

A map of South East Wales, showing various towns and regions. The map is white with blue text labels for locations. The text "Reshaping your local Health Services" is overlaid on the map in a large, bold, black font.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

# Contents

Introduction		page 1
Executive Summary		page 3
Chapter 1	Background and Context	page 5
Chapter 2	Regional Framework	page 23
Chapter 3	Health Community Plans:	page 33
Chapter 3.1	➤ Gwent	page 33
Chapter 3.2	➤ Merthyr Tydfil, and Rhondda Cynon Taf	page 54
Chapter 3.3	➤ Cardiff and the Vale of Glamorgan	page 75
Chapter 4	Next Steps	page 96
Appendix 1	Glossary of Terms	page 97
Appendix 2	References	page 100

# Introduction



A map of South East Wales, showing various towns and regions. The map is white with blue text labels for numerous locations. The text 'Reshaping your local Health Services' is overlaid in large black font across the center of the map.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

## Introduction

“Designed for Life: Creating world class Health and Social Care for Wales in the 21<sup>st</sup> Century” is the 10-year modernisation strategy for the NHS in Wales. It sets out a vision for a future where health services are provided by high quality staff to people at home, or as close to home as possible, or passed promptly to excellent specialist services, where these are needed. This strategy built upon “Improving Health in Wales: A Plan for the NHS with its Partners,” which outlined plans to rebuild, renew and improve the NHS in Wales.

This document - ‘*Reshaping Your Local Health Services – Developing a Plan for South East Wales*’ - is the regional response to “Designed for Life”. It covers a geographical area which can be divided into three sub regional clusters (or health communities) of: Cardiff and the Vale of Glamorgan; the former Gwent county area; Merthyr Tydfil and Rhondda, Cynon and Taff. Similar plans have also been produced for Mid and West Wales and for North Wales.

While the focus of the document is about changes in the hospital system, we recognise that shifting the way in which health services are provided requires change both within and outside hospitals. Change in the hospital system must run alongside developments in primary and community care and be moved forward jointly with our partners. One without the other will not work. The plan highlights links for the delivery of health services across the three health communities in this region as well as more widely across Wales.

The development of health services in South East Wales is very much work in progress as each health community is at a different stage. Nonetheless, overall, significant change is needed to modernise and improve healthcare services. Some developments have already been implemented in full discussion with the local population and other stakeholders. Others are in the early stages of consideration and will be subject to the involvement of local people and to eventual formal public consultation.

This regional plan is designed to support the public summary document\* launched in April 2006. It is a detailed technical paper that has been produced to provide a more comprehensive account of the:

- Strategic context, demography, national and local drivers for change;
- Development of health services delivered across the region and/or Wales as a whole;
- Local plans within the three health communities of the South East Wales region.

Each of the three local health communities will now develop their own plans and will involve a range of individuals and groups, including patients and carers, partners, the workforce and, most importantly, the general public. This process will be co-ordinated across South East Wales, taking into account regional and national services.

We are keen for local people to get involved in shaping the health services of the future. We genuinely want and need to know what people think about our plans and proposals and invite them to give us their views and tell us their priorities for creating a modern and flexible world class health service.

[\* The summary document 'Reshaping Your Local Health Services – Developing a Plan for South East Wales' is available at all LHB and Trust websites in the S E Wales region.]



## Executive Summary

Although the healthcare changes for South East Wales are complex, they can be summarised, as follows:

Change is part of a continuous process. The pattern of service delivery has already shifted across the region and, in some cases, major strategic reshaping has taken place.

The changes proposed for South East Wales are consistent with the modernisation strategy "Designed for Life".

Changes in hospital services depend on change in services outside hospitals - in the community, primary and intermediate care. Developing new community based services to deal with chronic disease is central to this approach. Research has indicated that there is likely to be a significant shift away from services provided in hospitals to those based in the community – estimated to be at least 20%.

In South East Wales our proposals include:

- A hospital system based upon one highly specialist (level 4) centre located in Cardiff.
- A maximum of three critical care (level 3) centres each serving populations of 300,000-600,000 people. One of these centres to be on the same site as the specialist (level 4) unit.
- Creating a new network of local hospitals (level 2) to support major centres. These modern, local facilities will be capable of delivering a wider range of core services than at present.
- Developing a new network of primary care resource centres (level 1) to 'bridge the gap' between traditional hospital and primary care.

Detailed planning across the region needs to take place in the three sub regional clusters: Cardiff and the Vale of Glamorgan; Gwent; and Merthyr Tydfil and Rhondda, Cynon and Taff. While these clusters are large enough to plan the majority of secondary care services, an overall regional programme is required to ensure there is a cohesive, joined-up approach to both local and more specialised services.

Joint work across the region will focus on better integration of emergency care. It will also look at improved distribution of specialist services particularly in cancer surgery, and the development of new ways of providing paediatric and obstetric care.

In Cardiff and the Vale of Glamorgan a major shift in secondary care has already taken place with a strengthening of highly specialist (level 4) services; with a focus now on developing intermediate care and rehabilitation services to take pressure off the local hospital services.

Across Merthyr Tydfil and Rhondda, Cynon and Taff the strategy is to maintain critical care (level 3) and develop local (level 2) services through a network which brings the Royal Glamorgan and Prince Charles Hospitals closer together.

In Gwent, work is already underway to remodel services, with the creation of a new critical care (level 3) centre supported by a network of six local hospitals replacing the existing 3 major sites, 13 community hospitals and other mental health sites; some of which will become Health and Social Care Resource Centres.

Delivering this healthcare model over the next ten years requires significant capital investment, estimated at £1.5billion total. Affordability will require high performance levels in key areas, such as day case rates and lengths of stay. A strategic investment and planning programme will be developed for the whole region with individual supporting programmes for each of the three sub regions.

The aim of all the health organisations involved is to maximise the opportunities presented by this massive development programme to ensure that healthcare services in South East Wales meet the needs of the people we serve.

# Chapter 1



# Reshaping your local Health Services

## Developing a Plan for South East Wales

- Background and Context

# Background and Context

## Introduction

Local people deserve healthcare services of the highest possible quality. Health service staff working in hospitals, GP surgeries and other settings in the community are doing the best they can to deliver excellent care, but we know it could be much better. Our local community based services are under-developed, while our hospital services are overstretched. We need to transform both.

This section aims to provide a context for the work that is being taken forward by the NHS in South East Wales to improve health and access to health care services. It provides

- an overview of the South East Region
- an overview of the national strategic and service priorities associated with health and social care
- an overview of the current issues that are impacting on the planning and delivery of health care services in South East Wales

## South East Wales – An Overview

With a population of 1.4 million people, the South East Wales region comprises of 9 unitary authority/Local Health Board areas.



The region is varied, characterised by:

- A largely rural, sparsely populated Eastern area from the English border and Wye Valley across to the main road link between Newport and Abergavenny. Within these areas there are many small villages and two small towns: Chepstow and Monmouth.
- The valley areas, from Cwmbran, Pontypool and Abergavenny to the Rhondda Valley, which is characterised by a series of old mining valleys, running approximately north – south with poor east-west communications. These valleys are characterised by ribbon development with one community merging into the next. The old mining and industrial base has collapsed with some replacement light industry taking its place. There is some degree of “gentrification” of the valleys, certainly in the south, but creeping north, as high housing costs in Cardiff and Newport force commuters up the valleys, while many existing residents commute to the coastal cities. The in-coming inhabitants are likely to be younger working people, presenting fewer demands on health services in terms of actual morbidity, but probably more demanding in terms of expectations.
- The coastal zone where Newport and Cardiff are thriving urban areas with high population density, and higher levels of ethnic minorities than in the other two zones. Both are designated cities and are asylum seeker dispersal areas. Also more or less merged into this conurbation zone are the towns of Penarth and Barry and the rural Western Vale, all are part of the Vale of Glamorgan County.

South East Wales is the largest (in population terms) of the three NHS regions in Wales. The region is served by 9 Local Health Boards and 5 NHS Trusts. The region is largely self-sufficient in the delivery of routine primary and secondary care services though natural patient flows into and from England and Mid and West region are a factor.

In particular, NHS Trusts in South East Wales play an important role in providing services for people living in South Powys and there are significant flows from Monmouthshire into England and between the Vale of Glamorgan and Bridgend. It is therefore important to ensure that plans for health services in South East Wales are informed by, and inform plans being developed in Mid and West Wales, and also those being developed in England.

## Economic Development

There are specific economic development projects focussed on the region that we can expect to have an impact on health and wellbeing. For example:

- *“Heads- We Win...”: A Strategic Framework for the Heads of the Valleys* published by WAG in March, 2005. WAG plans to facilitate investment of at least £500m in the Heads of the Valleys areas over the next 15 years, and such a regeneration plan may halt or even reverse the current annual 3% loss of population in the area. The overall package should improve people’s sense of health and wellbeing.
- Renewal of housing stock, improvements to domestic heating, and the reduction in industrial and atmospheric pollution should have a significant impact on health.

Economic development is likely to lead to significant inward migration from other parts of UK and the wider European Union. In our planning for health and social care services it will be important to recognise the specific health needs that may be associated with this change in population profile.

Commuting between the coastal towns and cities and between the coast and valleys is quite marked. Every day over 26,000 people commute out of Cardiff but nearly 69,000 travel into the city. Similarly, Newport sees over 18,000 flowing outwards, with over 29,000 flowing in. In terms of providing patient centred services planners and commissioners need to consider more explicitly the possible need to provide services closer to where people work, as well as recognising the need for effective emergency services.

There is not a great ebb and flow of tourism to the area compared with the north and west of Wales, most tourists are passing through or are visiting as day trippers to museums and similar attractions though the region plays an increasingly high profile role in supporting national and international events which often bring with them significant, but short term, flows of people.

Light railways and bus routes cover most areas of the region although access is not equally good everywhere, and especially not on a regular basis throughout the day. The road network is improving but valleys roads can become very congested at peak commuting periods. The Heads of the Valleys road to the north is a major artery linking the English Midlands to Swansea and the west, and the M4 is a major southern artery. Both carry considerable tourist traffic during the summer months. A third major road (A40 M) links Monmouth and Newport. Both Newport and Cardiff have recently developed dual carriageway ring roads.

There are ports at Newport, Cardiff and Barry, which while not as busy as they used to be, do receive international shipping. Cardiff International Airport at Rhose has a significant impact on the economy of the local area and there are further infrastructure developments planned.

## Demographic Trends

Comparing the 1984 population figures from the Registrar General's office with the 2004 figures from the National Statistics website posted in 2005, there are several significant demographic trends affecting SE Wales that will have important implications for the planning and delivery of health services in the future.

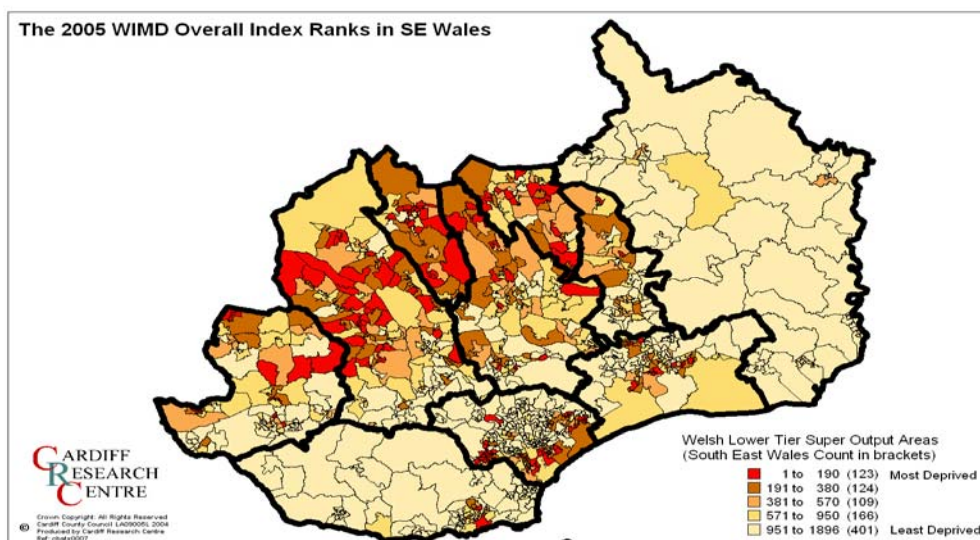
- There have been falls in population of children 4 and under of between 20 – 25% in Merthyr Tydfil, Torfaen and Blaenau Gwent. Falls of 15% or more in Caerphilly and Rhondda Cynon Taff; around 8% in Cardiff, Vale of Glamorgan and Bridgend and just over 2% in Monmouth and Newport.
- Although there has been much concern over the relatively high rate of births to single teenage mothers in some parts of the region, the actual numbers are quite small. The main issue for health services planning is the fall in the overall birth rate of approximately 10% in Wales as a whole and over 16% in SE Wales, and the increase in the number of children who now survive with disabilities and long term conditions.
- Greater numbers are reaching retirement age and the numbers living to 75 and beyond have increased by over 35% in the SE Wales region over the past 20 years.
- For the age group 15 – 24, which includes students coming to SE Wales for higher education, all areas except Cardiff show a fall in population of between 6 – 26%. It is a similar though less dramatic picture for 25 – 34 year olds. For ages 35 and up there is an increase in almost all areas for most cohorts. The “middle aged” population puts a relatively smaller demand on hospital based services, though the results of greater sexual activity, binge drinking, and a still high level of smoking may translate to demand later. Attention to smoking, diet and exercise in adolescents and young adults would almost certainly delay the demand for cardio-vascular interventions in years to come.

## Deprivation

Deprivation is well recognised as the one of the strongest predictors of health and health service need at the population level along with population size and population age distribution *The Wales Index of Multiple Deprivation 2005 (WIMD 2005)*, which was published in September 2005, summarises this close relationship between health and deprivation. The reporting level for the WIMD 2005 is the Lower Tier Super Output Area (LTSOA). It gives an overall

deprivation score for each of the 1,896 LTSOAs in Wales, made up of seven deprivation 'domains,' each with its relative weighting, and measured by a range of indicators. The Index therefore allows comparison of the deprivation scores for each of the LTSOAs and between local authority areas.

The map below highlights the spatial variation of the Overall Deprivation Index scores for SE Wales by LTSOA.



The overwhelming picture that emerges from the *WIMD 2005* is of the significant inequalities that exist within and between the unitary authority areas in South East Wales. In particular:

- The *WIMD 2005* has identified that almost 176,000 SE Wales residents live in communities whose Multiple Deprivation levels are in the worst 10% in Wales.
- Cardiff has more people living in multiple deprivation than any other Unitary Authority in Wales followed by Rhondda Cynon Taff (RCT).

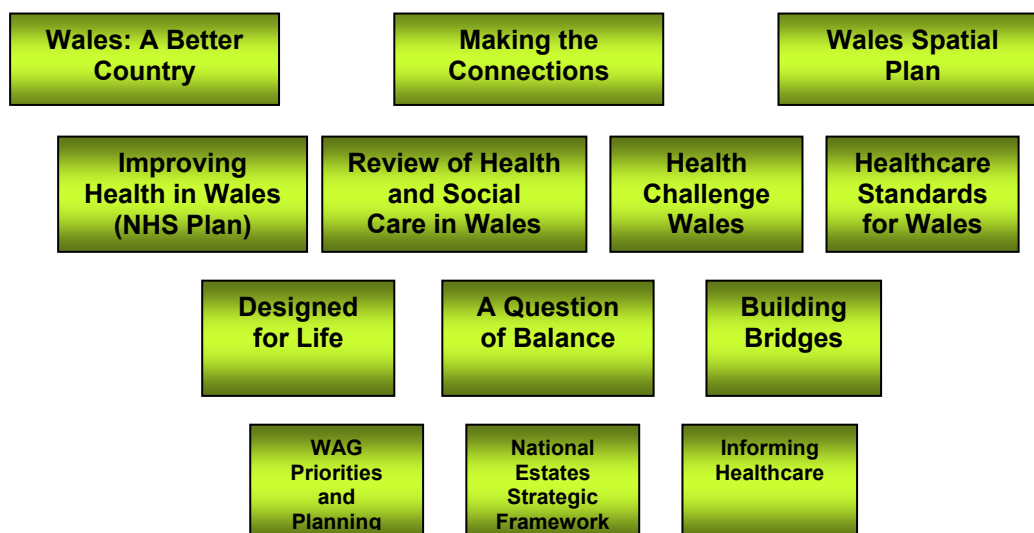
## Summary

The information provided above gives a broad overview of the demographic profile of South East Wales. Our population profile is constantly changing, and the impact of these changes is often difficult to predict though in general terms our plans for the future need to recognise:

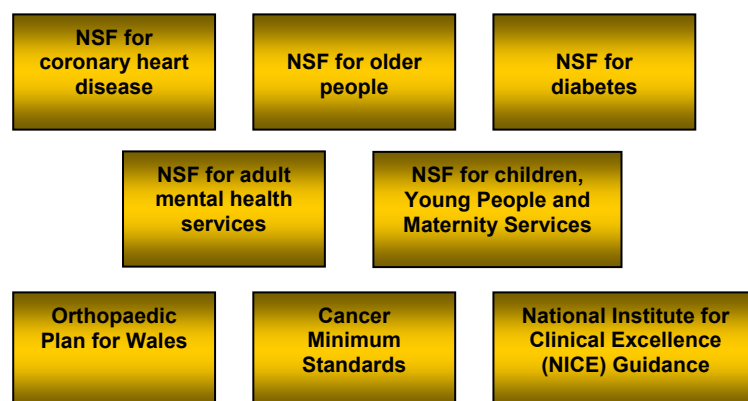
- a falling child and adolescent population
- an increasing ageing population
- the importance of deprivation and the potential impact of economic and environmental developments

## National Strategic/Service Priorities

A range of overarching national strategies have been published by the Welsh Assembly Government. These provide the framework for the planning and development of public services in Wales. There have also been a number of major reviews and strategies relating to the development of health and social care in Wales and a range of supporting strategies.



*In addition to the strategic framework, there are also a number of national service frameworks (NSFs), clinical service strategies and clinical guidelines that provide evidence based standards that must inform the planning, development and delivery of health care services.*



## **The Wales Spatial Plan**

The Wales Spatial Plan, People, Places, Futures (Nov 2004) sets out an integrated vision for the development of Wales ensuring policy and action is joined up across key geographical areas of Wales. The strategy places sustainable development at its core and forms one of the high level strategic building blocks for the Welsh Assembly Government.

The NHS accounts for a significant proportion of public expenditure in Wales and the service and its supporting industries play a major part in the economic, social and environmental development of Wales. Improving the health of the population of Wales and reducing the number of people who are economically inactive due to long-term health problems is a major priority for the Welsh Assembly Government. The NHS therefore plays a significant role in realising the aims of the Welsh Assembly Government and the Wales Spatial Plan through the direct provision of services and also through health promotion and educational activities but its role goes far deeper.

- NHS Wales remains the largest single employer in Wales
- NHS Wales trains a significant number of professional and non-skilled staff annually
- NHS Wales supports research and higher education
- NHS Wales is a major procurer of goods and services from the wider economy.
- NHS Wales is developing one of the largest capital development programmes in Wales

The plans for developing health services in South East Wales are being developed in line with the vision of integration set out in the Spatial Plan. It is recognised that any decisions that are made on the future configuration of services are significant both in terms of investment in local communities but also the part health buildings play within an integrated local infrastructure and in influencing local travel patterns. New developments will therefore be planned to minimise transport times for key services and to minimise the impact on the environment of health related activity. New buildings will meet stringent standards for environmental performance and will be situated in accordance with local planning constraints. Significant surplus land will also be released by the NHS as a consequence of this programme offering potential brown field sites for new development.

One area where there is a potential conflict with the spatial plan is the position of Bridgend. In Spatial Plan terms Bridgend Unitary Authority area is located within SE Wales/"City Region" but in health regional terms Bridgend sits within the Mid and West Wales planning region. This does not present any immediate conflict but it is important that health bodies across the two regions coordinate activity to ensure that the East/ West relationships that Bridgend has established with both Cardiff and Swansea is reflected fully in future thinking.

## Designed for Life

In May 2005 the Welsh Assembly Government published “Designed for Life” its Strategy for creating world class Health and Social Care for Wales in the 21<sup>st</sup> century. The Strategy builds on the work already begun in Improving Health in Wales (2001), Health Challenge Wales (2004) and the Wanless Review of Health and Social Care (2003). It outlines how WAG will achieve its ambition by 2015 of changing the nature of the NHS, transforming it to become a truly world class service. The strategic direction outlines the way forward for the health and social care system across the region, highlighting the need for:

- Improvements in general health and well being.
- Better health education and preventive programmes.
- Stronger and more responsive primary care provided 24 hours a day.
- More health and social care provided for patients’ and carers in their own homes to support their independence and enabling them to take greater responsibility for their own health.
- Immediate access to appropriate emergency care and hospital beds.
- Local provision of the hospital services used frequently such as outpatients and routine surgery.

Designed for Life reconfirms the Welsh Assembly Government priorities in terms of effective management of emergencies and achievement of waiting times targets. It also recognises that effective patient and public involvement must be central to service planning and provision, and should be a major catalyst for service improvement. The key principle of planning services with patients is emphasised, recognising the vital contribution that individuals can make in managing their own health and well-being.

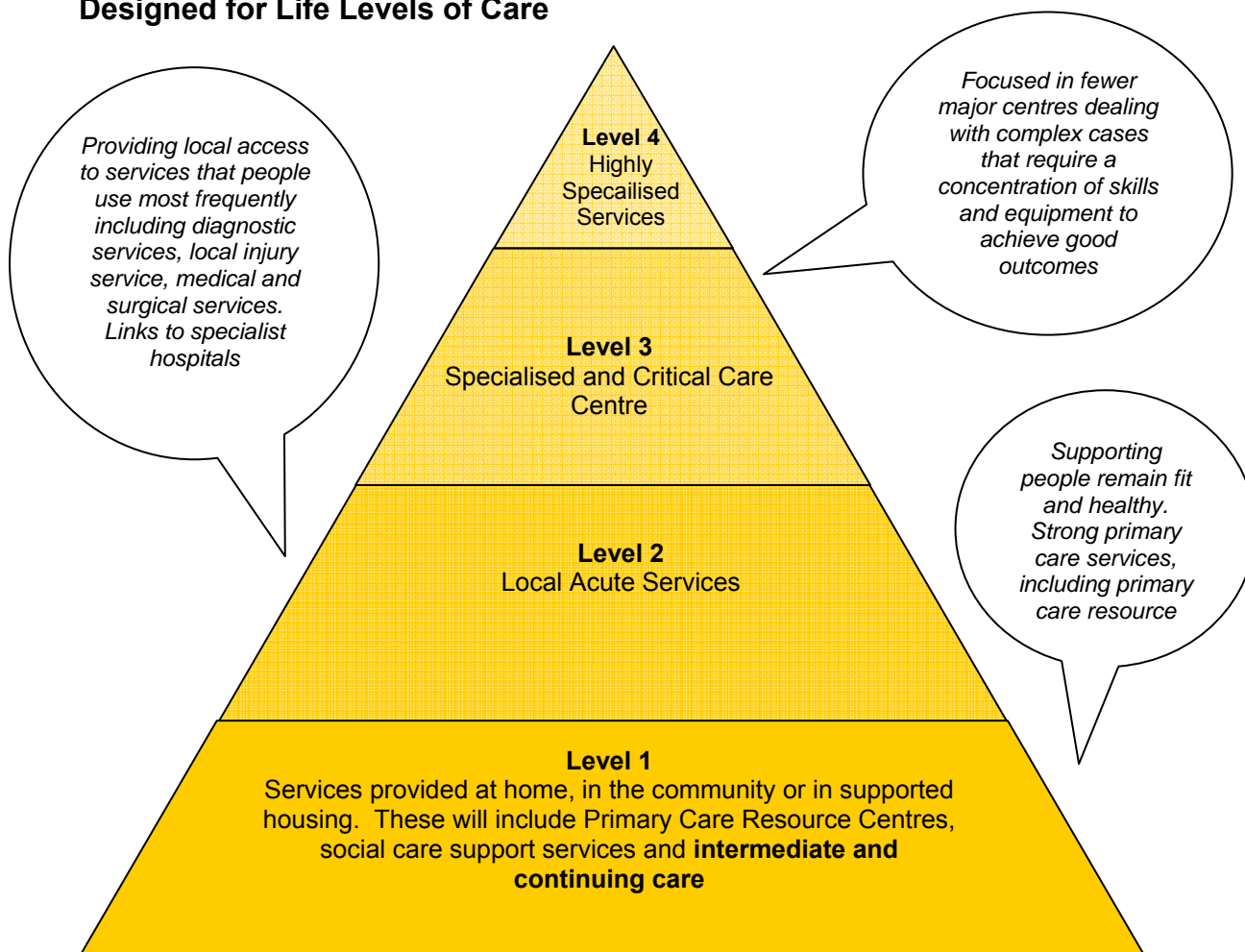
Designed for Life establishes a new framework to support the planning and provision of health and social care services based. For planning purposes it distinguishes five groups of need, and four levels of service.

**Groupings of need set out in *Designed for Life***

- a. **people who are generally well and able to live fairly independent lives** , though sometimes with the support of family and friends and low level of formal support
- b. **people with more significant care needs**, such as people living in the community who are frail or have a long standing disability, including people with a learning disability
- c. **people who have long-term conditions** , including mental health problems or other health problems such as arthritis, diabetes or respiratory disease
- d. **people needing emergency treatment or rapid access to social care**, for anything from emergency dental treatment to emergency cardiac surgery
- e. **people needing elective care**, for example an elective operation

The levels of care set out in Designed for Life are not rigid, and indeed it is recognised that the aim must be to reduce barriers between services.

### Designed for Life Levels of Care



*Designed for Life* recognised the need for change, and required the three Regional Offices to prepare proposals for the reconfiguration of secondary care services by March 2006. It recognised this as a first step towards delivering the National Health and Social Care Strategy.

## The Drivers for Change and the Case for Change in South East Wales

A whole range of factors are changing the way health care will be delivered in the future, and some examples are set out below.

- **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 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 meet the standards set out in *Healthcare Standards for Wales*
- **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.

Within Wales, it is important that we respond effectively to these drivers for change, and one of the most important vehicles to do this is through the Health, Social Care and Well Being Strategies developed by the Local Health Boards and Local Authorities in the context of broader Community Plans. These Strategies have also provided the basis for the Local Wanless Action Plans and will help drive the changes that are required in primary care and in the development of innovative community based service models. They are working to help integrate health and social care services and underpin improvements in primary and secondary care services.

### **Local Health Social Care & Wellbeing Strategies**

All Local Health Boards developed comprehensive Health Social Care and Well-being Strategies in 2004/5. These strategies were based upon the outcomes of detailed local consultation and the production of in depth needs analysis of local communities. The intent behind these strategies was to ensure that resources were targeted at local need and that upstream solutions were developed to tackle the long term causes of avoidable morbidity in our communities.

In addition during 2004 all LHBs produced Local Wanless Action Plans as a response to the Wanless report in Wales. These plans identified priority areas for investment in services that would support the rebalancing of the health and social care system in Wales that Wanless recommended. (An additional investment of 15.8 million pounds per annum across the region was also granted to pump prime change. These initial plans are focused on:

- Redesigning primary care to maximise the resources available within all primary care teams including doctors, dentists and their teams, community pharmacists, optometrists and as well as linking with social care, voluntary and independent sector resources and utilising their estate to deliver services.
- Redesigning secondary care in order to improve efficiency and transfer resources currently blocked in hospital services into the community in order to manage the demand on acute services.
- Developing holistic approaches that remove organisational and professional boundaries when assessing need.
- Focussing on achieving better outcomes, improving quality and getting more from shared resources.
- Developing integrated care where the key objectives are to shift the balance of care from institutional settings to supporting people in the community, and adding value to services resulting in people receiving the right care in the right place at the right time.
- Tackling health and well being challenges in a changing population profile which means the need to plan for services to increasing

numbers of vulnerable adults and older people who will require more care and support.

- Improving the effectiveness of primary care referrals and managing demand.
- Reducing delayed transfers of care.
- Integrating patient care through service redesign and remodelling.

### **Providing more services more locally**

It is a fundamental principle for service development across SE Wales that sustainable change in hospital based services is dependent upon radical shifts in the way we deliver services to patients outside hospital settings. There is nothing new in this philosophy but we know that we are now at a stage in the development of the NHS in Wales when this transformation must be supported.

We all know that travelling to large acute hospitals sites is often difficult for patients and their families. We also know that for many services, it is possible to provide them closer to people's homes in smaller, community focused facilities and we know that patients have been telling us that this is what they want.

We know that too many patients continue to be admitted to hospital because of the absence of more appropriate alternatives. Once admitted, patients often stay too long because of the delays in organising their care outside hospital. There is a general acceptance that services need to be oriented toward avoiding admission and maintaining independence.

Progress is being made to develop local primary care services. The Primary Care Strategy for Wales (2001) pointed the way toward the development of new models of primary care that looked beyond the traditional role of the GP as the gatekeeper to hospital based services. The strategy highlighted the potential for the development of extended, multi disciplinary teams working out of networked primary care centres developing the professional and physical capability to pull services out from hospitals.

New contracts have been agreed and implemented for GPs, Pharmacists and Dentists. These contracts have significantly increased investment in primary care and have shifted the reward system for primary care practitioners toward quality based systems and for GPs in particular for providing an extended range of services in the community. New prescribing regulations will allow pharmacists and nurses to take on roles previously reserved for doctors again facilitating a more flexible and responsive service to patients. The new contracts have also changed the relationship between primary care practitioners and LHBs with LHBs now having a clearer role to develop a managed primary care sector including acting as a provider of services when required.

In general terms the boundary between primary and secondary care is blurring. A focus on how care is provided across a "Patient Pathway" is enabling health and

social care professionals to work together with patients to consider what is needed at each stage of the patient journey.

The new contract for general practitioners is providing a new focus to improve the management of long term conditions such as stroke, diabetes and respiratory problems which has the potential to deliver more care in community settings. Of particular note is the growth in the number of GP's with a special interest that have been able to take on significant work that might otherwise have gravitated into a hospital setting. This has been particularly valuable as part of the strategy for reducing waiting times for hospital treatment. At the same time hospitals have begun to develop smarter approaches to providing early assessment for patients and this is reducing the proportion of patients being admitted.

## **Our Workforce**

The NHS workforce is often said to be its greatest asset and the workforce is currently going through some of the biggest changes in the history of the NHS. The structure of the workforce is a major determinant of service organisation and vice-versa. Workforce change both drives and is driven by service models. Many of the workforce changes that have been developed to date are direct responses to national requirements such as the New Deal, National Service Frameworks, NICE and Royal College Guidance and standards. Other significant drivers that are currently shaping the workforce modernisation agenda include: -

- Wanless Local Action Plans that promote a shift in the balance of care from secondary to primary and community care
- Agenda for Change (pay modernisation) which links the Knowledge and Skills Framework for non-medical health care professionals directly with the delivery of clinical services and provides a unique opportunity to design a workforce capable of delivering the new model of care
- New General Medical Services (GMS), pharmacy and dental contracts linking pay to clinical quality
- A new consultant contract
- European Working Time Directive which further restricts the hours worked by key professional staff on a staged basis from August 2004
- National shortages across many professional groups making it difficult to provide sufficient pools of staff and expertise across a dispersed health and social care system
- The general public's expectation that healthcare will become more personalised

Changes to **medical education** are designed to ensure a workforce fit for the future. This is being driven by new legal requirements e.g. EWTD by the

requirement to improve clinical standards and by significant demographic changes affecting the workforce e.g. significant shift in the gender balance of the medical workforce from men to women and the emergence of a wider European market for health professionals. These changes mean that junior doctors in particular will no longer underpin the NHS by working excessive hours requiring a much expanded consultant based workforce. These factors combined with increasing sub specialisation require more doctors to work together in larger teams, covering larger populations in order to meet requirements to treat agreed minimum numbers of patients in order to maintain skills. The importance of looking at new ways of working and the development of new roles has become ever more important.

## Quality and Clinical Governance

The introduction of clinical governance in 1998 was designed to introduce a systematic approach to the delivery of high quality health care. A duty of quality was placed on NHS organisations with corporate accountability for clinical quality and performance. Clinical Governance is often defined as “as a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

The publication of *Healthcare Standards for Wales* recognises that standards are fundamental to the quality agenda, and highlights the need for all healthcare organisations to assure themselves and the communities they serve that they are achieving or working towards agreed standards of care.

### ***Healthcare Standards for Wales – The Four Domains***

Patient Experience	Clinical Outcomes
Healthcare Governance	Public Health

In addition to the healthcare standards, the Welsh Assembly Government has also confirmed that National Service Frameworks and National Institute for Clinical Excellence guidance must remain a key component of the drive to raise the quality and safety of patient care.

The drive for continuous improvement means that maintaining the status quo is not an option, and where there is evidence that standards can not be met

organisations, both providers and commissioners, must ensure that actions are taken to address this.

## **Information and Technology**

Informing Healthcare is a National Programme to develop new methods, tools and information technologies to transform health services for the people of Wales. The aim is to modernise health service delivery and promote new ways of working through better access to information and knowledge. Informing Healthcare is one of the key enablers for 'Designed for Life', the national ten year strategy to deliver world class health and social care for Wales.

As we plan health services for the future, it will also be important to recognise that individuals now have far greater access to information and technology is enabling services to be provided in radically new ways.

All healthcare systems have historically organised and arranged the delivery of care around institutions and not patients. This fragmented approach often causes lapses in quality and safety which is not sustainable in a modern healthcare system that demands integrated services around the patient. From the patients' perspective, services will only be truly integrated when they, as individuals, are able to work with their health professionals who, in turn, will be supported by common information that is reliable, accessible and secure.

## **Our Estate**

It is clearly essential that the design, location and condition of health care facilities support current and future service models. The Welsh Assembly Government's plan for the future healthcare estates is clearly encapsulated in its vision "To develop accessible, modern, comfortable and adaptable environments where patient care can be delivered safely and efficiently." 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 importance of our estate in the context of service outcomes and staff recruitment in the context of delivering improved training, providing research and development facilities and by improved working conditions.

What is clear is that the existing pattern of provision has evolved and continues to evolve over time but the core of the current estate is now fatigued. One of the principal outputs from the new regional approach will be a joined up regional investment programme to support service modernisation over the next ten years. The programme will be constructed around three major sub community strategic outline programmes (SOP's) and is likely to amount to a total capital investment of £1.5bn over the next ten years.

South East Wales has a relatively high density of hospital provision and compared too much of the rest of the country geographic access to secondary care is good, with few parts of the region being more than 30 minutes travel time by car or ambulance from a major centre.

Acute services are provided from a wide range of sites at present. The major sites include University Hospital of Wales and Llandough Hospital in Cardiff, The Royal Glamorgan at Llantrisant, Prince Charles Hospital in Merthyr Tydfil, The Royal Gwent and St Woolos complex in Newport, Caerphilly Miners in Caerphilly and Nevill Hall in Abergavenny. In addition to the above there are a number of community hospitals across the region which provides a varying range of services in varying settings.

With the exception of Royal Glamorgan Hospital which was opened in 1999, most of our major hospitals increasingly have to work hard to deliver modern health care in outdated buildings that no longer reflect the service models that meet local need. Some significant capital developments have however, been taken forward over recent years:

- New Mental Health facilities at the Royal Glamorgan
- New Cardiac Laboratories at the Royal Gwent
- New elective surgical facilities, principally for Orthopaedics, at Llandough and St Woolos
- New obstetric and midwifery facilities at UHW and the Royal Gwent
- Phase 1 of the Children's Hospital at UHW
- New Mental Health and Care of the Elderly Facilities at Llandough.
- A new ward block at Prince Charles Hospital to provide decant accommodation to enable major upgrading of the main ward block.

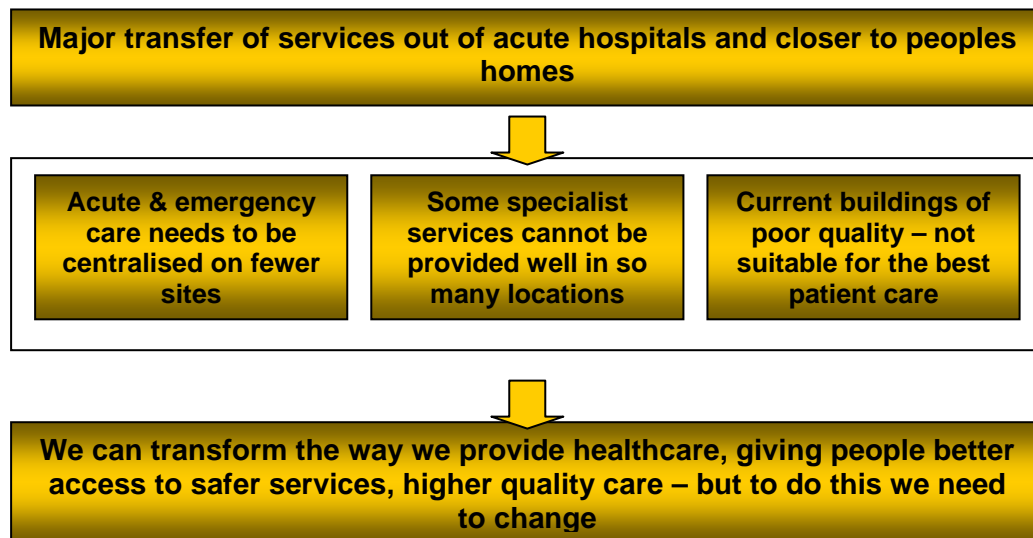
There is a similar picture with respect to the network of community hospitals across the region. There are a number of new facilities that are well placed to support their local communities including St David's Hospital in Cardiff, Chepstow Community Hospital, Barry Hospital and Ysbyty George Thomas in the Rhondda while others date back before the First World War.

## **Summary - The Need for Change**

It is now evident that the aggregate effect of many of the changes that have been taking place over recent years, including the introduction of new contracts, new technologies and a changing workforce places us on the threshold of a revolution in the way health care is delivered.

We have a strategic choice to make as to whether or not this process is planned and managed or whether we allow inevitable change to take place in a more chaotic manner. Experience of change in the hospital system in the past has been that change forced upon the system as services cease to be clinically viable is very damaging. Standards of care can suffer when we seek to sustain the unsustainable. The economic side of this argument can also not be ignored. Committing resources to sustain inappropriate services diverts

resources from where the greatest public benefit can be delivered. This does not make sense in the long term.



Across South East Wales health bodies have been working with their local communities to support the development of local health services. In responding to the challenges set out in *Designed for Life* it is important that this detailed local work fits together in a coherent model across the region and meets the broad models of care described within *Designed for Life*.

In moving these health plans forward across the region, health organisations are working together both at regional level but more critically at a local sub regional level.

# Chapter 2



# Reshaping your local Health Services

The map shows the South East Wales region with numerous towns and cities labeled, including Llanvihangel Crucorney, Abergavenny, Monmouth, Merthyr Tydfil, Tredegar, Ebbw Vale, Brynmawr, Nantyglo, Blaenavon, Raglan, Trellech, Abertillery, Abersychan, Usk, Tintern, Treherbert, Mountain Ash, Treorchy, Ystrad, Abercynon, Ystrad, Pontypool, Blackwood, Oakdale, Newbridge, Llangybi, St Arvans, Church Village, Beddau, Llanharan, Llantrisant, Tongwynlais, Pontypool, Caerphilly, Newport, Magor, Colwinston, Cowbridge, St Brides Major, Dinas Powys, Penarth, Llantwit Major, St Athan, Rhoose, and Barry.

## Developing a Plan for South East Wales

- The Regional Framework

# Regional Framework

## Introduction

The development of health services is a continuous process. Across South East Wales health bodies have been working with their local communities for a number of years, thinking through the pressures that are pushing for change in current arrangements and bringing forward plans at a number of different levels to respond to this.

The planning and delivery of health services needs to happen at a number of levels recognising the different planning populations needed to support the different levels of services from primary care (level 1) through to highly specialist tertiary services (Level 4).

It is important, however that these plans are co-ordinated and come together to create a coherent joined up plan that can support the development of health care services in South East Wales. This is particularly relevant for those services provided on a regional basis e.g. ambulance services, services provided by Velindre NHS Trust and highly specialist services including cardiac surgery, renal transplant etc.,.

This section highlights some of the key issues that need to be considered at a regional level across South East Wales. These primarily relate to the planning and provision of level 3 and level 4 services as defined in *Designed for Life*.

## Planning and Commissioning Health Services

In South East Wales, three sub regional planning areas have been identified to review the configuration and provision of hospital based services.

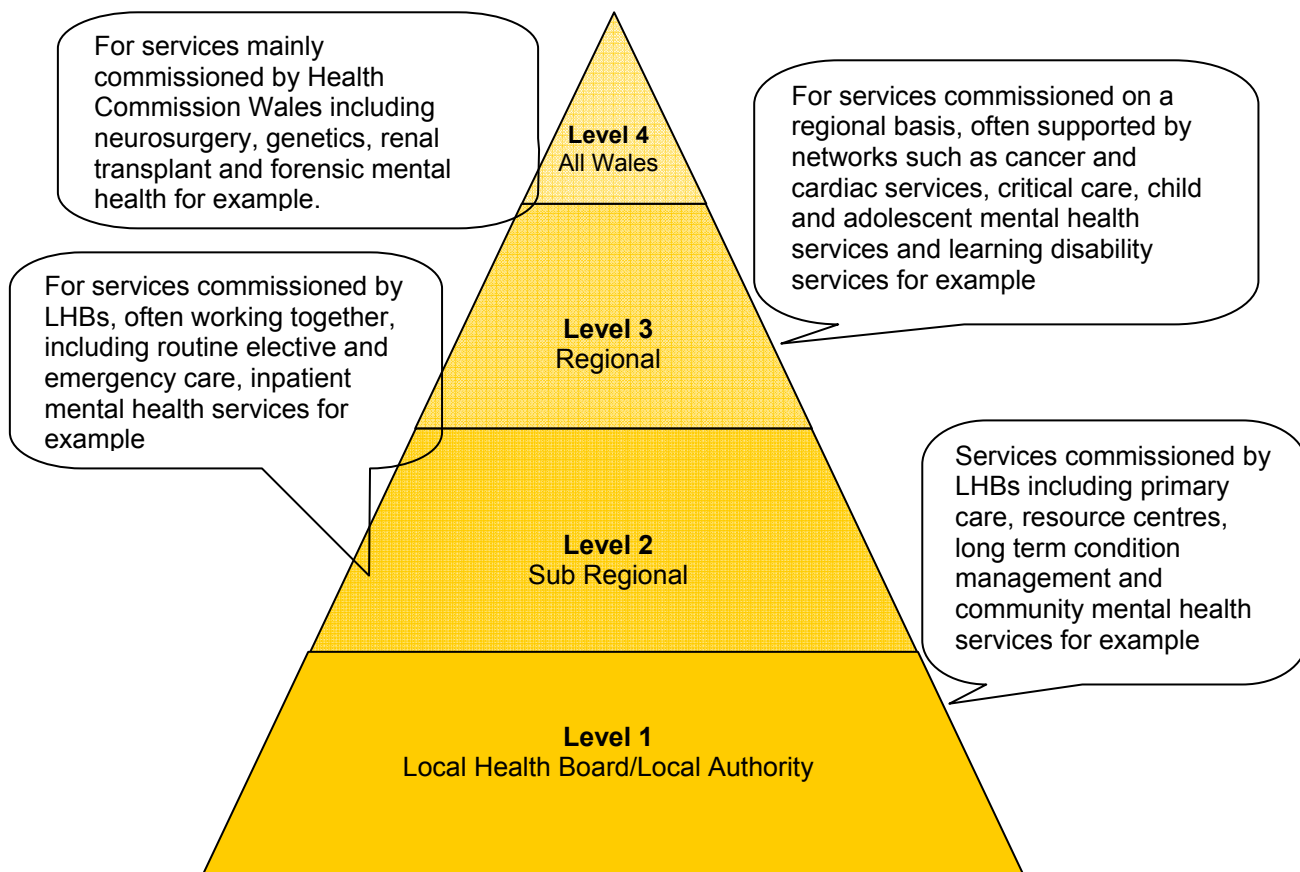
### South East Wales Sub Regional Health Services Planning Areas

Gwent	Gwent NHS Trust, Monmouth LHB, Torfaen LHB, Caerphilly LHB, Newport LHB, Blaenau Gwent LHB
Cardiff and Vale of Glamorgan (C&VoG)*	Cardiff and Vale NHS Trust, Cardiff LHB, Vale of Glamorgan LHB
Rhondda Cynon Taff & Merthyr Tydfil (RCT & MT)	Rhondda Pontypridd NHS Trust, North Glamorgan NHS Trust, Rhondda Cynon Taff LHB, Merthyr Tydfil LHB

*\*The Vale of Glamorgan has a significant population in the Western Vale who look to Bridgend for many of their hospital based services. The LHB is linking closely to work being undertaken in the Mid and West Wales Region to ensure that the needs of this community are reflected in relevant health services plans. It is also recognised that some people living in Caerphilly currently look to Cardiff for their hospital based services. Caerphilly LHB are therefore linking in with the work being undertaken in Cardiff and the Vale of Glamorgan also Merthyr Tydfil and Rhondda Cynon Taff as appropriate.*

While it has been acknowledged that these groupings provide a strong basis to support the planning of hospital based services (levels 2 and 3) for their populations ensuring important links are made with local primary care and community based services (level 1), it has also been recognised that the planning and development of highly specialist services (level 4) can not be done at this level.

### Levels for Health Services Planning in South East Wales



At present, the majority of specialist services are commissioned by Health Commission Wales (Specialist Services). Where Local Health Boards are responsible for the commissioning of specialist services such as cardiac services and cancer services, these have often been considered through regional network arrangements.

Work is currently being taken forward by the Local Health Boards in South East Wales to establish a regional commissioning unit. It is expected that this unit will play a key role in ensuring that the LHBs commissioning strategies for some of the more specialist services are robust and ensure that evidence based standards are achieved.

There are two specialist service providers in the region.

**Cardiff and the Vale NHS Trust** plays a unique role within the regional and indeed national health economies. As a teaching and tertiary centre the Trust provides a wide range of highly specialised services to populations beyond the regional boundary. The Trust works closely with Swansea NHS Trust and Health Commission Wales (HCW) in the development of specialist provision across South Wales and also looks to network with other specialist providers to ensure the viability of specialist (often low volume/high cost) services.

**Velindre NHS Trust** is a provider of specialist non-surgical cancer care across South Wales. Velindre also provides a number of all Wales clinical services which are detailed later in this paper.

While the sub regional planning arrangements in South East Wales are able to provide the basis for the development of level 1 and level 2 services, these plans have to inform, and be informed by the plans for the more specialist services that can only be provided in a smaller number of centres.

The **Welsh Ambulance NHS Trust** also provides services across South East Wales. The Trust is a key partner in the development of local health services, in particular in the development of unscheduled care.

## **Services that need to be planned at a regional level**

In November 2005 a two day workshop was held involving clinical and managerial leaders from across the NHS to consider the future shape and development of health services in South East Wales. The workshop focused upon those service areas that needed a regional framework to support local planning and development:

- emergency care-including the future contribution of ambulance services
- critical care
- cancer services (non surgical and surgical)
- sub specialist services
- diagnostics
- paediatrics, obstetrics and neonatal intensive care

The workshop enabled detailed discussion on the need achieve a critical mass for these services given the changes in the workforce that are expected as a result of new legislation (such as the European Working Time Directive and post Shipman regulations), new standards e.g. National Service Frameworks, changes to medical training (modernising medical careers) and the changing demographics and career expectations of doctors in particular.

There was a general consensus from the workshop that change was unavoidable and indeed absolutely necessary in order to deliver a modern health system in SE Wales. The workshop also recognised that the

knowledge base with regard to the level and nature of future demand was imperfect. The role of the National Public Health service was therefore recognised as being important in assisting the regional planning work.

The workshop recognised the need to establish a formal pan regional NHS led planning process to ensure that there was a process in place to enable plans for those services requiring a regional dimension to be developed and driven forward. The proposed development of a Regional Commissioning Unit will support this process

## **Emergency Care**

When planning emergency and unscheduled care there is strong evidence which highlights the importance of ensuring that patients are taken to the hospital/service most suited to the nature of their injuries, rather than to the nearest one. The development of emergency care networks is also recognised as being important, bringing together A&E departments, minor injury units, Walk in Centres and effective out of hours services with the aim of rationalising and simplifying access to unscheduled care. These networks can also ensure that the role of the ambulance service in transforming emergency care is maximised.

While the development of unscheduled care is being driven forward through the sub regional planning arrangements informed by local unscheduled care networks, there is a need to establish a clear understanding of the model for emergency and “unscheduled care” across the South East Region. It has been generally recognised that the impact of the European Working Times Directive and workforce requirements will have a significant impact in relation to emergency care and the sustainability of 24 hour 7 day a week consultant led services, particularly in smaller units. Any changes to services need to be understood carefully and appropriate clinical networks established. There will also be a need to ensure that there is capacity at the regional level to consider the impact of any planned changes in other clinical services for the configuration.

### **Key Regional Issues**

There must be a clear regional framework for unscheduled/emergency care, with particular reference to the development of regional trauma centre services and the networks that need to be developed to ensure that patients have access to appropriate care.

## **Critical Care**

The All Wales Critical Care Development Group “Quality Requirements for Adult Critical Care in Wales” set out the quality requirements for critical care services.

## Levels of Critical Care

Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team
Level 2	Patients requiring more detailed observation or intervention including support for a single failing organ system or postoperative care, and those stepping down from higher levels of care and patients requiring non invasive ventilatory support
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of a least two organ systems. This level includes all complex patients requiring support for multi-organ failure. All hospitals with an A&E department should have access to Level 3 critical care.
Level 3 (Tertiary)	Acting as a tertiary referral unit for patients with multiple organ failure. Significant role in teaching and training. A level 3(T) unit should provide services for a population of at least 1 million.

Within South East Wales it has been suggested that a Critical Care Network should be established to support the delivery of high quality critical care services, and advise on the number of critical care beds needed and their location based on the location of surgical specialty work and the configuration of emergency services.

### Key Regional Issues

The sub regional plans should recognise the need for the development of a Critical Care Network that ensures access to the appropriate level of critical care, defining the capacity needed across the region in terms of the number of beds needed at levels 2, 3 and 3(T) and where these need to be sited.

## Cancer Services

It has long been acknowledged by LHBs and Health Commission Wales that there is a need for strategic change in the delivery of Surgical and Non-Surgical Cancer Services in South Wales

In support of this, commissioning strategies for surgical and non surgical cancer services are being developed by the South East Wales Cancer Network, working closely with the Mid and West Wales Cancer Network where a South Wales perspective is appropriate. The Commissioning Strategies will reflect the strong evidence base and clinical guidelines that are now available

to inform the planning and provision of cancer related services. Of particular note:

- there is strong evidence to show that the requirement for non-surgical cancer services, particularly radiotherapy will continue to increase. Based on recent studies, it is projected that South Wales will need to double the number of linear accelerator machines (from 8 to 16) by 2015. To meet the 2005 Cancer Standards as outlined in the Assembly's '*Designed for Life*', South Wales will need 12 machines by 2009 (an additional 4 machines).
- Capacity for chemotherapy service needs to be expanded to meet Joint Commission for Clinical Oncology (JCCO) guidelines.
- The need to ensure that multi-disciplinary teams are working at the appropriate level to have sufficient critical mass to maintain standards and achieve the highest quality care for patients

### **Non Surgical Cancer Services**

There are very immediate issues in relation to linear accelerator capacity in South East Wales that it is recognised must be addressed as a matter of urgency, with waiting times continuing to increase. Velindre NHS Trust have developed a transitional plan to ensure that these immediate pressures are addressed. '*Transitional Plan for the Continuity of Services on the Velindre Hospital Site*' aims to ensure replacement issues are addressed before the current linear accelerator capacity is compromised further and it seeks urgent short-medium term investment to sustain services on the Velindre Cancer centre site at least until a long term South Wales solution is operational

The longer term planning issues relating to the services currently provided by Velindre Cancer Centre will be addressed in the forthcoming 'South Wales Non-Surgical Cancer Strategic Outline Programme' (SOP) being led by the two South Wales Cancer Networks and the Trust's commissioners. It is expected that structured public engagement will begin in April 2006 to inform the development of the SOP, linking closely with the sub regional planning arrangements.

#### **Issues to be addressed in the South Wales Non Surgical Cancer Strategic Outline Plan**

- Chemotherapy
- Radiotherapy
- Palliative Care
- Multi-disciplinary Team
- Outpatient activity
- Day case procedures

## **Screening Services**

In addition to chemotherapy and radiotherapy services, the provision of screening programmes is a core part of the services provided by Velindre NHS Trust on an all Wales basis. Developments in screening are significant and include for example:

- Changes in screening populations e.g. the extension of routine breast cancer screening to women up to the age of 70
- Changes in technology e.g. use of digital mammography
- The development of new screening programmes e.g. regional cytology networks, bowel cancer screening

It will again be important that the development and delivery of screening programmes are managed effectively across the Region.

## **Surgical Cancer Services**

The South East Wales Cancer Network is currently working with the Local Health Boards to ensure that there is a commissioning framework in place to ensure that clinical standards are achieved. There is a strong evidence base to support this work, which recognises the importance of strong multi-disciplinary working and the need for sufficient critical mass to improve outcomes for patients.

Detailed work is being undertaken to review the commissioning framework for the key cancer groups to ensure that services are in line with national cancer standards. Some of the key issues to be addressed through the commissioning framework include:

- Reducing the number of single handed consultants currently working in hospitals in South East Wales
- Ensuring that there are effective Multi Disciplinary Teams (MDTs) in place to support effective management of cancer service provision
- Ensuring that there is sufficient critical mass to ensure that MDTs are undertaking sufficient activity to maintain their skills and expertise

While there is generally a clinical consensus on the number of sites that can sustain a service to meet evidence based guidelines, the key issue to be addressed is the location of these sites. This is particularly relevant in relation to upper GI cancer, which is currently being provided on three sites in South East Wales and where it is clear that better outcomes could be expected if the service was provided by single team operating at a single site. There are similar issues to be addressed in relation to urology and anal cancers.

### **Key Regional Issues - Cancer**

The sub regional plans must link closely with Velindre NHS Trust to ensure the development of a model of care for non surgical cancer services that is consistent with the aim of providing safe care as locally as possible.

The sub regional plans must also reflect the outcome of the work of the South East Wales Cancer Network in relation to surgical cancer services to ensure that the configuration of services is based on evidence and maximises the outcomes for patients. This may require the reconfiguration of some services to ensure that there is sufficient critical mass to support high quality, safe and sustainable services.

### **Cardiac Services**

Significant progress has been made to develop cardiac services in South East Wales. These developments will continue, recognising the changes in clinical practice that continue to transform the way services are provided. Some services that were previously only provided in specialist centres are now being provided in the most major hospitals e.g. coronary angiography while there are also changes in clinical practice that may require some centralisation of services to improve outcomes for patients.

### **Key Regional Issues - Cardiac**

It will be important to ensure that the South East Wales Cardiac Network provide a clear framework to support the development of cardiac services in the Region and that their advice informs the development of sub regional and local plans.

### **Sub Specialist Surgery**

There has been increasing specialisation within surgical services and is improving outcomes for patients. The consequence of these changes do, however, require new approaches to the provision of surgical services, in particular emergency surgical care.

Increasingly network arrangements are required which allow either the patient to move to the centre which has an appropriate specialist, or for the specialist to move to the patient. Vascular surgical network arrangements have already been established in South East Wales whereby all vascular surgical emergencies are directed to a hospital with a vascular surgeon on call.

### **Key Regional Issues – Sub Specialisation**

It will be important to establish a clear regional framework for sub specialist surgical services that ensure all people in South East Wales have access to appropriate services. The role of networks will be important in ensuring that access to local routine elective work is balanced with the need to manage emergency surgical cases appropriately.

### **Paediatric services**

The vast majority of health care for children is now provided in primary care and in community based settings and can be planned and commissioned at a local level working closely with partners in education and social services. As a result of changes in clinical practice and the falling birth rate the historical provision of paediatric services in our hospitals needs to be reviewed, with many of the current units being small (often only 1 inpatient ward) with low and in some cases falling occupancies reported. Recommendations coming forward from publications and Royal College guidelines indicates that smaller units are not clinically sustainable.

The planning and provision of hospital based services for children and young people therefore requires a regional perspective this is particularly the case for:

- Neonatal intensive care – where it is expected that there will be two centres in South East Wales
- Paediatric surgery – where the Royal Colleges have indicated that the current model of all acute hospitals doing a small amount of paediatric surgery is not sustainable and network models need to be considered
- Paediatric inpatient care – where it is expected that there will be fewer “acute” inpatient units, with assessment units established enabling children to be supported at home, or transferred to an inpatient bed in an inpatient facility.

For South East Wales, and indeed South Wales, the role of the Children’s Hospital for Wales is also an important consideration, and the outcome of the regional work on the configuration of children’s services will need to inform the planning of Phase II of the Children’s Hospital for Wales’s development.

### **Key Regional Issues – Children**

A Regional Framework for hospital based paediatric services is needed which recognises the transformation that has taken place in children’s services, enabling more children to be cared for in their home environment. Sustainable, high quality assessment and inpatient services must be provided, recognising the role of the Children’s Hospital for Wales in supporting paediatric services across the Region and the wider community in Mid and West Wales.

## **Mental Health Services and Learning Disabilities**

There are also a number of areas within our mental health services and learning disabilities services that will best be addressed at a regional level. In terms of mental health services the following services will require consideration:

- Low secure services
- Specialist community personality disorder services
- Mother and Baby services
- Elements of Eating Disorders
- Psychiatric Intensive Care

## **Other Services**

It is recognised that there are many other services where a regional perspective will be required to inform, and be informed by, the work being undertaken at a sub regional level and indeed at an all Wales level.

Health Commission Wales (HCW) HCW is currently conducting a number of reviews of specialist services and the outcome of these reviews will need to be considered as part of our planning processes, particularly as they will impact on the more routine services which often operate as part of the pathway to and from more specialised care.

## **Conclusion**

It is clear that there are a number of key clinical service issues that require a strong regional framework to support service planning at a more local level. Likewise it is clear that the regional service planning must be informed by and support local service delivery based on the clear principle that we want to provide safe services as locally as possible not local services as safely as possible.

The establishment of a Regional Commissioning Unit will play a key role in supporting this area of work in South East Wales.

# Chapter 3



The map shows the South East Wales region with numerous towns and regions labeled, including Merthyr Tydfil, Ebbw Vale, Newport, and Cardiff. The text 'Reshaping your local Health Services' is overlaid on the map.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

- Health Community Plans

# Chapter 3.1



# Reshaping your local Health Services

## Developing a Plan for South East Wales

Health Community Plan  
➤ Gwent

# **A new conceptual framework - the Gwent Clinical Futures Model**

## **Background**

This section sets out a summary of the work undertaken on a collective basis by Gwent Healthcare NHS Trust and the five Local Health Boards covering Caerphilly, Blaenau Gwent, Newport, Torfaen and Monmouthshire in developing a Strategic Outline Programme for health services in the area known as the Clinical Futures Programme. This builds upon local developments being led by LHBs through implementation of their Health Social Care and Well Being Strategies. Further details can be found in the full Clinical Futures Strategic Outline Programme and the five Health Social Care and Well Being Strategies.

In many ways this chapter and the vision contained within is a microcosm of the work taking place across the region and across Wales as a whole. The Gwent work began in 2003 and is evidence of how complex and time consuming genuine ground up work can be. The genesis of this project was the revisiting of the Caerphilly Hospital Development project back in 2003 when it was agreed by the then Gwent Health Authority and Gwent Healthcare NHS Trust to recast that plan in the light of concern about the future sustainability of services in smaller general hospitals and increasing demands upon the hospital system as whole. It was recognised that any future development of hospital services needed to be based upon a network principle – both in terms of hospitals themselves but also primary and community based services. The project has developed into an integrated whole system plan for a population that is roughly 20% of Wales and the conceptual models that underpin the Gwent work are applicable elsewhere and indeed have helped shape national strategy as defined in Designed for Life.

## **Health Needs and Challenges In Gwent**

The Census of 2001 reports that a total of 552,148 people live in the former “Gwent” area amounting to approximately 19% of the total population of Wales (Table 1). Interim population projections for Wales [Source WAG, “Wales in Figures” 2001] indicate that the population will increase by 44, 000 only by 2011.

Taken together with an estimate of the patients living in south Powys and some across the border in England who look to Gwent Healthcare for acute services, the patient catchment population served by the Trust is close to 600,000.

**Table 1: Population by Borough [Source 2001 Census]**

Area	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen	Total
<b>0-15</b>	14,927	36,615	16,937	30,790	19,406	118,675
<b>16-74</b>	49,471	121,174	60,791	95,912	64,541	391,889
<b>75+</b>	5,666	11,730	7,157	10,309	7,002	41,864
<b>Change From 1991</b>	- 2,600	-1,100	+4,700	+1,491	0	+2,491
<b>Total Population</b>	<b>70,064</b> 13%	<b>169,519</b> 31%	<b>84,885</b> 15%	<b>137,011</b> 25%	<b>90,949</b> 16%	<b>552,428</b> 100%

The overall population has remained stable over the past decade increasing by just 0.5% since the Census of 1991. Small increases in Newport and Monmouthshire are balanced by similar decreases in Blaenau Gwent and Caerphilly. The age distribution of the population is shown at Table 2 with increasing numbers of older people in many localities:

**Table 2: Age Distribution by Borough [Source 2001 Census]**

	Total Population	+45 yrs	% + 45	+65yrs	+75yrs	+85yrs	% +85
<b>Wales</b>	2,903,085	1,074,450	37.0%	504,774	240,583	58,381	1.8%
<b>Blaenau Gwent</b>	70,064	25,364	36.0%	11,832	5,666	1,323	1.8%
<b>Caerphilly</b>	169,519	58,879	34.9%	25,836	11,730	2,522	1.4%
<b>Monmouthshire</b>	84,885	33,882	40.0%	15,247	7,157	1,771	2.1%
<b>Newport</b>	137,011	47,605	34.7%	22,098	10,309	2,386	1.7%
<b>Torfaen</b>	90,949	33,317	36.6%	15,293	7002	1,459	1.6%
<b>Total Gwent</b>	<b>552,428</b>	<b>199,047</b>	<b>36.45%</b>	<b>90,306</b>	<b>42,864</b>	<b>8,161</b>	<b>1.7%</b>

One of the important trends identified over the next ten years is the relative increase of the population aged over 45, compared to a reduction in the population in the under 45 group. The Director of Public Health for the former Gwent Health Authority (Annual Report 2002) noted that this factor coupled with the effects of falling birth and death rates will result in an increasing dependency ratio.

The needs of ethnic minority groups must also be addressed. Generally there are not high numbers but the greatest needs are in the urban communities in the south of the area. In particular, Newport LHB's Health Social Care and Well Being Strategy reflects the specific consideration that needs to be given to the commissioning of services for BME communities.

The valleys experience high levels of social deprivation including low incomes, poor housing stock and high unemployment. For example, the percentage of households with gross annual income less than £10,000 in Caerphilly county borough ranged from 21.7% to 43.4% at "ward" level; unemployment in Blaenau Gwent was 6.9% in August 2000 and 34.7% of households in the Borough have a gross annual income of less than £10,000.

Each of the LHBs has undertaken an extensive health needs assessment as the basis for developing their Health, Social Care and Well Being Strategies. Some of the common themes and issues include:

- A focus on prevention and early intervention.
- Support for vulnerable adults and carers and children at risk.
- Tackling poverty.
- Improving education skills and training.
- Improving community development and empowerment.
- Ensuring community safety and addressing the supply of illegal drugs.
- Improving sexual health and reducing teenage pregnancy.
- Tackling unhealthy lifestyles particularly in terms of smoking, exercise, poor diet and obesity and alcohol consumption.
- Changing service models to address the increasing number of older people and the management of long term conditions.

As a whole Gwent has the highest standardised mortality rate [SMR] in Wales at 105 and there are significant health inequalities within Gwent at county borough level (Table 3). SMRs for circulatory and respiratory diseases and cancers are higher than the Welsh averages for all boroughs in Gwent other than Monmouth. The table also shows potential years life lost [PYLL] for these diseases.

**Table 3: Health Scores: Source Report of Director of Public Health for Gwent 2002**

	All Causes		Circulatory		Cancers		Respiratory	
	SMR	PYLL	SMR	PYLL	SMR	PYLL	SMR	PYLL
<b>Wales</b>	<b>100</b>	<b>169.2</b>	<b>100</b>	<b>46.2</b>	<b>100</b>	<b>50.5</b>	<b>100</b>	<b>11.6</b>
Gwent	105	168.5	108.7	49.4	102.8	49.8	111.4	12.3
Caerphilly	110.7	173.1	118.5	54.3	103	50	118.2	12
Blaenau Gwent	118.9	187.4	118.3	54.6	113	53.6	169.1	19.3
Torfaen	106.8	168.6	111.7	47.8	108	49.5	103.5	12.7
Monmouthshire	86.5	150.7	83.4	38.7	90.9	49.2	78.2	8.8
Newport	101.9	163.2	106.5	48.2	101.5	48.3	99.1	10.6

There is a higher than average percentage of adults in Gwent being treated for heart disease, asthma, mental illness and diabetes compared to the rest of Wales. Physical health and mental health summary scores are lower than the Welsh average.

## The Challenge of Maintaining Services

In addition to the challenges posed by the current and predicted health needs of the population, the Health Community in Gwent is faced with a number of growing pressures in maintaining the current range of services. These include the following:

- Acute services are fragmented across three separate sites (Caerphilly District Miners 114 beds, Nevill Hall Hospital with 440 beds and Royal Gwent Hospital with 757 beds). This results 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 will become a major issue for obstetric and paediatric services over the next few years, as well as critical care and emergency surgical services.
- Local provision of secondary care services is very poor in some parts of Gwent, with a focus on DGHs in Newport and Abergavenny for the vast majority of services. This is difficult for patients in terms of access, presents obstacles to integration of care and leads to congestion in hospital services.
- Current hospitals provide a mix of general hospital care together with major emergency and more specialist care. The congestion created by focusing all of these services on a few sites means that those who really need major emergency or more specialist care can encounter delays in accessing it.
- Significant numbers of beds are located in community hospitals (600 beds approximately) which are unequally spread across Gwent, many of which have outdated unsuitable infrastructure and environments, and over half are too small to support the required level of clinical cover to deliver hospital care. The utilisation of this capacity is therefore severely restricted.
- Increasing levels of emergency admissions and variable provision of alternatives leads to high bed occupancy at District General Hospitals. This in turn leads to high levels of outlying patients, cancellations of elective operations, blockages in critical care beds and delays in Accident & Emergency Departments. This is poor quality for patients and presents significant challenges in meeting waiting times targets and the A&E 4 hour wait target.

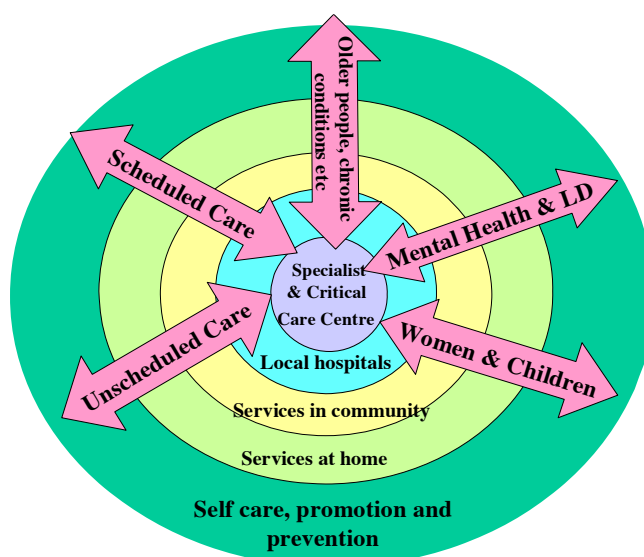
- Long waiting times for certain specialties for outpatient appointments arise from increases in demand, increases in referrals from primary care, and a lack of alternatives to Consultant provision.
- Long waiting times for certain specialties for treatment arise from a lack of appropriate capacity (for example, day cases) and congestion due to emergency demand.
- Congestion in critical care facilities due to high bed occupancy in acute beds and limited critical care capacity leading to difficulties in providing appropriate level of care for patients and cancellations of operations. Difficulties will be experienced in providing appropriate cover for two separate intensive care service in the longer term.
- Physical capacity constraints in diagnostic departments such as radiology and pathology make it difficult for services to be sufficiently responsive. Duplication of more specialist diagnostic services over multiple sites makes it difficult to operate on a 24/7 basis, particularly in the absence of technological links between the sites.
- Patients who are ready for discharge can be delayed within acute and community hospital beds because of a lack of alternative provision, and this causes further congestion and prevents optimum use of hospital capacity. Although the numbers of Delayed Transfers of Care have reduced significantly within Gwent over the last 12 months, this definition does not record all patients who experience a delay.
- Obstacles to achieving compliance with clinical effectiveness and clinical governance requirements within current service configuration eg National Service Frameworks and NICE – due to the fragmentation of services over 2 to 3 sites. For example, cardiology services, breast cancer services, haematology services.
- Obstacles to the effective implementation of workforce changes including European Working Time Directive and New Deal. This will be particularly problematic from 2009 if the current configuration of services remains and has financial and recruitment implications.
- Associated difficulties of recruitment and retention in high pressure areas/ congested facilities and poor environments. The latter is already a major problem on the Royal Gwent site for services such as paediatrics and radiology.
- 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.

## Strategic Vision

The overarching vision of the local health community shared by its local partners is to help patients, clients and service users to maintain their independence and maximise their health and social well being – helping them “go solo” wherever possible. At the same time it is critical that there is a focus on reducing the current inequalities in health that exist between and within areas of the Health Community.

This will be achieved through effective and accessible health and social care services delivered as close to people’s homes as can be safely achieved backed up by a “centre of excellence” in major emergency, complex and specialist care. Services will aim to keep people well and in their own home, only moving patients on to other settings when it is appropriate and essential as shown in the following model.

**Figure 1: New Model of Care – Whole System Approach**



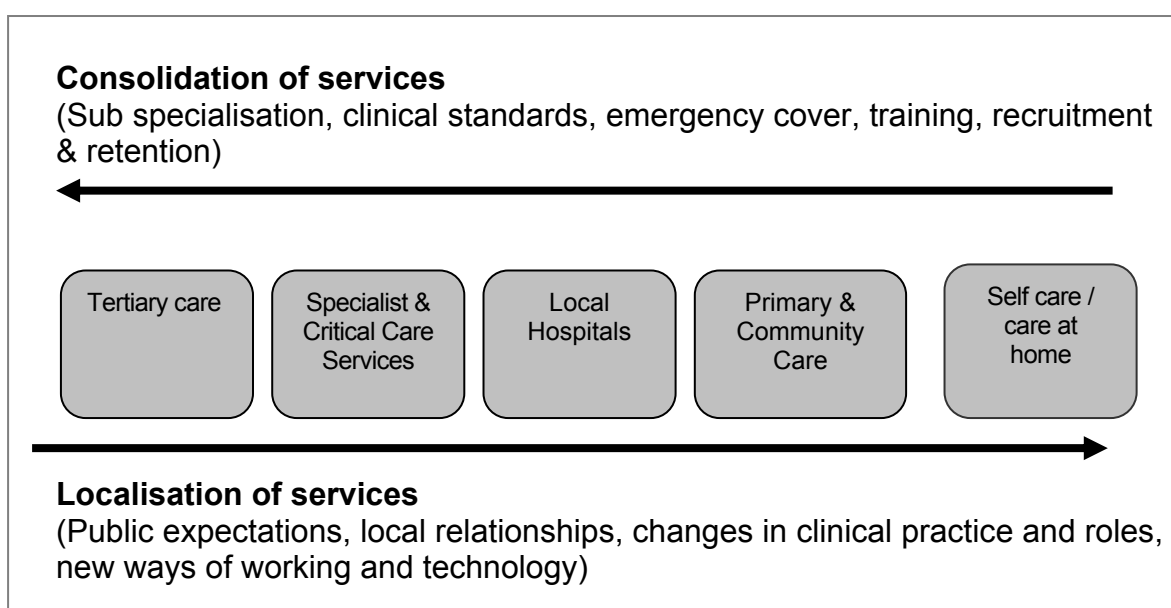
The key to this is will be a new model of care based on a whole systems approach (figure1), requiring a new balance of care between social, primary, community, secondary and tertiary services where:

- More services are available in the home, in local communities and local hospitals where they can be accessed quickly and easily.
- These are backed up by a stronger and more robust specialist and emergency service reflecting the requirements of more stringent quality standards, recognising the interdependence of clinical services and ensuring effective networking with tertiary centres.

The central dynamic operating across the system can be seen as the tension between our ability to deliver more services closer to home and the pressing

The central dynamic operating across the system can be seen as the tension between our ability to deliver more services closer to home and the pressing need to centralise some specialist services in fewer locations. The old model of the District General Hospital is being pulled apart by these forces for change and in its place we will see the creation of a differentiated model which allows these tensions to be managed in a way that will create a viable model in the future. At its heart this will see the gradual decentralisation of more routine care delivering more services closer to home than now and the creation of a smaller number of sites that can maintain clinical viability for more specialist services.

**Figure 2:** Future Model of Healthcare Service Delivery



The strategic changes that are required to deliver the new model shown at Figure 2 clearly have major implications for the entire healthcare system and include the following:

- Expansion of capacity in primary care in terms of skills, facilities and technology.
- Creation of new community based models of care which integrate primary, social and community services and enable local access to some services previously in the domain of secondary services e.g. simple diagnostics.
- Rationalisation and redefinition of the thirteen community hospitals currently in existence within Gwent, developing new models of "resource centres" or "integrated treatment and care centres" involving primary, secondary and social care.

Development of a new model of “local general hospital” within the hospital network, aiming to improve local access to routine planned and emergency services and enhance integration between the various aspects of local service provision.

- Consolidation of complex specialist and major emergency services to ensure that they have the resources, infrastructure and critical mass required to deliver appropriate standards in the future.
- Development of clear networks with regional services and tertiary centres to ensure there is appropriate access to these services.

These proposals have been developed through a comprehensive planning process which has involved significant research into new models of care, alternative service configurations and different ways of working. It has also aimed to achieve an appropriate balance of clinical leadership and involvement together with effective public and stakeholder engagement and communication.

A three month engagement exercise was undertaken during the Spring of 2005 to explain the case for change, present the ideas for the future and seek feedback on these from the public, staff and other stakeholders. Various mechanisms were used including leaflets and questionnaires, a website, a video, workshops and discussion meetings and the local media. Views from the general public have reinforced the case for change and they particularly want to see action in relation to the following issues:

- Unreasonable waits to access a range of secondary care provision including diagnostics, outpatients and operations and appointments in primary care
- Limited local access to routine services
- Standards of cleanliness in healthcare facilities with particular reference to MRSA
- 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

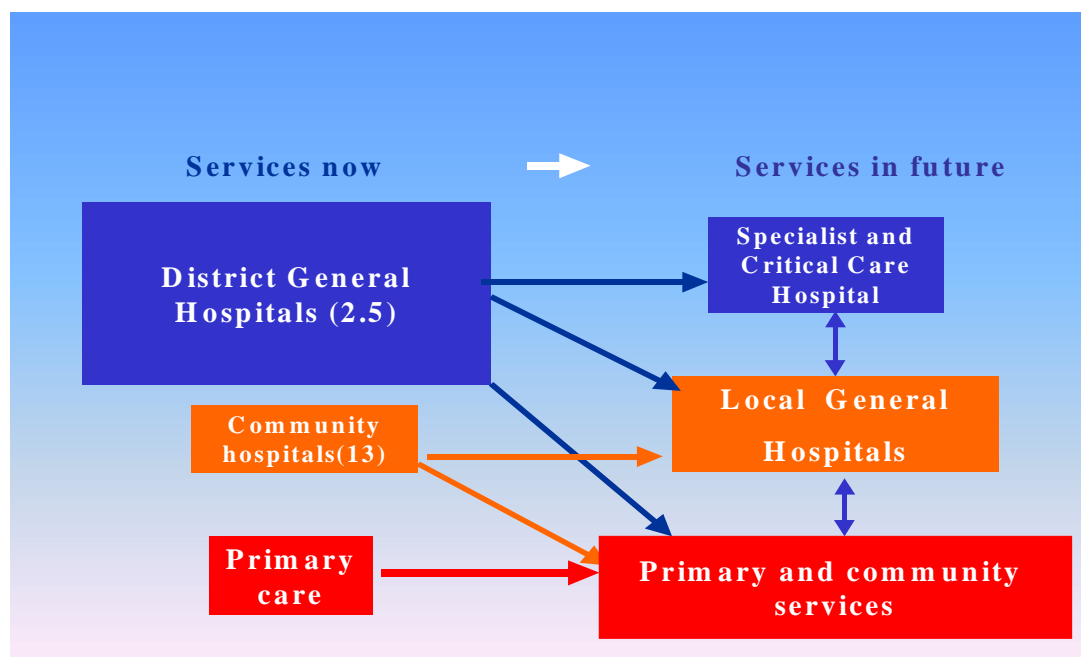
The exercise also found that there was widespread support for the new model of care and in particular people supported the emphasis on:

- Stronger, more flexible primary care
- More proactive, integrated community care and social services
- Improvements in local access to the services that people need to use most frequently
- Development of a network of local hospitals that are easier to access and use
- Achieving excellent standards of care in specialist and major emergency services that people can rely upon and have confidence in.

## Rebalancing the System in Gwent – Implications

As a result of these proposals the current configuration of services will need to change significantly as shown at Figure 3.

**Figure 3: Reconfiguration of Services**



This system will require the development of a network of local general hospitals which aim to maximise local access to the services that people use most frequently. These will be substantially different to the District General Hospitals and Community Hospitals that currently exist. In this context “local” is defined as an LHB area, rather than smaller catchment areas currently served by the traditional community hospital model. The local hospitals will deliver a range of services currently provided by district general hospitals and will absorb many of the services currently provided in community hospitals. They will be supported through effective local networks of primary, community and intermediate care services including resource centres.

Each Local General Hospital may be different in specific functionality according to local needs and circumstances, but will aim to deliver as many services as practicable and safe in five key areas:

- Unscheduled care
- Scheduled care
- Women and Children’s services
- Integrated care for people with long term conditions or complex needs.
- Mental Health Services for Adults and Older People.

Services more appropriately provided on a community basis could be located in specific Integrated Care or Primary Care Resource Centres, which will bring together primary, social and community services, possibly with some low dependency beds. Examples could be to support the management of long term illness, respite or support care. This is the model being implemented through the Monnow Court Joint Health and Social Care Facility which will be commissioned in the first half of 2006 and will replace the existing Monmouth Hospital and a range of existing social care provision.

Major elective and major emergency services cannot be decentralised to Local General Hospitals due to the increasing influence of sub specialisation, higher clinical standards, clinical training, new legislation and other pressures on the workforce. Even with the support of new roles and new technology some aspects of these services will need to be consolidated in a Specialist and Critical Care Centre in order to ensure robust and sustainable services for the future. This will include

- Aspects of Accident and Emergency
- Specialist Medicine
- Emergency Surgery
- Critical Care
- High Risk Obstetrics
- Trauma
- Neonatology
- Acute Paediatrics
- Complex Surgery including cancer
- High tech diagnostics e.g. catheter laboratory

In addition this Centre will provide opportunities for the further development of tertiary outreach services at this centre, thus enhancing access to such services within Gwent.

The Specialist Critical Care Centre will act as a “back up” facility for the Local General Hospitals in providing advice, assessment, diagnosis and treatment where it cannot be delivered safely at local level, and in transferring patients back to LGH when they no longer require specialist attention.

The service requirements for local and pan Gwent services are illustrated on the following table:

**Table 4 - Summary of Hospital Service Requirements**

<b>Pathway</b>	<b>Requirements for local hospital services</b>	<b>Requirements for consolidated pan Gwent services</b>
<b>Unscheduled Care</b>	<ul style="list-style-type: none"> <li>• Primary care out of hours services</li> <li>• Emergency Assessment</li> <li>• Short Stay and Observation Facilities for Emergency admissions</li> <li>• High dependency facilities at level 1 and/or level 2</li> <li>• Rapid Access Clinics</li> <li>• 24 hour minor injuries services</li> <li>• Bases for urgent response community teams</li> </ul>	<ul style="list-style-type: none"> <li>• Accident and Emergency</li> <li>• Specialist medical assessment and in patient care</li> <li>• Emergency Surgery</li> <li>• Trauma</li> <li>• Maxillo facial surgery</li> <li>• ENT</li> <li>• Full range of critical care services including coronary care, high dependency and intensive care</li> </ul>
<b>Scheduled Care</b>	<ul style="list-style-type: none"> <li>• Outpatient clinics</li> <li>• Routine radiology including plain film, ultrasound, fluoroscopy and potentially CT</li> <li>• Routine pathology including haematology and microbiology</li> <li>• Endoscopy services</li> <li>• Day case and short stay surgery/treatment</li> <li>• Some cancer services</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist outpatient clinics</li> <li>• Specialist radiology including MRI and coronary angiography</li> <li>• Comprehensive pathology including biochemistry and histopathology</li> <li>• Complex surgery requiring high levels of clinical support, after care or intensive care</li> <li>• Critical care</li> <li>• Most cancer surgery</li> </ul>
<b>Women and Children's Services</b>	<p><u>Women</u></p> <ul style="list-style-type: none"> <li>• Outpatient gynaecology – emergency and planned</li> <li>• Day case and short stay gynaecology procedures and treatments</li> <li>• Antenatal care</li> <li>• Midwifery led birthing centres</li> </ul>	<p><u>Women</u></p> <ul style="list-style-type: none"> <li>• Specialist outpatient clinics</li> <li>• Emergency gynaecology assessment and treatment</li> <li>• Complex surgery including cancer surgery</li> <li>• Sophisticated diagnostics and interventions eg foetal medicine</li> <li>• Consultant led obstetric service</li> </ul>

	<u>Children</u> <ul style="list-style-type: none"> <li>• Community and acute outpatient clinics</li> <li>• Minor injuries services</li> <li>• Paediatric assessment</li> <li>• Children and Adolescent Mental Health Services</li> </ul>	<u>Children</u> <ul style="list-style-type: none"> <li>• Specialist outpatient clinics</li> <li>• Emergency assessment</li> <li>• Paediatric In patient services</li> <li>• Paediatric surgery</li> <li>• Paediatric High Dependency</li> <li>• Neonatology</li> </ul>
<b>Integrated Care</b>	<ul style="list-style-type: none"> <li>• General rehabilitation</li> <li>• Post surgical rehabilitation</li> <li>• Stroke rehabilitation</li> <li>• Sub acute care for people with complex needs/long term conditions</li> <li>• Palliative care</li> <li>• Outpatient rehabilitation programmes</li> <li>• Therapy support including Hydrotherapy</li> </ul>	N/A
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Outpatient services for adult and older adults</li> <li>• Day care services for adults and older adults</li> <li>• In patient provision for adults and older adults</li> <li>• Liaison psychiatry</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatric intensive care and high dependency care</li> <li>• Early intervention services</li> <li>• Low secure forensic unit</li> </ul>

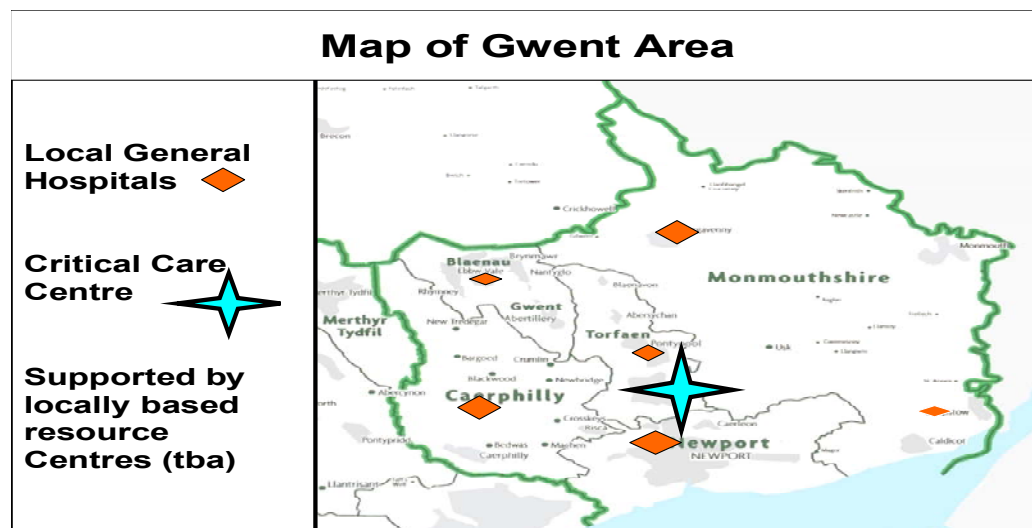
The preferred way forward for implementing this new approach is therefore the development of a network of 5 or 6 Local General Hospitals including the pathfinder projects that are already at an advanced stage in Caerphilly and Blaenau Gwent. Local General Hospitals will also be required to serve Newport and surrounding areas, Torfaen, and the North Gwent area. These will be supported by a single Specialist Critical Care Centre (SCCC) located to achieve optimum access for the whole of the catchment population served by the major emergency and specialist services. This has already been supported by the Welsh Assembly Government as a result of the Clinical Futures Strategic Outline Programme which was considered by the Capital Investment Board in December 2005.

These changes have a significant impact on the existing network of hospitals in Gwent and no institution will be untouched by this programme. There are already detailed plans in place regarding the Caerphilly and Blaenau Gwent developments which have been through successful public consultation exercises – and new hospitals in these areas will result in the closure of

Caerphilly District Miners, Oakdale, Aberbargoed, Ystrad Mynach, Ebbw Vale and Abertillery Hospitals, with the potential to develop Blaina and Tredegar Hospitals as resource centres, possibly incorporating health, social care and other services. In the case of Redwood Hospital, plans are being developed with the local community to provide a health and social care resource centre for the north of Caerphilly County Borough. The agreement of these plans has been achieved through close co-operation between all the statutory partners involved including the Gwent Community Health Council and Local Authority partners, together with a significant amount of input and support from local people who are keen to see the delivery of a modern health service.

As the plans are rolled out across Gwent there will also be significant change for the two main District General Hospital (DGH) sites at the Royal Gwent and St Woolo's Hospital and Nevill Hall Hospital. These facilities are likely to be remodelled or replaced with Local General Hospitals providing a comprehensive range of local services, whilst the specialist and emergency components of services currently provided at these sites are transferred and consolidated in a Specialist and Critical Care Centre in an accessible location. This is anticipated to be in the vicinity of the Cwmbran area as this has been identified as the optimum zone for patient access as a result of an independent travel time's analysis. However the exact site is still to be determined through the planning and consultation process. County Hospital, Maidiff Court, St Cadocs Hospital, and Blaenavon Health Care Unit are also likely to undergo significant change. Chepstow Hospital is a relatively new and modern facility that will have a key role in the new network.

The potential configuration of services that will now be tested through the detailed planning process is shown on the following map:



## Borough Specific Service Plans and Development

In addition to the joint work undertaken in respect of “Clinical Futures”, each of the LHBs has developed Borough specific proposals for service developments that respond to the priorities set out in their Health Social Care and Well Being Strategies. The table set out overleaf summarises priorities arising from Health Social Care and Well Being Strategies, together with corresponding service plans by LHB.

	<b>HSCWB Priorities</b>	<b>Service Development and Re-design Proposals</b>	<b>Timescales for Development</b>	<b>Resource requirements and Funding arrangements</b>
<b>Blaenau Gwent</b>	<ul style="list-style-type: none"> <li>• Health, Social Care and Well Being Partners working together within the Community.</li> <li>• Empowering people and communities to promote their own health and well being.</li> <li>• Access to services, information and advice.</li> <li>• Listening to the voices of people and their carers.</li> <li>• Targeting and modernising services to raise standards and meet local needs.</li> <li>• Healthy children and young people having a flying start in life.</li> <li>• Individuals living as independently as possible.</li> <li>• Equality with everyone having the same right to</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hour integrated intermediate care team (to include Community Physician, Clinical Assistants, Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dietician, CPNs and Social Support).</li> <li>• Rapid Response service:               <ul style="list-style-type: none"> <li>○ 24 hour team of nurses</li> <li>○ Rapid access MP clinics</li> <li>○ Intermediate care beds</li> <li>○ OOH access to home care.</li> </ul> </li> <li>• Reablement service:               <ul style="list-style-type: none"> <li>○ Existing service expanded</li> <li>○ Assist project</li> <li>○ Short term assessment flats.</li> </ul> </li> <li>• Local General Hospital development.</li> </ul>	All developments due to be fully functional during 2006/07, other than the Local General Hospital which is due to be commissioned in 2009.	Developments funded through baseline LHB resources and Wanless investment of £1.056 million. Capital requirement for new Hospital build to be funded via central Capital Programme.

	<p>services and opportunities.</p> <ul style="list-style-type: none"> <li>Responsibility and accountability in protecting the vulnerable.</li> </ul>			
<b>Caerphilly</b>	<ul style="list-style-type: none"> <li>To improve public health by promoting factors that contribute to healthy lifestyles and well being.</li> <li>To reduce health inequalities by tackling deprivation and the wider determinants of health.</li> <li>To expand and develop community based health and social care services.</li> <li>To enable independent living in communities through appropriate support mechanisms for individuals, families and carers.</li> <li>To develop and strengthen preventative work and service provision for vulnerable adults and children.</li> </ul>	<ul style="list-style-type: none"> <li>Co-located health and social care teams and integrated primary and community care service delivery in three geographically zoned areas of the borough.</li> <li>Hospital and Community Services Project (including development of the new Caerphilly Local General Hospital).</li> <li>Primary Care services (including Health and Social Care Resource Centres), supported by mixed economy of primary care providers.</li> <li>Improving the range of and access to primary care services through QOF, pharmacy and dentistry contracts.</li> <li>Completion of service modelling work in respect of Health and Social Care Resource Centre to serve North of the Borough.</li> <li>Implementation of Chronic Disease Management Teams for Diabetes, Respiratory Disease and CHD.</li> </ul>	<p>2005/06</p> <p>Hospital due to be commissioned in 2009/10 First Centre in North of Borough in 2005</p> <p>2005/06</p> <p>May 2005</p> <p>2005</p>	<p>Developments funded through LHB baseline and Wanless investment of £5.2 million. Capital requirement for new Hospital build to be funded via central Capital Programme.</p> <p>Capital funding is required to implement the Primary Care Estates Strategy for the Borough - estimated capital funding is circa 30 million.</p>
<b>Monmouthshire</b>	<ul style="list-style-type: none"> <li>Individual and communities are able to take greater responsibility for themselves and others.</li> <li>More people are helped to live at home independently for longer and return</li> </ul>	<ul style="list-style-type: none"> <li>Development of primary care strategy to focus on redesign of services as to effective integrated local provision concentrating on alternative pathways for chronic disease management.</li> </ul>	<p>2005/06</p>	<p>Initially funded from GMS but will require funding via disinvestments for secondary care services.</p>

	<p>there (from care) sooner.</p> <ul style="list-style-type: none"> <li>• People find healthy choice easier to make.</li> <li>• People benefit from living and working in circumstances that are conducive to good health and quality of life.</li> <li>• People are able to access high quality services and benefit from agencies working together well based on evidence of need and what works best.</li> <li>• The public get better value for money because more cost effective use is made of our total shared resources.</li> <li>• The most vulnerable groups benefit from supportive well targeted services.</li> </ul>	<ul style="list-style-type: none"> <li>• Monmouth Health &amp; Social Care facility is built to offer a local integrated primary intermediate and community care resource.</li> <li>• Development of rehabilitation model in south of the county through 'Staying Healthy at Home' scheme and some expansion in the north of the county through generic care workers.</li> <li>• Community domiciliary care team for older people with mental health problems.</li> <li>• Implementation of recommendation of day activities review across Health &amp; Social Care.</li> <li>• Development of resource centre models including expansion of out of hours provision and Telecare response and effective use of existing domiciliary care services.</li> <li>• Service redesign to affect a shift from acute sector to primary/intermediate/community care in line with clinical futures strategic direction.</li> <li>• Whole system approaches that seek to identify and utilise a range of resources available in a locality to</li> </ul>	<p>Building to be completed by March 2006.</p> <p>2005/06</p> <p>2005/06</p> <p>2005/06 + 2006/07</p> <p>2005/06</p> <p>Through 2005/06 2006/07</p> <p>From 2005/06</p>	<p>Funded by about £6 million via a P.F.I. procurement.</p> <p>Development of about £253k funded from Wanless/ Capacity grant.</p> <p>Funded by about £100k from Wanless/Capacity grant. Any expansion will need additional funding.</p> <p>Alternative provision needs to be tied into clinical futures and utilisation of existing resource base.</p> <p>Community Care resources some staff are funded from capacity grant.</p>
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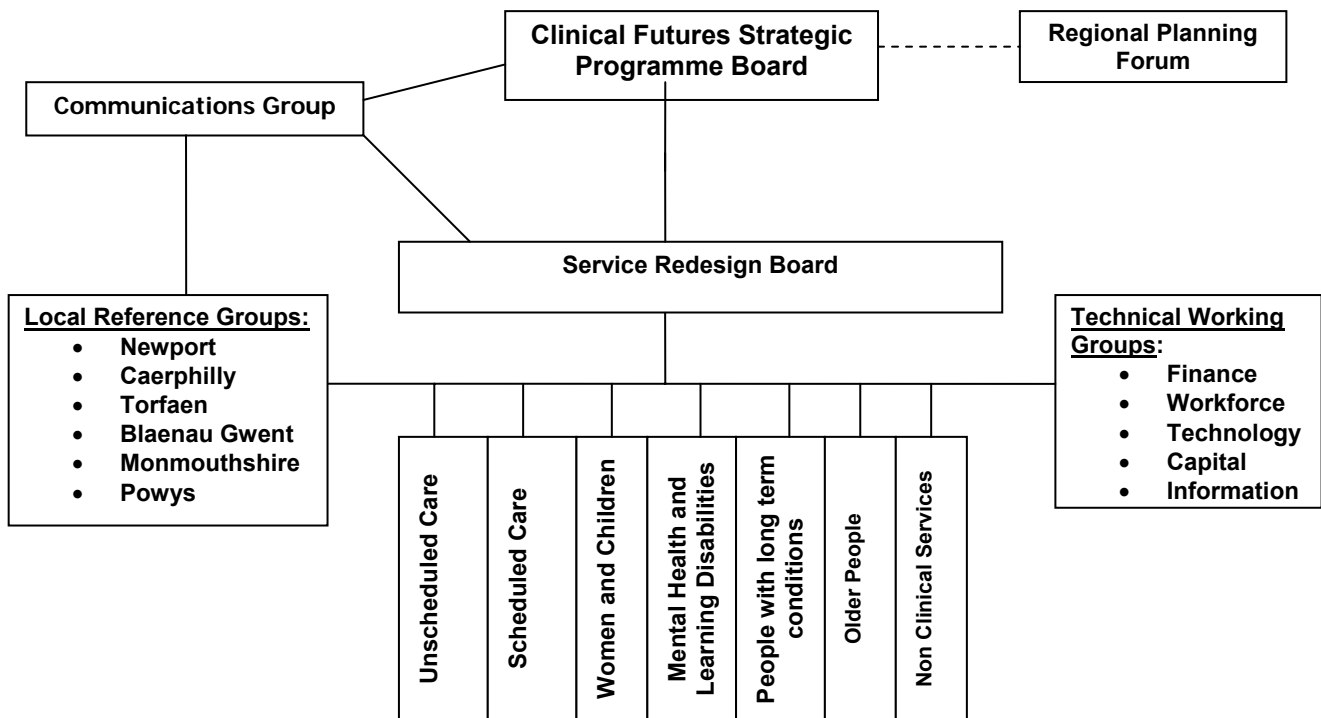
		promote wellbeing and health.		Altering commissioning pattern following liaison with partners.  Aims to identify the resource base.
<b>Newport</b>	<p>Service integration and service re-design, informed by public and patient views, targeting:</p> <ul style="list-style-type: none"> <li>• Elderly care</li> <li>• Intermediate care</li> <li>• Mental Health Services</li> <li>• Physical and Sensory Disability services</li> <li>• Learning Disabilities services</li> <li>• Primary/secondary care services</li> <li>• Healthy Living</li> <li>• Supporting people (Housing and Accommodation for Vulnerable People).</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of local enhanced services targeting services where access can be improved, skills of specialist practitioners can be utilised, and local demand can be met.</li> <li>• Development of 3 health and well being resource centres (to replace existing 9 health centres and clinics and offer alternatives to DGH care).</li> <li>• Development of integrated intermediate care base, and fully integrated team.</li> <li>• Step up/step down beds.</li> <li>• Chronic disease management based on Kaiser Permanente model.</li> </ul>	<p>2005/06</p> <p>First on stream 2007/08</p> <p>2005/06</p> <p>2005/06 2005/06</p>	<p>Capital requirements for new Resource Centres set out in Primary Care Estates Strategy.</p> <p>Other developments funded through LHB baseline and Wanless investment of £1.4 million.</p>
<b>Torfaen</b>	<ul style="list-style-type: none"> <li>• Tackle health and well being challenges.</li> <li>• Re-design primary health and social care services.</li> <li>• Develop intermediate care services.</li> <li>• Integrate services to add value.</li> <li>• Re-design secondary health care services.</li> </ul>	<ul style="list-style-type: none"> <li>• Health and well being services: <ul style="list-style-type: none"> <li>○ Extend smoking cessation service</li> <li>○ Healthy eating</li> <li>○ Support for physical activities</li> <li>○ Substance misuse</li> <li>○ Encourage breast feeding</li> <li>○ Healthy lifestyle education.</li> </ul> </li> <li>• Re-design primary health and social care services: <ul style="list-style-type: none"> <li>○ Health and social care chronic disease</li> </ul> </li> </ul>	<p>2005/06</p> <p>2005/06</p>	<p>£380k over 3 years</p> <p>£3.4 million over 3 years</p>

		<ul style="list-style-type: none"> <li>○ pathways <ul style="list-style-type: none"> <li>○ Local enhanced services</li> <li>○ Medication support.</li> </ul> </li> <li>● Intermediate care services: <ul style="list-style-type: none"> <li>○ Enhanced community based services, step up/down beds</li> <li>○ Rapid response nursing team.</li> </ul> </li> <li>● Integrate services to add value: <ul style="list-style-type: none"> <li>○ Review of Blaenavon Hospital</li> <li>○ Joint Assessment and Resource Centre</li> <li>○ Joint Equipment Services</li> <li>○ Establish multi-agency base for substance misuse.</li> </ul> </li> <li>● Re-design secondary care services: <ul style="list-style-type: none"> <li>○ Develop Local General Hospital Business Case.</li> <li>○ Increase diagnostic support at County Hospital.</li> <li>○ Local musculo-skeletal services.</li> </ul> </li> </ul>	<p>2005/06</p> <p>2005/06</p> <p>OBC 2005/06 (date for new hospital to be determined)</p>	<p>£5 million Wanless investment</p> <p>£600k over 3 years</p> <p>£800k ear-marked towards revenue consequences</p>
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## Delivery Programme

A comprehensive delivery programme has been established to provide a framework and momentum for this work over the next 7 years, and to ensure that all areas of work are fully integrated and aligned with the strategic direction. This is being directed and overseen by a Clinical Futures Strategic Board consisting of Chief Executives from the Trust and LHBs for Newport, Blaenau Gwent, Torfaen, Caerphilly and Monmouthshire together with representatives of Gwent Community Health Council, Welsh Ambulance NHS Trust, Health Commission for Wales, and SE Wales Regional Office.

The Strategic Board has established the following structure to ensure the delivery of key milestones and appropriate levels of engagement:



The structure has been set up to ensure that the main focus is on service redesign and improvement as the cornerstone and foundation of each of the other work programmes which include workforce development, capital investment, technology development and communication and engagement.

The Local Reference Groups feed in issues from LHB perspectives and links with the Regional Planning Forum are important in providing a mechanisms to address “interface” issues between Gwent and other Health Communities.

The overall timetable and key milestones for the whole work programme is dictated by the capital investment programme as this is the critical path to delivering a complete reconfiguration of hospital services within Gwent although the Strategic Board will be seeking to maximise movement towards the new service models as quickly as possible within the existing constraints in order to contribute to the delivery of short term targets. The anticipated timescale for the overall capital investment programme is 2012/13 which is very ambitious but is driven by the need to strengthen and sustain specialist clinical services as quickly as possible and also to avoid the increasing problems and costs of the poor infrastructure that currently exists within Gwent. The Blaenau Gwent and Caerphilly Local General Hospitals will be commissioned in 2009 and 2010 respectively.

The key milestones for the development of Outline Business Cases for the implementation of the “Hospital Network” model in Gwent are as follows:

- |   |                        |
|---|------------------------|
| • Development of service specifications | Sept 2005 – Feb 2006   |
| • Option appraisals<br>2006             | March 2006 – July 2006 |
| • Public Consultation                   | Sept 2006 – Dec 2006   |
| • Submission of OBCs                    | Early 2007             |

## Financial Implications

The estimated capital costs range from £321m for the 'Do Minimum' option to £744m for the full new build option. In both instances the costs of the Caerphilly and Blaenau Gwent developments (£138m) are built into the total costs. All options also include the costs of re-providing existing acute adult and acute elderly mental health on LGH sites.

A high level analysis of the revenue consequences associated with the options has also been undertaken taking into account:

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

In consequence the full revenue cost impact of the most expensive option could be up to £52m. Funding strategies are already in place to support the revenue costs of both the Caerphilly and Blaenau Gwent developments which reduces the net impact to £43m. The five Gwent LHBs have a combined Hospital and Community Health Service budget of £465m and £43m would represent approximately 1% year on year growth over the timescale envisaged for the project. The investment proposal will deliver waiting times of 6 months, 4 hour A&E targets, reduce occupancy to safe and sustainable levels and improve quality of care and provide a basis for sustainable services into the future. The proposal is therefore aligned to the delivery of Designed for Life and other national strategies and therefore the Trust and LHBs will continue to refine the financial strategy in order to match the costs of the project with future resources.

## Interim Planning Considerations

This paper sets out a medium to long term planning agenda for the Gwent Health Community that describes the development of a new whole systems model of care. However there will still be a number of service and estates planning issues that need to be addressed in the short term – to meet short term service delivery targets, to address significant service or estate risk issues or to help develop and progress new service models. The Trust is currently developing an interim service and estates plan to ensure that there is a prioritised, co-ordinated approach that aligns short term plans with the longer term strategy. Specific issues will include the diagnostic and elective capacity required to meet Access 2009 targets, measures to implement more effective assessment services and contingency plans for vulnerable services

which may be susceptible to changes in the workforce as a result of the European Working Time Directive.

The Trust is also progressing current developments such as the Main Delivery Unit at the Royal Gwent Hospital and Health Sciences Institute.

## Chapter 3.2



# Reshaping your local Health Services

## Developing a Plan for South East Wales

- Health Community Plan
  - Merthyr Tydfil and Rhondda Cynon Taff

# Strategic Vision for Merthyr Tydfil and Rhondda Cynon Taff

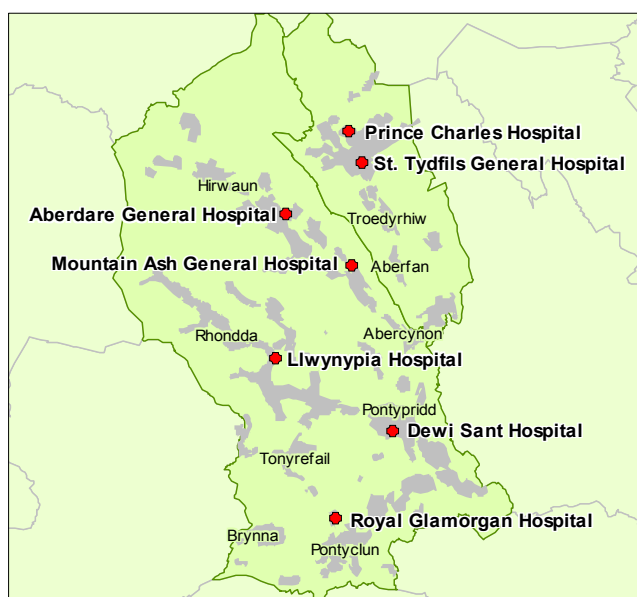
## Introduction

Merthyr Tydfil and Rhondda Cynon Taff is split between two major Trusts i.e. Pontypridd and Rhondda and North Glamorgan NHS Trusts. The combined catchment population is also the smallest of the three areas in the South East Region but with a combined catchment population of over 300,000 people the sub-region is considered viable to sustain tier 3 services. It is also recognised that population size is only one element of the picture. Merthyr Tydfil and Rhondda Cynon Taff has significant issues flowing from high concentrations of social and economic deprivation and historically, relatively high usage of acute hospital services. Relatively low levels of population mobility also raise issues about the importance of maintaining local access to services.

Level two and three acute services are provided in the main from the two major hospital sites in the area i.e. the Royal Glamorgan Hospital at Llantrisant and Prince Charles Hospital in Merthyr Tydfil.

The view from across the Region is that the strategy across Merthyr Tydfil and Rhondda Cynon Taff requires closer working between the two major hospitals within a networked model of care. Working in collaboration it should be possible to develop a clinical model that supports both the further development of local services and also maintains the viability of most level three services. It is envisaged that the existing clinical network arrangements will be further built upon, both within the Merthyr Tydfil and Rhondda Cynon Taff area and with neighbouring providers. It is also recognised that the clinical flows are complex and will require close working with Caerphilly in particular and Cardiff as part of the wider network across South-East Wales. Patient flows from South Powys to North Glamorgan NHS Trust will also be a key consideration, particularly where North Glamorgan Trust is the sole provider of certain services to that population.

## Profile of Merthyr Tydfil and Rhondda Cynon Taff



### Rhondda Cynon Taff Local Health Board

#### Population & Geography

Rhondda Cynon Taff has a population of approximately 232,000, making it the second most populated authority area in Wales after Cardiff. The population has declined overall since the 1991 Census by about 3,000. This overall reduction is accounted for largely outward migration, and by a reduction in children, both in absolute numbers and as a proportion of the population, and conceals a substantial rise in the older population. In effect, the population is ageing, and is expected to continue to do so. In 2001 in Rhondda Cynon Taff 7.8% of the population were aged 75 and over.

Within Rhondda Cynon Taff the inequality in health is stark. 17 of the 53 electoral wards are amongst the 100 most deprived in Wales, with one ward ranking as the second most deprived in Wales. However, there are also some very affluent wards, with one ward ranking 836 out of the 865 wards in Wales. These widely varying circumstances are reflected in a difference in life expectancy of about five years, depending on where someone lives in the County Borough.

#### Primary Care Provision

There are 65 General Practitioner surgeries in the Rhondda Cynon Taff area, including 43 main and 22 branch surgeries. These surgeries comprise 116 GP's, with an average list size of 2,061 patients.

Rhondda Cynon Taff, and especially Cynon Valley, has an ageing GP population with a large number of single-handed GPs with high list sizes. These issues, combined with the complex socio-economic and geographical factors, lead to increased difficulties in providing equitable primary care services across the region.

The Primary Care Support Unit (PCSU) was originally established in the Cynon Valley in October 2000 and the aims at that time were to support the locality GPs and their practices in order to facilitate better patient care by setting up new clinics (e.g. Diabetes, CHD, Child Immunisation, Asthma and Well Woman Clinics) and providing cover for GPs to further develop their skills and develop services in their own surgeries.

The service was rolled out to Rhondda and Taff in 2003 and now provides support to all GPs in the Rhondda Cynon Taff area. A number of locality GPs are near retirement age and vacancies will soon arise. The PCSU is providing a ready-trained resource to fill these gaps when they occur. The Primary Care Support Unit has seen, during the three years of existence, an increase in morale in the locality GPs and an increased interest in the area from the Vocational Training Schemes within South Wales.

In order to address the pressing challenges brought about by the existing primary care premises, a "Hub & Spoke" model has been developed and can be broadly described as a network of six new primary care centres (Hubs) linked with a network of existing and new GP surgeries/primary care premises (Spokes). The "Spokes" will, in general, be suitable for the provision of quality General Medical Services (GMS), with the "Hubs" delivering a far reaching range of enhanced services e.g. chronic disease management clinic, physiotherapy, podiatry and dietetics, etc. The new primary care centres will provide a comprehensive and integrated range of primary care services, act as focal point for community and social care teams, and provide an extended range of outpatient, diagnostic and treatment services in a local setting. It will involve a significant rationalisation of the existing portfolio of GP premises and will provide an opportunity to replace those properties, which are unsuitable for modern primary care services.

### **Health, Social Care & Well-being in Rhondda Cynon Taff**

The Health, Social Care & Well-being Strategy for Rhondda Cynon Taff (2005-2008) will assist the Community in securing an improvement in its health and a feeling of wellbeing, helping people to take control of their lives and to feel confident to make important choices.

The Local Health Board and Local Authority, together with partners from the voluntary sector, local communities and businesses, the Community Health Councils and local NHS Trusts, have adopted seven key themes which emerged from the health needs assessment and were supported widely during two public consultation exercises. It is believed that the following key themes represent the greatest opportunities for change:

- Work and Health
- Mental Health and Emotional Well-being
- Children and Young People
- Transport and Access
- Maintaining Independence
- Healthy Environments
- Community Collaboration and Prevention

An action plan has been developed for each of these themes, detailing the priorities which will be progressed under the banner of the first, 3-year Health, Social Care & Well-being Strategy.

The Health, Social Care & Well-being Strategy also reflects, and is responsible for delivering, the key priorities which were identified within the Wanless Local Action Plan for Rhondda Cynon Taff (April 2004), in response to the 'Review of Health and Social Care in Wales':

- Service Remodelling and Redesign
- Infrastructure for Improved Joint Working
- Intermediate Care
- Chronic Disease Management
- Mental Health
- Public Engagement
- Children & Young People

The stakeholder organisations in Rhondda Cynon Taff have given their commitment to driving this modernisation agenda forward. They will ensure that resources are used and targeted effectively to implement a redesigned health and social care system, resulting in improved services and outcomes.

## **Profile of Merthyr Tydfil Local Health Board**

### **Population & Geography**

Merthyr Tydfil has a population of approximately 56,000. As well as being recognised as one of the most deprived areas of Wales, the population of Merthyr Tydfil has some of the worst health scores in Wales which have been identified through the LHB's needs assessment undertaken in preparation for the Health, Social Care and Wellbeing Strategy. For example, compared to the all Wales averages Merthyr Tydfil has the highest levels of life-long limiting illness, levels of sickness benefits, teenage conceptions. Overall, the population's health and well-being baseline is very poor with some of the highest levels of chronic disease in Wales

### **Primary Care Provision**

There are 13 General Practitioner (GP) surgeries in the Merthyr Tydfil area, including 8 main and 5 branch surgeries. These surgeries comprise 32 GP's, with an average list size of 1,792 patients.

The primary care resource team (PCRT) was established to support the locality GP's and their practice staff and better facilitate patient care by setting up new clinics and providing cover for GPs to further develop their skills. The team has also benefited from the 'Inequalities in Health' Ischemic Heart Disease Screening project, in that the nursing team have had a direct impact on the level of awareness, understanding and training of practice staff in the development of Coronary Heart Disease clinics.

The average list size in Merthyr Tydfil compares well with the Welsh average of the number of whole time equivalent GPs per 10,000 population. Merthyr also has a higher percentage of single handed GPs than the Welsh average and a lower percentage of female GPs. In addition, some 30% of GPs in Merthyr Tydfil are over 60 years old and might be expected to retire within the next 5-10 years.

The salaried GPs that form part of the PCRT assist in developing practice based skills and providing cover for the practices. This was seen as the preferred solution to ensure continuity of care and assist in attracting staff into the area as a number of local GPs are close to retirement age.

As part of the development of local enhanced services and improved clinical standards, the team has supported several practices in the development of the Primary Care Collaborative, working in conjunction with the National Leadership and Innovations Agency for Healthcare (NLIAH) and also local clinical networks to share good practice.

In order to address the ageing estate, the primary care estate strategy has utilised a 'Hub and Spoke' model to roll out its programme. The Hub will deliver a more enhanced service level and will be based in the town centre with a network of primary care centres across the remaining catchment area. The new centres will in general provide a comprehensive and integrated range of primary care services and act as a focal point for community and social care teams. They will therefore be able to provide an extended range of outpatient, diagnostic and treatment services in a local setting.

### **Health, Social Care & Well-being in Merthyr Tydfil**

The Merthyr Tydfil Health, Social Care and Well Being Strategy sets out what needs to happen to improve everyone's health and well being in the Borough.

It is underpinned by a philosophy that by all organisations, statutory and non statutory, working together, it will create a community where people fulfil their potential. The strategy has five main themes as follows:-

- **Enable individuals with specific support needs to live an independent, integrated and valued life within their own communities.**

This theme is intended to ensure we have services that address the needs of more vulnerable groups within the community such as carers,

older people, people with disability and people with mental health problems to ensure that they are able to fulfil their life potential.

- **Enable individuals and communities to make lifestyle decisions such as stopping smoking, eating well, exercising and practising safer sex, that enhance health and well being.**

This theme is designed to make it easier for people to initiate informed choices that will contribute to better health and well being. This includes the help, advice or services available to people to improve their health, for example, through stopping smoking, eating well, exercising and practising safer sex. The work in Merthyr Tydfil will also be in response to the Health Challenge Wales gauntlet laid down by the Welsh Assembly Government.

- **To further develop community based health and social care services within a whole system approach, in line with the aims and objectives in the Merthyr Tydfil Wanless Local Action Plan.**

This theme focuses on what is required to improve services to meet people's needs as close to home as possible. It is about the NHS, County Borough Council, Voluntary and Private Sectors working together with the public to deliver joined up services.

- **To tackle the underlying factors that affect health, recognising the impact surroundings such as housing, transport, community safety and education have on people's health and well being. The strategy aims 'to help maximise individuals life opportunities'.**

This theme is intended to ensure that Merthyr Tydfil is able to get the best out of its health and social care resources. It is about the NHS, County Borough Council, Voluntary and Private Sectors working together with the public to be able to plan and develop services to support the developments outlined in the previous four other themes above.

- **To develop the local infrastructure to improve Health, Social Care and Well Being for Merthyr Tydfil.**

An Action Plan has been developed to deliver the strategy. The strategy is a first step to long term improvements in Health, Social Care and Well Being in Merthyr Tydfil.

## **Profile of Pontypridd & Rhondda NHS Trust**

### **Population & Geography**

Pontypridd & Rhondda NHS Trust serves a population of approximately 180,000 within Rhondda and Taff. The Rhondda Valleys accounts for 40% of this population and is separated into two Valleys (Rhondda Fawr and Rhondda Fach).

The Valleys communities have distinct characteristics and are markedly different between the North and South regions. The Northern population is generally of the older age group and suffers poor economic circumstances, whilst the far South of the Valleys tends to comprise of younger families and the more affluent. There is also a tendency for young people to leave the Valleys communities in pursuit of education, employment and housing. This trend results in a fairly static population number, but a residual population, of around 15% of elderly people living alone without the support of a local family network. These characteristics have considerable influence upon the type and range of health and social services required.

## Trust Profile

Pontypridd & Rhondda NHS Trust provides all hospital, community and mental health services for the population of Rhondda and Taff. Although a significant proportion of these services that the Trust provides are community focused, the Trust currently manages five hospital sites providing a range of acute, rehabilitation and specialist services:

Hospital Services	Royal Glamorgan Hospital	Llwynypia Hospital	Dewi Sant Hospital	Ysbyty George Thomas	Y Bwthyn
Gen. Surgery	▼●■	●			
T&O	▼●■	●			
ENT	▼●■	●			
Ophthalmology	▼●■	●			
Oral Surgery	●■				
Orthodontics	●				
Acute Medicine	▼●■	●			
Rehabilitation		▼	▼	▼	
Dermatology	●■				
Rheumatology	▼●■	●	●▼		
Paediatrics	▼●■	●			
Care of Elderly	▼●■	▼	▼△		
Gynaecology	▼●■	●			
Obstetrics	▼●■	●			
Palliative Care	▼				▼●△
Mental Illness	▼●■△				
EMI	▼●■△		▼	▼△	
SCBU	▼				
Intensive Care	▼				
Coronary Care	▼				
Haematology	▼●■				
Radiotherapy	●				
Neurology	●				
A&E	●				
Minor Injuries		●			

GUM	●		●		
GP Beds				▼	
Diagnostic Services	▼●■△	▼●			
Therapy Services	▼●■△	▼●	▼●△	▼●△	▼●△

**Key**

▼ Inpatient Services	■ Day Case Services
● Outpatient Services	△ Day Care Services

**Current Bed Numbers**

Royal Glamorgan	577
Dewi Sant	108
Llwynypia	139
Ysbyty George Thomas	100
Pontypridd Cottage	6
<b>Total</b>	<b>930</b>

General Community Services are provided from a network of clinics, health centres, patients' own homes and other community settings, including:

- Child Health Services
- District Nursing
- Health Visiting
- School Health Service
- Women's Reproductive and Sexual Health Services
- Specialist Nursing Services

There are a number of Community Mental Health Services, which are similarly held in a variety of settings:

- General Community Mental Health Teams
- Community Drug and Alcohol Service – provided to the areas served by the Pontypridd & Rhondda and North Glamorgan NHS Trusts.
- Child and Adolescent Mental Health Service – provided to the areas served by the Pontypridd & Rhondda, North Glamorgan and Bro Morgannwg NHS Trusts.

**Trust Workforce**

The Trust's current complement of 3,493 whole time equivalent staff includes a wide variety of diverse roles. These range from key support staff e.g. housekeeping and maintenance staff, administrative and secretarial staff and nursing assistants to medical, nursing, scientists and allied health professionals. Many are based in the community and work closely with other health care and social care providers.

## **Whole Time Equivalent Staff**

Nursing 1687  
Professional and Technical 460  
Medical 252  
Ancillary 426  
Administration and Clerical 611  
Estates 57

## **Funding**

For the financial year 2004/05 the Trust received £141m to fund its services.

## **Capital Developments**

The Royal Glamorgan is the newest major hospital in Wales and does not suffer from the estates problems that beset many of the older hospitals across the Region. The development of the site has only recently been completed with the commissioning of the new Mental Health template in 2004. The Royal Glamorgan functions well and is a consistent high performer within the Region but is faced with the same long-term challenges regarding clinical viability in some specialties as other hospitals in Wales.

Building work has also recently commenced on Ysbyty Cwm Rhondda ('The Second Rhondda Hospital'), which will be commissioned in 2008 to replace Llwynypia Hospital. Ysbyty Cwm Rhondda will provide 108 rehabilitation/step-down beds, supported by a range of community and primary care services.

## **Profile of North Glamorgan NHS Trust**

### **Geography & Population**

The North Glamorgan NHS Trust catchment area covers South Powys to the North, the Upper Rhymney Valley in the east and the Merthyr and Cynon Valleys to the South. The town of Merthyr Tydfil is the main urban concentration within the Trust's catchment area with clusters of villages and small town communities located along the length of the three valleys.

The geography of the valleys fundamentally dictates the transport and communication links. The main east-west link the A465 'Heads of the Valleys' road is partially dual carriageway and runs east from Abergavenny to Neath (and the M4) in the south west. Merthyr Tydfil is located halfway along this route. The A470 dual carriageway is the main route to Cardiff. The A4054 and A4059 are the main roads supporting the towns and villages in the Merthyr and Cynon Valleys and are subject to urban speed restrictions for the majority of the route. Although there are bus services on both of these routes, the valley communities are located in populated areas which have grown up the

side of the hills and public transport is not easy for many residents to access. Merthyr and Cynon Valleys remain relatively isolated communities as there are low levels of car ownership. The next nearest major acute hospital for many residents is either a lengthy and fragmented journey by public transport or a 30 - 40 minute car journey.

The total population served is approximately 150,000. Whilst there is a possibility of this catchment population shrinking due to demographic change and repatriation of work into Caerphilly with the planned development of the new Caerphilly Hospital it is possible that the planned redevelopment of the Heads of the Valleys may reverse these trends as the economic prospects of the area improve.

## Trust Profile

Detailed below is an outline of the Trust's main clinical services:

	Prince Charles Hospital	St Tydfil's	Aberdare	Mountain Ash
General Surgery	▼ ● ■		●	●
Trauma & Ortho.	▼ ● ■		●	●
Ear, Nose & Throat *	▼ ● ■		●	●
Ophthalmology *	● ■		●	
Oral Surgery*	▼ ● ■			
Orthodontics*	●			
General Medicine	▼ ● ■		▼ ● △	▼ ●
Dermatology	● ■		● ■	
Rheumatology	▼ ●		●	●
Paediatrics	▼ ●		●	
Care of Elderly	▼ ●	▼ ● △	▼ ● △	
Gynaecology	▼ ● ■		●	●
Obstetrics	▼ ● ■		▼ ● ■	
Palliative Care	●		▼ ● △	
Mental Illness		▼ ●	● △	●
Elderly Mentally Ill		▼ ● △	●	▼
Special Baby Care	▼ ●			
Intensive Care	▼			
Coronary Care	▼			
Haematology	▼ ● ■		●	

	Prince Charles Hospital	St Tydfil's	Aberdare	Mountain Ash
Plastic Surgery			•	
Radiotherapy	•		•	
Neurology	•			
Restorative Dentistry*	• ■		•	
Oncology	• ■		•	
A&E	•			
Minor Injuries	•		•	•

\* Indicates services currently networked with Pontypridd and Rhondda Trust

#### Key

Inpatient Services	▼	Day Case Services	■
Outpatient Services	•	Day Care Services	△

#### Current Bed Numbers

Prince Charles Hospital	430
St Tydfil Hospital	156
Aberdare Hospital	93
Mountain Ash Hospital	35
<b>Total</b>	<b>714</b>

The Trust provides a range of services from five health centres and seventeen community clinics as well as in the patient's home and in other community settings. These services include:

- District Nursing
- Health Visiting
- Contraceptive and Sexual Health Service
- School Health Service
- Therapies services e.g. Podiatry, Speech and Language Therapy
- Specialist nursing services e.g. diabetes, cardiac rehabilitation, palliative care

Mental health services are also provided in a variety of community facilities and through a number of Community Mental Health Teams (CMHTs). Pontypridd and Rhondda Trust provide the services for Community Drug and Alcohol Services and Child and Adolescent Mental Health (CAMHS).

## Trust Workforce

The Trust employs approximately 2,900 whole time equivalent (WTE) staff, providing a wide range of services, working in hospital and community settings, often with social care staff and voluntary workers.

### Breakdown by staff group (January 06):

	WTE
Nursing	1393
Professional & Technical	418
Medical & Dental	252
Ancillary	268
Administrative and Clerical	545
Estates	40

## Funding

For the financial year 2004/05 the Trust received £110m contract income to fund its services. The three main commissioners of the Trust's services are Merthyr, Rhondda Cynon Taff and Caerphilly Local Health Boards.

## Capital Developments

Prince Charles Hospital is also faced with very significant estate issues requiring massive investment to bring the existing buildings up to standard. To date over £20million has been spent improving the fabric of the hospital but with the level of investment required (in excess of £100m for refurbishment) it is imperative that the opportunity is taken to ensure that a clinical model fit for the future is developed.

A Strategic Outline Programme for services in Merthyr Tydfil was recently submitted to the Welsh Assembly Government. The supporting objectives will require the infrastructure to enable:

- The Trust to provide a local hospital network infrastructure that is appropriately located and functionally suitable to supporting the new models of care to meet:
  - access targets for planned and emergency care in line with national targets
  - optimal delivery of acute, mental health and integrated community services on a local basis
- The Trust to provide a hospital services infrastructure that will comply with the targets identified by the National Estates Performance Indicators

The Trust is facing challenges based upon critical mass and clinical viability, which will require greater networking of services in the future.

The subsequent Outline Business Case for these capital developments will need to be produced within the wider framework of the Merthyr Tydfil and Rhondda Cynon Taff Service Redesign Project (as described below).

Plans are progressing to re-provide the three supporting Victorian Community Hospitals of St Tydfil's Hospital in Merthyr Tydfil and Aberdare and Mountain Ash Hospitals in the Cynon Valley and have been underpinned by an inclusive public engagement process.

In the meantime, a business case for the development of a Community Health and Social Care Resource Centre for Merthyr Tydfil is currently being developed and can be considered part of a first phase of strategic reconfiguration of healthcare services locally. This modern and purpose-built facility will provide improved and expanded facilities for local GPs, a facility for the integrated provision of other health and social care services currently provided in a range of inadequate or inappropriate hospital, primary care and social care facilities.

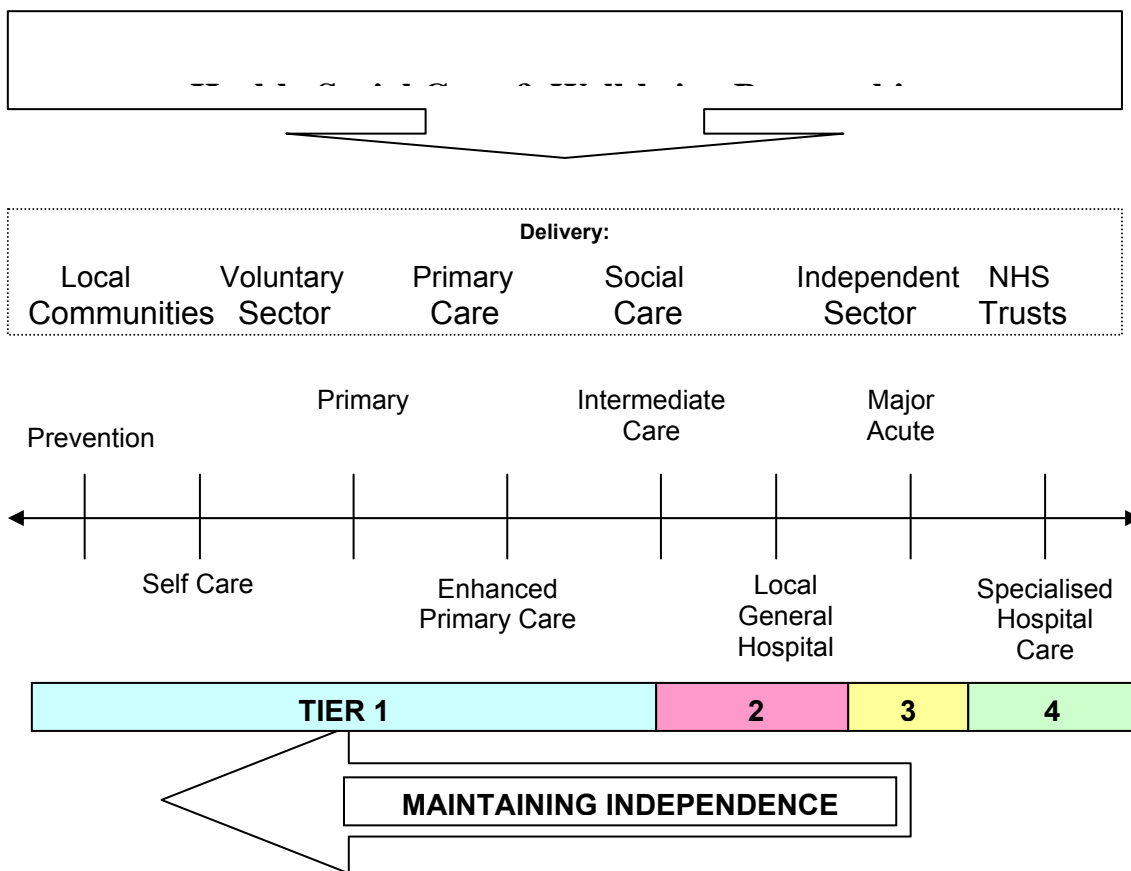
### **Mental Health Services**

The Sainsbury Review of Mental Health Services which reported last year, made a range of recommendations to improve the provision of Mental Health Services in Merthyr Tydfil and the Cynon Valley. These recommendations centred on the expansion and improvement of community based mental health services in order to improve services to patients and reduce the number of patients that need to be admitted as inpatients into hospital. A separate public consultation process is planned this year to formally consult on the options for the future configuration of local mental healthcare services.

## VISION FOR RESHAPING HEALTHCARE SERVICES IN MERTHYR

### TYDFIL AND RHONDDA CYNON TAFF

The vision for improving health and well-being through improved service delivery across Merthyr Tydfil and Rhondda Cynon Taff draws upon the four tiered model as described in 'Designed for Life' and by adapting the careline, as detailed in 'Access and Excellence' as follows:



This care line identifies the various levels of possible intervention. Its purpose is twofold: Firstly, to clarify the role and appropriateness of each intervention and secondly, to shift the balance of care to maintaining independence and preventing crises.

The care line begins with the principle that the optimum setting for any individual is to be living independently in their own community, whether that be within their own home, sheltered housing or nursing/residential care etc. Care is then 'stepped-up' to address crisis or deterioration in a person's health and well-being to provide additional support and/or care as appropriate.

The care line therefore challenges and looks to reverse traditional delivery mechanisms. Instead of outreaching services into the community, the new

ethos of care will be to provide safe, co-ordinated services as locally as possible with in-reach into acute services.

By shifting the balance of care into the community setting it is anticipated that inappropriate/unnecessary hospital admissions can be further reduced and delayed transfers of care minimised. To achieve this transition, resources will have to be targeted towards primary, community and social care services in order to front-load services towards the preventative end of the spectrum.

## **Merthyr Tydfil and Rhondda Cynon Taff Service Redesign Project**

To date work within the Merthyr Tydfil and Rhondda Cynon Taff area has been developing separately, aligned predominantly to the development of capital business cases which include the Second Rhondda Hospital (Ysbyty Cwm Rhondda), the strategic outline programme for services in Merthyr Tydfil and the full business case for the Cynon Valley Community Facilities.

The Chief Executive Officers of the four statutory health organisations in the Merthyr Tydfil and Rhondda Cynon Taff area have collectively agreed that this work now needs to be more closely aligned, needs to be planned in a collaborative fashion and needs to form the third component of the South East Wales Regional picture. This agreement will be taken forward by the Merthyr Tydfil and Rhondda Cynon Taff Service Redesign Project, which aims to develop a sustainable, affordable and clinically viable service strategy for the area, with clear recommendations for the estates infrastructure required to deliver this.

### **National Drivers for Change and Key Considerations for Merthyr Tydfil and Rhondda Cynon Taff**

**Human Resources:** There is a view that there is a need to rationalise duplication of services across areas as there is insufficient trained manpower to deliver services safely if they are diluted. This view will be tested as work progresses.

The European Working Time Directive and the amended Consultant contract require a balanced work/life pattern and reduces overall the medical cover that can be provided. This must not be exacerbated by unnecessary duplication or where there is low volume activity in a number of areas providing the same service. This has implications particularly in maintaining 24 hour emergency care services in all areas. Allied Health Professions staff are also crucial to providing an effective and efficient medical service and these are often in the shortage professions eg Radiographers, Physiotherapists, SALT and skilled nursing staff in ITU, Theatres and CCU and will have an affect on the range of services hospitals can provide.

The new General Medical Services (GMS) contract also represented a major change to the primary care workforce. The level funding practices receive is

no longer based on the number of doctors in a practice and individual GP lists. Instead practices are paid for delivering quality patient care through the introduction of three categories of service provision, essential, additional and enhanced and the implementation of a quality and outcomes framework.

**Clinical Practice:** Royal College Guidance, Clinical Standards and NICE affect the type and complexity of services that can be provided and often relate to population sizes, numbers of procedures performed and sub-specialisation. Again this cannot be sustained in all areas and specialties.

**Performance Issues:** The local health community is committed to meeting the challenging waiting times targets and recognise the need to become expert in the services we provide so that the care pathway is clear and efficiently managed by confident and competent staff. This will be achieved through a combination of efficiency improvements and additional capacity being developed.

**Estates:** The significant challenges presented by the existing acute and primary care estates portfolio will also be a major driver for change across Merthyr Tydfil and Rhondda Cynon Taff.

### **Principles that underpin the Merthyr Tydfil and Rhondda Cynon Taff Project**

- This will be a clinically led; evidence based and clinically agreed service strategy. The Clinical Leaders have been drawn from all of the professional groups to ensure a whole systems model is developed.
- The principle of “safe services as local as possible” rather than “local services as safely as possible” will be used at all times.
- The current and future status of services is being explored using best available evidence. Innovative solutions will be explored rather than relying on traditional models.
- Risks and opportunities are being assessed in the context of clinical standards, staff availability, recruitment and retention, value for money and increased efficiency.
- A sound long term partnership will be developed across the Merthyr Tydfil and Rhondda Cynon Taff community, and wider areas where necessary, and networks will be considered as a means of sustaining ‘at risk’ services
- Merthyr Tydfil and Rhondda Cynon Taff will position itself within the wider South East Wales Regional work to design the future pattern of services in collaboration with local populations. Where necessary patient flows will be identified that may necessitate alternative networks other than within Merthyr Tydfil and Rhondda Cynon Taff.
- Services will be developed with other partners outside of the health community to ensure they are within the context of the local Health Social Care and Well-being plans, as well as being aligned with national strategy.
- The public will be actively engaged on any changes to service delivery and design.

- 'Out of hospital' community based services will be developed as an alternative to the more traditional hospital based care.

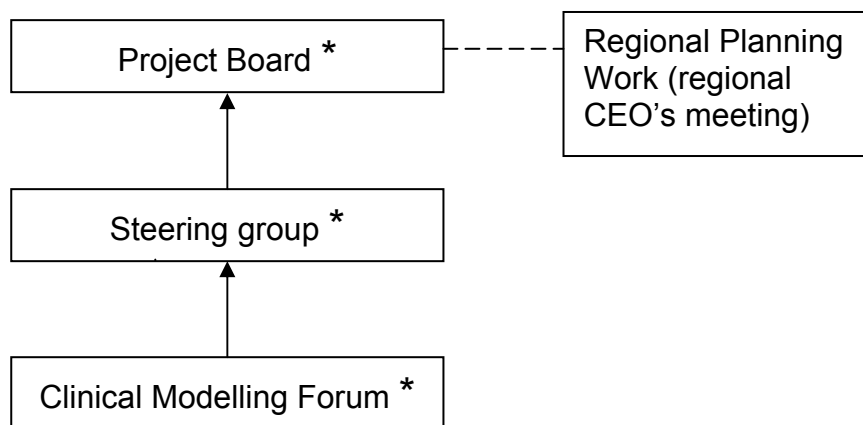
### **Scope of the Project**

The work is being taken forward under, clinically-led service areas that are central to determining the future pattern of service delivery and design. Each service area is considering the whole pathway through from primary care, community, secondary care and tertiary provision.

- **Unscheduled Care** – Trauma, Emergency Surgery, Emergency Medicine, Minor Injuries, GP Emergency Services including Out of Hours (OOHs).
- **Scheduled Care** – Elective In-patients, Day cases, Out Patients.
- **Intermediate Care** - Chronic Disease Management, Rehabilitation Services
- **Critical Care** – Coronary Care, Intensive Therapy, High Dependency, Theatres
- **Women** - Gynaecology, Sexual Health, Obstetrics,
- **Children** – Paediatrics, Neonatal (including hospital and community based care)
- **Mental Health** – Adult, Elderly, Child & Adolescents, Substance Misuse, Eating Disorders, Low / Medium Secure, Forensic, Learning Disability.
- **Diagnostics** – Radiology, Pathology

## Project Structure

Whilst led by the Chief Executives of the four organisations and linked to the overarching Regional framework, the project is being directed by a broad range of Clinical representatives from primary and secondary care, as detailed below:



\* Clinical Representatives will be members on all groups therefore clinical leadership is explicit.

----- Link to Regional Work

**Consequently, within the six service areas identified above there are key issues to be considered as follows:-**

- The current and projected needs of the local population
- Impact of current and future clinical standards on the provision of each service e.g. National Service Frameworks, cancer standards, Royal College requirements
- Current and future impact of staff availability on services resulting from European Working Time Directive, Consultant Contract and GMS contracts and general workforce planning
- The expected changing profile of future clinical staff (e.g. far greater number of women and new graduates with different career aspirations)
- People versus places perspective and cross boundary working via clinical networks. This will include local, regional and national networks. Outcomes from the work being done on the regional and national networks will be taken into account when delivered and will be used to refine this work.
- The model should provide the maximum range of services locally that can be delivered safely, meet standards and are value for money on a sustainable basis.
- Solutions to service sustainability must be clinically based and supported by evidence
- Clinical networking will be required across a number of service areas and specialities if services are to be sustainable in the future

- Areas are being prioritised for short term solutions and plans developed for the medium to long term agenda
- The commissioning arrangements that need to be in place to support the service models will be clarified.
- Assumptions have been based upon current activity, and all routine activity that currently flows to other Trusts for our population will be accepted back. Equally assumptions have been made that other Trusts will want to consume their own activity for their populations unless there have been explicit commissioning requests made and agreed.
- Welsh Assembly Government priorities will be reflected within the emerging service models
- The resulting service strategy must be financially viable.

### **Phase One of the Merthyr Tydfil and Rhondda Cynon Taff Service Redesign Project: Clinical Modelling Fora**

The aims of phase one of the project have been defined as:

- 1) To identify the Local Drivers for Change across the whole Merthyr Tydfil and Rhondda Cynon Taff community not just now but within a 10year timescale
- 2) Establish what services need to be provided within the Merthyr Tydfil and Rhondda Cynon Taff area for the population and at what level using the four tier approach within 'Designed for Life'
- 3) Establish options for the broad clinical service models for the population

The Project has been overseen by a Project Board and supporting Steering Group, but has been predominantly led by a Clinical Modelling Forum. The Forum, made up of approximately 100 clinicians from primary and secondary care, met for the first time in January 2006.

During the first event delegates explored the specific drivers for change for the area and identified the case for change. Key principles for the future work were tested and work commenced on how the specific service areas need to be provided within the four tier model within 'Designed for Life'.

Some of the local drivers and case for change were identified as:

- Clinical standards such as Royal College guidelines and National Service Frameworks and the implications of critical mass
- Major estates problems in parts of Merthyr Tydfil and Rhondda Cynon Taff and the need to develop facilities that will be fit for purpose in the future.
- Professional expectations in relation to career aspirations, work life balance, specialisation agenda and the necessary future workforce skills
- The need to establish a model that improves recruitment and retention

The delegates described the vision for the work as:

*'Providing safe, modern services as locally as possible, responsive to change and financially tested'.*

Key themes have been highlighted around the process being 'needs led' from the patient and population perspective, the need to manage risks appropriately and for everyone involved to be treated as equal partners.

At the end of the event, delegates agreed on a few key messages:

- 'No Change' is not an option
- Change will only be agreed if there is an evidence base to support it
- All options identified will be explored

The key drivers identified for Merthyr Tydfil and Rhondda Cynon Taff can be summarised as:

1. Sustainability
2. Workforce
3. Governance including Critical Mass and Sub-specialisation
4. Estates Issues
5. Modernisation Agenda

## **Models and Mode of Service Delivery in 10 Years Time**

Work has begun through the Clinical Modelling Forum to consider what services will need to be provided at what level using the 'Designed for Life' four tier model.

Each service area has placed every element of the service that they deliver now or will deliver in the future within tiers 1 to 4. This work has started to outline the service need and the types of facilities necessary. What has not been developed to date is the number and location of facilities needed to deliver the model.

However, a list of potential options for service delivery have been identified. The Forum is currently working through the criteria/constraints to be used to undertake the option appraisal work. There will need to be extensive, detailed work undertaken to appraise the options fully in relation to capacity, staffing, cost, workforce, governance, access etc. This work will be taken forward into Phase 2.

## **Phase Two of the Merthyr Tydfil and Rhondda Cynon Taff Service Redesign Project**

Overview: Phase two of the project work will commence in April 2006. Its main aim is to test the emerging models from phase one with detailed capacity work, workforce issues, supporting infrastructures of other organisations and the links with the other pieces of South-East Wales Regional work and that of the other Regions. Developing agreed criteria for financial testing and viability will be critical and a prioritised action plan for implementing the agreed clinical service model will also be agreed as part of this process.

Phase 2 Structure: The project structure will be reviewed to ensure wider engagement with all stakeholders. The groups will become more multi-disciplinary and will include other agencies. The terms of reference and the membership of the groups will be reviewed based on the Project Plan for Phase 2 which will be developed in early April.

The Clinical Modelling Forum will now work through the service specific groups to develop the detail; these groups will be enhanced to include wider representation of clinical staff and stakeholders from other agencies. Clinical Leaders will be developed from within these groups to take this work forward. Clinical visits will be arranged to sites around the UK where innovative practice has been tried and tested to provide insights into alternative models for our area.

The appointment of a full time Project Manager will aid the implementation of the above process and the detailed work that need to be completed.

Wider Engagement: This work will need to be far more inclusive of other partners such as the Local Authority, Ambulance Trust, Transport, Community Health Councils, Private and Voluntary Sectors. It will also need significant inputs from the National Public Health Service in relation to evidence base and future demographics.

It is essential that wider public engagement and consultation is explicit and able to influence the planning process and resulting outcomes. Ongoing public engagement and consultation is essential and will be an explicit part of the project structure.

The LHB and Trust Boards have been kept fully briefed on the establishment and development of this process. Ongoing engagement with the Boards will also therefore be a priority for Phase two.

Organisational boundaries will not be a barrier to the provision of best service delivery for patients.

Timescales and Expected Outcomes: It is envisaged that this work will take approximately twelve to eighteen months to fully complete. In 2007 we would expect to have a preferred option upon which we will formally consult with the public.

## Chapter 3.3



# Reshaping your local Health Services

## Developing a Plan for South East Wales

- Health Community Plan
  - Cardiff and the Vale of Glamorgan

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

## **Introduction**

This document sets out a summary of work that is being undertaken on a collective basis by the Cardiff and Vale of Glamorgan Local Health Boards and Cardiff and Vale NHS Trust with our partners to respond effectively to the challenges set out in Designed for Life.

We are confident that the actions taken over the last ten years to remodel acute hospital services in Cardiff and the Vale of Glamorgan mean that we have addressed some of the issues that now face other health communities as they work to sustain high quality hospital based services. This does not mean that we are complacent and we know more needs be done to improve the health and wellbeing of the people living in Cardiff and the Vale of Glamorgan.

## **A Programme for Health Service Improvement in Cardiff and the Vale of Glamorgan (PHSI C&V)**

There is ongoing work across the health community to improve the health of the local population. Priorities are set out in the Health Social Care and Well Being Strategies and are being taken forward under the auspices of the Cardiff Health Alliance and Vale of Glamorgan Health Social Care and Well Being Partnership Forum.

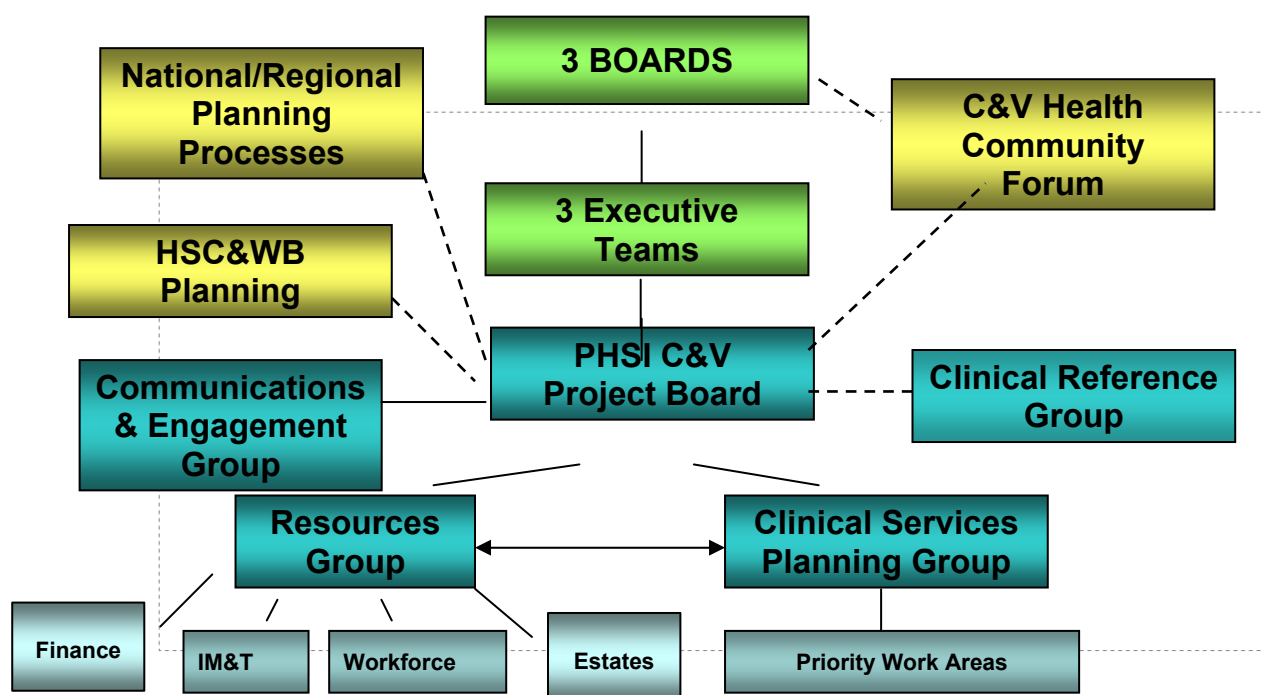
The focus of the Programme of work being led by the two Local Health Boards and Cardiff and Vale NHS Trust, is improving health care services. We know that this is not just about developing hospital based services. Indeed we are clear that we need to reduce the need for people to use the two main acute hospitals in the area (Llandough Hospital and University Hospital of Wales). This will require the development of new services in primary and community based settings 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, both in terms of access to those services provided for the local population served by Cardiff and the 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.

The Programme is being developed, with partners, to establish 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 we aim to develop this vision by November 2006, and set out clear

proposals for change that will be subject to formal consultation in the summer of 2007.

A Project Board has been established, led by the three Chief Executives with senior representation from Cardiff and Vale of Glamorgan Councils and other key stakeholders. The overall structure is outlined below.

Figure 1: Overview of the Programme arrangements



The objectives of the Project will be 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 and reflects the standards set out in *Healthcare Standards for Wales*.
- 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 this 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.

The framework 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. This work can not be done in isolation and in particular recognition needs to be given to the:

- inter-relationship with services provided by local authority and non statutory partners such as the voluntary and independent sector
- Vale of Glamorgan LHB commissions the majority of services from Bro Morgannwg NHS Trust for those residents living in the Western Vale and is actively working with Bro Morgannwg NHS Trust on its service reconfiguration work, particularly in terms of improvements to, and an extension of, community based services in the Western Vale.
- role of Cardiff and Vale NHS Trust in providing highly specialised services for a wider population
- need to ensure that local plans are consistent with the wider regional and all Wales service strategies

## About the Area

### The Vale of Glamorgan

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.

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.

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.

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

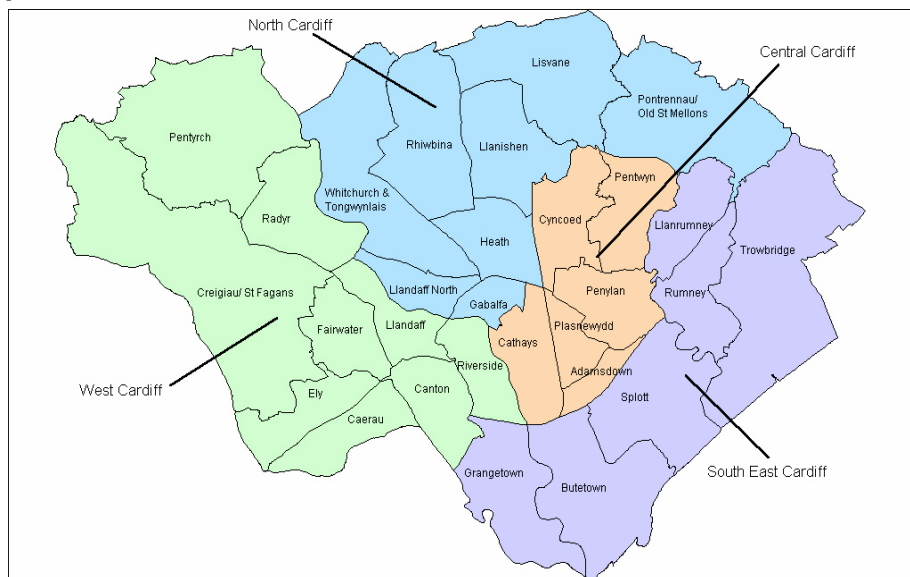
- The number of households will continue to grow, from 48,750 in 2001 to 52,000 in 2011 as the average household size reduces.
- There are plans that will result in a significant increase in the military population based in St Athan (up to 2,500 people) who will require access to healthcare services.

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.

## Cardiff

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 GP’s.

### Map of Cardiff



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.

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.

- 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 parts of Cardiff: 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.

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.

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:

- A 14% ethnic minority population (in excess of 25,000 people), 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, 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 will take over commissioning responsibility for this service from April 2006.

## STRATEGIC CONTEXT

### Current Position

Previous service changes across Cardiff and the Vale of Glamorgan have resulted in a very different strategic context locally to that across much of the rest of Wales. Some of the major realignments of secondary care being proposed in other parts of the region and Wales as a whole have in effect already taken place for us.

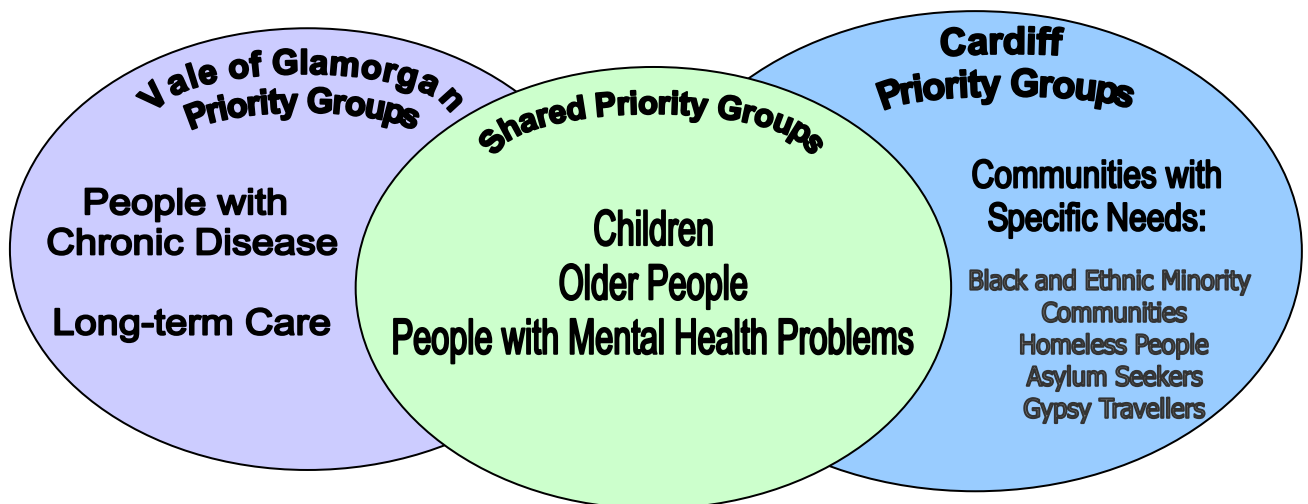
#### **Overview of Key Strategic Service Changes in Cardiff and the Vale of Glamorgan since 1995**

- 1) remodelling of Accident and Emergency Services on to a single site at the University Hospital of Wales, facilitating the closure of the Cardiff Royal Infirmary as an inpatient unit.
- 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 planned 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, following successful public consultation in Cardiff and the Vale of Glamorgan, 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 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, mental health and NHS office accommodation.

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:



### **Cardiff and Vale NHS Trust's Clinical Services Strategy**

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 as well as further a field. 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.

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.

#### **Principles underpinning the Clinical Services Strategy**

- 1) to provide integrated services designed to meet the needs of patients
- 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*
- 3) to provide services as locally as possible providing they are both clinically safe and cost effective
- 4) to underpin services with a strong base of research and development, education and training

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. It suggests that for such patients, an unplanned admission to hospital must be viewed as a system failure

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.

As a major provider of specialised services in Wales the Trust's Clinical Service Strategy reflects the need to balance the access on the one hand, and the 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.

#### **Responding to the Review of Health and Social Care and *Designed for Life***

It is clear from the review of Health and Social Care in Wales (the "Wanless Review") and the Welsh Assembly Government's ten year strategy for the NHS in Wales "*Designed for Life*" that maintaining the status quo is not an option. We know that there is more to be done to improve the health and wellbeing of the local population. We also know that we must improve access to hospital based health care. This has particular challenges for Cardiff and Vale NHS Trust given it has a unique role as the only level four

hospital in South East Wales (based on the four tiers of care outlined in Designed for Life). This means that the Trust has a role in providing both local hospital services for its local “catchment” population and a range of specialised services for the wider population of South East Wales and beyond.

Together we have therefore recognised the need for significant and complex change that will require the commitment of all partners if it is to be successful. There are also very clear common themes that will provide a firm basis for the programme:

- 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 and cost effective.
- a commitment to ensuring all services 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 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
- a commitment to ensure 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 between different professionals, settings and providers including local authority and voluntary sector partners, which will meet the needs of patients.
- a commitment to ensure that service configuration delivers the best outcomes for patients within the resources available.

### **The Service Model**

Redesigning services across Cardiff and the Vale of Glamorgan will involve the expansion of capacity and resources in primary care and the creation of new community based models of care which integrate primary, social and community services. This will initially include a review of local rehabilitation, intermediate care and long term care services and the ongoing review of mental health services.

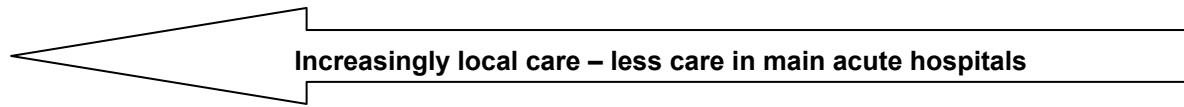
It will also require us to continue to work to optimise the capacity available at the two acute hospital sites (University of Wales Hospital and Llandough Hospital) to improve local access to services and those more specialised services provided for a wider population.

Figure 1 below sets out the different kinds of services we might expect to see in the future.

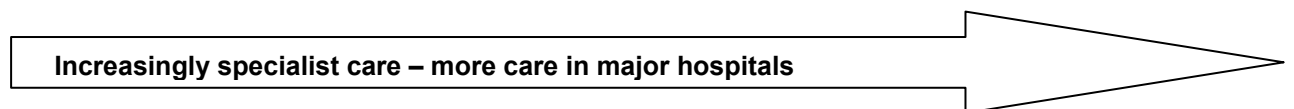
- **Primary Care Practices (GP, community pharmacists, dentists, optometrists)** will provide a first point of contact for the majority of care, and will be encouraged and supported to work together to provide a wider range of services for their local population
- **Resource centres** will have a wide range of diagnostic and outpatient services and a key role in supporting the local primary care community to deliver a wider range of services for a defined population. They will encourage the development of more integrated services (for example with social services, the voluntary sector and other primary care providers).
- **Community/neighbourhood hospitals** will provide beds for people recovering from their illness or needing palliative care for example, as well as a wide range of diagnostic and outpatient services. These hospitals will not have the same level of expertise and backup available on site (such as intensive care and access to specialist doctors) as acute hospitals.
- **Acute and emergency hospitals** will have the full range of emergency and inpatient services for the local population
- **Voluntary and independent sector** will provide a range of supporting services that are not available from traditional healthcare providers, which however, compliment services to the local population. Relationships with these sectors need to be strengthened to ensure their role in future planning and delivery.

Fundamental to the service model will be clinical quality and standards. This will include the need to demonstrate we are managing risk effectively and ensuring that we have the right skills to deliver best clinical practice.

**Figure 1: Different kinds of health services we might expect to see in the future (Mental health in yellow)**



Primary care practices	Resource centres and community based services	Acute and emergency hospitals
<ul style="list-style-type: none"> <li>Primary care team and therapy</li> <li>Clinics (for example diabetes and CHD)</li> <li>Minor procedures</li> <li>Community services</li> <li>Well-men and well-women clinics</li> </ul>	<ul style="list-style-type: none"> <li>Intermediate care and rehabilitation</li> <li>Day-case surgery – local anaesthetic</li> <li>GP/Nurse led beds</li> <li>Outpatients</li> <li>Minor emergencies</li> <li>Rehabilitation support</li> <li>Day-therapy services</li> <li>Diagnostics (such as X-ray)</li> <li>Patient Education and support</li> </ul> <p><i>Voluntary sector services</i>      <i>Local Authority Services</i></p>	<ul style="list-style-type: none"> <li>Tertiary and specialised services</li> <li>Elective (non-urgent) surgery</li> <li>Inpatient cancer services</li> <li>Complex diagnostics</li> <li>Specialist outpatients</li> <li>Secondary emergency services</li> <li>Acute women's and children's services</li> <li>Major accident and emergencies</li> </ul>
Local facilities throughout the area	Resource centres serving networks of @ 50 – 80,000 populations	University Hospital of Wales, Llandough
<ul style="list-style-type: none"> <li>Primary care liaison workers</li> </ul>	<ul style="list-style-type: none"> <li>Community mental health teams</li> <li>Assessment and inpatient beds</li> <li>Crisis resolution teams</li> </ul>	<ul style="list-style-type: none"> <li>Highly specialist services – eg. Low secure</li> </ul>



To make this happen we know we need to work very closely with the NHS, local, regional and national government, the voluntary sector and private agencies. It will also be essential that community facilities match local needs. This means we will need to be flexible about exactly what services are provided in each local facility. For example, some kinds of diagnostics and outpatients might take place in:

- a GP surgery in some of the more rural areas
- a resource centre in another area (such as central Cardiff )
- a community hospital (such as St David's or Barry )
- an acute hospital (Llandough and University Hospital of Wales).

## What will this mean?

90% of all health care is provided outside acute hospitals, mainly by health care professionals working in general medical practices, pharmacies, dentists and optometrists and traditional community services (district nurses, health visitors and allied health professionals).

We must take this opportunity to support and develop **primary and community based services** and enable them to meet the needs of patients effectively. In particular we know that we need to improve the care we can provide to people with long term conditions such as heart disease, diabetes or asthma. This will mean more services being provided in local communities and services having 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 a named health professional that will 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 professionals.

We also know that we must do more to support people to maintain their health and independence. **Rehabilitation and Intermediate Care** 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 we need to deliver rehabilitation and intermediate care very differently in future, 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. We need to invest in services that enable people to live more independently and which can respond quickly to individuals needs. Rehabilitation and intermediate care services must refocus to support this and we believe that this will mean less reliance on inpatient facilities. This will offer an opportunity to look carefully at how we can develop inpatient rehabilitation services currently located at West Wing and Rookwood Hospitals where we know the current buildings are no longer suitable for the provision of modern healthcare.

We have already begun a major transformation of local **mental health services** in Cardiff and the Vale of Glamorgan that 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. We hope that by maintaining the momentum for change we may be able to bring forward the planned community developments and the replacement for Whitchurch Hospital by 2009. 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 we will be working to separate **emergency work** from **planned work** as we know that this is important in providing good quality, efficient and responsive care. We 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 we recognise and celebrate the unique role of Cardiff and Vale NHS Trust in providing **specialised and tertiary** services for the population of Wales. We believe that this role is likely to expand in the future and it will be important that we support this, while also protecting local services. Working with Health Commission Wales, (who are responsible for commissioning specialised and tertiary services in Wales) we will identify those services which we expect to provide in the future and how these services will be delivered. In particular this will include the future role of the Children's Hospital for Wales and 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. We will also be working 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 surgical cancer services, critical care and cardiac services for example.

The outcome of this work should mean:

- *A network of locally based primary and community based services* that are meeting the needs of individuals and communities. Access to a primary care professional 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* – we will 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* – we will see reduced numbers 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.

## Supporting Strategies

### Workforce Development

The strategic importance of workforce issues cannot be over emphasised. Staffing remains the highest single risk factor in delivering patient services. The “Wanless Review” explored the potential contribution of skill mix changes on the requirement for an increased number of doctors. It concluded that 20% of the work of doctors could be safely undertaken by nurse practitioners. Based on this assumption a further 10% of nurses would be required across the system, with a commensurate increase in health care assistants. Incorporating extended roles, as part of new service configurations will be an integral part of a wider strategy of skill-mix redesign.

Experience over recent years indicates that NHS Wales has been conservative in its workforce planning assumptions and predictions, which has resulted in staff shortages. These shortfalls must be redressed and additional staff trained to meet not only the existing vacancies and shortfalls but also the identified growth and changing nature of services.

Workforce planning for the future service is a significant opportunity to make Cardiff and the Vale of Glamorgan an attractive place to work. The Trust’s new Clinical Strategy and the programme of work set out here will drive the programme to redesign the clinical workforce across the health community.

The overall approach will be to work from the new model of care rather than the current workforce levels or previous plans. National models for the service will be explored, account taken of best practice and adjustments made for local circumstances and affordability pressures. This will help address the recognised pressures that the NHS is experiencing e.g.

- New and extended roles for doctors, nurses and other clinical staff.
- Strengthening primary care and community based services.
- Shifting from a traditional medical firm base to team based working.
- Exploring new ways of managing hospitals at night.
- Achieving the right balance of care from generalists to specialists.

## Financial Implications

It is recognised that plans for health services in Cardiff and the Vale of Glamorgan must be viewed within the known financial position that sets the context for the development of future service models. The individual organisations within the Cardiff and Vale of Glamorgan health community, including Health Commission Wales, all have challenging financial recovery plans/Strategic Change and Efficiency Programmes (SCEPs). This has a significant effect on the financial flexibility and capacity within the community to meet new pressures and targets.

Following recovery, there will be an obligation within the healthcare community to repay loans to Welsh Assembly Government until 2008/09, and it is unlikely that there will be any significant development monies available internally for new services until the end of the decade, other than specific funding to achieve the Welsh Assembly Government target for no patient to wait over 26 weeks for treatment from the date of their referral by the end of 2009. Service changes required to meet other national and local targets will consequently need to be a result of critically reviewing existing services and their configuration.

The precise impact of these pressures remains under constant review and is revisited annually through the Service and Financial Framework (SAFF) process. In overall terms however the community recognises that it will have to continue to achieve significant improvements in efficiency that will only be possible through the adoption of a more radical approach. This will be need to be informed by the outcome of this work which, in common with the rest of the region, will be based on modest assumptions of growth over the next ten years.

As part of the programme of work we will be seeking to agree a broad financial framework that will measure the affordability of developments across Cardiff and the Vale of Glamorgan, and those services provided by Cardiff and Vale Trust for a wider population. What is clear is that if we fail to control spending on hospital-based services, this will reduce capacity to invest in primary and community-based services and in the model of care that we believe will better meet the needs of the local community.

Whilst we are determined that as much resource as possible is focused on providing services, not buildings, it is important to recognise that much of the current estate is not suitable to support the model of care that is emerging. Two key developments have already received £12.3 million capital funding from the Welsh Assembly Government - the Vale Mental Health Unit at Llandough (the Llanfair Unit) and the Cardiff and Vale Orthopaedic Centre (CAVOC). We believe that there will be a need for further significant investment in the estate to deliver the model of care. The detailed work in some areas will be undertaken as part of the programme of work being taken forward, a summary of emerging priorities is set out below. It is important to note, however, that any new capital development (for example, building a new community hospital or resource centre) will need to demonstrate value for

money and affordability through the agreed capital investment planning process set out by the Welsh Assembly Government.

### **Emerging Areas that may require Capital Investment**

#### **Mental Health Strategy**

Development of Community Bases

New Inpatient Unit to replace Whitchurch Hospital

Development of older persons assessment unit at Llandough

#### **Primary and Community Based Services**

Development of modern rehabilitation services (currently provided at West Wing and Rookwood)

Resource Centre Developments (including CRI)

#### **Hospital Based Services**

Women Services Review Implementation

Elective and Emergency services at Llandough and UHW

- surgical cancer services

- emergency care

- outpatient improvement

- tertiary services

Children's Hospital for Wales (Phase 2)

### **Clinical Governance**

This whole programme of work reflects the collective commitment to providing safe, high quality services. Trust and Local Health Boards are responsible for ensuring that services are safe and delivered to agreed standards. It is essential that the models of care developed reflect best clinical practice, and are based on a clear evidence base which includes risk and safety for patients and staff, patient experience and standards.

### **Education, Teaching, Research and Development**

Cardiff and Vale NHS Trust has a major role in education, teaching, research and development both in its own right and as a major partner for local Universities, in particular Cardiff University. LHB primary care links with local Universities is also evident for teaching and development. It will be important that our plans for the future build on the existing relationships. Clinical models developed will need to be informed by, and inform, the developments in teaching and education of health and social care professionals both in community based settings and in hospital.

## Public Engagement

This programme recognises the vital importance of public, patient, and staff involvement. In addition to the joint project structure, the two Local Health Boards have developed local multi-agency mechanisms that have acted as the key focus for development of Health, Social Care and Well Being Strategies, and local public/patient involvement structures. It is intended that these mechanisms will also be used to ensure that there is effective engagement throughout the project, supported by the proposed Health Community Forum.

## Summary

The Cardiff and Vale of Glamorgan health community has set out clearly to the Welsh Assembly Government its' proposed timetable for engagement and consultation on any proposals for change in the way local health services are provided. This has recognised the need to ensure that we put in place effective mechanisms to engage with staff, with our partners and with our local communities.

In summary this will involve:

- The publication of the Regional document in April 2006 to support public engagement on the service model required to deliver improvements in the health of our local community, and support the delivery of health services, including specialised services
- A local programme of work that will enable engagement with our staff, stakeholders and local communities to support the development of detailed service plans and proposals for change
- The preparation of a strategic outline plan in autumn 2006 containing outline details of the service models and associated resource implications for consideration by Welsh Assembly Government.
- The preparation of formal proposals for consultation in 2007 which will aim to set out clearly:
  - the model of care and what this will mean for service users
  - New models of care for service delivery, specifically:
- Primary and community based services (including resource centres)
- Intermediate and rehabilitation services & community hospitals

- Mental health services (including Whitchurch)
- Elective/Emergency capacity and profile
- Specialised services

The community is committed to working with all local stakeholders with an interest in health services to ensure proposals are understood, all views are heard and the way forward agreed.

# Chapter 4



A map of South East Wales, showing various towns and regions. The map is overlaid with a semi-transparent blue background. The text 'Reshaping your local Health Services' is written in large, bold, black letters across the center of the map.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

### – Next Steps

## Next Steps

The development of health services in South East Wales is very much work in progress as each health community is at different stage.

Modernising the service and delivering the strategy needs significant change. Some changes have already taken place with public support while others are in the early stages. They will be subject to public involvement and eventual formal consultation.

A public summary document has been produced to explain this technical document and to encourage the public to take part in the local health plans for the future. This summary document has been launched to coincide with a public participation programme to run for 12 weeks until 25 June, 2006.

This work will be led by the Local Health Boards, with the involvement of local people, partners and other stakeholders. Services that need to be developed on a regional or national basis are being co-ordinated and will feed into these local health plans.

This document is intended to set out the developing health plans that will enable local health services to respond to the changing needs of our communities. The health service across the region is committed to improving health and health care services for its population; we urge local people to work with us to shape this change for the better.

# Appendix 1



The map displays the South East Wales region, including towns such as Llanvihangel Crucorney, Abergavenny, Monmouth, Merthyr Tydfil, Ebbw Vale, Newport, and Barry. The text 'Reshaping your local Health Services' is overlaid on the map.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

- Glossary of Terms

<b>GLOSSARY OF TERMS</b>	
<b>TERM</b>	<b>DEFINITION</b>
Acute and Emergency	Hospitals with full accident and emergency (A&E)
BME	Black and Minority Ethnic Groups
Care of the elderly services	Treatment of patients over the age of 65
CCU	Coronary Care Unit A hospital unit with specially trained staff and equipment to treat patients with heart problems
Clinical Governance	The framework through which the NHS is accountable for the continuing improvement of quality of their services whilst ensuring high standards of care, thereby creating an environment which aims for clinical excellence
Clinical Practice	The way in which doctors, nurses and therapists provide care and treatment
Day case	Person who attends hospital for a minor operation and does not have to stay overnight
Diagnostics	Tests and investigations carried out to find out what is wrong with someone
Elective surgery	An planned operation which the patient chooses to have done, which may not be essential for survival (for example, cosmetic surgery)
Gentrification	The process by which middle- and upper-class people move to a neighbourhood and take over the established working-class communities
Inpatients	Patients who need to stay in hospital for one or more nights
Inpatient Intensive care	Close and constant monitoring of seriously ill patients
ITU	Intensive Therapy Unit A dedicated unit within a hospital which provides intensive care for severely ill patients
Kaiser Permanente Model	An American model of care that takes a whole system approach to healthcare in which primary and secondary care are closely integrated
Local Health Board	The organisation responsible for health care services to its resident population
Lower Tier Super Output Area	A reporting system that identifies the level of deprivation of an area
Medical Cover	Access to a doctor
Medical Team	The group of doctors who provide care to patients
Multi-disciplinary	A group of professionals, such as doctors, nurses, therapists and social workers; working together to provide care for patients.

NICE	National Institute for Clinical Excellence
Occupational Therapy	Treatment designed to help people to return to ordinary tasks around home and at work and to live as independently as possible
Outpatient	Person visiting a clinic for health advice or treatment, not involving a stay beyond the time of the examination
Outreach services	Extending services to reach people of groups not previously served
Radiotherapy	The use of x-rays and other forms of radiation in treatment, usually for cancer
Rehabilitation	The treatment of a patient by massage, electrotherapy and graduated exercises to restore normal health and functions
Respite Care	A service that gives someone temporary time away from the continual care of the person they are responsible for, by providing short-term care for the patients e.g. in the form of an adult day care centre, occasional in-home nursing care
Retinal Screening	Examination of the eye, using a torch or a digital photograph to test for damage to eyesight e.g. caused by diabetes
SALT	Speech and Language Therapists
Self-care	Caring for yourself without any medical, professional or other assistance or supervision
Social Workers	A professional trained to talk with people and their families about emotional or physical needs, and to find them support services.
Stakeholder	An individual or group with an interest in the success of another organisation
Sustainability	Meeting present needs and maintaining future needs within available resources (financial and human)
Telemedicine	Use of telecommunications, computer networks and related technology to improve access to education and medical services from acute hospital centres
Therapists	Staff who are trained to help people improve and restore physical, social and psychological functioning. This includes physiotherapists, occupational and speech therapists
Therapy	The process and treatment by staff (physiotherapists, speech and occupational therapists) to restore and improve physical, social and psychological functioning
Trust	Local provider of hospital and community services

Upper Quartile Performance	Performance of an organisation ranked between the 75 <sup>th</sup> and 100 <sup>th</sup> percentile, or in other words the top 25% performance level.
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# Appendix 2

A map of South East Wales, showing various towns and regions. The map is white with blue text labels for numerous locations. The text 'Reshaping your local Health Services' is overlaid in large, bold, black font across the center of the map.

# Reshaping your local Health Services

## Developing a Plan for South East Wales

### – References

1. Designed for Life. Welsh Assembly Government. (2005)
2. Wanless Review. Welsh Assembly Government. (2004)
3. Health Challenge Wales. (2004)
4. Well Being in Wales. (2002)
5. Promoting Health and Well Being. (2000)
6. The White Paper, Building for the Future.(1999)
7. Improving Health in Wales. (2002)
8. A Question of Balance. (2002)
9. The Future of Primary Care. (2001)
10. Access and Excellence (2000)
11. National Estates Strategic Framework (2002)
12. Informing Healthcare. (2003)
13. Informing Social Care. (2003)
14. Diagnostic Services Strategy. (2004)
15. Delivering for Patients – A Human Resource Strategy for Wales. (2000)
16. Recruitment and Retention – A Strategy for Wales. (2002)
17. Quality Care and Clinical Excellence (1999)
18. Clinical Governance – Developing a Strategic Approach. (2001)
19. Building Stronger Bridges. (2002)
20. Sustainable Development Action Plan 2004-2007. (2004)