for the management of high quality, responsive care. The key principles underpinning the framework include:

- Services should provide an appropriate response to an individual’s level of need, and also of their carers/family. Appropriate services should be provided within a community setting, whilst safe and effective hospital based care should be available when needed.
- Services should be based on the most effective use of resources and should recognize the key role and contribution of carers and the voluntary sector
- Workforce requirements must be realistic and in particular consideration be given to ensuring appropriate access to training and development of existing professionals
• Services should be flexible to respond to changing needs over the next decade and beyond, with particular reference to the role of information technology, assistive technologies e.g. home monitoring and patient expectation
• Services should enable the provision of care that is patient centred
• Services should enable the provision of care that achieves clinical outcomes that are as good or better than those achieved by the current service model

7.2.11 To achieve these principles an effective system must be put in place to ensure individuals with chronic/long term conditions are identified and included in an appropriate programme of ongoing care according to their level of need. This should include increased support for self care, strengthening and supporting primary care, ensuring access to responsive specialist care and managing the most vulnerable individuals by anticipating their needs.

As a result of improved management:

• Individuals will feel more able to manage their conditions and achieve greater health gain
• Improved working between professionals based on clear roles and responsibilities will be achieved
• Outcomes will be improved in terms of medication compliance, reduction in unplanned admissions, patient and professional satisfaction
• Improved efficiency in terms of medication compliance, reduced unplanned admissions and lengths of stay, reduced pressures in primary care.

7.2.12 There is growing evidence that the essential components of good long term condition management include:

• Agreed care pathways
• The use of information systems to access key data on individuals and populations
• Identifying individuals in the community with or at risk of developing a chronic disease
• Stratifying individuals by risk
• Involving patients, and their carers where appropriate, in their own care, and taking a person centred approach (often individuals have more than one long term condition)
• A well equipped and educated multi-disciplinary workforce with appropriate and relevant skills
• Co-ordinating care (using case managers)
• Using multi-disciplinary teams
• Integrating care across organisational boundaries
• Aiming to minimise unnecessary visits and admissions
• Providing care in the least intensive setting, including the home

7.2.13 The development of resource centres across Cardiff and the Vale of Glamorgan will provide a basis to enhance chronic/long term condition management across the
localities. Resource centres will act to support primary care teams provide high quality support to those 70-80% of individuals who have a chronic condition and who, with the right information and access to advice when required, are able to be active participants in managing their condition. The role of the expert patient programme, resource centre information points and support from members of the extended primary care team, including community pharmacists, are key resources in this area.

7.2.14 General Medical Practices, through the GMS contract framework are responsible for identifying, providing, and where appropriate co-ordinating, systematic multi-disciplinary care management for those patients identified as requiring more support and proactive care. This care should be based on agreed protocols and pathways for managing specific conditions, underpinned by good information systems. The role of community services and specialist nurses will be key resources to the primary care team, with access to expert medical advice where required.

7.2.15 Individuals with more complex needs will be supported by Case Managers ensuring the active management these individuals who will usually have more than one chronic condition. Working in partnership with primary care teams, it is proposed that a team of Case Managers – primarily nurses, but with medical and social care input – will be established to actively manage a caseload, focusing on the needs of these individuals. The broad model for long term condition management is set out below in figure 8. Detailed modelling will be taken forward to assess the impact of the proposed model of care, with particular reference to potential reductions in avoidable acute admissions to hospital.
Model for Long Term Condition Management across Cardiff and the Vale of Glamorgan

It is important to have the information and knowledge to be able to carry out a risk-stratification on local populations to identify those who are most at risk.

**Level 3**
As people develop more than one chronic condition (co-morbidities), their care becomes disproportionately more complex and difficult for them, or the health and social care system, to manage. This calls for case management - with a key worker (often a nurse) actively managing and joining up care for these people.

Disease/care management, in which multidisciplinary teams provide high quality evidence-based care to patients, is appropriate for the majority of people at this level. This means proactive management of care, following agreed protocols and pathways for managing specific diseases. It is underpinned by good information systems - patient registries, care planning, shared electronic health records.

With the right support many people can learn to be active participants in their own care, living with and managing their conditions. This can help them to prevent complications, slow down deterioration and avoid getting further conditions. The majority of people with chronic conditions fall into this category - so even small improvements can have a huge impact.

*Ref. DoH (2004) Improving Chronic Disease Management*
Community Based Children’s Services

7.2.16 Whilst there are generic themes that apply to all community based services it must be recognised that there are specific factors that will influence the development and delivery of Children’s Community services. A key driver is the Children Act 2004 and the requirement for areas to develop a single multi-agency Children’s plan from 2008 for the delivery of local services. Many of the key areas of responsibility for children’s community services reflect statutory obligations to work with partners on a multi-agency basis. For example:

- Services to school aged children are integrally linked to education providers
- Services to support vulnerable children are integrally linked to Local Authority social services and other statutory partners
- Child protection services require integrated work and communication between partner agencies.
- Services for children with acute medical conditions must be developed in an integrated way with hospital based services and primary care
- Services for children with a disability must be integrated with acute services, primary care, education, social services and voluntary agencies

7.2.17 Community Child Health services are delivered in a variety of settings and locations, demonstrating the complexity and variety of current provision. This includes:

- Clinic based services provided in Health centres and GP practices
- Multidisciplinary, specialist therapy and clinic based services provided at St David’s Children’s centre and Llandough Children’s centre
- Joint clinical work with colleagues in acute sector (across directorates)
- Mainstream School based services and school visits including early years placements.
- Special school based clinics
- Clinical work within NGO/Voluntary sector bases
- Appointments, clinics and meetings in social services premises.
- Forensic work in Llandough children’s centre and Police premises
- Therapy services in specialised Children’s centres, health centres and schools. Domiciliary care

7.2.18 Effectively the variety of services delivered means that no one service model fits all in terms of whether the future services should be provided through the proposed locality based resource centres or Integrated Children’s Centres (ICCs). There are, however, a number of prerequisites for safe and effective delivery of Children’s services, not least a safe child friendly environment that does not put a child a risk. A specific programme of work has been established by Cardiff and Vale NHS Trust with key partners to review the current service models and agree a clear strategic service framework.

7.2.19 In taking this work forward it has been recognised that each locality across Cardiff and the Vale of Glamorgan will have different needs and detailed planning for services in that area will need to be locality based possibly arriving at different solutions however there is agreement on some broad overarching principles which relate to ICC and resource centre models.

7.2.20 It is anticipated that the majority of children’s community clinic based services will transfer to locality based resource Centres which will serve defined practice populations of between 50 – 90,000 people. Specialist clinics and services aligned to resource centres would include:
• Paediatric medical clinics that require appropriate nursing support, access to facilities to record growth and appropriate diagnostics.
• Medical activity relating to Safeguarding Role
• Speech and language therapy
• Paediatric dietetic clinics
• Enuresis services
• Constipation and soiling services
• Joint clinics with acute sector specialist colleagues
• Audiology*

**Audiology** is currently provided in totally unsuitable outdated accommodation. Appropriate sound proofed modern and well equipped rooms are required. It is recognised that it may not be appropriate to develop such a facility in every resource centre but one suitably equipped room could potentially support two localities.

• Children’s community services will require appropriate integrated IT and administrative facilities that will support improved service delivery

7.2.21 Services to support children with neuro-developmental concerns, children in need with compromised parenting and certain social and emotional/behavioural services are best delivered in a multi-agency model which could be provided through appropriately developed integrated children’s centres. These centres will provide a facility for service delivery, benefiting from strong multi-agency networks. It is anticipated that the appropriate design of ICCs would allow assessment, observation and treatment of children in an appropriate environment allowing group interaction. Provision should reflect opportunity for multidisciplinary and multi-agency collaboration. This will require joint work with the local authority.

7.2.22 The importance of ensuring effective partnership working to take forward key national strategic and policy initiatives is also important, such as **Sure Start** and **Flying Start**. The role of the Children and Young Peoples Framework Partnership Boards is recognised as being fundamental to supporting this agenda.

7.2.23 In terms of how these services will be developed in Cardiff and the Vale, currently services for children with complex needs are currently delivered from St David’s Children’s centre, Llandough Children’s centre, with a limited service in UHW Children’s centre and special schools such as Ty Gwyn, The Hollies and Erw Y Delyn St David’s is the main base in Cardiff with facilities for therapy provision and delivery of children’s services. St David’s was originally designed to meet the needs of Children in Western Cardiff. Accommodation on this site is now at a premium but its location and facilities might suggest that it takes on an extended role for the whole of Cardiff in some specialist areas in support of the locality resource centres and Integrated Children’s Centres. There is however a need to ensure good access to specialist support for parents and children in the East of Cardiff. This would ideally be attached to either a resource centre or ICC in that locality and could provide an opportunity to explore the development of improved specialist facilities which are currently lacking for these children locally in the community including hydrotherapy and rebound therapy.

7.2.24 In the Vale of Glamorgan the Children’s centre at Llandough provides these services and consideration will need to be given as to how these services are developed in the context of resource centres and ICCs in the Vale of Glamorgan.
### Primary and Community Services - Key issues to be developed through the Programme

- Creating capacity within primary and community services and social care to accommodate pressures of demographic change, service change etc.,
- Creating confidence in new ways of working and mechanisms to measure and model the impact of change
- Establishing a clear framework that enables evaluation of clinical outcomes achieved through new ways of working with the expectation that the new models will improve health and reduce inequalities
- The location of resource centres and commitment to locality model (primary care and Trust)
- Development and implementation of effective case management models
- The development of community based children’s services that recognise the importance of multi-agency working.

### 7.3 Integrated Community Based Rehabilitation and Re-ablement, and services for frail older people – Emerging Model

7.3.1 There is a consensus that our current, disparate service models are not providing optimal opportunities for rehabilitation and re-ablement for our local population. Failure to support people in a timely way to retain and where necessary regain their independence is placing significant demands on the health and social care community.

7.3.2 There are a number of key factors that have been identified within the Programme that must be tackled to ensure that all our residents have access to high quality, timely and focused rehabilitation and re-ablement:

- The need to ensure that core community services are focused effectively to identify individuals at risk and respond effectively to prevent avoidable distress and deterioration in the individuals condition.
- The need to ensure that the opportunities associated with the implementation of the unified assessment framework enable the needs of individuals and their carers to be identified and addressed before a crisis occurs.
- Ensuring that active rehabilitation and re-ablement begins earlier in the patient journey/pathway, to enable improved outcomes and reduced length of stay
- Providing appropriate environments that encourage health and wellbeing in less institutional settings, including individuals own homes and extra care developments, maximising opportunities associated with assistive technology
- The lack of strategic focus for rehabilitation and re-ablement services, resulting in fragmentation and inequity of access
- Recognition that individuals are presenting with increasing complex needs
- The opportunity to develop centres of excellence to respond to specialist rehabilitation needs, including provision of appropriate training and education capacity
7.3.3 There is recognition that integrated community based rehabilitation services must be based on effective multi-disciplinary team based working across health and social care. The emerging model proposes that these services should be aligned to the identified localities/resource centres, whilst also having strategic overview across localities to ensure equitable services and available. The model (see Figure 9) is proposing that at a locality level, primary care teams will have access to integrated services that will provide local access to:

- falls prevention services
- Rapid assessment by a multi-disciplinary team
- Acute/rapid response services to respond to identified and assessed need
- Community based active rehabilitation and re-ablement services
- Longer term support services required to maintenance health and wellbeing services

These services will have direct access to more specialist support services that will work across agreed localities, for example, in relation to health care services:

- Acute day treatment services
- Community based inpatient rehabilitation beds / services
- High quality, responsive diagnostic support services
- Long term condition management support services
- Specific condition based expert teams – e.g. Parkinson’s/stroke/continence

Detailed modelling will be undertaken to establish the requirements for community based inpatient rehabilitation beds including specialist stroke rehabilitation, orthopaedic rehabilitation and spinal rehabilitation. The modelling will build on the strong multidisciplinary models currently in place and consider the scope to manage more patients in their own homes through new ways of working.

Figure 9: Emerging Model of Community Based Rehabilitation and Reablement services
## Integrated Community Based Re-ablement and Rehabilitation - Key issues to be developed through the Programme

- Ensuring commitment to the locality based mode across the health and social care community
- The number, size and location of specialist and community based inpatient facilities needed to meet future needs in the context of new models of care, recognising also the need for critical mass and evidence based care which will inform an emerging view on the need to:
  - Develop modern and dynamic centres of excellence for rehabilitation and reablement care
  - Centralise on to a single site, and in appropriate accommodation, specialist stroke rehabilitation
  - Centralise on to a single site, and in appropriate accommodation, specialist spinal rehabilitation
  - Centralise on to a single site, and in appropriate accommodation neuro-rehabilitation
- Establishing a clear evaluation framework that is focused on improving quality and clinical outcomes
- Ensuring that the clinical models are appropriate for all age groups (not just elderly)
- Addressing strategic capacity within the independent sector to provide appropriate, high quality care for people with continuing care needs
Primary and Community based Services - Summary

including reablement and rehabilitation

Strategic case

- Strategic expansion of capacity in community settings to support health improvement in line with recommendations from the Review of Health and Social Care in Wales.
  - Investment targeted to reduce health inequalities and reduce demand on acute hospital services through the development of evidence based services.
- Remodelling of rehabilitation and rehabilitation services to maximise independence and recovery.
  - This will support a strategic shift to a new model of care, reducing reliance on inappropriate inpatient facilities and enabling the closure of Westwing and Rookwood

Capital requirements

- £28m to support practice improvements in line with LHB Primary Care Estates Strategy including a network of Resource Centres
- £18.5m to support additional community based services including dental services and diagnostics
- £49m to support improvements in rehabilitation and recovery services in community settings

Commentary on the Business Cases

Mixture of public and private capital procurement options could be considered.

Public consultation already undertaken for development of first Resource Centre for Central/Eastern Cardiff at CRI and expectation that OBC to be prepared for consideration in early 2007. Detailed option appraisals will be needed to support needed for other localities in Cardiff. Vale of Glamorgan proposing development of Barry Hospital as Resource Centre networked with smaller centres in Eastern and Western Vale.

Further work to be undertaken to establish capacity requirements to support new model of rehabilitation and reablement services to inform detailed planning and option appraisal.

Case for investment will need to evidence impact and release of resources from hospital based services and while some transitional support may be required, the expectation is that the Resource Centre OBCs will demonstrate improved efficiency and effectiveness of services through more local provision.

Need for full public consultation recognised as detailed work on proposals for rehabilitation and reablement developed.

Opportunities for joint developments with key partners, including local authorities and voluntary sector recognised as a key priority.
7.4 Mental Health Services – Emerging Model

Three specific aims for mental health services have been identified by the health community and these summarise the strategic direction for development. These are:

- To take forward the improvement of community service provision
- To enable the early closure of Whitchurch Hospital
- To maximise the potential for service integration

7.4.1 Significant work has already been undertaken across the Cardiff and Vale of Glamorgan health community to modernise and develop local mental health services in line with recent public consultation exercises, ‘Proposals to develop mental health services in the Vale of Glamorgan and to Cease Commissioning Services at Sully Hospital’ (May 2000) and ‘A New Mental Health Service for Cardiff’ (July 2002). These initiatives have supported:

- The closure of Sully Hospital and the commissioning of a new adult inpatient unit – the Llanfair Unit on the Llandough Hospital site
- Development of two crisis intervention teams
- Expansion of community based services including community mental health teams, community rehabilitation resulting in less reliance on institutional care and reduction in inpatient capacity
- The commissioning of new models of community low secure services

7.4.2 The work to date provides a valuable model for the wider Programme for Health Services Improvement and this Strategic Outline Programme. It has demonstrated that through strategic investment in community based, patient focused services outcomes for patients can be improved and resources used more effectively with less reliance on acute inpatient capacity.

7.4.3 This Strategic Outline Programme endorses the direction of travel that has been driven forward locally, and supports the need to move forward to address the outstanding areas, in particular:

- To secure the resources required to provide additional support to primary care through Primary Care Liaison Workers with the aim of providing early and effective support to individuals and their carers
- The commissioning of the older peoples assessment unit at Llandough, enabling the transfer of services from Whitchurch and Barry Hospital on to an acute hospital site with the benefits of strong links with acute medicine.
- The development of new community based services to meet the needs of older people with mental health problems, recognising the importance of close integration with other services that aim to maximise the health and independence of older people.
- The development of planned community rehabilitation capacity to provide enhanced opportunities for adults with mental health problems to recover and participate in their local community
Final Draft – For Board Approval

- To secure appropriate accommodation for the two crisis intervention teams and CMHTs which maximise their contribution to the health community

- Reprovision of the adult acute unit currently based at Whitchurch hospital, with the potential to fast track this by 2009. This is recognised as a priority across the local health community, enabling the replacement of a Victorian institution that can no longer provide an appropriate environment for patients with a purpose built development that enables and supports improved outcomes for patients, with strong links to the enhanced community based services.

- The strategic investment in independent sector/non institutional care capacity in partnership with the local authority to provide high quality and appropriate care for adults and older people with continuing mental health care needs

### Mental Health Services - Key issues to be developed through the Programme

- Ensuring commitment to the locality based model is linked to wider primary and community based services, with potential co-location of community mental health services with the proposed resource centres

- The future commissioning intentions of the Vale of Glamorgan Local Health Board and the proposed move to a fully coterminous model in terms of commissioning and provision

- Developing the role and capacity of the independent sector to ensure that NHS services can work effectively to meet local need

### Mental Health - summary

- Modernisation of services for adults and older people in line with National Service Frameworks and Designed for Life.

  - Focusing on development of community based services to support individuals effectively through a comprehensive range of services which then reduce reliance on institutional care.

- Commentary on the Business Cases

  Draft OBCs to be submitted in January 2007 based on the outcome of agreed public consultation.

  Major capital developments reflect changes in service models and the need to improve quality of patient environment. Strategic assistance for some elements of the capital schemes may be required to achieve full modernisation. Aim is to bring forward proposals to enable closure of Whitchurch Hospital by 2009/10.

- Strategic case

- Capital requirements

  - £20m to support community care phase 1 and 2

  - £25m to support older persons mental health unit at Llandough

  - £35m to re-provide acute inpatient facility on Whitchurch site
7.5 Unscheduled Care – Emerging Model

7.5.1 There is a recognition that improved integration and co-ordination of unscheduled care services across Cardiff and the Vale of Glamorgan is a priority, to ensure that our population has access to appropriate, responsive services twenty four hours a day, every day.

7.5.2 The Welsh Assembly Government published its consultation document *Delivering Emergency Care – An Integrated Approach to Unscheduled Care in Wales* in July 2006. The aim of the document is to provide a policy context for the NHS in Wales, with its partners to provide a service that “ensures that patients – no matter how or when they contact any of the emergency or unscheduled care services – are assessed and then seen by the most appropriate health care professional at the most appropriate time”. One of the key drivers for the policy has been the increasing pressures on Accident and Emergency services and a perception that the range of unscheduled care services, including NHS Direct, ambulance services, social services, primary care and hospital based services have not been working collaboratively.

7.5.3 Within Cardiff and the Vale of Glamorgan the Unscheduled Network Board has been working to look at how local services can work more collaboratively together, with patients able to access appropriate local services in a consistent and timely manner appropriate to their needs. Fundamental to this model is ensuring clear points of access in to unscheduled care services that enable rapid assessment of need and care planning.

7.5.4 A major programme of work has been moving forward across the local health community with the support of the Welsh Assembly Government Delivery and Support Unit to drive forward improvements in local unscheduled care services. Key issues emerging from the work to date, that will continue to be taken forward as part of this Strategic Outline Programme include:

- The need to define a clear model for unscheduled care that can be understood clearly by the public and professionals, which reflects the five levels of care set out within the Welsh Assembly Government consultation document (see figure 10 below)

- The opportunities for increased integration between unscheduled care providers, in particular the NHS Direct, ambulance service, primary care including out of hours primary care providers, and hospital based services including A&E, medical and surgical assessment units and minor injury units.

- The potential for the development of urgent care centres to improve access and integration of patient focused services

- The need to refocus the assessment processes within our two acute hospitals to provide rapid and high quality assessment, with access to appropriate alternatives to acute admission
7.5.5 An emerging model has been developed, which seeks to provide a fully integrated approach to unscheduled care, recognising that this needs to include the wider primary care community and also complement and support the delivery of high quality planned care. The model is set out in figure 11 below.
7.5.6 Ideally where possible services should be delivered on a local basis, and opportunities for co-location optimised to improve integration and continuity of care. Close working with ambulance services and other emergency response teams will also support this model by providing more care outside the hospital.

7.5.7 The major emergency services that are required include specialist emergency assessment services which ensure that the appropriate specialists are available 24 hours a day in the following areas. The centralisation of A&E services at the University Hospital of Wales means that the local population has good access to a full range of specialist emergency services with critical care backup including:

- Medicine
- Surgery
- Paediatrics
- Trauma
- ENT
- Maxillofacial

### Unscheduled Care Services - Key issues to be developed through the Programme

- Maximising opportunities for improved integration – to include the development of an agreed urgent care/treatment model across Cardiff and the Vale that may include potential integration with primary care out of hours services
- Scope for workforce modernisation to ensure access to appropriate health professional for assessment and treatment, to include the development of nurse/paramedic practitioner roles in partnership with the Welsh Ambulance Service
- The development of clear guidelines and protocols, to include issues associated with medical responsibility where alternatives to hospital admission are appropriate

### Unscheduled Care - Summary

**Strategic case**

- Improved management of urgent and unscheduled care to reflect the policy direction set out within DECS

**Capital requirements**

- £5m to improve access to unscheduled care services, including the development of urgent care centres
- £2m to develop medical day treatment capacity

**Commentary on the Business Cases**

Detailed plans to be developed based on clear service model with clear business justification, in the context of the emerging WAG policy framework (DECs).
7.6 Elective and Emergency Care – Emerging Model

7.6.1 The provision of high quality, accessible and sustainable elective and emergency hospital based care is a priority for the local health community. The emerging model seeks to recognise the benefits for patients and professionals that can be realised through separating, where possible, emergency and planned workstreams. More specifically for Cardiff and the Vale NHS Trust, it is also important that our model reflects the role of the Trust in providing local services for the local population and those more specialist services for a wider catchment population, and the Trusts lead role in terms of teaching and research.

7.6.2 While good progress has been made to meet the national waiting times targets over recent years, the achievement of Welsh Assembly Government target of no patient waiting over 26 weeks for treatment from their date of referral by a GP will require a step change in working across the Trust. This will be particularly relevant in terms of:

- Developing mechanisms to manage demand, including improving access to diagnostic tests, improved referral management based on clear protocols, providing alternatives to traditional outpatient models such as tele-consultations, using GPs and other health professionals with specialist interests
- Ensuring evidence based care pathways exist for all elective and emergency conditions that optimise outcomes for patients and the use of scarce resources.
- Continuing to focus our services and resources on the needs and dependency of patients, not on professional or specialist interests
- Matching elective and emergency capacity with demand, eliminating delays in the patient journey and “doing today’s work today”.
- Working with partners to ensure that delays in the transfer of care are reduced

7.6.3 Figure 12 below provides a framework for the local health community that will be used to model elective and emergency care pathways within our two acute hospitals. It will enable clinical teams to define clearly the care pathway that will provide the best outcome for patients, the timescale that should be expected for elements of the pathway to be completed and the clinical input that is needed, recognising the need to balance the input of more generalist assessment skills, specialist skills to inform treatment and care plans and the particular skills provided through multi-disciplinary teams to support rehabilitation and recovery. It will also enable consideration of the capacity required across the health care system to deliver high quality, sustainable and safe services to meet local need.
7.6.4 The emerging service configuration proposals to support the delivery of high quality, responsive and sustainable elective and emergency hospital based services across the two acute hospital sites set out in the table below. Through refocusing the roles of the two hospital the aim is to:

- provide responsive and local access for acute medicine
- enable a clearer separation of emergency and elective work
- enable a clearer separation of local/general and regional/specialist work
- reduce inappropriate and inefficient duplication of resources
- improve efficiency and resource utilisation

**Key:**
- **Green** Service currently in line with emerging model
- **Orange** Service broadly aligned, but needs to be refocused
- **Red** Service requires strategic re-alignment

<table>
<thead>
<tr>
<th>UHW</th>
<th>Llandough</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A&amp;E</td>
<td>• Acute medicine (Vale of Glamorgan and W Cardiff)</td>
</tr>
<tr>
<td>• Acute medicine (Central &amp; East Cardiff)</td>
<td>• General Medicine</td>
</tr>
<tr>
<td>• General Medicine</td>
<td>• All intermediate surgery</td>
</tr>
<tr>
<td>• All emergency surgery</td>
<td>• Elective orthopaedics</td>
</tr>
<tr>
<td>• All complex surgery with associated critical care support</td>
<td>• Midwifery unit</td>
</tr>
<tr>
<td>• Specialist/tertiary services</td>
<td>• EMI assessment</td>
</tr>
<tr>
<td>• All inpatient paediatrics</td>
<td></td>
</tr>
<tr>
<td>• Obstetrics/MLU</td>
<td></td>
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</tbody>
</table>

Supported by appropriate diagnostic & support services including rationalised labs etc.,
7.6.5 The work to date confirms that general/acute medicine should continue to be provided across the two main acute hospital sites. This reflects both a commitment to ensure that services are accessible to the local population, and that they are developed to work in a more integrated way as part of a locality focused model that promotes effective links with community based services, including social care.

7.6.6 In relation to surgical services, the emerging model is promoting the benefits of a clear separation of elective and emergency work streams. It is also aims to improve access to elective surgery through the establishment of dedicated capacity at Llandough Hospital to support the provision of routine/short stay surgery that does not require critical care backup. This is seen as a key enabler to improve access for patients and improve cost efficiency. This will also create capacity at the University Hospital of Wales to focus on emergency work and more specialist surgical work requires critical care support.

Elective and Emergency Care Services - Key issues to be developed through the Programme

- Developing integrated care pathways to drive out variation in patient care and improve patient outcomes, with the expectation that 100% of elective and 90% of emergency patients are managed through an agreed pathway.
- Reducing constraints across the patient journey, with particular reference to delayed transfers of care and access to diagnostics
- Moving to a dependency based model, with a clear separation of elective and emergency streams where appropriate
- Developing a surgical service model that improves efficiency and supports acute medicine
- Developing a strategic framework for cancer related surgical services (see 7.7.5)

Acute Hospital Service Transformation - Summary

Modernisation of hospital care pathways to ensure that health community demonstrates performance in the upper quartile of comparator providers.

Model of care proposes balanced approach to general/acute medicine across two acute sites with clearer separation of elective and emergency surgical streams with development of short stay/low dependency planned surgery at Llandough, and UHW as base for emergency/specialist surgical services.

Models also seek to recognise unique role of the Cardiff and Vale Trust in relation to undergraduate and postgraduate teaching and research in partnership with Cardiff University

Commentary on the Business Cases

Major capital schemes will need clear business justification based on ensuring appropriate capacity to meet demand and improving long term efficiency and effectiveness and improved outcomes for patients.

Some aspects of proposals relating to elective surgical services would need to be the subject of formal public consultation planned for Summer 2007.
7.7 Specialist and Tertiary – Emerging models

7.7.1 Cardiff and Vale NHS Trust has a key role in providing high quality specialist services for the population of South East Wales and beyond. The vital links with research and education are fundamental to this, and the excellent working with Cardiff University provides a firm foundation to support the ongoing development of high quality specialised services for the people of Wales. In working to develop and extend the range and scope of specialised services provided for the population of South Wales the health community recognises the need to ensure that this does not detract from the provision of high quality local services for our local population.

7.7.2 The development of a strategic policy framework for the development of specialised services in Wales is a priority that has been recognised by the Welsh Assembly Government.

7.7.3 The drivers for change highlighted throughout this programme document suggest that there is likely to be a greater role in the future for Cardiff and Vale NHS Trust as the provider of specialist services for South Wales. This will require clear commissioning frameworks to be developed that ensure high quality, sustainable and cost effective services are available. Cardiff and Vale NHS Trust does not under-estimate the challenge involved, and is committed to meeting these challenges enthusiastically and imaginatively, including exploring new ways of working to best respond to the needs of local communities across South Wales. It is recognised that this will require both flexibility and sensitivity, with the reward being much improved services to patients and greatly increased opportunities for development in both service provision and teaching and research.

7.7.4 In developing high quality specialist services, the emerging clinical models have also highlighted the need to ensure that the ability of the Trust to meet the needs of the local community is not compromised. The models of care that have been developed therefore aim to ensure that where appropriate, there is a clear separation of local generalist work and the more specialist tertiary services provided by the Trust. The development of clear care pathways and the establishment of dedicated capacity for some core highly specialised services on the UHW site are seen as fundamental enablers in this regard, as is the ability to enable individuals to return to more local settings for ongoing care where appropriate.

7.7.5 There are a number of specific service areas that have been identified through the work of the PHSI that are worthy of particular note:

**Surgical Cancer Services** – the South East Wales Cancer Network has identified the need for radical reconfiguration in the way that services are provided through multi-disciplinary teams (MDTs) to meet the national minimum standards. For some of the rarer, more complex cancers including for example upper gastrointestinal cancer, rectal cancer and lung cancer, single MDT arrangements need to be formalised and where appropriate specialist surgical work centralised. A need for a clear commissioning framework to achieve the national minimum standards has been recognised, which will then require local NHS Trusts to develop plans that balance the need to sustain robust local general surgical services and deliver national minimum standards for cancer surgery. The potential for the development of dedicated cancer surgical capacity within the Trust has been identified as being an option that should be considered further.

**Children’s Surgery** – it has been recognised that changes in training for anaesthetics and surgical specialisms will have a dramatic impact on surgery undertaken on children. The development of the Children’s Hospital for Wales is
seen as a key enabler in both supporting local hospitals deliver effective and high quality services for children, and ensuring that all children in South Wales have access to appropriate, safe and sustainable elective and emergency surgical care.

Renal Services – the increasing incidence of renal failure is placing an unsustainable pressure on existing renal services. The Renal National Service Framework highlights the need for a strategic approach to tackle this, beginning with prevention and effective local primary care provision. Health Commission Wales have, however, also recognised the need for a strategic approach to the future development of specialist renal services. This includes ensuring good local access to effective and efficient dialysis and a significant increase in capacity for renal transplantation. For Cardiff and Vale NHS Trust this means remodelling our current renal dialysis services to ensure effective local access and increasing capacity for transplantation.

Neurosciences – Health Commission Wales is currently undertaking a formal consultation on the future of adult neurosurgical services in South Wales. The proposal is to centralise adult neurosurgical services within a South Wales Neurosciences Centre in Cardiff. This proposal has the strong support of the Cardiff and Vale of Glamorgan Local Health Boards and Cardiff and Vale NHS Trust. Subject to the outcome of the public consultation exercise, Cardiff and Vale NHS Trust has developed robust proposals to support this important development that will ensure the sustainability of adult neurosurgical services in South Wales.

Cardiothoracic Surgery – Health Commission Wales is currently undertaking a review of thoracic surgical services in South Wales, a service currently provided in both Cardiff and Swansea.

HIV Services – the Trust is committed to providing high quality Genito Urinary Medicine (GUM) services that provide good local access, with appropriate support for the more specialist services including HIV. The opportunity to centralise HIV outpatient services on the UHW site (currently provided at CRI) has been identified as a priority, recognising the key links with radiology, pathology and pharmacy services.

<table>
<thead>
<tr>
<th>Specialist and Tertiary Services - Key issues to be developed through the Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensuring that plans for the development of specialised services and local services are complimentary</td>
</tr>
<tr>
<td>• Ensuring sufficient flexibility within the SOP to respond to ongoing reviews and the outcome of the Strategic Policy Framework</td>
</tr>
<tr>
<td>• Maximising opportunities for teaching and research</td>
</tr>
<tr>
<td>• Developing new models that improve efficiency and effectiveness of care, and ensure optimal outcomes for individuals</td>
</tr>
</tbody>
</table>
### Tertiary and Specialist Services - Summary

<table>
<thead>
<tr>
<th>Strategic case</th>
<th>Capital requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognising the unique role of the Cardiff and Vale Trust in providing highly specialist and tertiary services in line with the commissioning intentions of Health Commission Wales.</td>
<td>£7.2m for the PET research centre</td>
</tr>
<tr>
<td>Strong links with the University are recognised as being vital.</td>
<td>£38m for ph2 of the Children’s Hospital for Wales</td>
</tr>
<tr>
<td></td>
<td>£2.2m for the Teenage Cancer Trust Unit (funded by the Teenage Cancer Trust)</td>
</tr>
<tr>
<td></td>
<td>£9.9m for the new Renal Unit (part of tertiary block)</td>
</tr>
<tr>
<td></td>
<td>£13.5m for the Neurosciences Centre (part of Tertiary block, subject to outcome of consultation)</td>
</tr>
<tr>
<td></td>
<td>£10m to support cardiothoracic services (subject to outcome of HCW review)</td>
</tr>
</tbody>
</table>

#### Commentary on the Business Cases

PET Outline Business Case (OBC) resubmitted in partnership with Cardiff University - a major development to support research and clinical service delivery.

Strategic Outline Case and Outline Business Case for Children’s Hospital to be submitted in December 2006. Phase II will ensure sustainability of specialised services for Children in South Wales through improving configuration of services within the Trust and providing child focused environment. Strategic capital support may be required.

Tertiary service proposals will aim to support HCW commissioning framework noting some aspects are subject to outcome of public consultation.

All developments will need to demonstrate improvements in efficiency, effectiveness and quality of care.

### 7.8 Clinical Support Services

#### 7.8.1 The development of high quality, responsive and efficient clinical support services has been recognised as a priority within the programme and are fundamental to the provision of high quality health care services. Access to appropriate diagnostic services, effective links with responsive pathology services and the provision of patient focused facilities services will be vital for the effective implementation of new service models and the achievement of Access 2009 targets.

#### 7.8.2 The impact of new technology is recognised as being a key driver impacting on new ways of working. It offers new opportunities to provide improved local access to services that previously could only be provided in acute hospital settings e.g. near patient testing for routine blood monitoring, telemedicine consultations, ultrasound, endoscopy and plain film x-ray. The development of new and increasingly specialist diagnostic equipment may also drive the need for centralisation of services, for example the proposed development of the PET scanner at UHW.
7.8.3 The strategic framework for pathology services within the local health community is informing, and will be informed by the South Wales Pathology Services Review that is being taken forward through the All Wales Diagnostics Strategy implementation process. It has, however, been recognised that the current service configuration across the two acute hospital sites is not sustainable in the longer term.

7.8.4 Ensuring that as a health community we maximise the opportunities associated with new assistive technologies has also been recognised as being essential. These new technologies have the potential to provide new and radical solutions that enable appropriate patient focused care to be provided in community based settings, including peoples own homes.

**Clinical Support - Key issues to be developed through the Programme**

- Supporting new models of care, including increased provision of diagnostic services in primary care/community based settings
- Ensuring sufficient flexibility within the SOP to respond to ongoing national reviews and projects e.g. All Wales Diagnostic Strategy
- Ensuring that clinical support services are responsive to new and emerging service models
- Maximising the potential offered through new technology to transform models of care

**Other Acute and Community Service Modernisation Summary**

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- **Strategic case**
  - To ensure that high quality clinical support services are in place to support emerging service models

- **Capital requirements**
  - £10m to support pathology rationalisation and development
  - £5m to support the modernisation of outpatient capacity (including community based services as appropriate)
  - £101m across a range of infrastructure schemes including: catering, electrical infrastructure, switchboard, information technology

**Commentary on the Business Cases**

Investment in clinical support services must demonstrate contribution to efficiency and effectiveness and quality.

All proposed investments will need to be subject to clear business justification

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7.9 A Whole Systems Approach

7.9.1 This section has set out the emerging models of care the issues that will need to be subject to more detailed work, informed by local people and service modelling. It does, however, enable us to set out more clearly our vision for health care services in Cardiff and the Vale. This is set out broadly in figure 13 below.

**Figure 13: Different kinds of health services that might be expected in the future (Mental health in lower section)**

<table>
<thead>
<tr>
<th>Primary care practices</th>
<th>Resource centres and community hospitals</th>
<th>Acute and emergency hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local facilities throughout the area</td>
<td>Resource centres serving networks of: @ 50 – 80,000 populations, with network of community hospitals</td>
<td>University Hospital of Wales, Llandough</td>
</tr>
<tr>
<td>Primary care team and therapy</td>
<td>Rehabilitation &amp; Re-ablement teams</td>
<td>Day-case surgery – local anaesthetic</td>
</tr>
<tr>
<td>Clinics (for example diabetes and CHD)</td>
<td>Specialist rehabilitation beds</td>
<td>Tertiary and specialised services</td>
</tr>
<tr>
<td>Minor procedures</td>
<td>Outpatients</td>
<td>Elective (non-urgent) surgery</td>
</tr>
<tr>
<td>Community services</td>
<td>Minor emergencies</td>
<td>Complex diagnostics</td>
</tr>
<tr>
<td>Rehabilitation support</td>
<td>Diagnostics (such as X-ray)</td>
<td>Specialist outpatients</td>
</tr>
<tr>
<td>Voluntary sector services</td>
<td>Patient Education and support</td>
<td>Secondary emergency services</td>
</tr>
<tr>
<td>Local Authority Services</td>
<td>Day-therapy services</td>
<td>Acute women’s and children’s services</td>
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<td></td>
<td></td>
<td>Major accident and emergencies</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Supporting care in peoples own homes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care liaison workers</td>
<td>Community mental health teams</td>
<td>Assessment and inpatient beds</td>
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</table>

**Increasingly local care – less care in main acute hospitals**

**Increasingly specialist care – more care in major hospitals**
7.9.2 **Primary care services** are recognised as underpinning and driving service models.
There is a real commitment to support the strategic development of **primary care capacity** to enable the provision of uniformly high quality GMS, GDS, pharmacy and optometry services for local communities. **Resource centres** will enable the rationalisation of current community bases and provide centres of excellence for out of hospital services including clear linkages with integrated children’s centres. It is proposed that there will be a network of Resource Centre developments in Cardiff. This will include the development of a facility on the Cardiff Royal Infirmary site for central Cardiff as agreed following public consultation (**Appendix G**). Other sites will need to be subject to a robust option appraisal. The Vale of Glamorgan LHB has confirmed that it wishes to look at the opportunities for developing further the role of Barry Hospital as the focus for Resource Centre activity for the Vale of Glamorgan, linked to developments in Eastern Vale and Western Vale. Opportunities for co-location with local authority and voluntary sector services will be pursued as a priority.

7.9.3 Strengthening **community based services** to support people in their own homes and reduce need for acute hospital admissions is also recognised as being vital to support the new models of care. Re-modelling of **community inpatient rehabilitation** as part of integrated model will be central to this, to include services currently in CRI, West Wing and Rookwood, St David’s and Barry Hospitals. Subject to detailed capacity modelling that will take account of anticipated demographic changes over the next ten to twenty years, it is currently the proposition that there will be a need for three community inpatient rehabilitation facilities across the health community that provide an interface between acute hospital care and community based services, providing environments and care that promote independence and recovery. The location of these facilities in Cardiff and the Vale of Glamorgan will be subject to option appraisal.

7.9.4 Within this model it is anticipated that clear proposals can be developed that would provide a centre of excellence for **specialist stroke rehabilitation**, recognising the particular needs of this group of patients and the need to centralise the expertise associated with ensuring optimal care and recovery. Similar proposals will need to be developed to support the provision of **specialist spinal rehabilitation** and **neuro-rehabilitation services**.

7.9.5 In terms of the two acute hospital sites, the Strategic Outline Programme is confirming the role of the **University Hospital of Wales** as the main centre for emergency, high dependency and specialist/tertiary work, alongside the provision of high quality acute and general medicine and midwifery led care for North/East Cardiff. This will require a significant programme of investment to support new ways of working that improve the efficiency and effectiveness of services. This will need to include:

- The modernisation of wards and infrastructure to support new models of care including acute assessment and acute rehabilitation
- The redevelopment of the Women’s Services Unit
- Expansion of critical care capacity
- Development of dedicated capacity to address key tertiary services developments including the PET scanner in partnership with Cardiff University, Neurosurgical services subject to the outcome of public consultation and Renal services
- The completion of the Children’s Hospital for Wales & Teenage Cancer Trust Unit to provide safe and sustainable services for children and young people, as part of a network arrangement
7.9.6 The Strategic Outline Programme also confirms the key role of Llandough Hospital in providing the main centre for elective, low dependency surgery across the Cardiff and Vale of Glamorgan health community, in addition to building on its key role in providing acute and general medical services and midwifery led care for West Cardiff/Vale of Glamorgan. This too will require a significant programme of investment to support new ways of working that improve the efficiency and effectiveness of services. This will need to include:

- The modernisation of medical and multidisciplinary infrastructure to support new models of care including acute assessment and rehabilitation
- The development of state of art ambulatory/short stay surgical treatment centre/s
- Modernisation of diagnostics, therapies and outpatient capacity in support of primary care and hospital based specialties
- The development of appropriate teaching and education capacity
- The rationalisation of pathology services to support clinical services

7.9.7 The Strategic Outline Programme confirms and reaffirms the collective commitment of the health community to the ongoing modernisation and transformation of local adult mental health services. The development of comprehensive community services, supported by two modern acute inpatient units continues to be the priority. This will require collective efforts to deliver the agreed service changes that include:

- The development and enhancement of existing community mental health teams and specialist community based services, and identifying opportunities to link these with the proposed resource centres
- Development of community rehabilitation and day services
- A replacement facility for Whitchurch
- Commissioning of additional capacity at Llanfair unit enabling the transfer of the Rawnsley Unit at UHW.

7.9.8 The strategic programme for the development of services for older people with mental health problems has also been reconfirmed. This includes the development of comprehensive community services, supported by a single acute assessment unit at Llandough Hospital to maximise links with medicine and improve outcomes for patients and their carers.

7.9.9 There is a recognition that with an increasingly elderly population there is a need to fundamentally review the models of care for the future that maximise the potential and ability for people to maintain their health and independence. The opportunities associated with assistive technologies to help manage risk and provide care in non institutional settings are recognised as being a key enabler in this regard.
7.9.10 While the Programme for Health Services Improvement has primarily focused on the development of new service models to improve health, reduce inequalities and ensure effective and efficient use of our resources, there are some fundamental infrastructure issues impacting on the health community that must be addressed within any capital programme. This includes for example:

- Llandough catering
- Pharmaceutical sterile production unit
- UHW infrastructure – Switchboard, electrical sub station

### Summary

- The health community has recognised that the status quo is not sustainable and new models of care are required to improve care for patients and enable improved efficiency.

- The emerging models of care will be subject to further refinement and modelling, and the focus of the next phase of engagement with stakeholders including the public.

- To deliver the emerging models of care there is a need for significant realignment of capacity across the health community, with particular reference to primary and community based services, working in partnership with our local authority and voluntary sector partners.
Chapter 8

BENEFITS, RISKS AND CONSTRAINTS

Overview

This chapter includes:

- The main benefits to patients, staff and stakeholders that will be achieved as a result of the SOP
- The main constraints and dependencies that the SOP will encounter
- The key strategic risks that need to be recognised and included in the risk management plan

8.1 Benefits of New Service Model

8.1.1 The Programme for Health Services Improvement has been established to ensure that our NHS resources are used effectively to reduce health inequalities and improve the overall health and wellbeing of the people we service.

8.1.2 The models of care outlined in Chapter 7 will result in real benefits for patients and their families, for our staff and our key stakeholders.

<table>
<thead>
<tr>
<th>Benefits for patients</th>
<th>Benefits for Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced inequalities</td>
<td>Safer working patterns</td>
</tr>
<tr>
<td>More proactive help to stay healthy, well and independent</td>
<td>Better working environments</td>
</tr>
<tr>
<td>Better clinical outcomes</td>
<td>Enhanced recruitment especially in specialist areas</td>
</tr>
<tr>
<td>Safer services</td>
<td>Lower turnover</td>
</tr>
<tr>
<td>Safer environments</td>
<td>Positive impact on job satisfaction and morale</td>
</tr>
<tr>
<td>Less time spent in hospital</td>
<td>Positive impact on development opportunities</td>
</tr>
<tr>
<td>Greater continuity of care</td>
<td>Greater opportunities for career development through new ways of working</td>
</tr>
<tr>
<td>Less duplication of care</td>
<td>Support for primary care practices</td>
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<td>More convenient access</td>
<td>Greater team working on a multidisciplinary basis</td>
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<td>Quicker access to services</td>
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<td>More appropriate service responses</td>
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<td>More comfortable and comforting environments</td>
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<table>
<thead>
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<th>Stakeholders</th>
<th>Welsh Assembly Government</th>
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</thead>
<tbody>
<tr>
<td>Better relationships between the NHS and local providers of related services</td>
<td>Delivery of key national targets</td>
</tr>
<tr>
<td>Real opportunities to develop new and integrated health and social care service models</td>
<td>Positive impact on sustainable development/economic regeneration in deprived areas</td>
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<tr>
<td>Improved opportunities and environment for education of clinical staff</td>
<td>Ability to sustain and develop specialist services, reducing the need for Welsh residents to travel for care outside of Wales</td>
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<td>Sustainability of services within Cardiff and the Vale of Glamorgan</td>
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8.2 Constraints, Dependencies and Risks

8.2.1 While recognising the benefits associated with this Strategic Outline Programme there are also a number of constraints that must be recognised and managed:

- The need to ensure that service models are deliverable within the resources available given the financial challenges facing the health communities
- The lack of a finalised Regional Plan for SE Wales.
- The lack of a clear policy framework to support the development of highly specialised services in Wales
- Complexity of the programme and the capacity required to deliver it in terms of clinical leadership and “project support” and availability of capital
- A need to minimise disruption to services during the building phases where existing sites are used
- A need to remodel services within anticipated levels of resources and without the need for significant revenue investment.
- Developing commissioning arrangements, with particular reference to the roles and responsibilities of LHBs and Health Commission Wales

8.2.2 The Programme also recognises a number of important dependencies:

- Maintaining and developing links with Cardiff University and other high education bodies to support workforce modernisation, training and development in support of new service models and effective and sustainable service delivery
- The availability of sufficient input from education and training providers for the redesign of the workforce in terms of developing new and extended roles and new ways of working.
- Potential requirement for transitional costs in moving from one model of care to another, which may be supported through transitional funding
- Strategic support for capital investment in areas where the ability to self finance through service modernisation is demonstrated to be limited e.g. mental health, acute paediatric services
- Continuing to secure political, stakeholder and public support for a change programme which requires radical change to all existing “institutions” and affects all staff
- The ability to change current transport systems to respond to planned changes in patient flows that will result from the new model.

8.2.3 The strategic risks that need to be highlighted at this stage are also set out below:
<table>
<thead>
<tr>
<th>Potential Risks</th>
<th>Management Approach</th>
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</thead>
</table>
| Lack of agreement and commitment between local NHS partners including primary care | - PHSI Project Board in place.  
- Formal approval of Boards to the SOP.                                                                                                                                                                               |
| Lack of effective engagement of stakeholders, staff and the public as the planning process progresses. | - Good foundations laid through recent stakeholder and public engagement exercise as part of PHSI.  
- Communications and Engagement Group continuing to operate through next phase to develop comprehensive plan to address communication and engagement for all audiences.  
- Plan in place to ensure effective involvement at all stages i.e service modelling, option appraisal and public consultation.  
- Formal public consultation to take place in summer of 2007 |
| Lack of clinical leadership for development and implementation of new models of care | - Senior clinicians across primary and secondary care involved in development of the emerging models  
- Resources will be sought to ensure that clinicians from primary and secondary care are available to support the PHSI work programme.  
- Investment in programmes to deliver clinical leaders of the future in association with NLIAH. |
| Lack of evidence based approach to underpin new service models | - Continue to benchmark on a national and international basis.  
- Improve focus on local evaluation, research and development to audit and evaluate local innovation.  
- Use PHSI project structure as a mechanism to share best practice across and between areas within Cardiff and Vale of Glamorgan and beyond |
| Failure to redesign workforce to support new models of care | - Many examples of workforce redesign are already underway across the system and provide a good foundation of experience for PHSI.  
- Maintain and develop the strong links with Cardiff University and other education providers to develop appropriate workforce development programmes  
- Establish workforce planning group on regional basis.  
- Ensure senior leadership and direction for the workforce planning and redesign issues.  
- Establish need for training programmes within Wales to support new models of care |
### Potential Risks

**Impact of unplanned interim changes to clinical services which are currently fragile/vulnerable**
- Regular reviews and effective communication within Trust and with commissioners regarding sustainability of services

**Changes in planning assumptions as a result of regional plan**
- Establishment of Regional Commissioning Unit
- Development of more effective relationships with Gwent and Merthyr and Rhondda Cynnon Taff health communities.
- Scenario planning required to ensure contingency plans and flexibility are incorporated.

**Changes in national policy and national targets**
- Consistency with new WAG guidance in Designed for Life
- Continue to develop effective links with key WAG officials
- To work closely with the South East Wales Regional Office
- Aim for “world class” services to ensure that new system can absorb further changes in targets.

**Affordability**
- Finance technical group to continue work through next stage of planning.
- Resources to be sought to support the finance work
- All commissioners and Trust involved in PHSI work

**Capacity of local organisations to deliver complex programme**
- Experience built up through complex service changes managed across the health community in recent years
- Continued use of external advisers
- Local training ongoing regarding 5 case model
- Use of links with other Trusts across UK to share experiences

### Summary

- The proposals outlined in the SOP aim to deliver a wide range of benefits to patients, staff and stakeholders that cannot be delivered within the constraints of the current system.

- As with any major redesign of complex services there are some important strategic risks that need to be highlighted and included in a risk management plan when considering the development of OBCs.
Chapter 9

DEVELOPING THE OPTIONS

Overview

This Chapter:

- Outlines the Critical Success Factors that will help to determine the delivery of the vision set out within this Strategic Outline Programme
- Identifies the funding options

Critical Success Factors

9.1 The investment objectives set out in Chapter 4 and the benefits, risks and constraints outlined in Chapter 8 have generated the following Critical Success Factors that will be used to assess detailed options:

- **CSF1: Capacity**
  How well the option ensures adequate levels of capacity across the system in appropriate locations, thus facilitating the delivery of future access targets.

- **CSF2: Accessibility**
  How well the option improves access for the catchment population.

- **CSF3: Quality**
  How well the option supports the achievement of standards and improvements in quality, safety and effectiveness

- **CSF4: Integration**
  How well the option optimises continuity of patient care and reduces duplication and offers integrated health and social care services

- **CSF5: Achievability**
  The practicalities of delivering the option in terms of staffing, facilities and sites

- **CSF6: Strategic Fit**
  The consistency of the option with national and local strategy and policy

9.2 These criteria will be used alongside the broad strategic investment objectives for the programme to identify and evaluate emerging options to deliver the new models of care.

9.3 The weightings that will be allocated to each of the critical success factors will be agreed for each programme area in conjunction with the public, staff and other stakeholders to ensure that they reflect all perspectives. In addition the public, staff and stakeholders will be involved...
in assessing and evaluating options at any Outline Business Stage (OBC) stage and consequently acceptability is not included within the Critical Success Factor.

FUNDING OPTIONS

9.4 It is recognised that the funding of the PHSI programme schemes could be undertaken in two possible ways:

9.4.1 Public Sector Capital

Description
To fund all of the required developments using public sector capital.

Assessment

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Achievability – the transaction is more straightforward with the shortest procurement cycle, and is more affordable than alternative funding routes</td>
<td>Achievability – no transfer of risk</td>
</tr>
<tr>
<td>Strategic Fit – WAG has increased the capital programme to support the renewal of healthcare facilities in Wales</td>
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<tr>
<td>Quality – more control over standards and design</td>
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</table>

9.4.2 Private Finance

Description
Under this option the buildings will be delivered through accessing private sector finance routes (PFI) either through a single service provider or consortium.

Assessment

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Achievability – more transfer of risk and control over costs</td>
<td>Achievability – this could be a more complex procurement than the traditional approach, and could be less affordable than public sector capital</td>
</tr>
<tr>
<td></td>
<td>Strategic Fit – this approach is not in line with WAG policy and the recent increase in the capital programme.</td>
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<td></td>
<td>Less control over standards and design</td>
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</table>
FINANCIAL CASE
Chapter 10

FINANCIAL CASE

Overview

This chapter summarises:
- The approach proposed to ensure affordability
- The basis for future financial modelling work
- Capital cost assumptions
- Revenue cost assumptions
- Affordability assumptions

Approach Taken

10.1 This chapter examines the approach that will be taken to derive both capital and revenue costs for the delivery of this Strategic Outline Programme. An assessment will be made of the available capital and revenue resources over the medium to longer term.

10.2 It is important to stress that costs at this stage have not been developed in detail, but as part of the detailed working will be based on demand and capacity modelling of service requirements. The local health community has commissioned external consultancy support through RKW to assist in this work. RKW have a strong track record in this area, notably in supporting the Gwent Clinical Futures programme.

Basis of Financial Modelling

10.3 The financial implications of potential estate options to deliver the emerging model of care have been modelled at a relatively high level at this stage. Detailed revenue and capital costs will need to be confirmed through detailed costing and planning at Outline Business Case stage.

10.4 It is proposed that work will now move forward to model future capacity requirements for services by constructing a model in partnership with RKW that builds up the picture of services using the following key stages:-

- Creating ‘headroom’ capacity to ensure timely access to emergency beds whilst protecting elective capacity. (85% average occupancy)
- Implementing new models of care as agreed through the clinical services planning group
- Projecting demand between 2006 and 2015 and the impact on capacity requirements as follows
- Setting out the full model of care changes and capacity requirements to meet projected 2014/15 activity at improved performance rates with these key assumptions

**Efficiency Reductions in LoS**

The model will take into account an efficiency reduction in adult emergency LoS and in elective LoS which would bring the Cardiff and Vale of Glamorgan health community in line with the Upper Quartile for Health Related Group Length of Stay at any point in time.

**Maximum Length of Stay to be treated as a Day case**

The model will take all adult elective activity with a current LoS up to 3 days as a condition that could, by 2014-15, be treated as a day case.

**Capital Costs**

10.5 Robust capacity modelling will be used to derive the profile and configuration of primary, community and hospital based services in the health community. A broad summary is however set out below (and A3 version as Appendix F), which provides an indication of the broad capital implications that might be expected as the proposed service models are taken forward.

10.6 This suggests the need for capital investment of over £525 million over the next five to ten years to support the emerging clinical models and drive more efficient and effective services that demonstrable improve patient outcomes within the revenue available.

10.6 In considering this scale of investment it is noted that within Designed for Life, the initial capital programme identified over £176m for specific developments across the Cardiff and Vale health community with a further £355.56m identified for all Wales and targeted strategic service areas many of which are relevant to this SOP. Of the £525m capital programme set out within the Strategic Outline Programme over £320m (61%) relates to specific schemes or service areas identified within the Designed for Life capital programme.
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<td>Enabling works essential for further development of site</td>
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</table>

**Summary of Strategic Fit**

- **Primary & Community Services**
  - Supports new models of care in line with Review of Health and Social Care, DfL. Public consultation completed.
  - Supports new models of care in line with Review of Health and Social Care & DfL. Will support new models of care and allow health improvement and more efficient use of resources.
  - Year
  - £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m)
  - Summary of Strategic Fit
  - Resource Centres and Community Developments
  - 6.00
  - CRI
  - 0.50 3.00 2.50
  - Yes
  - Included within Designed for Life Capital plan.
  - Others including general primary care estate
  - To support new service models for rehabilitation and reablement, to be subject to full business case processes based on robust modelling and service planning.
  - Will enable modernisation of estate to meet health standards including closure of Wrexham.
  - Part of Mountainside Development (North Glamorgan lead).
  - Recognised as key enabler as part of resource centres/service model developments to shift resources from hospital based care and manage more patients in primary/community setting.
  - Modernisation
  - Year
  - £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m) £(m)
  - Summary of Strategic Fit
  - Critical Care Capacity
  - 0.10 1.00 5.00 10.50 8.00 0.40
  - Key element of modernisation plans that have been subject to full public consultation.
  - Will support service model in line with best clinical practice and improve efficiency and effectiveness of care.
  - 10.00
  - Will enable modernisation of estate to meet health standards including rehabilitation facilities.
  - Recognised as key enabler as part of resource centres/service model developments to shift resources from hospital based care and manage more patients in primary/community setting.
  - Modernisation
  - Summary of Strategic Fit
  - Critical Care Capacity
  - 0.10 1.00 5.00 10.50 8.00 0.40
  - Key element of modernisation plans that have been subject to full public consultation.
  - Will support service model in line with best clinical practice and improve efficiency and effectiveness of care.
  - 10.00
  - Will enable modernisation of estate to meet health standards including reablement services including specialist rehab facilities.
  - Recognised as key enabler as part of resource centres/service model developments to shift resources from hospital based care and manage more patients in primary/community setting.
  - Modernisation
  - Summary of Strategic Fit
  - Critical Care Capacity
  - 0.10 1.00 5.00 10.50 8.00 0.40
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  - 10.00
  - Will enable modernisation of estate to meet health standards including rehabilitation facilities.
  - Recognised as key enabler as part of resource centres/service model developments to shift resources from hospital based care and manage more patients in primary/community setting.
10.6 From the previous table it can be seen that the capital requirements for the health community is in the region of £525million over 10 years (not including discretionary capital funding).

10.7 Capital costs have been derived using the standard Hospital Cost Index Cost and the following assumptions: -

- **Departmental Cost Allowances (DCAs)** in accordance with Healthcare Capital Investments Version 2.1 (incorporating consumerism). Where departments are located in refurbished accommodation departmental costs have been estimated as follows:
  - Change of use 70% of new-build DCA
  - Major refurbishment 50% of new-build DCA
  - Minor refurbishment 30% of new-build DCA

- **On-costs** have been assumed at 90% of DCAs for new-build and an average of 40% for refurbishment. Depending on the location of the brown field site option, site clearance and infrastructure costs could be significant and would need to be costed as a separate exercise in addition to the allowances below.

- **Location factor**: 7% has been assumed.

- **Capital costs** - all costs calculated at MIPS 433.

- **VAT** at 17.5% for buildings

- **Professional fees** are assumed at 15% of total building costs

- **Internal project support costs**, such as works & estates staff, finance, HR and project management support have been assumed in proportion to the costs agreed for the Caerphilly Hospital development and equate to an additional 1.5% of total capital costs.

- **Optimism Bias** has not been included

- **Risk** has not been quantified in any detail. However, standard estates costing methodology has been adopted and a contingency has been included for building, equipment and professional fees of 15%. In the greenfield option for the SCCC a site acquisition cost of £1M has been included under non-works costs which will require verification depending on the preferred location.

- **Greenfield/Brownfield Costs & Existing NHS Sites**
  Capital estimates for new build solutions are based on core evaluations. It has been assumed that providing a new build solution on an existing NHS site will be equal in costs terms to that of a green field development. In reality green field/brown field developments will involve land acquisition costs whilst utilising existing estate will mean significant demolition and enabling costs. It has been assumed for the purpose of this SOC that those costs will be broadly equal.

10.8 The following assumptions have been made:

- Up front fees of 2% of works costs have been assumed to cover development of OBC and FBC stages of the projects.
Revenue Costs

10.9 It has been assumed that the status quo is not an option in terms of the ability of the local health community to realise the level of savings needed to achieve a recurring financial balance. It is recognised therefore that the new service models must be delivered within available recurrent revenue resources.

10.10 Detailed work will be undertaken to ensure that the new service models are affordable and demonstrate best value in line with the emerging commissioning framework. This will require that the future model takes into account predicted growth and changes to the age/sex profile as set out in the Welsh national census projections, taking into account also local planning or urban regeneration initiatives that may attract population influxes.

AFFORDABILITY

Capital

10.11 It is assumed at this stage that the Welsh Assembly Government will centrally fund capital costs. The following table shows an overall capital requirement:

<table>
<thead>
<tr>
<th>Capital</th>
<th>£M</th>
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<tr>
<td>Net Capital Requirement</td>
<td>525</td>
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DELEVERABILITY

10.12 The Cardiff and Vale Health Community has a strong track record of delivering major capital schemes. Control development plans have been developed to illustrate the deliverability of the proposed capital investment programme (Appendix F)

Summary

- Further work will be undertaken to work through the financial case for the delivery of this Strategic Outline Programme.

- A long-term view of real terms funding increase indicates that the net increase in costs must be afforded by the local health economy, recognising the need for strategic capital investment to drive service modernisation and efficiency improvements

- These conclusions will be subject to refinement as the financial consequences of new physical options and service pathways are refined during future Business Planning.
COMMERCIAL CASE
Chapter 11

PROCUREMENT ARRANGEMENTS

All Wales Approach

11.1 A construction procurement review has been undertaken by the NHS in Wales on behalf of the Welsh Assembly Government.

11.2 The main recommendation of the review report is the introduction of a single point delivery model for construction projects within the NHS that will be specifically developed for the NHS in Wales. Key points addressed with the review, in line with the Welsh Assembly Government’s commitment to collaborative working as part of ‘Achieving Excellence in Wales’ include:

- A move towards a collaborative working arrangement rather than the more traditional adversarial procurement approach;
- Trusts to retain responsibility for appointment and delivery of construction projects;
- Monitoring and management support likely to be central, supported by Welsh Health Estates;
- Collaborative working model will support the Welsh Assembly Government’s commitment to introducing and delivering procurement of capital schemes on the lines of ‘Rethinking Construction and Achieving Excellence’.

11.3 As this process has been adopted the Trust will follow this procurement route for all major capital schemes with the exception of the Women’s Services Review which it has been agreed will be carried out using the traditional JCT route.

Project Requirements

11.4 The procurement arrangements for the various strands of this Strategic Outline Programme will need to recognise the crucial service drivers and constraints that exist.

11.5 Consequently the key implementation timetable and milestones for the Programme are set out below:

<table>
<thead>
<tr>
<th>Event</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOP Approval</td>
<td>November 2006</td>
</tr>
<tr>
<td>SOCs prepared for approval as appropriate</td>
<td>From November 2006</td>
</tr>
<tr>
<td>Formal public consultation on proposals involving significant change</td>
<td>Summer 2007</td>
</tr>
</tbody>
</table>

Summary

- The delivery of this complex programme of service improvement will be taken forward in line with best practice and WAG guidance.
PROJECT MANAGEMENT CASE
Chapter 12

DELIVERING THE PROGRAMME FOR HEALTH SERVICE IMPROVEMENT IN CARDIFF AND THE VALE OF GLAMORGAN

Key Partners

12.1 As outlined in the Introduction, the PHSI Project Board consists of a strategic partnership including Cardiff and Vale NHS Trust, Cardiff and the Vale of Glamorgan LHBs, Caerphilly LHB, Health Commission Wales, Velindre and the Welsh Ambulance Trust. Representation from Cardiff and the Vale of Glamorgan Local Authorities, CHCs, Cardiff University the Local Medical Committee and Staff Side is also included.

Delivery Programme

12.2 As outlined in the introduction to the SOP, the delivery programme for the PHSI is not about the development of new buildings, but rather is a whole systems approach to service improvement and modernisation.

12.3 The key objectives that need to be need to be taken forward within the next phase of work are as follows:

**Objective 1** To accelerate the implementation of new service models where possible in order to deliver immediate improvements for patients, to help achieve short term targets and to build foundations for the new system.

12.3.1 Work has already started through to support the development of more proactive models of community services and reduce Delayed Transfers of Care. Local Health Boards are now focusing specifically on long term conditions as a way of reducing pressure on acute services and improving quality of care for patients. Within the Trust specific projects are in place to support the achievement of the A&E 4 hour wait and 2009 waiting times, focusing on redesigning services not just in hospital settings but throughout the patient pathway.

12.3.2 The current initiatives will now be consolidated into ‘pathway planning teams’ to inform the development of future service models, so that any changes to hospital services are reflected in emerging proposals.

**Objective 2** To develop a workforce plan for the new system that can start to inform planning and decision making in relation to recruitment, retention, training and development.

12.3.3 A dedicated workforce development and modernisation group has been proposed to support the implementation of Designed for Life on a regional basis. This is vital to ensure that the workforce implications of the new service models are identified at an early stage and taken forward through effective workforce planning. The group will aim to provide guidance on best practise and innovation, support the development of new/extended roles and new ways of working such as Hospital at Night, and develop a clinical futures training and development plan. The group will also focus on the establishing clear processes, policies and protocols to support the achievement of workforce change working closely with staff organisations. Engaging other stakeholders such as education providers and professional organisations will be
crucial. The group will ensure that opportunities to work across the health and social care interface are maximised within the future workforce.

**Objective 3** To ensure that new service models benefit from the opportunities of existing and future technology

12.3.4 Technology will be essential in supporting the network principle to be adopted by the new configuration of services and in encouraging more independence themselves. A specific programme of work is therefore required to ensure that an integrated approach is adopted.

**Objective 4** To continue to engage the public, staff and other stakeholders in the planning process.

12.3.5 A dedicated Communications and Engagement Group is in place to ensure that staff, stakeholders and the public are involved in the planning process at all stages. This will involve ongoing communication to explain changes in services, as well as specific engagement processes linked to the capital investment process. Over the next 18 months the latter will focus on discussions regarding the new models of care, input to any option appraisal processes and formal public consultation on preferred options.

**Objective 5** To progress the capital investment process for the health community, taking into account primary care service and estates strategies.

12.3.6 The SOP identifies a broad programme of investment across primary, community and hospital based services.

**SOP Organisational Structure**

12.4 The organisational structure for the SOP needs to reflect the various work programmes described above to ensure that there is an integrated approach. The PHSI Board will continue to be the lynchpin of the structure ensuring that there is a strategic partnership to provide direction and decision making for the work programme, and to inform the Regional Plan.

**Health Community Support**

12.5 This SOP is a partnership document which has the support of both Local Health Groups and Cardiff and Vale NHS Trust.
RECOMMENDED WAY FORWARD
Chapter 13

RECOMMENDED WAY FORWARD

13.1 In conclusion the Cardiff and Vale of Glamorgan Health Community are seeking support from the Welsh Assembly Government to explore in more detail the options for capital investment to underpin the delivery of high quality health care services to meet the needs of our community. The case for change is compelling and the way forward has been developed through a comprehensive planning process involving staff and stakeholders.

13.2 There is a clear recognition that the success of the project is dependent on a number of factors, not just the availability of modern, accessible facilities, and consequently the Work Programme for the project also reflects the broader agenda of service planning and redesign, sustainable approaches to delivering targets, effective communication and engagement and workforce planning. This is now a mainstream work agenda for the local health community.
APPENDICES
APPENDIX A

South East Wales NHS Reconfiguration
Appraisal Tool

Appraisal Tool

1. This appraisal tool seeks to provide an easily viewed ‘spatial proofing’ of the NHS reconfiguration options, so that an ‘area view’ in relation to the Spatial Plan can be achieved.

Methodology

2. The tools draw on the specific area propositions for South East Wales that are set out in the Wales Spatial Plan, plus the potentially relevant national level objectives that the options may impact upon (therefore, not all the objectives in the plan are included).

3. The group is asked to assess the potential impacts of the NHS options against each area proposition or national action. A commentary box provides the opportunities to explain the score and any wider factors which need to be considered.

4. Levels of impact are defined as:

   - **Negative effect (-ve)** – the expected impact of the policy/proposal would move behaviour/land-use in a way which opposes the objective in question
   - **Neutral effect (N)** – no clear effect
   - **Some positive effect (SP)** – positive shift in behaviour in a way which makes the achievement of the objective more likely
   - **Positive effect (+ve)** – policy/proposal will have such an influence on behaviour/land use that it facilitates and encourages the achievement of the objectives in question

5. It must be noted up-front that the assessment is necessarily subjective and further work associated with the options is being undertaken (as summarised in the NHS Reconfiguration paper). This appraisal tool has been developed in line with DETR Good Practice Guidance on the Sustainability Appraisal of Regional Planning Guidance, in particular, drawing on guidance for the appraisal of spatial strategies.
<table>
<thead>
<tr>
<th>Vision</th>
<th>Performance of policy/proposal</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘An innovative skilled area offering a high quality of life – international yet distinctively Welsh. It will compete internationally by increasing its global visibility through stronger links between the Valleys and the coast and with the UK and Europe, helping to spread prosperity within the area and benefiting other parts of Wales’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propositions</td>
<td>Performance of policy/proposal</td>
<td>Commentary</td>
</tr>
<tr>
<td></td>
<td>The area will function as a single networked city region on a scale to realise its international potential, its national role and to reduce inequalities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The success of the area relies on Cardiff developing its capital functions, together with strong and distinctive complementary roles of other towns and cities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Valleys need to be strengthened as desirable places to live, work and visit, - combining a wider mix of types of housing and good access to jobs and services – in distinctive communities set in an attractive environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The linked challenges of low economic activity rates, skill levels and poor health need to be tackled to address social exclusion and improve economic performance in a lasting way</td>
<td></td>
</tr>
</tbody>
</table>
RELEVANT NATIONAL OBJECTIVES

### BUILDING SUSTAINABLE COMMUNITIES

<table>
<thead>
<tr>
<th>Relevant Objectives</th>
<th>Performance of policy/proposal</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Address health inequalities by ensuring good access to all local services. Concerted efforts are particularly needed in the most deprived communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide high quality services as accessibly as possible, reflecting changing demographic structure and distribution, providing community services in the main local settlements and specialist services in the area centres.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PROMOTING A SUSTAINABLE ECONOMY

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Performance of policy/proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reconnect people with labour markets and improve skills through focused investment in our less well-off communities.</td>
<td></td>
</tr>
<tr>
<td>• Ensure area hubs, as important economic drivers and service providers, are attractive for private sector investment and as places where people want to live, work and visit.</td>
<td></td>
</tr>
<tr>
<td>• Develop areas of Wales to function as broader</td>
<td></td>
</tr>
</tbody>
</table>
based economic units with complementary activities in the different centres.

- Increase the pool of skilled people within the areas and build on local strengths of places rather than each competing to be the same.

- Attract and retain well-educated and skilled migrants, as well as attracting back young people born in Wales, responding to demographic trends.

- Improve regional collaboration between education and training institutions and employers to maximise the benefits for Wales' economy and society and to retain and attract skilled people.

<table>
<thead>
<tr>
<th>Valuing Our Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
</tr>
<tr>
<td>Manage the environment comprehensively with respect to its distinctive characteristics.</td>
</tr>
<tr>
<td>Reduce contribution to climate change by increasing energy efficiency in industry, housing and transport.</td>
</tr>
</tbody>
</table>
### Achieving Sustainable Accessibility

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Performance of policy/proposal</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure decisions on the location of major development take account of the opportunities provided by integrated transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ICT to provide innovative solutions for the delivery of public services locally. This needs to be complemented by strategies to ensure social inclusion and capacity building.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase levels of walking and cycling through appropriately located of facilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reflect the roles of different settlements and their transport connections in planning policies, and the location of major investments of public importance such as hospitals. These should seek to promote polycentric development based on sustainable means of travel.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Respecting Distinctiveness

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Performance of policy/proposal</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure inclusive local decision-making.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop Wales as a modern bilingual society with increasing opportunities for people in all areas of Wales to use Welsh in all aspects of their lives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reflect and sustain the differing physical character of places in planning and development.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### University Hospital of Wales

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions &amp; Assessment</td>
<td>Admissions Unit</td>
<td>6</td>
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<tr>
<td></td>
<td>Assessment Unit</td>
<td>21</td>
<td>A Block, LGF</td>
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<tr>
<td></td>
<td><strong>Total</strong></td>
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<tr>
<td>Medicine</td>
<td>Blocked Dialysis</td>
<td>3</td>
<td>B Block, Floor 5</td>
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<tr>
<td></td>
<td>Cardiac</td>
<td>9</td>
<td>C Block, Floor 3</td>
</tr>
<tr>
<td></td>
<td>Cardiac HDU</td>
<td>5</td>
<td>C Block, Floor 3</td>
</tr>
<tr>
<td></td>
<td>Cardiac Surgery</td>
<td>37</td>
<td>C Block, Floor 5</td>
</tr>
<tr>
<td></td>
<td>Cardiac</td>
<td>29</td>
<td>B Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>Coronary Care Unit</td>
<td>8</td>
<td>C Block, Floor 3</td>
</tr>
<tr>
<td></td>
<td>Haematology - Bone Marrow Transplant</td>
<td>6</td>
<td>C Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>Haematology Day Unit</td>
<td>10</td>
<td>A Block, Floor 3</td>
</tr>
<tr>
<td></td>
<td>Head and Neck</td>
<td>23</td>
<td>B Block, Floor 6</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>38</td>
<td>B Block, Floor 7</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>38</td>
<td>C Block, Floor 7</td>
</tr>
<tr>
<td></td>
<td>Medicine (inc IDU)</td>
<td>33</td>
<td>A Block, Floor 7</td>
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<td></td>
<td>Nephrology</td>
<td>16</td>
<td>B Block, Floor 5</td>
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<td></td>
<td>Neurology</td>
<td>19</td>
<td>C Block, Floor 4</td>
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<td></td>
<td>Neuro Surgery</td>
<td>34</td>
<td>B Block, Floor 4</td>
</tr>
<tr>
<td></td>
<td>Rheumatology/Haematology</td>
<td>30 + 1 bed ring fenced</td>
<td>C Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>15</td>
<td>B Block, Floor 6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>392</strong></td>
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<tr>
<td>Surgery including Critical Care</td>
<td>Day Case Surgery</td>
<td>9</td>
<td>B Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>ENT/Oral Surgery</td>
<td>19</td>
<td>A Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>38</td>
<td>A Block, Floor 2</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>26</td>
<td>A3 Link</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>38</td>
<td>B Block, Floor 2</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>38</td>
<td>C Block, Floor 2</td>
</tr>
<tr>
<td></td>
<td>High Care</td>
<td>8</td>
<td>B Block, Floor 5</td>
</tr>
<tr>
<td></td>
<td>High Dependency Unit</td>
<td>5</td>
<td>C3 Link</td>
</tr>
<tr>
<td></td>
<td>High Dependency Unit (Level 2)</td>
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<td>A Block, Floor 3</td>
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<tr>
<td></td>
<td>Intensive Care (Level 3)</td>
<td>14</td>
<td>B Block, Floor 3</td>
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<td></td>
<td>Intensive Care Unit</td>
<td>9</td>
<td>C3 Link</td>
</tr>
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<td></td>
<td>Ophthalmology</td>
<td>4</td>
<td>A Block, Floor 1</td>
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<td></td>
<td>Surgical Transplant</td>
<td>10</td>
<td>B Block, Floor 5</td>
</tr>
<tr>
<td></td>
<td>Thoracic Surgery</td>
<td>10</td>
<td>C Block, Floor 4</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>38</td>
<td>A Block, Floor 6</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>38</td>
<td>A Block, Floor 4</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>15</td>
<td>A Block, Floor 1</td>
</tr>
<tr>
<td></td>
<td>Urology</td>
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<td><strong>Total</strong></td>
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<td>Women’s Services</td>
<td>Gynaecology - Emergency</td>
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<td>C Block, UGF</td>
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<td></td>
<td>Neonatal</td>
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<td>B Block, UGF</td>
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<tr>
<td></td>
<td>Midwifery Led Unit</td>
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<td>C Block, UGF</td>
</tr>
<tr>
<td></td>
<td>Maternity</td>
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<td>1&lt;sup&gt;st&lt;/sup&gt; Floor</td>
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<tr>
<td><strong>Total</strong></td>
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## UHW Continued

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<tr>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>Mental Health - Adult</td>
<td>20</td>
<td></td>
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<tr>
<td>Mental Health – Mother &amp; Baby</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children’s and Young People</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics</td>
<td>20</td>
<td>CHW - Ocean</td>
</tr>
<tr>
<td>Paediatrics (oncology)</td>
<td>16</td>
<td>CHW – Sky</td>
</tr>
<tr>
<td>Paeds ITU</td>
<td>8</td>
<td>B Block, Floor 3</td>
</tr>
<tr>
<td>Paeds Surgery</td>
<td>34</td>
<td>Paeds South</td>
</tr>
<tr>
<td>Paeds Trauma</td>
<td>13</td>
<td>B4 Coronation</td>
</tr>
<tr>
<td>Paeds/Cardiac Renal</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Young Persons Unit</td>
<td>12</td>
<td>B4 Coronation</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
</tr>
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</table>

## Llandough Hospital

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions and Assessment</td>
<td>Assessment Unit</td>
<td>19</td>
<td>E1, Ground Floor</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>19</strong></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Coronary Care Unit</td>
<td>5</td>
<td>E1, Ground Floor</td>
</tr>
<tr>
<td></td>
<td>Elderly Care</td>
<td>30</td>
<td>E8, First Floor</td>
</tr>
<tr>
<td></td>
<td>Elderly Care</td>
<td>30</td>
<td>E7, Ground Floor</td>
</tr>
<tr>
<td></td>
<td>General Medicine</td>
<td>33</td>
<td>E2, First Floor</td>
</tr>
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<td></td>
<td>General Medicine</td>
<td>31</td>
<td>E6, Ground Floor</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>17</td>
<td>E5, Ground Floor</td>
</tr>
<tr>
<td></td>
<td>Stroke Rehab</td>
<td>23</td>
<td>E3, Ground Floor</td>
</tr>
<tr>
<td></td>
<td>Thoracic Medicine</td>
<td>33</td>
<td>W6, First Floor</td>
</tr>
<tr>
<td></td>
<td>Thoracic Medicine</td>
<td>31</td>
<td>W4, First Floor</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>233</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Surgery and Critical Care      | Orthopaedics              | 29       | W3, Ground Floor      |
|                                | Orthopaedics              | 29       | W5, Ground Floor      |
|                                | Surgery                   | 9        | E5, Ground Floor      |
|                                | Surgery                   | 28       | W2, First Floor       |
|                                | Surgery                   | 26       | E4, First Floor       |
|                                | Surgery                   | 9        | Bethan, First Floor   |
| **Total**                      |                           | **130**  |                       |

| Women’s Services               | Gynaecology               | 24       | Anwen, First Floor    |
|                                | Gynae & Oncology          | 20       | Delyth, First Floor   |
|                                | MLU                       | 5        | Ground Floor          |
| **Total**                      |                           | **49**   |                       |

| Mental Health                  | Adult Mental Health       | 38       | Llanfair Unit         |
| **Total**                      |                           | **38**   |                       |
### Whitchurch Hospital

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Mental Health</strong></td>
<td>Acute</td>
<td>17</td>
<td>E2A</td>
</tr>
<tr>
<td></td>
<td>Acute</td>
<td>5</td>
<td>E3A/ICU</td>
</tr>
<tr>
<td></td>
<td>Acute</td>
<td>17</td>
<td>E5A (Gwynedd)</td>
</tr>
<tr>
<td></td>
<td>Addictions</td>
<td>12</td>
<td>W4A</td>
</tr>
<tr>
<td></td>
<td>Low Secure</td>
<td>10</td>
<td>W3</td>
</tr>
<tr>
<td></td>
<td>Low Secure</td>
<td>15</td>
<td>W3A</td>
</tr>
<tr>
<td></td>
<td>Neuropsychiatry</td>
<td>14</td>
<td>E3/E4A</td>
</tr>
<tr>
<td></td>
<td>Rehab</td>
<td>14</td>
<td>W2A</td>
</tr>
<tr>
<td></td>
<td>Rehab</td>
<td>13</td>
<td>E4</td>
</tr>
<tr>
<td></td>
<td>Rehab</td>
<td>14</td>
<td>Park Road Houses</td>
</tr>
<tr>
<td></td>
<td>Rehab</td>
<td>10</td>
<td>Pen yr Ynys</td>
</tr>
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<td></td>
<td>Rehab</td>
<td>8</td>
<td>Arosfa</td>
</tr>
<tr>
<td></td>
<td>Wordsworth Avenue</td>
<td>7 (plus 1 respite bed)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>157</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Older Persons Mental Health</strong></th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Care</td>
<td>21</td>
<td>W2</td>
<td></td>
</tr>
<tr>
<td>Continuing Care</td>
<td>19</td>
<td>E2</td>
<td></td>
</tr>
<tr>
<td>EMI Acute</td>
<td>17</td>
<td>W1</td>
<td></td>
</tr>
<tr>
<td>EMI Acute</td>
<td>22</td>
<td>W4</td>
<td></td>
</tr>
<tr>
<td>EMI Acute</td>
<td>17</td>
<td>E5</td>
<td></td>
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<td><strong>Total</strong></td>
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### West Wing

<table>
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<tr>
<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine (Rehabilitation)</strong></td>
<td>Medicine - Geriatric</td>
<td>40</td>
<td>Elizabeth</td>
</tr>
<tr>
<td></td>
<td>Medicine - Rehab</td>
<td>25</td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td>Medicine - Rehab</td>
<td>30</td>
<td>Orthopaedic</td>
</tr>
<tr>
<td></td>
<td>Medicine - Rehab</td>
<td>24</td>
<td>Stroke</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>119</td>
</tr>
</tbody>
</table>

### Rookwood

<table>
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<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td>Medicine - Rehab</td>
<td>20</td>
<td>Ward 6</td>
</tr>
<tr>
<td></td>
<td>Medicine – Neuroscience/surgery</td>
<td>33</td>
<td>Spinal Injuries</td>
</tr>
<tr>
<td></td>
<td>Medicine – Neuroscience/surgery</td>
<td>32</td>
<td>Other</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>85</td>
</tr>
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### St Davids

<table>
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<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td>Medicine - Rehab</td>
<td>24</td>
<td>Rhydlafar</td>
</tr>
<tr>
<td></td>
<td>Medicine - Rehab</td>
<td>26</td>
<td>Lansdowne</td>
</tr>
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<td><strong>Total</strong></td>
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<table>
<thead>
<tr>
<th><strong>Mental Health</strong></th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons Continuing Care</td>
<td>26</td>
<td>Hamadryad</td>
<td></td>
</tr>
<tr>
<td>Older Persons Continuing Care</td>
<td>24</td>
<td>Gian Ely</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>50</td>
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### Barry Hospital

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Speciality</th>
<th>No. Beds</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Medicine - Rehab</td>
<td>23</td>
<td>GP Beds</td>
</tr>
<tr>
<td></td>
<td>Medicine - Rehab</td>
<td>24</td>
<td>Neale &amp; Kent</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
</tr>
<tr>
<td>Older Persons</td>
<td>EMI Assessment</td>
<td>14</td>
<td>Morgannwg</td>
</tr>
<tr>
<td>Mental Health</td>
<td>EMI Assessment (7)/Continuing Care (13)</td>
<td>20</td>
<td>St Barrucs</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>34</strong></td>
<td></td>
</tr>
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</table>
**APPENDIX C**

**RKW Report: Acute Activity Preliminary Analysis**

**Acute Activity: Preliminary Analysis**

The results of the preliminary analysis of the Trust data for 2005-06 are presented here.

**Table 1: Analysis of Current Activity**

<table>
<thead>
<tr>
<th>Current Activity by Spells and OBDs</th>
<th>Spots</th>
<th>OBDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>118,000</td>
<td>607,000</td>
</tr>
<tr>
<td>Emergencies all</td>
<td>118,000</td>
<td>607,000</td>
</tr>
<tr>
<td>LoS &lt;= 1day</td>
<td>36,100</td>
<td>447,000</td>
</tr>
<tr>
<td>LoS 2 to 3 days</td>
<td>5,500</td>
<td>13,600</td>
</tr>
<tr>
<td>LoS 4 to 7 days</td>
<td>6,700</td>
<td>36,200</td>
</tr>
<tr>
<td>Elective all</td>
<td>52,000</td>
<td>117,300</td>
</tr>
<tr>
<td>DC</td>
<td>52,000</td>
<td>117,300</td>
</tr>
<tr>
<td>LoS 0 to 1day</td>
<td>5,100</td>
<td>5,100</td>
</tr>
<tr>
<td>LoS 2 to 3 days</td>
<td>3,800</td>
<td>8,900</td>
</tr>
<tr>
<td>Longer Stay all</td>
<td>118,000</td>
<td>607,000</td>
</tr>
<tr>
<td>LoS &gt;14 days</td>
<td>9,700</td>
<td>240,000</td>
</tr>
<tr>
<td>LoS &gt;21 days</td>
<td>6,100</td>
<td>184,000</td>
</tr>
<tr>
<td>LoS &gt;28 days</td>
<td>4,200</td>
<td>147,500</td>
</tr>
<tr>
<td>LoS &gt;42 days</td>
<td>2,300</td>
<td>103,000</td>
</tr>
</tbody>
</table>

The ‘Approach to Modelling’ outlined earlier are illustrated by the use of an activity and capacity model which looks at the implications of placing the current activity into the configuration proposed by a new model of care. It looks at the Rehabilitation and Intermediate Care services required in community settings and domiciliary settings to facilitate timely discharge from the acute hospital whilst ensuring the full integration of the patients’ care pathway.

The RKW activity and capacity model is driven by PAS data at patient record level. It has been populated with 2005-2006 data from the Trust. To ensure data quality, a series of data checks have been performed and totals have also been reconciled to figures in aggregate Trust returns.

The model is driven by a set of key drivers and performance assumptions which can be adjusted to deliver different scenarios. Altering assumptions such as Length of Stay (LoS) or occupancy rates used in the calculations will give a range of outcomes. The assumptions can be categorised into Location and Performance assumptions.

The core model is in Access and allows changes to any of the assumptions at HRG and / or ICD code level as well as by age of patient or any of the fields held in the PAS data set.

The Output from the model is in Excel and two example sheets of this output are included as Tables 2 and 3 below.
These output sheets allow us to detail activity according to a number of different parameters such as LHB, patient group (i.e. adult, child, maternity), which hospital, inpatient or day case, age group etc by using one or more of a number of drop down menus.

The data is then sorted according to whether the case is a medical or surgical case and then according to speciality (the ‘ologies’). The spells are then broken down either by Occupied Bed Days (OBDs) and Length of Stay (Table 2) (LoS) or by actual Beds (Table 3).

The Tables below then sort the data according to LoS Bands i.e. did the patient stay in hospital for less than 2 days, 2 to 3 days, 4 to 7 days etc.

Tables 2 and 3 illustrate how the data might be presented according to Specialty, but the same data presented according to Health Related Group (HRG) chapter, HRG sub-chapter and actual HRGs is also available should it be needed.
A Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan

The Case for Change – What do you think?

Outcome of Public Engagement

1. **Purpose**

This report provides a summary of the written responses received from members of the public in response to the Case for Change prepared in support of the launch of the Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan.

2. **Introduction**

The Cardiff and Vale of Glamorgan Local Health Community, (Cardiff and Vale of Glamorgan LHBs and Cardiff and Vale NHS Trust) have recognised the need for a new approach to planning and developing health care services locally. The Programme for Health Service Improvement has been established to drive forward this work, recognising that successful change will be dependent on engaging positively with and listening carefully to the needs and concerns of the community we serve.

In support of this, through the programme arrangements, a communications and engagement framework has been established. The first phase of this local work, which has coincided with the publication and consultation on the regional acute configuration engagement document has focused on:

- raising awareness among our key stakeholders and the public on the need for change and the commitment of the Local Health Boards and Trusts to take a leadership role in driving this forward through the Programme for Health Service Improvement

- seeking feedback from stakeholders and members of the public on their experiences of local services – what is working well, what needs to be improved and how we can support and encourage individuals to take greater responsibility for their own health and wellbeing

As the Programme moves forward two further phases have been identified, which are in line with national guidance and best practice in terms of public involvement and engagement to support service change:

Phase II – Formal public engagement, to gain feedback on and inform the emerging options for change

Phase III – Formal public consultation, to seek public support for proposals for service change
3. Phase I Pre-Engagement Process

The first phase of the communications and engagement framework – the “pre-engagement phase” has included:

- wide circulation of the Case for Change, with a questionnaire seeking feedback from key stakeholders, including local authorities, primary care teams, partnership bodies and voluntary organisations via the Vale Council for Voluntary Services and Voluntary Action Cardiff.

- A series of presentations to existing Partnership Groups, to community groups such as Communities First Groups, Community Health Council events, Carers Groups, the Patients Panel to outline the case for change and seek feedback on the key issues

- Using opportunities to engage with members of the public to seek views e.g. Barry Market Stall.

At all stages, stakeholders including members of the public and our staff have been encouraged to provide feedback on the case for change, specifically seeking views on some key areas within a short questionnaire. Namely:

1. How are local services currently meeting your needs, and those of your family?
   a. What is working well?
   b. What could be improved?

2. What do you think our priorities for improving local health care services should be?

3. What would help you and members of your family most in maintaining your health and independence?

In addition to the above, within Phase I work has also been undertaken to:

- raise awareness of the Programme through a series of press releases
- establish a website for the Programme that should be ready for launch in October

4. Summary of Responses

55 questionnaires have been received to date. While this might seem low, it has been encouraging that people have taken time to consider the issues and engage in the process.

Tables 1 and 2 provide a summary of the responses by area of residence, and scope (i.e. individual or representative of organisation/group).
Summary of Response by Area

<table>
<thead>
<tr>
<th>Area</th>
<th>No. Feedback Forms Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roath</td>
<td>1</td>
</tr>
<tr>
<td>Butetown</td>
<td>9</td>
</tr>
<tr>
<td>Ely</td>
<td>1</td>
</tr>
<tr>
<td>Michaelston-Super-Ely</td>
<td>2</td>
</tr>
<tr>
<td>Caerau</td>
<td>2</td>
</tr>
<tr>
<td>City Centre</td>
<td>1</td>
</tr>
<tr>
<td>Rhiwbina</td>
<td>4</td>
</tr>
<tr>
<td>Cyncoed</td>
<td>2</td>
</tr>
<tr>
<td>Rumney</td>
<td>1</td>
</tr>
<tr>
<td>Barry</td>
<td>2</td>
</tr>
<tr>
<td>Penarth</td>
<td>1</td>
</tr>
<tr>
<td>Dinas Powys</td>
<td>2</td>
</tr>
<tr>
<td>Not Known</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

Summary of Response by Organisation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>No. Feedback Forms Received</th>
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</thead>
<tbody>
<tr>
<td>Cardiff Carers Society</td>
<td>1</td>
</tr>
<tr>
<td>Cardiff Branch Carers UK</td>
<td>2</td>
</tr>
<tr>
<td>South Public Reference Group</td>
<td>1</td>
</tr>
<tr>
<td>West Public Reference Group</td>
<td>4</td>
</tr>
<tr>
<td>Central Public Reference Group</td>
<td>1</td>
</tr>
<tr>
<td>Cardiff West CHC Public Reference Group</td>
<td>1</td>
</tr>
<tr>
<td>S. Wales Lupus Group</td>
<td>1</td>
</tr>
<tr>
<td>Cardiff Institute for the Blind</td>
<td>1</td>
</tr>
<tr>
<td>British Polio Fellowship</td>
<td>1</td>
</tr>
<tr>
<td>Homeopathic Group</td>
<td>1</td>
</tr>
<tr>
<td>Individuals</td>
<td>25</td>
</tr>
<tr>
<td>Not Known</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

Just below half of the responses were from individuals who took time to consider the questions and provide their perspective on the issues raised. In addition there were responses from a number of organisations/interest groups which have provided valuable feedback.

Appendix 1 provides a summary of the individual responses received and a number of important themes can be identified.

**Q1 - How are local services currently meeting your needs, and those of your family?**
  a. What is working well?
  b. What could be improved?

It is clear that there are many services that are recognised as working well for users of services. It is, however, interesting to note that these experiences are not uniform and many of the areas which were identified as working well within some responses, were identified as priorities for improvement by others e.g. access to primary care, experience of emergency/out of hours services, communication and patient
experiences within hospital. This highlights the need to ensure consistent quality of services in terms of access and patient experience across the health community.

A number of general themes were highlighted in terms of areas for improvement, many of which were consistent with the key drivers for change set out within the Case for Change. These include:-

- Improving access to primary care services
- Increasing access to information and support for health education and prevention programmes
- Improving communication
- Improving services for vulnerable older people, particularly in relation to rehabilitation and integration with social services to enable them to maximise their independence

**Question 2 - What do you think our priorities for improving local health care services should be?**

The responses again confirmed many of the strategic themes set out within the Case for Change, while also highlighting the need to ensure that the Programme maintains its focus on improving health and health care services for our local communities.

In summary, the broad priorities identified within the written responses included:

- Improving access to local primary care services, providing an extended range of services
- Improving communication and people skills
- Greater priority to be given to improving general health and wellbeing through educating the public, with easily accessible information for all.
- Reduced waiting times in all areas e.g. appointments, treatment, test results
- Improved co-ordination of care, particularly for children and older people
- Recognising the need to support carers
- Need for general improvement in buildings to provide good environment for patients and staff

**Question 3 - What would help you and members of your family most in maintaining your health and independence?**

The responses highlighted many of the points raised above, but again provide some key themes that the Programme will need to address, including for example:

- Improving access to services (in terms of geography and timeliness)
- More proactive health and wellbeing services
- Good rehabilitation facilities and social care
- Greater continuity of care and systematic management of care through named professionals supporting individuals with complex ongoing needs
- Better access to information about local services
5. **Summary and Conclusion**

In summary, it is clear from all of the responses that maintaining the status quo is not an option and the need for change and improvement is recognised. While some of the issues can be addressed in the short term, the challenge for the Programme will be to develop new service models and proposals that have the support of the public and professionals.

Specifically our plans must acknowledge some key themes:

1) the need to improve access to services with responsive appointment systems that reflect the needs of service users and service providers

2) the importance of good communication, between clinicians and patients/carers and between clinicians

3) greater priority to be given to prevention and wellbeing, including rehabilitation

4) the need for better information on what services are available and how they work

5) the important role of the voluntary and independent sector in supporting individuals and communities

September 2006
APPENDIX E

RESOURCE CENTRES IN CARDIFF AND THE VALE OF GLAMORGAN

CONCEPT AND PRINCIPLES

Purpose

The development of primary and community based services is a key component of the Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan. The need to strengthen, and where appropriate expand the range and scope of services in the community is well recognised, building on the strengths of our existing primary care teams.

This paper develops the concept of Resource Centres to support the provision of integrated health and social care services in the community in Cardiff and the Vale of Glamorgan. While it is intended that each Resource Centre will provide local solutions to local issues, this paper is intended to set out a common set of principles and shared understanding on the role of Resource Centres as a framework for local planning and development.

Resource Centres – The Concept

Primary Care Resource Centres (PCRCs) were first proposed as a concept by the Welsh Assembly Government (WAG) in its Primary Care Strategy published in 2002. As might be expected from a national strategy document, a broad definition of PCRCs was provided, suggesting that they would:

‘Develop managerial and clinical services serving a population focus of about 50,000 people. They should be seen as part of community-wide and whole system service development plans that link primary care to developments in intermediate and secondary services. They will become the hub of local professional education and governance activities in collaboration with local practices’

‘Designed for Life’ was published by WAG in 2005. This document is the Assembly’s Strategy for creating world class health and social care for Wales in the 21st Century and envisages services being provided through a four-tier model as illustrated in Figure 1. Designed for Life clearly places the role and function of Primary Care Resource Centres within the overall context of service provision in the pathway for healthcare that stretches from primary care and community services to acute and tertiary service provision. Designed for Life also recognises that the majority of health needs are addressed through Level 1 service provision, and that as healthcare becomes more sophisticated, more can, and should, be offered within this Tier.

Both Cardiff and the Vale LHBs have responded to the PCRC concept through their respective Primary Care Estates Strategies, proposing that resource centres would be a core feature of a locality based approach and would support and complement primary and community based services.

Reflecting the ‘Designed for Life’ model, the Resource Centres are seen as enablers to the delivery of “Level One” service provision working in support of, and in partnership with, defined local primary care practices. The co-ordination and development of services at this level will ensure that the fullest range of specialist, diagnostic and therapeutic services will be available in all communities for all patients. Resource Centres will provide support to a network of practices and could consist of a range of services contained within a single building, or a virtual Resource Centre, with services provided across the practice network.
Resource centres/services will also provide an opportunity to bring together the delivery of health and social services care in to one location, and by supporting the local primary care community to deliver a wider range of services, will mean an expanded range of locally available services able to respond to a multiplicity of needs. It is this broad and comprehensive approach, and the potential diversity of local models that the Centres proposed for Cardiff and the Vale of Glamorgan should be termed, for the purposes of this document, as Resource Centres. This to reflect the potential range and flexibility of functions that the Centres might fulfil beyond their significant role in supporting primary care and community based health services.

The focus of Resource Centres will be ensuring access to appropriate local services that help maintain health and independent living, working in support of local primary care teams and providing locally based services that can and should be available locally. They will enable the decentralising services and care models away from the acute hospital focus and provide a base for those services that can not be provided effectively within individual practices. As local practices and resource centres are developed it is anticipated that the number of isolated health centres and smaller isolated practices will reduce.

While the primary care team will continue to provide, manage and co-ordinate the vast majority of care for its registered patients, the development of resource centres will mean an expanded range of services delivered locally and a reduced need for patients to attend hospital. This will be achieved both by supporting practices to maximise the range of services that can, and should be provided effectively at a local level and providing secondary care services in a community setting when it is safe to do so. Some GPs, and members of the primary care team may also wish to develop more specialist skills and all will increasingly work with other health professionals undertaking extended roles such as pharmacists, physiotherapists, occupational therapists and nurses. These more specialist roles may be co-ordinated across networks of practices, or where appropriate through Resource Centres.
where additional capacity is needed to support the delivery of integrated services that might at present be provided separately by GPs, community services, dentists, hospitals and social services.

It is noted that Designed for Life identifies that Resource Centres may have beds for people who do not need the back-up available in an acute hospital. In Cardiff and the Vale of Glamorgan the option for the provision of beds aligned to Resource Centres will need to be considered and informed by the work being undertaken through the Rehabilitation and Intermediate Care workstream of the Programme for Health Service Improvement. The emerging thinking is that beds should be provided on a minimal number of sites (1 or 2).

Resource Centres – Guiding Principles for Cardiff and the Vale of Glamorgan

The vision of a Resource Centre is to provide patient-focussed health and social care capacity that is able to provide for the broadest range of needs. The Resource Centre will be a focus for health and social care in communities and will need to be established and promoted, alongside GP premises. Delivery of this model will require the modernisation of many care pathways and the training and re-deployment of staff and resources from secondary care to community based services. Improved self-care and community-based patient management will focus on reducing the requirement for access to acute hospital.

The scope, nature and services to be provided through each Resource Centre will be determined by the local needs of the area and through the engagement of key stakeholders, including the public. As a starting point for this more detailed local planning and developed it is recognised that a common set of principles and clear framework is needed.

The following are a proposed set of core principles that should support local discussions:

- Resources centres should be developed to reflect local and natural communities and respond to local needs as appropriate
- Resource centres should have a key role in improving the health of the population as well as offering treatment for particular health needs - as such, a range of services should be provided to promote the health of the local population
- Discussions must be service led and not estates led – having identified agreed service models, options for delivering locality based services within existing infrastructure across a range of locations (“virtual”) or the need for services to be linked to a physical building should be considered.
- Resource centres should focus on supporting the development of health and social care that can safely be provided in the community working with, and in support of, a network of local primary care teams
- Resource centre services will reflect agreed locality planning and delivery areas i.e. will serve a network of GP practices linking to a hub of other services, covering populations of between 50,000 and 80,000 patients. They should have a management framework that supports this.
- Resource centres should maximise opportunities to achieve a “one stop shop” for social care, voluntary sector and other services (e.g. housing, education etc) in each locality and in response to local need.
The development of resource centres should ensure that health and social care capacity is optimised to meet the needs of the local population, reducing inappropriate duplication of resources where possible.

The ability of the Resource Centre to support the delivery of co-ordinated health and social care services, which are responsive to local need will be a key feature of the success of a Resource Centre. To this end, whilst it is envisaged that each Resource Centre will provide a profile of core services, each Centre will differ according to local needs, and opportunities to co-locate or integrate with other local community services provided both inside and outside of the NHS. This might include local GP practices or other contractors who might wish to co-locate with Resource Centre services.
Figure 2 is illustrative of the overall hub and spoke model that may be found in any one locality. There may be a number of service ‘hubs’ relating to Resource Centres, Mental Health, Intermediate Care and Integrated Children’s Services – these may or may not be co-located according to local circumstances and will be integrated across health and social care. They will however relate to a series of GP and contractor spokes, in a network arrangement, and could include other local service spokes in social care and the voluntary sector. In some areas a health centre may be retained as a service spoke to ensure access to community services for patients. Such a model will require an active locality management model to maximise the benefits of the model.
Profile of Services in a Resource Centre

A profile of services that could be provided in a model Resource Centre in Cardiff and the Vale of Glamorgan has been prepared in Figure 3 below. Accepting that local needs and opportunities will guide the services to be provided the profile is designed to provide consistency for service planning purposes and to determine what could be provided locally. This will ensure that all stakeholders share a common understanding of the potential scope of a Resource Centre. The profile is not therefore designed to be exhaustive, but rather provides for a core model of services to provide a focus for planning and the management of change.

The core service profile describes services that would be required in each Resource Centre in any locality in Cardiff and the Vale of Glamorgan. These services may be shaped by local community needs, but are essential for all communities and hence included as the core of each resource centre.

<table>
<thead>
<tr>
<th>Core Service Profile</th>
<th>Group/individual based Healthy Living Services e.g.</th>
<th>Community Dental Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>These services would be found in all Resource Centres</td>
<td>Smoking cessation</td>
<td>Elective consultant or Practitioner with Special Interest (PWSi) surgical and medical outpatients eg:</td>
</tr>
<tr>
<td></td>
<td>Counselling</td>
<td>• Dermatology</td>
</tr>
<tr>
<td></td>
<td>Expert Patient Programmes</td>
<td>• Rheumatology</td>
</tr>
<tr>
<td></td>
<td>Cardiac Rehabilitation</td>
<td>• Chronic Pain</td>
</tr>
<tr>
<td></td>
<td>Integrated sexual health and family planning services</td>
<td>• Gynaecology</td>
</tr>
<tr>
<td></td>
<td>Chronic Disease Management Support e.g.</td>
<td>• Musculo-skeletal</td>
</tr>
<tr>
<td></td>
<td>• Group based patient education</td>
<td>Therapy Services including</td>
</tr>
<tr>
<td></td>
<td>• Condition specific specialist nurse clinics in support of primary care</td>
<td>• Dietetics</td>
</tr>
<tr>
<td></td>
<td>• Consultant/PWSi led rapid access clinics</td>
<td>• Podiatry</td>
</tr>
<tr>
<td></td>
<td>• Case management support</td>
<td>• Speech and Language</td>
</tr>
<tr>
<td></td>
<td>Community Child Health Services including</td>
<td>• Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>• Oral Health</td>
<td>Diagnostic Services</td>
</tr>
<tr>
<td></td>
<td>• Health Visiting</td>
<td>Intermediate Care and Rehabilitation e.g.</td>
</tr>
<tr>
<td></td>
<td>• Therapy led services</td>
<td>• Clinical and therapy led clinics</td>
</tr>
<tr>
<td></td>
<td>• Services for the well-child</td>
<td>• Acute response services</td>
</tr>
<tr>
<td></td>
<td>• CAMHS</td>
<td>• Reablement services</td>
</tr>
<tr>
<td></td>
<td>Base for professional Education and Training</td>
<td>• Out-reach/home based support</td>
</tr>
<tr>
<td></td>
<td>Community mental health services</td>
<td>• Social care and voluntary sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Nursing and Midwifery Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minor Surgery (non-anaesthetic)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>where current capacity in primary care is insufficient, or increased range of services can be delivered</td>
</tr>
<tr>
<td>Core Services based on local needs</td>
<td>Specialist services for ethnic minority communities and other vulnerable groups (in Cardiff)</td>
<td>Services to meet the health needs of students (in Cardiff)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>These services would be found in at least one Resource Centre, which may provide services for a wider area</td>
<td><strong>Intermediate level elements of integrated sexual health services</strong> (eg Sexual Assault Centre, GUM services)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Options for co-location of additional NHS Services</th>
<th>Out of hours GP services</th>
<th>Extended Minor Injuries Service</th>
</tr>
</thead>
</table>
| These services would be included based on local need, advantage of co-location and/or expediency in the best use of land and buildings | **Mental Health Services**  
- Crisis intervention team  
- Community mental health team | **Intermediate Care and Rehabilitation inpatient and acute day care** |
| | Walk In Centre/Unscheduled Care Centre | |

<table>
<thead>
<tr>
<th>Options for co-location with Local Authority Services</th>
<th>Social Work as part of integrated teams</th>
<th>Health and Leisure Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>These services would be included based on local need, advantage of co-location and/or expediency in the best use of land and buildings</td>
<td><strong>Integrated Children’s Centres</strong> (in the Vale, interest has already been shown by the Children’s Partnership in integrating NHS services within the ICC at Llantwit Major)</td>
<td><strong>Day services</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Options for co-location of Voluntary Sector Services</th>
<th>Drop-in, day care, self-help and support groups</th>
<th>Information, advice and signposting</th>
</tr>
</thead>
<tbody>
<tr>
<td>These services would be included based on local need, advantage of co-location and/or expediency in the best use of land and buildings</td>
<td></td>
<td><strong>Support for carers</strong></td>
</tr>
</tbody>
</table>
Independent Contractor Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Resource Centre</th>
<th>Optometry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full GMS for the immediate local population – option of local GP practices to move to the Centre</td>
<td></td>
<td>Dispensing Pharmacist</td>
</tr>
<tr>
<td>Optometry</td>
<td></td>
<td>NHS Dentist</td>
</tr>
</tbody>
</table>

Conclusion

This paper has explored the national and local policy contexts for the development of the Resource Centre concept in Cardiff and the Vale of Glamorgan as a key component of the modernisation of health care provision across the two counties, and in response to Designed for Life. A definition and model service profile is proposed as the starting point for more detailed planning on a locality basis. This planning will need to be informed by agreed service models and care pathways and aligned to the wider strategic agenda for the development of primary care premises. It would, therefore, be appropriate for this document to be considered as a document for consultation and further development with stakeholders to further refine the concept.

Further work will be required in each of the service areas highlighted in this model to identify the specific care pathway and the elements to be provided within a resource centre, to enable the patient workload to be quantified, and accommodation planned proportionately.

Recommendations

The Resource Centres Task and Finish Group is asked to:

- Approve in principle the service profile identified within this document
- Approve a period of consultation with key stakeholders and in particular clinicians across primary and secondary care, led through the Clinical Reference Panel
Appendix 1

Model of Services for Cardiff and the Vale of Glamorgan in response to Designed for Life

Increasingly local care – less care in main acute hospitals

<table>
<thead>
<tr>
<th>Primary care practices</th>
<th>Resource centres and community hospitals</th>
<th>Acute and emergency hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care team and therapy</td>
<td>Intermediate care and rehabilitation</td>
<td>Tertiary and specialised services</td>
</tr>
<tr>
<td>Clinics (for example diabetes and CHD)</td>
<td>Intermediate care beds</td>
<td>Elective (non-urgent) surgery</td>
</tr>
<tr>
<td>Minor procedures</td>
<td>Outpatients</td>
<td>Inpatient cancer services</td>
</tr>
<tr>
<td>Well-men and well-women clinics</td>
<td>Minor emergencies</td>
<td>Complex diagnostics</td>
</tr>
<tr>
<td>Community services</td>
<td>Diagnostics (such as X-ray)</td>
<td>Specialist outpatients</td>
</tr>
<tr>
<td>Voluntary sector services</td>
<td>Minor emergencies</td>
<td>Secondary emergency services</td>
</tr>
<tr>
<td>Local Authority Services</td>
<td>Acute Response services</td>
<td>Major accident and emergencies</td>
</tr>
</tbody>
</table>

Increasingly specialist care – more care in major hospitals

Local facilities throughout the area

Resource centres serving networks of @ 50 – 80,000 populations, with network of community hospitals

University Hospital of Wales, Llandough

Source: Reshaping Your Local Health Service: Developing a Plan for South East Wales., 2006
APPENDIX F

10 Year Capital Programme and Control Development Plans
<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Cost</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support new models of care and drive health improvement and more efficient use of resources</td>
<td>To support new models of care and drive health improvement and re-enable, to be subject to full business case process based on robust modelling and service planning. Will enable modernisation of estate to meet health care standards including closure of Westwing.</td>
<td>22,080</td>
<td>OBC submitted in 2002 based on approved public consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>49,080</td>
<td>Key element of modernisation plans that have been subject to full public consultation. Will support strategic reduction in traditional inpatient capacity. Identified within DfL capital programme OBC to be submitted in January 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8,580</td>
<td>Key element of modernisation plans that have been subject to full public consultation. Will support service model in line with best clinical practice and improve efficiency and effectiveness of care. Identified within DfL capital programme OBC to be submitted in January 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10,080</td>
<td>Key element of modernisation plans that have been subject to full public consultation. Will support strategic reduction in traditional inpatient capacity and provide high quality environment for patients. Identified within DfL capital programme OBC to be submitted in January 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>95,480</td>
<td>To support emerging clinical model and development of urgent care services, maximising efficiency and ensuring capacity to meet demand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23,080</td>
<td>Recognises the need for investment to improve patient flows and quality of patient environment to support more efficient and effective care. Will ensure more effective use of existing resources and improve outcomes for patients (preliminary estimates base</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25,080</td>
<td>The emerging clinical services models and development of South East Wales Critical Care Network capacity assumes need for strategic increase in critical care capacity on UHW site. Required to support new models of care and improve efficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35,480</td>
<td>Reflects outcome of public consultation with aim of providing sustainable, patient focused services across Cardiff and the Vale. Identified within DfL Capital Programme and OBC approved. (MIPS adjusted)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>83,480</td>
<td>Supports new models of care to improve efficiency and address capacity needs of health community. Building works complete in May 2006 and capital approved. Identified within DfL Capital Programme.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20,080</td>
<td>Key enabler to drive efficiency and effectiveness of elective care across the health community. Recognises the need for investment to improve patient flows and quality of patient environment to support more efficient and effective care. Will ensure more effective use of existing resources and improve outcomes for patients (preliminary estimates base</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40,580</td>
<td>Emerging regional cancer services commissioning group is highlighting the need for centralisation of some cancer work to meet minimum standards. Work on service models to be taken forward as detailed commissioning plans emerge. Identified within DfL Capital Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60,980</td>
<td>Range of schemes submitted to the WAG to support achievement of Access 2009 targets, in line with Local Delivery Plan proposals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>66,280</td>
<td>To support improved efficiency and sustainability of services - will need to be informed by All Wales Pathology programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>57,280</td>
<td>To support improved efficiency of services - to support &quot;one stop&quot; models that will drive new models of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38,080</td>
<td>To support new models of care and developments in clinical practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7,280</td>
<td>Major strategic development to address quality of environment and support sustainability and development of childrens services in South Wales. Identified within DfL Capital Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30,980</td>
<td>Major strategic development to enable efficient and effective delivery of tertiary services in line with HCW commissioning plan. Identified within DfL Capital Programme. Strategic Outline Case developed for discussion with HCW to provide long term capacity in line with renal NSF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>121,080</td>
<td>Important new development to meet CYSSP standards for oncology. Capital secured and business case agreed with HCW</td>
</tr>
</tbody>
</table>

---

**Notes:**
- OBC – awaiting approval
- Business Justification submitted
- SOC with CIB. Business Justification in preparation (CIB considering discretionary)
- Enabling works essential for further development of site.
- Estimate of strategic investment needed to support new integrated models of care, detailed plans will need to be informed by Informing Health Care Strategic Outline Programme
- Identified as major risk for the health community if retained. WAG retained estate but Trust responsibility. Listed building.
- Draft OBC awaiting commissioner support.
- Funding approved and work proceeding.
COMMUNITY DEVELOPMENTS

- **Cardiff Royal Infirmary**
  - Community Resource Centre

- **Canton Clinic**
  - Rehabilitation Unit

- **Royal Hamadryad**
  - Community Mental Health

- **Barry Hospital**
  - Community Resource Centre
UNIVERSITY HOSPITAL OF WALES DEVELOPMENTS

Children's Hospital Phase 2
Women's Services
PET / Tertiary Services Tower
SFRIF (3) Research (University)
LLANDOUGH HOSPITAL DEVELOPMENTS
APPENDIX G

Cardiff Royal Infirmary – Position Paper

Introduction

1.1 This appendix sets the development of a resource centre at Cardiff Royal Infirmary (CRI) in the context of the overall vision for health services and reaffirms the commitment to moving forward with establishing Cardiff’s first resource centre on this site.

Approach to developing proposals for a Resource Centre at CRI

2.1 Upon its inception on 1st April 2003, Cardiff Local Health Board inherited the responsibility for completing the public consultation exercise on the future of the Cardiff Royal Infirmary (CRI) site which had been initiated, but not completed, by Bro Taf Health Authority prior to its abolition. It was in taking this work forward that the proposal to develop Cardiff’s first resource centre on the CRI site was put forward by the LHB.

2.2 This proposal by the LHB was based on the recommendations of a multi-agency Task and Finish Group set up with the specific remit of developing proposals for services to meet the needs of the residents of central and eastern Cardiff. This group was set up in response to the strength of public opinion voiced during the Bro Taf consultation on CRI and its work was intended to allow the LHB to move forward and complete the unfinished consultation process.

2.3 The work of the Task and Finish Group was based on a clear three stage process of firstly identifying the needs of the area, secondly setting out a range of services that would meet the needs and then finally considering options for where these services should be sited. The overall conclusions emerging from this work was that there was a need to build on and extend the services currently provided at CRI for this area of this city, and many of these would be provided through the development of a resource centre.

2.4 Having completed the work with partners to identify the proposals it was then necessary to progress these through the capital investment process. A Strategic Outline Case (SOC) for the development of services for central and eastern Cardiff was therefore completed and submitted to the Welsh Assembly Government in October 2004. It was at this stage that the Capital Investment Board granted approval to proceed to a formal public consultation and the next stage of the capital investment process, the development of an Outline Business Case.

2.5 Public consultation on the proposals contained within the SOC was undertaken between 1 February and 1 June 2005 and included seven public meetings and a number of open sessions at CRI. Meetings for staff were held and visits made to key community groups. Formal support by the Community Health Council for the development of a resource centre and mental health was received following a number of initial comments/caveats. For rehabilitation and intermediate care services, however, it was agreed that the proposals would be re-visited in the context of an exercise to robustly model future capacity requirements for these services.
The Needs of Central and Eastern Cardiff

3.1 The first stage of the Task and Finish Group’s work involved gaining a comprehensive picture on the needs of the local area. This was done by drawing on the extensive health needs analysis that was initiated as part of the eastern Cardiff Review in 2000 which was updated to reflect the changing demographic mix of the populations within central and eastern Cardiff. This identified that overall central and particularly the south east localities have much higher levels of health need than the City as a whole, reinforcing the case for an integrated healthcare facility in the heart of these communities to meet primary and community healthcare needs.

3.2 The key health issues highlighted by the assessment were:
- at least 50% of Cardiff’s mentally ill and substance mis-using populations are resident within these two localities
- seven of the ten wards in Cardiff with the highest all-cause standardised mortality rates are in the South East and Central localities of Cardiff
- almost 75% of Cardiff’s projected population growth by 2007 will take place in the south east area of Cardiff (an increase of 12,000 people)
- inward travel of in excess of 70,000 people to the City Centre for work and leisure and the excess demand this places on accident and emergency services for minor needs
- 58% of Cardiff’s 25,000 students are housed in central Cardiff
- eight of the ten wards with the highest incidence of low birth weight babies are located within the Central and South East localities
- a significant number of vulnerable groups (gypsy travellers, homeless, asylum seekers and black and minority ethnic groups) live within the central and eastern Cardiff localities
- sexually transmitted infections are rising rapidly and most of Cardiff’s sex industry is located in the inner city wards
- Cardiff has the 11th highest rate of under 16 conceptions in Wales at 8.1 conceptions per thousand, rates being higher in the most deprived wards of Central and Eastern Cardiff.

The Proposals for the Resource Centre for Central and Eastern Cardiff

4.1 Drawing on the work of the Task and Finish Group, the Strategic Outline Case identified that the resource centre for this area would need to accommodate services for the daytime population of the City Centre, the local population with high levels of chronic illness, and vulnerable groups. Through a combination of developing new services and rationalising existing ones it was proposed that the resource centre would provide:
- Minor surgery suite to facilitate treatment of 5,000 minor surgery cases per annum in a primary care setting to release capacity at UHW
- Walk in Centre/extended treatment room facility serving the City Centre and adjacent communities
- Out of Hours provision for the then recently commissioned Out of Hours service including an integrated health and social care out of hours service and access to a dispensary service
- General Medical Services
- Primary care Diagnostic and Treatment Centre
Final Draft – For Board Approval

- Dental Services
- Optometric services
- Primary care and community nursing services
- Services delivered by partner agencies including the local authority and voluntary sector services
- Extension of out-patient services building on the 40,000 out-patient attendances per year currently at the site.

4.2 In order to meet the particular needs of the local area, it was proposed that a number of other services would be co-located alongside the resource centre, including mental health services, sexual health services and services for vulnerable groups. Close linkages would be established between the resource centre and intermediate care and rehabilitation services.

4.3 Having identified the services needed a site option appraisal was completed. The criteria used for this appraisal were capacity: does the site option match the capital assets space to the service needs; value for money: does the site option represent value for money to the public in terms of a cost effective use of publicly owned assets; affordability: is the site option affordable in the context of the financial position of Cardiff LHB and strategic service provision: does the site option contribute to the service developments required to meet the needs of the residents of central and eastern Cardiff.

4.4 A range of options were considered as part of the site option appraisal process. A total of 17 options were identified and considered by the Task and Finish Group. This ‘long list’ was reduced to nine site options for the SOC and included a ‘Do minimum’ option, new build accommodation on a brownfield site for some/all services on CRI, as well as a number of configurations within the CRI site.

4.5 This concluded that CRI offered a unique location to reconfigure a range of services, develop new innovative service models as well as provide a permanent solution for the existing services that were already located on the CRI site. These existing services include sexual health services, mental health and substance misuse services, outpatient clinics and rehabilitation services.

4.6 The key advantages of continuing to provide and further develop services from this site were identified as accessibility: for people living in the city centre, as well as the good transport links that exist to the site; size: in that there is sufficient land to develop a significant number of health and social care services within one location; integration: the potential for enabling the development of integrated services arising from those factors; appropriate local services: provided in fit for purpose accommodation without losing the advantages of good access for specific patient groups which live in the area and the ability to deliver a “Value for Money” solution through a cost effective use of a publicly owned asset.

Wider Proposals for Developing Resource Centres

5.1 At the same time as work was being taken forward on the development of proposals to meet the needs of residents of central and eastern Cardiff, Cardiff LHB published its Primary Care Estates Strategy in 2004. This was developed in response to the Welsh Assembly Government’s requirement for all Local Health Boards to develop comprehensive service led strategies for the primary care
estate which closely match the vision of ‘Improving Health in Wales – a Plan for the NHS with its Partners’ published in 2001.

5.2 The proposed model of service provision set out in this document was based on a hub and spoke arrangement, whereby resource centres (hub) would be developed in each locality working in support of a network of GP practices (spoke). The precise location and service profile of resource centres was not defined within this strategy.

5.3 More recently the LHB has been working with partners, within the context of the Cardiff and Vale of Glamorgan health community’s Programme for Health Services Improvement to develop the thinking around resource centres. The specific task and finish group which has been set up, has set out in broad terms the role of resource centres. This has re-affirmed a locality based ‘hub and spoke’ model to service delivery, in line with that set out in the Estate’s Strategy.

5.4 Within this model, key features of the role of resource centres are identified as:

- **Providing local solutions to local issues** – by providing local services which are based on and response to the needs of the communities they serve. While each resource centre will provide a profile of core services, the totality of services provided will differ in each locality according to local needs and the existing infrastructure.

- **Supporting Primary Care and Community Services** – through working in partnership with, and providing support to a network of practices as well as supporting the delivery of care away from the hospital setting. This would ensure that the fullest range of services are available in all communities for all patients.

- **Supporting the integration of services** – by maximising opportunities for bringing together the delivery of health and social care services thereby creating a “one-stop shop” which can cater for a multiplicity of need. These services might currently be provided separately by GPs, community services, dentists, hospitals, social services and the voluntary sector.

- **Maintaining health and well-being** – by providing a range of services which are geared towards promoting and improving the health of the local population, including those that may have previously been provided within a healthy living centre.

5.5 Recognising this broad and comprehensive approach, and the potential diversity of local models, the Centres proposed for Cardiff are termed resource centres (rather than primary care resource centres). It is intended that resource centres will be developed based on the agreed locality areas; that is west, north, south east and central localities and will serve a network of GP practices. Depending on the existing picture of local services, the resource centres may be virtual (with services provided across a network of practices or health centres) or contained within a single building.

5.6 Accepting that local needs and opportunities will guide the services provided locally in each centre, part of this work has involved the development of a profile of services that could be provided in a model resource centre. This is intended to provide consistency for service planning purposes and to determine what could
be provided locally. In addition, a common set of principles have been developed to support local discussions around the role of resource centres.

Is CRI still relevant in the local context?

6.1 Following on from the work completed by the Task and Finish Group, a series of locality workshops were held to engage stakeholders from primary care and community services on what this would mean for the local model of service delivery, taking account of local needs.

6.2 Through these workshops support for the resource centre concept has been confirmed and that in taking these forward opportunities for closer linkages between health and other services should be maximised. In addition, there has been strong support for a broader range of services to be provided locally.

6.3 The proposed model of service delivery emerging from these workshops for central and south east Cardiff provides confirmation of the development of a resource centre at CRI operating in a network arrangement with:

- For the central locality, an enhanced spoke in the north based around Llanedeyrn/Pentwyn and a practice development in Cathays
- For the south east locality, enhanced practice ‘spokes’ developed to meet particular needs of Butetown/Grangetown and eastern suburbs and practice developments in Grangetown and Splott

Therefore, the formal consultation process confirmed the public’s support for a resource centre on the CRI site and more latterly the workshops involving professionals have confirmed the central role of the resource centre at CRI as part of the future model of service delivery for central and south east Cardiff.

6.4 Taking account of the key advantages of continuing to provide services from the CRI site, as identified by the original work on services for residents of central and eastern Cardiff, the work carried out as part of the Programme for Health Service Improvement has demonstrated these continue to remain valid for the following reasons:

- Accessibility: one of the guiding principles identified for the development of resource centres is that they should reflect agreed locality planning and delivery areas. The central location of the CRI site in the heart of these two localities, as well as the good transport links to the site means that the CRI continues to offer a prime location for developing a service ‘Hub’. In addition, the proposed model of service delivery with the resource centre in CRI being supported by a number of enhanced practice ‘spokes’ strengthens the case of accessibility to local service delivery across the two localities.

- Size: a key role identified for resource centres is that they will provide local solutions to local issues. The needs assessment for central and eastern Cardiff identified that overall these areas have particularly high and distinct health needs. The intention (based on overwhelming views expressed during the consultation for the retention of the whole site) that both the freehold and leasehold elements of the main site will be retained means that the land
available on the CRI provides ample capacity to allow the development of a comprehensive range of service responses to meet these complex needs.

- **Integration:** the wider proposals for resource centres have confirmed clearly that the development of centres for Cardiff should maximise opportunities to provide a broad and comprehensive approach to service delivery which meets local needs (hence moving away from the term primary care resource centres). The location of the CRI site, as well as the land that is available provides a real opportunity to deliver a “one-stop shop” in a location which is central to where many of Cardiff’s most vulnerable live.

- **Appropriate local services:** a profile of services that could be provided in a model resource centre has been developed as part of the overall work on resource centres. It is intended that this will be adapted in the local context to reflect the needs of the area. Taking account of this, the redevelopment of the CRI site provides an opportunity to reconfigure and redesign services, as well extend and enhance the services already provided from this site. In addition, the refurbishment of CRI means that these services will be delivered in a modern facility that is accessible to where people live.

- **Value for Money:** the recent locality workshops have confirmed the need for a facility in that part of the city and the CRI continues to provide a value for money option for delivering local services. The fact that the leasehold portion of the CRI site is leased to the NHS on a peppercorn rent (therefore in effect a “free” good to the NHS) was reflected in the net capital requirements calculated as part of the SOC, whereby the retention of West Wing and the development of part of CRI was calculated as £11.4m compared to the re-development of services on a brownfield site at £59.6m. Furthermore the net capital cost of relocating the current services off the CRI site was identified as £6.8m. £16m is already identified in the Designed for Life Capital Investment Programme for the development of CRI.

6.5 In addition, the conclusions emerging from the other workstreams of the Programme for Health Services Improvement have confirmed the central role of resource centres in supporting the management of chronic long term conditions and the potential co-location of community mental health services. Work is ongoing to develop a clear model for urgent care in response to the Welsh Assembly Policy framework for emergency/urgent care services and this will need to inform the next phase of work associated with the resource centre at CRI.

6.6 For rehabilitation and intermediate care, while the refurbishment and extension of West Wing CRI was seen as the only cost effective option for providing these services at the time of the public consultation, the availability of capital funding has allowed this workstream to look at other options for service delivery. Emerging from this workstream is that West Wing CRI is not fit for purpose and a new model of rehabilitation and intermediate care is needed based around integrated community based rehabilitation services (delivered through resource centres), inpatient community rehabilitation facilities and the development of centres of excellence for some specialist rehabilitation services e.g. Stroke, spinal and neurorehabilitaton.

6.7 The outcome of this work would have implications for capital requirements associated with the development of services on CRI given that the capital costs
within the SOC included the development of West Wing CRI intermediate care services as well as the mental health development (which is being taken forward via a separate route).

Conclusion

7.1 In conclusion the work carried out under the auspices of the Programme for Health Services Improvement has:

- re-affirms the recommendations of the Task and Finish Group for central and eastern Cardiff relating to the development of a resource centre on the main CRI site;
- confirms the need to develop new models for rehabilitation and intermediate care and that the current accommodation at West Wing CRI is not fit for purpose.

Cardiff Local Health Board
30th October 2006