



SPECIAL BOARD MEETING

10.45am on Thursday 28th June 2018

**Meeting Room, HQ
University Hospital of Wales**

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



JUNE SPECIAL BOARD MEETING**10.45am on 28th June 2018****HQ Meeting Room, UHW****AGENDA**

1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	<p>Thoracic Surgery Review: Public Consultation Proposal</p> <ul style="list-style-type: none"> • Draft Consultation Plan • Draft Consultation Document • Equality Impact Assessment 	<i>Director of Planning</i>
5	Shaping Our Future Wellbeing: In Our Community Programme Business Case and Equality and Health Impact Assessment	<i>Director of Planning</i>
6	To note the date of the next Board Meeting 26 th July 2018 at 1pm	

- ¶ To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. [Section 1(2) Public Bodies (Admission to Meetings) Act 1960



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		Agenda Item	1
Meeting Title	Joint Committee	Meeting Date	14/06/2018
Report Title	Thoracic Surgery Review: Public proposal, draft consultation plan and draft consultation document		
Author (Job title)	Managing Director		
Executive Lead (Job title)	Managing Director	Public / In Committee	In Committee

Purpose	The purpose of this paper is to seek: <ul style="list-style-type: none"> • Support for a recommendation to the six affected health boards to undertake a public consultation on the future provision of adult thoracic surgery in south Wales; and • Support for the draft consultation plan and the draft core public consultation document. 			
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • Support the recommendation to the six affected health boards to undertake a public consultation in line with the proposals outlined in the draft public consultation plan; • Support the draft consultation plan and the draft core public consultation document for use by the six affected health boards in the public consultation; and • Note the Equality Impact Assessment. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health & Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓				✓		✓	

1.0 Situation

- 1.1 Following the decision of the WHSSC Joint Committee to endorse the recommendation of the Independent Panel regarding the configuration of adult thoracic surgery services at a single centre at Morriston Hospital, Swansea, it is proposed to recommend to the six affected health boards that a formal public consultation should be undertaken on the recommendation.

2.0 Background

- 2.1 Adult thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable and may not be able to fully meet the needs of the population of south Wales.
- 2.2 A Project Board was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of the services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of adult thoracic surgery services in south Wales, the Project Board recommended that a single adult thoracic surgery centre should be developed for south Wales.
- 2.3 Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single adult thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.
- 2.4 The recommendation from the Project Board and the recommendation from the Independent Panel were endorsed by the WHSSC Joint Committee, subject to further discussions with the Community Health Councils about the need for public consultation. Following these discussions, a proposal is being put to the Joint Committee that it should recommend that the six affected health boards undertake a formal public consultation on the recommendation



of the Independent Panel to locate the single adult thoracic surgery centre at Morriston Hospital.

3.0 Assessment

3.1 Draft Consultation Plan

The draft consultation plan (Appendix A) sets out the proposed scope of the consultation, including the roles and responsibilities of health boards and WHSSC. It is proposed that the formal consultation period runs for an eight week period commencing on the 2nd July, and closes on the 27th August 2018.

WHSSC officers are working closely with the health board engagement leads to agree the proposed dates of the public events in each area. These will be included within the annex, and once completed will be issued to each affected health board, and published on the consultation website.

3.2 Draft Core Consultation Document

The draft core consultation document (Appendix B) has been informed through discussion with health boards and Community Health Councils within the regions. It details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy read versions, in both hard copy and electronic format. Versions will also be available in Audio and British Sign Language format on the consultation website.

3.3 Equality Impact Assessment (EIA)

The Equality Impact Assessment (Appendix C) has been developed in parallel with the draft consultation plan and draft core consultation document. The EIA provides a detailed assessment of the impact of the proposal to develop a single centre for adult thoracic surgery at Morriston Hospital, Swansea, on stakeholders with protected characteristics. The EIA is a living document and information gathered during consultation will be added to it. It has been circulated to health board equality leads for their input.



4.0 Next steps

4.1 Assuming the Joint Committee supports the proposal to the six affected health boards, the draft consultation plan and draft core consultation document, and health boards approve the proposal, the consultation materials will be prepared, and the consultation will commence on the 2nd July 2018.

5.0 Recommendations

The members of the Joint Committee are therefore asked to:

- **Support** the recommendation to the six affected health boards to undertake a public consultation in line with the proposals outlined in the draft public consultation plan;
- **Support** the draft consultation plan and the draft core consultation document for use by the six affected health boards in the public consultation; and
- **Note** the Equality Impact Assessment.

6.0 Appendices/ Annexes

- **Appendix A** Draft Consultation Plan
- **Appendix B** Draft Core Consultation Document
- **Appendix C** Equality Impact Assessment

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan
Link to Integrated Commissioning Plan	Delivery of the thoracic surgery review.
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	The aim of the thoracic surgery review was to make recommendations to ensure the future safety and quality of the service, providing a positive patient experience.

Resources Implications	Further work to be undertaken on the resource implications, pending the outcome of the consultation exercise.	
Risk and Assurance	Create and populate a risk register for the proposed consultation exercise.	
Evidence Base	Not applicable	
Equality and Diversity	The process was designed according to good practice to ensure equality and diversity obligations are met.	
Population Health	This paper does not directly address issues of population health.	
Legal Implications	The proposal has been prepared in recognition of the legal requirements to consult on service re-configuration.	
Report History:		
Presented at:	Date	Brief Summary of Outcome



4.1

Provision of Adult Thoracic Surgery in South Wales Consultation Plan



WHSSC

"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

Status	Draft
Version Number	1.2
Publication Date	18 th June 2018

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1. Introduction

This paper sets out the framework to support a consultation exercise on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as "south Wales").

The proposed centre would be one of the largest in the UK, and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the south Wales.

The proposals for the proposed centre have been developed in collaboration with the health boards in south Wales, and have also involved input from the third sector and Community Health Councils.

2. Context

WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.

Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of south Wales.

A Project Board was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other

stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed for south Wales.

Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.

Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

3. Purpose of this Consultation Plan

WHSSC is recommending that affected health boards formally consult with the general public and NHS staff, including people using or working within the adult thoracic surgery services provided within south Wales on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south Wales

4. Scope of Consultation

To ensure the consultation process is meaningful, consideration needs to be given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from south Wales.

The key messages include:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past

- The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – “It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future...”
- An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre.
- The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or HDUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea.
- Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres;
- A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

In light of the key messages, the consultation will ask people to respond to two questions:

- 1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?
- 2 If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

5. Consultation Plan

This section of the document outlines the objectives of the proposed consultation, the stakeholders, proposed method of consultation and the proposed consultation and post consultation phase. A detailed table outlining the proposed programme of local consultation activity in each health board area is included as annex 1.

5.1 Objectives of Consultation

The consultation plan outlines the methods and proposed process for the consultation that will support delivery of the following objectives:

- To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in south Wales.
- To describe and explain the proposed model for delivering adult thoracic surgery services in south Wales.
- Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise
- To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.

5.2 Stakeholders

There are a number of stakeholders that will need to be considered in this consultation and a variety of methods which will be employed. It will be necessary to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups.

Key Stakeholders will include the following:

General public	Health boards will be responsible for undertaking consultation with the general public in their area. This will include public sessions held across each health board. Details of planned activity will be available on the consultation web page and also available on individual health board websites. Particular consideration will be given to providing opportunities for the engagement of people with protected characteristics who the Equality Impact Assessment has identified may be impacted by the proposal.
Patients, their families and carers	Health boards will be responsible for undertaking consultation with patients, their families and carers within their area. The Equality Impact Assessment has highlighted that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group. It

	also highlighted that someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Therefore, particular consideration will be given to patients, families and carers with protected characteristics including older people and those with low socioeconomic status people.
NHS Wales	This will include staff working across the NHS in south, west and mid Wales.
Community Health Councils	Health boards will undertake consultation with their local Community Health Council.
Third Sector Organisations	WHSSC will engage with Third Sector organisations through the 'Wales Council for Voluntary Action' on behalf of health boards, and health boards with Third Sector organisations through local County Voluntary Councils.
National bodies/organisations including Professional Societies and Royal Colleges concerned with the delivery of Thoracic Surgery	A list of national bodies/organisations will be developed and a copy of the consultation pack sent to these organisations by WHSSC on behalf of health boards. It is proposed that the national bodies will have an open invitation to attend any of the consultation events across south Wales.
Local authorities and elected representatives	Health boards will send a copy of the consultation pack to the Local Authorities, and leaders within the area. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Assembly Members and Members of Parliament	WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Other stakeholders	Health boards will consult with groups in line with the Guidance on Engagement and Consultation on Changes to Health Services. As a minimum this will include: <ul style="list-style-type: none"> • Stakeholder Reference Groups • Healthcare Professional Forums • Partnership Forums • Public Services Boards And any other groups which are part of the Health Boards' processes for ongoing engagement

5.3 Development of consultation materials

Advice on the documentation has been sought from the health boards and Community Health Councils within the regions, in order to ensure that it is fit for purpose.

WHSSC will be responsible for printing and distributing hard copies of the consultation document, which will be available in Welsh and Easy Read formats.

The consultation document details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy read versions in both hard copy and electronic format. Versions will also be available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document will include details of how people can respond online, by email, by phone or by freepost. Other formats will be produced as appropriate on request.

A full range of supporting and technical documents will be available online, providing background information to support and inform the public consultation. These will include:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which will be updated as queries arise during the consultation

In addition to these documents, a standard presentation will be compiled and made available for health boards to use at public and stakeholder events.

5.4 Consultation Phase

The consultation will commence on the 2nd July, and will run for an 8 week period, closing at midnight on the 27th August. Any forms received after this date will not be included within the analysis of consultation responses.

A formal review meeting will be scheduled approximately half way into the consultation to consider responses to the consultation and address any issues of concern. This will be coordinated by WHSSC, and will include the engagement leads from each of the health boards, as well as representatives from the Community Health Councils. A report will be produced following the meeting, summarising the key themes from the responses received to date, and this will be shared with the health boards and Community Health Councils.

5.5 Consultation Methods

A range of engagement methods will be used to support the consultation process. These will include:

Launch of consultation	<p>Subject to approval by the health boards, the consultation will launch on the 2nd July.</p> <p>The consultation will be launched with an email to each of the Health boards, Welsh Ambulance Service Trust, Welsh Government, and the Community Health Councils. The email will include a bilingual briefing on the consultation process, and will confirm the start and closing dates, and process for submitting responses.</p> <p>All documentation will be made available via WHSSC website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p> <p>A press release will be compiled and issued by the Head of Communications of Cwm Taf University Health Board and will be issued in advance for information to Welsh Government, Health boards, and Community Health Councils.</p>
Distribution to NHS Wales staff working in Thoracic Surgery service	<p>Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p> <p>Specific events will be organised for staff working in thoracic surgery services by the Health Board, which will include the opportunity to discuss with a WHSSC representative.</p>
Distribution to all other NHS Wales staff	<p>Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales</p>
Distribution of consultation document to National organisations	<p>The consultation document will be shared by WHSSC, on behalf of health boards, with national organisations via email and hard copies provided where requested.</p> <p>Groups will be signposted to local public meetings to be held by health boards across south Wales.</p>
Distribution of consultation	<p>As referenced in the previous section, a copy of the consultation pack will be sent to all Local Authorities by the relevant health boards, and an open invitation will be extended to elected</p>

documents to Local authorities and elected representatives	representatives to attend any of the consultation events across south Wales.
Distribution of consultation documents to Assembly Members and Members of Parliament	As referenced in the previous section, WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Website	<p>A dedicated website will be established at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales for the consultation, which will include all of the consultation materials, and will include the ability to submit a response to the consultation questions via an online form.</p> <p>A full pack of consultation documents will be issued to the Health Boards, in order that they can be uploaded onto their own website and intranet in order to provide a further opportunity to access the documents for their own residents and staff.</p>
Public Events	<p>There will be at least one public event per unitary authority across south Wales. Further details of these meetings is included in annex 1.</p> <p>The public events will be organised and administered by the health board, and a WHSSC Officer will be in attendance to support health board staff.</p> <p>Administrative support to public sessions will be supported by health boards. Feedback from each event will be captured on a standardised meeting record sheet to ensure consistency across health boards. Notes will be shared and agreed between the health boards and local Community Health Councils prior to being sent to WHSSC to log. Notes from other local meetings will be sent directly to WHSSC to log.</p>
Presentation	A PowerPoint presentation will be compiled and made available for health boards to show at public and stakeholder events
Frequently Asked Questions	An initial list of frequently asked questions will be drafted and made available as a technical document on the website. This list will be updated by WHSSC pending further frequently asked questions identified during the consultation

5.6 Responding to the Consultation

Respondents will be able to reply to the consultation via the online form on the website, or they can download a copy of the form and submit via email. Respondents can also send hard copies of the downloaded form (which is also available on request by telephoning WHSSC on 01443 443 443 extension 8100) via Freepost to the following address: FREEPOST Thoracic Surgery

5.7 Media Relations

All media relations during the consultation exercise will be planned and co-ordinated by the Head of Communications of Cwm Taf University Health Board as the host of WHSSC.

Where there is interest from the media, WHSSC will co-ordinate formal responses as appropriate, engaging with health board communications leads. Queries relating to local context and issues will be addressed through individual health board communication leads.

5.8 Post Consultation phase

On behalf of the six affected health boards, WHSSC will receive and log responses to the consultation, the outcomes of which will be reported to the WHSSC Joint Committee in September, prior to submission to each of the health boards, together with a recommendation on the proposal, for consideration at public board meetings to be held before the end of October 2018. WHSSC officers will work closely with the health board engagement leads, and will provide them with the responses specific to their health board area and region. WHSSC officers will review, collate and analyse the responses and outcome with regards to any national, regional or crosscutting themes, in order to enable the Joint Committee and affected health boards to have an informed discussion on the outcome of the consultation. Analysis of the responses on social media will be included and considered as part of this qualitative and quantitative analysis process. Key themes identified from the social media conversations will be considered on an equal footing with other responses in line with the methodology used in recent similar consultations.

WHSSC officers will share all of the responses with the Community Health Councils and health board engagement leads, and review and collate the responses and outcome for each health board area. Further analysis will be undertaken with the support of the health board engagement leads in order that each health board is able to make an informed consideration of the proposal to develop a single adult thoracic surgery service at Morriston Hospital. This information will also be shared with the Community Health Councils for consideration as part of their role in reviewing and formulating an official response to the consultation.

The outcome report and decision will be made available and widely distributed to enable stakeholders to see how their feedback has been taken into account and how the final decision was made.

The WHSSC website will be kept up to date with the relevant information and documentation.

6 Legal duties and requirements

This plan has been developed in order to ensure compliance with Section 183 of the National Health Services (Wales) Act 2006 which requires local health boards, with regard to services that they provide or procure, to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided; and
- Making decisions that affect how those services operate.

Health boards in Wales are required in line with Regulation 27 of 'the Community Health Councils Constitution, Membership and Procedures Wales' to work with their local Community Health Councils to engage and consult with the local population on matters of substantial service change. Any consultation process will be expected to explain how the proposed changes to the delivery of services will work to the benefit of patients and at the same time help the NHS to best shape pathways to meet patient need.

The consultation will comply with the General Data Protection Regulation, outlining in the consultation documentation who the responses sent in will be seen by, how they will be used and how the responses will be published. The documentation will also set out how long the consultation responses will be held before they are destroyed.

7 Risks

The consultation spans several organisations and regions across south Wales and is therefore complex in nature. There are a number of risks associated with delivering the planned range of activities within the identified time frame:

- Ensuring consistency in delivery of key messages across south Wales, where there are differing local priorities
- Misunderstanding regarding key messages, principles or emerging recommendations
- Confusion with any other ongoing consultation processes within the Local Health Boards
- Availability of resources to manage and run a comprehensive consultation process at health board and from within WHSSC.

A risk register has been developed and will continue to be reviewed and updated throughout the course of the consultation.



Provision of Adult Thoracic Surgery in South Wales Consultation Document



English version (Welsh version available)

V1.1

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Public Consultation – Adult Thoracic Surgery in South Wales

We would like your views on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as “south Wales”). This would be one of the largest thoracic surgery centres in the UK and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the region.

In this document, we will share with you the work we have carried out so far to arrive at this proposal. We will also explain how we believe the changes will benefit the people of south Wales, how you can respond to the consultation and how a decision will be made on the future provision of thoracic surgery in south Wales.

We would like you to consider the two questions below when responding to the consultation. These questions are also included on the response form at the end of this document. This information will be used by health boards to decide whether to approve the proposal based on the Independent Panel recommendation.

1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal? Please give us reasons for your choice.
2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

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What is WHSSC?

Welsh Health Specialised Services Committee (WHSSC) is a part of the NHS in Wales. Our board is a Joint Committee made up of the Chief Executives of all seven health boards in Wales, our officers, independent members and an independent Chair.

We work on behalf of the seven health boards to commission specialised services for the people of Wales. These are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK. We aim to provide access to safe, sustainable and effective services which offer the best experience for our patients. Thoracic surgery is one of the specialised services we commission for the people of Wales.

This consultation is being carried out by the six affected health boards with support from WHSSC.

What is thoracic surgery?

Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.

Where do adult patients from Wales have thoracic surgery now?

For patients living in north Wales, this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of

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England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff.

Each centre in south Wales provides an adult thoracic surgery service for lung-cancer patients and patients with non-cancerous conditions for south west Wales and south east Wales respectively. It is important to remember that surgery is just one part of a patient's treatment (see page 22 for further information).

The population of south Wales is approximately 2.2 million. The total number of adult patients currently having thoracic surgery (for cancer and non-cancerous conditions) is about 420 per year at Morriston Hospital and 650 per year at the University Hospital of Wales.

Why do we think that these services need to change?

We were concerned that our current services are not keeping up with the needs of our patients. We know that:

- over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- patients in Wales with lung cancer have some of the lowest survival rates in Europe¹, although we know we have expert surgeons
- patients who need surgery but do not have lung cancer have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide

¹ "Lung Cancer in Wales: Lung cancer survival and survival by stage", Welsh Cancer Intelligence and Surveillance Unit, Public Health Wales, 2015

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- thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres² (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past.

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We want to make sure that we provide equitable access to a safe, effective, and sustainable thoracic surgery service which can cope with changes in the future.

We therefore established a Project Board to have oversight of a review of thoracic surgery services in south Wales. The Project Board was made up of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and voluntary organisations.

What options were considered?

We explored four possible arrangements for providing adult thoracic surgery in south Wales:

1. Two separate centres (as at present)
2. A single, larger centre (as recommended by the Royal College of Surgeons)
3. Two centres working together and sharing resources (for example, surgeons and other staff)
4. A hospital trust in England (and so no centre in Wales).

We decided not to pursue the option of sending patients to England because there are more than enough patients in south Wales to provide

² "High procedure volume is strongly associated with improved survival after lung cancer surgery". Lüchtenborg M, Riaz SP, Coupland VH, et al. J Clin Oncol 2013;31(25):3141-6

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work for at least one major surgical centre and south Wales already has the expertise to provide high-quality care.

We also considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

We do not intend to change existing arrangements for patients in north Wales and north Powys, which are working well.

We also know that it is very difficult to make the option of sharing staff and resources work. We have tried this before and we were unable to recruit for these posts. This was because of the practical difficulties for staff working between two sites while trying to deliver such complicated treatment.

As a result, we considered two possible arrangements for future services – two centres, as at present, or a single centre.

It is important to remember that surgery is one part of a patient's treatment. Other parts, such as scans, biopsies and follow-up care, will happen, as currently, at their local hospital. We are only considering changing the place where surgery takes place.

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Who have we talked to and taken advice from about this proposed change to services?

i. The Royal College of Surgeons

To help us decide how to improve our adult thoracic surgery services, we asked the Royal College of Surgeons for their advice. The Royal College of Surgeons (RCS) is a professional membership organisation and registered charity, which enables surgeons to achieve and maintain the highest standards of surgical practice and patient care.

After reviewing the services, they recommended that, to make sure we continue to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the service. The specific recommendation is quoted below:

“It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future...”

The RCS report is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

ii. Engagement process

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

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The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should be taken into consideration in making a recommendation on the location of a potential single centre.

The most common themes of the feedback were

- Travel impact
- Co-location with other services and infrastructure
- Capacity in general with current services, and ability to deliver a future high class service.

Most of the feedback from this process related to the criteria that should be used to decide the location of a single centre. Therefore we changed the criteria to reflect the feedback. The following table shows how we changed the criteria:

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Table 1: How the criteria changed following feedback

	We asked for feedback on the following criteria	How did the criteria change following feedback?
1.	How easy will it be for patients to access care at a centre?	The feedback told us that this was important and so it did not change.
2.	How easy will it be for the centre to meet the standards required of a high-quality centre, as described in the service specification?	This was removed because both centres would be equally capable of delivering a high quality service in line with the service specification.
3.	How sustainable is the centre? (By this we meant how likely it is for the centre to meet our needs in the future.)	This was considered so important that it was split into two criteria: <ul style="list-style-type: none"> • Will the centre be able to provide the space and equipment needed for a much larger unit? • Will the centre be able to recruit enough staff to run a much larger unit?
4.	Will the centre help improve the standards of care across South Wales?	This criterion did not change.
5.		One new criterion was added following feedback: What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?

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iii. Project Board

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence (which are listed below) to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

4.1

What evidence did the Project Board consider?

Along with the feedback from the engagement process, the Project Board considered evidence which included:

- Patient Access: Travel Times Analysis
- Royal College of Surgeons Report
- Changes to Thoracic Surgery Practice
- An assessment of each of the two current thoracic surgery centres against the service specification
- Patient Experience
- Equality Impact Assessment

Further information can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What did the Project Board recommend?

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

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Why did the Project Board recommend one site?

The main reason that the Project Board recommended one site was because of the changes to the way cardiac and thoracic surgeons work. As very few surgeons now carry out both cardiac and thoracic surgery it is becoming more and more difficult to provide out-of-hours thoracic surgery on-call rotas on two sites. The Project Board were also concerned about the need to increase the number of operations carried out so that lung cancer patients and those with conditions which are not cancer don't wait so long. They thought that one site would make this easier to achieve.

iv. Independent Panel

The Project Board agreed that the recommendation for the location of the single centre should be made by a group of people who could offer a variety of viewpoints. It was important that we considered patients and staff as well as listening to clinical experts. It was equally as important that the Panel was truly independent and should not include representatives from either UHW or Morriston Hospital.

We therefore established an Independent Panel to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel made an assessment of UHW in Cardiff and Morriston Hospital in Swansea against these criteria.

Who are the Independent Panel?

The Independent Panel was made up of:

- a consultant thoracic surgeon from the Society of Cardiothoracic Surgeons
- a respiratory consultant from north Wales
- a lung cancer nurse specialist from north Wales

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- a cancer network manager from England
- a representative from the Roy Castle Foundation charity
- a patient representative
- a staff side representative from the Royal College of Nursing
- an expert on equalities
- a representative from the Community Health Councils
- a service commissioner from England
- an independent Chairperson

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The Swansea Centre for Health Economics (SCHE), which is part of Swansea University, and has expertise in group decision-making, supported the Panel. All members of the Panel and the SCHE were asked to declare if they had any conflicts of interest; none were declared. The Terms of Reference for the Independent Panel can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What evidence did the Independent Panel use to recommend the location for the single centre?

The Independent Panel ('the Panel') made an assessment of both UHW and Morriston Hospital proposals using the following evidence against the criteria to help them make a recommendation:

- *How easy will it be for patients to access care at the centre?*

The Panel was given an analysis of travel times to both Morriston Hospital and the University Hospital of Wales. It also considered the availability of public transport. The Panel agreed that it will be important to make sure that the non-surgical parts of treatment can take place closer to the patient's home.

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- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*

The Panel was provided with a self-assessment from each of the units on their ability to increase capacity (physical infrastructure, e.g. theatres, High Dependency Units (HDUs) and ward bed capacity). The Panel also considered documents from the units regarding their development plans which included information on those services which might rely on thoracic surgeons (interdependent services).

- *Will the centre be able to recruit enough staff to run a much larger unit?*

The Panel considered information from the two units with respect to vacancy rates, recruitment and training.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*

The Panel considered reports on current partnership arrangements with universities and industry from each of the units together with information on their research and new ways of working.

- *What is the impact on other services at the hospital if thoracic surgery is no longer delivered there?*

Each of the units provided a report on both positive and negative impacts on other services if thoracic surgery was removed from a hospital. In particular, the Panel considered the pressures on intensive care and high dependency units if too many services were located in the same hospital.

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What did the Independent Panel recommend?

The Independent Panel considered the evidence and applied scores to both Morryston Hospital and UHW against each criterion. The scoring process, facilitated by SCHE, produced the recommendation that a future single centre for thoracic surgery should be located at Morryston Hospital. The Panel unanimously supported this recommendation.

Why did the Panel recommend Morryston Hospital and not the University Hospital of Wales?

The Panel's recommendation was made using an anonymous scoring system. However, we do know the key points they discussed before they scored the centres.

- *How easy will it be for patients to access care at the centre?*

The panel discussed the fact that more people live in south east Wales than in south west and mid Wales which means that more people are affected by the proposed changes that would require them to access services further from home.

On balance the Panel concluded that if the single centre was located at Morryston Hospital, the number of people who have the longest travel times would not increase. If located at UHW, more people would have very long travel times.

Access by public transport was considered and it was recognised that travel by bus and train creates significant challenges to both UHW and Morryston Hospital. The Panel considered overall travel time, earliest possible arrival at site, the number of changes necessary and the degree of difference in travel time according to geographic location.

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The Panel also agreed it is really important to make sure that the non-surgical parts of the service take place as close as possible to the patient's home and wanted this to be taken into account if the change is implemented.

- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*

The Panel felt the physical infrastructure was really important and discussed at length the pros and cons of the centres and noted it was probably more difficult for UHW to take on the increased numbers of patients compared with Morriston Hospital.

- *Will the centre be able to recruit enough staff to run a much larger unit?*

The Panel were told by the medical experts present that the size of the unit and the opportunities that it would create were likely to mean that recruitment of doctors would be equally successful on either site. Our nursing experts told us that nurse recruitment may be difficult but that it would be the same on both sites. They said a training and development programme would need to be put in place wherever the service was located.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*

There was a lot of discussion around this and it was noted that at the moment the University Hospital of Wales probably offered slightly more opportunities.

- *What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?*

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This was considered a very important issue. The Panel discussed the advantages of the service being located on the same site as the proposed Major Trauma Centre (this has now been confirmed as being at UHW) as well as other surgical specialties which could be affected. Whilst they felt there were potentially some advantages for a very small number of patients, they also noted that there were disadvantages such as the pressures which locating all the services on one site would create on the Intensive Care and High Dependency Units (ITUs and HDUs). The Panel was advised by colleagues from NHS England that placing thoracic surgery on the same site as the other services was not considered essential and they had experienced difficulties related to the pressure on ITUs and HDUs. Proposals of how any impacts would be managed are to be included in implementation planning.

4.1

What happened next?

The recommendation from the Project Board and the recommendation from the Independent Panel were then considered by the WHSSC Joint Committee which endorsed these and made a recommendation to the six affected health boards that they proceed to public consultation subject to further discussions with the Community Health Councils.

We then asked Abertawe Bro Morgannwg University Health Board (the Health Board responsible for Morriston Hospital) to work with Cardiff and Vale University Health Board (the Health Board responsible for the University Hospital of Wales) to develop more detail around the service, what it might look like, how it might be put in place and what would be required to meet future patient need, both for lung cancer and non-cancerous conditions.

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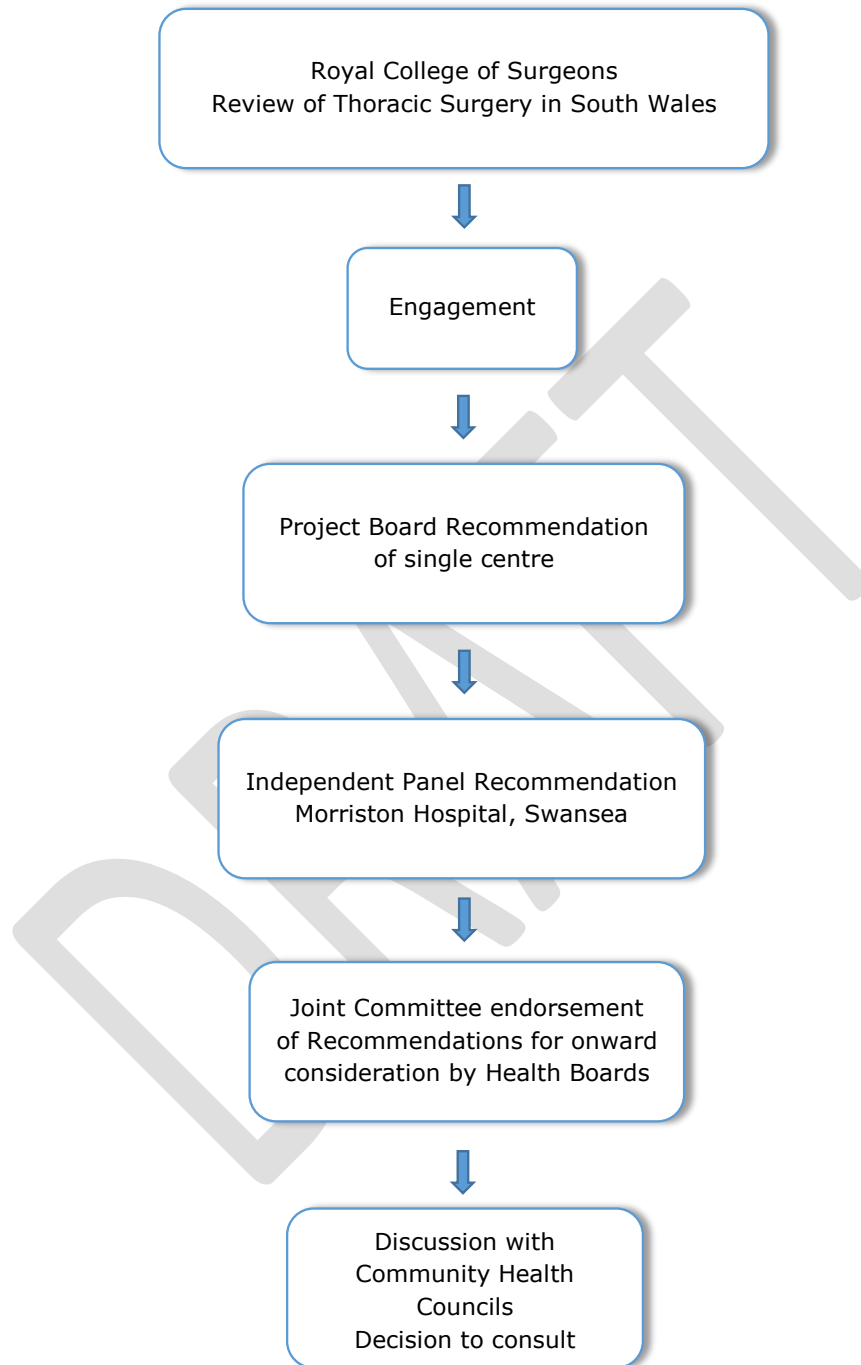
We asked them to assume a 20% increase in demand in order to make sure that the service can meet future requirements. This was based on our experience of commissioning the service.

We also provided individual Community Health Councils and the Board of the Community Health Councils with a report on the engagement feedback and how it had been used. In discussion with the Community Health Councils, it was agreed that affected health boards should be asked to proceed to formal public consultation on the proposed changes. This would involve asking the public, their staff and interested organisations for their views (a consultation) on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

The flow chart below sets out the whole process from the Royal College of Surgeons review through to the decision to carry out a full public consultation.

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Figure 1: Background to the Public Consultation



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What would the new service look like and how would the changes affect me?

With the proposed change, the hospital where a patient would have thoracic surgery would change for some people.

The creation of a single adult thoracic surgery centre for south Wales based at Morriston Hospital would not affect patients who live in areas that are already served by Morriston Hospital. This includes patients who live in the Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (H DUHB) areas and those areas of Powys Teaching Health Board where patients receive their secondary care³ at either ABMUHB or H DUHB. These patients would continue to have their thoracic surgery at Morriston Hospital, Swansea.

However, the changes would affect patients who now have their thoracic surgery in UHW, Cardiff, and who would in future have their surgery in Morriston Hospital, Swansea. These are patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.

However, it is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

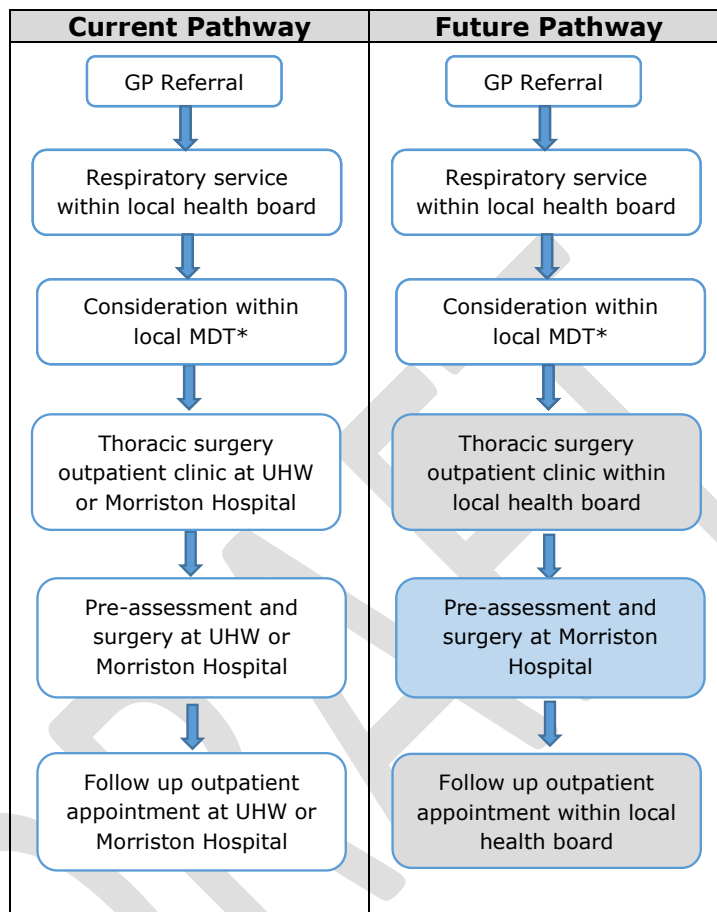
³ Secondary care means being taken care of by someone who has particular expertise in whatever problem a patient is having. It's where most people go when they have a health problem which needs more specialised knowledge, skill or equipment than a GP has. It's often provided in a hospital. Respiratory medicine is an example of secondary care.

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The following diagram shows what the current pathway (the stages from referral to surgery) looks like for the majority of adult thoracic surgery patients for both cancer and non-cancerous conditions. It also shows the pathway which we will make sure is provided in the future for these patients. As you can see, much of the pathway remains the same. The main difference is the journey for surgery which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

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Figure 2: Comparison of current with future pathway



*MDT = multidisciplinary team (a team of health professionals with expert knowledge in a patient’s condition. They discuss the results of tests and plan treatment for each patient).

So although patients may have to travel further for pre-operative assessment and surgery, many will receive their outpatient services closer to home.

Would it be better for patients from south east Wales to have their surgery in England?

We considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although

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surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

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How many people would it affect?

The change would affect patients who currently have their thoracic surgery at UHW, which is about 650 people per year. Some of these patients would have a longer journey time to the surgical centre if it were at Morriston Hospital.

An analysis of the impact on travel time formed part of the evidence which was given to the Independent Panel to help them make their recommendation. Further information on the travel time analysis can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How would this be better for me?

The proposed change is intended to provide a high quality, sustainable adult thoracic surgery service for all patients.

- Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer with fewer complications from their disease or

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treatment) and quicker recovery when treated in larger thoracic surgery centres;

- A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

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On behalf of the health boards, WHSSC is responsible for making sure thoracic surgery services are delivered in line with the service specification. As well as describing the details of what a service needs and the standards it should meet, the service specification also describes how the service is monitored. This includes measurement of outcomes, waiting times and resection rates which ensure that a high quality service is provided. Full details of performance monitoring are included in the service specification which can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How have equalities issues been considered?

The review of adult thoracic surgery services in south Wales has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment (known as an Equality Impact Assessment) of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

The assessment found that more men than women currently use the adult thoracic surgery service. However, it also found that the incidence of lung

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cancer is increasing in women, due to changes in smoking behaviour, which may mean that rates of thoracic surgery in women may increase relative to men. The assessment also found that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group.

Whilst socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics as there is a strong correlation between the protected characteristics and low socioeconomic status. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. In addition, access to transport is more difficult for this group. We therefore carried out travel and public transport analyses which were considered as part of the process.

The new service model for surgery aims to minimise the impact on travel by delivering, wherever feasible, the outpatient clinics and post-surgical follow-up, through outreach clinics delivered in each health board. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area). This would mean that patients should only need to visit the single surgical centre for their surgery. The provision of out-reach clinics is a requirement of the thoracic surgery service specification.

The equality impact assessment can be found at

www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

Does it matter if adult thoracic surgery is in a different hospital to the major trauma centre?

We know that there is concern about placing adult thoracic surgery in a different hospital to the Major Trauma Centre (MTC). The Independent

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Panel discussed this issue and concluded that it was not necessary for them to be based in the same place.

The following factors were taken into account:

- It is not a requirement in the thoracic surgery service specification. This document underwent consultation in Wales and the same issue was consulted upon widely in England.
- There are 11 examples of thoracic surgery centres being in different hospitals to major trauma in England.
- The Cheshire and Mersey Major Trauma Centre, based in Aintree Hospital, Liverpool, serves a catchment population of approximately 2.3 million (which corresponds closely to the south Wales population). The Aintree MTC does not have on-site cardiothoracic surgery. We have been advised that a cardiothoracic surgeon has been called by the Aintree MTC between 3 and 6 times per year. On at least half of these occasions, there was no requirement for the cardiothoracic surgeon to operate.
- There are planned changes to surgical training to include the requirement that surgeons trained in trauma will allow them to practice independently for injuries to the thorax.

The close working arrangements already in place between Morriston Hospital and UHW will be built on further. WHSSC is committed to commissioning a thoracic surgery service that will meet the relevant standards for the Major Trauma Centre, ensuring that thoracic surgeons will be available for relevant cases.

What would the new centre cost?

It is important to note that the reason for considering change is NOT about saving money; it is about getting the best care for our patients. In 2015/16 financial year we spent £4.8million on thoracic surgery in South Wales. In

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2016/17 we increased this investment by £1.7million. We did this because we knew we weren't treating all the patients we should be and patients were waiting a long time for treatment. We planned that this money should be used to recruit the consultants, additional staff to support the service and commission more cases of thoracic surgery. However we have struggled to recruit into all these posts and have had to use some of the money to fund our existing teams to do extra operating at weekends for example. We therefore think there is enough money to pay for all the staff we need. The aim is for the new centre to neither save money nor cost more money to run (i.e. be revenue neutral).

However extra money will be required to make changes to existing hospital buildings to provide sufficient physical capacity (e.g. theatres and beds). Business cases for any additional capital funding will need to be made to the Welsh Government through existing processes.

How would staff be affected?

A thoracic surgery team consists of surgeons, anaesthetists, physiotherapists and specialised nursing staff. We hope that staff currently working in the thoracic service in UHW will transfer to Morriston Hospital as part of these changes. However, we also recognise that for some staff, personal and family commitments may mean that this is not possible. If this is the case, we will work with those staff to ensure that they secure suitable alternative roles locally that supports their career choices and enables them to continue to use their skills to the benefit of patients.

This process will be managed through the TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) which ensures that staff employment terms and conditions are protected. Recruitment and staff training will be part of the implementation plan. We have received feedback from specialists which suggested that recruitment would be made easier by having a larger centre. We will also need to work closely with the Wales

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Deanery (they are responsible for training doctors) to ensure that the unit can continue to provide high quality training opportunities.

How would services at UHW be affected by moving thoracic surgery to Morriston?

The Panel looked at the impact of moving adult thoracic surgery from both Morriston and UHW. They looked at negative and positive impacts. They were concerned about the ability of UHW to absorb the increased number of adult thoracic surgery patients at the same time as taking increased numbers of patients with major trauma.

We recognise that there may be an impact on other services by removing adult thoracic surgery from UHW. For example, adult thoracic surgery at UHW is delivered as part of a combined service with cardiac surgery. The impacts of moving adult thoracic surgery to Morriston Hospital will be managed collectively through the commissioning process and will be addressed during implementation.

What do I need to do now?

Once you have read this document, we would welcome your views on the proposals and would invite you to complete the form provided at the back.

Then what will happen?

Following the consultation, the WHSSC team will analyse the feedback received, add proposed responses and produce a report. The report will be shared with the health boards and Community Health Councils and considered by the health boards at public board meetings that will be held no later than the end of October 2018, which will also receive a recommendation on the proposal from WHSSC. The Joint Committee of WHSSC will then agree the model of the future commissioned services

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based on the health board decisions. The report and decisions will be made publicly available.

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You can contact your local Community Health Council for more information:

**Abertawe Bro
Morgannwg CHC**

First Floor Cimla Hospital
Neath SA11 3SU
Phone: 01639 683490
Email: office.abm@waleschc.org.uk

Aneurin Bevan CHC

Raglan House
6-8 William Brown Close Llantarnam Business Park
Cwmbran NP44 3AB
Phone: 01633 838516
Email: enquiries.aneurinbevanchc@waleschc.org.uk

Cardiff and Vale CHC

Pro-Copy Business Centre (Rear) Parc Tŷ Glas
Llanishen Cardiff CF14 5DU
Phone: 02920 750112
Email: Cavog.chieffofficer@waleschc.org.uk

Cwm Taf CHC

Unit 10, Maritime Offices Woodland Terrace
Maesycoed
Pontypridd CF37 1DZ
Phone: 01443 405830
Email: Enquiries.CwmTafCHC@waleschc.org.uk

Hywel Dda CHC

Carmarthenshire Local Committee
Suite 5, First Floor, Ty Myrddin,
Old Station Road, Carmarthen.
SA31 1BT
Phone: 01646 697610

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Ceredigion Local Committee

Welsh Government Building,
Rhodfa Padarn,
Llanbadarn Fawr,
Aberystwyth SY23 3UR
Phone: 01646 697610

Pembrokeshire Local Committee

Suite 18, Cedar Court, Haven's Head,
Milford Haven, Pembrokeshire SA73 3LS
Phone: 01646 697610
Email: hyweldda@waleschc.org.uk

Powys CHC**Brecon Office**

1st Floor
Neuadd Brycheiniog
Cambrian Way Brecon
LD3 7HR

Phone: 01874 624206**Email:** Katie.blackburn@waleschc.org.uk**Newtown Office**

Room 204 Ladywell House
Newtown
SY16 1JB

Phone: 01686 627632**Email:** Jayne.thornhill@waleschc.org.uk

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Glossary

Abertawe Bro
Morgannwg UHB

Abertawe Bro Morgannwg University Health Board provides health care services mainly for the 600,000 residents of Bridgend, Neath Port Talbot and Swansea. The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend, and is responsible for providing a number of specialist regional services including cardiac, burns and plastic surgery and neonatal.

Aneurin Bevan UHB

Aneurin Bevan University Health Board provides health care services mainly for the approximately 600,000 residents of Gwent, Blaenau Gwent, Caerphilly, Newport, Torfaen and Monmouthshire. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of primary-care practices, community clinics, health centres, one learning disability hospital, a number of community hospitals, mental health facilities, one local general hospital and three district general hospitals – Royal Gwent, Nevill Hall and Ysbyty Ystrad Fawr.

Cardiff and Vale UHB

Cardiff & Vale University Health Board provides health care services for the 475,000

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residents of Cardiff and the Vale of Glamorgan. The Health Board has two acute hospitals providing a range of services, these are University Hospital of Wales and University Hospital Llandough. It oversees seventeen health centres, public health and community care services and also has a range of specialist services used by the whole of Wales, including renal, paediatric, neurology and bone marrow transplantation.

Community Health Council

Community Health Councils (CHCs) are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board, Trust or Welsh Government.

Cwm Taf UHB

Cwm Taf University Health Board provides primary, community, hospital and mental health services to almost 300,000 people living in Merthyr Tydfil and Rhondda Cynon Taf. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of

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primary-care practices, community clinics, health centres, a number of community hospitals, mental health facilities, and two district general hospitals, Prince Charles Hospital and the Royal Glamorgan Hospital.

Equality Impact
Assessment

An **equality impact assessment (EqIA)** is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.

Hywel Dda UHB

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000 throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites. There are four district general hospitals: Bronglais, Withybush, Prince Philip and Glangwili.

Independent Panel

The **Independent Panel** consists of people with expertise in these services; they are not employees of or have direct links to the adult thoracic surgery units in south Wales.

Joint Committee

The **Joint Committee** is established as a Statutory Sub Committee of each of the local

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health boards in Wales. It is led by an independent Chair and membership is made up of three independent members, one of whom is the Vice Chair, the Chief Executives of the local health boards, associate members and a number of officers. See also “WHSSC”.

MDT

Multidisciplinary team (MDT) is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.

Pathway

The **patient pathway** is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves.

Powys THB

Powys Teaching Health Board is responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that is a quarter of Wales, this is mainly through GPs and other primary care services, community hospitals and community services. There are no District General Hospitals within the Health Board.

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Project Board	The Thoracic Surgery Project Board consists of people with expertise in these services, representatives from all the Health Boards in South Wales and lay members. The Project Board was responsible for the recommendation on how many adult thoracic surgery centres there should be in South Wales
Royal College of Surgeons	The Royal College of Surgeons (abbreviated RCS and sometimes RCSEng), is an independent professional body and registered charity promoting and advancing standards of surgical care for patients, regulating surgery, including dentistry, in England and Wales.
Service specification	A service specification is a document which gives a description of the service which is to be provided. It sets out the standards and targets which are expected and how the service will be monitored.
Specialised services	Specialised services are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK.
Thoracic surgery	Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients

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with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.

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WHSSC

WHSSC is a joint committee of each LHB in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). **The Joint Committee** brings Local Health Boards in Wales together to plan specialised services for the population of Wales. See also Joint Committee

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Adult Thoracic surgery services in south Wales



Your response

Comments on the consultation are welcomed by 27/08/18 and can be sent by email to ThoracicSurgeryReview@wales.nhs.uk or by post to: **Freepost THORACIC SURGERY**

4.1

Your name	
Your postcode	
Are you replying on behalf of an organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the name of the organisation?	

Guidance on how to respond

- Please answer the questions on the next page.
- All responses will be made public, so please underline and highlight any confidential information or other material that you do not want to be made public. WHSSC will hold any personal information provided until any outcomes of the consultation are implemented, or for a maximum of 7 years. Your information will then be securely deleted by WHSSC.
- Do not include medical information about yourself or another person that could identify you or that person.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

Declaration: If you have any financial or other interests in relation to any specialised services directly relevant to this process, please declare them in the box below.

Interests to be declared:

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We would like your views on the proposal to locate a single thoracic surgery centre at Morriston Hospital in Swansea serving patients from south and west Wales and south Powys.

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1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?

Agree

Disagree

Neither agree nor disagree

Please give us reasons for your choice

2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

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Equality Monitoring

We are committed to making sure that we treat the people who use our services fairly and with dignity and respect. We can achieve this if we know more about you. Please support our aim by providing the information below. We will keep this information anonymous and use it only to analyse people's responses. We will keep it confidential and not share your identity with anyone.

Please tick only one box for each question.

What was your age on your last birthday?

- | | |
|-------------------|--------------------------|
| Under 16 | <input type="checkbox"/> |
| 16 to 24 | <input type="checkbox"/> |
| 25 to 34 | <input type="checkbox"/> |
| 35 to 44 | <input type="checkbox"/> |
| 45 to 54 | <input type="checkbox"/> |
| 55 to 64 | <input type="checkbox"/> |
| 65 to 74 | <input type="checkbox"/> |
| 75 or over | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

What sex are you?

- | | |
|-------------------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

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Do you identify as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

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What is your ethnic group?

- White
- Mixed or multiple ethnic groups
- Asian or Asian British
- Black, African, Caribbean, or Black British
- Any other ethnic group
- Prefer not to say

Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

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What is your sexuality?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- Prefer not to say

What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please describe).....
- Prefer not to say

Are you a Welsh speaker?

- Yes
- No
- Prefer not to say

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Are you a carer?

- Yes
- No
- Prefer not to say

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Are you employed by the NHS?

- Yes
- No
- Prefer not to say

DRAFT



THORACIC SURGERY REVIEW EQUALITY IMPACT ASSESSMENT (EIA)

1. INTRODUCTION

The Review of Thoracic Surgery Services in south Wales (The Review) has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

2. BACKGROUND TO THE THORACIC SURGERY REVIEW

Thoracic surgery involves operations on all parts of the chest including the chest wall, the contents of the chest and the lungs, but not the heart (this is cardiac surgery). A main part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non-cancerous conditions such as complications from pneumonia or those who have punctured lungs. In addition, they carry out biopsies on people with certain types of lung disease to help obtain a diagnosis.

Thoracic surgery is currently delivered from two centres in south Wales; Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. Each centre has two consultant thoracic surgeons delivering a service for both lung cancer patients and patients with non-cancer indications that require thoracic surgery.

Improving thoracic surgery services in Wales will ensure they deliver the best care possible. There are a number of reasons for improvement:

- Over the last year patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe
- Patients who require surgery but do not have lung cancer often have very long waiting times, which is affecting the quality of care that can be provided
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres. Elsewhere in the UK and Europe, services are restructuring into larger centres
- Because thoracic surgery is now so specialised, surgeons are no longer being trained to carry out both cardiac and thoracic operations. This has implications for the way in which our small units are staffed.

A Project Board was established to have oversight of the Thoracic Surgery Review and was made up of people with expertise in thoracic surgery services, representatives from the affected health boards, representatives from community health councils and third sector organisations.

The Royal College of Surgeons was invited to carry out a review of thoracic surgery services in south Wales to advise how they can be improved. The Royal College of Surgeons recommended that to ensure the future sustainability and quality of thoracic surgery in south Wales, there should only be one hospital delivering the service:

"It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for south Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward.¹"

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should

¹ The Royal College of Surgeons "Report on the thoracic surgical service in Wales" 2016

be taken into consideration in making a recommendation on the location of a potential single centre.

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

An Independent Panel was established to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel was made up of a range of clinical experts from either north Wales or England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson.

The Independent Panel made an assessment of both the University Hospital of Wales and Morriston Hospital using a range of evidence against the criteria developed during the engagement process to help them make a recommendation.

The Independent Panel considered the evidence and applied scores against each criterion. The outcome of the scoring produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital.

Further information on the process to arrive at this recommendation can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

In this document we will consider the impact of the potential change to a single thoracic surgery service centre located at Morriston Hospital, Swansea, on patients with protected characteristics. It is important to note that whilst the service change under consideration is the location of a single thoracic surgery service centre for south Wales at Morriston Hospital, much of the pre- and post-operative care will be carried out locally, as set out in the Thoracic Surgery Service Specification. Most people will be ready to go home between 3 and 7 days after their operation².

² Macmillan, "Understanding Lung Cancer"

3. LUNG DISEASE

Lung disease refers to a wide range of conditions that affect the lungs, the organs through which we breathe. There are a number of causes of lung disease. Smoking is the main cause for the two biggest killers, lung cancer and chronic obstructive pulmonary disease (COPD).

Lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is two-and-a-half times more likely to have COPD, and nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Some of the highest lung disease mortality rates in the UK are found in parts of south Wales³.

Lung cancer is one of the four most common cancers in Wales in terms of the annual numbers of cases – it was the third most common cancer in men and the second most common in women in 2012⁴. Over 2,380 people were diagnosed with lung cancer in 2014, with smoking causing nearly 9 out of 10 cases⁵.

The treatment of lung cancer is a key component of thoracic surgery activity and an important driver for this potential service change. The main focus of this EIA is on the implications of the potential service change for lung cancer patients who require access to thoracic surgery.

4. UNDERSTANDING THE IMPACT ON PROTECTED CHARACTERISTICS

The Review covers patients living in the local health board regions of Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf, Hywel Dda and parts of Powys. Morriston Hospital already provides thoracic surgery services for patients living in the health board regions of Abertawe Bro Morgannwg, and Hywel Dda. The proposal to locate a single thoracic surgery centre in Morriston Hospital will therefore affect patients living in the local health board regions of Aneurin Bevan, Cardiff and Vale, Cwm Taf and parts of Powys. This is referred to below as the "area affected".

³ British Lung Foundation, *"The Battle for Breath: The Impact of Lung Disease in the UK"*, 2016

⁴ WCISU, *"Lung Cancer in Wales: A detailed analysis of population trends of incidence and stage of diagnosis up to and including 2012"*, 2015

⁵ Welsh Government, *"Respiratory Delivery Plan: Annual Statement of Progress"*, February 2017

4.1 Gender

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Table 1: Sex by local authorities in Wales (Source: Table QS104EW 2011 Census, ONS)

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	49.0%	51.0%	100.0%	178,806
Blaenau Gwent	49.2%	50.8%	100.0%	69,814
Torfaen	48.7%	51.3%	100.0%	91,075
Monmouthshire	49.2%	50.8%	100.0%	91,323
Newport	49.0%	51.0%	100.0%	145,736
Cardiff and Vale UHB	49.0%	51.0%	100.0%	472,426
Vale of Glamorgan	48.7%	51.3%	100.0%	126,336
Cardiff	49.1%	50.9%	100.0%	346,090
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	48.9%	51.1%	100.0%	234,410
Merthyr Tydfil	49.0%	51.0%	100.0%	58,802
Powys THB	49.4%	50.6%	100.0%	132,976
South Powys*	49.4%	50.6%	100.0%	66,488
Area affected*	49.0%	51.0%	100.0%	1,408,880
Wales	49.1%	50.9%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

The latest Welsh statistics for lung cancer show that the number of males being diagnosed between 2005 and 2014 fell by 11% and the number of females rose by 8% during the same period⁶. This reflects historical changes in smoking rates between men and women: the number of female smokers went up in the 1960s and 70s.

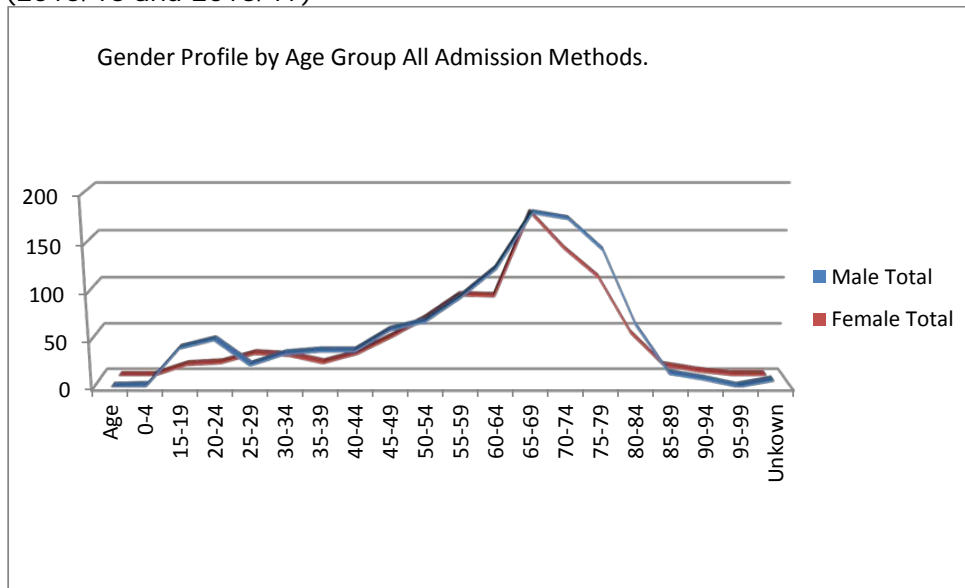
However, lung cancer is still more common in men than in women. As well as differing smoking rates, this may also reflect men's greater exposure to harmful dust and fumes in the workplace.

Rates of thoracic surgery

⁶ WCISU, *Op cit*

Fig 1 indicates that more men than women receive thoracic surgery, particularly between the ages of 65 years and 85 years. The data also shows that young men (in their teens and early twenties) have higher rates of surgery than young women.

Fig 1: Gender and age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Women are less likely to own a car and more likely to be primary users of bus services than men (Joseph Rowntree Foundation). This may mean they are more likely to be affected by any change which has implications for travel to a service.

Implications for potential service change

Currently, more men than women use the thoracic surgery service. However, future changes in the incidence of lung cancer, due to changes in smoking behaviour in men and women, imply that rates of thoracic surgery in women may increase relative to men.

The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.2 Age

In terms of age profile, there are some slight variations in the area affected compared to Wales as a whole.

Overall for the area affected, the younger age bands (0- 4 years, 5-16 years, 16-24 years, and 25-44 years) as a proportion of the area affected population are slightly higher than the proportions for Wales as a whole. Conversely the older age band proportions (45-64 years, 65-84 years, and 85 years plus) are smaller than in Wales as a whole.

Powys is the exception among the area affected. Powys has a lower proportion of its populations aged 0-44 years, and a higher proportion in the older age bands (45-64 years, 65-84 years, and 85 years plus) than Wales as a whole.

Table 2: Age structure by local authorities in Wales (Source: Table KS102EW 2011 Census, ONS).

Region	0-4	5-15	16-24	25-44	45-64	65-84	85 plus	Total (%)	Total
Aneurin Bevan UHB	6.00%	13.10%	11.40%	25.10%	26.80%	15.30%	2.20%	100.00%	576,754
Caerphilly	6.30%	13.20%	11.10%	26.20%	26.60%	14.60%	1.90%	100.00%	178,806
Blaenau Gwent	5.80%	12.10%	12.10%	25.60%	26.60%	15.70%	2.10%	100.00%	69,814
Torfaen	5.90%	13.00%	11.50%	24.50%	27.10%	15.60%	2.40%	100.00%	91,075
Monmouthshire	5.10%	12.70%	9.70%	21.70%	30.00%	18.00%	2.80%	100.00%	91,323
Newport	6.50%	13.60%	12.40%	26.20%	24.90%	14.10%	2.20%	100.00%	145,736
Cardiff and Vale UHB	6.30%	12.10%	15.60%	27.80%	23.60%	12.40%	2.10%	100.00%	472,426
Vale of Glamorgan	5.80%	13.10%	10.50%	24.60%	27.70%	15.80%	2.50%	100.00%	126,336
Cardiff	6.50%	11.70%	17.50%	29.00%	22.10%	11.20%	2.00%	100.00%	346,090
Cwm Taf UHB	6.20%	12.70%	12.00%	25.80%	26.30%	14.90%	2.10%	100.00%	293,212
Rhondda Cynon Taf	6.20%	12.70%	12.00%	25.80%	26.20%	14.90%	2.20%	100.00%	234,410
Merthyr Tydfil	6.20%	12.50%	12.00%	26.00%	26.70%	14.60%	2.00%	100.00%	58,802
Powys THB	4.90%	12.30%	9.60%	20.80%	29.70%	19.70%	3.10%	100.00%	132,976
South Powys*	4.90%	12.30%	9.60%	20.80%	29.70%	19.70%	3.10%	100.00%	66,488
Area affected*	6.09%	12.64%	12.85%	25.95%	25.76%	14.45%	2.19%	100.00%	1,408,880
Wales	5.80%	12.30%	12.20%	24.70%	26.60%	15.90%	2.40%	100.00%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

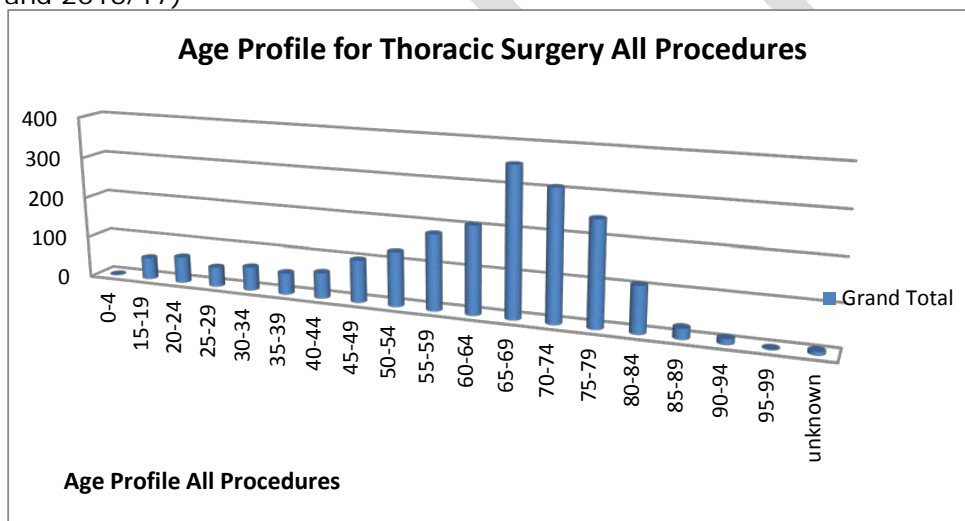
The majority of UK deaths from lung disease in 2012 were in people aged 65 and above (over 100,000).

In Wales, around two-thirds of lung cancer cases occurred in ages 60 to 79 years, just over ten per cent were in under 60s, but a quarter occurred in ages 80+ years.

Rates of thoracic surgery

The number of cases of thoracic surgery increases with age (Fig 2). Surgery rates are highest between the ages of 50 and 80 years, peaking in people aged between 65 and 69 years (fig 2).

Fig 2: Age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Two thirds of single pensioners, the majority of whom are women, lack a car (Joseph Rowntree Foundation). In the area affected, 16.7% of the population are in the 65+ age category.

Implications for potential service change

Need for thoracic surgery to treat lung cancer increases with age. The age profile of thoracic surgery patients increases with age.

Access to transport for older people is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.3 Disability

The proportion of people identifying themselves as disabled⁷ in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the health boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability.

At a local authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

⁷ Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
<i>Caerphilly</i>	14.0%	11.4%	74.6%	100.0%	178,806
<i>Blaenau Gwent</i>	15.7%	11.5%	72.8%	100.0%	69,814
<i>Torfaen</i>	13.1%	11.0%	75.9%	100.0%	91,075
<i>Monmouthshire</i>	9.7%	10.5%	79.9%	100.0%	91,323
<i>Newport</i>	10.6%	10.2%	79.2%	100.0%	145,736
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
<i>Vale of Glamorgan</i>	9.9%	10.4%	79.7%	100.0%	126,336
<i>Cardiff</i>	9.2%	8.8%	82.0%	100.0%	346,090
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
<i>Rhondda Cynon Taf</i>	14.5%	11.4%	74.2%	100.0%	234,410
<i>Merthyr Tydfil</i>	15.8%	11.1%	73.1%	100.0%	58,802
Powys	10.2%	11.2%	78.6%	100.0%	132,976
<i>South Powys*</i>	10.2%	11.2%	78.6%	100.0%	66,488
Area affected*	11.8%	10.4%	77.7%	100.0%	1,408,880
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Some people undergoing thoracic surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

People who have a disability are less likely than those without a disability to have access to a car (Office for Disability Issues, 2009) and report their health as a reason for not using public transport because of physical access issues and negative staff attitudes (Framework for Action on Independent Living, 2012).

Implications for potential service change

Access to transport for people with disabilities is a relevant consideration in relation to this service change since a single centre would mean some patients (and families) travelling further than they would otherwise need to.

4.4 Ethnicity

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)⁸ population compared to 4.4% BME population nationally.

The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Due to the presence of Cardiff and Newport within the South Wales Programme area, and the small BME populations in Wales outside these cities, the South Wales Programme area contains 80.4% of the total Welsh BME population.

⁸ Black and minority population is classed here as any ethnicity not included under the white categories

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	98.3%	0.7%	0.8%	0.1%	0.1%	100.0%	178,806
Blaenau Gwent	98.5%	0.6%	0.7%	0.1%	0.1%	100.0%	69,814
Torfaen	98.0%	0.7%	1.1%	0.2%	0.1%	100.0%	91,075
Monmouthshire	98.0%	0.7%	1.0%	0.2%	0.1%	100.0%	91,323
Newport	89.9%	1.9%	5.5%	1.7%	1.0%	100.0%	145,736
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	96.4%	1.3%	1.6%	0.4%	0.3%	100.0%	126,336
Cardiff	84.7%	2.9%	8.1%	2.4%	2.0%	100.0%	346,090
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	97.4%	0.6%	1.3%	0.6%	0.1%	100.0%	234,410
Merthyr Tydfil	97.6%	0.8%	1.2%	0.2%	0.2%	100.0%	58,802
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
South Powys*	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	66,488
Area affected*	93.7%	1.4%	3.2%	0.9%	0.7%	100.0%	1,408,880
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Differences between ethnic groups in the incidence of lung cancer have been shown in England for the broad White, Black, Asian, Chinese and Mixed categories. Lung cancer is most common in White and Bangladeshi men. Compared with women from other ethnic groups, lung cancer is more common in White women.⁹

⁹ Ruth H Jack, Elizabeth A Davies, Henrik Møller, "Lung cancer incidence and survival in different ethnic groups in South East Englan." British Journal of Cancer 2011

2011 census data show that 95.6% of the Welsh population classified themselves as White.

Implications for potential service change

Some ethnic groups may have a greater requirement for thoracic surgery. However, no particular ethnicity specific impacts are expected from this service change.

4.1

4.5 Marriage and Civil Partnership

No impacts upon this protected characteristic are anticipated.

4.6 Pregnancy and Maternity

No impacts upon this protected characteristic are anticipated.

4.7 Religion

No impacts upon this protected characteristic are anticipated.

4.8 Sexuality Orientation and Gender Reassignment

LGB people are significantly more likely to smoke than heterosexuals¹⁰.

Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian, Gay, Bisexual and Trans (LGBT) patients in Wales report significant barriers to health and social care services¹¹. Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that patient' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

¹⁰ Tang, H, Greenwood, GL, Cowling, DW, Lloyd, JC, Roeseler, AG and Bal, DG (2004) Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?, *Cancer Causes and Control*, 15(8): 797–803

¹¹ <http://www.stonewallcymru.org.uk/our-work/research/have-your-say>

Implications for potential service change

Due to the strong link between smoking and lung disease, it is reasonable to assume that the impact of any service change will be proportionally greater in this group.

4.9 Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh.

Service users who prefer to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. However, it is important to remember that thoracic surgery is one very small part of a patient's treatment and all other elements, such as scans, biopsies and follow up care, will take place in their local hospital. Only the place where surgery takes place is being considered for change.

Implications for potential service change

There are no identified impacts on the Welsh Language Measure of the potential change to a single thoracic surgery centre.

4.10 Socioeconomic status

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status¹².

As previously stated in this document, lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society.

Approximately a quarter of households (25.2%) in the area affected has no access to a car, which is slightly higher than the proportion across the whole of Wales (22.9%).

¹² National Equality Panel. (2010). *An anatomy of economic inequality in the UK*. London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van.

Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3%	42.4%	25.3%	6.0%	2.0%	100.0%	242,824
Caerphilly	24.4%	43.2%	25.0%	5.7%	1.8%	100.0%	74,479
Blaenau Gwent	29.0%	43.8%	20.9%	4.9%	1.5%	100.0%	30,416
Torfaen	23.6%	43.5%	24.9%	6.0%	2.1%	100.0%	38,524
Monmouthshire	15.2%	40.2%	32.5%	8.7%	3.4%	100.0%	38,233
Newport	27.9%	41.4%	23.7%	5.2%	1.7%	100.0%	61,172
Cardiff and Vale UHB	26.4%	42.9%	24.1%	5.0%	1.6%	100.0%	196,062
Vale of Glamorgan	19.4%	43.0%	28.8%	6.7%	2.2%	100.0%	53,505
Cardiff	29.0%	42.9%	22.3%	4.4%	1.4%	100.0%	142,557
Cwm Taf UHB	27.6%	42.7%	22.9%	5.2%	1.6%	100.0%	123,927
Rhondda Cynon Taf	27.1%	42.6%	23.4%	5.3%	1.6%	100.0%	99,663
Merthyr Tydfil	29.7%	43.2%	21.0%	4.6%	1.5%	100.0%	24,264
Powys THB	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	58,345
South Powys*	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	29,173
Area affected*	25.2%	42.6%	24.6%	5.6%	1.9%	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

*Figures for Powys have been halved to calculate a South Powys figure

Implications for potential service change

The evidence cited above indicates that people with lower socioeconomic status will be at higher risk of requiring thoracic surgery. The impact on access to transport for these groups is a relevant consideration for this potential service change.

4.12 Travel Analysis

The implications of the proposed service change for protected characteristics are mediated through the correlation with socioeconomic status and its impacts on access to transport. While not a protected characteristic in itself, socioeconomic factors may be more important in determining access to transport and how people travel. While there is evidence of differential access to transport across protected characteristics (including disability, gender and age), in practice it is access to transport through social networks (family, carers, friends) that will determine how people travel.

Due to the potential impact of the proposed service change on travel, a specific travel analysis has been conducted, assessing the impact on travel times by car. In addition, an analysis of travel via public transport to these sites has also been undertaken. These analyses will be taken into account through the decision making processes of the Thoracic Surgery Review.

5. CONSULTATION

The consultation process has been informed by Health Boards, legal advice and the Board of Community Health Councils (CHCs). Important to ensure that protected groups are picked up and their needs are met (for e.g. accessible information and communication).

Various stakeholder groups have been identified for the period of engagement which will run from 2 July to the 27 August 2018. These include Community Health Councils, the public, relevant third sector organisations and staff. Further information can be found in the consultation plan at www.wales.whssc.nhs.uk/thoracic-surgery-services-in-south-wales.

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

Positive:

- The proposed service change is intended to address the issues in section 2 above and provide a high quality, sustainable thoracic surgery service for all patients.
 - Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
 - Evidence shows that thoracic surgery patients are likely to have better outcomes and quicker recovery when treated in larger thoracic surgery centres that meet the quality standards;
 - A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes or risks such as episodes of staff sickness, vacancies and changes to national policy.

Negative:

- Some patients may have further to travel for their thoracic surgery.

7. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

It is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

The main difference is the journey for surgery, which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within Powys Teaching Health Board). An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

If the proposed service change is implemented, the relevant requirements of the Equalities Act will be taken into account in the establishment of the new service to ensure that it is delivered in a way that is responsive to the recognised needs of all patient groups.

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY PROGRAMME BUSINESS CASE	
Name of Meeting : Special Board Meeting	Date of Meeting: 28 June 2018
Executive Lead : Director of Strategy and Planning	
Author : Service Planning Project Lead, 029 2074 44098	
Caring for People, Keeping People Well: The Programme Business Case underpins the Health Board’s strategy to achieve service priorities and sustainability and outcomes that matter to people	
Financial impact: Business Cases to be developed to access Welsh Government capital funding for individual projects. Programme to be delivered within available revenue resource as a minimum. Details will be set out in individual project business cases.	
Quality, Safety, Patient Experience impact : The service changes described in the programme are underpinned by the strategic principles of ‘Empower the Person’ and ‘Outcomes that matter to People’	
Health and Care Standard Number 1.1, 2.1, 2.4, 2.9, 4.1, 6.1	
CRAF Reference Number 1.1, 1.2, 3.1.2, 4.2, 4.3, 6.4, 10.11	
Equality and Health Impact Assessment Completed: Yes. Attached	

<p>ASSURANCE AND RECOMMENDATION</p> <p>ASSURANCE is provided by the SOFW:IOC Programme and Project governance structure.</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> • ACKNOWLEDGE the role of the SOFW: IOC Programme as a critical enabler for a number of key UHB strategies and objectives, i.e:- <ul style="list-style-type: none"> ○ Delivery of Shaping Our Future Wellbeing Strategy ○ Transformation Programme; ○ Clinical Services Strategy; and ○ Sustainability of GMS; • NOTE the constituent projects that will make up the programme and their proposed implementation across a number of tranches; • ACKNOWLEDGE the indicative timescales for the implementation of the projects, and the associated requirement for clarity around proposed changes to service delivery models and the supporting workforce and revenue models; and • AGREE the submission of the SOFW: IOC Programme Business Case to Welsh Government for approval as part of the process to access funding from the All Wales Capital Programme and Primary Care Pipeline Fund.
--

SITUATION

The Shaping Our Future Wellbeing: In Our Community (SOFW:IOC) Programme Business Case (PBC) sets out the rationale for developing and reconfiguring our community infrastructure over the period to 2025 to support the implementation of the SOFW Strategy. It sets out the constituent capital projects we plan to implement to facilitate new ways of working and redesigned service delivery models, with a focus on:-

- The health and wellbeing needs of our local population through the delivery of a social model of care;
- The promotion of healthy lifestyles;
- The reduction of health inequality;
- The planning and delivery of healthcare close to people's homes; and
- Delivering services collaboratively with our partners and supporting economic growth.

The PBC will be submitted to Welsh Government to provide the strategic context within which the constituent project business cases will be developed as part of the route to access capital monies from the All Wales Capital Programme and the Primary Care Pipeline Fund. The Programme Business case has been developed in line with the Government guidance on the Five Case Model which provides a specific framework for the structure of such documents and dictates certain elements for inclusion.

The development of the Programme Business Case will enable a shortened business case process to be utilised for the individual projects within the programme as it replaces the need for a Strategic Outline Case to be produced and scrutinised for each separate project.

BACKGROUND

In March 2016, the Shaping Our Future Wellbeing: In Our Community Programme was established with the aim to develop the major physical infrastructure required to support sustainable and prudent, collaborative health and wellbeing services provided closer to home, which improve health outcomes and reduce health inequalities. This will see the development of a network of facilities across Cardiff and Vale:-

- A Health and Wellbeing Centre in each Locality (CRI, Cardiff North and West, Barry Hospital);
- A Wellbeing Hub in each Cluster, co-located with Council facilities where possible;
- Fit for purpose primary care premises; and
- Community facilities rationalised where appropriate.

ASSESSMENT AND ASSURANCE

The programme sets out the long term proposals to be implemented over the period of the SOFW Strategy. Partner organisations have been key to developing the proposals, being represented at all levels of the programme and project management structure. The Programme Board for is made up of members of the Regional Partnership Forum.

Key Benefits

- Improved healthy behaviours leading to positive impact on health outcomes and general population health
- People empowered to self-manage their health with potential to reduce overall demand for healthcare
- Improved collaborative working and delivery of a social model of health focusing on people's physical, mental and social wellbeing
- Redesign of care pathways and service delivery models leading to improved use of available clinical skills, improved service capacity and shift of outpatient services from hospital to community
- Rationalisation of community facilities supporting the creation of a network of shared, flexible multi-functional facilities leading to improved clinic utilisation, shared public assets, and greater opportunities for collaborative working with our partners
- Improved access to local services, with community facilities located to provide optimum access for residents from most deprived areas
- Anticipated long term reduction in emergency hospital admissions for people with chronic conditions
- Reduced gap in number of healthy life years between most and least deprived areas
- Supporting sustainable Primary Care services

Key Risks

- Pressure on WG capital availability
- Service delivery models and supporting workforce requirements not identified
- Revenue assumption that service change will be implemented within the available revenue envelope not yet tested
- Potential impact of service cost pressures on programme affordability
- Rationalisation of community estate may not realise sufficient savings to offset any additional facilities costs
- Continued pressure on Local Authority revenue and uncertainty of third sector revenue streams may adversely impact on delivery of collaborative health and wellbeing services

Estimated Capital Costs for First Tranche Projects

Based on some initial concept design work, capital costs are estimated as follows:-

Project	Indicative Capital Cost (£)	Provisional Completion Date
H&WC@CRI – 2 nd phase projects:- <ul style="list-style-type: none"> • Chapel Development • Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works • Capital Safeguarding Works 	3.5m 10m 45m	Sept 2019 Sept 2020 TBC
WH@Penarth (Primary Care Pipeline Project)	6m	June 2021
WH@Maelfa (Primary Care Pipeline Project)	8m	Sept 2021
WH@Park View	16m	Dec 2021

The indicative costs and construction timescales will be worked up in more detail as we progress through the design stages and be included in the individual project business cases.

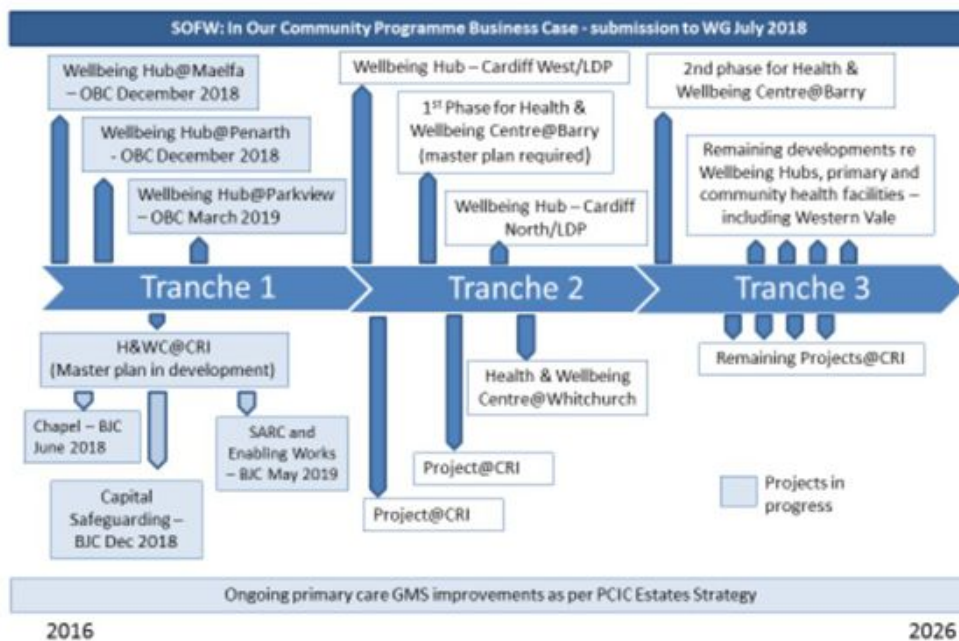
Revenue Statement

While there is a commitment to ensuring the delivery of the programme spending objectives within the available resource as a minimum, at this point the service delivery and workforce models have not been finalised and reviewed to ensure maximum efficiencies are demonstrable.

Once finalised, plans will be made to manage costs through service modernisation, estate rationalisation and joint management arrangements with the Local Authority where appropriate. This detail will be available within the individual project business cases.

5

Programme Plan



Assurance

Appropriate Business Cases will be developed for each of the individual projects, focusing initially on the first tranche of the programme. These will be subjected to assurance and approval through the SOFW: IOC programme and project management structure prior to being submitted to Welsh Government for approval and funding.

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY



PROGRAMME BUSINESS CASE - Draft Community Infrastructure

June 2018



GIG CYMRU
NHS WALES
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

PROGRAMME BUSINESS CASE EXECUTIVE SUMMARY

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	Commercial Case	36
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	Management Case	39

1. INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND

This Programme Business Case (PBC) sets out the rationale for developing and reconfiguring our community infrastructure over the period to 2025 to support the implementation of the UHB Shaping Our Future Wellbeing Strategy. It describes the process we have worked through to identify our preferred way forward and sets out the constituent capital projects we plan to implement alongside the service transformation programme, which will redesign service delivery models to focus on:-

- the health and wellbeing needs of our local population through the delivery of a social model of health;
- the promotion of healthy lifestyles;
- the reduction of health inequality;
- the planning and delivery of healthcare close to people's homes; and
- delivering services collaboratively with our partners and supporting economic growth.

Within the document we set out the case for delivery of the programme through a range of capital projects to be implemented in tranches. These will improve the effectiveness and capacity of our community based infrastructure to provide a network of flexible multi-functional accommodation solutions across Cardiff and the Vale of Glamorgan. It should be noted that while the PBC describes the proposed future vision for the community infrastructure, the key focus has been on the first tranche of projects. The PBC will be updated at appropriate intervals to explore the implementation of future tranches of the programme.

Welsh Government is asked to support the SOFW: In Our Community Programme as described within the PBC, and acknowledge the associated capital investment to be sought for the 1st tranche projects from the All Wales Capital Programme, through the development and submission of appropriate project business cases.

1.2 STRUCTURE AND CONTENT OF THE DOCUMENT

The PBC has been prepared using Welsh Government guidance for major capital investment. It describes the process the UHB has followed to inform its thinking and decision making, using the Five Case Model methodology. This is an iterative process and as agreed with colleagues in Welsh government, we have set out the case for change and the required projects using the information available at the time, while describing the ongoing work to refine our thinking and provide greater assurance to support the preferred way forward.

The document is structured using the Five Case Model format:-

- The **Strategic Case** sets out the strategic context and its alignment with the UHB's business strategy, the case for change, together with the supporting spending objectives for the programme;
- The **Economic Case** describes the preferred way forward through the selection of the constituent projects that make up the programme;
- The **Commercial Case** outlines the preferred procurement route; and
- The **Financial Case** highlights the affordability of the programme and how it can be funded over time; and
- The **Management Case** focuses on the work required to ensure successful delivery of the programme.

DRAFT

2. EXECUTIVE SUMMARY

This Programme Business Case (PBC) sets out the rationale for developing and reconfiguring our community infrastructure over the period to 2025 to support the implementation of the UHB Shaping Our Future Wellbeing Strategy. It describes the process we have worked through to identify our preferred way forward and sets out the constituent capital projects we plan to implement alongside the service transformation programme, which will redesign service delivery models to focus on:-

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2.1 STRATEGIC CASE

PART A: STRATEGIC CONTEXT

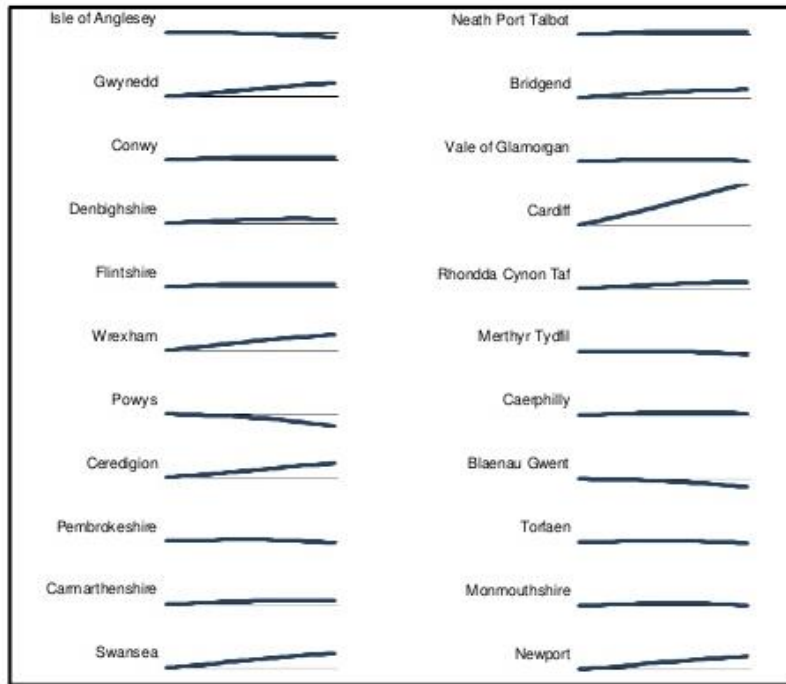
POPULATION

- The population in Cardiff is growing rapidly in size, projected to increase by 10% between 2017-27, significantly higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in and require access to health and wellbeing services. Cardiff is the only part of Wales where there is predicted to be an increase in children under 4 through to 2025.

The adopted Cardiff Local Development Plan (2016-2026) sets out proposals for a number of large strategic housing development sites in the north west and north east of

Cardiff, which will accommodate some of the projected increase in population, and will significantly increase pressure on health services in these areas.

Percentage Change in Population across Wales 2014 - 2039



5

- The age structure of the population in Cardiff is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;
- The population age structure of the Vale of Glamorgan is very similar to the Wales average, with the exception of a slightly lower number of young adults (20-24yrs). The population of the Vale will increase modestly over the next 10 years, by around 1% or 1,200 people. However, this masks significant growth in the over 65s and over 85s categories; and
- the population of South Cardiff is ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

POLICIES AND STRATEGIES

The programme is underpinned by our vision that **a person’s chance of leading a healthy life is the same wherever they live and whoever they are.** At its heart, our Shaping Our

Future Wellbeing Strategy has the desire to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. In considering how to shape our future wellbeing, we have focused on the health and care needs of our local population, working collaboratively with our partners to provide sustainable services to our local population. We also recognise our role as a provider of specialist services for Wales and in fulfilling this role must maximise our resources between our specialist hospitals and other care settings.

What is the context for the SOFW: *In Our Community Programme*?



SHAPING OUR FUTURE WELLBEING STRATEGY

Our SOFW: In Our Community programme is underpinned by our vision that **a person’s chance of leading a healthy life is the same wherever they live and whoever they are.** At its heart, our Shaping Our Future Wellbeing Strategy has the desire to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. In considering how to shape our future wellbeing, we have focused on the health and care needs of our local population, working collaboratively with our partners to provide sustainable services to our local population. We also recognise our role as a provider of specialist services for Wales and in fulfilling this role must maximise our resources between our specialist hospitals and other care settings.

The strategy recognises that to sustain safe and high quality services in the future we will need to reorganise and redevelop much of the routine care we provide across an integrated

network of hospital and community care. Services that have traditionally been provided in hospital may be more sustainable if provided in the community.

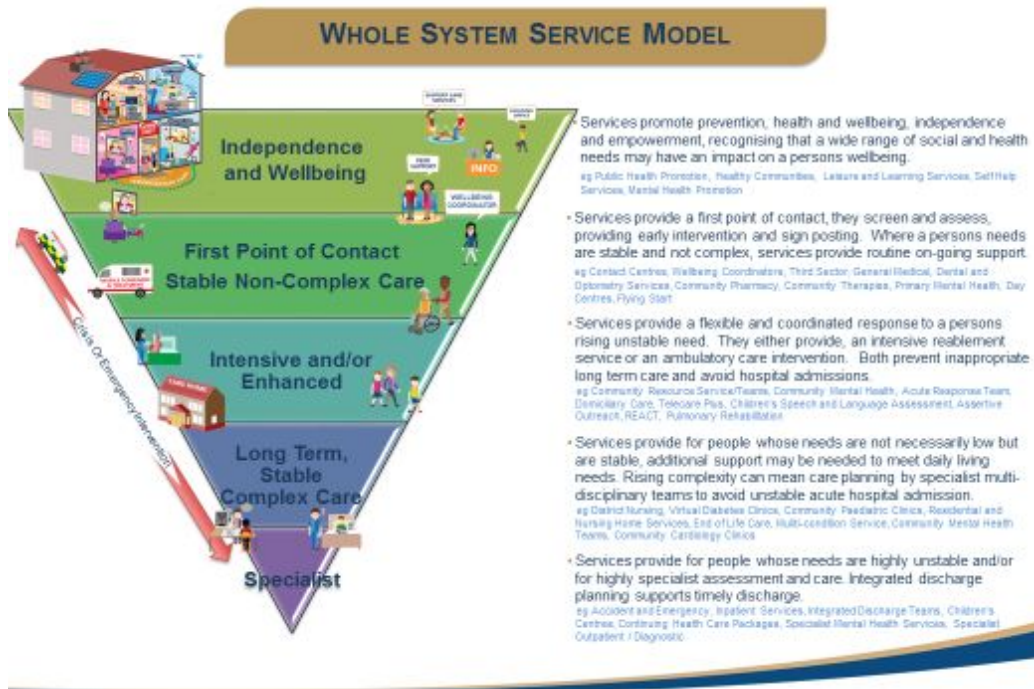


WHOLE SYSTEMS SERVICE MODEL

A citizen model was developed as part of the SOFW Strategy to provide a picture of a future model of health and care services from the citizen's perspective. This formed the basis for the development of a shared whole system service model approach, which enables those that commission and provide services across health and social care to have a common understanding of:-

- how their services fit together;
- what needs they are seeking to address;
- how a citizen, patient or service user accesses and moves through the services; and
- where there are gaps in existing services

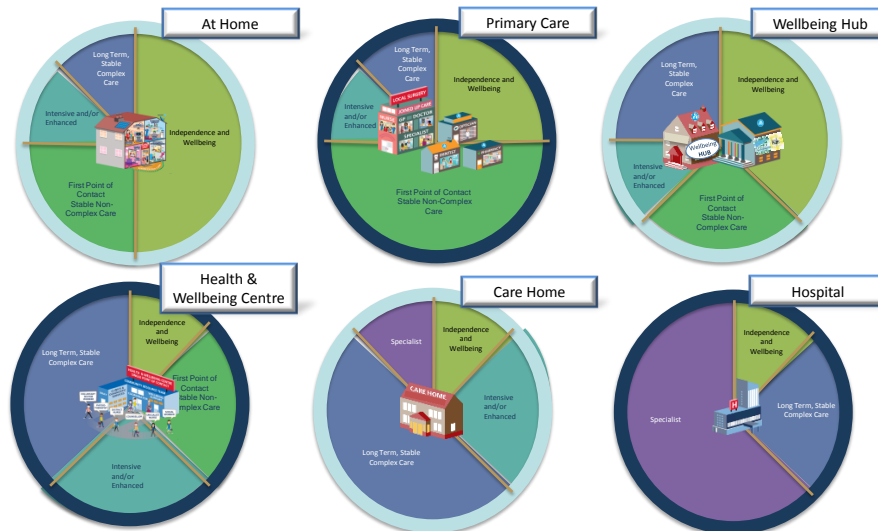
The whole systems approach enables services to be described based on the needs of people. It takes a stepped approach, recognising that people will move up and down the steps depending on their needs. The model describes the service only, not the location or the workforce/skill mix. These details will be developed as part of applying the model.



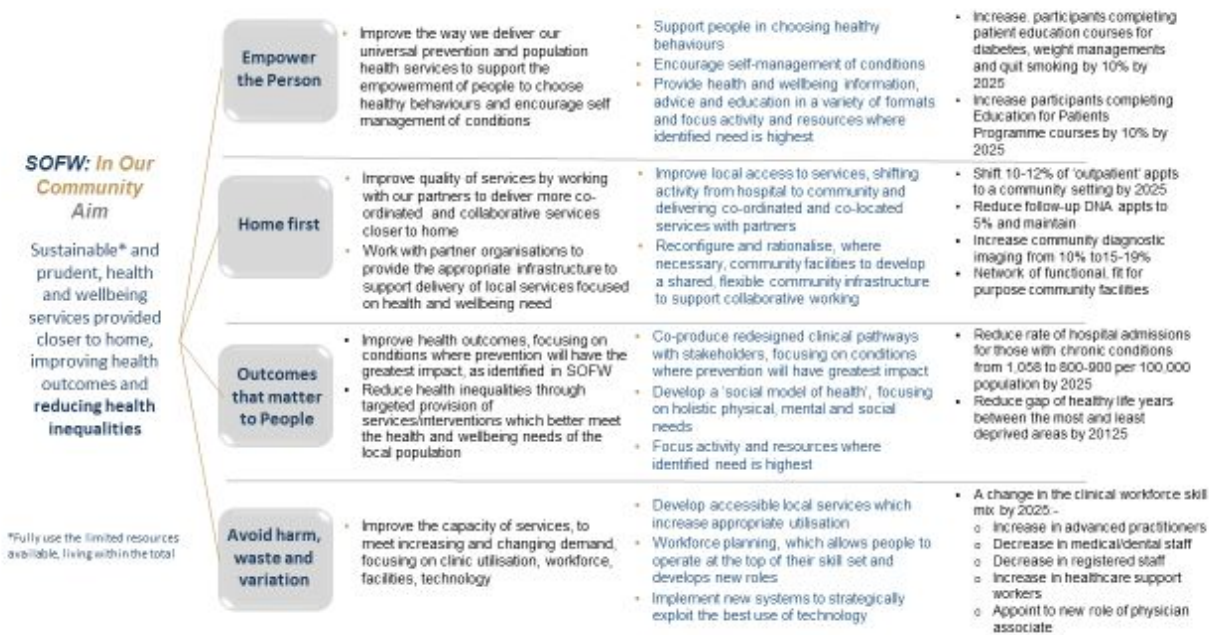
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When we apply the whole systems services model to our current services and to those that we want to develop in the future, we can begin to see how our estates infrastructure could look like in the future.

Potential Delivery Location



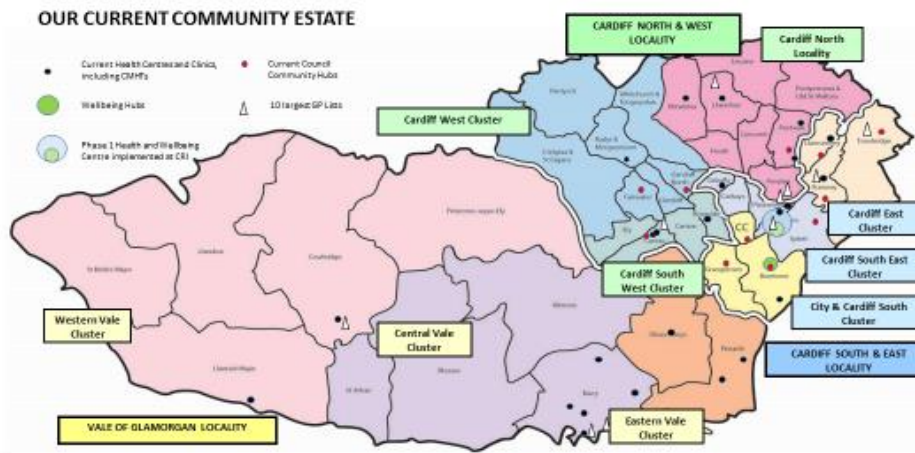
PROGRAMME OBJECTIVES, ACTIONS AND OUTCOMES



5

PART B: CASE FOR CHANGE

EXISTING ARRANGEMENTS



The community based estate incorporates a range of community based facilities as shown in the map above. A description of community facilities by Locality and Cluster is shown below:-

Locality/Cluster GP registered population June 2017	UHB COMMUNITY FACILITIES	UHB SERVICES DELIVERED WITHIN A THIRD PARTY FACILITY	CMHT/ SUBSTANCE MISUSE BASES	PRIMARY CARE PRACTICES
South and East Cardiff Locality				
Cardiff East Cluster Population = 57,600	•Llanedeyrn Health Centre	• Llanrumney Medical Centre • Rumney Medical Centre	-	5 GP Surgeries 1 Branch Surgery 7 Dental 9 Pharmacies 4 Opticians
Cardiff South East Cluster Population = 60,970	•H&WC@CRI (including Locality Team base) •Roath Clinic •Gabalfa Clinic	-	• Links • Community Addictions Unit • Gabalfa Clinic	8 GP Surgeries 3 Branch Surgeries 5 Dental 16 Pharmacies 6 Opticians
City and Cardiff South Cluster Population = 38,980	-	• Butetown Health Centre/ @Butetown	• Hamadryad Centre	7 GP Surgeries 1 Branch Surgery 9 Dental 10 Pharmacies 9 Opticians
Cardiff North and West Cardiff Locality				
Cardiff North Cluster Population = 107,230	• Rhiwbina Clinic • Llanishen Clinic • Pentwyn Health Centre	-	Pentwyn Health Centre	10 GP Surgeries 5 Branch Surgeries 16 Dental 20 Pharmacies 13 Opticians
Cardiff West Cluster Population = 52,880	• Whitchurch Locality Team Base • Radyr Health Centre (team base only)	-	-	8 GP Surgeries 2 Branch Surgeries 8 Dental 18 Pharmacies 8 Opticians
Cardiff South West Cluster Population = 65,920	• Park View Health Centre • Riverside Health Centre • St David's Hospital	-	• Pendine Centre	11 GP Surgeries 3 Branch Surgeries 10 Dental 5 Pharmacies 8 Opticians
Vale Locality				
Eastern Vale Cluster Population = 36,680	-	• Penarth health Centre • Dinas Powys Health Centre	Hafan Dawel	5 GP Surgeries 1 Branch Surgery 6 Dental 9 Pharmacy 5 Opticians
Central Vale Cluster Population = 63,350	Broad Street Clinic Colcot Clinic Cadoxton Clinic Barry Hospital Locality Team Base	West Quay Medical Centre	Amy Evans Clinic Newland Street Clinic	8 GP Surgeries 3 Branch Surgeries 10 Dental 14 Pharmacy 7 Opticians
Western Vale Cluster Population = 27,840	Llantwit Major Clinic	Cowbridge Health Centre	Cowbridge Health Centre	3 GP Surgeries 4 Branch Surgeries 7 Dental 6 Pharmacies 7 Opticians

SERVICE ACTIVITY**Community Health Clinic Contacts 2016/17**

	Clinic Contacts 2016/17
Face-to-face clinic contacts Including, e.g. HVs, DNs, CMHT, SaLT, physio, podiatry, dental, eye screening, dietetics, PMHSS	247,465

Group Education and Self-Management Group Activity, 2016/17

	No. Completing Course
Diabetes: <ul style="list-style-type: none"> • Xpert – 6 week course • DAS – one-off session 	293 215
Eating for Life (Weight Management, Healthy Eating)	194
Smoking Cessation (smokers treated/% who quit):- <ul style="list-style-type: none"> • Quit Smoking • UHB service • Community pharmacy service 	761 128 117
Self-management/Education for Patients Programme, including general self-management and diabetes management	170

Secondary Care Services

While some clinics are held within some of our community based facilities, i.e. Barry Hospital, St. David's Hospital, CRI and some health centres, this is a very small proportion of the total number of outpatient appointments.

New outpatient referrals received by the UHB, 2016/17 data

Referral	2016/17
Urgent referrals	54,613
Routine/Not Prioritised	114,853
Total	169,466

Outpatient attendances for Cardiff and Vale, 2016/17 figures

	UHW	UHL	Dental Hospital	Rookwood Hospital	Other Sites (community hospitals, health centres etc)	C+V Total
New outpatient attendances	108,215	27,228	20,780	1,393	4,837	162,453
Total outpatient attendances	386,594	107,735	64,971	4,668	14,295	578,263
Ratio of follow-up:new attendances	2.4	2.6	2.1	2.5	2.47	2.56
Total DNAs	48,887	12,262	6,717	1,029	2,317	71,212
% total appointments where outpatient DNA'd	11.2%	10.2%	9.4%	18.1%	16.2%	12.32%

Diagnostic activity for Cardiff and Vale, 2016/17 figures

Procedure	Hospital sub-total	Community sub-total	Grand total
Plain Film x-ray	159,081 (88.06%)	21,579 (11.94%)	180,660 (100%)
Ultrasound	51,071 (96.12%)	2,063 (3.88%)	53,134 (100%)
Out Patient total	210,152 (89.89%)	23,642 (10.11%)	233,794 (100%)

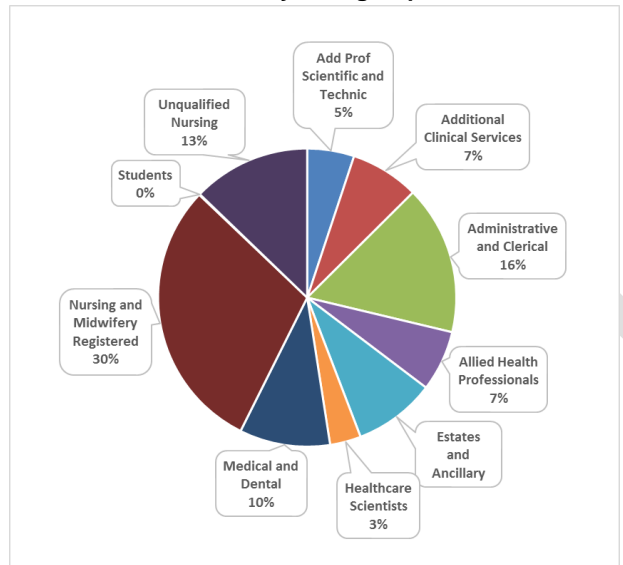
Hospital sub-total includes: University Hospital for Wales (UHW); University Hospital Llandough (UHL); Orthopaedic Centre UHL (CAVOC); Children's Hospital for Wales; Emergency Room (UHW); Medical Physics; and University Dental Hospital.

Community sub-total includes: Barry Community Hospital; Cardiff Royal Infirmary (CRI); Rookwood Hospital; and St David's Hospital.

Workforce

A summary of our current workforce is shown below in terms a breakdown of the staff groups and pay bands.

Workforce distribution by staff group



In terms of clinical staff, the breakdown across staff bands is as follows:-

Staff Band/Group	WTE
Bands 1 - 4	2,329.59
Bands 5 – 8	5,831.81
Advanced Practitioners	36.42
Medical and Dental Staff	1,296.81
Physician Assistants	0

CURRENT COST OF SERVICES

A summary of current costs (2016/17) is shown below:-

	£'000	
Community Services	135,000	
	New Attendances	Follow-up Attendances
	£'000	£'000
Hospital Based Outpatient Clinics	26,118	67,638
Community Estate Costs (dependent on age and location)	£/M² per annum (2017/18)	
	From	To
Rates/Council Tax	8.09	41.05
Utilities	8.51	45.02
Cleaning	14.00	

ASSESSMENT OF CURRENT SERVICE

A very brief summary assessment of the current services is identified below.

Service delivery and accessibility:-

- Wide variation in population health and outcomes
- Poor patient experience accessing hospital focused outpatient services
- Insufficient co-ordination across care pathways and organisations
- Insufficient support for people in the community

Service Capacity:-

- Changing and increasing health and wellbeing needs of a growing population
- Unsustainability of current GMS
- Workforce largely designed to deliver a traditional hospital focused service
- Technology insufficiently advanced to meet needs of a modern health service

Community Estate:-

- Poor condition and functionality of much of the community estate
- Health Centres not located to support population growth
- Insufficient physical capacity of many GP surgeries

BUSINESS NEEDS

Population Needs Assessment

Risk Factors for Disease

Unhealthy behaviours, which increase the risk of disease, are endemic among adults in Cardiff and the Vale:-

- Nearly half drink above alcohol guidelines
- Around two thirds don't eat sufficient fruit and vegetables
- Over half are overweight or obese
- Around three quarters don't get enough physical activity
- Just under one in five smoke

Many children in Cardiff and Vale are also developing unhealthy behaviours:-

- Around two thirds of under 16s don't get enough physical activity
- Over a third of under 16s are overweight or obese in Cardiff and a quarter in the Vale

Equity, Inequalities and Wider Determinants of Health

There are stark and persistent inequalities in Cardiff and the Vale. While both are home to some of the most affluent parts of Wales, they each also have areas of significant deprivation. Many of the poorest communities in Wales can be found in the capital city.

- Life expectancy for men is 10 years lower in the most deprived areas compared with those in the least deprived areas
- The number of years of healthy life varies even more, with a gap of 23 years between the most and least deprived areas
- Premature death rates are nearly three times higher among the most deprived areas compared with the least deprived

Ill Health and Service Use

The disease profile in Cardiff and Vale is changing:-

- The number of people with two or more chronic illnesses has increased by around 5,000 in the last decade, and this trend is set to continue
- Around 1 in 7 (15%) of people consider their day-to-day activities are limited by a long term health problem or disability
- Many people with chronic conditions are not diagnosed and do not appear on official registers
- Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly.

Many, but not all, of the most common chronic conditions and causes of death may be avoided by making changes in health related behaviours.

Broader Health and Social Care Need

In 2016/17 a comprehensive population needs assessment was carried out for Cardiff and Vale for the Social Services and Wellbeing (Wales) Act. Some of the key headline areas of need included the following:-

Care and Support

- Improved information, signposting and access to services
- Tackling social isolation
- Support for carers
- Community involvement including engagement with individual care and support plans, engagement with service planning and design, supporting volunteers and volunteering
- Joining up/integrating services across organisations and improved communications between services

Prevention Issues

- Building healthy relationships
- Practical life skills
- Healthy behaviours

Assets

- Positive social interactions, dementia-friendly communities, volunteers, self-care
- Buildings and services including community hubs, one-stop shops, libraries, DEWIS Cymru
- Organisations including third sector, community groups etc.
- Physical environment including access to green space

Business Needs and Opportunities

As the needs and demands of our local population change, the way we currently provide our services is no longer sustainable. A squeeze on our resources only adds to the problem. To sustain safe and high quality services in the future we will need to re-organise and redevelop much of the routine care we provide. This section sets out the business needs in terms of the improvements and changes that are required for the programme to fulfil its agreed spending objectives.

Redesign Clinical Pathways

- Co-produce redesigned clinical pathways with stakeholders, focusing on conditions where prevention will have the greatest impact, i.e:-

- Cancer;
- Dementia;
- Dental and eye care;
- Maternal health;
- Mental health;
- Stroke;
- Long term conditions, particularly for those with multiple or complex conditions;
- Develop a social model of health, where there is a focus on people's holistic physical, mental and social needs.

Redesign Service Delivery Models

- Services that have traditionally been provided in hospital may be more sustainable if provided in the community. In particular, much routine outpatient activity and investigative procedures/diagnostics can be delivered within the community, provided the right facilities are available;
- Focus activity and resources where identified need is highest. While there will continue to be a need to deliver a core range of services to meet the general population needs, service delivery will need to be adapted to meet the specific health and wellbeing needs of individual Clusters;
- Provide health and wellbeing information, advice and education in a variety of formats and focus activity and resources where identified need is highest; and
- Work more closely with our partner providers to find creative workforce solutions to support local delivery of services.

Develop Collaborative Services with Partners

- Opportunity to collaborate with partner organisations to deliver co-ordinated and co-located services; and
- Promote social prescribing and signposting to services.

Provide Appropriate Community Based Infrastructure

- Reconfigure, and rationalise where appropriate, the community infrastructure to provide a network of community based facilities which support local access to health and wellbeing services;
- Improve the condition and functionality of community based clinical facilities;
- Opportunity to develop flexible shared wellbeing facilities in collaboration with primary care, local authority and third sector partners. This will support delivery of a social model of health through a comprehensive range of services, e.g. health services, health promotion and patient education, wellbeing information and signposting, third sector group activities; and
- Priority improvements to primary care infrastructure as per the Primary Care Estates Strategy.

Improve Capacity of Services

- Reconfigure clinics to improve efficiency;
- Developing our workforce to deliver transformational change;
- Innovating and developing a future workforce, new ways of working, transformational change, e.g. enhanced long term conditions assessment service, clinical musculoskeletal assessment and treatment service:-
 - Engaging and motivating the workforce as demand for service increases;
 - Developing organisational leadership and management skills;
 - Supporting the workforce to embrace new technology;

- Role redesign and modernisation to support service change;
- Implement technology which:-
 - improves access to digital tools and information;
 - enables effective communication between professionals and citizens; and
 - supports mobile working.

Projected Community Facility Capacity Required

To be able to support our vision for improving the health and wellbeing of our population, as described in the programme spending objectives, we need community facilities with sufficient capacity that can effectively support the transformational delivery of services.

The table below provides a high level assessment of the projected activity that will be delivered within community based facilities. It is anticipated that while there will be a core range of services required for the Cardiff and Vale population, the level of activity will differ to reflect the particular needs of the local population served. This work will be refined as we develop the detail for the constituent projects.

Projected activity to be delivered within community based facilities:-

	Total
Projected community health services face-to-face contacts delivered in health centres and clinics	247,500
Hospital 'OPD' activity:-	
● Current community delivered 'OPD' contacts plus additional activity transferred out of hospital	50-60,000
Diagnostics/imaging:-	
● current community delivered activity plus activity transferred out of hospital	35-45,000
Patient education courses:-	
● projected community delivered activity - NHS	*
● Education for Patients Programme	*

POTENTIAL SCOPE AND KEY SERVICE REQUIREMENTS

	Core	Desirable	Optional
Potential Scope	<ul style="list-style-type: none"> ● Cardiff and Vale population ● Existing range of primary care and community services ● Routine services/interventions/therapies for SOFW priority conditions currently delivered from a hospital facility:- <ul style="list-style-type: none"> ○ Cancer ○ Dementia ○ Mental health ○ Maternal health ○ Dental and eye care ○ Stroke ○ Long term conditions – diabetes, heart failure, respiratory, multiple/complex conditions 	<ul style="list-style-type: none"> ● Core plus:- ● Increased range of services over and above SOFW conditions ● Innovative service delivery models for e.g. multiple long term conditions/ complex needs 	<ul style="list-style-type: none"> ● Core, desirable plus:- ● Specialist clinic services and interventions ● Range of specialist clinical investigation/diagnostic tests CT/MRI ● Additional minor injuries service ● Additional inpatient services

	<ul style="list-style-type: none"> Core range of clinical investigation/ diagnostic tests, e.g phlebotomy, plain x-ray, ultrasound, echocardiogram, Doppler ultrasound etc Partner organisation delivered services 		
Key Service Requirements	<ul style="list-style-type: none"> Focus activity and resources to meet the health and wellbeing needs of populations at a Locality level only 	<ul style="list-style-type: none"> Focus activity and resources to meet the health and wellbeing needs of populations at a Locality and Cluster level 	
	<ul style="list-style-type: none"> Redesign service delivery models to relocate 'outpatient' services into the community, as close to home as possible. 	<ul style="list-style-type: none"> Promote a collaborative social model of health and deliver co-ordinated and co-located services as close to home as possible. Redesign workforce and roles to deliver transformational change 	
	<ul style="list-style-type: none"> Utilise existing community clinic infrastructure. Improve condition of facilities. Priority improvements to primary care infrastructure. 	<ul style="list-style-type: none"> Reconfigure and rationalise community infrastructure, improve condition, functionality and flexibility, locate where possible alongside LA community hubs 	<ul style="list-style-type: none"> Develop shared health and wellbeing facilities in collaboration with primary care, Local Authorities and third sector
	<ul style="list-style-type: none"> Maintain existing IT/ communications/health technology capability plus prioritised key developments in these areas 	<ul style="list-style-type: none"> Increase capability for IT/communications to support service delivery 	<ul style="list-style-type: none"> Improve access through development of innovative digital tools and information solutions to support service delivery

MAIN BENEFITS

This section describes the main outcomes and benefits to be derived from the programme.

Benefits are expressed by investment objective, recipient and benefit classification:-

OBJECTIVE	BENEFIT	RELATIVE TIMESCALE	BENEFICIARY	BENEFIT CATEGORY
1. to improve the way we deliver our universal prevention and population health services to support the empowerment of people to choose healthy behaviours and encourage self-management of conditions	<p>Improved healthy behaviours leading to improved health of population who are able to contribute to society both economically and socially</p> <p>People are empowered to self-manage their health with the potential to reduce overall demand for healthcare</p>	Long-term	<ul style="list-style-type: none"> Service users UHB and wider public sector Wider societal benefits/economy 	Quantifiable Qualitative
2. to improve the quality of health and wellbeing services by working with our partners to deliver more co-ordinated and collaborative services closer to home	Improved access to services arising from a shift of outpatient services from hospital to community settings	Medium Term	<ul style="list-style-type: none"> Service users UHB and wider public sector 	Quantifiable Non-cash releasing Qualitative

	Greater collaborative working between partner organisations leading to more joined up service delivery			
3. to work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	<p>Availability of a network of Locality and Cluster based community facilities which are functional, modern and fit for purpose</p> <p>Community facilities located to provide optimum access for residents from the most deprived areas</p>	Short - Long Term	<ul style="list-style-type: none"> • Service users • UHB and wider public sector 	Quantifiable
4. to improve health outcomes, focusing on conditions where prevention will have the greatest impact, as identified in SOFW	<p>Improved health outcomes for residents of Cardiff and the Vale of Glamorgan, leading to:-</p> <ul style="list-style-type: none"> - slowdown in growth of people with 2 or more long term conditions - reduction in rate of emergency hospital admissions for basket of 8 chronic conditions 	Long term	<ul style="list-style-type: none"> • Service users • UHB and wider public sector 	Quantifiable Non-cash releasing
5. to reduce health inequalities through targeted provision of services/ interventions which better meet the health and wellbeing needs of the local population	<p>Reduced gap in healthy life years between the most and least deprived areas helping to build safe, confident and empowered communities</p>	Long term	<ul style="list-style-type: none"> • Service users • UHB and wider public sector • Wider societal benefits/economy 	Quantifiable
6. to improve the capacity of services to meet increasing and changing demand for our services, focusing on facilities, workforce, technology	<p>Improved clinical skill mix of UHB workforce</p> <p>Rationalised community estate</p> <p>Improved utilisation of facilities</p> <p>Effective communications with the public, between professionals and across partner organisations</p>	Short-long term	<ul style="list-style-type: none"> • Service users • UHB • Partner organisations 	Non-cash releasing Quantifiable Qualitative

MAIN RISKS

The key risks in relation to the delivery of the programme are described below.

Risk Description	Mitigation/Management
<ul style="list-style-type: none"> • Pressure on Welsh Government's capital availability impacting on programme's achievability 	<ul style="list-style-type: none"> • Regular liaison with WG to enable close monitoring of capital availability and appropriate adjustment to programme's spend profile
<ul style="list-style-type: none"> • Sustainability of Primary Care services deteriorates faster than expected, leading to review of programme's priorities 	<ul style="list-style-type: none"> • Regular review within UHB to enable priorities to be determined to minimise disruption to programme's progress
<ul style="list-style-type: none"> • Operational service changes may not meet the increasing pressure to generate revenue savings leading to a reduction in the programme's affordability 	<ul style="list-style-type: none"> • Regular assessment on revenue saving priorities to inform Clinical Boards' decisions on revising operational service models
<ul style="list-style-type: none"> • Revenue costs underestimated 	<ul style="list-style-type: none"> • Robust development and 'sign off' of revenue models to support service change • Pilot service change at early stage in programme to inform later phases of the programme
<ul style="list-style-type: none"> • Workforce not redesigned to support the new service delivery models 	<ul style="list-style-type: none"> • Clinical Boards to develop realistic and flexible service delivery models • Workforce and Organisational Development Team to support transformation programme
<ul style="list-style-type: none"> • Shift of activity from hospital to community not achieved 	<ul style="list-style-type: none"> • Clinical Boards to develop realistic and flexible service delivery models
<ul style="list-style-type: none"> • Rationalisation of community estate doesn't realise sufficient resources to cover facilities costs of reconfigured community estates 	<ul style="list-style-type: none"> • Develop realistic proposals and monitor implementation
<ul style="list-style-type: none"> • Continued budget reductions to local authority services (particularly social services, housing and non-statutory services which play a vital role in health and wellbeing) may increase demand for healthcare 	<ul style="list-style-type: none"> • Monitor situation and adjust programme as appropriate
<ul style="list-style-type: none"> • Uncertainty of third sector continued availability and/or revenue streams may adversely impact on delivery of collaborative health and wellbeing services 	<ul style="list-style-type: none"> • Monitor situation and adjust programme as appropriate

CONSTRAINTS AND DEPENDENCIES

The development of proposals has been influenced by a number of constraints and dependencies.

Constraints

Identified below are the parameters within which the programme must be delivered:-

- Redesigned service models to be delivered within available revenue resources
- Community infrastructure developments to be delivered within available capital resources

- Implementation of the programme to be undertaken over the 10 year period of the Shaping Our Future Wellbeing Strategy

Dependencies

A number of dependencies have been identified which are critical to ensuring the delivery of the programme:-

- Approval and funding from the All Wales Capital Programme to support development of the community infrastructure
- Approval and funding associated with the Informatics Strategic Outline Programme submitted to WG in 2016 to deliver technology solutions to support redesigned service delivery models and collaborative working with partners
- Development of redesigned clinical pathways and service delivery models including a strategic approach to outpatient delivery
- Collaborative working with partner organisations, including the availability of shared service user records, where appropriate
- Workforce appropriately skilled to meet the needs of redesigned services
- Development of shared facilities with partner organisations to support collaborative working
- Continued engagement with stakeholders and partner organisations to ensure the consistency of the programme with the joint vision for the health and wellbeing of our population.

2.2 ECONOMIC CASE

CRITICAL SUCCESS FACTORS

The following critical success factors (CSFs) were identified as being essential to the successful delivery of the programme.

<p>CSF 1: Strategic Fit</p>	<p>How well the option meets national, regional and local strategies:-</p> <ul style="list-style-type: none"> • Improve the social, economic, environmental and cultural wellbeing of Wales • Improve health and wellbeing outcomes and reduce health inequity • Promote an <u>integrated</u> 'social' model of health, which promotes physical mental and social wellbeing • support the implementation of Shaping our Future Wellbeing Strategy and BIG2, particularly in terms of promoting a shift in focus from hospital to community service delivery
<p>CSF 2: Potential Value for Money</p>	<p>Potential for option to offer value for money in terms of costs, benefits and risks, particularly in terms of ensuring critical mass to support an efficient and effective service, strengthening delivery capacity to meet population health and wellbeing need</p>
<p>CSF 3: Potential Affordability</p>	<p>Whether the option:-</p> <ul style="list-style-type: none"> • is likely to delivered within existing/reduced revenue envelope and is sustainable • the option is likely to attract capital funds, either traditional or new and innovative sources

<p>CSF 4: Potential Achievability</p>	<p>Whether the option is likely to be acceptable and supported by staff, public/CHC and partner organisations – LA, 3rd sector</p> <p>Ability of the organisation to be able to deliver the option in terms of:</p> <ul style="list-style-type: none"> • People with the right skills • Creation of suitable community based facilities • Technological solutions to support service transformation
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SUMMARY OF INCLUSIONS, EXCLUSIONS AND POSSIBLE LONG LIST OPTIONS

The table below provides a summary assessment of the long list of options:-

	Scoping Option 1	Scoping Option 2	Scoping Option 3	Scoping Option 4	Scoping Option 5		
POTENTIAL SCOPING OPTIONS	<p><u>Status Quo</u> –</p> <ul style="list-style-type: none"> existing range of primary, community and secondary care health services 	<p><u>Delivery of a range of core services</u></p> <ul style="list-style-type: none"> Option 1 plus: routine services/ interventions for SOFW conditions (from hosp) core range of diagnostics increased range of therapeutic services integrated services with partner organisations 	<p><u>Existing, core and innovative service delivery models</u></p> <ul style="list-style-type: none"> Option 2 plus: routine services/ interventions (non SOFW) innovative service/ interventions eg medical day unit, wellbeing day unit for co-morbidities, health technology 	<p><u>Existing, core, innovative delivery models plus wellbeing services</u></p> <ul style="list-style-type: none"> Option 3 plus: development of social wellbeing/public health services development of social prescribing - social/leisure activities and groups 	<p><u>Existing, core, innovative delivery models, social prescribing plus range of specialist and secondary care type services</u></p> <ul style="list-style-type: none"> Option 4 plus: specialist clinical investigation/ diagnostic services extended minor injuries service additional inpatient services in community facilities 		
	Discounted but retained for comparison	Possible	Possible	Preferred	Discounted		
POTENTIAL SOLUTION OPTIONS	<p><u>Status Quo</u></p> <ul style="list-style-type: none"> Current range of community based clinical facilities – do nothing (backlog maintenance and statutory compliance only) Fit for purpose GP facilities 	<p><u>Refurbish/extend</u></p> <ul style="list-style-type: none"> Upgrade/extend current range of primary care and community based facilities to 'fit for purpose' 	<p><u>Key Focus-Local Health & Wellbeing Centres</u></p> <ul style="list-style-type: none"> Development of a H&WC for each of the 3 Localities; facilities/health technologies to deliver preferred scope Refurbished current range of health centres Fit for purpose primary care infrastructure as per Primary Care Estates Strategy Appropriate IT, comms, health technology 	<p><u>Network - integrated community based facilities</u></p> <ul style="list-style-type: none"> 3 H&WCs Development of a network of Wellbeing Hubs, integrated where possible with LA Community Hubs/services Closure of community health facilities at a sub-Cluster level Fit for purpose primary care infrastructure as per Primary Care Estates Strategy Appropriate IT, comms, health technology 	<p><u>Network plus wider improvement of facilities</u></p> <ul style="list-style-type: none"> 3 H&WCs Network of Wellbeing Hubs, integrated where possible with LA Community Hubs Rationalised HCs/ development of satellite hubs Fit for purpose primary care infrastructure as per Primary Care Estates Strategy Appropriate IT, comms, health technology 	<p><u>Network, Primary Care Estates, Non-health facilities</u></p> <ul style="list-style-type: none"> Option 5 plus: Utilisation of non-health facilities where appropriate Appropriate IT, comms, health technology 	
	Discounted but retained for comparison purposes	Discounted	Possible	Discounted Originally deemed possible, but subsequently discounted due to the outcome of further work re: accessibility for Cluster residents	Possible	Preferred	

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POTENTIAL DELIVERY OPTIONS	Service Delivery Option 1	Service Delivery Option 2	Service Delivery Option 3	Service Delivery Option 4			
	<p>In-house</p> <ul style="list-style-type: none"> delivery of all UHB commissioned services 	<p>Mix In-house and Outsource – Status Quo</p> <ul style="list-style-type: none"> clinical services delivered in-house outsource appropriate service delivery to third sector via service level agreement, eg patient support/education 	<p>Strategic Partnerships</p> <ul style="list-style-type: none"> development of strategic partnerships with Local Authorities, other UHBs, and Third Sector to deliver a range of integrated and collaborative services, e.g. co-ordinated services, social prescribing 	<p>Fully Outsource all services</p> <ul style="list-style-type: none"> delivery of both clinical and non-clinical services by a third party 			
	Discounted	Possible – retained for comparison	Preferred	Discounted			
POTENTIAL IMPLEMENTATION OPTIONS	10 year phased implementation over 3 tranches – different combinations considered					5 year phased implementation over 2 tranches	Big Bang single phase implementation
	Implementation Option 1	Implementation Option 2	Implementation Option 3	Implementation Option 5	Implementation Option 7	Implementation Option 4	Implementation Option 6
	Similar, but different combinations of phasing the programme implementation were considered.			Focus on early implementation of H&WCs with community infrastructure network completed in following tranches	Implementation of the identified ‘do minimum’ solution (solution option 3) subsequently included in the long list exercise. Focus on key risks in 1st tranche – CRI, refurb Park View HC and PC improvements in Llanedeyrn and Penarth	Condensed implementation of community infrastructure network.	Single Tranche/ parallel implementation of projects
	H&WCs in each of the 3 Localities (single phase constructions across 2 tranches – different combinations to Options 2 + 3)	H&WCs in each of the 3 Localities (combination of single and multi-phase constructions across 3 tranches - different combinations to Options 1 + 3)	H&WCs in each of the 3 Localities (combination of single and multi-phase constructions across 3 tranches – different combinations to Options 1+ 2)	H&WCs in each of the 3 Localities (single phase construction within a single tranche)	H&WCs in each of the 3 Localities (combination of single and multi-phase constructions across 3 tranches)	H&WCs in each of the 3 Localities (combination of single and multi-phase construction across 2 tranches)	H&WCs in each of the 3 Localities (single phase constructions within a single tranche)
	Network of WHs, satellite WHs, rationalisation of health centres (3 tranches)	Network of WHs, satellite WHs, rationalisation of health centres (3 tranches)	Network of WHs, satellite WHs, rationalisation of health centres (3 tranches)	Network of WHs, satellite WHs, rationalisation of health centres (2 tranches)	Refurbished Health Centres (3 tranches)	Network of WHs, satellite WHs, rationalisation of health centres (2 tranches)	Network of WHs, satellite WHs, rationalisation of health centres (single tranche)
Fit for purpose GP facilities (3 tranches)	Fit for purpose GP facilities (3 tranches)	Fit for purpose GP facilities (3 tranches)	Fit for purpose GP facilities (3 tranches)	Fit for purpose GP facilities (3 tranches)	Fit for purpose GP facilities (2 tranches)	Fit for purpose GP facilities (single tranche)	

	Discounted	Discounted	Preferred	Possible	Possible	Possible	Discounted
	<p>Each of these options is similar in that they will all deliver the preferred solution within a 10 year timeframe across 3 tranches, but in different combinations of projects.</p> <p>The preferred option at this stage focuses on what is considered to be realistic range of projects based on known estate risks and opportunities offered. Later tranches will be reviewed and updated in subsequent iterations of the PBC.</p>			<p>This option is taken forward for the reason that it fast tracks the shift of hospital services into the community</p>	<p>'Do minimum' option subsequently carried forward to short list as it was felt that a compromise should be subjected to economic appraisal.</p>	<p>Ambitious, but it was felt this option should be considered to see if the benefits achieved would be worth the required level of input</p>	<p>Not considered to be achievable</p>
Potential Funding Options	Funding Option 1	Funding Option 2	Funding Option 3				
	<u>All Wales Capital Funding</u>	<u>All Wales Capital Funding Multi-Agency Capital Funding</u>	<u>All Wales and Multi-Agency Capital Funding. Innovative Third Party Capital Funding to be explored</u>				
	Possible	Possible	Preferred				

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SHORT LISTED PROGRAMME OPTIONS

Using the outcome of the appraisal of potential options, the following short listed options were identified by the Programme Team for further economic appraisal.

	Status Quo/Do Nothing Baseline Comparator	Do Minimum Option	Less ambitious Option	Preferred Way Forward (At this stage)	More Ambitious Option
Scope	<p><u>Current services</u></p> <ul style="list-style-type: none"> current primary and community health services 	<p><u>Range of core services</u></p> <ul style="list-style-type: none"> current primary and community health services Re-locate routine SOFW hospital/therapeutic clinics to community Core diagnostics Collaborative service delivery 	<p><u>Wider scope to include non-SOFW interventions and transformational delivery of services</u></p> <ul style="list-style-type: none"> current primary and community health services Re-locate all routine hospital/therapeutic clinics to community Core diagnostics Collaborative service delivery Innovative clinical pathways/service delivery 	<p><u>Core services, transformational change, social model of health:</u></p> <ul style="list-style-type: none"> current primary and community health services Re-locate routine hospital/therapeutic clinics to community Core diagnostics Collaborative service delivery Innovative clinical pathways/service delivery Wellbeing services/social model of health 	<p><u>As preferred option:</u></p> <ul style="list-style-type: none"> current primary and community health services Re-locate all routine hospital/therapeutic clinics to community Core diagnostics Collaborative service delivery Innovative clinical pathways/service delivery Wellbeing services/social model of health
Solution	<p><u>Current Network of Community Facilities</u></p> <ul style="list-style-type: none"> Health Centres - backlog maintenance and statutory compliance Fit for purpose GP facilities 	<p><u>Key Focus on Health & Wellbeing Centres</u></p> <ul style="list-style-type: none"> Development of H&WC in each of the 3 Localities with the facilities and health technologies to deliver the preferred scope Fit for purpose health centres - refurb Fit for purpose GP facilities Innovative IT, comms, health technology 	<p><u>Network of H&WCs and Wellbeing Hubs</u></p> <ul style="list-style-type: none"> Development of H&WC in each of the 3 Localities with the facilities and health technologies to deliver the preferred scope 1 Wellbeing Hub in each Cluster Satellite Wellbeing Hubs/HCs where appropriate Consequent rationalisation of community facilities Fit for purpose GP facilities Innovative IT, comms, health technology 	<p><u>Network of H&WCs and Wellbeing Hubs plus utilisation of non-health facilities</u></p> <ul style="list-style-type: none"> Development of H&WC in each of the 3 Localities with the facilities and health technologies to deliver the preferred scope 1 Wellbeing Hub in each Cluster Satellite Wellbeing Hubs/HCs where appropriate Consequent rationalisation of community facilities Fit for purpose GP facilities Innovative IT, comms, health technology Utilisation of non-health facilities where appropriate 	<p><u>As preferred option</u></p> <ul style="list-style-type: none"> Development of H&WC in each of the 3 Localities with the facilities and health technologies to deliver the preferred scope 1 Wellbeing Hub in each Cluster Satellite Wellbeing Hubs/HCs where appropriate Consequent rationalisation of community facilities Fit for purpose GP facilities Innovative IT, comms, health technology Utilisation of non-health facilities where appropriate

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Delivery	<p><u>Current Mix In-house and Outsource</u></p> <ul style="list-style-type: none"> clinical services delivered in-house outsource appropriate service delivery to third sector via service level agreement, eg patient support/education 	<p><u>Current Mix In-house and Outsource</u></p> <ul style="list-style-type: none"> clinical services delivered in-house outsource appropriate service delivery to third sector via service level agreement, eg patient support/education 	<p><u>Current Mix In-house and Outsource</u></p> <ul style="list-style-type: none"> clinical services delivered in-house outsource appropriate service delivery to third sector via service level agreement, eg patient support/education 	<p><u>Strategic Partnerships</u></p> <ul style="list-style-type: none"> development of strategic partnerships with Local Authorities, other UHBs, and Third Sector to deliver a range of collaborative/integrated services, e.g. co-ordinated services, social prescribing 	<p><u>As preferred option</u></p> <ul style="list-style-type: none"> development of strategic partnerships with Local Authorities, other UHBs, and Third Sector to deliver a range of collaborative/integrated services, e.g. co-ordinated services, social prescribing
Implementation *	<p>N/A</p>	<p><u>Phased implementation of H&WCs and refurbished HCs</u></p> <p>3 tranches phased over 10 years</p> <ul style="list-style-type: none"> Multi-phased development of H&WCs – CRI (1st/2nd/3rd tranche), Vale (2nd/3rd tranches, N&W Cardiff (2nd/3rd tranches) Refurbishment of existing Health Centres across 3 tranches (1st tranche - Park View and Llanedeyrn) Fit for purpose GP facilities (1st tranche – Penarth GPs. Further developments across 2nd/3rd tranches) 	<p><u>Focus on early implementation of H&WCs with community infrastructure network completed in following tranches</u></p> <p>3 tranches phased over 10 years</p> <ul style="list-style-type: none"> Single phase development of 3 H&WCs - CRI, Vale, N&W Cardiff (1st tranche) Development of wider community network (WHs, satellite WHs, rationalisation of HCs) across 2nd/3rd tranches Fit for purpose GP facilities (1st/2nd/3rd tranches) 	<p><u>Phased implementation of community infrastructure network based on risk and opportunities.</u></p> <p>3 tranches phased over 10 years</p> <ul style="list-style-type: none"> H&WCs - Multi phased CRI (1st/2nd/3rd tranches) and Vale (2nd/3rd tranches), single phase N&W Cardiff (2nd tranche) Development of wider community network (WHs, satellite WHs, rationalisation of HCs) across 3 tranches Fit for purpose GP facilities (1st/2nd/3rd tranches) 	<p><u>Condensed implementation of community infrastructure network</u></p> <p>5 year phased implementation over 2 tranches</p> <ul style="list-style-type: none"> H&WCs - Multi phased CRI and Vale (1st/2nd tranche), single phase N&W Cardiff (2nd tranche) Development of wider community network (WHs, satellite WHs, rationalisation of HCs) across 2 tranches Fit for purpose GP facilities (1st/2nd tranches)
Funding	<p>N/A</p>	<p><u>All Wales Capital Funding</u></p>	<p><u>All Wales Capital Funding</u> <u>Multi-Agency Capital Funding</u> <u>Innovative Third Party Capital Funding</u></p>	<p><u>All Wales Capital Funding</u> <u>Multi-Agency Capital Funding</u> <u>Innovative Third Party Capital Funding</u></p>	<p><u>All Wales Capital Funding</u> <u>Multi-Agency Capital Funding</u></p>

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ECONOMIC APPRAISAL OF THE SHORT LISTED OPTIONS

In normal circumstances the short listed programme options would be subjected to economic appraisal to assess the overall value for money to the NHS. However, the nature of the programme is transformational and will involve new and innovative approaches to service delivery across the UHB and in collaboration with the local authority and third sector services. This complex work will be piloted within the first tranche of projects, which are being developed in parallel with the programme, and will shape future phases of the programme. For this reason, Welsh Government agreed at the Capital Review Meeting (CRM) with the UHB on 10 May 2017 that this section of the economic case would focus on those projects within the first tranche of the preferred way forward. As further work is undertaken to define the programme and there is greater clarity around the second and third tranche projects, the PBC will be updated and re-issued.

To confirm whether the preferred way forward for the programme is the right option, the UHB has conducted a high level analysis of the short listed programme options by way of a narrative economic appraisal. This considered the indicative level of capital and revenue required, along with benefits and risks for the preferred way forward against which the other options were comparatively described.

This simple analysis confirms, albeit at a very indicative level at this stage, the preferred way forward for the overall programme provides the best value for money.

Method

The preferred way forward, identified through the option appraisal described, was assessed using local intelligence in terms of:-

- A description of the anticipated level of capital and revenue costs
- A description of the likely level of capital and revenue risks
- A description of anticipated benefits

Each of the other short listed options was then considered and an indication given as to whether it ranked above or below the preferred option in terms of the level of capital and revenue costs, risks and benefits.

SUMMARY ASSESSMENT OF OPTIONS AGAINST THE PREFERRED WAY FORWARD

	Do Nothing Option Baseline Comparator		Do Minimum Option 3 tranches: 10 years		Less Ambitious Option 3 tranches: 10 years		Preferred Way Forward 3 tranches: 10 years		More Ambitious Option 2 tranches: 5 years	
	Capital	Service Scope	Capital	Service Scope	Capital	Service Scope	Capital	Service Scope	Capital	Service Scope
Brief Description		<ul style="list-style-type: none"> Existing primary/ community services 	<ul style="list-style-type: none"> 3 x H&WCs 	<ul style="list-style-type: none"> Existing community services Re-locate routine SOFW hospital clinics/ therapies to community Core diagnostics Collaborative service delivery 	<ul style="list-style-type: none"> 3 x H&WCs 1 Wellbeing Hub within each Cluster 	<ul style="list-style-type: none"> Existing community services Core diagnostics Collaborative service delivery AND Re-locate all routine hospital clinics/therapies to community Pilot innovative service models, e.g. medical therapies/ interventions, enhanced LTCS 	<ul style="list-style-type: none"> 3 x H&WCs 1 Wellbeing Hub within each Cluster 	<ul style="list-style-type: none"> Existing community services Core diagnostics Collaborative service delivery AND Transformational whole system approach to care pathways/service delivery models Promotion of wellbeing/social model of care Innovative informatics technology solutions 	<ul style="list-style-type: none"> 3 x H&WCs 1 Wellbeing Hub within each Cluster 	<ul style="list-style-type: none"> Existing community services Core diagnostics Collaborative service delivery AND Transformational whole system approach to care pathways/service delivery models Promotion of wellbeing/social model of care Innovative informatics technology solutions
Capital Costs/ Receipt	Significantly Lower (backlog maintenance and statutory compliance)		Same (lower capital costs, but no capital receipts from rationalisation of estate)		Same		High		Same	
Capital Risks	Lower (but recognising limited discretionary capital budget)		Lower (capital works not as extensive)		Same		High (future tranches not finalised nor costed)		Higher (no opportunity to spend time developing service models/pilots; uncertainties around activity levels and capital requirements; availability of resources to implement within condensed 5 year timescale)	
Revenue Costs/ Income	Generally the same (current level of service delivery)		Slightly Higher (limited transfer of clinics to community– SOFW conditions. Thinner spread of resources)		Slightly higher (cost of disaggregating services. Insufficient service innovation to improve capacity significantly. Thinner spread of resources)		Generally revenue neutra (revenue flow across UHB. Opportunity to redesign pathways/service delivery models, skill mix, introduce innovative technology to support revenue affordability. Rationalisation of community estate to offset costs of supporting H&WCs/WHs)		Same	

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Revenue Risks	Same (not sustainable)	Lower (less service scope)	Same	Medium (not fully costed nor tested. May be interim costs of implementing transformational pathways and service models as a result of 10 year strategy)	Higher (insufficient time to develop and test transformational pathways and service models)
Anticipated Benefits	Significantly Lower (lack of opportunity to implement strategic change at UHW/UHL)	Significantly Lower (very limited improvement in capacity at UHW/UHL)	Lower (some improvement in capacity at UHW/UHL, but no transformational/innovative improvements)	High (Improved access to services. Collaborative delivery of services with partner organisations/social model of health. Service delivery focused on particular needs of locality and cluster populations. Improved health outcomes and reduced health inequalities. Fit for purpose community infrastructure Improved capacity at UHW/UHL to implement strategic change)	Slightly higher (earlier achievement of health outcomes)
Conclusion	Retained for Comparison Capital costs and risks expected to be significantly lower than the preferred option, but will not provide modern, fit for purpose facilities. Maintaining current service models and activity levels within the revenue available is unsustainable and will not provide the capacity to meet the increased needs of a growing population	Discounted Capital works not as extensive, but lack of opportunity to rationalise the estate. Limited ability to support transformation of services and thinner spread of same resources likely to increase revenue costs, while realising less benefits	Discounted This option will deliver the same capital programme as the preferred option. However, it is less ambitious in terms of service scope and therefore ability to transform services to increase capacity and achieve resource releasing benefits to re-invest	Preferred While the capital costs and risks are likely to be high, it is anticipated that the planned service transformation can be generally achieved within the available revenue envelope. However, the potential benefits to be achieved are significant, particularly in terms of delivering	Discounted The shortened timescale to implement the capital projects and service change is likely to significantly increase both capital and revenue risks, although some of the benefits may be achieved earlier

SUMMARY OF PREFERRED OPTION PROJECTS

	Cardiff South and East Locality	Cardiff North and West Locality	Vale Locality
Tranche 1	<ul style="list-style-type: none"> H&WC@CRI – 2nd phase WH@Maelfa (Llanedeyrn/Pentwyn Population) 	<ul style="list-style-type: none"> WH@ParkView (Cardiff SW Cluster) 	<ul style="list-style-type: none"> WH@Penarth (Eastern Vale Cluster)
Tranche 2	<ul style="list-style-type: none"> H&WC@CRI – 3rd phase 	<ul style="list-style-type: none"> H&WC@Whitchurch WH@West Cardiff (LDP Developments) WH@North Cardiff 	<ul style="list-style-type: none"> H&WC@Barry – 1st phase
Tranche 3	<ul style="list-style-type: none"> H&WC@CRI – final phase Remaining WH developments, including satellite WHs where appropriate Rationalisation of any remaining health centres and other community facilities 	<ul style="list-style-type: none"> Remaining WH developments, including satellite WHs where appropriate Rationalisation of any remaining health centres and other community facilities 	<ul style="list-style-type: none"> H&WC@Barry – 2nd phase Remaining WH developments, including satellite WHs where appropriate Rationalisation of any remaining health centres and other community facilities

Ongoing primary care facility improvements are to be progressed as per the Primary Care Estate Strategy through applications for Welsh Government improvement grant funds, the Primary Care Pipeline and the use of Local Authority Section 106 developer obligations.

CONTINUED DEVELOPMENT OF SUBSEQUENT TRANCHES OF THE PROGRAMME

The UHB, through its ongoing transformation programme and early planning work in relation to the SOFW: IOC Programme, has done much to inform the development of the first tranche projects, and will continue to inform future tranches, particularly in terms of:-

- Redesigning clinical pathways;
- Developing a health and wellbeing model of care with partner organisations;
- Redesign of service delivery models to support the shift of services from hospital to community;
- Identifying where to focus activity and resources to meet highest need;
- Developing a whole systems model approach as a tool to plan services collaboratively with partners;
- Promoting social prescribing and signposting to services;
- Establishing the condition, functionality and suitability of our current community estate and identifying potential locations for wellbeing hubs and opportunities to develop shared facilities with partners; and
- Improve capacity of services through trialling new ways of working.

In due course, the Locality Teams will instigate the required preparatory planning work to support the development of the 2nd tranche projects. Each Locality will work with both internal and external service partners to identify how best services can be collaboratively delivered locally to meet the health and wellbeing needs of residents and how the proposed H&WCs and WHs can support the delivery of the agreed service models.

INDICATIVE CAPITAL COSTS – FIRST TRANCHE OF PROJECTS

Based on some initial concept design work, the indicative capital costs for the projects within the first tranche of the programme are as follows:-

	1 st Tranche Projects	Preferred Way Forward – 1 st Tranche	
		£	Total £
Capital Costs (excl. VAT)	H&WC@CRI – 2 nd phase projects:-		
	• Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	10.0m	88.5m
	• Chapel Development	3.5m	
	• Capital Safeguarding Works	45.0m	
	WH@ParkView	16.0m	
WH@Maelfa	8.0m		
		out-turn costs	
	WH@Penarth	6.0m	
		out-turn costs	

INDICATIVE REVENUE COSTS – FIRST TRANCHE PROJECTS

The UHB is committed to ensuring all programme spending objectives are delivered within the available revenue resource as a minimum. At this point the service delivery and workforce models have not been finalised and reviewed to ensure maximum efficiencies are demonstrable. Building plans are not available to enable the revenue costs of estates and facilities to be calculated.

Once finalised the UHB will scope the additional revenue costs required to deliver the programme spending objectives. Plans will be made to manage these through service modernisation, estate rationalisation and joint management arrangements with the Local Authority where appropriate. This detail will be available within individual project business cases.

BENEFITS APPRAISAL

The benefits are included in the benefits register attached as **Appendix 1**.

Benefit Type	Benefits Direct to the UHB	Wider Public Sector Benefits
Cash Releasing	None.	None
Resource Releasing	<ul style="list-style-type: none"> • Improved capacity of outpatient services - clinical pathways and service delivery models will be re-designed to support the shift, using a different skill mix and use of technology to deliver activity. It is anticipated that this will increase capacity of services to meet the increasing needs of a growing population, within the revenue available • Community facilities rationalised – resources released in terms of housekeeping, security, utilities etc, will be used to partially offset increased costs to bring current unused areas of the H&WC@CRI into use and supporting new wellbeing hub facilities • Reduced number/rate of emergency hospital admissions for the basket of 8 chronic conditions per 100,000 population – it is anticipated that by focusing collaborative health and wellbeing services in areas of greatest need that, in the long term, health will improve and patients will be better able to manage their conditions, leading to reduced emergency hospital admissions. This will positively impact on the capacity of our hospital services to respond to acute needs of our population. • Improved healthy behaviours – it is anticipated that the SOFW: IOC programme will contribute to the improvement in people’s behaviour in terms of smoking, alcohol consumption, activity and health eating. It is anticipated that reduced alcohol consumption will positively impact on demand for A&E services and in the longer term, will improve the general health of the population with a consequent reduction in demand for healthcare. • Health outcomes improved – as a consequence of improved healthy behaviours, it is also anticipated that there will be a slowdown in the growth of people with 2 or more long term conditions, diabetes and serious mental health issues and a subsequent positive impact on demand for healthcare 	<ul style="list-style-type: none"> • Shared use of public sector assets, where appropriate – where opportunities arise to develop wellbeing hubs adjacent to Local Authority community hubs, the potential benefits of sharing accommodation will be pursued through facilities management. Resources released will be used to help offset increased costs to bring current unused areas of the H&WC@CRI into use and supporting new wellbeing hub facilities

	<ul style="list-style-type: none"> • People are empowered to self-manage conditions – it is anticipated that by providing people with better information and advice about managing their conditions, in a way that is relevant to them, that they will be empowered to manage their health. In the long term, this has the potential to reduce overall demand for healthcare • Improved use of available clinical skills – by developing the skills of our workforce and motivating them to embrace new technology, we will build the capacity and capability of our staff to deliver transformational change and respond to the increasing needs of our growing population 	
<p>Quantifiable</p>	<ul style="list-style-type: none"> • Improved access to services – services will be delivered locally, focusing activity and resources where identified need is highest. The shift of outpatient activity from hospital to community settings will be monitored regularly • Community facilities located to provide optimum access for residents from most deprived areas – this will make access to health and wellbeing services easier for those living in areas of high deprivation and associated health and wellbeing need. Using opportunities to co-locate with local authority and third sector services will help to embed the delivery of a social model of care and optimise the impact of services offered • Improved utilisation of facilities – the creation of fit for purpose facilities which provide flexible, multi-functional spaces will enable a range of services to make maximum use of accommodation. Shared use of facilities with partner organisations and the local community will help to create a vibrant hub that promotes health and wellbeing 	<ul style="list-style-type: none"> • Reduced gap in number of healthy life years between the most and least deprived areas of Cardiff and the Vale of Glamorgan – this will help and support everyone to live healthy, prosperous and rewarding lives and consequently gain meaningful employment and contribute to the economic prosperity of Cardiff and the Vale of Glamorgan
<p>Qualitative</p>	<ul style="list-style-type: none"> • People’s physical, mental and social wellbeing needs are met through collaborative service delivery with partner organisations • Effective communication with the public, between clinical professionals and across partner organisations, facilitated by the use of a variety of technological solutions 	<p>Collaborative working between partner organisations, leading to:-</p> <ul style="list-style-type: none"> • People’s physical, mental and social wellbeing needs met through collaborative service delivery with partner organisations • Effective communication with the public, between clinical professionals and across partner organisations, facilitated by the use of a variety of technological solutions • Building safe, confident and empowered communities including joining up public services at the community level

RISK APPRAISAL

The range of scores used to identify risk for impact and likelihood was between 1-5, with 1 being a low risk and 5 being a high risk. Using these scores gives a risk ranking as follows:-

Risk Level	Score
High Risk	16-25
Medium Risk	8-15
Low Risk	1-7

Risk Category/ Description	Preferred Way Forward First Tranche		
	Impact	Likelihood	Score
Business Risk - risk that the organisation cannot meet its business imperatives			
Reputational Perception of UHB's ability to achieve proposed programme	4	2	8
Service Risk - risk that the service is not fit for purpose			
Strategic Change in partner organisation priorities	4	2	8
Design Design of facilities doesn't support the delivery of health and wellbeing services	3	3	9
Planning Sustainability of Primary Care services deteriorates faster than expected leading to review of programme's priorities	3	3	9
Build Delay in WG approval capital investment business cases for H&WCs and WHs	3	3	9
Environmental Objection from general public to the development of H&WCs and WHs	3	1	3
Operational/Service Workforce not redesigned to support the new service delivery models	2	4	8
Insufficient management capacity to support the scale of change required	2	2	2
Delay in finalising service delivery models	2	3	6
Delay in implementing service delivery models	2	3	6
Operational/Revenue Revenue costs underestimated. Shift in activity from hospital to community is not achievable within available resources	5	4	20
Operational service changes may not meet the increasing pressure to generate revenue savings leading to a reduction in the programme's affordability	3	4	12
Rationalisation of community estate doesn't realise sufficient resources to cover facilities costs of reconfigured community estate	3	4	12
Health Outcomes Promotion of health and wellbeing model of care through H&WCs and WHs doesn't achieve anticipated improvements in health and wellbeing of population	3	2	6

Targeted provision of services/interventions doesn't reduce the health equality gaps as anticipated	3	2	6
Demand Demand model greater than service capacity	4	2	8
Continued budget reductions to local authority services (particularly social services, housing and non-statutory services which play a vital role in health and wellbeing) may increase demand for healthcare	3	2	6
Maintenance Future maintenance of facilities to keep high operational standards	2	2	4
Technology Changes in technology result in services being provided using sub-optimal technical solutions	2	1	2
Funding Pressure on Welsh Government's capital availability leading to programme's affordability	5	4	20
External Non-systemic and Catastrophic Risks - risks that affect all society and are not connected directly to the programme			
Policy Change in policy direction at UK, national or local level during the period of the programme	2	1	2

PREFERRED WAY FORWARD

Network of community based infrastructure including:

- a **Health and Wellbeing Centre** for each locality
- a **Wellbeing Hub** in each cluster, co-located with Council wellbeing facilities where possible
- fit for purpose primary care premises
- potential to use non-health facilities where appropriate
- Community facilities rationalised where appropriate



2.3 COMMERCIAL CASE

In general, the constituent projects of the SOFW:IOC Programme will be procured through the newly launched Building for Wales Framework. Opportunities will be sought to work closely with partner organisations to share assets. A number of projects in the first tranche will be developed adjacent to existing Local Authority community facilities, offering the potential to develop joint arrangements for management of shared facilities. The potential for use of Local Authority planning regulations, such as section 106 developer obligations, to construct community/health facilities as part of new housing developments will be explored.

2.4 FINANCIAL CASE

CAPITAL REQUIREMENT

	1 st Tranche Projects	Preferred Way Forward – 1 st Tranche	
		£	Total £
Capital Costs (excl. VAT)	H&WC@CRI – 2 nd phase projects:-		
	• Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	10.0m	88.5m
	• Chapel Development	3.5m	
	• Capital Safeguarding Works	45.0m	
	WH@ParkView	16.0m	
WH@Maelfa	8.0m out-turn costs		
	WH@Penarth	6.0m out-turn costs	

The PBC assumes all capital charges and depreciation will be funded by Welsh Government.

Capital costs for the H&WC@CRI projects and the WH@ParkView will be sought from the All Wales Capital Programme.

Welsh Government has indicated that capital monies for the WH@Maelfa and the WH@Penarth projects have been allocated from the Primary Care Pipeline fund, subject to the submission and approval of Outline and Full Business Cases.

REVENUE REQUIREMENT

The UHB is committed to ensuring all programme spending objectives are delivered within the available resource as a minimum. At this point the service delivery and workforce models have not been finalised and reviewed to ensure maximum efficiencies are demonstrable.

Once finalised, the UHB will scope the additional revenue costs required to deliver the programme spending objectives. Plans will be made to manage these through service modernisation, estate rationalisation and joint management arrangements with the Local Authority where appropriate. This detail will be available within individual project business cases.

Initial work to assess the anticipated scale of change has been undertaken for each of the first tranche projects. The UHB has adopted an approach to scrutinise the impact of redesigned service delivery models to provide assurance.

The following categories have been used to describe proposed service delivery changes:-

Scale of Change				
Low		Medium	High	
No/minimal change:- <ul style="list-style-type: none"> • service delivery model and activity remains the same; • minimal, non-complex change within the responsibility of a single Clinical Board 	Consolidation/transfer of existing clinics:- <ul style="list-style-type: none"> • Potential for economies of scale, within the responsibility of a single Clinical Board 	Transfer of existing clinics:- <ul style="list-style-type: none"> • Minimal, non-complex change but could involve more than one Clinical Board • Transformational change within the responsibility of a single Clinical Board 	Transformational change in service delivery model:- <ul style="list-style-type: none"> • involves more than one Clinical Board or organisation • impact on workforce, capacity, performance 	New activity

The table below describes the assurance arrangements that proposed SOFW: IOC service changes will be subjected to:-

Scale	Assurance
High	<ul style="list-style-type: none"> • Service model approved at Health Systems Management Board (HSMB) level with supplementary technical / professional experts as required • Internal business case describing change approved by the Management Executive/ Business Case Approval Group (BCAG) • Progress monitored through quarterly Clinical Board Integrated Medium Term Plan (IMTP) Performance Reviews with updates to HSMB • Post business case evaluation received by Management Executive
Medium	<ul style="list-style-type: none"> • Service model approved by Unscheduled, Locality or Planned Care Board • Internal business case describing change approved by the BCAG • Progress monitored through quarterly Clinical Board IMTP Performance Reviews with updates to Unscheduled, Locality or Planned Care Board • Post business case evaluation received by BCAG
Low	<ul style="list-style-type: none"> • Service model approved by Clinical Board • Project Outline Document describing change approved by Management Executive as part of the Clinical Board IMTP • Progress monitored through quarterly Clinical Board IMTP Performance Reviews

A number of potential revenue pressures have been identified as follows:-

- Facilities management – an increase in the footprint of community estate in use will result in additional utilities, rates, housekeeping, maintenance and security costs;
- Community based facilities are generally open during office hours. It is anticipated that to improve access to health and wellbeing services, we will need to offer sessions at times which are convenient to service users. This is likely to require extended opening of facilities and payment of unsocial hours allow;
- Where clinic transfers from acute hospital sites to community are planned and proposed service delivery models are unchanged, existing staff may be required to travel across sites to attend to clinics. This will result in productivity loss and potential need to backfill time at premium rates;
- Increased travel costs for UHB staff travelling across sites to deliver community clinics;
- Maintenance/lease costs of additional equipment required to deliver services in community facilities; and
- Airtime purchase where mobile working solutions are put in place to support staff in community based clinics.

The UHB plans to offset any additional costs through the service/workforce modernisation, rationalisation of the community estate and by implementing joint management arrangements with the Local Authority where appropriate.

STAKEHOLDER SUPPORT

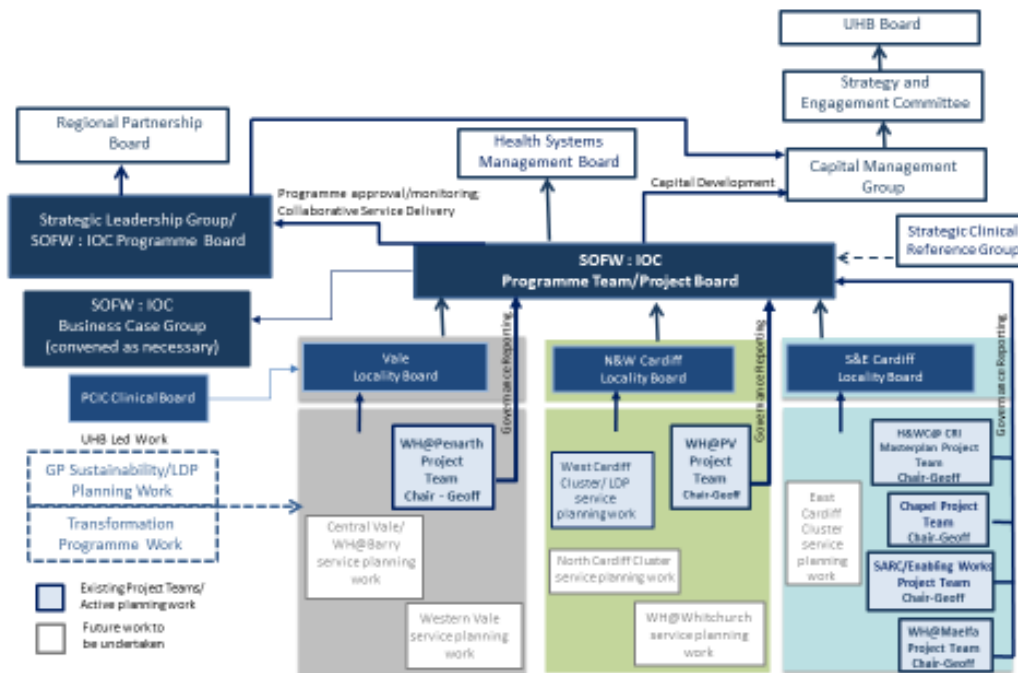
The SOFW Strategy has been co-produced with staff, clinical groups, partner organisations, local communities and the third sector. The SOFW: IOC programme has built on these partnerships through continued co-production and engagement with our stakeholders. There is wide representation of stakeholders at all levels within the programme and project structure, ensuring appropriate input and challenge of proposals, prior to signing off the PBC.

Positive discussions have been had with both Local Authorities regarding specific proposals for joint developments and shared assets. More formal agreements will be pursued for each project as appropriate.

2.5 MANAGEMENT CASE

PROGRAMME AND PROJECT REPORTING STRUCTURE

Shaping Our Future Wellbeing : In Our Community
Revised Programme and Project Structure



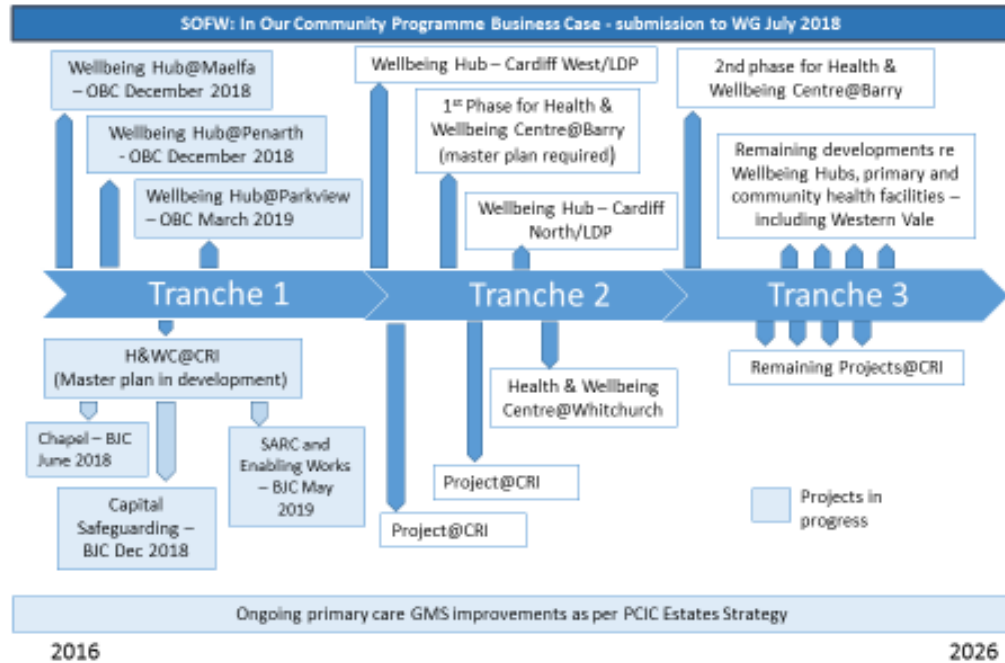
The diagram above demonstrates the way the programme and project management structures interconnect to support major change on a number of fronts:-

- Setting the direction for Locality focused community delivered services and infrastructure;
- Development of the supporting capital infrastructure;
- Service transformation across organisations; and
- Appropriate governance compliance.

The UHB Board will hold ultimate responsibility for the Programme’s capital management, via the Capital Management Group and the Strategy and Engagement Committee. However, as the success of the Programme relies significantly on the development and delivery of integrated services with our partner organisations, the Regional Partnership Board (RPB), through the Strategic Leadership Group (which will also adopt the role of Programme Board), will provide the appropriate strategic direction for SOFW: In Our Community and, if necessary, provide an enabling role by unblocking obstacles in the decision making process.

The structure also reflects the pivotal role of the Locality Teams in setting the direction for community delivered services and infrastructure for their resident populations.

PROGRAMME PLAN



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ARRANGEMENTS FOR CHANGE MANAGEMENT

The UHB recognises the enormous challenge that is required to transform our services over the coming years to deliver sustainable and prudent services for a growing population with changing demands. The Transformation programme has been established to oversee the delivery of a sustainable planned care service by improving services at every stage of the pathway and driving a prudent approach across all specialties. Key areas of ongoing work include:-

- Redesigning clinical pathways;
- Developing a health and wellbeing model of care with partner organisations;
- Redesign of service delivery models to support the shift of services from hospital to community, and focusing activity and resources in areas of highest need;
- Improve capacity of services through trialling new ways of working;
- Developing a whole systems model approach as a tool to plan services collaboratively with partners;
- Promoting social prescribing and signposting to services;
- Identifying the future location for community facilities based on need and opportunities to develop shared facilities with partners; and
- Rationalisation of current community estate as appropriate.

ARRANGEMENTS FOR BENEFITS REALISATION

A benefits realisation plan has been established and will be overseen by the Programme Team. The plan outlines the key objectives, benefits and measures which will be used to evaluate the projects along with accountability and timescales for achievement.

ARRANGEMENTS FOR RISK MANAGEMENT

A structured risk management process will be adopted. It has four main stages:-

- identification – to determine what could go wrong in order to identify the risks;
- classification – to determine the likelihood of occurrence of the risk and impact on the programme;
- assessment – to understand and where appropriate quantify the impact on the programme; and
- action – to identify countermeasures for dealing with unacceptable risk levels and instigate monitoring and control mechanisms, identifying means of avoiding, containing, reducing and transferring risk.

The risk management strategy has been integrated into the programme management procedures, with responsibility for implementation of the strategy resting with the Programme Director.

PROGRAMME ASSURANCE

Risk Potential Assessments have been carried out for the programme, which indicates a medium rating. Elements of the programme are deemed to be high in terms of complexity, particularly in terms of the scale of the proposals and also the service change required to deliver an ambitious set of objectives. But a number of mitigating factors have contributed to offset the anticipated complexity of the programme, not least because the SOFW strategy has been co-produced with our stakeholders, ensuring that there is cross stakeholder agreement and support for the ambitious SOFW agenda.

EQUALITY AND HEALTH IMPACT ASSESSMENT

In line with the UHB's ethos and philosophy, an Equality and Health Impact Assessment (EHIA) has been completed. This assessed the proposals contained within the programme to determine the impact on residents and services users and actions required to strengthen positive and mitigate negative impacts.

The assessment found that the SOFW: IOC programme offered significant opportunities to make positive changes in the way we deliver services and the facilities in which they are provided, which will have a beneficial impact for people, especially those with protected characteristics and those with greatest health need.

The EHIA will inform key stages in the programme development to ensure that the proposals promote equality and promote positive health outcomes for all. The programme EHIA will form the basis for the development of specific EHIAs for the constituent projects.

ARRANGEMENTS FOR POST PROGRAMME EVALUATION

The UHB is committed to ensuring that a thorough and robust programme evaluation (PPE) is undertaken at key stages in the process to ensure that positive lessons can be learnt from the projects during the programme implementation phase. This will be particularly important to inform future tranches of the programme.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which programme benefits are on track to be achieved. Where benefits are not achieved, this will provide the opportunity to review where our plans require adjustment.

DRAFT

Equality & Health Impact Assessment for:-

Perfect Locality & Shaping Our Future Wellbeing: In the community programmes (Final)

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Perfect Locality & Shaping Our Future Wellbeing: In the community programmes
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategic and Service Planning Corporate Strategic Planning Lead 02920 747951
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Mission: Caring for People, Keeping People Well Vision: A person's chance of leading a healthy life is the same wherever they live and whoever they are.

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		<p>Overarching strategy is: Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.</p> <p>The Perfect Locality /Shaping Our Future Well-being in the Community Strategy has the following priorities</p> <ul style="list-style-type: none"> - Focus on well-being - Develop whole system models (that matter to patients and citizens) - Sustain primary care, particularly general practice - Improve patient pathways across primary and secondary care - Develop Health & Wellbeing Centres and Wellbeing Hub - Facilitate technology solutions <p>All underpinned by co-production, co-design, co-ownership, health literacy, empowerment and self care</p>
<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages 	<p>Information is available on the</p> <ul style="list-style-type: none"> - SOFW website http://www.cardiffandvaleuhb.wales.nhs.uk/page/86420 outlines the approach adopted by the UHB - The Stakeholder and Communication Plan together with future planned engagement work is available at http://www.cardiffandvaleuhb.wales.nhs.uk/engagement-our-future-wellbeing . A list of stakeholders, including the Community Health Council, is included in the plan. Further local level engagement will occur during the development of the Wellbeing Hubs and Health & Wellbeing Centres - Perfect Locality website http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality-specification. The priorities and model proposed were developed through discussions by the Perfect Locality /BIG2 Working Group. Evidence in the literature informed best practice

	<p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<ul style="list-style-type: none"> - Needs assessment data is available at http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment . <p>The needs assessment highlighted</p> <ul style="list-style-type: none"> ○ Inequalities in health and the life expectancy gap experienced across the UHB area ○ The increase in numbers in the older age group and the increasing complexity of conditions experienced ○ Lifestyle choices that increase risk of disease ○ Patterns of service utilisation <p>Additional briefing papers on specific elements (eg Organisational Models of Primary Care, Health Literacy) are also available</p>
<p>5.</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Individuals across Cardiff and Vale of Glamorgan accessing primary, community and secondary care services will be affected by the strategy. UHB staff will also be affected by the planned changes to service delivery.</p>

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6. EHIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Potential Positive impact All ages</p> <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose facilities • Improved access to multi-disciplinary primary care teams • Facilitates social prescribing approaches • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well • IT supports patient engagement 	<p>All ages</p> <ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Embed sustainable social prescribing approaches • Embed health literacy approaches • Develop IT support /social media programmes • Access appropriate communication technology 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • PCIC Clinical Board • Strategy & Service Planning Team • SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team and Communication Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> • Social isolation addressed through partnership working <p>Potential negatives impact All ages</p> <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> • Develop local patient engagement programmes • Enable further partnership working and integration across health and social care organisations • Access appropriate communication technology • Develop local patient engagement programmes 	<ul style="list-style-type: none"> • Patient Experience Team • Third sector Health & Social Care Facilitators • Integrated Health and Social Care Partnership • UHB IM&T Team and Communication Team • Patient Experience Team
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Times of clinics/services flexible to facilitate access 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • PCIC Clinical Board

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well <p>Potential negatives impact</p> <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> Staff employed to reflect population demographics Ensure patient is able to communicate in language (eg Welsh) or format (eg sign language) appropriate to need Embed health literacy approaches Partnership working with specialist organisations (eg RNIB) Develop IT support /social media programmes Access appropriate communication technology Develop local patient engagement programmes 	<ul style="list-style-type: none"> Workforce and Organisational Development SOFW Programme Team (including PCIC and other Clinical Board members) UHB IM&T Team and Communication Team Patient Experience Team Third sector Health & Social Care Facilitators
6.3 People of different genders:	Potential Positive impact	<ul style="list-style-type: none"> Development and implementation of a 	Action to be taken by:-

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	<ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities 	<i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)	<ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team
6.4 People who are married or who have a civil partner.	N/A		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Potential Positive impact <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose facilities • IT supports patient engagement 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Develop IT support /social media programmes 	Action to be taken by:- <ul style="list-style-type: none"> • Capital and Estates Team and the Public Health Team • UHB IM&T Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>Potential negatives impact</p> <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> • Develop local patient engagement programmes 	<ul style="list-style-type: none"> • Patient Experience Team • Third sector Health & Social Care Facilitators • Strategy & Service Planning Team
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams • Improved staff access to appropriate communication 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Employ local people to reflect demographics /population • Embed health literacy approaches 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • PCIC Clinical Board • Workforce and Organisational Development • Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>methods that facilitate engagement with non-English speaking patients</p> <ul style="list-style-type: none"> • IT supports patient engagement and communication • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well <p>Potential negatives impact</p> <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> • Ensure patient is able to communicate in language or format appropriate to need • Access and use appropriate communication technology and services • Develop IT support /social media programmes • Develop local patient engagement programmes 	<ul style="list-style-type: none"> • SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team and Communications Team • Third sector Health & Social Care Facilitators • Integrated Health and Social Care Partnership • Locality Care Transformation Workstream • Patient Experience Team • Third sector Health & Social Care Facilitators • Strategy & Service Planning Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients 	<ul style="list-style-type: none"> • Translation services to be available • All public documents available in Welsh • Develop IT support /social media programmes in Welsh 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Strategy & Service Planning Team • Clinical Boards • UHB IM&T Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<ul style="list-style-type: none"> IT supports patient engagement and communication 	<ul style="list-style-type: none"> Employ Welsh speaking staff Develop local patient engagement programmes in Welsh Promote the availability of Welsh speaking staff 	<ul style="list-style-type: none"> Workforce and Organisational Development Patient Experience Team SOFW Programme Team (including PCIC and other Clinical Board members)
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities Improved access to multi-disciplinary primary care teams Prioritisation of services in areas of deprivation 	<ul style="list-style-type: none"> Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) Ensure times of clinics/services flexible to facilitate access Prioritise areas of deprivation for service 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> Capital and Estates Team & Public Health Team PCIC Clinical Board SOFW Programme Team (including PCIC and other Clinical Board members) Capital and Estates Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>Potential negatives impact</p> <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams 	<p>development and provision of new /renovated buildings or facilities</p> <ul style="list-style-type: none"> • Develop IT support /social media programmes • Develop local patient engagement programmes 	<ul style="list-style-type: none"> • SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team • UHB Communications Team • Patient Experience Team
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Facilities available in areas of most need and services tailored to community need • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services <p>Potential negatives impact In some areas, location of buildings is based on opportunity rather than need</p>	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Prioritise areas of deprivation for service development and provision 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • Strategy & Service Planning Team • Capital and Estates Team • Clinical Boards

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		of new /renovated buildings or facilities	<ul style="list-style-type: none"> Programme Team
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12)	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team

Note 1 A *Statutory /Mandatory and Public Health Reference List* is in development for use during the development and refurbishment of the UHB Estate. This reference document will bring together the statutory and mandatory requirements that guide any development and will also include best practice for promoting population health. The list may include the following examples

- Opportunities to ensure provision promotes health - e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, child friendly toilets, breast feeding areas, space for carers to support family members (seats together), pictorial /multi-lingual /universal signage, universal changing facilities
- Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph
- Facilities to be interconnected with other local services
- Access to open green spaces to promote mental health
- Provision of community food growing spaces
- Provision of universal toilets
- Dementia friendly services and facilities
- Child friendly services and facilities
- Access to a quiet, private space for discussion, reflection or contemplation

- Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)
- Healthy foods provided in cafes and healthy catering standards are adopted
- Services promote prevention and wellbeing at front of house

7. EHIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Buildings to be placed in areas of most need and services tailored to community need • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services <p>Potential negatives impact</p>	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Develop formula for location of hubs and well-being centres being agreed 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • SOFW Programme Team (including PCIC and other Clinical Board members)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	In some areas location of buildings is based on opportunity rather than need		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Focus on well-being and keeping well 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Ensure prevention is part of service planning and that services promote prevention and wellbeing at front of house • Develop and embed social prescribing approaches • Embed 'Making Every Contact Count' training across all service areas 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • Strategy & Service Planning Team • PCIC Clinical Board • SOFW Programme Team (including PCIC and other Clinical Board members) • Clinical Boards, Public Health Team and Workforce and Organisational Development

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
		<ul style="list-style-type: none"> • Deliver frequent public awareness campaigns • Ensure healthy foods provided in cafes and that healthy catering standards are adopted 	<ul style="list-style-type: none"> • Patient Experience Team, Communications Team and Public Health Team • Facilities Team and Public Health Team
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines 	<ul style="list-style-type: none"> • Employment of local people to reflect demographics /population 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Workforce and Organisational Development • PCIC Clinical Board
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • New design of services and buildings to promote easier access • DDA compliance of buildings with natural light and consideration for sensory loss 	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<ul style="list-style-type: none"> • Location of hubs to have green space that can be utilised positively • Closer proximity to home 		
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Promote sense of belonging due to location within community • Opportunities for participation and volunteering and peer support • Addressing social isolation • Understanding and promotion of social networks 	<ul style="list-style-type: none"> • Implementation of community engagement approaches • Implementation of patient participation groups • Develop and embed social prescribing approaches 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Strategy & Service Planning Team • Patient Experience Team • SOFW Programme Team (including PCIC and other Clinical Board members) • Third sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Deliver UHB and WG policies</p> <p>Contribute to meeting the Well-being Objectives</p>		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Positive impacts / how we will achieve the objectives</p> <ul style="list-style-type: none"> • Focus on well-being and keeping well • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams • IT supports patient engagement • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well • Facilitates social prescribing approaches • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • Prioritisation of services in areas of deprivation • Buildings to be placed in areas of most need and services tailored to community need. Formula for location of hubs and well-being centres being agreed • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services • Implementation of UHB policies (eg no smoking policy) • Opportunity to access food growing spaces around NHS buildings • Signposting to community/ local services or groups • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines • New design of services and buildings to promote easier access • Location of hubs to have green space that can be utilised positively • Space within buildings could promote more diverse workforce, ie volunteers • Closer proximity to home • Promote sense of belonging due to location within community
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	<ul style="list-style-type: none"> • Opportunities for participation and volunteering and peer support • Understanding and promotion of social networks <p>Negative impacts include</p> <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams • In some areas location of buildings will take account of opportunity as well as local need
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<ul style="list-style-type: none"> • Development and implementation of a <i>Statutory /Mandatory and Public Health Reference List</i> (see note 1 after section 6.12) • Development of service specifications for Health & Wellbeing Centres and Wellbeing Hubs that meet the requirements of the SOFWB /Perfect Locality Strategy:- <ul style="list-style-type: none"> ○ High level principles ○ Service scope and Clinical Output Specifications (for each project) • Development of a holistic approach to communication that includes 	<p>Capital and Estates Team</p> <p>Strategy & Service Planning Team</p>	<p>November 2017</p> <p>May 2017</p> <p>As per project plans</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	<p>stakeholder and community engagement, health literacy approaches, use of social media</p> <ul style="list-style-type: none"> • Implementation of employment practices that prioritise employment of individuals with the right skills from local areas • Development and implementation of sustainable social prescribing approaches • Implementation of UHB policies that support access to language and communication support, smoking cessation, etc • Delivery of 'Making Every Contact Count' and Dementia Friends training • Delivery of frequent public awareness campaigns 	<p>Strategy & Service Planning Team</p> <p>Workforce and Organisational Development</p> <p>PCIC Clinical Board with Primary Care Clusters</p> <p>To be agreed</p> <p>Public Health Team Communications Team</p>	<p>To be agreed</p> <p>To be agreed</p> <p>2018/19</p> <p>2018/19</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>As there has been potentially very limited negative impact identified, and the consultation and engagement activity has been comprehensive, it is unnecessary to undertake a more detailed assessment.</p> <p>However, the SOFW:IOC Programme EHIA will be used as a basis to inform the development of specific project EHIAs</p>			
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <p>Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out 	<p>On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon.</p> <p>The Strategy will continue, enhanced by the actions identified within the EHIA</p> <p>The EHIA will inform actions and further policy changes of the Strategy and inform</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>the justifications for doing so)</p> <ul style="list-style-type: none"> stops. <p>Have your strategy, policy, plan, procedure and/or service proposal approved</p> <p>Publish your report of this impact assessment</p> <p>Monitor and review</p>	<p>EHIA's of the component parts of the Strategy</p> <p>The EHIA will be published, alongside the Strategy, on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			

5



**EQUALITY HEALTH IMPACT ASSESSMENT
SCHEDULE OF BUILDING AND ENGINEERING SERVICES DESIGN AND COMPLIANCE STANDARDS INCLUDING
EQUALITY IMPLICATIONS**

Specific Engineering/Compliance Topic	Type of Standard	Equality Impact to be considered
Fire Safety	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency lighting, access and egress etc) • Age related equality issues (signs, access and egress etc) • Gender related equality issues • Dementia Care and Mental Health (access and egress etc) • Welsh Language (signage etc) • Evacuation strategies (signage, access, egress and communication strategies) • Training
Water Safety	Statutory	<ul style="list-style-type: none"> • Sensory loss (temperature related issues, scalding, signage etc) • Age related equality issues (signage, selection of taps, sanitary ware etc) • Gender related equality issues • Dementia Care and Mental Health (signage, selection of taps, sanitary ware etc) • Welsh Language (signage etc)

		<ul style="list-style-type: none"> • Faith/Religion related equality issues • Training
Asbestos Management	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, precautions, access to asbestos database etc) • Age related equality issues (signage, access to asbestos database etc) • Gender related equality issues • Dementia Care and Mental Health (signage etc) • Welsh Language (signage etc) • Training
Control of Contractors	Statutory	<ul style="list-style-type: none"> • Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc
Medical Gases	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc) • Training
Ventilation	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc) • Training
High and Low Voltage Electricity	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc) • Training
Environmental Management	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc) • Training

Energy and Water Management	Statutory	<ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc) • Training
Building Regulations, Design Standards and HTM's, HBN's	Statutory	<ul style="list-style-type: none"> • All as above dependent on specific standard e.g. Fire Safety, Water Safety • Under the Equality Act the Architects and designers will ensure that Capital schemes meet the necessary equality standards e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, pictorial /multi-lingual /universal signage, toilet/changing facilities, Dementia friendly services and facilities, Child friendly services and facilities
Capital Design Team /Project Boards		<p>In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following topics can be considered and reviewed:</p> <ul style="list-style-type: none"> • Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph • Facilities to be interconnected with other local services • Access to open green spaces to promote mental health • Provision of community food growing spaces • Access to a quiet, private space for discussion, reflection or contemplation • Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)