SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

PROGRAMME BUSINESS CASE - Draft
Community Infrastructure
(Revised to reframe H&WC@CRI development)

January 2019

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PROGRAMME BUSINESS CASE

DRAFT

Version	Date Issued	Key Changes	Document Owner
1	7 June 2017	1st Draft	Alex Evans
1.1	17 July 2017	2nd Draft. Gaps in information identified and action allocated	Alex Evans
1.2	9 August 2017	Updated with additional information/comments from Tom Porter; Helen Nicholls; Anne Wei; Carol Young; Rob Wilkinson	Alex Evans
1.3	31 August 2017	Updated with comments from Lynne Topham and data from Alan Roderick	Alex Evans
1.4	6 September 2017	Further updates, information added	Alex Evans
1.5	15 September 2017	Service activity figures added for Technical team review 20 September 2017	Rob Wilkinson
1.6	19 September 2017	Service activity figures updated and objective 5 amended	Rob Wilkinson
1.7	25 September 2017	Reference included to Prosperity for All: the National Strategy	Alex Evans
1.8	14 November 2017	Diagnostic activity figures updated	Rob Wilkinson
1.9	27 February 2018	Updated with data, Chris' comments. Key benefits and risks included. Other draft sections added highlighting gaps to be completed – economic case, commercial case, financial case, management case	Alex Evans
1.10	10 April 2018	Updated with comments from programme Team and additional information/data	Alex Evans
1.11	14 May 2018	Further updates/clarifications, inclusion of data	Alex Evans
1.12	31 May 2018	Executive Summary	Alex Evans
1.13	12 June 2018	Inclusion of the Commercial Case, revenue information and appendices	Alex Evans
2	15 January 2019	Revised to reframe H&WC@CRI development as a single project phased over a 10 year period	Alex Evans

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

PROGRAMME BUSINESS CASE

CONTENTS

Appendices

ABBREVIATIONS

A&E – Accident and Emergency
AWCP – All Wales Capital Plan

BCAG – Business Case Approval Group

C&V – Cardiff and Vale
CAVOC – Cardiff and Vale Orthopaedic Centre
CHC – Community Health Council
CMHT – Community Mental Health Team
CRI – Cardiff Royal Infirmary
CSF – Critical Success Factor

DN – District Nurse
DNA – Did Not Attend

EHIA – Equality Health Impact Assessment

GP – General Practice

H&WC – Health and Wellbeing Centre
HC – Health Centre
HSMB – Health Systems Management Board
HV – Health Visitor

IMTP – Integrated Medium Term Plan

LA – Local Authority
LDP – Local Development Plan

OPD – Outpatient Department

PBC – Programme Business Case
PMHSS – Primary Mental Health Support Services

RPB – Regional Partnership Board

SaLT – Speech and Language Therapy
SOFW – Shaping Our Future Wellbeing
SOFW:IOC – Shaping Our Future Wellbeing: In Our Community

UHB – University Health Board
UHL – University Hospital Llandough
UHW – University Hospital of Wales

WG – Welsh Government
WH – Wellbeing Hub
WTE – Whole Time Equivalent

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.

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.

The summary of capital costs sought through the current PBC is as follows:-

Preferred Way Forward – 1st Tranche WHs and H&WC@CRI	Indicative Capital Costs (£)	Total £
WH@ParkView	16.0m	**155.803m**
WH@Maelfa	11.567	
WH@Penarth	9.0m	
Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	17.817m	
Chapel Development at CRI	3.935m	
Remaining capital safeguarding works and fit out to CRI	97.484m	

The cost of implementing subsequent tranches of the PBC will be assessed and described within future tranches of the PBC.

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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 and the development of the H&WC@CRI, through the development and submission of appropriate project business cases.

2.1 STRATEGIC CASE

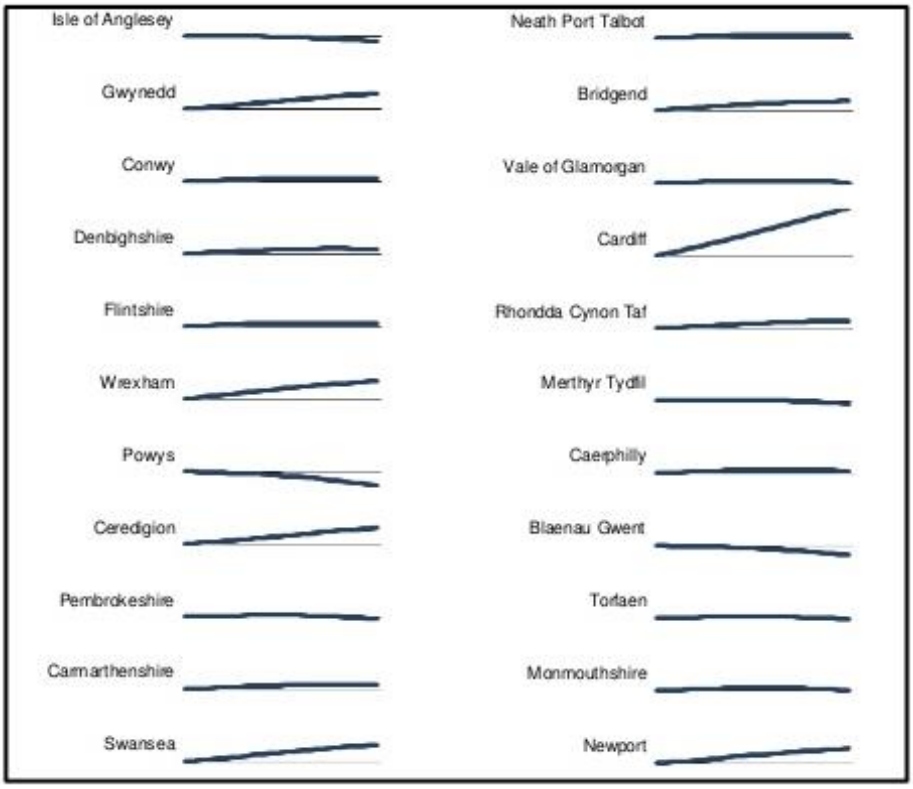
PART A: STRATEGIC CONTEXT

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



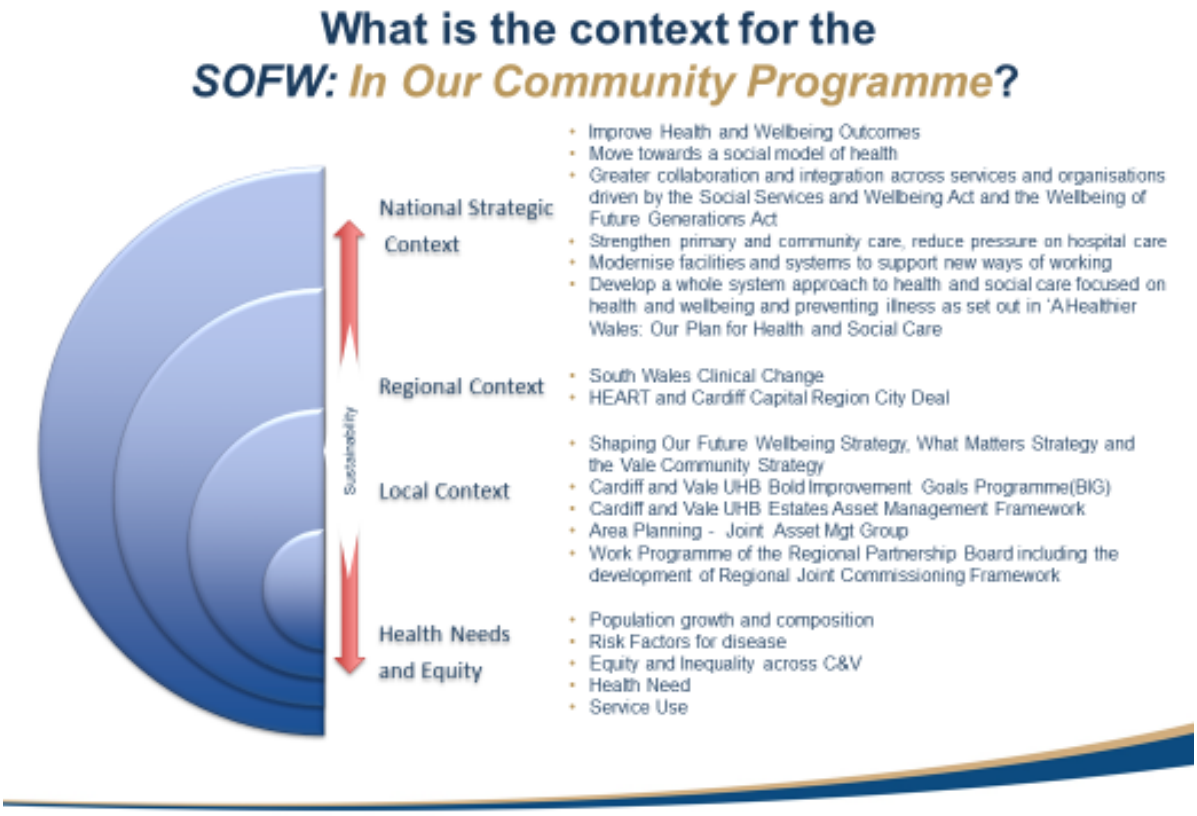
- The age structure of the population in Cardiff is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;

- 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.



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.

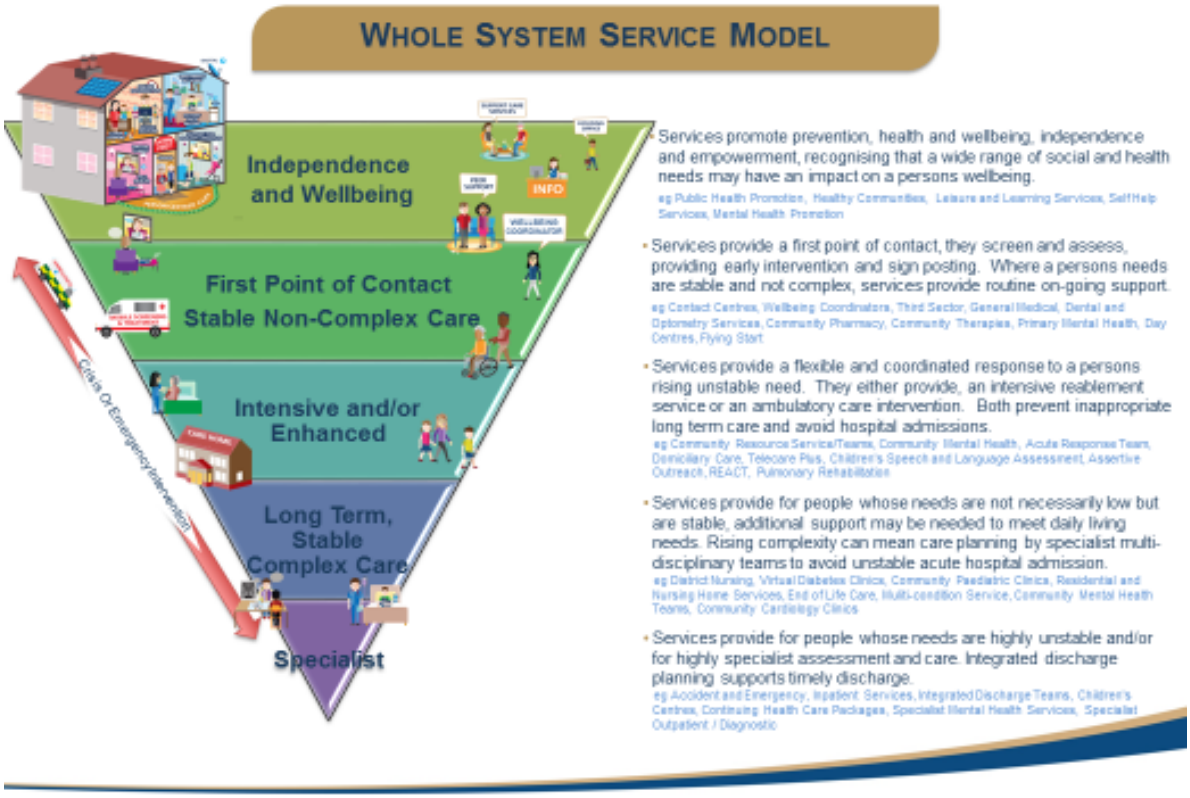
The strategy recognises that to sustain safe and high quality services in the future we will need to reorganise and redevelop much of the routine care we provide across an integrated network of hospital and community care. Services that have traditionally been provided in hospital may be more sustainable 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:-

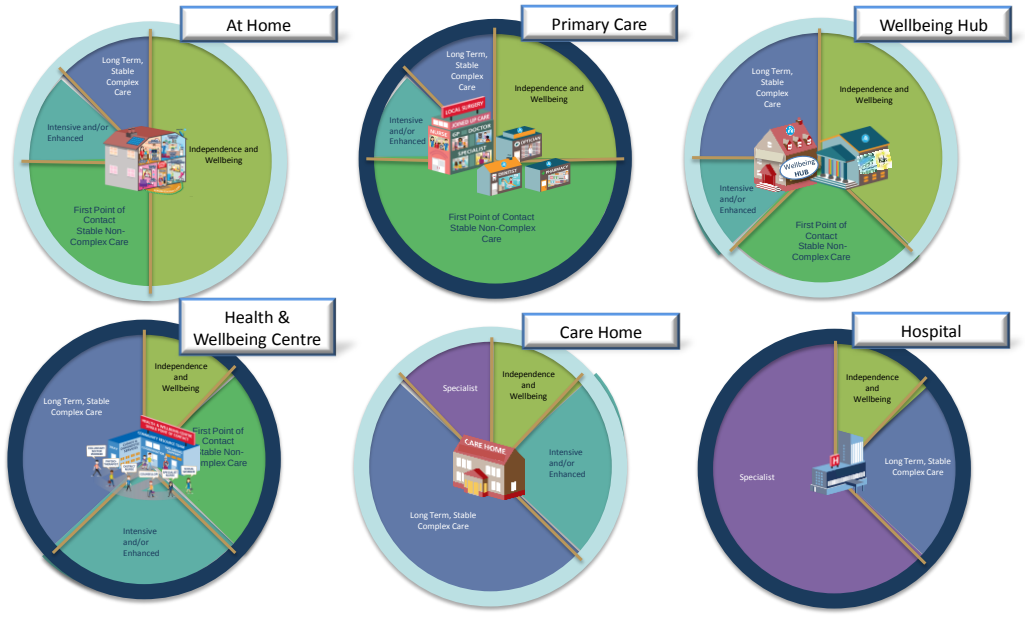
- how their services fit together;
- what needs they are seeking to address;
- how a citizen, patient or service user accesses and moves through the services; and
- where there are gaps in existing services

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.



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

SOFW: In Our Community Aim

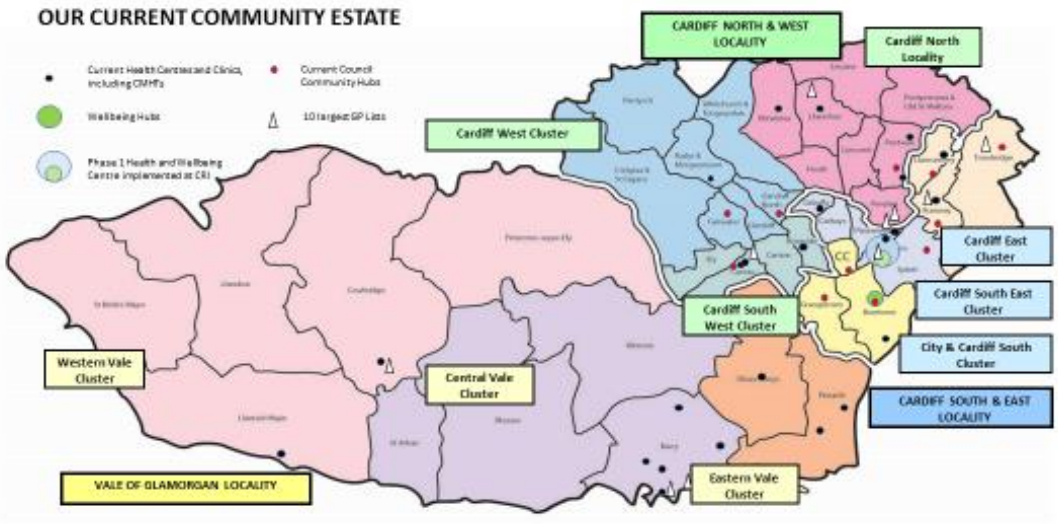
Sustainable* and prudent, health and wellbeing services provided closer to home, improving health outcomes and **reducing health inequalities**

*Fully use the limited resources available, living within the total

Empower the Person	• 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	• Support people in choosing healthy behaviours • Encourage self-management of conditions • Provide health and wellbeing information, advice and education in a variety of formats and focus activity and resources where identified need is highest	• Increase participants completing patient education courses for diabetes, weight managements and quit smoking by 10% by 2025 • Increase participants completing Education for Patients Programme courses by 10% by 2025
Home first	• Improve quality of services by working with our partners to deliver more co-ordinated and collaborative services closer to home • Work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	• Improve local access to services, shifting activity from hospital to community and delivering co-ordinated and co-located services with partners • Reconfigure and rationalise, where necessary, community facilities to develop a shared, flexible community infrastructure to support collaborative working	• Shift 10-12% of 'outpatient' appts to a community setting by 2025 • Reduce follow-up DNA appts to 5% and maintain • Increase community diagnostic imaging from 10% to15-19% • Network of functional, fit for purpose community facilities
Outcomes that matter to People	• Improve health outcomes, focusing on conditions where prevention will have the greatest impact, as identified in SOFW • Reduce health inequalities through targeted provision of services/interventions which better meet the health and wellbeing needs of the local population	• Co-produce redesigned clinical pathways with stakeholders, focusing on conditions where prevention will have greatest impact • Develop a 'social model of health', focusing on holistic physical, mental and social needs • Focus activity and resources where identified need is highest	• Reduce rate of hospital admissions for those with chronic conditions from 1,058 to 800-900 per 100,000 population by 2025 • Reduce gap of healthy life years between the most and least deprived areas by 20125
Avoid harm, waste and variation	• Improve the capacity of services, to meet increasing and changing demand, focusing on clinic utilisation, workforce, facilities, technology	• Develop accessible local services which increase appropriate utilisation • Workforce planning, which allows people to operate at the top of their skill set and develops new roles • Implement new systems to strategically exploit the best use of technology	• A change in the clinical workforce skill mix by 2025 - o Increase in advanced practitioners o Decrease in medical/dental staff o Decrease in registered staff o Increase in healthcare support workers o Appoint to new role of physician associate

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 (incl. Locality Team base) – see note below •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 Phamacies 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

H&WC@CRI
This facility, located in the South and East Cardiff Locality, delivers a range of primary, community, mental health, substance misuse, outpatient clinics and the Sexual Assault Referral Centre. The activity for these services is captured in the overall figures below.

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: • Xpert – 6 week course • DAS – one-off session	 293 215
Eating for Life (Weight Management, Healthy Eating)	194
Smoking Cessation (smokers treated/% who quit):- • 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 (eg community hospitals, health centres)	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%)**

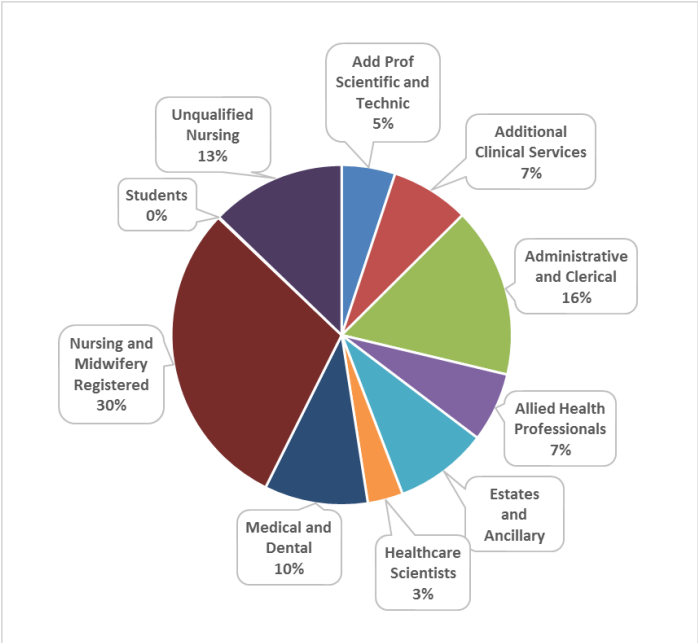
Hospital sub-total includes: University Hospital for Wales (UHW); University Hospital Llandough (UHL); Orthopaedic Centre UHL (CAVOC); Children's Hospital for Wales; Emergency Room (UHW); Medical Physics; and University Dental Hospital.

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 £'000	**Follow-up Attendances £'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; and
- CRI remains a prime location from which to deliver services to residents in the South and East Cardiff Locality based on identified health and wellbeing needs of the local population and also access.

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; and
- 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; and
- A summary of the current refurbishment status of CRI shows that:-
  - 27% of the building has been refurbished;
  - 73% of the building requires significant remedial works to prevent further deterioration and refurbishment to provide accommodation that is fit for purpose;
- While the current condition of a large proportion of CRI is poor, unsafe and will require significant remedial and refurbishment works, it provides the development capacity to extend the range of services and enable the transfer of activity from hospital settings into the community.

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
- Tacking 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

Summary Needs Assessment for the South East Cardiff Locality

- Cardiff's most deprived communities are predominantly found in the 'Southern Arc', a large part of which is served by the 3 Clusters within the South and East Cardiff Locality;

- There are stark and persistent inequalities between the most and least deprived areas, particularly in terms of life expectancy, number of healthy life years and premature death rates;
- Many of our most vulnerable groups are located in the CRI's surrounding areas, including homeless, black and minority ethnic communities, travelling community and individuals seeking asylum; and
- The South East Cluster is home to a significant proportion of the large university student population.

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.

Further Develop CRI as a Health and Wellbeing Centre

- Deliver a community facility which has been the subject of significant service planning and engagement work with our partner organisations and the local community over many years. The location of the CRI continues to be the most appropriate to serve of the Locality;
- Opportunity to make greater use of the physical capacity available within the main building to deliver fir for purpose facilities to:-
    - support the delivery of the SOFW: IOC programme objectives, in particular to accelerate the transfer of activity from hospital settings into the community;
    - delivery of shared multi-functional accommodation to improve our capacity to meet increasing and changing demand for our services from a rapidly growing population;
    - to deliver a greater range of integrated and collaborative services with our partner organisations to meet the health and wellbeing needs of the local community
- Unique opportunity to preserve and build on strong local support for the building as a community asset
- Opportunity to preserve an iconic grade II listed building which has great historical significance for the local community, Cardiff and the NHS in Wales;

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:-	
• Diabetes Groups	2,300
• Quit Smoking	1,200

Projected activity to be delivered from the H&WC@CRI is included in the figures above and is based on the draft service scope summarised in Appendix 10. This has been developed in collaboration with clinical staff along with our partner organisations including Cardiff Council, third sector groups and the Police and incorporates the outcome of earlier engagement with the local community.

POTENTIAL SCOPE AND KEY SERVICE REQUIREMENTS

	Core	**Desirable**	**Optional**

Potential Scope	• 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:-
	  ○ Cancer
	  ○ Dementia
	  ○ Mental health
	  ○ Maternal health
	  ○ Dental and eye care
	  ○ Stroke
	  ○ Long term conditions – diabetes, heart failure, respiratory, multiple/complex conditions
	• Core range of clinical investigation/ diagnostic tests, e.g phlebotomy, plain x-ray, ultrasound, echocardiogram, Doppler ultrasound etc
	• Partner organisation delivered services
		• **Core plus:-**
		• Increased range of services over and above SOFW conditions
		• Innovative service delivery models for e.g. multiple long term conditions/ complex needs
			Core, desirable plus:-
			• Specialist clinic services and interventions
			• Range of specialist clinical investigation/diagnostic tests CT/MRI
			• Additional minor injuries service
			• Additional inpatient services

Key Service Requirements	• Focus activity and resources to meet the health and wellbeing needs of populations at a Locality level only	• Focus activity and resources to meet the health and wellbeing needs of populations at a Locality and Cluster level	
	• Redesign service delivery models to relocate 'outpatient' services into the community, as close to home as possible.	• 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	
	• Utilise existing community clinic infrastructure. Improve condition of facilities. Priority improvements to primary care infrastructure. •	• Reconfigure and rationalise community infrastructure, improve condition, functionality and flexibility, locate where possible alongside LA community hubs	• Develop shared health and wellbeing facilities in collaboration with primary care, Local Authorities and third sector
	• Maintain existing IT/ communications/health technology capability plus prioritised key developments in these areas	• Increase capability for IT/communications to support service delivery •	• 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	Improved healthy behaviours leading to improved health of population who are able to contribute to society both economically and socially People are empowered to self-manage their health with the potential to reduce overall demand for healthcare	Long-term	• 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 Greater collaborative working between partner organisations leading to more joined up service delivery	Medium Term	• Service users • UHB and wider public sector	Quantifiable Non-cash releasing Qualitative

3. to work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	Availability of a network of Locality and Cluster based community facilities which are functional, modern and fit for purpose Community facilities located to provide optimum access for residents from the most deprived areas	Short - Long Term	• 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	Improved health outcomes for residents of Cardiff and the Vale of Glamorgan, leading to:- - 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	• 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	Reduced gap in healthy life years between the most and least deprived areas helping to build safe, confident and empowered communities	Long term	• 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	Improved clinical skill mix of UHB workforce Rationalised community estate Improved utilisation of facilities Effective communications with the public, between professionals and across partner organisations	Short-long term	• 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
• Pressure on Welsh Government's capital availability impacting on programme's achievability	• Regular liaison with WG to enable close monitoring of capital availability and appropriate adjustment to programme's spend profile
• Sustainability of Primary Care services deteriorates faster than expected, leading to review of programme's priorities	• Regular review within UHB to enable priorities to be determined to minimise disruption to programme's progress

• Operational service changes may not meet the increasing pressure to generate revenue savings leading to a reduction in the programme's affordability	• Regular assessment on revenue saving priorities to inform Clinical Boards' decisions on revising operational service models
• Revenue costs underestimated	• 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
• Workforce not redesigned to support the new service delivery models	• Clinical Boards to develop realistic and flexible service delivery models • Workforce and Organisational Development Team to support transformation programme
• Shift of activity from hospital to community not achieved	• Clinical Boards to develop realistic and flexible service delivery models
• Rationalisation of community estate doesn't realise sufficient resources to cover facilities costs of reconfigured community estates	• Develop realistic proposals and monitor implementation
• 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	• Monitor situation and adjust programme as appropriate
• Uncertainty of third sector continued availability and/or revenue streams may adversely impact on delivery of collaborative health and wellbeing services	• 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; and
- Significant planning work and public consultations undertaken over many years confirms CRI as the most appropriate location for the development of a H&WC for the South and East Cardiff Locality.

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; and
- 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.

CSF 1: Strategic Fit	How well the option meets national, regional and local strategies:- • Improve the social, economic, environmental and cultural wellbeing of Wales • Improve health and wellbeing outcomes and reduce health inequity • Promote an integrated 'social' model of health, which promotes physical mental and social wellbeing • support the implementation of Shaping our Future Wellbeing Strategy, particularly in terms of promoting a shift in focus from hospital to community service delivery
CSF 2: Potential Value for Money	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
CSF 3: Potential Affordability	Whether the option:- • 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
CSF 4: Potential Achievability	Whether the option is likely to be acceptable and supported by staff, public/CHC and partner organisations – LA, 3rd sector Ability of the organisation to be able to deliver the option in terms of: • People with the right skills • Creation of suitable community based facilities • Technological solutions to support service transformation

SUMMARY OF INCLUSIONS, EXCLUSIONS AND POSSIBLE LONG LIST OPTIONS

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

POTENTIAL SCOPING OPTIONS	**Scoping Option 1**	**Scoping Option 2**	**Scoping Option 3**	**Scoping Option 4**	**Scoping Option 5**		
	Status Quo – • existing range of primary, community and secondary care health services	Delivery of a range of core services • 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	Existing, core and innovative service delivery models • Option 2 plus: • routine services/ interventions (non SOFW) • innovative service/ interventions eg medical day unit, wellbeing day unit for co-morbidities, health technology	Existing, core, innovative delivery models plus wellbeing services • Option 3 plus: • development of social wellbeing/public health services • development of social prescribing - social/leisure activities and groups	Existing, core, innovative delivery models, social prescribing plus range of specialist and secondary care type services • 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	**Solution Option 1**	**Solution Option 2**	**Solution Option 3**	**Solution Option 4**	**Solution Option 5**	**Solution Option 6**	
	Status Quo • Current range of community based clinical facilities – do nothing (backlog maintenance and statutory compliance only) • Fit for purpose GP facilities	Refurbish/extend • Upgrade/extend current range of primary care and community based facilities to 'fit for purpose'	Key Focus-Local Health & Wellbeing Centres • 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	Network - integrated community based facilities • 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	Network plus wider improvement of facilities • 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	Network, Primary Care Estates, Non-health facilities • 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**	

POTENTIAL DELIVERY OPTIONS	**Service Delivery Option 1**	**Service Delivery Option 2**	**Service Delivery Option 3**	**Service Delivery Option 4**			
	In-house • delivery of all UHB commissioned services	Mix In-house and Outsource – Status Quo • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Strategic Partnerships • 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	Fully Outsource all services • 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**
	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. 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.			**This option is taken forward for the reason that it fast tracks the shift of hospital services into the community**	**'Do minimum' option subsequently carried forward to short list as it was felt that a compromise should be subjected to economic appraisal.**	**Ambitious, but it was felt this option should be considered to see if the benefits achieved would be worth the required level of input**	**Not considered to be achievable**
Potential Funding Options	**Funding Option 1**	**Funding Option 2**	**Funding Option 3**				
	All Wales Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding	All Wales and Multi-Agency Capital Funding. Innovative Third Party Capital Funding to be explored				
	Possible	**Possible**	**Preferred**				

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	Current services • current primary and community health services	Range of core services • current primary and community health services • Re-locate routine SOFW hospital/therapeutic clinics to community • Core diagnostics • Collaborative service delivery	Wider scope to include non-SOFW interventions and transformational delivery of services • 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	Core services, transformational change, social model of health: • 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	As preferred option: • 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	Current Network of Community Facilities • Health Centres - backlog maintenance and statutory compliance • Fit for purpose GP facilities	Key Focus on Health & Wellbeing Centres • 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 - refurbs • Fit for purpose GP facilities • Innovative IT, comms, health technology	Network of H&WCs and Wellbeing Hubs • 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	Network of H&WCs and Wellbeing Hubs plus utilisation of non-health facilities • 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	As preferred option • 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

Delivery	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Strategic Partnerships • 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	As preferred option • 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 *	N/A	Phased implementation of H&WCs and refurbished HCs 3 tranches phased over 10 years • 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)	Focus on early implementation of H&WCs with community infrastructure network completed in following tranches 3 tranches phased over 10 years • 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)	Phased implementation of community infrastructure network based on risk and opportunities. 3 tranches phased over 10 years • 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)	Condensed implementation of community infrastructure network 5 year phased implementation over 2 tranches • 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	N/A	All Wales Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding Innovative Third Party Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding Innovative Third Party Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding

N.B. The H&WC@CRI to be progressed as a single project, phased over a 10 year period

The proposed community facilities will differ in the services they will deliver, depending on the particular health and wellbeing needs of the population served. This is demonstrated in the attached Appendix 9

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	• HCs – backlog maintenance and statutory compliance • Fit for purpose GP facilities	• Existing primary/ community services	• 3 x H&WCs • Refurbished HCs • Fit for purpose GP facilities	• Existing community services • Re-locate routine SOFW hospital clinics/ therapies to community • Core diagnostics • Collaborative service delivery	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities	• 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	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities • Utilisation of non-health facilities	• 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	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities • Utilisation of non-health facilities	• 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	

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	• H&WC@CRI – 2nd phase • WH@Maelfa (Llanedeyrn/Pentwyn Population)	• WH@ParkView (Cardiff SW Cluster)	• WH@Penarth (Eastern Vale Cluster)
Tranche 2	• H&WC@CRI – 3rd phase	• H&WC@Whitchurch • WH@West Cardiff (LDP Developments) • WH@North Cardiff	• H&WC@Barry – 1st phase
Tranche 3	• H&WC@CRI – final phase • Remaining WH developments, including satellite WHs where appropriate • Rationalisation of any remaining health centres and other community facilities	• Remaining WH developments, including satellite WHs where appropriate • Rationalisation of any remaining health centres and other community facilities	• 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

The tranche 1 wellbeing hub projects are confirmed as:-

- WH@Park View
- WH@Maelfa (Primary Care Pipeline Project)
- WH@Penarth (Primary Care Pipeline Project)

The H&WC@CRI will incorporate:-

- Relocation of SARC at CRI and enabling works
- Redevelopment of the Chapel at CRI
- The remaining capital works to complete the creation of the H&WC@CRI will be developed as a single rolling project, phased over a 10 year period.

Tranche 1 Wellbeing Hub Developments
Based on some initial concept design work the indicative capital costs for the projects within the first tranche of the programme are as follows:-

	1st Tranche Projects	Preferred Way Forward – 1st Tranche	
		Indicative Capital Costs (£)	Total £
Capital Costs	WH@ParkView	16.0m	36.567m
	WH@Maelfa	11.567m	
	WH@Penarth	9.0m	

H&WC@CRI
The table below provides an overview of capital costs associated with the works completed to date/committed at CRI, the completion of the remaining works to refurbish and develop the CRI and the projects outside the remaining works. The summary capital costs to refurbish and develop CRI compared to a new build replacement facility is also provided.

Capital Works Completed/Committed at CRI (27% of total gross internal floor area)

	Project	Status	Capital Cost £	Source of Capital Funding
Investment to Date	Phase 1:- • GMS – Four Elms • Sexual Health Department • CHAP/OOH	Completed	35.570m	AWCP
	Remedial/Safeguarding Works	Completed	2.426m	AWCP
	Lymphodaema	Completed	1.634m	Discretionary Capital
	Therapies Hub	Committed. Construction in progress	5.750m	AWCP (Rookwood Project)
TOTAL (a)			**45.379m**	

Remaining refurbishment and development work at CRI (73% of total gross internal floor area)

	H&WC@CRI Phased Across 10 Year Period	Indicative Capital Cost £
(b) Remaining Works	Capital safeguarding works and fit out to main building to accommodate the agreed service scope. **N.B.** BJCs will be developed to support each stage of the works to be undertaken.	**97.484m**

Projects Outside of the Remaining Works Above

	Project	Current Status	Indicative Capital Cost £
Current Business Cases	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	SOC submitted to WG Oct 2018	17.817m
	Chapel Development at CRI	BJC in development	3.935m
TOTAL (c)			**21.752m**

Summary of Total CRI Costs Compared with a New Build Solution

	Total Indicative Capital Costs (at 2018/19 values)		
	Refurbished CRI - Total Indicative Investment (a+b+c) £	**New Build Replacement CRI (excluding land cost) £**	**Difference/ CRI Premium £/%**
TOTAL	**164.6m**	**104.8m**	**59.8m/57%**

SOC capital cost forms for the remaining refurbishment works compared against a new build are attached as Appendix 11

N.B.

1. New build costs have been calculated on a simple like for like comparison of the CRI footprint.

2. Land costs associated with a new build are not included in the costs above. It should be noted that a previous land search was unable to find an alternative site on which to develop a H&WC in the area.

3. It should be noted that the development of the CRI will attract a premium cost associated with the Grade II listed status of the main building. This is demonstrated in the table above, which compares the capital cost of developing the existing CRI site against an equivalent new build solution, although it should be noted that land costs are not included.

The nature of the refurbishment work required to complete the development at CRI involves extensive asbestos remediation, roof and rainwater gutter repairs to ensure water tightness, significant structural repairs, repointing of the external stonework to deter water ingress, dry and wet rot treatment, replacement of existing windows and doors, upgrade of heating system and electrical infrastructure and complete internal fit out of the space to accommodate the service scope.

Summary Capital Costs Requested

The summary of capital costs sought through the current PBC is as follows:-

	Preferred Way Forward – 1st Tranche WHs and H&WC@CRI	**Indicative Capital Costs (£)**	**Total £**
Capital Costs	WH@ParkView	16.0m	**155.803m**
	WH@Maelfa	11.567m	
	WH@Penarth	9.0m	
	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	17.817m	

	Chapel Development at CRI	3.935m	
	Remaining Capital safeguarding works and fit out to CRI	97.484m	

INDICATIVE REVENUE COSTS – FIRST TRANCHE PROJECTS

The UHB is committed to ensuring all programme spending objectives are delivered within the available revenue resource. 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	• **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	• **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

	• **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	
Quantifiable	• **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	• **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
Qualitative	• 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	Collaborative working between partner organisations, leading to:- • 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

The implementation of this ambitious vision will be broken down across a series of tranches. The PBC will be reviewed and updated at appropriate stages within the programme to provide greater detail for subsequent tranches as the planning work is undertaken.

The following wellbeing hub projects will be progressed in tranche 1 of the programme. The appropriate business cases, as agreed with Welsh Government colleagues, will be produced within agreed timescales for scrutiny and approval:-

- **WH@Park View** (AWCP)
- **WH@Maelfa** (Primary Care Pipeline Project)
- **WH@Penarth** (Primary Care Pipeline Project)

Each of these wellbeing hubs will provide shared, flexible and multi-functional spaces to deliver a range of integrated and collaborative community based services. Each wellbeing hub will differ, ensuring a targeted response to the particular health and wellbeing needs of local residents and the estate opportunities available.

The **H&WC@CRI** (AWCP) will incorporate:-

- Relocation of SARC at CRI and enabling works
- Redevelopment of the Chapel at CRI
- The remaining capital works to complete the creation of the H&WC@CRI will be developed as a single project, phased over a 10 year period.

The continued development of CRI as a health and wellbeing centre remains a key component of our vision for creating a modern and fit for purpose community infrastructure to support the transfer of activity from hospital settings to the community and provide for our rapidly growing population. For the South and East Cardiff Locality, it will:-

- Provide the environment to accelerate and enhance the integration of the planning and provision of integrated health and social care across a wider range of partner providers;
- Provide the physical capacity and functional capability to provide more services for local residents which promote and support the physical, mental and social wellbeing of residents;
- Address the critical infrastructure deterioration of the building and provide a unique opportunity to preserve a major architectural landmark which represents a huge history and heritage within the local community and beyond; and
- Build on strong local support for the building as a community asset, promoting co-production, co-design and co-ownership to nurture the development of a strong community spirit and consequent positive outcomes such as improved public health and social resilience.

The capital safeguarding works and fit out of the H&WC@CRI will be developed as a single rolling project, phased over a 10 year period. It will be based on delivering the draft service scope developed as part of the early service planning work for the H&WC@CRI. See Appendix 10. BJCs will be developed to support each stage of the works to be undertaken and submitted to Welsh Government for scrutiny and approval.

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

	Preferred Way Forward – 1st Tranche WHs and H&WC@CRI	Indicative Capital Costs (£)	Source of Funding
Capital Costs	WH@ParkView	16.0m	AWCP
	WH@Maelfa	11.567m	Primary Care Pipeline
	WH@Penarth	9.0m	Primary Care Pipeline
	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	17.817m	AWCP
	Redevelopment of the Chapel at CRI	3.935m	AWCP/LA/ Charitable Sources
	CRI – remaining capital safeguarding works and fit out to accommodate the agreed service scope	97.484m	AWCP
TOTAL		**155.803m**	

Sources of Capital Funding
Anticipated sources of capital funding are identified in the table above. Appropriate business cases, as agreed with WG, will be produced for each of the projects and submitted to WG for approval.

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.

It is anticipated that the capital to implement the redevelopment of the *Chapel at CRI*, will be sourced primarily from the All Wales Capital Programme, with contributions from Cardiff Council and charitable sources. It should be noted that an application was made to the Integrated Capital Fund for this project but was not successful.

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

REVENUE REQUIREMENT

The UHB is committed to ensuring all programme spending objectives are delivered within the available resource. 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:- • 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:- • Potential for economies of scale, within the responsibility of a single Clinical Board	Transfer of existing clinics:- • 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:- • 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	• 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	• 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	• 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.

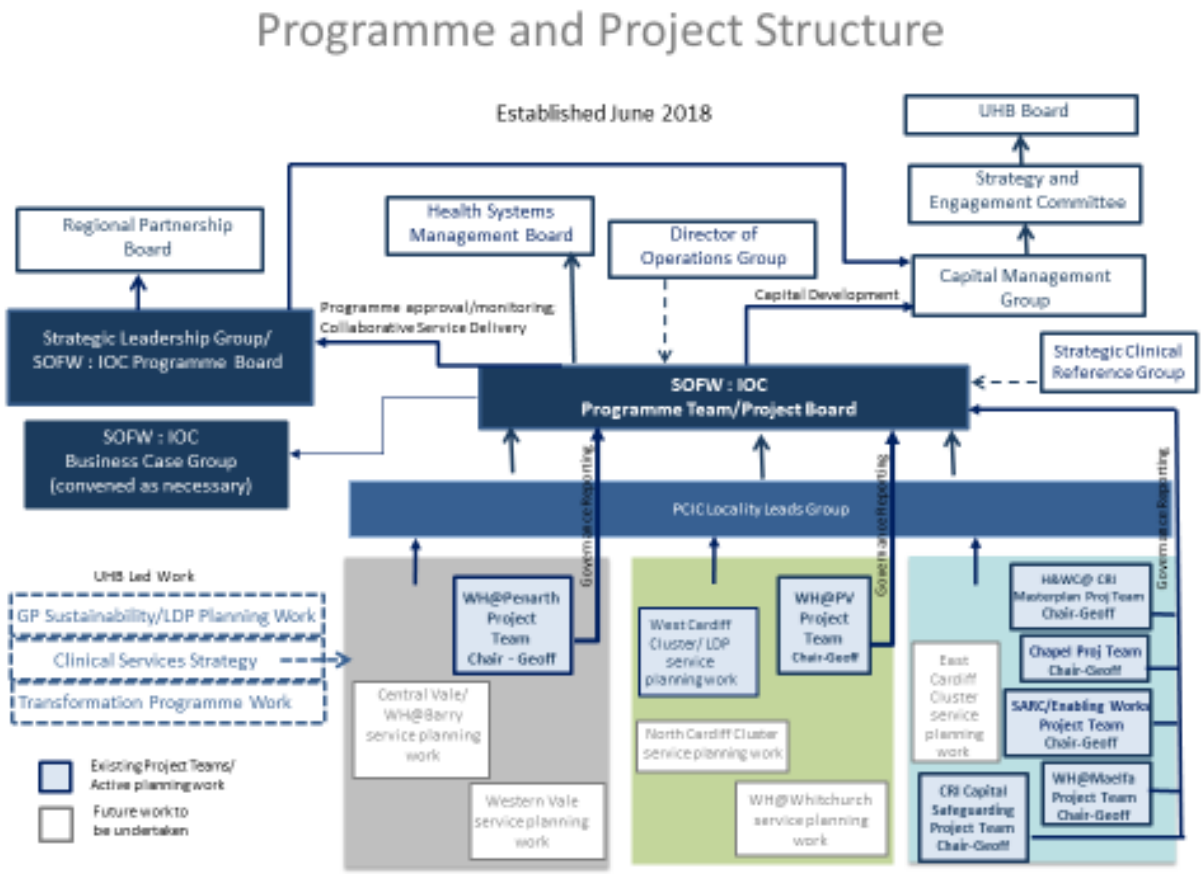
STAKEHOLDER SUPPORT

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



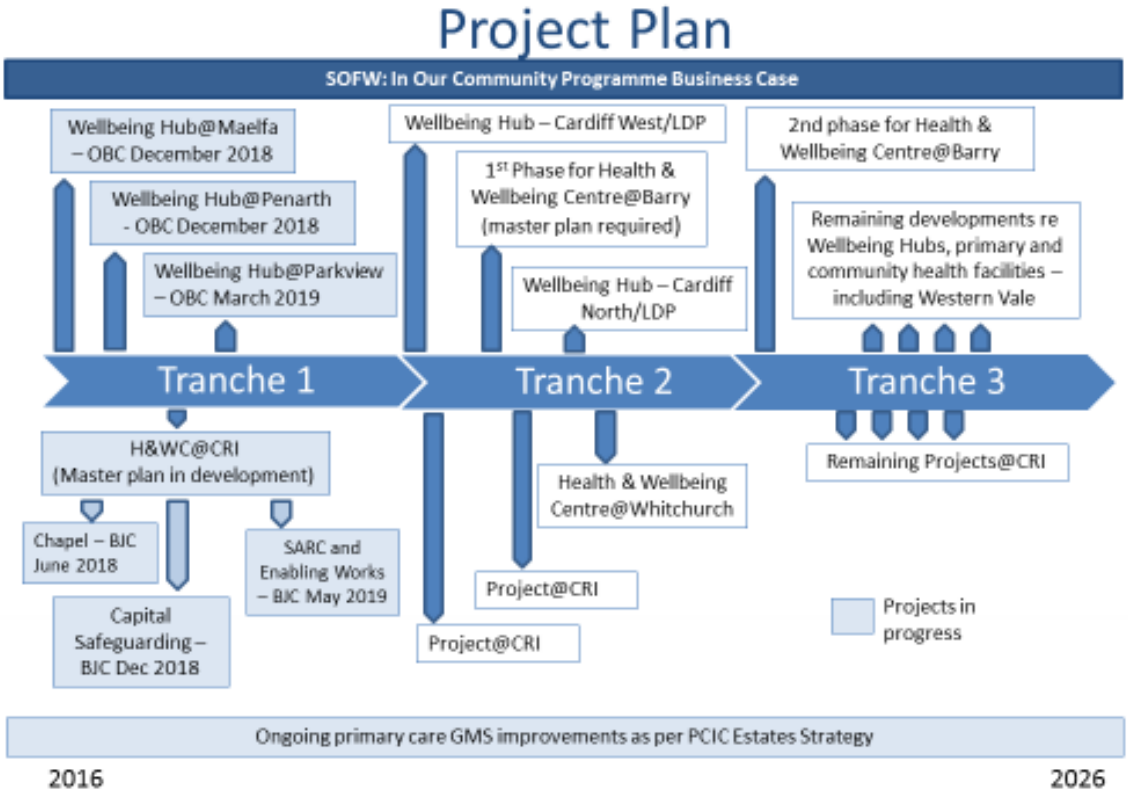
The diagram above demonstrates the way the programme and project management structures interconnect to support major change on a number of fronts:-

- 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



Appendix 3 identifies the indicative timescales for the first tranche projects.

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.

3. STRATEGIC CASE

PART A: THE STRATEGIC CONTEXT

3.1 INTRODUCTION

This section of the PBC sets out the strategic context within which the planned investments will be taken forward.

3.2 ORGANISATIONAL OVERVIEW

3.2.1 CARDIFF AND VALE UNIVERSITY HEALTH BOARD

The UHB is responsible for planning and delivering health services for its local population in Cardiff and the Vale of Glamorgan of approximately 485,000 (growing to approximately 520,000 in 2025), employing around 14,500 staff and an annual spend of around £1.4 billion.

Service delivery responsibilities include health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists optometrists and community pharmacists and the running of hospitals, health centres, community health teams and mental health services. Together with some services from other Health Boards and key partners, these provide a full range of health services for our local residents and those from further afield in both Wales and England who use our specialist services.

We are also a teaching Health Board with close links to Cardiff University, which boasts a high profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales.

Together, we are training the next generation of clinical professionals in order that we develop our expertise and improve our clinical outcomes.

The UHB works collaboratively to plan and deliver services with a number of NHS and partner organisations, including Welsh Health Specialised Services Committee (WHSSC), the South Central Acute Care Alliance (part of the South Wales Programme governance arrangements) and the Integrated Health and Social Care (IHSC) Partnership with Cardiff and Vale Local Authorities.

Community health services are delivered from 28 health centres and clinics and a range of other community based facilities including people's homes, GP practices and medical centres, schools, nursing homes, leisure centres etc.

Primary Care is delivered to residents in Cardiff and the Vale of Glamorgan through:-

GP Practices	66 plus 23 branch surgeries
Dental Practices	78
Community Pharmacists	107
Optometrists	67

The UHB's hospital based services are currently provided from 5 hospital sites:-

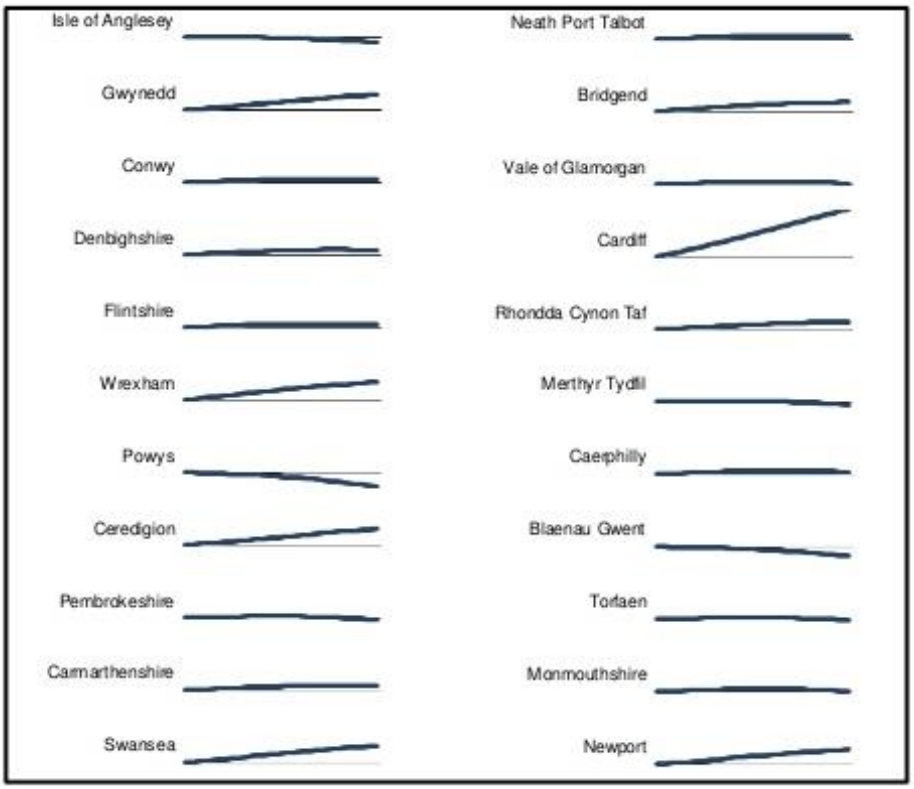
University Hospital of Wales, which incorporates:- • University Dental Hospital • Noah's Ark Children's Hospital for Wales	University Hospital Llandough
	Barry Hospital
	St. David's hospital
	Rookwood Hospital

An overview of the population in Cardiff and the Vale of Glamorgan is shown below:-

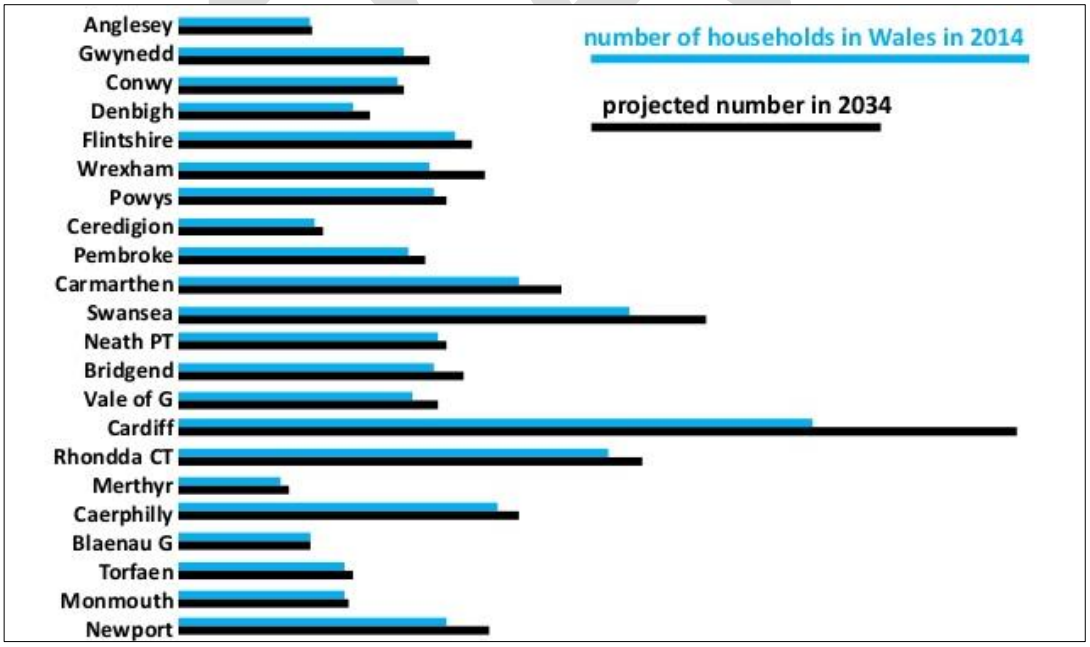
- The population in Cardiff is growing rapidly in size, projected to increase by 10% between 2017-27, significantly higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in and require access to health and wellbeing services. Cardiff is the only part of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



Growth in Household Projections across Wales between 2014 – 2034

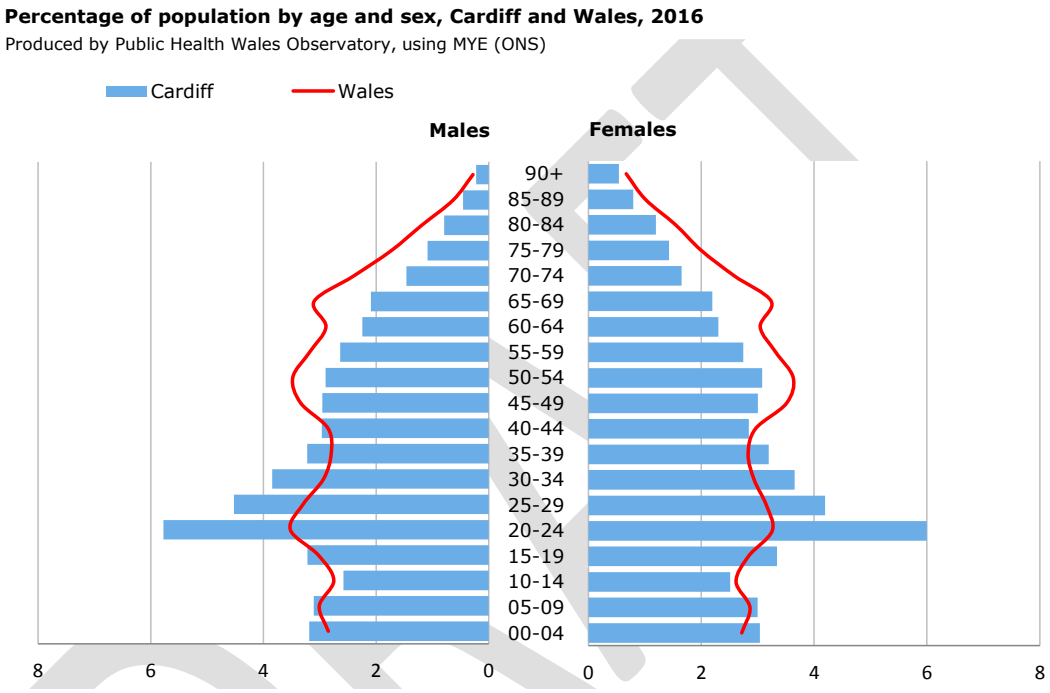


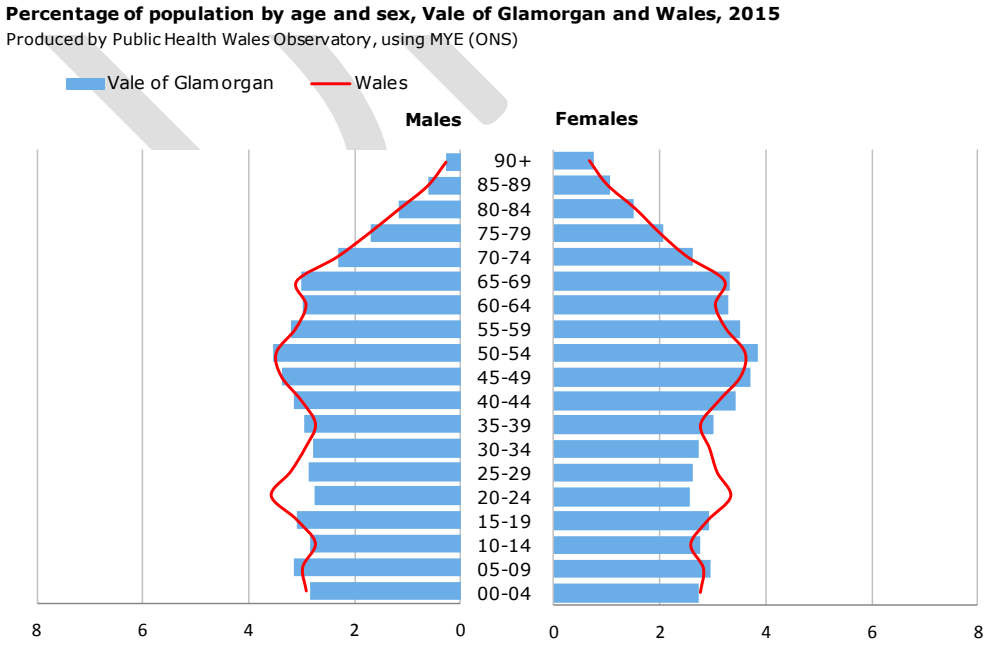
- The age structure of the population in Cardiff is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;

- 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.

Proportion of population by age and sex, Cardiff, compared with Wales using ONS Midyear population estimates, 2015 (Public Health Wales, 2016)





An assessment of our population health needs can be found in section 3.6.1

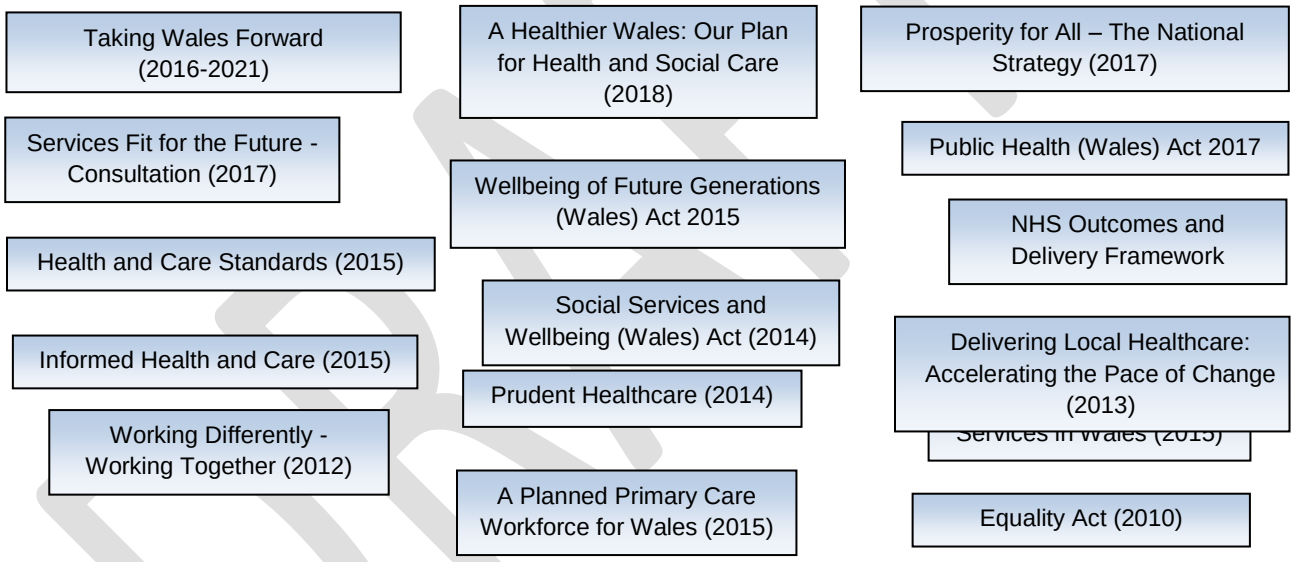
3.3 POLICY AND STRATEGIC CONTEXT

The drivers for the proposals are founded on our vision that a persons chance of leading a healthy life is the same whoever they live and whomever they are. The proposals contained in the PBC are grounded in both national legislation, policies and strategies, regional and local strategies. These are described below and highlight the context within which the PBC has been developed.

3.3.1 NATIONAL CONTEXT

3.3.1.1 Legislation, Policies and Strategies

Some of the key Welsh Government policies that have shaped this programme:-



The above policies have a number of common themes for action, while acknowledging the need to be achieved in an environment of real term reductions in public sector funding, both revenue and capital. The following highlights the key features for improving the health and wellbeing of our population and the way we deliver our services:-

- Empowering the person, through the provision of services to support healthy behaviours:-
  - reducing unhealthy lifestyle behaviours, improve immunisation uptake in most deprived areas, preventative/self-care, pre-emptive, reactive and rehabilitative care;
  - Provide improved support for people with long term conditions and complex needs
  - Supporting economic growth;
  - Service change effected through co-production and engagement with patients and carers;

- Home first, improving local access to services:-
    - Strengthen local primary and community services available to everyone and move care out of hospital settings, closer to home where appropriate;
    - Locally led service planning and delivery based on locality networks and GP leadership;
    - Provide clinical care in facilities which are fit for purpose in the 21st century;
    - Utilise new technology and systems to advance the way services are delivered and improve access to care. Greater access from care providers to online support which includes information, consultation, communication, comparisons of quality, appointment bookings and test results;
- Outcomes that matter to people through improvement of health and wellbeing outcomes:-
    - Move towards a social model of health which promotes physical, mental and social wellbeing;
    - Better and more integrated working across professions and organisations leading to more seamless co-ordination between primary and secondary care, health and social care, mental and physical health;
    - Improve communication and share information to inform decision making;
    - Improve access to services which are easily navigated and support early intervention;
    - Narrow the health inequalities gap through targeted action in areas of greatest need – reducing unhealthy lifestyle behaviours, improve immunisation uptake in most deprived areas, preventative/self care, pre-emptive, reactive and rehabilitative care;
- Avoid harm, waste and variation through:-
    - Improve patient safety and reduce avoidable harm;
    - Modernise ways of working through new approaches to delivery of care, including enhancing and delivering clinical roles, supporting staff to work to the top of their skill set;
    - Work with partner organisations to make best use of public assets;
    - Utilise new technology and systems to improve communication between professionals, advance the way services are delivered and improve access to care.
- Deliver our services in a sustainable way to improve the social, economic, environmental and cultural wellbeing of Wales for future generations. The shared goals are:-
    - A prosperous Wales;
    - A healthier Wales
    - A resilient Wales
    - A more equal Wales
    - A Wales of cohesive communities
    - A Wales of vibrant culture and thriving Welsh language
    - A globally responsive Wales

A number of key recent publications confirm and strengthen the future direction for health and social services:-

The **Wellbeing of Future Generations (Wales) Act 2015** acknowledges the contribution that everyone can make to our shared goals for Wales and gives us a basis for creating a different kind of public service in Wales. Alongside this, **Prosperity for All: The National Strategy (2017)** recognises that how we deliver can be just as important as what we deliver, and in order to make a real difference to people's lives, we need to do things differently and to do different things. The strategy appreciates the contribution that the healthy and active agenda, in combination with other objectives that form the Strategy, can make towards raising prosperity. The objectives make specific reference to promoting good health and wellbeing, building healthier communities and better environments and the need for greater collaboration and integration across health and social care.

Taking Wales Forward 2016-2021 sets out the government's five year programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. In terms of the healthy and active agenda, the ambition is to embed healthy living throughout the Welsh Government programmes and to place a focus on health at the heart of everything that we do.

The **Parliamentary Review of Health and Social Care in Wales (2018)** describes 'the Quadruple Aim', four mutually supportive goals, each of which should be vigorously pursued to achieve the national vision for one seamless system for Wales.

The vision – care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care. The public, voluntary and independent sectors all have a role to meet the needs of the population now and in the future.

The vision set out by the Parliamentary Review has been strengthened by the recently published **A Healthier Wales: Our Plan for Health and Social Care (2018)**. This sets out a long term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and preventing illness. The document sets out a number of practical design principles which will help to speed up change through local innovation and new models of seamless health and social care. A national Transformation Programme will bring pace and purpose to how we support change across our whole system.

3.3.2 REGIONAL CONTEXT

3.3.2.1 NHS Wales Health Collaborative

The UHB continues to work with the NHS Wales Health Collaborative and other Health Board and Trust partners to collaboratively plan and implement changes to improve the sustainability and delivery of a range of hospital services in the region. The South Central Region covers Cardiff and Cwm Taf hospitals as well as Princess of Wales. The South East region covers Cardiff, Cwm Taf and Aneurin Bevan Hospitals. Through these governing arrangements, the

UHB continues to work towards implementing the recommendations of the South Wales Programme.

3.3.2.2 Health Enterprise Alliance for Regional Transformation

HEART is a new partnership between key partners, with the shared vision and ambition to deliver better services for our citizens:-

- Cardiff and Vale University Health Board;
- Cardiff University and potentially Cardiff Metropolitan University;
- Cardiff City Council; and
- Vale of Glamorgan Council.

Its aim is to deliver a revolution in the way we provide health and social care by leveraging the strengths of each organisation and working towards a common purpose. Nine strategic objectives in three key areas have been agreed by the partnership. These objectives form the basis of the "Cardiff and Vale system model". In summary, we are focusing upon:-

- **Citizen led services** through strengthened community networks, technology enabled support and co-ordinating our support and response to our population based upon intensity of need.

- **Working together** more effectively to make the best use of assets, workforce and other resources.

- **Driving innovation** to accelerate the process from idea to implementable solution, attracting new sources of funding and providing swifter access to research for our population.

3.3.3 LOCAL CONTEXT

3.3.3.1 UHB Strategy

The UHB strategy is encapsulated in the following summary:-

Having clear strategic principles and service standards enables the UHB to design services fit for the future. The UHB is committed to taking a balanced approach to meeting the challenges it faces. This means considering the outcomes we want to achieve from 4 different perspectives:-

Our Population: everything the UHB does must add value to the health and wellbeing of the people that we serve. The care we provide must deliver the outcomes that are important to individuals and their families, as well as the population as a whole. To do so, those who receive our care should share the responsibility for their own health and be viewed as equal partners in the planning of current and future services.

Service Priorities: How the UHB designs and delivers its services is key to whether we are successful in keeping our population well. Future services must address need across the whole cycle of care, including prevention, planned, unplanned and end of life care. By embracing technology, working across traditional boundaries, redesigning our workforce, and developing regional networks, the UHB can create integrated clinical services that provide person centred care.

Sustainability: the challenges faced by the UHB place increasing pressure on its resources. To maintain the health and wellbeing of our population it is vital that we achieve a sustainable health system within a sustainable Wales. Inefficiencies and errors in the way we deliver our services can result in harm to those who need our help the most, and creates waste and variation in care. By striving for excellence in all that we do, the UHB can make best use of its

resources, reduce harm, waste and variation, and create a system which safely does more with less.

Our Culture: the UHB has over 14,000 staff who work hard to deliver services to our population. The culture in which staff work influences how they behave and the care they provide. As a great place to work and learn, the UHB will create an environment where innovation and research thrive. Through sharing of knowledge and skills, we will work better together across care sectors to develop a highly skilled workforce who provide the very best care.

The implementation of the UHB strategy will be planned and achieved through the Integrated Medium Term Plan (IMTP), which sets out the actions we will take over the next three years to address key areas of population health need, improve health outcomes and the quality of care, and ensure best value for money. The 2017/18 – 2019/20 IMTP focuses on re-establishing a sustainable service, workforce and financial platform for the period, whilst ensuring that the UHB continues to make progress in delivering the SOFW Strategy.

3.3.3.2 Shaping Our Future Wellbeing Strategy

The UHB strategy provided the basis for the development of our 10 year clinical service strategy **'Shaping Our Future Wellbeing Strategy 2015-2025'**. In co-producing the *Shaping Our Future Wellbeing Strategy*, the UHB worked alongside over 400 people and organisations to describe a vision for health and wellbeing including:-

- A wide range of staff from our own organisation
- CAV Integrated health and Social Care Partnership
- Cardiff Council
- Vale of Glamorgan Council
- Cardiff Third Sector Council
- Glamorgan Voluntary Services
- Cardiff and Vale Action for Mental Health

At its heart it has the ambition to progress the integrated health and social care programme to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to people. It focuses on the health and wellbeing needs of our local population, the promotion of healthy lifestyles, the planning and delivery of healthcare in people's homes, community facilities and hospitals whilst recognising the need to work more collaboratively with our partners to provide sustainable services, including those which we provide to the wider Welsh population.

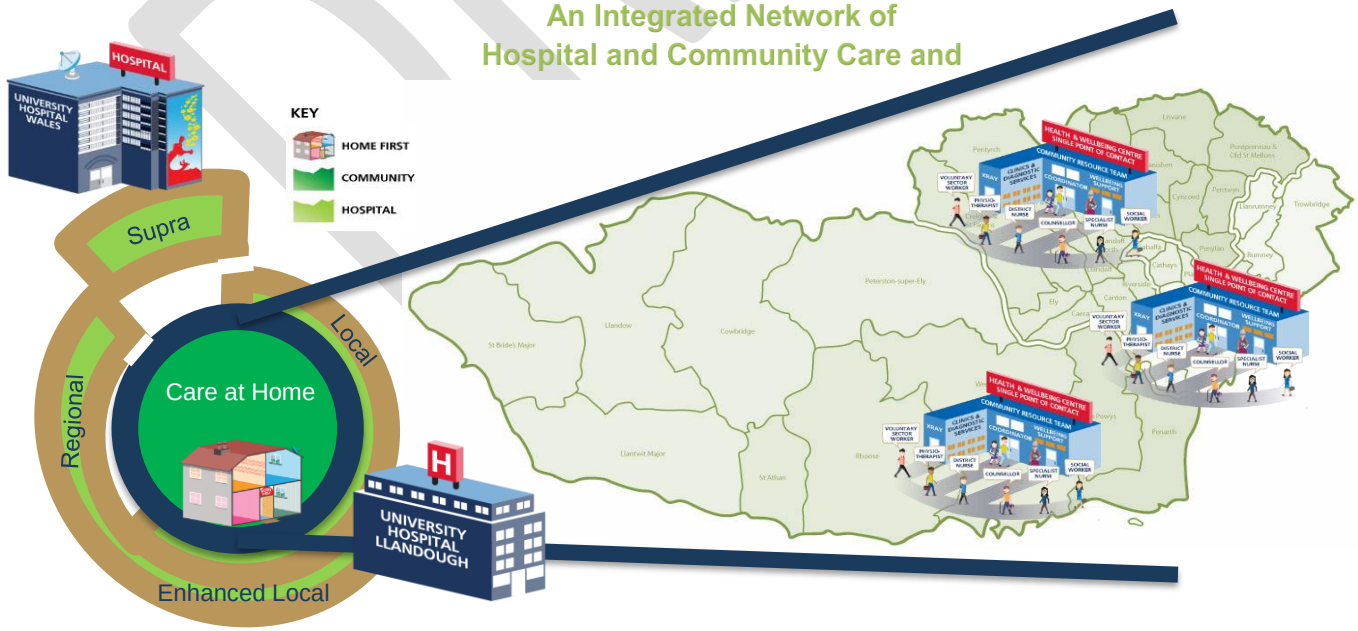
In building a strategy for the coming decade, the UHB has an agreed set of principles which provide the foundation for our vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are. The principles ensure sustainable, cost effective, integrated services that are centred around the person. Shown below, these principles were developed in partnership through conversations between people who both use and provide services:-

WORKING TOGETHER: PRINCIPLES FOR CHANGE

Promote equity between the people who use and provide services

Empower the Person	•Support people in choosing healthy behaviours •Encourage self-management of conditions
Home first	•Enable people to maintain or recover their health in or as close to their own home as possible
Outcomes that matter to People	•Create value by achieving the outcomes and experience that matter to people at an appropriate cost
Avoid harm, waste and variation	•Adopt evidence based practice, standardising as appropriate •Fully use the limited resources available, living within the total •Minimise avoidable harm •Achieve outcomes through minimum appropriate intervention

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.



3.3.3.3 Partnership Strategies and Priorities

From 1 April 2016, the Well-being of Future Generations (Wales) Act 2015 introduced statutory Public Services Boards (PSB) in each local authority area in Wales to improve economic, social, environmental and cultural well-being through stronger partnership working. In line with the Act, each PSB has assessed the state of wellbeing across the area as a whole and within its communities to inform the development of a Wellbeing Plan and set out a series of wellbeing objectives to contribute to achieving seven national wellbeing goals as set out by the Act. The assessments in Cardiff and the Vale of Glamorgan, published in April 2017, have helped our understanding of the state of wellbeing, including social, economic, environmental and cultural wellbeing and in turn have shaped our future plans for delivering services across the public sector.

Cardiff

Wellbeing Plan Vision – to focus on 'inclusive and resilient growth' for Cardiff. To both manage Cardiff's growth sustainably and to make sure that the dividend of growth is shared with everyone, narrowing the gap across all aspects of city life between the most affluent and most deprived communities.

Wellbeing Objectives:-

- A Capital City that works for Wales - ensuring Cardiff's capital city assets, relative economic strength and projected growth creates opportunities for its citizens and the people of Wales;
- Cardiff's population growth is managed in a resilient way - designing the city's infrastructures, public services and protecting the natural environment, for future generations;
- Safe, confident and empowered communities - building on their own unique strengths and assets, and joining-up public services at the community level;
- Cardiff is a great place to grow up – focusing on the experience of young people (0-18) and the range of services and opportunities that they can access;
- Supporting people out of poverty – focusing on helping adults into employment and on reducing household costs so that all citizens and their families have the opportunity to live productive, healthy and fulfilled lives;
- Cardiff is a great place to grow old – responding to the substantial projected increase in the number of older people in the city, with a focus on support and services in the community; and
- Integrating our public services – working together with our communities to modernise and integrate public services in response to the challenges facing the city.

Vale of Glamorgan

Wellbeing Objectives:-

- Ensure young children have a good start in life and prevent Adverse Childhood Experiences;
- Tackle inequalities linked to deprivation, focusing on a range of issues which are more acute in some of our more deprived communities. This provides an opportunity for a place based approach and builds on some of the PSB's existing work;

- Protect, enhance and value the environment as one of our greatest assets to ensure the natural resources of Wales are sustainably maintained, enhanced and used now and into the future; and
- Improve our engagement with our communities, utilising existing networks and being more innovative including the promotion of volunteering.

Workshops, stakeholder events and PSB meetings have provided a range of mechanisms for partner organisations in both Cardiff and the Vale of Glamorgan to share organisational challenges, objectives and priorities, to consider the emerging pictures of wellbeing across our communities, and to identify further opportunities to establish strategic alliances and take collective action to tackle long term challenges. This PBC reflects this more integrated and collaborative approach, recognising that work going forward will need to continue to be shaped by the joint responses to the wellbeing assessments and agreement of wellbeing plans.

A population needs assessment was undertaken for Cardiff and the Vale of Glamorgan during 2016/17 for the Social Services and Wellbeing (Wales) Act, reporting to the Regional Partnership Board. The key findings from the assessment are listed in section 3.6.1. During 2017/18 an Area Plan is being developed to respond to the findings.

3.3.3.5 Local Public Health Strategy

It is estimated that around a quarter (23%) of premature deaths are avoidable, with much of this burden relating to ischaemic heart disease and lung cancer (ONS, Avoidable Mortality in England and Wales, 2016). People who die prematurely from avoidable causes lose on average 23 potential years of life. A relatively small number of modifiable behaviours in the adult population contribute to a significant amount of illness and early mortality in the population, notably tobacco use, food and physical activity.

The priority preventative actions described in our Local Public Health Plan have these factors as their major focus, along with immunisation as a cost-effective intervention to prevent significant disease. Morbidity due to influenza, for example, is a major contributor to seasonal pressures on primary and acute services, and a significant factor in seasonal excess mortality. Addressing inequalities is a key theme which runs throughout our prevention work.

The Cardiff and Vale Local Public Health department provides strategic co-ordination of prevention programmes locally, with delivery increasingly embedded within routine Health Board care pathways, with support from other NHS, local authority, university and third sector partner organisations. Working with, and helping develop primary care clusters and neighbourhood partnership teams, is a key part of programme delivery. Improving our ability to deliver these programmes in an effective way is highlighted in the SOFW: In Our Community Programme.

The full three-year work plan, key performance indicators and trajectories, and outcomes are detailed in the Cardiff and Vale Local Public Health Plan for 2017-20.

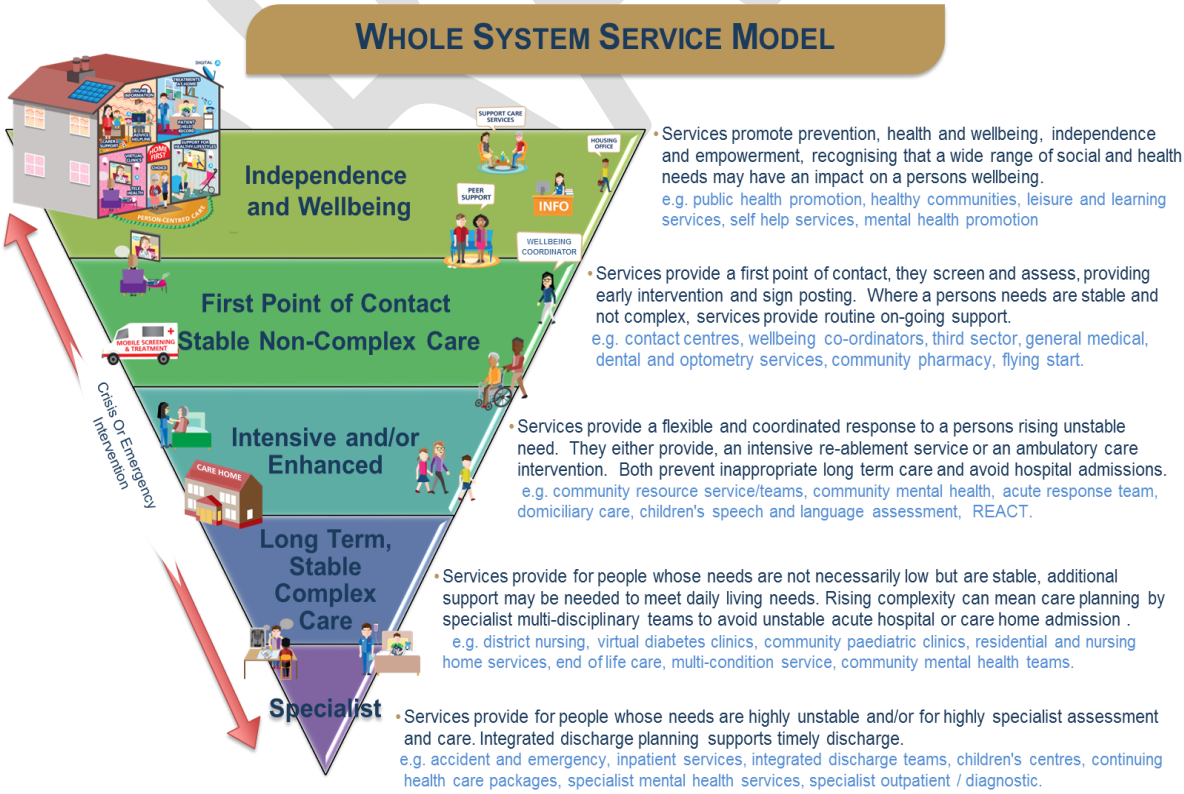
3.3.3.6 Whole Systems Service Model

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 development of a shared whole system service model approach, which enables those who commission and provide services across health and social care to have a common understanding of:-

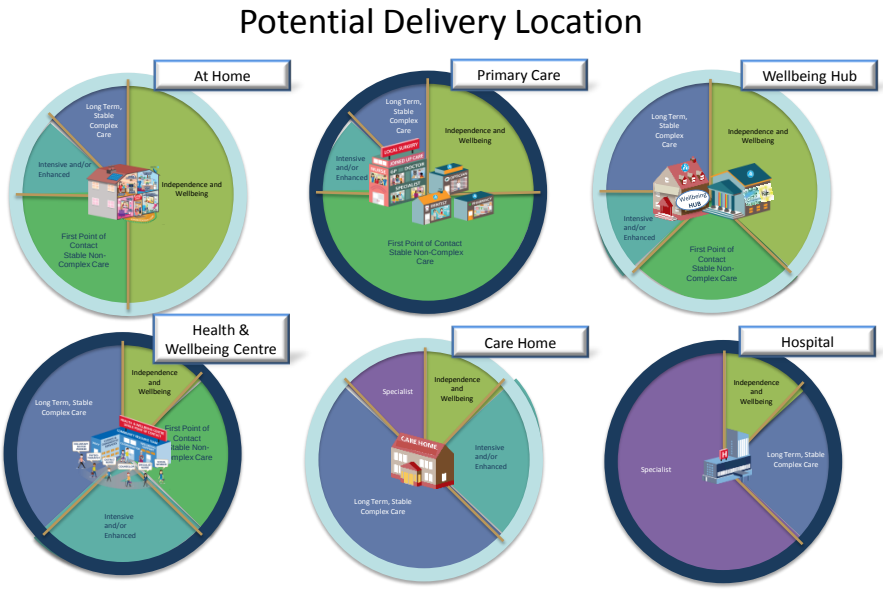
Citizen Model

- 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 and sometimes jump more than one depending on their needs. The whole system service model described below, starts with those services which are universally available and moves through services which support rising complexity, towards longer term, more specialist care. The model describes the service only, not the location or the workforce/skill mix. These details will be developed as part of applying the whole system model to population groups or specific long term conditions. The whole systems service model can be used to inform all of our major programmes of work, i.e. a description of the 'perfect locality' and SOFW: in Our Community.



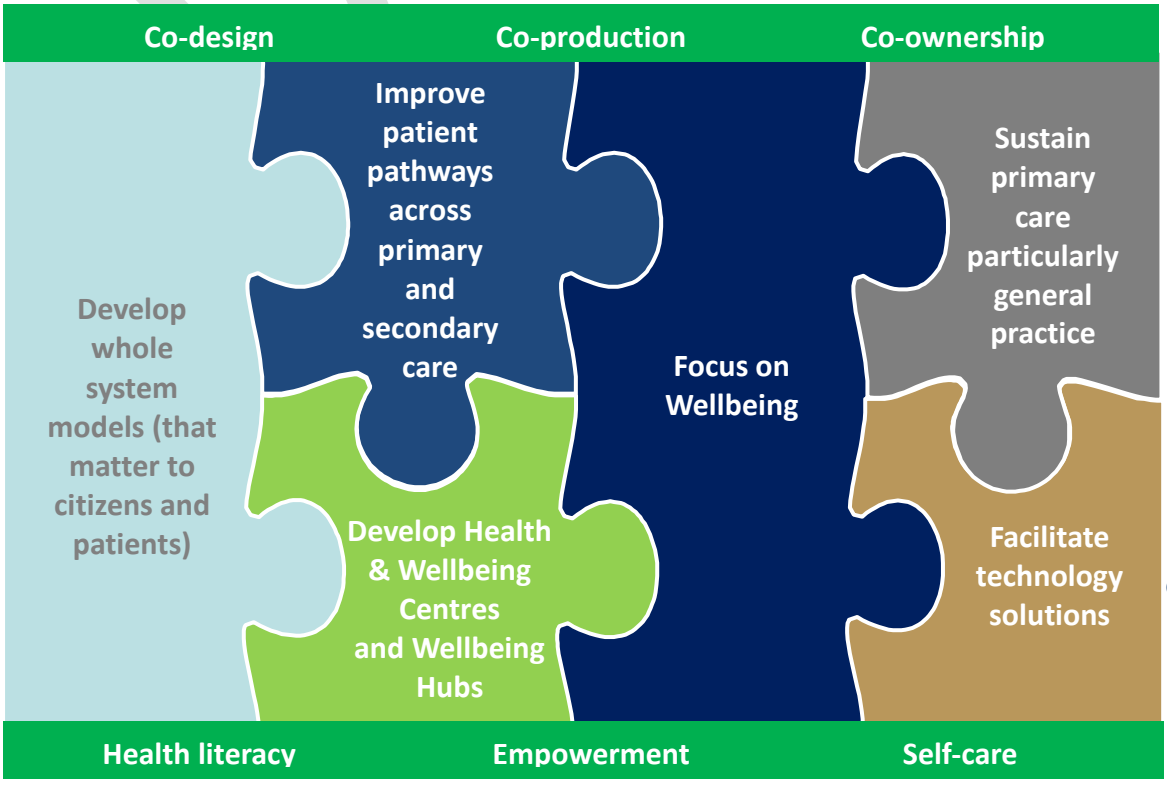
When we apply the whole systems services model to our current services and to those that we want to develop in the future, we can begin to see what the make-up of our estates infrastructure could look like in the future.



3.3.3.7 The Perfect Locality

The integrated health and social care partnership has used the SOFW Strategy as the foundation for designing the Perfect Locality, with the aim of caring for people and keeping them well at home as their first choice, with improved access to primary, community and social services. Importantly, this work has considered the perfect locality through the lens of the community rather than from a hospital perspective, allowing the locality and supporting infrastructure to be designed with prevention and healthy outcomes at its core.

A summary of the pieces of work required to achieve a perfect locality is encapsulated below:-



CASE

3.3.3.8 Primary Care Context

Our primary care and community health services are fundamental to our ability to deliver care to people as close to home as possible, tackling the root causes of ill health, preventing people from being admitted to hospital unnecessarily, supporting early discharge from hospital, and motivating and supporting people with long term conditions to manage their health at home.

Primary care capacity and sustainability, along with the need for primary care estates developments are identified as high risks for the organisation and feature in the UHB's risk register. Key challenges which impact on the delivery and sustainability of primary care services include:-

- The Local Development Plans for both Cardiff and the Vale of Glamorgan set out significant housing plans for the projected population growth in the area up to 2026, but the largest developments will occur in the north of Cardiff. Within the North and west Locality, recent and planned developments will see an increase of approximately 19,500 new homes housing 45,000 people over the period of the LDP. While a proportion of these will be existing residents of Cardiff, a significant proportion will represent a growth in the overall population across Cardiff. A review of capacity within primary care services highlights that most GP practices near the new developments do not have the physical or workforce capacity to respond to the level of growth within the LDP;

- The continued development of a high quality primary care estate which addresses current **capacity and infrastructure pressures**. For a number of practices the current capacity constraints is impacting on the range of clinical services the practice is able to provide, thus limiting the scope of services that can be provided close to home; and

- **Sustainability of GMS services**. GP practices within Cardiff and Vale are experiencing unprecedented pressure which is forecast to continue. There is now a significant and increasing gap between the workload demands on general practice and their capacity to deliver core GMS services to their registered population. In addition, wider factors are impacting on GP practices to manage demand such as significant increases in population which in many cases is more complex as well as the availability of a sustainable workforce.

The concept of "clusters" was set out in "Setting the Direction" the Welsh Government's primary and community services strategic delivery programme, and has been reinforced in the Welsh Government documents: "Our Plan for a Primary Care Service for Wales up to March 2018" and "A Planned Primary Care Workforce for Wales". Primary Care clusters are charged with working together as health and social care professionals, working with partners to meet local need at a community level. The Clusters will have an important role in shaping how we deliver our community based services and the constituent projects within the SOFW:IOC Programme, ensuring they respond to the health and wellbeing needs of their local cluster population. Each of the 9 clusters areas have developed cluster plans specific to their identified priority issues. However, a number of themes across the clusters have emerged:-

- Service sustainability and meeting growing demands;
- Addressing public health priorities & population health specific to their cluster areas;

- Improving planned care/reducing emergency admissions through use of care pathways- supporting deliver of care 'closer to home';
- Reducing variation, waste and harm;
- Maximising partnership working and engagement of patients in service development; and
- Improving care within identified clinical priority areas.

3.3.3.9 Transformation Programme

The UHB recognises that the ongoing challenge of managing ever increasing demand and delivery of complex services within the financial envelope requires a transformational approach.

We have developed a learning alliance with Canterbury District Health Board in New Zealand, South East Sydney Health Board and Grampian NHS Trust to inform our approach to transformation and improvement, while building upon our own experience of improvement methodology.

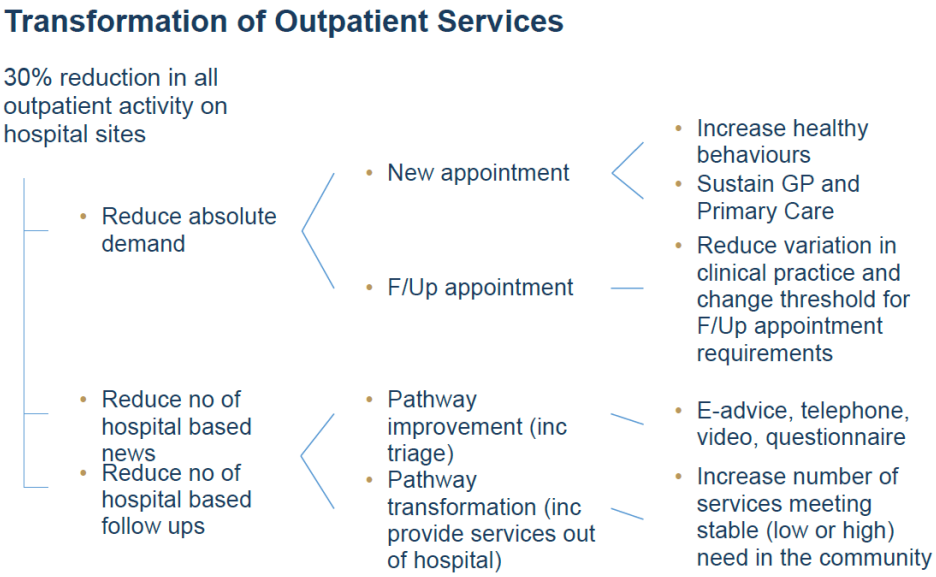
Our transformation programme will focus on seven strands:-

1. Secure a pathways approach and methodology (underway)
2. Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement (underway)
3. Review the programme to secure a digitally enabled organisation and workforce
4. Develop Cardiff and Vale Alliance approach which integrates with partner organisation
5. Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity.
6. Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice
7. Embed our vision (SOFW), values and behaviours.

The measures of success of the programme will see the 'dial' turning on four areas:-

- using clinically agreed pathways to remove variation and ensure high standards
- decreasing out-patient visits on all hospital sites
- improving length of hospital stay for people (to best benchmarks)
- increasing theatre productivity

A key piece of work that will contribute to the SOFW:IOC programme is the outpatient transformation strategy. This programme of work will transform the way we deliver our outpatient services. In the short term, an initiative will see a reduction in outpatient appointments undertaken in hospital, by stopping unnecessary appointments. In the longer term, there is the potential for further reduction in the number of outpatient appointments delivered on hospital sites through the redesign of service models leading to delivery of services in, or as close to people's homes as possible.



The National Outpatient Transformation Steering Group was established in June 2016 with a view to implementing wholesale changes to outpatients, clinical needs assessment and access to specialist diagnosis and treatment, based on the premise that clinical needs assessment will be designed around the needs of patients, not around the needs of the system currently in place. The anticipated outcome of the UHB's work to transform our outpatient services is consistent with the vision for modern outpatient services across Wales:-

- Ownership of health and care by enhancing the roles of patients and communities;
- Changing and modernising professional roles and boundaries;
- Rethinking the location – close to home is the default;
- Using new information and technologies; and
- Intelligent use of data and measurement for outcomes.

3.3.3.10 Workforce Strategy

Key areas of focus within the Workforce Strategy, which will support the implementation of SOFW Strategy through the transformation of our workforce, include:-

- Innovating and developing a future workforce, new ways of working, workforce transformational change;
- Engaging and motivating the workforce as demand for service increases;
- Developing organisational leadership and management skills;
- Supporting the workforce to embrace new technology;
- Working more closely, and in partnership with, primary care, local authority and nursing homes to find creative workforce solutions to support sustainable local delivery of services

3.3.3.11 UHB Estate Strategy

The Estate Strategy is based on the premise of provision of appropriate premises to facilitate the delivery of modern patient care services, appropriately managed, effectively utilised and

adequately resourced. It acknowledges the need for the estate to reflect clinical requirements and ensure that engineering and building solutions are not a constraint on clinical progress, but produce appropriate and cost effective solutions. Models and pathways of care, and medical technology advances and changes require that the estate demonstrates sufficient flexibility of design to accommodate a constantly changing clinical environment.

A review of our existing community estate has been undertaken to provide a baseline to inform the SOFW: In Our Community Programme. It shows that the current estate varies significantly across Cardiff and Vale in terms of the condition of buildings (physical, statutory compliance and functionality) and also its utilisation, which is dependent on the availability and suitability of clinical facilities to meet the needs of specific services. This survey recognised that much of the community estate requires refurbishment and modernisation

A parallel piece of work has also been undertaken to assess current location accessibility and future potential to support the implementation of SOFW: In Our Community. This takes account of deprivation, access/travel times, condition and location of current facilities and opportunity to join up services with the local authority.

The outcome of both pieces of work indicates that there is potential to streamline capacity and facilities, and remodel the estate to reflect the strategic direction of rebalancing services to primary and community settings.

3.3.3.12 Informatics Strategy

The UHB's Informatics strategic outline programme (SOP) sets out how the UHB's corporate objectives will be supported through the strategic enablers identified in "Informed Health and Care – A Digital Health and Social Care Strategy for Wales" which describes how Health and Social Care will use technology and for people in Wales.

The SOP (October 2016) describes the approach proposed by the UHB to implement a range of analytical and technological solutions to provide greater access to information to deliver real benefits and improved outcomes:-

- Information for you – empowering people to look after their own well-being and connect with health and social care more efficiently and effectively;
- Supporting professionals – enabling health and social care professionals to do their jobs more effectively with improvements in quality, safety and efficiency by the provision of improved access to digital tools and information; and
- Improvement and innovation – ensuring the health and social care system in Wales makes best use of data and information to improve decision making, plan service change and drive improvement in quality and performance.

It is an iterative programme, which the UHB is fully committed to delivering in collaboration and partnership with the other Welsh health boards and Trusts, as well as building our relationship with academia and with NWIS as a key supplier and enabler for delivering our strategic and operational objectives.

PART B: THE CASE FOR CHANGE

3.4 INTRODUCTION

This section of the Strategic Case sets out the case for change from a service perspective. It identifies:-

- What the UHB is seeking to achieve;
- The current position; and
- What is required to close the gap between where we are now and where we want to be in the future.

3.5 PROGRAMME SPENDING OBJECTIVES

The spending objectives demonstrate the contribution that the programme will make to the implementation of the SOFW Strategy. They provide a clear and direct link to the SOFW principles for change and identify the outcomes to be achieved and how this will be evidenced.

Objective 1 (empower the person)	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. We will achieve this by:- • Supporting people to choose healthy behaviours • Encouraging self-management of conditions • Providing health and wellbeing information, advice and education in a variety of formats and venues, and focus activity and resources where identified need is highest Achievement will be evidenced by:- • An increase in the numbers of participants completing specific patient education courses for diabetes (Xpert and DAZ), weight management (Eating for Life) and Quit smoking by 10% by 2025 • An increase in participants completing general self-management/Education for Patients Programme courses by 10% by 2025
Objective 2 (home first)	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 We will achieve this by:- • Improving local access to services • shifting activity from hospital to community • delivering co-ordinated and co-located services with partners

	Achievement will be evidenced by:- • a shift in 'outpatient' appointments from a hospital to a community setting of between 10-12% by 2025 • a reduction in DNAs for follow-up appointments from 11.5% to 5% • an increase in diagnostic imaging delivered in the community from 10% to between 15-19%
Objective 3 (home first)	Work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need We will achieve this by:- • Reconfiguring, and rationalising where necessary, community facilities to develop a shared, flexible community infrastructure to support collaborative working • Improving the condition and functionality of community based clinical facilities Achievement will be evidenced by:- • A network of Locality and Cluster based community facilities which are functional, modern and fit for purpose by 2025 • Increase in percentage of facilities within condition A/B to 90% by 2025
Objective 4 (outcomes that matter to people)	To improve health outcomes, focusing on conditions where prevention will have the greatest impact, as identified in SOFW:- • Cancer • Dementia • Dental and eye care • Maternal health • Mental health • Stroke • Long term conditions We will achieve this by:- • Co-producing redesigned clinical pathways with stakeholders, focusing on conditions where prevention will have greatest impact • Developing a 'social model of health', focusing on holistic physical, mental and social needs Achievement will be evidenced by:- • Reduction in rate of hospital admissions for those with chronic conditions from 1058 to 800-900 per 100,000 population
Objective 5 (outcomes that mater to people)	To reduce health inequalities through targeted provision of services/interventions which better meet the health and wellbeing needs of the local population We will achieve this by:-

	• Focusing activity and resources where identified need is highest Achievement will be evidenced by:- • A reduction in the gap of healthy life years between the most and least deprived areas by 2025
Objective 6 (avoid waste, harm and variation)	To improve the capacity of services to meet increasing and changing demand for our services, focusing on:- • Service/clinic utilisation • Workforce • Facilities • Technology We will achieve this by:- • Developing local and accessible services which improve utilisation of clinics • Planning our workforce to allow people to operate at the top of their skill set and develop new roles • Implementing technology which enables effective communication between professionals and citizens Achievement will be evidenced by:- • A change in the clinical workforce skill mix by 2025:- o Decrease in medical and dental staff by 10% o Decrease in registered staff (bands 5-8) by 10% o Increase in advanced practitioners by 10% o Increase in healthcare support workers (bands 1-4) by 10% o Trial the role of physician associate through appointment of 10 WTE • An improved utilisation rate for community based clinic accommodation from 65% to 85%

3.6 EXISTING ARRANGEMENTS

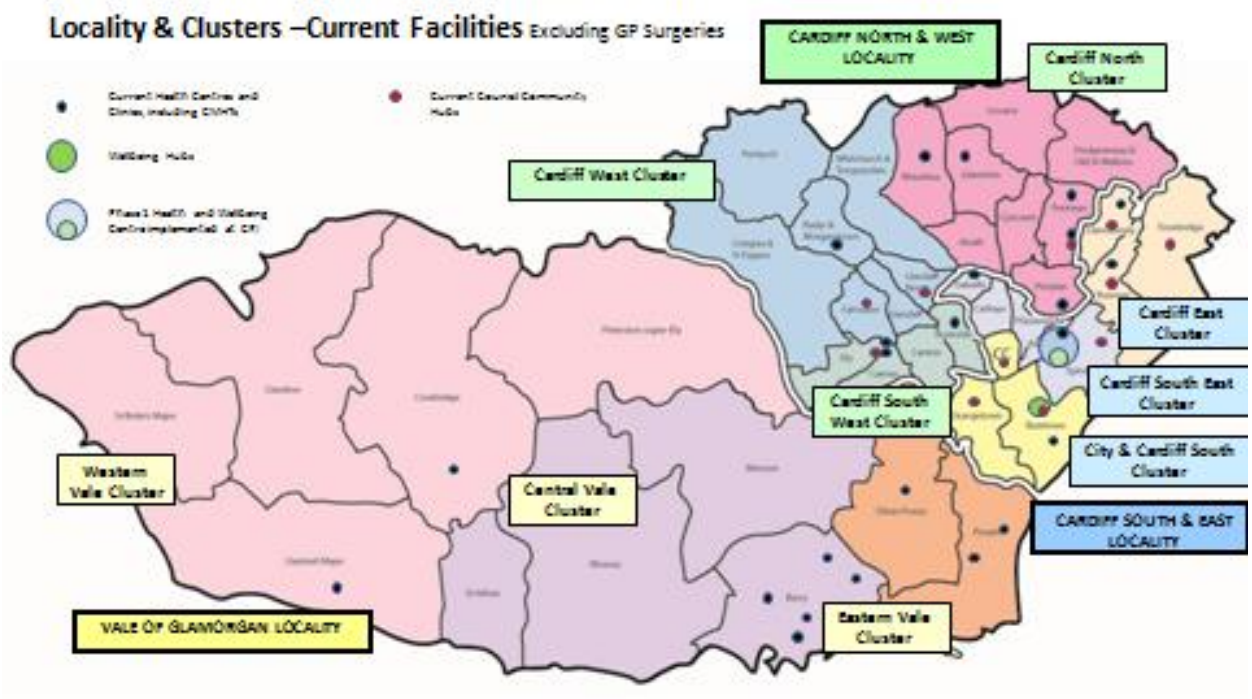
This section provides an overview of the current service delivery arrangements and activity to provide an understanding of the baseline from which we are starting.

3.6.1 COMMUNITY DELIVERED SERVICES

A large range of health and wellbeing services are delivered by health, local authority and third sector services within communities across Cardiff and Vale. They are delivered in people's homes, in primary care facilities, health centres and clinics, leisure centres, community hubs, schools, day centres etc.

Primary and community based healthcare in Cardiff and Vale is managed and delivered across three Localities. Within each Locality, services are planned through nine GP Clusters, which are collaborative groupings of GP practices, general dental practices, optometry services and community pharmacies, supporting the UHB in planning and delivering services for local

communities. In collaboration with our partner organisations there are six neighbourhood partnership teams in Cardiff and these are aligned to the GP Clusters. This provides a focus for planning and delivering health, Local Authority and third sector services tailored and targeted to local needs. Within the Vale Locality, while the Council plans and manages its' services as a single entity, delivery of UHB services are aligned to GP Clusters, i.e. three Clusters. The map below shows the organisation of Clusters and Localities:-



The community based estate incorporates a range of health centres, clinics and CMHT bases, along with 2 community hospitals and a health and wellbeing centre at CRI (first phase). See map above. A description of community based health facilities by Locality and Cluster is shown below:-

Locality/Cluster GP registered population as at 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). See note below •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 Phamacies 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

GP:Resident Population Ratios

Accepted planning ratio for the number of GPs required for a population	1 GP per 1,800 residents
2006 situation in Cardiff and Vale	1 GP per 1,600 residents
Current situation in 2017	1 GP per 2,300 residents

HEALTH AND WELLBEING CENTRE @ CRI

CRI is a major architectural landmark in the South and East Cardiff Locality and has Grade II listed status. It ceased to function as a general hospital in 1999 and now delivers a range of primary care, community health and outpatient clinics. Capital works to refurbish and upgrade some areas have been undertaken over the years, but the remaining areas are unfit and unsafe for use.

Current services delivered from CRI include the following:-

- Four Elms Medical Centre (branch surgery)
- Urgent Out of Hours General medical Services
- Cardiff Health Access Practice (CHAP)
- Podiatry
- Sexual health
- Sexual Assault Referral Centre (SARC)
- Outpatients (e.g. Gerontology, BCG, stroke, wound healing, rheumatology, continence, MS, CAMHS)
- Lymphodema
- Community mental health
- Substance misuse
- Plain film x-ray

Construction works currently in progress for:-

- Physiotherapy and Occupational Therapy (construction works in progress)
- Local Authority Domestic Abuse Centre (construction works in progress)

Activity for the above services is captured in the overall figures in section 3.6.1.1 below.

3.6.1.1 Service Activity

Primary Care, 2016/17

	Total
Chronic conditions management – Contacts	54,539
Dementia - contacts	2314 (2015-16)
Out of Hours GP Service:	
• Calls answered	99,966
• Very urgent face-to-face contacts	620
• Urgent face-to-face contacts	5,760
Community Resource Team - referrals accepted	6711
Acute Response Team - referrals accepted	1161
DN Contacts	304,551

The Acute Response Team (ART) is a multidisciplinary team providing nursing, therapies and care. We aim to prevent hospital admission, or expedite transfer home for medically stable patients who are deemed safe to be at home without 24 hour supervision.

Community Resource Team (CRT) is a multi-disciplinary, integrated health, social care and third sector team, which works with individuals to maximise the levels of independence and support hospital discharge or prevent hospital admission.

The district nursing service provides skilled nursing care to patients in their own homes, by specially trained community nurses and support to carers. The service also has specialist links to all community based teams including ART. Specialist wound care and continence services are also available.

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 etc.	247,465

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

	No. Completing Course
Diabetes: • Xpert – 6 week course • DAS – one-off session	 293 215
Eating for Life (Weight Management, Healthy Eating)	194
Smoking Cessation (smokers treated/% who quit):- • Quit Smoking • UHB service • Community pharmacy service	 761 128 117
Self-management/Education for Patients Programme, including general self-management and diabetes management	170

3.6.2 SECONDARY CARE SERVICES

Consistent with the traditional model of outpatient service currently offered within the UHB, the majority of outpatient appointments are delivered within a hospital environment (excluding mental health outpatient appointments delivered by Community Mental Health Teams).

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 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	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.

Long Term Conditions

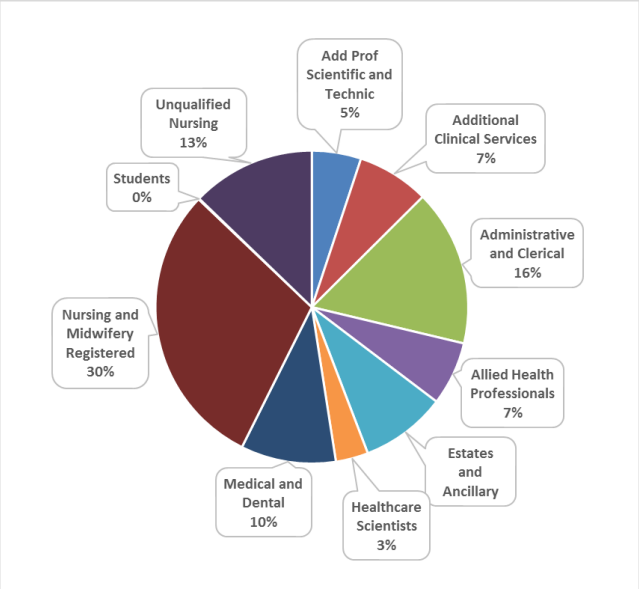
A range of long term conditions can adversely impact on people's lives. Where appropriate primary health care is provided to support people to manage their conditions, people respond well and admission to hospital may be avoided. The following table provides data in relation to the numbers and rate of emergency hospital admissions for 8 chronic conditions:-

Number/rate of emergency hospital admissions for basket of 8 chronic conditions per 100,000 people (Alzheimers, atrial fibrillation, cardiovascular, CVA, diabetes, musculoskeletal, neurological, respiratory)	5,128/1,058
No. of people with 2 or more long term conditions	141,222

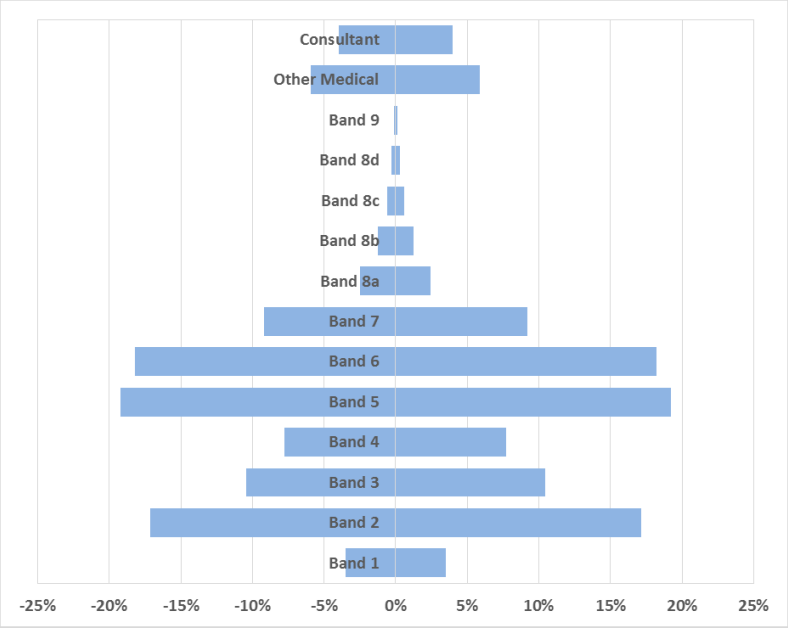
3.6.3 WORKFORCE

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



Pay banding profile



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

3.6.4 COMMUNITY ESTATE

The UHB currently manages 27 different community facilities across Cardiff and Vale. The estate has evolved over the years and comprises a variety of facilities of different ages and conditions. These could be:-

- Clinical facilities such as health centres/clinics, community mental health centres, community addiction units;
- Community hospitals; and
- Community staff bases.

Our staff also deliver services from facilities such as:-

- People's homes;
- GP practices;
- Nursing homes;
- Schools; and
- Leisure centres.

3.6.5 COMMUNITY ASSETS

In addition to health needs, each community has 'assets', such as social capital, community groups or general community buildings. Identifying assets across Cardiff and the Vale has been undertaken as part of the population needs assessment for the Social Services and Wellbeing (Wales) Act carried out in 2016/17, including information from surveys and in-depth focus groups with members of the public and service users, and surveys and workshops with professionals working in our area. The main assets identified were:-

- Positive social interactions
- Third sector organisations
- Community pharmacies
- Volunteers
- Self care
- Physical environment / green space
- Community hubs, one-stop shops and libraries
- Community groups
- Dementia-friendly communities
- Multi-stakeholder partnerships

A number of specific physical assets, including buildings and community organisations, identified. Community assets will play a key role in the design of the perfect locality, where people are able to remain more independent and resilient through access to a much wider range of community assets, many of which will sit outside of statutory services.

3.6.6 DIGITAL HEALTH INFORMATICS

The UHB uses an array of systems to collate data, store patient records, and support e-referrals for patients both at hospital and community level. Examples include:-

- PARIS – an e-record system which supports clinical record keeping for community nursing teams, community child health, community mental health, podiatry. Demographics,

referrals, care plans, assessments, case notes and other clinical data is stored securely on the system;

- Welsh Patient Referral Service (WPRS) – enables e-referrals from GPs to community services. An extension is planned to the system in 2017/18 to allow e-discharges from PARIS to be sent to patient's GP;
- Test Requesting and Results Reporting (TRRR) for pathology tests;
- Cardiff Clinical Portal. This allows GP surgeries access to secondary care patient electronic health records containing pathology and radiology results and images, clinical letters, outpatient appointments, A&E visits and outcomes;
- Welsh GP Record (WGPR) is used to view GP records in secondary care, reducing the need to manually contact GP surgeries for information; and
- Medicines Transcribing and Electronic Discharge (MTeD), enables hospital discharge letters to be sent electronically to GPs via the Welsh Clinical Communication Gateway (WCCG).

A range of technology is in use across the UHB and partner organisations to support people in the community, including:-

- Telecare Cardiff/TeleV in the Vale of Glamorgan – a 24 hour telephone link to the community alarm and response service to help people stay safe and independent in their own homes
- Dewis Cymru – an online directory of local and national services that offer wellbeing support and services
- An initiative which helps frontline staff to identify when an individual with learning disability becomes a service user, to enable them to receive dignified care at the right level while they are in hospital and are discharged from hospital safely
- App for people with additional communication needs, including people who are deaf or hard of hearing and people who don't speak English as a first language

3.6.5 CURRENT COST OF SERVICES

Community Services

The current cost of Community Services as included in the WCR1 2016-17 Cardiff and Vale submission:-

Community Service Area	**16-17 £'000**
Community therapies	16,533
Direct access diagnostic	11,286
Local Nurse led	32,089
Local Medical Led/Specific	10,351
Community Mental Health	24,573
Screening Services	90
Home Drug Delivery	23,403
Regional Services	16,709
Total	**135,035**

Hospital based Outpatient Clinics

Current cost of Outpatient care (excludes pre-operative and outpatient procedures) as included in the WCR1 2016-17 Cardiff and Vale submission:-

Specialty	New £'000	Follow up £'000
Medical	9,270	27,588
Surgical	14,202	29,263
Maternity	990	3,918
Psychiatric Services	609	1,203
Anaesthetics	195	157
Clinical Oncology	19	127
Specialist	833	5,509
Total	**26,118**	**67,638**

Community Estate

The current estates cost of community premises ranges dependent on age and location of the property. The 2017-18 estimated cost of Rates/Council Tax & Utilities in a range as follows: 2017-18 Estimated £/M^2 per annum:-

	17-18 range £/M^2 per annum	
	From	To
Rates/Council Tax	8.09	41.05
Utilities	8.51	45.02

Cleaning cost estimated at £14/M^2 per annum.

3.6.6 ASSESSMENT OF CURRENT SERVICE

The following provides a summary assessment of the challenges and problems facing the UHB in delivering the status quo:-

Service Capacity

- As the needs and demands of our growing population change, the way we currently provide our services is no longer sustainable. The money available to deliver health services is shrinking making the challenge of delivering services more difficult. To sustain safe and high quality services in the future we will need to reorganise and redevelop much of the routine care we provide to create the necessary capacity;
- Pressure on the GMS is increasing and this will intensify with the continued projected growth in population and health complexities/co-morbidities. As a result, GMS is becoming increasingly fragile, recruitment is becoming increasingly challenging and new ways of working are need to maintain the service;
- Our current workforce is largely designed around delivering a traditional hospital focussed service. The redesign of services with a more preventative focus and delivered in the

community will require our workforce to develop new skills and roles and effect a change in culture to drive forward transformation of services. We need to plan and use our workforce better to deliver the kind of care our patients need;

- We know that technology is advancing at an incredible speed and that our systems are not as advanced as we would like. As innovative and creative health technologies and digital solutions are developed, we need to be ready and able to embrace the potential that these offer, particularly in terms of:
    - Enabling self care;
    - Anticipating need and prompt early intervention;
    - Exchange information between organisations;
    - Co-ordinate care as patients transition between providers;
    - Highlight when citizens are at risk and need help; and
    - Enable secure communications between providers and their patients and families

Service Delivery and Accessibility

- There is wide variation in both population health and outcomes with increasing expectations and also complexity/co-morbidities. Many people with complex and multiple long term conditions are not adequately supported to manage their conditions in the community, resulting in avoidable emergency admissions to hospital, poor patient experience and significant pressure on our secondary care services;
- Outpatient services that have traditionally been provided in hospital are not sustainable, particularly the way we utilise the skills of our workforce. For patients, where access to our services is arduous, this often results in an unacceptable level of 'Did Not Attends/Could Not Attends', a poor patient experience with traffic issues travelling across the City and traffic and parking problems on site. This also has a negative impact on the quality of our environment
- For many of our patients and service users, care pathways are not co-ordinated across health and social care services. Our challenge is to develop a range of whole system service models for our priority SOFW conditions, which show how services fit together, the needs they are seeking to address and how citizens access and move through the services delivered across partner organisations
- Our services and our partner services are generally delivered from separate venues, which does not facilitate collaborative working, nor support a social model of health to improve health and wellbeing outcomes and efficiently target activity and resources where identified need is highest to reduce health inequalities;
- We know that we don't quite have the right services available to support people in the community and we also know that there are many services available across our communities – provided through voluntary and third sectors, other partners – that are able to provide support to people, but often knowledge about these services and access to them is not clear.
- While people do not always choose healthy lifestyles, our services could do more to support the empowerment of people to choose healthy behaviours and encourage self-management of conditions
- *Health and Wellbeing Centre @ CRI*
  The CRI is a well-known and established community based facility with significant capacity for development which would enable the UHB to provide the environment to accelerate and

enhance the integration of the planning and provision of integrated health and social care across a wide range of partner providers

The CRI is a central location for the delivery of a range of specialist primary and community services for some of the most vulnerable groups living in Cardiff. For example, the Cardiff Health Access Practice (CHAP) provides primary care services to asylum seekers, refugees, homeless people and those who pose a risk of being violent and have been removed from their GP practice list. Many of these people live in and around the city centre, making the CRI a fitting location.

The Department of Sexual Health operates from the CRI. While a limited range of sexual health services are offered at community clinics across Cardiff and the Vale of Glamorgan, CRI provides a wider range of services including a dedicated clinic for young people, HIV services, testing and treatment for sexually transmitted diseases and services for vulnerable groups such as the homeless, and sex workers. Many students use the sexual health services at CRI, which is conveniently located for access.

It is estimated that a large proportion of people who use the substance misuse services are based within the area local to CRI. One of the most difficult aspects inherent to addiction services is a higher than average propensity for service users to fail to attend and to drop out of services in an unplanned way. Also, many service users are required to attend the on-site dispensing service on a daily basis to receive supervised oral opiate replacement prescribed medicine.

For these reasons, and because CRI is highly accessible through the local public transport network, being on a main route into the city centre, CRI remains a prime location from which to deliver services to residents in the South and East Cardiff Locality. It should be noted that a land search undertaken to identify other sites within the Locality found that there was no alternative site of suitable size to accommodate the services required to serve the residents of the Locality.

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Community Estate

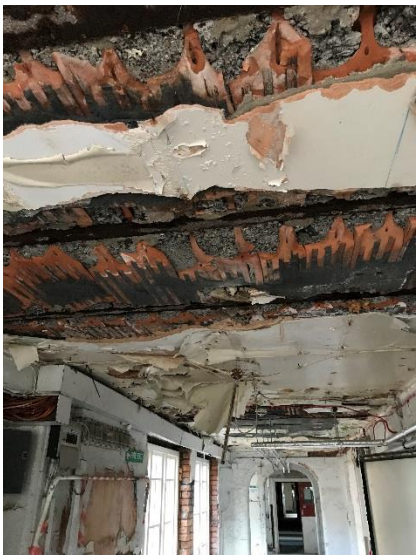
- The location of community clinics has evolved over the years and are not necessarily sited in the right locations to serve our locality and cluster populations
- Many of our facilities were built many years ago and our maintenance programmes have not been able to keep up with all of the requirements for keeping the buildings fit for purpose. The condition of some of our buildings is impacting on how we deliver services and can have a detrimental effect on a patient's experience of the care we provide.
- Many of our GP practices do not have the physical capacity to support our growing population and deliver the range of services required to meet their needs
- Much of our community clinic accommodation does not offer sufficient functionality and flexibility to deliver modern health and wellbeing services. This is reflected in their the way they are utilised and their inability to support different ways of working, e.g. secure out of hours activity, clinical equipment and collaborative working with partner organisations

- *Health and Wellbeing Centre @ CRI*
  CRI is a major architectural landmark in the South and East Locality, built in 1883 and represents a huge history and heritage within the local community and beyond. The future of the site has been an issue since 1999, when it ceased to function as a district general hospital. At this time the then Secretary of State for Wales declared that plans should be progressed to utilise CRI for delivery of community health services. A range of ambulatory health services have continued to be provided from the site, while the future of CRI has been debated. Two public consultations have been undertaken some years ago, which resulted in the Local Health Board at the time, giving a commitment to focus on the proposals for residents of what is now the South and East Locality.

  The historical importance of the CRI is reflected in its' Grade II listed status.

  Refurbishment of a proportion of the building has previously been undertaken:-
  - Phase 1 capital developments (GMS, Department of Sexual Health, CHAP and Out of Hours) were funded from the All Wales Capital Programme (AWCP)
  - Capital works to Block 14/14a are currently in progress to deliver a therapy centre through the 'Rookwood Development' (FBC approved November 2018)

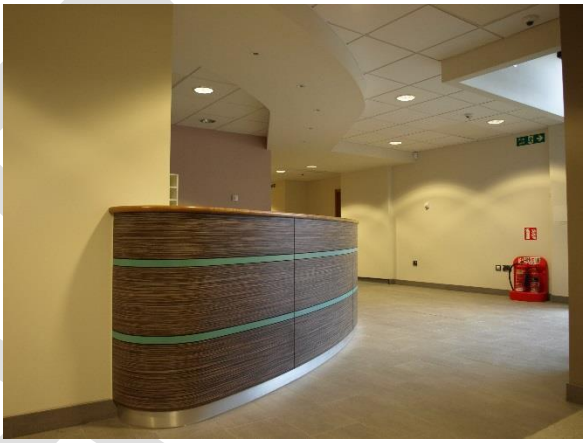
  In areas where no refurbishment has been undertaken, the fabric of the building is generally in a very poor condition (see photos below):-
  - Despite previous work to protect the building from the worst effects of the weather, where areas are unoccupied and consequently unheated, the structure has suffered further deterioration, including widespread timber and masonry decay resulting from dry/wet rot and damp;
  - Presence of materials containing asbestos and significant asbestos contamination in many parts of the building;
  - Major structural related defects in the building substructure, superstructure and fabric.



A summary of the current refurbishment status is shown below:-

- Approximately 27% of the building has been refurbished through the 1st phase projects, and subsequent smaller works projects, and is occupied; but
- The significant majority of the remaining 73% of the building requires significant remedial works to prevent further deterioration of the fabric of the building and development works to make it fit for purpose. A small percentage (10%) of the building, while occupied, has not been refurbished, but will require works to upgrade.

The space at CRI suggests that there is potential to creatively adapt it based on the principle of shared and multi-functional spaces, which will provide optimum flexibility to support service redesign and delivery (see photos below which demonstrate the potential of CRI to deliver modern, fit for purpose facilities).



3.7 BUSINESS NEEDS

3.7.1 POPULATION NEEDS ASSESSMENT

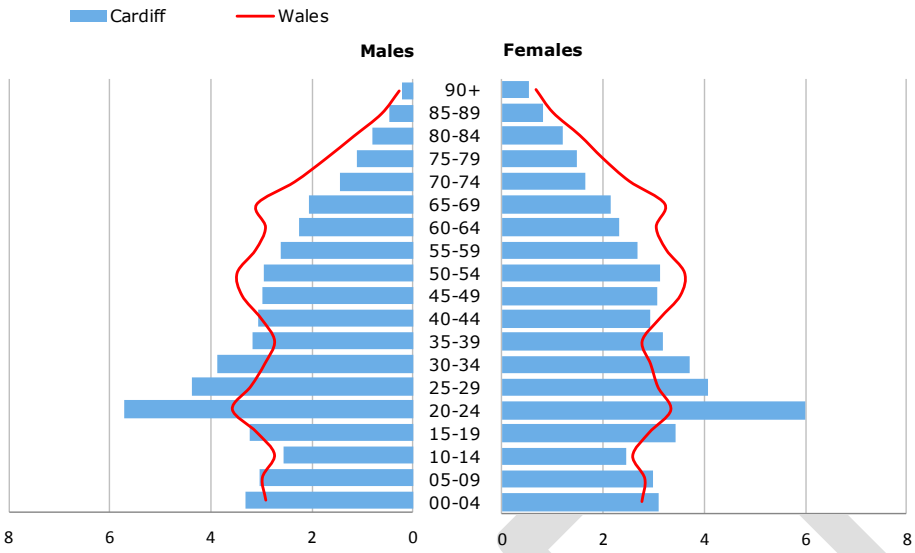
3.7.1.1 Population Size and Composition

The population of 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.

The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and young working age population (20-39yrs) significantly higher than the Wales average. This reflects in part a significant number of students who study in Cardiff. There will be significant increases in particular in people aged 5-16 and the over 65s.

Figure. Proportion of population by age and sex, Cardiff, compared with Wales using ONS Midyear population estimates, 2015 (Public Health Wales, 2016)

Percentage of population by age and sex, Cardiff and Wales, 2015
Produced by Public Health Wales Observatory, using MYE (ONS)

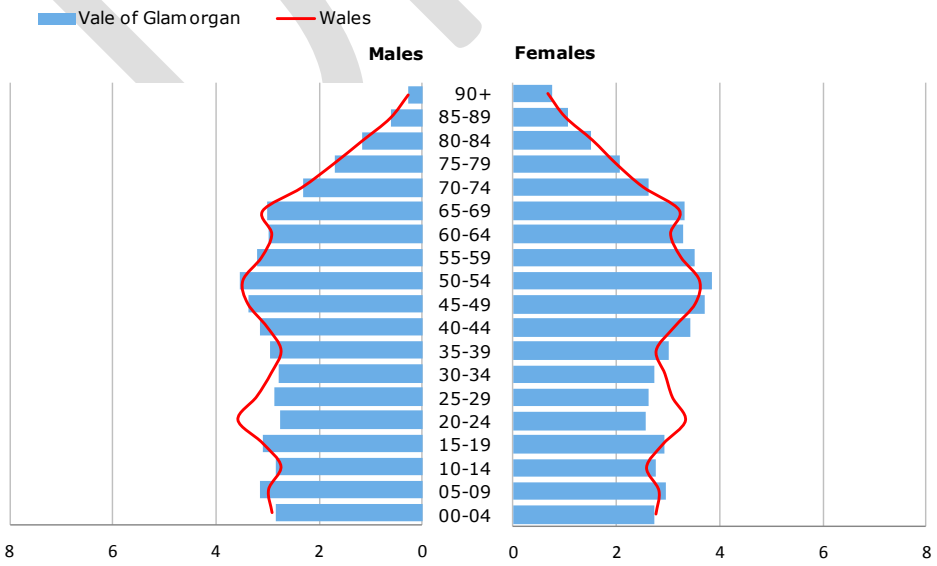


The population of South Cardiff is ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

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.

Figure. Proportion of population by age and sex, Vale of Glamorgan, compared with Wales using ONS Midyear population estimates, 2015 (Public Health Wales, 2016)

Percentage of population by age and sex, Vale of Glamorgan and Wales, 2015
Produced by Public Health Wales Observatory, using MYE (ONS)



3.7.1.2 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 (42% Cardiff, 42% Vale);
- Around two thirds don't eat sufficient fruit and vegetables (64% Cardiff, 68% Vale);
- Over half are overweight or obese (52% Cardiff, 53% Vale);
- Around three quarters don't get enough physical activity (72% Cardiff, 71% Vale); and
- Just under one in five smoke (19% Cardiff, 18% Vale).

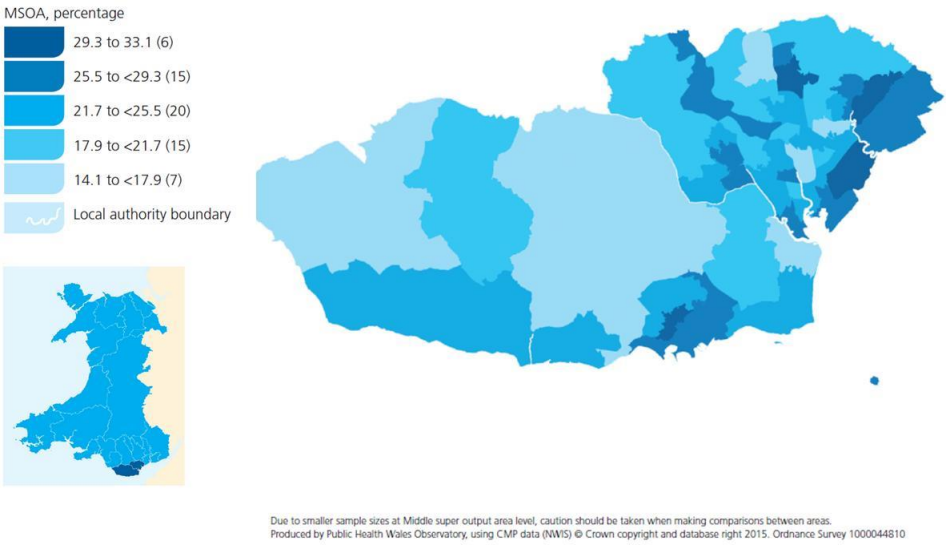
There is considerable variation in rates of unhealthy behaviours within Cardiff and the Vale:

- Smoking rates vary between 14% and 33% across Cardiff, and between 17% and 29% across the Vale (2013 figures).
- Similar patterns are seen for other behavioural risk factors for disease.

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

- Around two thirds of under 16s don't get enough physical activity (67% Cardiff, 64% Vale); and
- Over a third (34%) of under 16s are overweight or obese in Cardiff, and a quarter (26%) in the Vale

Figure. Proportion of children who are overweight or obese, 3 years combined data, 2011/12-2013/14: Children aged 4 to 5 years, Cardiff and Vale UHB.



Air pollution is a significant cause of illness and deaths

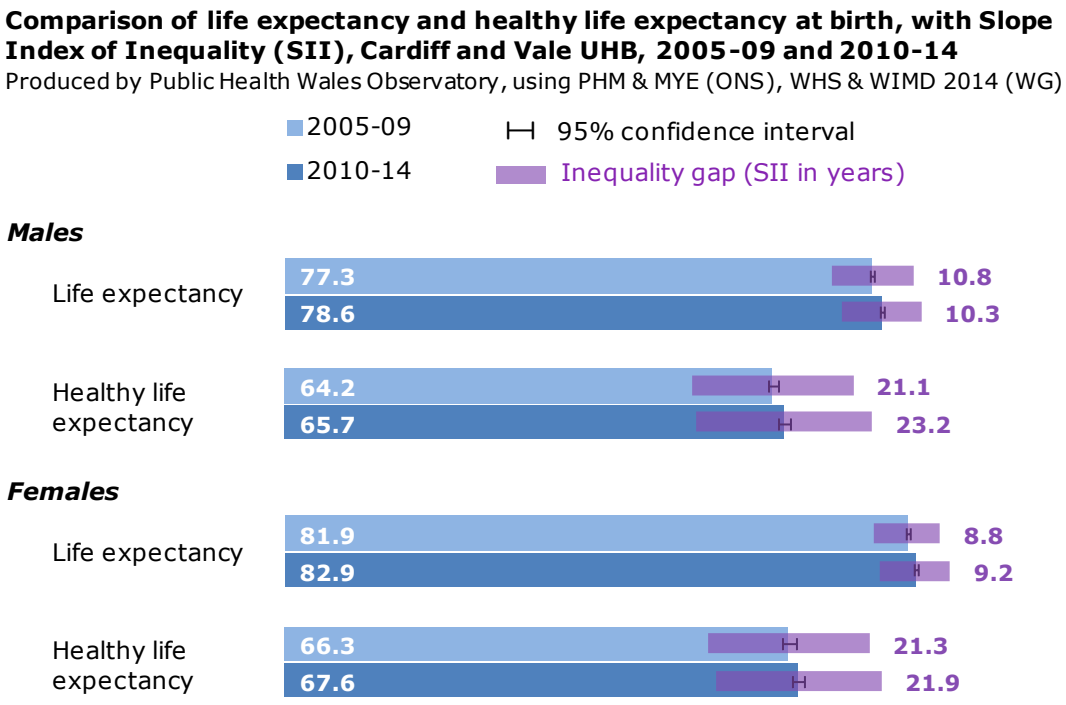
- It is estimated 143 deaths each year in Cardiff and 53 each year in the Vale among over 25s are due to man-made air pollution. The burden and impact of environmental air pollution is worse with increased deprivation, and Cardiff has the worst air pollution measured by PM2.5 levels in Wales
- It is estimated that long-term exposure to man-made air pollution is responsible for 5.1% of all deaths in Cardiff and Vale

3.7.1.3 Equity, Inequalities and Wider Determinants of Health

There are stark and persistent inequalities in Cardiff and the Vale of Glamorgan. While both Cardiff and the Vale 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.

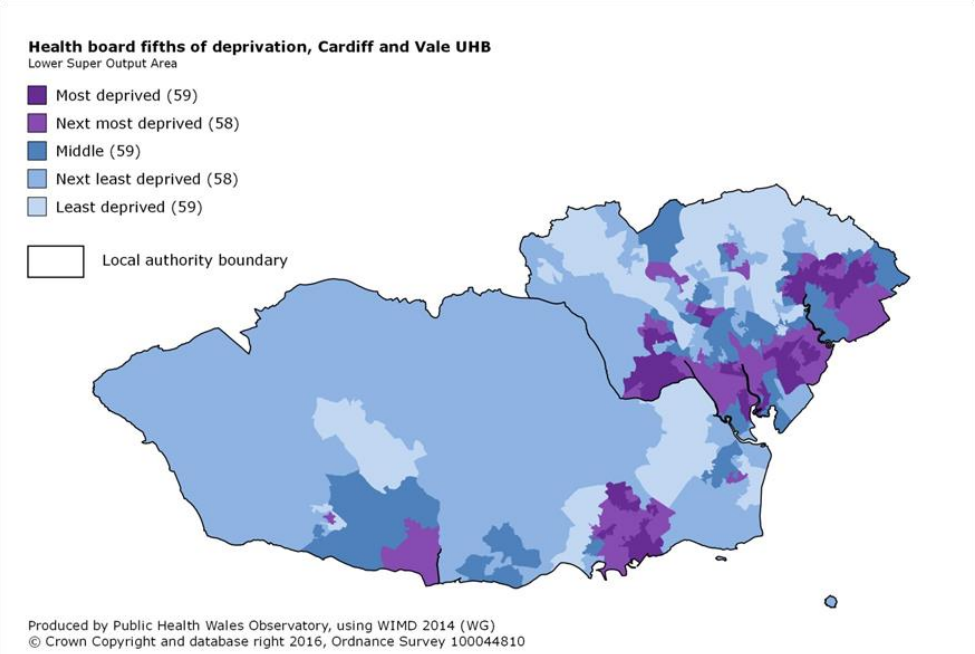
Figure. Life expectancy in years, in Cardiff and Vale. Source: Public Health Wales Observatory (2016)



Cardiff has the third highest proportion of most deprived local areas out of all local authorities in Wales, with over 1 in 6 (17.6%) people in Cardiff living in these areas. For young people under 18, this proportion rises to nearly a quarter (23.1%). Many of the more deprived areas are in and around South Cardiff, contrasting with the northern half of the City.

Within the Vale of Glamorgan 14% of local areas are among the most deprived in Wales, clustered in the Central Vale around Barry, but there are also significant pockets in the Western Vale too.

Figure. Areas of deprivation in Cardiff and Vale, based on the Welsh Index of Multiple Deprivation (WIMD) and Health board fifths of deprivation, 2014. Source: Public Health Wales Observatory (2016)



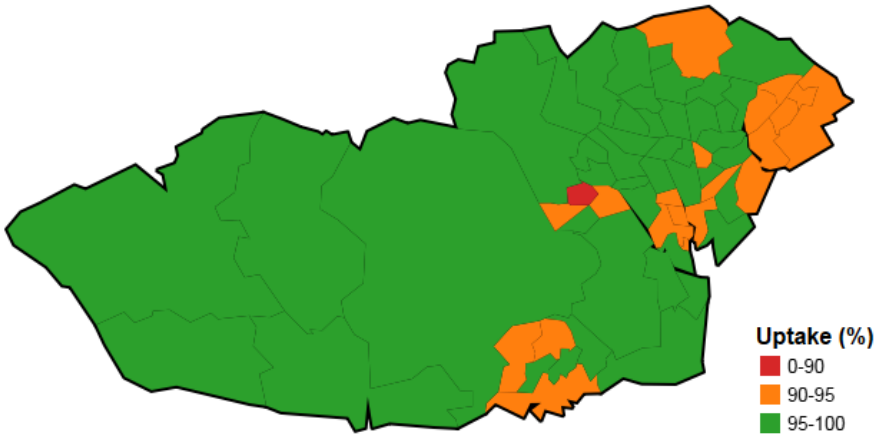
The 'wider determinants' of health including income, quality and availability of housing, employment, education and community safety show large variation across Cardiff and Vale and, in particular, within Cardiff:

- For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%).

There are inequalities in how and when people access healthcare:

- For example, immunisation uptake varies considerably, with uptake of infant vaccines ranging from 89% to 98% across Cardiff and Vale.

Figure. Uptake of the 5 in 1 primary in Health Board resident children reaching one year of age during Oct 2015 to Sep 2016, by MSOA of residence



3.7.1.4 Ill Health and Service Use

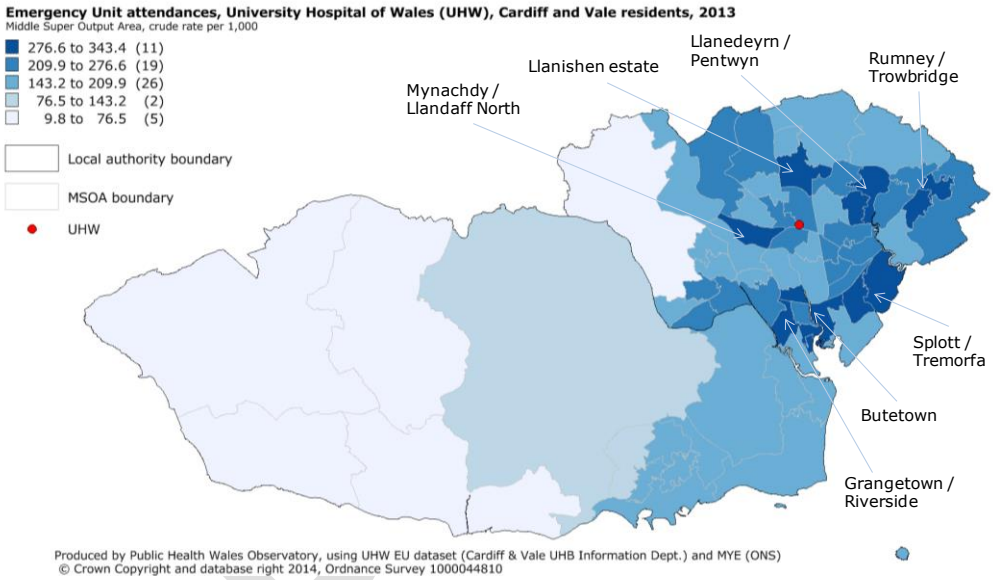
The disease profile in Cardiff and Vale is changing:

- The number of people with two or more chronic illnesses in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue.
- Around 1 in 7 (15%) 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.

Around 1 in 5 (18%) adults have visited their GP within a 2-week period; and nearly three quarters (72%) visit a pharmacy over a year period.

The highest rates of attendance at the Emergency Department are from people living in more deprived areas of Cardiff and Vale.

Figure. Emergency Unit attendances, UHW, C&V residents (2013)



Rates of delayed transfer of care for social care reasons are nearly twice as high in Cardiff and Vale than the Wales average.

Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women.

Preventable illness and deaths.

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

3.7.1.5 Summary Needs Assessment for the South and East Cardiff Locality

Some key characteristics of the Locality population are shown below:-

- Cardiff's most deprived communities are predominantly found in the 'Southern Arc', a large part of which is served by the 3 Clusters within the South and East Cardiff Locality;
- The GP registered population for the South East Cardiff population is157,550, of which 99,950 (63%) are located in the 2 Clusters, where the H&WC@CRI sits in the centre;
- There are stark and persistent inequalities between the most and least deprived areas, particularly in terms of life expectancy, number of healthy life years and premature death rates, e.g. men living in Lisvane in the north of the city can expect to live 10 years longer than those living in Splott or Butetown in the south of Cardiff and there is a gap of 23 years between the most and least deprived areas;
- Deprivation in the city disproportionately affects some of our most vulnerable groups, including homeless, black and minority ethnic communities, travelling community and individuals seeking asylum, a large proportion of whom live in the City and Cardiff South and the South East Cardiff Clusters; and
- The South East Cardiff Cluster is home to a significant proportion of the large university student population.

3.7.1.6 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 Well-being (Wales) Act. The assessment identified the following headline areas of need:

Care and support needs

- Improving information and access to services including access to information about support and services available; timely access to mental health and primary care services; accessibility of services and information; transport to aid access to services; improving awareness, signposting and access to different forms of advocacy
- Tackling social isolation and loneliness across our populations, but especially older people
- Support for carers including support for young and adult carers, and respite for young and adult carers
- Improving transitions between children's and adult services
- Links with education including improving involvement and engagement with schools; and vocational educational opportunities, apprenticeships and adult learning
- Appropriate housing to meet individuals' varied needs, and to enable people to remain independent as they age
- Community involvement including increasing engagement with individual care and support plans; engagement with service planning and design; and supporting volunteers and volunteering
- Dementia meeting the needs of people with dementia and their carers
- Joining up / integrating services across the statutory sector and working with the third sector, including improved communication between services
- Substance misuse including responding to changing patterns of misuse

Prevention issues

- Building healthy relationships including emotional and mental health, sexual health; prevention of child sexual exploitation (CSE); support for children and young people affected by parental relationship breakdown
- Practical life skills including financial skills (for all ages)
- Healthy behaviours including tobacco use, alcohol, diet and physical activity
- Healthy environment and accessible built environment including tackling air pollution, and making it easier for people, particularly older people and those with disabilities or sensory impairment, to get around

Assets

- Social capital including positive social interactions, dementia-friendly communities, volunteers, self-care
- Buildings and services including community hubs, one-stop shops and libraries, Dewis Cymru
- Organisations including third sector organisations, community groups, statutory services including community pharmacies, multi-stakeholder partnerships
- Physical environment including access to green space

3.7.2 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. Work has begun within the UHB to determine how much of this activity could realistically be delivered in the community;
- 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, library, 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.

Continued Development of Services at the H&WC@CRI:-
- When CRI ceased to function as a district general hospital in 1999, the facility became a community resource, delivering health services to meet the particular needs of the local community. Subsequent planning exercises, health needs assessments and public consultations have all confirmed that CRI should be developed as a Health and Wellbeing Centre to serve residents of the South and East Cardiff Locality. The development of the CRI as a health and wellbeing centre was initiated by the Phase 1 developments to provide fit for purpose facilities for the Four Elms Medical Practice, Out of Hours GMS, CHAPs, outpatient facilities and an integrated sexual health department.

A further strategic review of both service and capital solutions for the South and East Cardiff Locality was undertaken in 2013, in light of the building defects at CRI discovered during the construction of the Phase 1 schemes. It concluded:-

  - The reaffirmation of the strategy to continue to develop the CRI as a health and wellbeing centre to deliver integrated health and social care to meet the needs of a complex population in the South and East of Cardiff;
  - Research into the estate availability within the Locality indicated that there was no alternative site of suitable size available to accommodate all relevant services and that CRI remained the best location;

- The latest health and wellbeing needs assessment undertaken for the programme business case describes the continuing needs of the population in the South and East Cardiff Locality. This confirms that CRI continues to be the most appropriate location to develop the health and wellbeing centre for the South and East Cardiff Locality. As an area of high health and wellbeing need, the benefits from delivering integrated services delivered in collaboration with partner organisations and delivered locally is widely recognised. The further development of CRI will provide a significant opportunity to work with the local community and neighbourhood groups to develop facilities which support the delivery of the SOFW: IOC programme objectives and in particular, the provision of fit for purpose facilities to support the transfer of activity from hospital settings and the delivery of shared multi-functional accommodation to improve our capacity to meet increasing and changing demand for our services from a rapidly growing population
- Both the South East Cluster and the City and South Cardiff Cluster, are acknowledged to be two of the most deprived in Cardiff with a range of vulnerable groups living in the area including homeless, black and minority ethnic communities, gypsy travellers and individuals seeking asylum. The CRI delivers a range of services specifically focused on their particular needs. The location of the CRI, being close to the boundary between the South East Cluster and the City and South Cardiff Cluster (63% of the total Locality population) is at the heart of the population in the southern arc of Cardiff. The area around the CRI is heavily populated with 10.792 people/km^2 compared to the population density of the Locality of 590 people/km^2 and 647 people/km^2 across Cardiff confirming that the CRI would provide a good accessible option for the H&WC. The facility is located on a main public transport route into the city centre, providing good local transport linking residents from across the Locality with the services delivered from CRI;
- The continued development of the H&WC@CRI will provide unique opportunity to preserve and build on strong local support for the building as a community asset. CRI is an iconic grade II listed building which has great historical significance for the local community, Cardiff and also for the NHS in Wales;
- The physical capacity of CRI is significantly under used at present because of its poor and unsafe condition. While it is acknowledged that the building requires significant refurbishment and development, it provides an ideal opportunity to create shared, multi-functional spaces which will provide optimum flexibility to support service redesign and delivery.

3.7.2.1 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. In discussions with third sector organisations, they have indicated that they will be looking to deliver a range of 1:1 consultations and group activities within the community facilities. This will be refined as we work through 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:-	
• Diabetes Groups	2,300
• Quit Smoking	1,200

Projected activity to be delivered at the H&WC@CRI is included in the figures in the above table. A summary of the draft service scope is attached as Appendix 10. This identifies the proposed new services to be delivered in terms of wellbeing, health, local authority and team base provision. The principle of shared and multi-functional spaces will provide optimum flexibility of facilities to support the most efficient delivery of services.

The service scope has been developed in collaboration with clinical staff along with our partner organisations including Cardiff Council, the third sector groups and the Police. It also takes into account the outcome of earlier engagement exercises with the local community.

Assumptions

<u>Projected increase in population</u>

It is anticipated that the projected increase in population over the next 10 years, described in section 3.6.1.1, will significantly increase demand for both universal services (GMS, child health, maternity and mental health) and also community health/secondary care services. The

implementation of the transformation programme will redesign patient pathways and service delivery models creating efficiencies and capacity within our services to help mitigate increased demand. For universal services, where service delivery is more directly impacted by population numbers, consideration will be given to re-allocation of resources where supported by robust business cases. This will form part of the IMTP planning process.

Projected outpatient and diagnostic activity

The projected activity reflects a combination of current activity across community based facilities, and additional 'OPD'/diagnostic activity that could be transferred from hospital, either through re-location of clinics or transformation of service delivery. By their very nature, it is difficult at this stage to accurately predict the outcome of service transformation as this will evolve over time and as a result of experience from pilot projects. Facilities will need to be creatively designed to ensure that they can be flexed to accommodate future service activity/change. A phased approach to the implementation of the programme will enable services and facilities to be piloted and the outcomes to inform future projects.

The outpatient transformation project will see a reduction of 30% of outpatient appointments undertaken in hospital, either by stopping 'unnecessary' appointments or by moving to community delivery of clinics where appropriate facilities are available. In the longer term there is the potential for further reduction in number of outpatient appointments undertaken in hospital by redesigning services to enable delivery within community facilities. Some of this work has already begun, e.g. a pilot Community Musculoskeletal Assessment and Treatment Service (CMATS) has been successfully introduced in Barry Hospital and plans are underway to roll this out into each of the two Cardiff Localities.

Partner organisation service delivery (Supporting Wellbeing)

How we work with partner organisations to deliver collaborative services to meet the health and wellbeing needs of people across Cardiff and Vale will depend to some extent on the particular needs of the local population served and the availability of opportunities to co-locate services. These will be explored in greater detail as part of the projects.

Community infrastructure capacity

The ability of our current community infrastructure to accommodate additional activity has been considered through the clinic utilisation survey, along with their current condition. A parallel piece of work has been undertaken to assess whether our existing community facilities offer the best access (walking, cycling, public transport and cars) for the local population, particularly those from deprived areas. It is the intention to overlay the outcomes of these pieces of work to inform the projects.

Facilities will be required to adopt the principle of shared and multi-functional spaces to provide optimum flexibility of facilities to support the most efficient delivery of services and use of our community estate.

3.8 POTENTIAL SCOPE AND KEY SERVICE REQUIREMENTS

	Core	Desirable	Optional
Potential Scope	• 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:- o Cancer o Dementia o Mental health o Maternal health o Dental and eye care o Stroke o Long term conditions – diabetes, heart failure, respiratory, multiple/complex conditions • Core range of clinical investigation/diagnostic tests, e.g phlebotomy, plain x-ray, ultrasound, echocardiogram, Doppler ultrasound etc • Partner organisation delivered services	• **Core plus:-** • Increased range of services over and above SOFW conditions • Innovative service delivery models for e.g. multiple long term conditions/ complex needs	**Core, desirable plus:-** • Specialist clinic services and interventions • Range of specialist clinical investigation/diagnostic tests CT/MRI • Additional minor injuries service • Additional inpatient services
Key Service Requirements	• Focus activity and resources to meet the health and wellbeing needs of populations at a Locality level only	• Focus activity and resources to meet the health and wellbeing needs of populations at a Locality and Cluster level	
	• Redesign service delivery models to relocate 'outpatient' services into the community, as close to home as possible.	• 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	
	• Utilise existing community clinic infrastructure. Improve condition of facilities. Priority improvements to primary care infrastructure.	• Reconfigure and rationalise community infrastructure, improve condition, functionality and flexibility, locate where possible alongside LA community hubs	• Develop shared health and wellbeing facilities in collaboration with primary care, Local Authorities and third sector
	• Maintain existing IT/ communications/health technology capability plus prioritised key developments in these areas	• Increase capability for IT/communications to support service delivery	• Improve access through development of innovative digital tools and information solutions to support service delivery

3.9 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:-

- Cash releasing benefits (CRB), e.g. reduction in operating cost, increases in revenue stream;
- Non-cash releasing benefits (non-CRB), e.g. re-deployment of existing resources, reduction in unit costs (more for less);
- Quantifiable (QB), e.g. improved outcomes, improved retention of trained staff, customer satisfaction; and
- Qualitative (Qual), e.g. managing future risk by retaining service flexibility.

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	Improved healthy behaviours leading to improved health of population who are able to contribute to society both economically and socially People are empowered to self-manage their health with the potential to reduce overall demand for healthcare	Long-term	• 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 Greater collaborative working between partner organisations leading to more joined up service delivery	Medium Term	• Service users • UHB and wider public sector	Quantifiable Non-cash releasing Qualitative
3. to work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	Availability of a network of Locality and Cluster based community facilities which are functional, modern and fit for purpose Community facilities located to provide optimum access for residents from the most deprived areas	Short - Long Term	• 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	Improved health outcomes for residents of Cardiff and the Vale of Glamorgan, leading to:- - 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	• 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	Reduced gap in healthy life years between the most and least deprived areas helping to build safe, confident and empowered communities	Long term	• 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	Improved clinical skill mix of UHB workforce Rationalised community estate Improved utilisation of facilities Effective communications with the public, between professionals and across partner organisations	Short-long term	• Service users • UHB • Partner organisations	Non-cash releasing Quantifiable Qualitative

3.10 MAIN RISKS

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

Risk Description	Mitigation/Management
• Pressure on Welsh Government's capital availability impacting on programme's achievability	• Regular liaison with WG to enable close monitoring of capital availability and appropriate adjustment to programme's spend profile
• Sustainability of Primary Care services deteriorates faster than expected, leading to review of programme's priorities	• Regular review within UHB to enable priorities to be determined to minimise disruption to programme's progress
• Operational service changes may not meet the increasing pressure to generate revenue savings leading to a reduction in the programme's affordability	• Regular assessment on revenue saving priorities to inform Clinical Boards' decisions on revising operational service models
• Revenue costs underestimated	• 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

• Workforce not redesigned to support the new service delivery models	• Clinical Boards to develop realistic and flexible service delivery models • Workforce and Organisational Development Team to support transformation programme
• Shift of activity from hospital to community not achieved	• Clinical Boards to develop realistic and flexible service delivery models
• Rationalisation of community estate doesn't realise sufficient resources to cover facilities costs of reconfigured community estates	• Develop realistic proposals and monitor implementation
• 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	• Monitor situation and adjust programme as appropriate
• Uncertainty of third sector continued availability and/or revenue streams may adversely impact on delivery of collaborative health and wellbeing services	• Monitor situation and adjust programme as appropriate

3.11 CONSTRAINTS AND DEPENDENCIES

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

3.11.1 CONSTRAINTS

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

- Redesigned service models to be delivered within current 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; and
- Significant planning work and public consultations undertaken over many years confirms CRI as the most appropriate location for the development of a H&WC for the South and East Cardiff Locality.

3.11.2 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; and
- 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.

4. ECONOMIC CASE

4.1 INTRODUCTION

This section of the Programme Business Case sets out the options that have been considered in response to the potential scope identified within the Strategic Case and describes the appraisal process used to determine the short list of options..

4.2 CRITICAL SUCCESS FACTORS

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

CSF 1: Strategic Fit	How well the option meets national, regional and local strategies. In particular:- • Improve the social, economic, environmental and cultural wellbeing of Wales • Improve health and wellbeing outcomes and reduce health inequity • Promote an integrated 'social' model of health, which promotes physical mental and social wellbeing • support the implementation of Shaping our Future Wellbeing Strategy, particularly in terms of promoting a shift in focus from hospital to community service delivery
CSF 2: Potential Value for Money	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
CSF 3: Potential Affordability	Whether the option:- • 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
CSF 4: Potential Achievability	Whether the option is likely to be acceptable and supported by staff, public/CHC and partner organisations – LA, 3rd sector Ability of the organisation to be able to deliver the option in terms of: • People with the right skills • Creation of suitable community based facilities • Technological solutions to support service transformation

4.3 IDENTIFICATION AND APPRAISAL OF THE LONG LIST OF OPTIONS

An options framework was developed and a long list of potential options was generated following engagement with stakeholders at partnership planning events

held in December 2015 and followed up in May 2016. At these events discussion focused on developing clinical pathways for the SOFW conditions, identifying which parts of the pathway could be delivered more locally in communities, the type of facility/support services that would be required for successful delivery and taking into account potential opportunities for more integrated working with our partner organisations. The planning events were well attended by clinical and managerial colleagues from across clinical boards, public health and corporate departments from within Cardiff and Vale UHB, along with representatives of Cardiff University, Cardiff and Vale of Glamorgan Community Health Council, Velindre NHS Trust, Diabetic Retinopathy Screening Wales, Cardiff Council, Vale of Glamorgan Council, Cardiff 3rd Sector Council, and Glamorgan Voluntary Services. Consideration has been given to the potential options in relation to:-

Scope;
Solution;
Service delivery;
Implementation; and
Funding.

The long list of options was developed and confirmed by the Programme Team and in August 2016, an option appraisal workshop was held. Not everyone invited was able to attend, so separate meetings were held to ensure that a range of views contributed to the appraisal of options and the final short list taken forward for further analysis. The following people contributed to the appraisal:-

Jeremy Holifield	Head Of Capital Planning
Rose Whittle	Head of Operations & Delivery, Community Child Health
Lee Davies	Head of Service Planning, Operations
Lynne Aston	Senior Assistant Finance Director, Finance
Lynne Topham	Locality Manager North & West Cardiff Locality
Sue Toner	Principal Health Promotion Specialist, Local Public Health Team
Sarah Capstick	Health and Social Care Facilitator, Third Sector
Linda Pritchard	Health and Social Care Facilitator, Third Sector
Claire Williams	Corporate Planning Lead
Alex Evans	Service Planning Project Lead
Rob Wilkinson	Programme Support Manager
Rachel Rayment	Clinical Lead, SOFW
Stephen Allen	Cardiff and Vale Community Health Council
Daniel Price	Cardiff and Vale Community Health Council

The workshop members appraised the long list of options against the CSFs and spending objectives and by systematically working through the available choices for what, how, who, when and funding, some were discounted and others carried forward to enable a short list of options to be identified and subjected to greater scrutiny through the economic appraisal using the following scoring process.

X	Spending objective/Critical Success Factor not achieved
✓	Spending objective/Critical Success Factor achieved in part
✓✓	Spending objective/Critical Success Factor achieved

POTENTIAL SCOPING OPTIONS

Scoping Option 1 - Status Quo			
• Existing range of primary, community and secondary care health services			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	X	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	X	Potential VfM	X
Improve community infrastructure	X	Potential Affordability	X
Improve health outcomes	X		
Reduce health inequalities	X	Potential Achievability	X
Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Already delivering range of services • Familiarity for staff and local community • Not consistent with the strategic vision		• Unsustainable. Continuing pressure to make cost savings will impact on ability to deliver current services in the same way • Won't meet changing needs of an increasing and ageing population	
Conclusion – Discounted. Neither sustainable nor consistent with spending objectives or CSFs. But retained for comparison purposes.			

Scoping Option 2 - Delivery of a range of core services			
As option 1, plus:- • Routine services/interventions for SOFW conditions from hospital • Core range of diagnostics • Increased range of therapeutic services • Collaborative services with partner organisations			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓	Strategic Fit	✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	?
Improve community infrastructure	N/A	Potential Affordability	?
Improve health outcomes	✓		
Reduce health inequalities	✓	Potential Achievability	✓

Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Goes some way towards vision to shift services out of hospital and into the community • Doesn't require wholesale change • Supports integration/collaboration of services • Improved patient access to some traditionally hospital delivered services		• No real transformation of services – just re-location • Outreach model likely to increase pressure on finite resources, particularly workforce and revenue • Limited range of services restricts ability to deliver long term vision • Potential resistance of clinicians to implement changes with no significant benefits • Impact on health and wellbeing outcomes will be limited	
Conclusion – Possible. Will partially meet spending objectives and some CSFs, but concern over affordability and value for money			

Scoping Option 3 - Existing, core and innovative service delivery models			
As Option 2 plus: • Routine services/interventions widened to include non-SOFW conditions • Innovative service models			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	
Improve community infrastructure	N/A	Potential Affordability	✓
Improve health outcomes	✓✓		?
Reduce health inequalities	✓	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Greater potential to develop innovative solutions to deliver benefits and health outcomes • Opportunity to strengthen collaborative delivery of services with partner organisations • Delivery of transformational agenda • Consistent with WG strategy • Greater potential to improve use of resources and deliver service efficiencies and improved sustainability		• Complexity of designing and implementing innovative service delivery models across multiple organisations • Extensive level of change management required • Possible resistance to new ways of working •	

• Improved patient experience with increased range of services delivered closer to home •	
Conclusion – Possible. Will meet spending objectives and consistency with national and local strategy	

Scoping Option 4 - Existing, core, innovative delivery models plus wellbeing services			
As Option 3 plus: • Extended to include the development of wellbeing services and social prescribing			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓✓
Improve community infrastructure	N/A	Potential Affordability	✓✓
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Greater focus on a 'social model of health' which promotes physical, mental and social wellbeing • Opportunity to strengthen collaborative delivery of services with partner organisations • Likely to have a greater, and more positive, impact on health and wellbeing outcomes • Opportunity to strengthen reach and impact of current wellbeing co-ordinators, including 'hard to reach' clients • Consistent with the SOFW strategy ambitions		• Complexity of designing and implementing innovative service delivery models across multiple organisations • Extensive level of change management required. Innovation at this level and scale carries an inherent risk • Possible resistance to new ways of working • Risk around potential reduction in ability of 3rd sector to support – instability of future funding	
Conclusion – Preferred. Will meet spending objectives and CSFs. Greatest consistency with national and local strategy			

Scoping Option 5 - Existing, core, innovative delivery models, wellbeing services plus range of specialist and secondary care services
As Option 4 plus: • Specialist clinical investigative/diagnostic services • Extended minor injuries services

• Additional inpatient services delivered in community facilities			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	X
Improve community infrastructure	N/A	Potential Affordability	X
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	X
Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Would deliver an increasing range of services closer to home • Popularity of increased MIU provision with public and CHC		• Resourcing these services across a larger number of locations not feasible • Insufficient critical mass • Not sustainable • Won't deliver value for money • Specialist clinical investigations/diagnostic services more appropriately delivered from hospital facilities	
Conclusion – Discounted. Additional range of services is not consistent with UHB strategic direction and will not meet spending objectives, nor CSFs			

POTENTIAL SOLUTION OPTIONS

Solution Option 1 – Status Quo/Do Nothing			
• Backlog maintenance and statutory compliance – current range of community based clinical facilities and GP facilities			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	X	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	X	Potential VfM	X
Improve community infrastructure	X	Potential Affordability	✓
Improve health outcomes	X		
Reduce health inequalities	X	Potential Achievability	✓

Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Community based facilities available across Cardiff and the Vale • Familiar locations • No capital outlay, other than backlog maintenance		• Significant percentage of community estate is old, not fit for purpose and expensive to maintain • Condition of the estate presents a high risk in relation to delivery of safe and sustainable services • A number of GMS premises have insufficient capacity to deliver the range of services required to respond to the impact of growth in population and Local Development Plan • The current network of community facilities has evolved over many years and will not appropriately support the delivery of services to residents of the expanding LDP housing developments • Limited discretionary capital to implement	
Conclusion – Discounted. Doesn't meet spending objectives nor CSFs. But retained for comparison purposes.			

Solution Option 2 – Refurbish/Extend Current Facilities			
• Fit for purpose, current range of health centres • Fit for purpose GP facilities			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	X	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	X	Potential VfM	X
Improve community infrastructure	✓	Potential Affordability	✓✓
Improve health outcomes	X		
Reduce health inequalities	X	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Minimal major capital outlay • Minimal disruption • Familiar locations • Will utilise existing infrastructure		• Extending life of buildings that are not fit for purpose is not cost effective • Buildings may not be sufficiently adaptable to deliver flexible, multi-functional facilities to support new ways of working • No future proofing of facilities	

	• Will not provide the range of facilities required to deliver the SOFW: In Our Community vision • The current network of community facilities has evolved over many years and will not appropriately support local access to residents of the expanding LDP housing developments
Conclusion – Discounted. Doesn't meet spending objectives nor CSFs. In particular, it is does not support the delivery of innovative and transformational service delivery	

Solution Option 3 – Key Focus on Health and Wellbeing Centres supported by refurbished health centres

- Development of a H&WC in each of the 3 Localities
- Fit for purpose, current range of health centres
- Fit for purpose GP facilities
- Appropriate IT, comms, health technology

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓	Strategic Fit	✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	✓
Improve community infrastructure	✓	Potential Affordability	✓
Improve health outcomes	✓		
Reduce health inequalities	✓	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓		

Main Advantages	Main Disadvantages
• Will provide facilities to support shift of services from hospital closer to home while ensuring critical mass • Opportunity to create facilities to support innovative and transformational delivery of services • Potential locations for H&WCs identified and available • Will deliver fit for purpose primary care estates • Takes advantage of innovative IT&C technology to support effective service delivery	• Limited delivery of services close to home • Missed opportunity to focus health and wellbeing services in known areas of high deprivation • Missed opportunity to work collaboratively with partner organisations to jointly develop shared community focused facilities • Will not support a collaborative Cluster focus on health and wellbeing needs and reducing health inequalities • Difficult to achieve 'connection' between H&WCs and deprived areas for delivery and access to health and wellbeing services. Remoteness of service delivery

	• Local health facilities may not be clinically appropriate to deliver new range of services
Conclusion – Possible. Will partially meet the spending objectives and CSFs and is considered to be the less ambitious 'do minimum' solution to delivering the preferred service scope	

Solution Option 4 – Network of H&WCs and Wellbeing Hubs			
• Development of a H&WC in each of the 3 Localities • Development of a network of WHs at Cluster level (1 in each Cluster), integrated where possible with LA Community Hubs • Closure of community health facilities at a sub-Cluster level • Fit for purpose GP facilities • Appropriate IT, comms, health technology			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	✓
Improve community infrastructure	✓✓	Potential Affordability	✓✓
Improve health outcomes	✓		
Reduce health inequalities	✓	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Opportunity to create modern, purpose built facilities which are flexible, multi-functional and efficient • Will support innovative and transformational delivery of services along with the shift of services from hospital closer to home • Potential locations for H&WCs identified and available • Opportunity to work in collaboration with the LA and 3rd sector to deliver a flexible and collaborative response to health and wellbeing priorities of local communities as identified in Cluster and Neighbourhood plans • More significant progression towards delivery of services closer to home • Opportunity to access new and innovative capital funding sources		• More complex delivery of solution involving partner organisations, which could increase timescales for implementation and realisation of benefits • Compromises will be necessary in relation to resident accessibility depending on the Cluster size, geography and agreed location of the wellbeing hub • Will reduce access for many residents	

• Takes advantage of innovative IT&C technology to support effective service delivery	
Conclusion – Discounted. This was originally deemed to be possible, on the basis that it met many of the spending objectives and CSFs. However, this option was subsequently discounted following the outcome of an exercise to consider accessibility of facilities within Clusters. It was found that the geography, size and public transport within some Clusters was not consistent with the proposal for a single wellbeing hub, without the support of more local facilities which would be offered through options 3, 5 and 6.	

Solution Option 5 – Wider network of community based facilities, to include satellite wellbeing hubs

- Development of a H&WC in each of the 3 Localities
- Development of a network of WHs at Cluster level, integrated where possible with LA Community Hubs
- Development of satellite WHs where necessary and rationalisation of health centres
- Fit for purpose GP facilities
- Appropriate IT, comms, health technology

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓✓
Improve community infrastructure	✓✓	Potential Affordability	✓✓
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		

Main Advantages	Main Disadvantages
• Opportunity to create modern, purpose built facilities which are flexible, multi-functional and efficient • More significant progression towards innovative and transformational delivery of services along with the shift of services from hospital closer to home • Potential locations for H&WCs identified and available • Opportunity to work in collaboration with the LA and 3rd sector to deliver a flexible and collaborative response to health and wellbeing priorities of local communities as identified in Cluster and Neighbourhood plans	• More complex delivery of solution involving partner organisations, which could increase timescales for implementation and realisation of benefits • Very ambitious within timescale

• Greater potential to plan location of satellite wellbeing hubs to respond to particular access needs within Clusters, e.g. size of Cluster, geography, transport routes • Opportunity to access new and innovative capital funding sources • Will deliver fit for purpose primary care estates • Will support rationalisation of community estate to deliver an efficient and effective estate solution • Takes advantage of innovative IT&C technology to support effective service delivery	
Conclusion – Possible. Will meet objectives and CSFs	

Solution Option 6 – Wider network of community based facilities, plus utilisation of non-health facilities where appropriate

- Development of a H&WC in each of the 3 Localities
- Development of a network of WHs at Cluster level, integrated where possible with LA Community Hubs
- Development of satellite WHs where necessary and rationalisation of health centres
- Fit for purpose GP facilities
- Utilisation of non-health facilities where appropriate
- Appropriate IT, comms, health technology

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓✓?
Improve community infrastructure	✓✓	Potential Affordability	✓?
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		

Main Advantages	Main Disadvantages
• Opportunity to create modern, purpose built facilities which are flexible, multi-functional and efficient • More significant progression towards innovative and transformational delivery of services along with the shift of services from hospital closer to home • Potential locations for H&WCs identified and available	• More complex delivery of solution involving partner organisations, which could increase timescales for implementation and realisation of benefits • Potential for additional costs, which may impact affordability, e.g. hire of premises/non-health facilities. To be tested • Very ambitious agenda

• Opportunity to work in collaboration with the LA and 3rd sector to deliver a flexible and collaborative response to health and wellbeing priorities of local communities as identified in Cluster and Neighbourhood plans • Greater potential to plan location of satellite wellbeing hubs to respond to particular access needs within Clusters, e.g. size of Cluster, geography, transport routes • Opportunity to access new and innovative capital funding sources • Will deliver fit for purpose primary care estates • Will support rationalisation of community estate to deliver an efficient and effective estate solution • Inclusion of non-health facilities into the infrastructure mix creates greater flexibility to respond to local need • Takes advantage of innovative IT&C technology to support effective service delivery	
Conclusion – Preferred. Most comprehensive solution to meeting spending objectives. Affordability in relation to use of non-health facilities to be considered further.	

POTENTIAL SERVICE DELIVERY OPTIONS

Service Delivery Option 1 – In-house			
In-house delivery of all UHB commissioned services			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	X	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	X	Potential VfM	X
Improve community infrastructure	X	Potential Affordability	X
Improve health outcomes	X		
Reduce health inequalities	X	Potential Achievability	X
Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Greater control over standards and delivery		• No appetite to return to delivery of all services in-house	

	• Very health focussed service delivery. Not consistent with ethos of integrated delivery of a social model of health • UHB not best place to deliver current 3rd sector commissioned services – lack of resources and network • Doesn't explore opportunities to deliver services differently
Conclusion – Discounted. Doesn't meet the spending objectives or CSFs	

Service Delivery Option 2 – Mix of in-house and outsourcing			
Clinical services delivered in-house, outsource appropriate service delivery to 3rd sector via service level agreement, e.g. patient support/education			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓	Strategic Fit	✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	✓
Improve community infrastructure	✓	Potential Affordability	✓✓
Improve health outcomes	✓		
Reduce health inequalities	✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓		
Main Advantages		**Main Disadvantages**	
• Current system for service delivery • Promotes the integrated delivery of services in partnership with the LA and 3rd sector • 3rd sector best placed to make efficient and effective use of networks to deliver relevant services		• Future funding uncertainty is a risk to 3rd sector sustainability. Will require contingency plans to be developed • Ability of UHB to fund greater range of 3rd sector services • Risk around effectiveness and efficiency of service delivery through SLAs – need appropriate monitoring system	
Conclusion – Possible. Partially meets the spending objectives and CSFs			

Service Delivery Option 3 – Strategic Partnerships			
Development of strategic partnerships with LA, 3rd sector and other relevant parties, to deliver a range of collaborative services			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓

Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓✓
Improve community infrastructure	✓✓	Potential Affordability	✓✓
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Will strengthen the collaborative delivery of services in partnership with the 3rd sector and LA • Opportunity to explore innovative delivery of services across partner organisations, which make best use of resources • There is a determination within the UHB, LA and 3rd sector to work more collaboratively to improve health and wellbeing of residents • Consistent with WG strategy		• Future funding uncertainty is a risk to 3rd sector sustainability. Will require contingency plans to be developed • Ability of UHB to fund greater range of 3rd sector services • Risk around effectiveness and efficiency of service delivery through SLAs – need appropriate monitoring system • Impact of austerity measures on availability of LA funding to support strategy	
Conclusion – Possible. Good fit with spending objectives and CSFs			

Service Delivery Option 4 – Fully outsource all services			
All services delivered by third party providers			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	X	Strategic Fit	X
Improve local access to services, deliver collaboratively with partners	X	Potential VfM	X
Improve community infrastructure	X	Potential Affordability	X
Improve health outcomes	X		
Reduce health inequalities	X	Potential Achievability	X
Improve capacity of services – efficient/sustainable use of resources	X		
Main Advantages		**Main Disadvantages**	
• Reduction of admin/corporate resources required		• Not consistent with WG strategy • Not appropriate – this option would create fragmentation of services delivered across hospital and community	

Conclusion – Discounted. Doesn't meet any of the spending objectives or CSFs	

POTENTIAL IMPLEMENTATION OPTIONS

Implementation Option 1 – Phased implementation of community infrastructure network based on risk and opportunities. 3 tranches over 10 years		
• H&WCs – single phase CRI (1st tranche); single phase Vale and 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)		

<u>First Tranche</u>
• Final phase development of H&WC@CRI, S&E Cardiff Locality
• Wellbeing Hub development:
  ○ WH@ParkView, Cardiff SW Cluster
  ○ WH@Maelfa, Cardiff SE Cluster
• Primary care improvement:
  ○ WH@Penarth, Vale Locality
	<u>Second Tranche</u>
	• H&WC@Whitchurch; N&W Cardiff Locality; H&WC@Barry, Vale Locality
	• Wellbeing Hub development:
	  ○ NW Cardiff housing development
	  ○ NE Cardiff housing development
	• Primary Care developments as per PC Estate Strategy
	
	<u>Third Tranche</u>
	• Rationalisation of HCs/development of WHs, including the Western Vale, and Satellite WHs
	• Primary care developments as per PC Estate Strategy	

Spending Objectives		**Critical Success Factors**
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit ✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM ✓
Improve community infrastructure	✓✓	Potential Affordability ✓
Improve health outcomes	✓✓	
Reduce health inequalities	✓✓	Potential Achievability ✓
Improve capacity of services – efficient/sustainable use of resources	✓✓	
Main Advantages		**Main Disadvantages**

• Focuses on responding to the health and wellbeing needs in known areas of high deprivation at an early stage in the SOFW Strategy • Seeks to take advantage of opportunities to develop alongside LA developments • Will achieve the commitment to develop CRI as a H&WC at an early stage and prevent further deterioration of a Grade II listed building	• Development of the remaining areas of CRI as a single phase would be very ambitious both in terms of construction works and the associated disruption to existing services delivered from CRI • Unrealistic timescale for planning and delivering transformational change at CRI • Significant resources required to progress CRI as a single phase • CHC concern that UHB plans will change during the 10 year period and momentum will be lost • Timescale allocated to the development of facilities within the Vale will delay the realisation of benefits for residents in an area with localised deprivation and consequent health and wellbeing need
Conclusion – Discounted. While this option is consistent with the spending objectives and meets most of the CSFs, when compared to option 3, which is very similar, it was felt that the further implementation of the H&WC@CRI and the H&WC@Barry as single phases was not realistic	

Implementation Option 2 – Phased implementation of community infrastructure network based on risk and opportunities. 3 tranches over 10 years

- H&WCs - Multi-phase CRI (1st/2nd/3rd tranches), single phase Vale and 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)

<u>First Tranche</u>

- 2nd phase of H&WC@CRI (master plan to be developed)
- Wellbeing Hub development:
  - Wellbeing Hub@Park View
  - Wellbeing Hub@Maelfa
- Primary care improvement:
  - Wellbeing Hub@Penarth

<u>Second Tranche</u>

- 3rd phase H&WC@CRI
- H&WC@Whitchurch; H&WC@Barry
- WH development:
  - NW Cardiff housing development
  - NE Cardiff housing development
- Primary care improvements as per PC Estates Strategy

<u>Third Tranche</u>

- Final developments at H&WC@CRI
- Rationalisation of HCs/remaining developments of WHs and satellite WHs
- Primary care improvements as per PC Estates Strategy

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓✓

Improve community infrastructure	✓✓	Potential Affordability	✓
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		

Main Advantages	Main Disadvantages
• Focuses on responding to the health and wellbeing needs in known areas of high deprivation at an early stage in the SOFW Strategy • Seeks to take advantage of opportunities to develop alongside LA developments • More realistic implementation timescale for H&WC@CRI, which allows for innovative service developments to be piloted • More realistic phasing for planning and implementing a significant transformational service change programme • Will provide reassurance for residents in the Vale around service delivery	• Single phase development for H&WC@Barry may prevent the implementation of some relatively quick wins to be completed • Reputational risk around extended timescales for CRI • CHC concern that UHB plans will change during the 10 year period and momentum will be lost • Timescale allocated to the development of facilities within the Vale will delay the realisation of benefits for residents in an area with localised deprivation and consequent health and wellbeing need

Conclusion – Discounted. While this option is possible as it is consistent with the spending objectives and meets most of the CSFs, when compared to option 3, which is very similar, it was felt that the delivery of the H&WC@Barry as a single phase development was not realistic

Implementation Option 3 – Phased implementation of community infrastructure network based on risk and opportunities. 3 tranches over 10 years

- 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)

<u>First Tranche</u>

- 2nd phase of H&WC@CRI (master plan to be developed)
- Wellbeing Hub development:
  - Wellbeing Hub@Park View
  - Wellbeing Hub@Maelfa
- Primary care improvement:
  - Wellbeing Hub@Penarth

<u>Second Tranche</u>

- 3rd phase of H&WC@CRI
- H&WC@Whitchurch; 1st phase at H&WC@Barry (master plan to be developed)
- WH development:
  - NW Cardiff housing development
  - NE Cardiff housing development
- Primary care improvements as per PC Estates Strategy

<u>Third Tranche</u>

<table>
<tr><td colspan="4">Final phase of H&WC@CRI
2nd phase of H&WC@Barry
Rationalisation of HCs/remaining developments of WHs, including Western Vale, and satellite WHs
Primary care improvements as per PC Estates Strategy</td></tr>
<tr><th colspan="2">Spending Objectives</th><th colspan="2">Critical Success Factors</th></tr>
<tr><td>Empower people – healthy behaviours/self-management</td><td>✓✓</td><td>Strategic Fit</td><td>✓✓</td></tr>
<tr><td>Improve local access to services, deliver collaboratively with partners</td><td>✓✓</td><td>Potential VfM</td><td>✓✓</td></tr>
<tr><td>Improve community infrastructure</td><td>✓✓</td><td rowspan="2">Potential Affordability</td><td rowspan="2">✓✓</td></tr>
<tr><td>Improve health outcomes</td><td>✓✓</td></tr>
<tr><td>Reduce health inequalities</td><td>✓✓</td><td rowspan="2">Potential Achievability</td><td rowspan="2">✓✓</td></tr>
<tr><td>Improve capacity of services – efficient/sustainable use of resources</td><td>✓✓</td></tr>
<tr><th colspan="2">Main Advantages</th><th colspan="2">Main Disadvantages</th></tr>
<tr><td colspan="2">Focuses on responding to the health and wellbeing needs in known areas of high deprivation at an early stage in the SOFW Strategy
Seeks to take advantage of available opportunities to develop alongside LA developments
More realistic implementation timescale for H&WC@CRI, which allows for innovative service developments to be piloted
More realistic phasing for planning and implementing a significant transformational service change programme
Potential for some quick wins to be implemented at the H&WC@Barry at an early stage in the 2nd Tranche
More realistic resource allocation across tranches
Opportunity to evaluate 1st tranche projects and transformational change at regular intervals across programme
Allows time to develop plan for Western Vale
Keeps pace with anticipated growth in population</td><td colspan="2">Reputational risk around extended timescales for CRI
CHC concern that UHB plans will change and momentum will be lost with longer timescales
Timescale allocated to the development of facilities within the Vale will delay the realisation of benefits for residents in an area with localised deprivation and consequent health and wellbeing need</td></tr>
<tr><td colspan="4">Conclusion – Preferred. While this option is very similar to options 1 and 2, it was felt that it was more realistic in terms of the phasing of the H&WCs across all 3 tranches. It also responds, at an early stage in the programme, to known risks and opportunities in areas of high concentrations of deprivation in Cardiff, and supporting GMS sustainability in the Eastern Vale Cluster. However, it is acknowledged that developments within the Vale of Glamorgan will largely be implemented in tranches 2 and 3 and consideration will need to be given to potential ‘quick wins’ that can be implemented.</td></tr>
</table>

Implementation Option 4 – Condensed implementation of community infrastructure network based on risk and opportunities. 2 tranches over 5 years

- 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)

First Tranche

- 2nd phase H&WC@CRI (master plan to be developed)
- 1st phase H&WC@Barry (master plan to be developed)
- Wellbeing Hub development:
  - Wellbeing Hub@Park View
  - Wellbeing Hub@Maelfa
- Primary care improvements as per PC Estates Strategy

Second Tranche

- Final phase of H&WC@CRI
- H&WC@Whitchurch
- Final phase H&WC@Barry
- WH development:
  - NW Cardiff housing development
  - NE Cardiff housing development
- Rationalisation of HCs/ remaining development of wellbeing hubs and satellite WHs
- Primary care improvements as per PC Estates Strategy

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	X?
Improve community infrastructure	✓✓	Potential Affordability	X?
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	X?
Improve capacity of services – efficient/sustainable use of resources	✓✓		

Main Advantages	Main Disadvantages
• Politically, more balanced implementation across Cardiff and the Vale of Glamorgan • Will achieve benefits at an early stage • Will maintain momentum for implementing the SOFW Strategy	• Significant planning resources required to implement the whole capital and service change programme within 5 year timescale • Would require significant All Wales Capital Programme support over a relatively short period of time • Lost opportunity to learn from projects as they are implemented • Not consistent with the 10 year timeframe for the SOFW Strategy

Conclusion – Possible. Very ambitious but potential for significant improvements in outcomes at an early stage. Would require significant resources to achieve within the timescale. It was felt that this option should tested further and subjected to economic appraisal

Implementation Option 5 – Focus on early implementation of H&WCs with community infrastructure network completed in following tranches.
3 tranches over 10 years

- 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)

First Tranche
- H&WC@CRI
- H&WC@Whitchurch
- H&WC@Barry
- Primary care improvement:
  - Wellbeing Hub@Penarth

Second Tranche
- Rationalisation of HCs/development of Wellbeing Hubs:-
  - WH@ParkView; WH@Maelfa
  - NW Cardiff housing development
  - NE Cardiff housing development
  - Vale Clusters
- Primary care improvements as per PC Estates Strategy

Third Tranche
- Rationalisation of HCs and development of remaining WHs
- Primary care improvements as per PC Estates Strategy

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	X?
Improve community infrastructure	✓✓	Potential Affordability	X?
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	X?
Improve capacity of services – efficient/sustainable use of resources	✓✓		

Main Advantages	Main Disadvantages
• Politically more balanced implementation across each of the Localities • Will see early implementation of facilities to support shift of services from hospital to community • Focus on shift of services from hospital to community is a good strategic fit	• Missed opportunity in first phase to develop cluster services and WHs which respond to the needs of 2 particularly deprived areas • Delay in implementing WHs to drive forward improved health outcomes at a local Cluster level • Unrealistic timescale for planning and delivering transformational change required for 1st tranche projects • Significant planning resource required to implement the 3 H&WCs in parallel

	• Lost opportunity to learn from H&WC projects as they are implemented • CHC concern that UHB plans will change during the 10 year period and momentum will be lost
Conclusion – Possible. Very ambitious but potential for significant benefits through the ability to shift services from hospital into the community at an early stage. Would require significant resources to achieve the 1st tranche. It was felt that this option should tested further and subjected to economic appraisal	

Implementation Option 6 – 'Big Bang' approach - single tranche/parallel implementation of projects			
• Single phase development of H&WCs - CRI, Vale, N&W Cardiff • Development of wider community network (WHs, satellite WHs, rationalisation of HCs) as a single phase • Fit for purpose GP facilities as a single phase			
Parallel implementation of developments in a single phase:- • H&WCs • WHs and Satellite WHs • Rationalisation of HCs • Primary care improvements as per PC Estates Strategy			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	✓✓	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	X
Improve community infrastructure	✓✓	Potential Affordability	X
Improve health outcomes	✓✓		
Reduce health inequalities	✓✓	Potential Achievability	X
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Politically more balanced implementation across each of the Localities • Potential for early achievement of benefits • Potential for kudos/reputational gain resulting from implementation of major transformational change		• Significant commitment and resources required by UHB to develop and implement major service change • Lack of opportunity to evaluate the programme at regular intervals, learn lessons and implement appropriate changes to either the service delivery model and/or facilities • Likely to be very disruptive for delivery of services	

	• Reduced opportunity to decant services to other facilities to accommodate construction work • Programme too complex and too ambitious for 'big bang' approach • Significant capital required from the All Wales Capital Programme
Conclusion – Discounted. While it will meet the spending objectives, it was not considered to be achievable, due to the anticipated disruption to services and the level of service change to be implemented in parallel	

Implementation Option 7 – 'Do minimum' option (relates to solution option 3) to focus the delivery of the service scope in H&WCs supported by health centres. Following a review of the options initially short listed, it was felt that consideration should be given to the implementation of the 'do minimum' solution option.
3 tranches over 10 years

- 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)

First Tranche

- 2nd phase of H&WC@CRI (master plan to be developed)
- Refurbishment of Park View Health Centre
- Refurbishment of Llanedeyrn Health Centre
- Primary care improvement – fit for purpose GP facility in Penarth

Second Tranche

- 3rd phase of H&WC@CRI
- H&WC@Whitchurch 1st phase at H&WC@Barry (master plan to be developed)
- Refurbishment of HCs
- Primary care improvements as per PC Estates Strategy

Third Tranche

- Final phase of H&WC@CRI
- 2nd phase of H&WC@Barry
- Refurbishment of HCs
- Primary care improvements as per PC Estates Strategy

Spending Objectives		Critical Success Factors	
Empower people – healthy behaviours/self-management	✓	Strategic Fit	✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	✓
Improve community infrastructure	✓	Potential Affordability	✓
Improve health outcomes	✓		
Reduce health inequalities	✓	Potential Achievability	✓✓
Improve capacity of services – efficient/sustainable use of resources	✓		

Main Advantages	Main Disadvantages
• First tranche will focus on response to key risks areas, i.e. continued development of the CRI Grade II listed building and primary care improvements in Llanedeyrn and Penarth • Will phase the implementation of the remaining programme across a further 2 tranches • Realistic implementation timescale for H&WC@CRI, which allows for innovative service developments to be piloted before being rolled out across the Localities • Potential for some quick wins to be implemented at the H&WC@Barry at an early stage in the 2nd tranche of the programme • More realistic resource allocation across tranches	• Reputational risk around extended timescale for CRI • CHC concern that UHB plans will change during the 10 year period and momentum will be lost • Timescale allocated to the development of facilities within the Vale will delay the realisation of benefits for residents in an area with localised deprivation and consequent health and wellbeing need •
Conclusion – Possible. This option describes the implementation of the 'do minimum' solution option. While this does not take forward the preferred solution option, it was subsequently agreed that this should be carried forward to the short listed options as it was felt that such a compromise should be subjected to economic appraisal.	

POTENTIAL FUNDING OPTIONS

Funding Option 1 – All Wales Capital Funding			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	N/A	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓	Potential VfM	✓
Improve community infrastructure	✓✓	Potential Affordability	✓
Improve health outcomes	N/A		
Reduce health inequalities	N/A	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓		
Main Advantages		**Main Disadvantages**	
• Single source funding, more straight forward application/ business case process		• Places significant pressure on limited AWCF • Competing with other health boards for limited AWCF • Fails to take advantage of alternative sources of funding	

Conclusion – Possible. Good fit with CSFs

Funding Option 2 – As Funding Option 1 plus Multi-Agency Capital Funding			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	N/A	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓
Improve community infrastructure	✓✓	Potential Affordability	✓✓
Improve health outcomes	N/A		
Reduce health inequalities	N/A	Potential Achievability	✓
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Access to multiple sources of funding • Shared risk • Reduced reliance on limited AWCF		• Multiple BC/application processes • Complexity of different processes and timescales for accessing capital funding • Greater risk – will require commitment from partner organisations • May be restricted in terms of future changes to faciltiies	
Conclusion – Possible. Good fit with CSFs, although affordability to be assessed			

Funding Option 3 – As Funding Option 2 plus Innovative Third Party Capital Funding			
Spending Objectives		**Critical Success Factors**	
Empower people – healthy behaviours/self-management	N/A	Strategic Fit	✓✓
Improve local access to services, deliver collaboratively with partners	✓✓	Potential VfM	✓?
Improve community infrastructure	✓✓	Potential Affordability	✓?
Improve health outcomes	N/A		
Reduce health inequalities	N/A	Potential Achievability	✓?
Improve capacity of services – efficient/sustainable use of resources	✓✓		
Main Advantages		**Main Disadvantages**	
• Access to multiple sources of funding • Shared risk		• Uncertainty in relation to VfM, affordability and achievability • Multiple BC/application processes	

• Reduced reliance on limited AWCF • Potential for innovative funding sources • Potential for flexible approach for each project, accessing different sources of funding as appropriate	• Complexity of different processes and timescales for accessing capital funding • Most complex route for funding • Greater risk – will require commitment from partner organisations • May place restrictions on flexibility of facilities, e.g. change of use • May have revenue implications • Uncertainty re: third party interest
Conclusion – Possible. Potential VfM, affordability and achievability to be explored further as project opportunities arise	

4.3.2 SUMMARY OF INCLUSIONS, EXCLUSIONS AND POSSIBLE OPTIONS

This option development process has appraised a wide range of possible options. The table below provides a summary assessment:-

POTENTIAL SCOPING OPTIONS	**Scoping Option 1**	**Scoping Option 2**	**Scoping Option 3**	**Scoping Option 4**	**Scoping Option 5**		
	Status Quo – • existing range of primary, community and secondary care health services	Delivery of a range of core services • 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	Existing, core and innovative service delivery models • Option 2 plus: • routine services/ interventions (non SOFW) • innovative service/ interventions eg medical day unit, wellbeing day unit for co-morbidities, health technology	Existing, core, innovative delivery models plus wellbeing services • Option 3 plus: • development of social wellbeing/public health services • development of social prescribing - social/leisure activities and groups	Existing, core, innovative delivery models, social prescribing plus range of specialist and secondary care type services • 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	**Solution Option 1**	**Solution Option 2**	**Solution Option 3**	**Solution Option 4**	**Solution Option 5**	**Solution Option 6**	
	Status Quo • Current range of community based clinical facilities – do nothing (backlog maintenance and statutory compliance only) • Fit for purpose GP facilities	Refurbish/extend • Upgrade/extend current range of primary care and community based facilities to 'fit for purpose'	Key Focus-Local Health & Wellbeing Centres • 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	Network - integrated community based facilities • 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	Network plus wider improvement of facilities • 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	Network, Primary Care Estates, Non-health facilities • Option 5 plus: • Utilisation of non-health facilities where appropriate • Appropriate IT, comms, health technology	
	Discounted but retained for comparison purposes	**Discounted**	**Possible**	**Discounted** Subsequently discounted due to outcome of further work re: accessibility for Cluster residents	**Possible**	**Preferred**	
POTENTIAL DELIVERY OPTIONS	**Service Delivery Option 1**	**Service Delivery Option 2**	**Service Delivery Option 3**	**Service Delivery Option 4**			
	In-house • delivery of all UHB commissioned services	Mix In-house and Outsource – Status Quo • in-house clinical services • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Strategic Partnerships • development of strategic partnerships with LAs, other UHBs, Third Sector to deliver range of collaborative services, e.g. co-ordinated services, social prescribing	Fully Outsource all services • 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**
	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. 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.			**This option is taken forward for the reason that it fast tracks the shift of hospital services into the community**	**'Do minimum' option subsequently carried forward to short list as it was felt that a compromise should be subjected to economic appraisal.**	**Ambitious, but it was felt this option should be considered to see if the benefits achieved would be worth the required level of input**	**Not considered to be achievable**
Potential Funding Options	**Funding Option 1**	**Funding Option 2**	**Funding Option 3**				
	All Wales Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding	All Wales and Multi-Agency Capital Funding. Innovative Third Party Capital Funding to be explored				
	Possible	**Possible**	**Preferred**				

4.4 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	Current services • current primary and community health services	Range of core services • current primary and community health services • Re-locate routine SOFW hospital/therapeutic clinics to community • Core diagnostics • Collaborative service delivery	Wider scope to include non-SOFW interventions and transformational delivery of services • 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	Core services, transformational change, social model of health: • 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	As preferred option: • 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	Current Network of Community Facilities • Health Centres - backlog maintenance and statutory compliance • Fit for purpose GP facilities	Key Focus on Health & Wellbeing Centres • 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 - refurbs • Fit for purpose GP facilities • Innovative IT, comms, health technology	Network of H&WCs and Wellbeing Hubs • 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	Network of H&WCs and Wellbeing Hubs plus utilisation of non-health facilities • 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	As preferred option • 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

Delivery	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Current Mix In-house and Outsource • clinical services delivered in-house • outsource appropriate service delivery to third sector via service level agreement, eg patient support/education	Strategic Partnerships • 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	As preferred option • 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 *	N/A	Phased implementation of H&WCs and refurbished HCs 3 tranches phased over 10 years • 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)	Focus on early implementation of H&WCs with community infrastructure network completed in following tranches 3 tranches phased over 10 years • 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)	Phased implementation of community infrastructure network based on risk and opportunities. 3 tranches phased over 10 years • *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)	Condensed implementation of community infrastructure network 5 year phased implementation over 2 tranches • 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	N/A	All Wales Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding Innovative Third Party Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding Innovative Third Party Capital Funding	All Wales Capital Funding Multi-Agency Capital Funding

NB * The H&WC@CRI to be progressed as a single project, phased over a 10 year period

The proposed community facilities will differ in the services they will deliver, depending on the particular health and wellbeing needs of the population served. Attached as Appendix 9 is a summary diagram demonstrating how wellbeing hubs are likely to differ from health and wellbeing centres.

4.5 ECONOMIC APPRAISAL OF THE SHORT LISTED OPTIONS

4.5.1 INTRODUCTION

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.

4.5.2 NARRATIVE ECONOMIC APPRAISAL OF THE SHORT LISTED PROGRAMME OPTIONS

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.

This appraisal was undertaken in consultation with the Programme's Technical Team and following some minor amendments, confirmed by the Programme Team. A list of those who participated in assessing the narrative economic appraisal is as follows:-

Marie Davies	Deputy Director of Strategy and Planning
Geoff Walsh	Director of Capital, Estates and Facilities
Clare Williams	Corporate Planning Lead
Lee Davies	Head of Service Planning, Operations

Alex Evans	Service Planning Project Lead
Rob Wilkinson	Programme Support Manager
Lynne Aston	Senior Assistant Finance Director, Finance
Rose Whittle	Head of Operations & Delivery, Community Child Health
Tom Porter	Consultant in Public Health Medicine
Sue Toner	Principal Health Promotion Specialist, Local Public Health Team
Sarah Capstick	Health and Social Care Facilitator, Third Sector
Simone Joslyn	Service Planning Engagement Lead
Sheila Harrison	Deputy Director of Nursing
Sue Morgan	PCIC Clinical Board Director of Operations
Karen Elcock	Cardiff South and East Locality Manager
Rhys Davies	Cardiff North and West Locality, Deputy Locality Manager

Summary Outcome

A summary of the exercise is shown below.

SOFW: IN OUR COMMUNITY PROGRAMME

SUMMARY ASSESSMENT OF OPTIONS AGAINST THE PREFERRED WAY FORWARD (Agreed by Programme Team 12 June 2017)

	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	• HCs – backlog maintenance and statutory compliance • Fit for purpose GP facilities	• Existing primary/ community services	• 3 x H&WCs • Refurbished HCs • Fit for purpose GP facilities	• Existing community services • Re-locate routine SOFW hospital clinics/ therapies to community • Core diagnostics • Collaborative service delivery	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities	• 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	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities • Utilisation of non-health facilities	• Existing community services • Core diagnostics • Collaborative service delivery **AND** • Transformational whole system approach to care pathways/service delivery models across • Promotion of wellbeing/social model of health • Innovative informatics technology solutions	• 3 x H&WCs • 1 Wellbeing Hub within each Cluster • Satellite wellbeing hubs/HCs where appropriate • Consequent rationalisation of community facilities • Fit for purpose GP facilities • Utilisation of non-health facilities	• Existing community services • Core diagnostics • Collaborative service delivery **AND** • Transformational whole system approach to care pathways/service delivery models across • Promotion of wellbeing/social model of health • Innovative informatics technology solutions
Capital Costs/ Receipts	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 neutral across UHB** (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
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

4.5.3 SUMMARY OF PREFERRED OPTION PROJECTS

In summary, the projects to be taken forward as part of the preferred option are as follows:-

	Cardiff South and East Locality	Cardiff North and West Locality	Vale Locality
Tranche 1	• * H&WC@CRI – 2nd phase projects • WH@Maelfa (Llanedeyrn/Pentwyn Population)	• WH@ParkView (Cardiff SW Cluster)	• WH@Penarth (Eastern Vale Cluster)
Tranche 2	• * H&WC@CRI – 3rd phase projects	• H&WC@Whitchurch • WH@West Cardiff (LDP Developments) • WH@North Cardiff	• H&WC@Barry – 1st phase
Tranche 3	• * H&WC@CRI – final phase projects • Remaining WH developments, including satellite WHs where appropriate • Rationalisation of any remaining health centres and other community facilities	• Remaining WH developments, including satellite WHs where appropriate • Rationalisation of any remaining health centres and other community facilities	• H&WC@Barry – 2nd phase • Remaining WH developments, including satellite WHs where appropriate • Rationalisation of any remaining health centres and other community facilities

NB * The H&WC@CRI to be progressed as a single rolling project, phased over a 10 year period

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.

4.5.4 CONTINUED DEVELOPMENT OF SUBSEQUENT TRANCHES OF THE PROGRAMME

Section 3.6.2 Business Needs and Opportunities described the improvements and changes required for the programme to fulfil its agreed spending objectives.

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.

4.5.5 INDICATIVE CAPITAL COSTS

The tranche 1 wellbeing hub projects are confirmed as:-

- WH@Park View
- WH@Maelfa (Primary Care Pipeline Project)
- WH@Penarth (Primary Care Pipeline Project)

The H&WC@CRI will incorporate:-

- Relocation of SARC at CRI and enabling works
- Redevelopment of the Chapel at CRI
- The remaining capital works to complete the creation of the H&WC@CRI will be developed as a single rolling project, phased over a 10 year period.

Tranche 1 Wellbeing Hub Developments
Based on some initial concept design work the indicative capital costs for the projects within the first tranche of the programme are as follows:-

	1st Tranche Projects	Preferred Way Forward – 1st Tranche	
		Indicative Capital Costs (£)	Total £
Capital Costs	WH@ParkView	16.0m	36.567m
	WH@Maelfa	11.567m	
	WH@Penarth	9.0m	

H&WC@CRI
The table below provides an overview of capital costs associated with the works completed to date/committed at CRI, the completion of the remaining works to refurbish and develop the CRI and the projects outside the remaining works. The summary capital costs to refurbish and develop CRI compared to a new build replacement facility is also provided.

Capital Works Completed/Committed at CRI (27% of total gross internal floor area)

	Project	Status	Capital Cost £	Source of Capital Funding
Investment to Date	Phase 1:- • GMS – Four Elms • Sexual Health Department • CHAP/OOH	Completed	35.570m	AWCP
	Remedial/Safeguarding Works	Completed	2.426m	AWCP
	Lymphodaema	Completed	1.634m	Discretionary Capital
	Therapies Hub	Committed. Construction in progress	5.750m	AWCP (Rookwood Project)
TOTAL (a)			**45.379m**	

Remaining refurbishment and development work at CRI (73% of total gross internal floor area)

	H&WC@CRI Phased Across 10 Year Period	Indicative Capital Cost £
(b) Remaining Works	Capital safeguarding works and fit out to main building to accommodate the agreed service scope. **N.B.** BJCs will be developed to support each stage of the works to be undertaken.	**97.484m**

Projects Outside of the Remaining Works Above

	Project	Current Status	Indicative Capital Cost £
Current Business Cases	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	SOC submitted to WG Oct 2018	17.817m
	Chapel Development at CRI	BJC in development	3.935m
TOTAL (c)			**21.752m**

Summary of Total CRI Costs Compared with a New Build Solution

	Total Indicative Capital Costs (at 2018/19 values)		
	Refurbished CRI - Total Indicative Investment (a+b+c) £	**New Build Replacement CRI (excluding land cost) £**	**Difference/ CRI Premium £/%**
TOTAL	**164.6m**	**104.8m**	**59.8m/57%**

SOC capital cost forms for the remaining refurbishment works compared against a new build are attached as Appendix 11

N.B.

1. New build costs have been calculated on a simple like for like comparison of the CRI footprint.

2. Land costs associated with a new build are not included in the costs above. It should be noted that a previous land search was unable to find an alternative site on which to develop a H&WC in the area.

3. It should be noted that the development of the CRI will attract a premium cost associated with the Grade II listed status of the main building. This is demonstrated in the table above, which compares the capital cost of developing the existing CRI site against an equivalent new build solution, although it should be noted that land costs are not included.

The nature of the refurbishment work required to complete the development at CRI involves extensive asbestos remediation, roof and rainwater gutter repairs to ensure water tightness, significant structural repairs, repointing of the external stonework to deter water ingress, dry and wet rot treatment, replacement of existing windows and doors, upgrade of heating system and electrical infrastructure and complete internal fit out of the space to accommodate the service scope.

Summary of Capital Costs Sought

The summary of capital costs sought through the current PBC is as follows:-

	Preferred Way Forward – 1st Tranche WHs and H&WC@CRI	Indicative Capital Costs (£)	Total £
Capital Costs	WH@ParkView	16.0m	**155.803m**
	WH@Maelfa	11.567m	
	WH@Penarth	9.0m	
	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	17.817m	
	Chapel Development at CRI	3.935m	
	Remaining Capital safeguarding works and fit out to CRI	97.484m	

4.5.6 REVENUE COSTS

The UHB is committed to ensuring all programme spending objectives are delivered within the available revenue resource. However, at this point the service delivery and workforce models have not been finalised and reviewed to ensure maximum efficiencies are demonstrable. Building plans for the first tranche projects are not available at this time 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 the individual project business cases.

4.5.7 BENEFITS

This section provides an overview of the main benefits and costs associated with the preferred option. They were identified using a workshop approach. Attendees are shown below:-

Jeremy Holifield	Head Of Capital Planning , Capital Estates
Rachel Thomas	Locality Manager, South & East Cardiff Locality
Lee Davies	Head of Service Planning, Operations
Lynne Aston	Senior Assistant Finance Director, Finance
Lynne Topham	Locality Manager North & West Cardiff Locality
Rhys Davies	Assistant Locality Manager, North & West Cardiff Locality
Sarah Congreve	Assistant Vale Locality Manager
Sue Toner	Principal Health Promotion Specialist, Local Public Health Team

Sarah Capstick	Health and Social Care Facilitator, Third Sector
Linda Pritchard	Health and Social Care Facilitator, Third Sector
Follow-up interviews were subsequently held with:-	
Nicola Evans	Head of Workforce & Operational Development PCIC, Operational Human Resources
Rose Whittle	Head of Operations & Delivery, Community Child Health

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	• **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 • **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	• **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

	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	
Quantifiable	• **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	• **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
Qualitative	• 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	Collaborative working between partner organisations, leading to:- • 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

4.5.8 RISK QUANTIFICATION AND APPRAISAL

Business and Service Risk Appraisal

A risk appraisal has been completed for the preferred option using the method from the WG business case guidance. These were identified and scored using a workshop approach. They were identified using a workshop approach. Attendees are shown below:-

Jeremy Holifield	Head Of Capital Planning , Capital Estates
Rachel Thomas	Locality Manager, South & East Cardiff Locality
Lee Davies	Head of Service Planning, Operations
Lynne Aston	Senior Assistant Finance Director, Finance
Lynne Topham	Locality Manager North & West Cardiff Locality
Rhys Davies	Assistant Locality Manager, North & West Cardiff Locality
Sarah Congreve	Assistant Vale Locality Manager
Sue Toner	Principal Health Promotion Specialist, Local Public Health Team
Sarah Capstick	Health and Social Care Facilitator, Third Sector
Linda Pritchard	Health and Social Care Facilitator, Third Sector
Follow-up interviews were subsequently held with:-	
Nicola Evans	Head of Workforce & Operational Development PCIC, Operational Human Resources
Rose Whittle	Head of Operations & Delivery, Community Child Health

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		
	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

4.6 PREFERRED WAY FORWARD

The following summarises the preferred way forward for the development of the community infrastructure:-

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

The implementation of this ambitious vision will be broken down across a series of tranches. The PBC will be reviewed and updated at appropriate stages within the programme to provide greater detail for subsequent tranches as the planning work is undertaken.

The following wellbeing hub projects will be progressed in tranche 1 of the programme. The appropriate business cases, as agreed with Welsh Government colleagues, will be produced within agreed timescales for scrutiny and approval:-

- **WH@Park View** (AWCP)
- **WH@Maelfa** (Primary Care Pipeline Project)
- **WH@Penarth** (Primary Care Pipeline Project)

Each of these wellbeing hubs will provide shared, flexible and multi-functional spaces to deliver a range of integrated and collaborative community based services. Each wellbeing hub will differ, ensuring a targeted response to the particular health and wellbeing needs of local residents and the estate opportunities available.

The **H&WC@CRI** (AWCP) will incorporate:-

- Relocation of SARC at CRI and enabling works
- Redevelopment of the Chapel at CRI
- The remaining capital works to complete the creation of the H&WC@CRI will be developed as a single rolling project, phased over a 10 year period.

The continued development of CRI as a health and wellbeing centre remains a key component of our vision for creating a modern and fit for purpose community

infrastructure to support the transfer of activity from hospital settings to the community and provide for our rapidly growing population. For the South and East Cardiff Locality, it will:-

- Provide the environment to accelerate and enhance the integration of the planning and provision of integrated health and social care across a wider range of partner providers;
- Provide the physical capacity and functional capability to provide more services for local residents which promote and support the physical, mental and social wellbeing of residents;
- Address the critical infrastructure deterioration of the building and provide a unique opportunity to preserve a major architectural landmark which represents a huge history and heritage within the local community and beyond; and
- Build on strong local support for the building as a community asset, promoting co-production, co-design and co-ownership to nurture the development of a strong community spirit and consequent positive outcomes such as improved public health and social resilience.

The capital safeguarding works and fit out of the H&WC@CRI will be developed as a single rolling project, phased over a 10 year period. It will be based on delivering the draft service scope developed as part of the early service planning work for the H&WC@CRI. See Appendix 10. BJCs will be developed to support each stage of the works to be undertaken and submitted to Welsh Government for scrutiny and approval.

5. COMMERCIAL CASE

5.1 INTRODUCTION

This section of the PBC describes the potential procurement strategy for the preferred programme option, focusing on the procurement arrangements for the projects that will make up the first tranche of the programme.

5.2 PROCUREMENT STRATEGY

For projects with a construction value in excess of £4m, the UHB are mandated by WG to procure the Project Manager (PM), Cost Advisor (CA), Supervisor (Spvr) and the Supply Chain Partner (SCP), together with their Design Team Consultants (DTC), via the NHS Building for Wales frameworks. These frameworks have been established by NWSSP – Specialist Estates Services (SES), through OJEU notification, for adoption across NHS Wales.

Schemes with a construction value between £4m and £12m will be procured from Lot 1 South East Wales Framework. Schemes with a construction value that exceeds £12m will be procured from the National Framework.

The process for the selection of PM, CA, Spvr and SCP will be managed by SES.

This procurement route offers the Health Board the benefit of suitably experienced Supply Chain Partner teams who are skilled in the delivery of complex health care buildings in accordance with relevant HBN / HTM guidelines and statutory legislation whilst taking account of cost, time and quality.

The objectives of the NHS Building for Wales framework are:

- Shared ownership of key project objectives and challenges;
- Identification and ownership of project risks
- Environments designed to promote innovation and cross-project knowledge share
- Open communication creating an environment to manage change;
- Greater certainty of quality cost and programme; and
- A mutually supportive team culture.

Where opportunities arise, and where appropriate, procurement of works under £4M could be facilitated by a number of means. These include nationally accredited frameworks such as SCAPE, regional Local Authority frameworks such as SEWSCAP, or partner body frameworks such as Cardiff University framework for capital works.

5.3 REQUIRED OUTPUTS/PROJECTS

The SOFW: IOC Programme will realise the development of local facilities across Cardiff and the Vale of Glamorgan to support the emerging strategy for delivering local health care, improve the way we deliver integrated services for our residents, achieve better health outcomes, reduce health inequality and improve service user/patient experience.

The projects to be taken forward as part of the first tranche of the SOFW: IOC Programme are as follows:-

- The tranche 1 wellbeing hub projects are confirmed as:-
  - WH@Park View
  - WH@Maelfa (Primary Care Pipeline Project)
  - WH@Penarth (Primary Care Pipeline Project)

- The H&WC@CRI will incorporate:-
  - Relocation of SARC at CRI and enabling works
  - Redevelopment of the Chapel at CRI
  - Remaining capital safeguarding works and fit out to CRI. To be developed as a single project, phased over a 10 year period.

For detail of the projects that are being considered for subsequent tranches refer to 4.5.3 'Summary of Preferred Option Projects' above.

At each development, cross-sector collaboration is being actively pursued with other public and private sector bodies in terms of either utilising existing properties or co-location of services within developments. Specific detail of outcomes, together with implementation timescales for delivery, will be established on a project-by-project basis.

A programme plan, indicating anticipated dates for business case submissions for schemes in the 1st tranche, is to be found in Appendix 3.

5.4 POTENTIAL RISK APPORTIONMENT

This section provides an initial assessment of how the associated risks might be apportioned between the public sector and the private sector, and in some instances shared between the nominated organisations. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). The table below outlines the potential allocation of risk; this will be appraised and reviewed at subsequent stages to ensure there is an appropriate allocation of risk.

Risk Category	Potential Allocation		
	Public	Private	Shared
Design risk		✓	
Construction and development risk		✓	
Transition and implementation risk			✓
Availability and performance risk			✓
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks			✓
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks			✓
Other project risks			✓

The management of risk during the lifetime of respective schemes, will generally follow the process described in the Management Case: Arrangements for Risk Management (refer to 7.6 below). All risks will have an individual mitigation strategy to manage them, in order to reduce or eliminate the effect these risks will have on the project. Specific attention will be given to mitigating those risks with a high likelihood and/or high impact as these will have the biggest consequence upon the project.

5.5 POTENTIAL PAYMENT MECHANISMS

The specific proposed payment mechanisms will be reviewed and decided at later stages in the business case process. In any event payment will adhere to the terms and conditions of the contractual arrangements entered into. Building for Life frameworks utilise the NEC Option C form of contract typically.

The NEC Option C form of contract bases payment on evidenced actual cost of works. The Building for Life frameworks incentivise value for money by the application of a pain / gain mechanism, where the Supply Chain Partner receives a proportion of money saved against Target Cost whilst absorbing 100% of the pain should actual cost exceed the Target Cost.

5.5.1 SERVICE PROVISION

Recipients of health services associated with the programme will be Cardiff and Vale residents and as such services will be commissioned by the UHB. The vast majority of services will be delivered by the UHB, although third sector partners may be commissioned by the UHB to deliver particular wellbeing services, as appropriate.

5.5.2 SHARED ACCOMMODATION

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.

5.6 ACCOUNTANCY TREATMENT

It is assumed that public funding will be allocated for the projects and therefore assets will be included on the balance sheet of the Health Board. Any assets sold would then be removed from the UHB balance sheets.

5.7 POTENTIAL PERSONNEL IMPLICATIONS

The key personnel implications are likely to involve the development of our workforce to deliver transformational change, through redesigned clinical pathways and service delivery models.

Where we create wellbeing hubs integrated with local authority community hubs at a local level, there will be the potential for the development of arrangements for joint management of assets.

6. FINANCIAL CASE

6.1 INTRODUCTION

This section of the programme business case sets out the affordability of the constituent 1st tranche projects within the programme.

6.2 CAPITAL REQUIREMENT

	Preferred Way Forward – 1st Tranche WHs and H&WC@CRI	Indicative Capital Costs (£)	Source of Funding
Capital Costs	WH@ParkView	16.0m	AWCP
	WH@Maelfa	11.567m	Primary Care Pipeline
	WH@Penarth	9.0m	Primary Care Pipeline
	Relocation of the Sexual Assault Referral Centre at CRI and Enabling Works	17.817m	AWCP
	Redevelopment of the Chapel at CRI	3.935m	AWCP/LA/ Charitable Sources
	CRI - capital safeguarding works and fit out to accommodate the agreed service scope	97.484m	AWCP
TOTAL		**155.803m**	

Sources of Capital Funding
Anticipated sources of capital funding are identified in the table above. Appropriate business cases, as agreed with WG, will be produced for each of the projects and submitted to WG for approval.

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.

It is anticipated that the capital to implement the redevelopment of the *Chapel at CRI*, will be sourced primarily from the All Wales Capital Programme, with contributions from Cardiff Council and charitable sources. It should be noted that an application was made to the Integrated Capital Fund for this project but was not successful.

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

6.3 REVENUE REQUIREMENT

SOFW: IOC Programme is based on the premise that clinical pathways and service delivery models will be redesigned within the available revenue envelope to increase capacity and implement a shift of outpatient service delivery from hospital into the community. This will be achieved in a number of ways such as redesigning the workforce to enable them to work differently and more effectively, changing the skill mix of teams and enabling staff to work at the top of their skill set. In some cases clinics will be consolidated to provide a more efficient service.

The UHB will require assurance regarding the impact of proposed service changes and have adopted a proportionate approach based on the scale of service change impact. This will ensure that service change is not delayed unnecessarily and that scrutiny can be focused in the correct areas.

Work to redesign clinical pathways and service delivery models is a complex piece of work which is being worked through, with a view to informing the project business cases. For each of the first tranche projects, we have identified the potential activity levels that could be delivered from the planned community facilities and determined the anticipated scale of service change required to implement. We have used the following categories:-

Scale of Change				
Low		**Medium**	**High**	
No/minimal change:- • 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:- • Potential for economies of scale, within the responsibility of a single Clinical Board	Transfer of existing clinics:- • 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:- • 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	• 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	• 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	• 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

Potential revenue pressures are 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.

All of this work is ongoing and will inform the development of the individual project business cases.

6.4 OVERALL AFFORDABILITY

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

6.5 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.

7. MANAGEMENT CASE

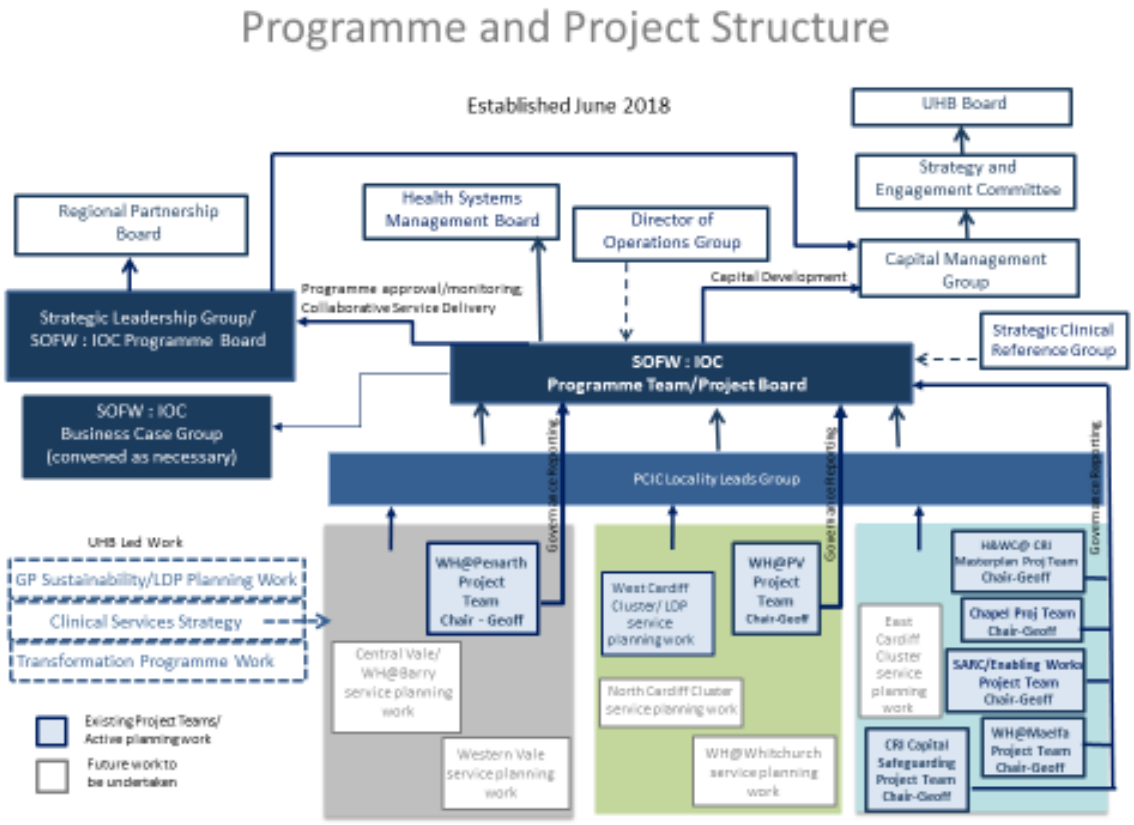
7.1 INTRODUCTION

This section of the programme business case describes the arrangements put in place to secure the successful delivery of the programme and its constituent projects.

7.2 PROGRAMME MANAGEMENT ARRANGEMENTS

This Programme Business Case describes the high level strategic approach for creating a network of local health and wellbeing facilities required to support the SOFW Strategy. Its success is dependent on working collaboratively with our partners to deliver integrated and co-ordinated services which meet the needs of local communities. The programme management arrangements reflect this collaborative partnership working, with our partner stakeholders having key roles at all levels within both the programme and project structures.

7.2.1 PROGRAMME AND PROJECT REPORTING 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.

7.2.2 PROGRAMME ROLES AND RESPONSIBILITIES

Investment Decision Maker

In line with the Capital Investment Manual, it is recognised that there must be clarity on decision making authority and management arrangements.

The Investment Decision Maker is the Cardiff and Vale UHB Board. Their role is to:-

- Ensure a viable and affordable programme business case exists and remains valid during the planning process
- Ensures that the appropriate level of business cases are developed for the constituent projects for submission to Welsh Government
- Maintain commitment to the programme and projects
- Authorise allocation of funds to the programme and projects
- Oversee programme and project performance
- Ensure resolution of issues

Senior Responsible Owner

The Senior Responsible Owner (SRO) of this programme and the constituent projects is the Executive Director of Strategy and Planning, Abigail Harris. The SRO will:-

- monitor the development and progress of the programme and constituent projects at Executive Board level and will exercise Executive responsibility for the capital aspects of the scheme including compliance with Financial Instructions and Standing Orders;
- be responsible for responding to internal and external audit scrutiny and ensuring the appropriate interim reports are made to the Capital and Estates Division of the Welsh Government in line with existing directives; and
- exercise responsibility for the production of the supporting business cases.

Programme Director

The Deputy Director of Strategy and Planning, Marie Davies, will fulfil the role of Programme Director and have ultimate responsibility for managing the development of the programme and associated business case on behalf of the SRO and ongoing management of the programme to ensure that desired programme outcomes and objectives are delivered.

Project Director
The Director of Capital, Estates and Facilities, Geoff Walsh, will fulfil the role of Project Director for each of the constituent capital projects of the Programme, as set out in the Capital Investment Manual. The Project Director will have ultimate responsibility for the projects and will ensure the projects are focused, throughout their lifecycle on achieving their objectives and delivering products that will achieve the projected benefits. The Project Director will ensure that the projects give value for money, ensuring a cost conscious approach to the project, balancing the demands of business, user and supplier. He will also act as the point of contact in all dealings with contractors, consultants and outside organisations involved in the construction process.

Programme Manager
The development of the programme will be managed by the Corporate Strategic Planning Lead, Chris Dawson-Morris.

The Programme Manager will establish the management structure for the programme, involving appropriate representatives from within the UHB and partner organisations who can provide the appropriate vision, direction and support to the development of the programme and the business cases.

He will develop and manage the programme plan, setting out the key actions and milestones to manage the business planning process culminating in the production of a Programme Business Case which is compliant with Welsh Government Infrastructure Investment Guidance.

Business Case Manager – Programme and Projects
This function will be undertaken by the Service Planning Project Lead, Alex Evans. She will project manage the business case process, culminating in the production of the SOFW: In Our Community PBC.

She will establish the management structure for the constituent projects of the Programme, involving appropriate representatives from within the UHB and partner organisations who can provide the appropriate input to support the development of the project and required business cases. She will work with the healthcare planning consultants appointed to assist in the development of business cases to develop and manage the project plan, setting out the key actions and milestones to manage the business planning process leading to the production of the agreed level of Business Case which is compliant with Welsh Government Infrastructure Investment Guidance.

Other Roles
The development of the Programme and constituent Projects will be supported by a range of corporate departments from within the UHB, partner organisations and the public:

Capital Planning **–** the development of capital plans supported by capital cost forms, quantified capital risks, optimism bias calculations, lifecycle costs, inflation calculations, equipment

Finance – the Finance Department will support the preparation of business cases in terms of the Economic Case and the Financial Case. They will lead the identification of revenue costs associated with the short listed options, quantification of benefits and risks and opportunity costs and undertake scenario planning/sensitivity analysis as appropriate.

The Finance Department will also assess and monitor the financial implications associated with both the programme and the constituent projects, particularly in relation to affordability, source of funding, revenue and capital charging implications, VAT reclamation and will evaluate the financial impact on the UHB's balance sheet.

Clinical – the Clinical Lead for Shaping Our Future Wellbeing will be responsible for ensuring effective clinical engagement throughout the development of the programme and projects, through the Clinical Reference Group.

For specific projects, appropriate clinicians will be invited to participate in the planning and implementation of developments.

Workforce – the Workforce and Organisational Development Department will provide advice in regard to the workforce plans for the programme and projects and support the development of revenue costs and the transformation of the workforce to deliver the required services. At the appropriate stage in the implementation of projects, the WOD Department will be responsible for communication with staff, union representatives and other representatives to ensure service issues are properly managed from a workforce perspective.

Service Change – Relevant Clinical Boards will be responsible for leading the necessary service changes within the UHB and in collaboration with partner organisations to ensure successful service outcomes and benefits identified in the programme and projects.

IM&T - the IM&T Department will support the development of the programme and projects through the provision of appropriate data and information to describe and assess the current service performance and project future service performance required to deliver the agreed spending objectives. The department will also advise the programme and projects in relation to the potential for health technology to transform service delivery.

Public Health – the Public Health Department will provide support to the programme and projects in relation to the assessment of health and wellbeing needs of the population and the required improvements in health outcomes and reduction in inequalities. They will also support the assessment of the proposed programme and projects in terms of the Health Impact Assessment and Equality Impact Assessment.

Clinical Boards – the Primary Community and Intermediate Care Clinical Board will provide advice to the programme and projects in relation to the vision for Locality and Cluster development. They will ensure there is appropriate primary care, Locality and Cluster representation within the programme and project structure to support the development of the development of the programme and projects. Other Clinical Boards will also provide advice in relation to relevant services, e.g. dental, mental health, children

and women, clinical diagnostics and therapeutics, medicine, surgery (ophthalmology), specialist services (cardiac services).

External Stakeholders and Partner Organisations (including Local Authorities, other Health Boards, third sector organisations, Cardiff and Vale of Glamorgan Community Health Council, Welsh Ambulance Services Trust, South Wales Police etc). A range of external stakeholders and partner organisations will play a key role in working with the UHB to realise its objectives in delivering integrated services, and as such will be represented on the programme and project management structure. They will provide advice on potential areas where integration would be beneficial and work with the UHB to implement changes to achieve integration.

Service users and local communities **–** the UHB acknowledges the importance of engaging with local communities and service users to understand how best services can be delivered in a way that is meaningful to people and that will encourage them to make appropriate and effective use of limited resources. The UHB will work with the Cardiff and Vale CHC and third sector groups to engage local communities and co-produce the services to be delivered in community based facilities. Both the CHC and Third Sector will be represented on the programme and project management structure. The programme engagement plan is attached as Appendix 2.

7.2.3 SPECIAL ADVISORS

A number of special advisors have been appointed to assist the UHB in the development of its programme:-

BDP	Architects
Adcuris	Healthcare Planners
Perfect Circle	Cost Advisors

7.3 PROGRAMME PLAN

A programme plan is attached as Appendix 3. This includes an overview of the tranches and constituent projects to be implemented across the life of the programme.

A more detailed indicative programme plan for the 1st tranche projects is also attached. This outlines the proposed business case submission dates for these projects and indicates the business case routes where they have already been agreed with Welsh Government.

7.4 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 Turning the Curve 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.

7.5 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 and are consistent with those identified earlier in the document. It also shows who has the accountability for its realisation. Timescales for the achievement of these benefits have been identified and included in the document.

A copy of the benefits realisation plan is attached at Appendix 1.

7.6 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. The current risk register for the preferred option is attached at Appendix 4.

7.7 PROGRAMME ASSURANCE

7.7.1 RISK POTENTIAL ASSESSMENT

The impact of the programme has been scored against the risk potential assessment (RPA) model. Completion of the RPA 1 form indicated that the risk associated with the size of the programme warranted a more in depth assessment of the risks. This assessment is summarised on the RPA 2 form, which indicated that the overall

complexity of the SOFW: IOC Programme is 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.

Copies of the completed RPA 1 and RPA 2 forms are attached as Appendices 5 and 6*.

7.7.2 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 is attached at Appendix 7. 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.

7.7.3 Integrated Assurance and Approval Plan

A copy of the integrated assurance and approval plan is attached at Appendix 8.

7.7.4 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.

APPENDICES

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY PROGRAMME

BENEFITS REGISTER

EMPOWERED AND HEALTHIER CARDIFF AND VALE OF GLAMORGAN POPULATION (health gain, equity)										
No.	**Benefit Category**	**Description**	**Service Feature**	**Activities Required**	**Responsible Officer**	**Performance**				**Timescale**
						Indicator	**Source**	**Baseline 2016/17**	**Target**	
1	Non-cash releasing	Improved healthy behaviours	Support people to choose healthy behaviours	Provide health and wellbeing information, advice and education in a variety of formats and focus activity and resources where identified need is highest	Director of Public Health	% of adults who report their general health status is poor	National Survey for Wales	To be set when first results published	Decrease year on year	2025 and beyond
2					Director of Public Health	% of adults who report being a current smoker or using e-cigarettes	National Survey for Wales	15%	Decrease year on year	2025 and beyond
3					Director of Public Health	% of adults who report drinking above weekly guidelines	National Survey for Wales	23%	Decrease year on year	2025 and beyond
4					Director of Public Health	% of adults who report eating 5 or more portions of fruit and veg the previous day	National Survey for Wales	31%	Increase year on year	2025 and beyond
5					Director of Public Health	% of adults who report being inactive the previous week (active < 30 mins)	National Survey for Wales	27%	Decrease year on year	2025 and beyond
6					Director of Public Health	% of adults who were overweight or obese	National Survey for Wales	54%	Decrease year on year	2025 and beyond
7					Director of Public Health	% of children aged 4-5 years who were a healthy weight	Childhood Measurement Programme	76%	Increase year on year	2025 and beyond
8	Quantifiable	People empowered to self-manage conditions	Provide people with the tools to self-manage conditions	Provide health and wellbeing information, advice and education in a variety of formats	Director of Operations, Clinical Diagnostics and	% of participants completing diabetes patient education course	Dietetics data	79%	Maintain performance at 79%	2025 and beyond

				and focus activity and resources where identified need is highest	Therapeutics Clinical Board				(focus on people with greater health issues and those who are less motivated)	
9					Director of Operations, Clinical Diagnostics and Therapeutics Clinical Board	% of participants completing Eating for Life patient education course	Dietetics data	57%	67%	205 and beyond
10					Director of Public Health	% of participants completing Quit Smoking course	Quit Smoking Stats	54%	64%	2025 and beyond
11					Director of Public Health	% of participants completing self-management/Education for Patients Programme courses	EPP data	51%	61%	2025 and beyond
12					Director of Public Health	% of adults in an eligible 'at risk' group aged under 65 years who receive seasonal flu vaccine	PHW VPDP	48.4%	55%	2018/19 then increase year on year
13					Director of Nursing	% of people who agree with the statement 'I or my carer was given all the information I needed'	National Survey for Wales	84% (all Wales figure. Include C&V figure when available)	Increase year on year	2025 and beyond
14	Quantifiable	Improved wellbeing	Support people to improve their general wellbeing	Provide health and wellbeing information, advice and education in a variety of formats and focus activity and resources where identified need is highest	Director of Strategy and Planning	% of people reporting emotional and social loneliness	National Survey for Wales	19.5%	Reduction year on year	2025 and beyond

PEOPLE CAN ACCESS COLLABORATIVE HEALTH CARE AND SUPPORT SERVICES MORE LOCALLY (equity)

No.	Benefit Category	Description	Service Feature	Activities Required	Responsible Officer	Performance				Timescale
						Indicator	Source	Baseline 2016/17	Target	
15	Quantifiable	Improved local access to services	Shift of outpatient and diagnostic activity from hospital to community	Redesign service delivery models	Chief Operating Officer	Number and % of 'outpatient' appointments delivered in a community setting	Stats Wales	14,295 2.47%	50-60,000 10-12%	2025
16	Non-cash releasing				Chief Operating Officer	Number and % of follow-up 'outpatient' appointment DNAs	Stats Wales	53,895 11.46%	16,000 5%	2025
17	Quantifiable				Director of Operations, Clinical Diagnostics and Therapeutics Clinical Board	Number and % of 'outpatient' imaging (x-ray, ultrasound) delivered in a community setting	CD&T stats	23,642 10.1%	35-45,000 15-19%	2025
18	Qualitative	People's physical, mental and social wellbeing needs are met through collaborative service delivery with partner organisations	Improved collaborative working	Co-locate services to facilitate delivery of collaborative and co-ordinated services	Director of Strategy and Planning	Range of co-located and joined up services delivered in shared facilities	UHB survey		Positive feedback from service users and partner organisations	2025

AVAILABILITY OF A NETWORK OF LOCALTIY AND CLUSTER BASED COMMUNITY FACILITIES WHICH ARE FUNCTIONAL, MODERN AND FIT FOR PURPOSE (value for money)

No.	Benefit Category	Description	Service Feature	Activities Required	Responsible Officer	Performance				Timescale
						Indicator	Source	Baseline 2016/17	Target	
19	Quantifiable	Community facilities located to provide optimum access for residents from most deprived areas	Availability of a H&WC within each Locality	Development of appropriate flexible facilities to deliver a range of health and wellbeing services for the Locality population	Director of Capital, Estates and Facilities	Availability of a H&WC in each Locality (S&E Cardiff, N&W Cardiff, Vale of Glamorgan)	Local Audit	1st phase development of H&WC@CRI completed for S&E Cardiff	Collaborative services delivered in newly created H&WCs:- • Completion of H&WC@CRI • Creation of H&WC@Barry Hosp	Phased implementation to 2025. Tranche 1 of the programme will focus on development of the H&WC@CRI

									Creation of a new build H&WC for the N&W Cardiff Locality	
20	Quantifiable		Availability of a Wellbeing Hub in each Cluster	Development of appropriate flexible facilities to deliver a range of health and wellbeing services in collaboration with partner organisations for Cluster residents	Director of Capital, Estates and Facilities	Availability of a Wellbeing Hub in each Cluster	Local Audit	1 WH available - @Butetown No WHs in other Clusters	Availability of a WH in each Cluster.	Phased implementation to 2025. Tranche 1 of the programme to focus on :- WH@ParkView WH@Maelfa WH@Penarth
21	Quantifiable	Fit for purpose community facilities	Fit for purpose community facilities	Improvement of facilities through upgrading or new build, shared with partner organisations where appropriate	Director of Capital, Estates and Facilities	% of community facilities with condition A/B (including leased facilities)	Estates Utilisation Survey	76%	90%	2025

IMPROVED HEALTH OUTCOMES FOR RESIDENTS OF CARDIFF AND THE VALE OF GLAMORGAN (health gain)										
No.	**Benefit Category**	**Description**	**Service Feature**	**Activities Required**	**Responsible Officer**	**Performance**				**Timescale**
						Indicator	**Source**	**Baseline 2016/17**	**Target**	
22	Quantifiable	People's health is improved	Service focused on conditions where prevention will have the greatest impact:- - Cancer - Dementia - Dental and eye care - Maternal health - Mental health	Redesign clinical pathways Develop a 'social model of care', focusing on holistic, physical, mental and social needs Focus activity and resources where prevention and management of	Director of Public Health	% of adults who report they have a limiting health problem or disability	National Survey for Wales	35%	Decrease year on year	2025 and beyond
23	Quantifiable				Director of Public Health	% of adults aged 65+ who reported their general health as good	National Survey for Wales	56%	Increase year on year	2025 and beyond
24	Non-cash releasing				Director of Public Health	% of people with 2 or more long term conditions	Welsh Health Survey	29%	Decrease year on year	2025 and beyond
25	Non-cash releasing				Director of Public Health	% of people diagnosed with diabetes	Welsh Health Survey	8%	Decrease year on year	2025 and beyond

26	Non-cash releasing		- Stroke - Long term conditions	conditions will have the greatest impact	Director of Public Health	% of people on the primary care register for serious mental illness	QOF Database – MH001	0.9%	Decrease year on year	2025 and beyond
27	Non-cash releasing				Chief Operating Officer	Rate of emergency hospital admissions for basket of 8 chronic conditions per 100,000 population	UHB Stats	1,058	800-900	2025

REDUCED HEALTH INEQUALITIES ACROSS CARDIFF AND VALE (equity, health gain)										
No.	**Benefit Category**	**Description**	**Service Feature**	**Activities Required**	**Responsible Officer**	**Performance**				**Timescale**
						Indicator	**Source**	**Baseline 2016/17**	**Target**	
28	Quantifiable	People's health is improved	Activity and resources focused where identified need is highest	Deliver services to meet particular needs of local community in a way that is meaningful to service users	Director of Public Health	Gap in number of healthy life years between the most and least deprived area	PHW Observatory	Males- 19.3 yrs Females- 16.8 yrs	Year on year reduction in gap	2025 and beyond

AVOID HARM, WASTE AND VARIATION (affordability, value for money, clinical and skills sustainability)										
No.	**Benefit Category**	**Description**	**Service Feature**	**Activities Required**	**Responsible Officer**	**Performance**				**Timescale**
						Indicator	**Source**	**Baseline 2016/17**	**Target**	
29	Non-cash releasing	Capacity of services/facilities improved to meet increasing and changing demand	Improve utilisation of clinics	Develop flexible and multi-functional facilities. Identify opportunities for shared use of public assets	Director of Capital, Estates and Facilities	Community based clinic utilisation rate	UHB survey	65%	85%	2025
30	Non-cash releasing	Community facilities rationalised	Community facilities rationalised	Identify opportunities for closure of both clinical and admin facilities. Identify opportunities for	Director of Capital, Estates and Facilities	Number of community based facilities	UHB asset register	36	To be determined	2025

				shared use of public assets						
31	Non-cash releasing	Plan future workforce to deliver redesigned clinical pathways and service delivery models	Improved use of available clinical skills	Redesign clinical pathways and service delivery models Plan future clinical skill mix of workforce and develop new roles where appropriate Train staff to allow people to operate at the top of their skill set	Director of Workforce and Organisational Development	% of advanced practitioners	UHB workforce database	0.39%	Increase by 10%	2025
						% of medical and dental staff		14%	Decrease by 10%	2025
						% of registered staff (bands 5-8)		61%	Decrease by 10%	2025
						% of healthcare support workers (bands 1-4)		25%	Increase by 10%	2025
						No. and % of physician associates (newly created role. To be evaluated)		0%	10 WTE/0.1% initially	2025
32	Qualitative	Implement technology to support service delivery and communications	Effective communication with the public, between clinicians and across partner organisations, facilitated by the use of a variety of technological solutions	Implement technology which enables effective communication between professionals and citizens	Head of IT and Strategic Development	Improved communication and sharing of information	User Survey		Positive feedback from professionals and citizens	2025

APPENDIX 2

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

SHAPING OUR FUTURE WELLBEING: IN THE COMMUNITY

STAKEHOLDER ENGAGEMENT AND COMMUNICATION PLAN

UPDATED JUNE 2018

SHAPING OUR FUTURE WELLBEING IN THE COMMUNITY

STAKEHOLDER ENGAGEMENT AND COMMUNICATION PLAN

CONTENTS

SHAPING OUR FUTURE WELLBEING IN THE COMMUNITY

STAKEHOLDER ENGAGEMENT AND COMMUNICATION PLAN

1. INTRODUCTION

This document outlines the intended approach to engagement with staff, partner stakeholders and the public on the service issues relating to the Shaping Our Future Wellbeing in the Community and establishes a framework for managing and co-ordinating the wide range of planned engagement and communication activities.

Effective engagement and communication with stakeholders will play an essential role in developing our future plans for developing our community based services across Cardiff and Vale and will inform the development of the Programme Business Case and subsequent stages in the planning process. In developing the plan, it is acknowledged that significant engagement has already been undertaken in the past on the future of CRI and the potential impact that this may have on the current engagement plans.

The plan has been updated to reflect the evolving partnership working that is evidenced in the programme and project management arrangements and has influenced the development of both the programme and the emerging first tranche of projects.

2. SCOPE AND PURPOSE

The context for engaging with stakeholders is the implementation of the UHB's 'Shaping Our Future Wellbeing' Strategy in the community. At its heart, our strategy aims to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. It focuses on the health and care needs of our local population, the promotion of healthy lifestyles, the planning and delivery of healthcare in people's homes, community facilities and hospitals whilst recognising the need to work more collaboratively with our partners to provide sustainable services, including those which we provide to the wider Welsh population.

The delivery of this strategy will see the transformation of our services through new clinical pathways and service models, with a greater focus on a 'social' model of health which promotes physical, mental and social wellbeing through the integration of primary, community and ambulatory secondary care services within the UHB and also in partnership with our stakeholders within the Local Authority and Third Sector. Delivery of these services will focus on the needs of locality populations through a network of Locality Hubs at CRI, Barry and Whitchurch, supported by services delivered in a wider range of community based facilities which respond to the particular needs of cluster populations.

This model will form the basis of a Programme Business Case to be submitted to Welsh Government for approval and access to capital funding either through the All Wales Capital Programme or through innovative sources of funding to be explored with stakeholder partners.

The engagement and communication plan will be reviewed as we progress through the programme planning process and into the project planning stages to ensure that it reflects the appropriate level of engagement required.

3. PRINCIPLES

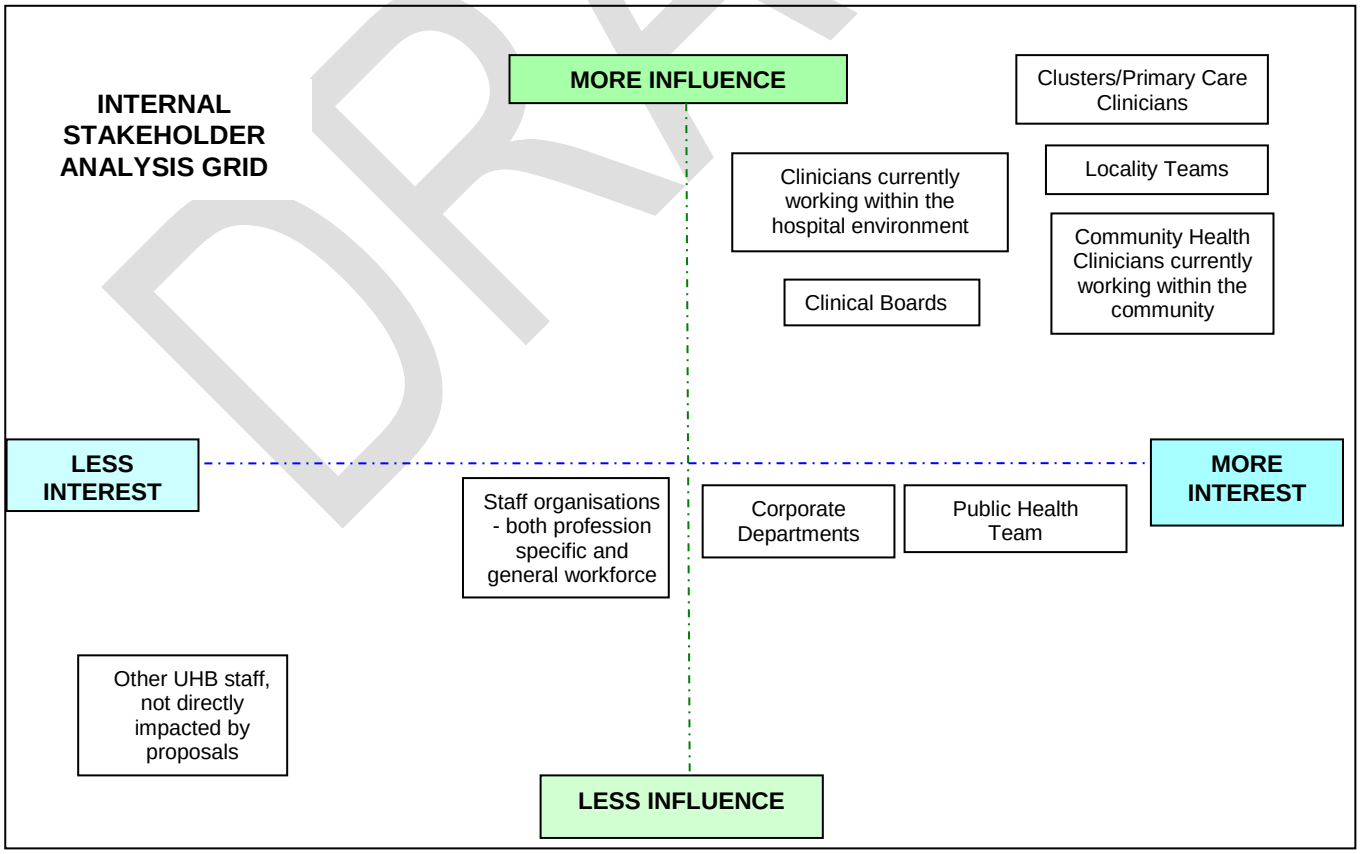
Engagement and communication will be focused on working with stakeholders who can contribute to the development of the programme. This will include staff, partner organisations, third sector groups and the public. The principles underpinning the engagement and communication plan are consistent with those set out in the 'National Principles for Public Engagement in Wales'.

- We will be open, transparent and accessible in all communications
- We will encourage those who could be affected by the proposals to be involved, if they so choose, and we will make it as easy as possible for people to take part
- We will work with relevant partner organisations to develop proposals that respond to the needs of the population served by the UHB
- We will ensure that communication is 2-way, that views expressed are considered when developing proposals and that feedback on the development is provided to stakeholders
- We will use simple, jargon free language
- We will ensure that engagement is undertaken in a planned and timely way

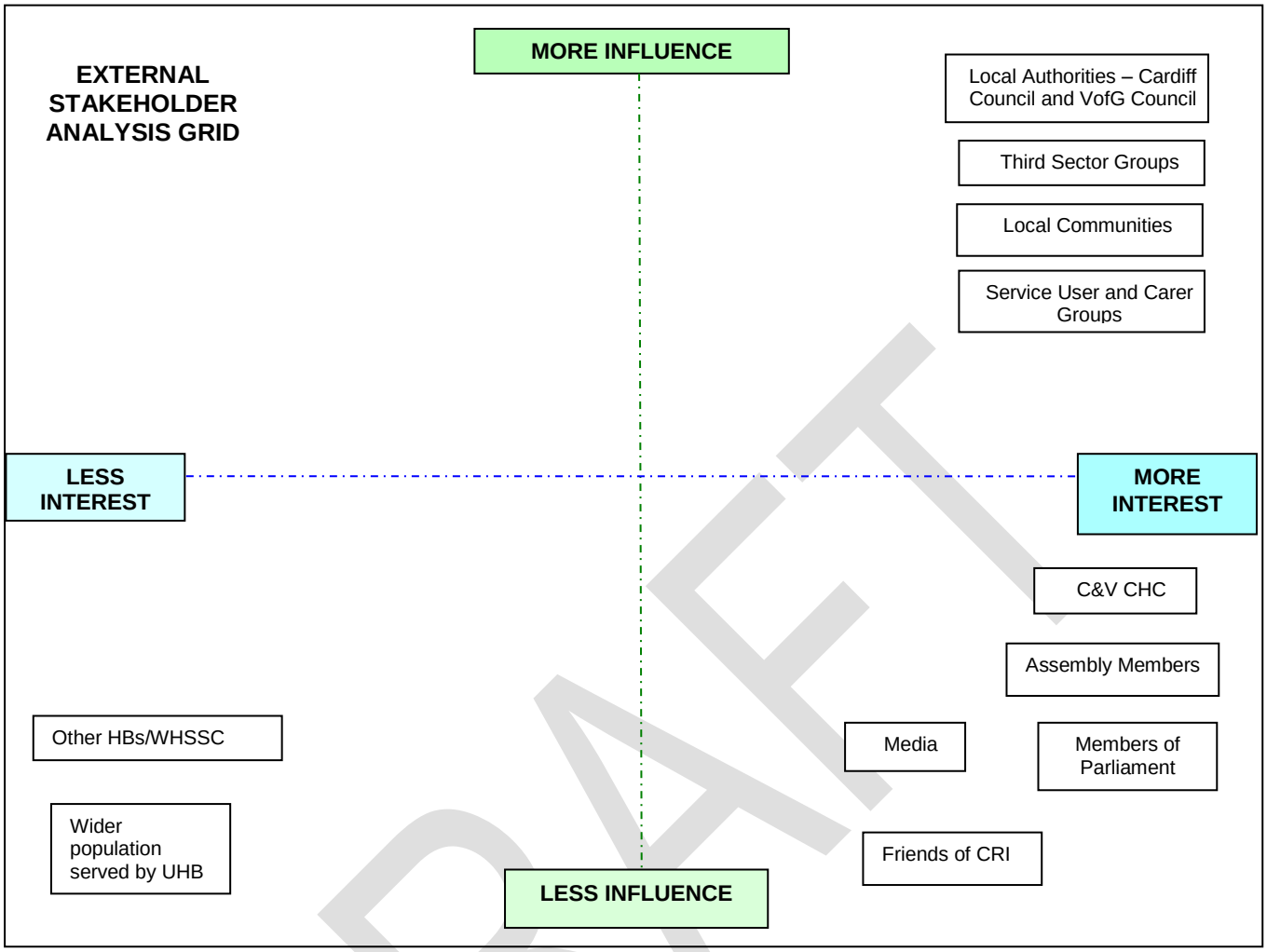
4. STAKEHOLDER ANALYSIS

Analyses have been undertaken for both internal and external stakeholders. It is acknowledged that as the programme progresses and moves into project development, stakeholders may move within the grid. It is important, therefore, that the analysis be reviewed at key stages of the planning process.

An analysis of internal stakeholders has been identified and is shown below:-



An analysis of external stakeholders has been identified and is shown below:-



5. ENGAGEMENT ACTIVITIES AND EVENTS

Attached as Appendix 1 is a draft programme of communication and engagement event and activities.

6. REVIEW

This plan concerns stakeholder engagement and communications during the planning and approval stage for the development of the Programme Business Case. Following scrutiny and approval from Welsh Government to move to the next stage of the planning process, the plan will be reviewed and amended in response to the needs of subsequent stages of the development.

Appendix 1

COMMUNICATION AND ENGAGEMENT EVENTS

The programme includes activities and event undertaken for the combined Big Improvement Goals Programme and SOFW: In Our Community programme

Stakeholder	Date	Nature of Engagement	Location	Lead / s
Clinical Boards, Corporate Depts, Public Health, Third Sector, Primary Care, Local Authorities, Cardiff University, CHC	17/12/15	SOFW: In Our Community Partnership Planning Event – exploring potential service delivery models across hospital, community and primary care facilities and considering the vision for Locality Health and Wellbeing Centres	Sports and Social Club, UHW	Abi Harris/ Marie Davies
Clinical Boards, Corporate Depts, Public Health, Third Sector, Primary Care, Local Authorities, Cardiff University, CHC	9/5/16	SOFW: IOC follow-up partnership planning event. Identifying where components of key clinical pathways can be delivered more locally and exploring how local health and wellbeing needs can influence development of community based facilities	Sports and Social Club, UHW	Abi Harris/ Rachel Rayment
South West Cardiff Cluster GPs	19/5/16	Discussing potential for a Wellbeing Hub to serve cluster residents, within the context of SOFW: In Our Community Programme	Lansdowne Surgery	Karen Pardy/ Clare Williams
Women & Children Clinical Board	7/6/16	Discussing different ways of working, future redesign of service provision Home first principle	~~Cochrane Building UHW~~ Academic Centre, UHL	Clare Williams
Partner stakeholders within South West Cardiff Cluster	9/6/16	Exploring key health and wellbeing services required to meet the priority needs of residents and where services are best, and most efficiently, delivered in collaboration with our partners	Western Leisure Centre, Ely	Clare Williams/ Karen Pardy
Community groups and organisations within Ely and Caerau	24/6/16	Community Co-production workshop to explore opportunities to improve local health and wellbeing in relation to a proposed Wellbeing hub for the Cluster	Canton Community Centre	Action for Caerau and Ely (ACE)
Vale 50+ Forum	27/6/16	SOFW: In Our Community. Conversation about the development of local	Barry Hospital	Marie Davies/ Dr Anna Kuczynska/

Stakeholder	Date	Nature of Engagement	Location	Lead / s
		services within the Vale Locality and the role of Barry Hospital within it		Lance Carver/ Ian Wile
Primary Care	13/7/16		Cardiff North Medical Centre	Simone Joslyn
Regional partnership board members	19/7/16		Life Science Hub Cardiff Bay	Rachel Jones
Third sector Diverse Cymru	21/7/16	Discussing engagement		Simone Joslyn
Community Resource Team - Cardiff	9/8/16	Big 2 on the road Perfect Locality	Llanrumney Health Centre	Adam Cairns / Simone Joslyn
Citizens	10/8/16	Talking about wellbeing	Vale Show	Simone Joslyn / Linda Donovan
Community Resource Team - Vale	9/9/16		Barry Hospital	Adam Cairns / Simone Joslyn
Cardiff West primary care team	16/9/16			Simone Joslyn
Community Health Council	26/9/16		Scout Hut-Roath	Sharon Hopkins/ Simone Joslyn
Service providers – Loudoun Square – UHB, LA, Cardiff Community Housing Association	8/12/16	Loudoun Square Hub - lessons learned in terms of what works well and how the facilities encourage collaboration across services. Will inform future development of wellbeing hubs.	@Loudoun Square	Alex Evans/ Rob Wilkinson
All	12/2016	Perfect Locality Newsletter 1		Simone Joslyn / Cassy Ashman
South West Cardiff Cluster GPs	19/1/17	Discussing vision for Wellbeing Hub@ParkView and key cluster requirements	Lansdowne Surgery	Karen Pardy/ Clare Williams
All	1/2017	Perfect Locality Newsletter 2		Simone Joslyn / Cassy Ashman
CPET Cluster	15/2/17	Primary care team		Clare Williams / Simone Joslyn
All	2/2017	Perfect Locality Newsletter 3		Simone Joslyn / Cassy Ashman
All	3/2017	Perfect Locality Newsletter 4		Simone Joslyn / Cassy Ashman
Staff, patients and partners within Ely & Caerau area.	15,16 & 21 /3/17 25 & 27/04/17	SOFW – WH@Park View development	Park View clinic & Hyb Ely	Alex Evans/ Simone Joslyn/Rhys Davies
Staff, partner organisations	29/3/ 2017	SOFW – H&WC@CRI	CRI	Karen Elcock/Rob Wilkinson
All	4/2017	Perfect Locality Newsletter		Simone Joslyn /

Stakeholder	Date	Nature of Engagement	Location	Lead / s
		5		Cassy Ashman
All	May 2017	Perfect Locality Newsletter 6		Simone Joslyn / Cassy Ashman
All	June 2017	Perfect Locality Newsletter 7		Simone Joslyn / Cassy Ashman
Maelfa community	4/8/2017	Community engagement with Maelfa residents at organised Fund Day	Powerhouse, Maelfa	Alex Evans/ Rob Wilkinson
Maelfa community	14/9/2017	Public meeting – conversation regarding proposals for the WH@Maelfa	Powerhouse, Maelfa	Jenny Rathbone/ Abi Harris/Geoff Walsh
All	Nov 2017	SOFW: IOC Newsletter		Alex Evans
Maelfa Community	16/2/ – 19/3/2018	Community engagement questionnaire for the WH@Maelfa	Various community locations	Rob Wilkinson
All	April 2018	SOFW: IOC Newsletter		Alex Evans
Cluster GPs	1/5/2018	SOFW – WH@Penarth	Dinas Powis Medical centre	Chris Dawson-Morris/Alex Evans
Vale 50+ Forum	3/5/2018	SOFW – Vision for the Vale, update on programme and H&WC@Barry, engagement options	VofG Civic Offices, Barry	Maria Battle/ Marie Davies

SOFW: In Our Community Programme - Tanche 1

Appendix 3

Programme	Location	Project Name	Business Case format	2017-18	2018-19				2019-20				2020-21				2021-22			
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Shaping Our Future Wellbeing: In Our Community (SOFW)																				
	C&V	SOFW:IOC PBC	PBC																	
Health & Wellbeing Centres (Tranche 1 Locality-level)																				
	CRI	Masterplan	Masterplan																	
	CRI	SARC redevelopment (with CAU/Links enabling works)	SOC/OBC/FBC		SOC Aug 2018		OBC Feb 18					FBC Feb 20								
	CRI	Chapel redevelopment	BJC																	
	CRI	Safeguarding/ Remedial Works	BJC				Dec-18													
Wellbeing Hubs (Tranche 1 Cluster-level)																				
	Ely	New-build Wellbeing Hub@Park View	OBC / FBC	OBC			Dec-18	FBC				Dec-19								
	Llanederyn	New-build Wellbeing Hub@Maelfa	OBC / FBC	OBC			Dec-18	FBC				Dec-19								
	Penarth	New-build Wellbeing Hub@Penarth	OBC / FBC		OBC		Dec-18	FBC				Dec-19								

KEY:

Business case

Internal/external approval

WG scrutiny

Estimated Construction

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Appendix 4

Reference	Guidance	Scoring
Impact	Impact if the risk materialises, scored 1 - 5	4 & 5 = high 3 = medium 1 & 2 = low
Likelihood	Likelihood of the risk materialising, scored 1 - 5	4 & 5 = high 3 = medium 1 & 2 = low
Overall Rating	Impact x Likelihood, scored 1 - 25	16 - 25 = high 8 - 16 = medium 1 - 8 = low

SOFW : In Our Community Programme - Risk/Issue Log

This template should be updated on a monthly basis. It should contain the key risks and issues facing each workstream. Each project workstream lead is responsible for ensuring that risks and issues are updated accurately.

Completed by:	Rob Wilkinson/Various	Date:	20/06/2018

OPEN PROGRAMME RISKS (Updated for consistency with PBC risk assessment)

Ref	Date Raised	Category/Type	Bearer of Risk	Risk/Issue (including impact and interdependencies with other risks)	Impact	Likelihood	Overall Rating	Owner	Mitigation and actions required	Last Updated	Closed Date	Risk/ Issue Status	Notes and Actions taken
R1	14/11/2016	Programme	UHB	Service models not signed off to time, leading to a delay in resource modelling and costing. Also leading to delay in implementing new delivery models	H	M	M	Chris Dawson-Morris	Hospital Clinic transformation programme is progressing. Service sustainability issues are being identified and plans in development to provide solutions.	06/06/2018		open	Support given to Clinical Boards is building momentum in developing and implementing service models across the UHB.
R2	14/11/2016	Programme	UHB	Lack of assurance that workforce/resource modelling will support delivery of new service models	H	M	M	Marie Davies	Recognition by Clinical Boards that this programme as an enabler to deliver integrated and prudent health and social care services across the UHB. Modelling work is underway and full implementation is a number of years away.	06/06/2018		open	Understanding of potential impact and benefits arising from this programme is being supported by on-going communications strategy across the UHB .
R3	14/11/2016	Programme	UHB	Agreed Clinical Output Specifications are not resource affordable	H	M	M	Marie Davies	Robust challenge required to resolve issues and agree a solution. May require escalation to Programme Board/SLG and UHB for decision	10/01/2018		open	
R4	14/11/2016	Reputational, Ethics and Responsibility	UHB	Lack of clarity in relation to appropriate stakeholder engagement and consultation, leading to lack of ownership and support for service change.	M	L	L	Marie Davies	Early negotiation with CHC and other stakeholders to agree level of engagement/ consultation required	10/01/2018		open	Initial discussion held at Project Board. Further discussions with CHC on-going.
R5	14/11/2016	Programme	UHB	Availability of resource (especially Finance staff) leading to information/data not available when required and potential slippage against the PBC plan	H	L	L	Marie Davies	Programme plan revised, although updated timescale for capital costs to be confirmed. Products register developed for the Technical Team with identified dates and lead. Identify all credible data sources, monitor the plan regularly and escalate issues and delays to Programme Team	10/01/2018		open	Product register reviewed monthly by Technical Team
R6	12/06/2017	Programme	UHB	Operational service changes may not meet the increasing pressure to generate revenue savings leading to a reduction in the programme's affordability	M	M	M	Marie Davies	Regular assessment on revenue saving priorities to inform Clinical Boards' decisions on revising operational service models	10/01/2018		open	
R7	12/06/2017	Programme	UHB	Pressure on Welsh Government's capital availability leading to programme's affordability.	H	H	H	Marie Davies	Regular liaison with WG to enable close monitoring of capital availability and appropriate adjustment to programme's spend profile	10/01/2018		open	Upgraded risk. Monitored at regular CRMs with WG. Maintain agility throughout Programme to take advantage of any alternative funding sources e.g. EoY surplus
R8	12/06/2017	Programme	UHB	Failure to meet Boards' timetable could lead to reduced governance compliance and lead to audit criticism.	L	M	M	Chris Dawson-Morris	Determine critical path to comply with governance process and additional Board meetings or Chair's action to be requested as necessary	10/01/2018		open	
R9	12/06/2017	Programme	UHB	Sustainability of Primary Care services deteriorates faster than expected leading to review of programme's priorities.	L	M	M	Marie Davies	Regular review with PCIC to enable priorities to be determined to minimise disruption to programme's progress	10/01/2018		open	Risk held on this register until appropriate projects have matured sufficiently to carry the risk
R10	12/06/2017	Programme	UHB	Information/data for wellbeing hubs at Maelfa and Eastern Vale are not available when required to inform the PBC	L	M	M	Chris Dawson-Morris	Close management of timelines for SOFW Programme and 1st Tranche projects	10/01/2018		open	
R11	10/01/2018	Programme	UHB	Failure to maximise LDP residential expansion developers' contributions towards health facilities under section 106 agreements.	M	M	M	Marie Davies	Closer working with Cardiff Council colleagues to ensure planning application considerations deliver maximum resource opportunity for UHB	10/01/2018		open	Risk held on this register until appropriate projects have matured sufficiently to carry the risk
R12	07/02/2018	Programme	UHB	GP sustainability issues could lead to further changes to the number and configuration of GP Practices requiring changes in number/size and scope of embedded Practice(s'), accommodation and services delivered from SOFW facilities (especially Wellbeing Hubs).	M	M	M	Marie Davies	Closer liaison with PCIC Clinical Board, Locality teams and Cluster leads to monitor GP sustainability issues and develop appropriate contingency plans.	12/04/2018		open	

SOFW PBC Risk Register June 2018

Ref	Date Raised	Category/Type	Bearer of Risk	Risk/Issue (including impact and interdependencies with other risks)	Impact	Likelihood	Overall Rating	Owner	Mitigation and actions required	Last Updated	Closed Date	Risk/ Issue Status	Notes and Actions taken
R13	28/02/2018	Programme	UHB	Delays in WHs@Maelfa and Penarth business case submission (due Dec-18 & FBC by Dec-19) could risk delivery of completed facility by Dec-21 leading to political embarrassment and risk to WG funding	H	M	H	Geoff Walsh	Careful management of business case progress to gain timely WG approval will enable sufficient period for construction	10/05/2018		Open	
R14	06/06/2018	Financial	UHB	Revenue costs underestimated. Shift in activity from hospital to community is not achievable within the available resources	H	M	H	Bob Chadwick	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	06/06/2018		Open	
R15	06/06/2018	Human Resource	UHB	Workforce not redesigned to support the new service delivery models	H	L	M	Steve Curry	Clinical Boards to develop realistic and flexible service delivery models Workforce and Organisational Development Team to support transformation programme	06/06/2018		Open	
R16	06/06/2018	Financial	UHB	Rationalisation of community estate doesn't realise sufficient resources to cover facilities costs of reconfigured estate	M	H	M	Geoff Walsh	Develop realistic proposals and monitor implementation	06/06/2018		Open	
R17	06/06/2018	Programme	UHB	Continued budget reductions to LA services (particularly social services, housing and non-statutory services which play a vital role in health and wellbeing) may increase demand for healthcare	M	L	M	Steve Curry	Monitor situation and adjust programme as appropriate	06/06/2018		Open	
R18	06/06/2018	Programme	UHB	Uncertainty of Third Sector continued availability and/or revenue streams may adversely impact on delivery of collaborative health and wellbeing service	M	M	M	Marie Davies	Monitor situation and adjust programme as appropriate	06/06/2018		Open	
R19	06/06/2018	Reputational, Ethics and Responsibility	UHB	Perception of UHB's ability to achieve proposed programme	M	L	M	Marie Davies	Ongoing engagement with public regarding progress with proposals and timescales	06/06/2018		open	
R21	06/06/2018	Programme	UHB	Delay in WG approval for capital investment business cases for H&WCs and WHs	M	M	M	Geoff Walsh	Work closely with WG to agree achievable timeframe for submission and approval of business cases	06/06/2018		open	
R22	06/06/2018	Programme	UHB	Objection from general public to the development of H&WCs and WHs and associated service change	M	M	H	Marie Davies	Ensure robust engagement process undertaken with local communities	06/06/2018		open	Transfer to individual project risk registers
R23	06/06/2018	Programme	UHB	Insufficient management capacity to support the scale of change required	L	L	L	Steve Curry	Progress and monitor implementation of service change plans through the IMTP process	06/06/2018		open	
R24	06/06/2018	Programme	UHB	Promotion of health and wellbeing model of care through H&WCs and WHs doesn't achieve anticipated improvements in health and welleing of population	M	L	L	Sharon Hopkins	Monitor situation and adjust programme as appropriate	06/06/2018		open	
R25	06/06/2018	Programme	UHB	Targeted provision of services/interventions doesn't reduce the health inequality gap as anticipated	M	L	L	Sharon Hopkins	Monitor situation and adjust programme as appropriate	06/06/2018		open	
R26	06/06/2018	Programme	UHB	Demand for services is greater than service capacity	H	L	M	Steve Curry	Monitor situation and adjust programme as appropriate	06/06/2018		open	

Appendix 5

Llywodraeth Cymru
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EXTERNAL ASSURANCE REVIEW PROCESS

RISK POTENTIAL ASSESSMENT STAGE 1

(RPA1 – FORM)

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

PROGRAMME BUSINESS CASE 2018

INTRODUCTION

It is **mandatory** for all Senior Responsible Owners (SRO) to complete an (RPA1) at the beginning of a programme/project and at key decision points in their lifecycles (if you need additional guidance on completion of the RPA1 please contact the Integrated Assurance Hub via the Programmes and Projects mailbox Programmes&Projects@wales.gsi.gov.uk

The WG Risk Potential Assessment form part 1, (RPA1) is designed to provide a standard set of high-level criteria for assessing the initial risk potential of a programme/project in a strategic context.

The RPA1 has two purposes: (a) for identifying potential risk of all programmes/projects across WG for use by the Integrated Assurance Hub, and (b) for determining the most applicable assurance method for a programme/project.

The RPA enables a conversation to be had about the risks and responsibilities that the SRO has for delivery. The RPA can also help the programme/project to identify areas where specific skills sets may be required.

HOW TO COMPLETE THIS FORM

The RPA1 is the first step in the external assurance process, and requires the Senior Responsible Owner (SRO) supported by the programme/project manager, to consider the programme/project through a strategic assessment of the potential consequential impact, should the programme/project fail to deliver its objectives or outcomes.

These assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. The majority of answers require the appropriate box to be checked, however, a short explanatory note of the reasoning for each mark is also required to provide further detail for the Integrated Assurance Hub and an audit trail of the considerations.

The completed RPA1 will be assessed by the Integrated Assurance Hub and where programmes/projects have been primarily assessed as medium risk or higher then completion of a further Complexity Assessment (**RPA2**) is required. Where programmes/projects have been primarily assessed as low risk, the Integrated Assurance Hub will advise the SRO of the outcome and offer further support if required.

PART 1: For completion by the SRO

SECTION A: PROGRAMME / PROJECT DETAILS	
Programme/Project Name	Shaping Our Future Wellbeing In Our Community Programme (SOFW: IOC)
SRO Name	Abigail Harris
SRO Contact Details	Abigail.harris@wales.nhs.uk 02920 743884
Department/Division	Executive Director of Strategy and Planning Cardiff and Vale UHB
Programme/Project Type	☐ Policy ☐ Legislation ☐ ICT enabled (have you completed a ICT Project Approval Form (IPAF) ☐ Business change ☐ Infrastructure ✓ Construction ☐ Capital ☐ Other (Please specify below:)

Brief overview of the programme/project:

The SOFW: IOC programme will develop our community based infrastructure to support the transformational delivery of services, redesigned to focus on:-

- The health and wellbeing needs of our local population through a social model of health (physical, mental and social wellbeing), delivered collaboratively with our partners;
- The promotion of healthy lifestyles;
- Improving health outcomes;
- Reducing health inequalities;
- The planning and delivery of services in the community with our Home First principle at its heart; and
- Improving capacity of services to meet increasing and changing demand for our services

The required community infrastructure solution is a network of community based facilities based on the premise of:-

- fit for purpose primary care premises;
- Wellbeing Hubs in each Cluster, making best use of joint assets where possible, including existing infrastructure and estate of both UHB and other public sector and primary care partners;
- 3 larger Locality Health and Wellbeing Centres (2 in Cardiff and 1 in the Vale)

SECTION B: ORGANISATIONAL COMMITMENTS	
Does the programme/project satisfy a ministerial commitment?	✓ YES In particular, early commitment has been given for primary care pipeline funding for the WH@Maelfa, WH@Penarth and also replacement third party facilities for Pentyrch Surgery pending submission and approval of business cases
If YES, please state who is the responsible minister(s)	Cabinet Secretary for Health and Social Services
Does the programme/project cut across ministerial portfolios?	✓ NO
If YES, please state which portfolios	-
Does the programme/project satisfy a major policy commitment?	✓ YES
If YES, which policy? Eg Programme for Government	• Taking Wales Forward (2016-2021) • Parliamentary Review of Health and Social Care in Wales (2018) • Prosperity for All (2017)
Does the programme/project satisfy a legislative requirement?	✓ YES
If YES, please clarify:	Explanatory Note: Wellbeing of Future Generations (Wales) Act (2015). Working collaboratively with partners to deliver services which progress our shared goals:- • A prosperous Wales; • A healthier Wales; • A resilient Wales; • A more equal Wales; • A Wales of cohesive communities; • A Wales of vibrant culture and thriving Welsh language; and • A Globally responsive Wales. Social Services and Wellbeing (Wales) Act (2014), particularly in

	terms of supporting people's wellbeing

SECTION C: PROGRAMME / PROJECT BUDGET

How much is the projected budget for the programme/project?

N.B. when completing this part of the form, please take into account the whole-life costs of the programme/project (as defined by HM Treasury Green Book)

Up to £50k	£50k - £250K	£250K - £1m	£1m - £5m	£5m and above
☐	☐	☐	☐	✓

How long is the programme/project expected to run?

Up to 1 yr	Up to 2yrs	Up to 3yrs	Up to 4yrs	Up to 5yrs	Unknown
☐	☐	☐	☐	☐	10 years +

Is funding secured and in place for the entire lifecycle of the programme/project?	✓ NO The constituent projects that make up the programme will be implemented through a series of tranches. Projects will be largely stand-alone construction developments. The programme will be updated as we progress through the programme
If NO, what is the deficit?	£88.5m estimated - first tranche projects: WH@ParkView - £16m WH@Maelfa - £8m out turn costs WH@Penarth - £6m out turn costs H&WC@CRI – Phase 2:- - Relocation of SARC/Enabling Works - £10m - Chapel - £3.5m - Safeguarding/Remedial Works - £45m Explanatory Note: Work is progressing to refine the future tranches outlined in the SOFW: IOC Programme. These will be included in future iterations of the PBC
Does the programme/project receive external funding? Eg Wales Infrastructure Investment Plan Funding	All Wales Capital Programme Primary Care Pipeline Fund Potential for joint development of some projects with the Local Authority and/or 3rd party developers

SECTION D: STAFF IMPACT	
Is the programme/project concerned with business, operational or ICT-enabled change?	✓ YES
If YES please provide additional information:	Explanatory Note: • Redesigned service delivery models supported by new health technology • Implementation of IT which enables effective communication between professionals and with partner organisations to support service delivery

How many staff within the organisation will be affected by the programme/project?

1-100	100-250	250-500	500-1,000	1,000 +	All staff
☐	☐	☐	☐	✓	☐

Does the programme/project involve the physical movement of staff? If yes, how many approximately	✓ YES Staff already move between community clinics to deliver services. Some of these staff teams may move base within the community. Some hospital based staff may be required to deliver services in community clinics.
Will there be any training requirements involved in the final delivery of the programme/project output(s)?	✓ YES
If YES please provide more detail:	Explanatory Note: Development of workforce skills to deliver new ways of working and use of new technology

SECTION E: PROGRAMME/PROJECT DEPENDENCIES	
Is the programme/project dependant upon the delivery of another programme/project to meet its objectives?	✓ YES
If YES please clarify:	Explanatory Note: This capital infrastructure programme forms part of the wider UHB SOFW strategy for improving the health and wellbeing of our residents. As such it is dependent on the implementation of transformational clinical pathways and service delivery models which will see a shift in services delivered from hospital to community based clinics. This work is being developed in parallel with the SOFW: IOC Programme
Is there another programme/project within the organisation that is dependant on this programme/project delivering to time and cost?	✓ YES
If YES please clarify:	Explanatory Note: The ability to implement transformational clinical pathways and service delivery models is dependent on the availability of appropriate clinical infrastructure in the community
Has a scoping exercise been undertaken to ensure that there is no duplication of work in any other part of the organisation?	✓ YES
Does the programme/project have external stakeholders?	✓ YES
Have all key stakeholders been identified and engaged?	✓ YES – all key stakeholders identified and engaged

SECTION F: SECURITY		
Has Privacy Impact Assessment (PIA) screening been undertaken?	N/A	
If NO please complete the PIA screening tool:  gateway hub - template - pia f...		
Does screening indicate that a formal PIA assessment is required?	☐ YES	☐ NO
If YES, has the PIA been undertaken?	☐ YES	☐ NO
Please supply the following documentary evidence: • Copy of completed PIA screening tool • Copy of PIA report (where formal PIA undertaken)		

Section G: SRO ENDORSEMENT	
I am satisfied that the initial Risk Potential Assessment provides an accurate reflection of the programme/project at this stage of development.	
Signed ***** Abigail Harris (Senior Responsible Owner)	Date ***** 10/7/18.
I will re-asses the programme/project if there is a significant change to the programme/project scope or budget or if significant changes emerge that may threaten successful delivery.	
Signed ***** Abigail Harris (Senior Responsible Owner)	Date ***** 10/7/18

SECTION H: ASSESSMENT BY INTEGRATED ASSURANCE HUB	
I am satisfied that the SRO's assessment of the programme/project, as recorded above, is an accurate reflection of the programme/project's risk potential at this stage of development.	
Signed A (Integrated Assurance Hub)	Date
Based on the information provided, the risk potential of this programme/project is assessed as:	☐ Very High Risk ☐ High Risk ☐ Medium Risk ☐ Low Risk

Does the programme/project require external assurance?	☐ YES - RPA2 required for validation ☐ NO

SECTION I : FILING / RECORDING ARRANGEMENTS BY THE PROGRAMME/PROJECT
Retain a copy of this completed and signed form with the official record for the programme or project. ☐
If this assessment relates to a grant-funded project, a copy of this form must be sent to the Grants team. ☐ sent date:
If this assessment relates to a Wales Infrastructure Investment Plan funded project, a copy of this form must be sent to the WIIP team. ☐ sent date:
If this assessment relates to a Programme and Project Management-funded project, a copy of this form must be sent to the Programme and Project Management Division. ☐ sent date:

Appendix 6

Llywodraeth Cymru
Welsh Government

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EXTERNAL ASSURANCE REVIEW PROCESS

RISK POTENTIAL ASSESSMENT STAGE 2

(RPA2 – FORM)

SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

PROGRAMME BUSINESS CASE 2018

1. Programme or Project Name *(Also note previous name if it has changed since last review)*	Shaping Our Future Wellbeing: In Our Community Programme (SOFW: IOC)
2. Programme/Project type	~~**Policy development**~~**, Property/construction enabled business change,** ~~**IT enabled business change, Other Acquisition, or Other/multifaceted**~~ ***(Delete as appropriate)***
3. Programme/Project: Objectives and expected Benefits	**Objectives & Benefits:** *Insert a short narrative summary description of financial and non-financial benefits envisaged:* The SOFW: IOC programme will develop our community based infrastructure to support the transformational delivery of services, redesigned to focus on:- • The health and wellbeing needs of our local population through a social model of health (physical, mental and social wellbeing), delivered collaboratively with our partners; • The promotion of healthy lifestyles; • Improving health and wellbeing outcomes; • Reducing health inequalities; • The planning and delivery of services in the community with our Home First principle at its heart; and • Improving capacity of services to meet increasing and changing demand for our services. Service delivery models will be redesigned to:- • enable a shift of outpatient clinic delivery from hospital to community; and • strengthen service capacity to meet the needs of a growing population with changing demand for health services. The required community infrastructure solution is a network of community based facilities based on the premise of:- • fit for purpose primary care premises; • Wellbeing Hubs (WH) in each Cluster, making best use of joint assets where possible, including existing infrastructure and estate of both UHB and other public sector and primary care partners; • 3 Locality Health and Wellbeing Centres (H&WC) - 2 in Cardiff and 1 in the Vale
4. Division name	
5. Parent Department name	
6. SRO Contact Details	**Name:** Abigail Harris, Director of Strategy and Planning **Address:** Cardiff and Vale UHB, UHW, Heath Park, Cardiff CF14 4XW **Telephone No.** 02920 743884 **Email:** Abigail.Harris@wales.nhs.uk
7. Programme/Project Manager details	**Name:** Chris Dawson-Morris, Corporate Strategic Planning Lead **Address:** Cardiff and Vale UHB, Lakeside Offices, UHW, Heath Park, Cardiff CF14 4XW **Telephone No.** 02921 842150 **Email:** Chris.Dawson-Morris@wales.nhs.uk
8. Primary contact point for administration of the assurance review	**Name:** Alex Evans, Service Planning Project Lead **Address:** Cardiff and Vale UHB, Lakeside Offices, UHW, Heath Park,

	Cardiff CF14 4XW **Telephone No.** 029 2074 4098 **Email:** alex.evans@wales.nhs.uk
9. Finance Officer details *(review costs will initially be met by the Integrated Assurance Hub but will be recouped via journal at the end of the review)*	**Name:** Cath David, Assistant Head of Finance **Address:** Cardiff and Vale UHB, Brecknock House, UHW, Heath Park, Cardiff CF14 4XW **Telephone No.** 02921 847884 **Email:** Catherine.David@wales.nhs.uk
10. Programme: please list names of constituent projects. Project: please give name of the overarching programme.	**SOFW: In Our Community programme:-** **Tranche 1 –** H&WC@CRI – 2nd phase development:- - Relocation of SARC and Enabling Works - Chapel Re-development - Capital Safeguarding/Remedial Works WH@ParkView Primary Care Pipeline Improvements:- - WH@Maelfa - WH@Penarth - Pentyrch GP Surgery (3rd Party Development) **Tranche 2 –** H&WC@CRI – phase 3 projects Development of H&WC@Barry Development of H&WC@Whitchurch Development of Wellbeing Hubs – locations to be determined Primary Care Pipeline Improvements – to be confirmed **Tranche 3 –** H&WC@CRI – final phase projects Development of H&WC@Barry – phase 2 Development of remaining WHs – locations to be confirmed Primary Care Pipeline Improvements – to be confirmed
11. Costs *(as defined in latest business case)*	**Capital:** 1st Tranche projects **£ 88.5m** **Operational(Running costs): To Be Confirmed** **Whole life:** N/A
12. Expected duration of programme/project	10 years plus
13. RPA1 Assessment	**Low/Medium/High/Very High*** ***** delete as appropriate RPA 1 submitted to Integrated Assurance Hub for risk rating
14. Overall RPA Assessment *(Derived from Table C)*	Awaiting assessment of the RPA 1 from the Integrated Assurance hub
15. Has your Programme/Project undergone previous assurance?	No
16. Name of responsible Minister	Cabinet Secretary for Health and Social Care
17. Approved By SRO	**Date:**
18 Validated by Integrated Assurance Hub	**Name:** **Date:** **Email:** **Tel. No.**
19. Validated by Head of Assurance	**Name:**

Guidance for Completion of the RPA2

How to complete this form

The RPA2 is an assessment of a programme/project's overall complexity, and should be completed on instruction from the Integrated Assurance Hub, following the assessment of the completed RPA1 form.

The RPA2 is split into 4 complexity areas, each with a series of assessments. The results of each assessment must be indicated by the SRO marking **X** in the appropriate box between Very Low (VL) and Very High (VH). Those assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. Examples have been provided as a guide to what might be considered for VL or VH assessments. For each assessment a short explanatory note of the reasoning for each mark should be given in the text box to provide an audit trail of the considerations.

Having assessed each complexity factor in each of the four areas, an overall assessment is then required to determine a summary assessment for each area. Again an **X** should be marked in the appropriate score box (yellow area) and explanation given in the notes box. These results should be recorded in the **Complexity Assessment Summary**. Consideration should now be given to reaching an **Overall Complexity Assessment** for the programme/project, based on the four area assessments. Again there is no scoring or formula for determining this; it is the programme/project's holistic assessment. The Overall Complexity Assessment is recorded in the final (pale green) section of Complexity Assessment Summary with an **X** marked in the appropriate box. An explanatory note must be provided to support the overall complexity assessment for audit trail purposes.

The overall **Risk Potential Assessment** for the programme/project is determined by plotting the respective assessments on **Table C**.

Using the overall results from the Impact and Complexity Assessments and the respective axis of Table C, mark an **X** in the appropriate cell where the respective assessments intersect. This will then indicate what level of Assurance Review may be required, Low, Medium, High or Very High Risk review. The overall level of assurance review (L/M/H/VH) should then be noted in Box 14 on the front page of the RPA2 form. The Senior Responsible Owner must agree the completed RPA2, after which the completed form should then be sent to Integrated Assurance Hub for validation.

How is the Score Validated?

The Integrated Assurance Hub will independently validate the RPA2 and must be satisfied that it fairly reflects the programme/project's strategic profile within the organisation's change portfolio. When a RPA2 outcome is agreed as Medium or Higher, the Integrated Assurance Hub will instigate and assessment meeting to discuss next steps.

Programme/Project Complexity Assessment

An assessment of the complexity factors that may affect the achievement of the programme/project objectives

1. Strategic Profile		Very Low	Low	Med	High	Very High	
1.1. Political	No political involvement or not requiring any special handling or additional engagement			X			Multiple political interests requiring handling. Political agenda changing, unclear direction or increasing opposition. External political interests involved e.g. EU
Explanatory Notes	While there could be the potential for a higher complexity rating due to the transformational nature of the programme, this has been partially mitigated through the substantial and wide ranging stakeholder engagement undertaken as part of the development of the SOFW Strategy and the SOFW: IOC Programme. Multiple levels of political interest, e.g. AMs, local government, town councils etc with differing interests depending on the specific proposals for each of the projects. Whilst there has been previous engagement on SOFW, there are still, and will continue to be competing complex interests The proposals articulated within the programme are consistent with the national vision and strategies for the local delivery of collaborative health and wellbeing services with partner organisations, which promote improved health outcomes.						
1.2. Public	No or very low public profile. No change in public interest or service provision. No interest from external pressure groups				X		Very high public profile, significant interest from public and/or from active pressure groups/media. Complex external communications.
Explanatory Notes	While there could be the potential for a higher complexity rating due to the transformational nature of the programme, this has been mitigated through the substantial and wide ranging stakeholder engagement undertaken as part of the development of the SOFW Strategy and the SOFW: IOC Programme. The first tranche of projects will focus mainly on those areas of significant deprivation in Cardiff, and there is an element of concern from the Vale of Glamorgan that community developments for their population will not be delivered until in later in the programme. The SOFW Strategy has been co-produced with partner organisations and local communities. The SOFW: In Our Community Programme will build on this partnership through continued co-production and engagement with local communities and partner organisations to ensure that project proposals provide the most appropriate response to the needs of the residents served. Interest from the public and pressure groups will depend on exactly what is being proposed (eg different locations, closure of some GPs for example). The movement of services out of hospitals to different locations, eg Wellbeing hubs, Health & Wellbeing Centres will have high interest especially with issues with public transport and other things outside the UHB's control. The uncertainty about Barry Hospital's future continues to be discussed.						
1.3. Business performance	No significant change to the organisation's business. No change to the operation of external bodies				X		Very high business performance profile. Changing demands or expectations of performance or staff or behaviours. Significant increase in delivery status expected
Explanatory Notes	Key focus will be on redesigning existing services to • enable a shift of outpatient clinic delivery from hospital to community; and • strengthen service capacity to meet the needs of a growing population with changing demand for health services.						

	However, the programme is planned through a series of tranches which will allow service redesign to be piloted and projects adjusted as appropriate for future tranches						
1.4. Organisational objectives	No links to strategic targets or performance indicators e.g. PSA targets. Strategic status (portfolio position), mandate & objectives clear, stable and unlikely to change.				**X**		Critical link to delivery of key strategic objectives /targets. Strategic status, mandate or objectives likely to change
Explanatory Notes	This Programme is key to the implementation of the UHB SOFW Strategy and is supported by the UHB's Service Transformation Programme. In combination, they seek to improve population health, reduce health inequality, increase capacity to meet the needs and demands of a growing and ageing population, avoid harm, waste and variation This is a long term strategy which is consistent with national strategy and policies. The SOFW: IOC Programme is planned as a series of tranches which will allow for the programme to be regularly reviewed and consideration to be given to any necessary adjustments to the programme						
Strategic profile summary assessment	**Strategic profile low changes unlikely to threaten objectives**	VL	L	M	H **X**	VH	**Strategic profile very high and changes highly likely to threaten achievement of objectives**

Explanatory Notes (Completion Mandatory)

The strategic profile of the SOFW: IOC Programme is assessed as being a high risk.

The SOFW: In Our Community Infrastructure Programme is consistent with established national and local strategic direction in particular:-

- Taking Wales Forward (2016-2021)
- Parliamentary Review of Health and Social Care in Wales (2018)
- Prosperity for All (2017)
- Wellbeing of Future Generations (Wales) Act (2015)

The Programme will provide a strong foundation on which to build our community delivered health and wellbeing services, designed to support:-

- The health and wellbeing needs of our local population through a social model of health (physical, mental and social wellbeing), delivered collaboratively with our partners;
- The promotion of healthy lifestyles;
- Improving health and wellbeing outcomes;
- Reducing health inequalities;
- The planning and delivery of services in the community with our Home First principle at its heart; and
- Improving capacity of services to meet increasing and changing demand for our services.

The programme is planned as a series of tranches which will allow for the programme to be regularly reviewed and consideration given to any necessary adjustments to the programme as we move forward

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

2. Delivery Challenge		**Very Low**	**Low**	**Med**	**High**	**Very High**	
2.1. Policy /Legal	No legal matters or legislation involved. Policy & legal implications fully understood, aligned and stable. Policy development assurance			**X**			Affects complex, multiple or cross-border jurisdictions. Legal, legislative or cross organisational policy unclear or changes & challenges highly likely. No policy development reviews

	review e.g. Starting Gate or equivalent, undertaken						undertaken
Explanatory Notes	The proposals have been developed in collaboration with our partner organisations. Proposals involve, where possible, the development of flexible and shared facilities, which are likely to require the development of shared assets and joint management arrangements. However, there is a willingness of all parties to work together to successfully implement the proposals						
2.2. Security	No security or public data handling implications.			**X**			Significant national security or public data handling issues or requirements
Explanatory Notes	Successful collaborative service delivery will depend on the ability of clinicians and other professionals to appropriately communicate across partner organisations. Innovative cross organisation technology solutions will be required to facilitate this						
2.3. Requirements for Business change	Stable business, no significant changes envisaged to requirements. Implications of wider strategic changes e.g. sustainability, green agendas established Clearly defined, agreed measurable outcomes. Limited change to business operations.				**X**		Multiple, interdependent and complex requirements that are dependent on wider emerging or change initiatives e.g. sustainability. Extensive change to business operations or additional information reporting requirements. Significant unplanned changes to business requirements or outcomes likely to be imposed or required.
Explanatory Notes	Significant change required to redesign service delivery models to implement new ways of working. However, the programme is planned through a series of tranches which will allow service redesign to be piloted and projects adjusted as appropriate for future tranches						
2.4.Technology, development, production and/or techniques	Involves no new or novel technology, development, implementation, production products, tools or techniques. Extensive previous use of development or production techniques.			**X**			First or extensive use of leading edge, novel or innovative technology. High degree of design, build or implementation complexity or uncertainty. Technology or methodology likely to be subject to major changes.
Explanatory Notes	Available health technology solutions will be implemented as appropriate through the Digital Health Informatics Programme. Use of all Wales technology solutions to be used where appropriate. However, the SOFW: IOC programme is planned through a series of tranches which will allow new technology to be piloted and rolled out as appropriate. SOFW is a long term programme of change and technological advances over that period are likely to be significant.						
2.5. Commercial & Supplier Delivery	Established contracts or existing frameworks to be used. Commercial environment stable. Experienced sector suppliers. Single supplier or short supply chain.	**X**					Complex or innovative commercial arrangements. Supplier market limited and/or very specialist. Multiple suppliers or complex/volatile supply or logistical chain.
Explanatory Notes	Construction contracts to be procured through the new Designed for Life – Building for Wales Framework.						
2.6. Financial provision	Funding from within organisation budgets, no influence from				**X**		Complex cross-organisational funding arrangements. Funding not agreed or in

	economic climate. Supplier's funding all in place.						place. Third party or supplier funding not in place. Economic conditions likely to affect funding options or availability.
Explanatory Notes	Service delivery models, including skill mix of workforce, to be redesigned to implement new ways of working within available resources. Integrated services to be developed with partner organisations. Sustainability of third sector funding uncertain. Rationalisation of community estate and joint management of community assets with partner organisations where appropriate, to offset costs of reconfigured estate						
2.7. Governance & Programme/ project management	Straightforward and stable governance structure. Recognised formal PPM methodologies in use. Key post holders in place			**X**			Complex or multi-faceted governance or management structures. Governance, management structures or key post holders likely to change.
Explanatory Notes	Established programme and project management arrangements implemented. Regularly monitored to ensure fit for purpose. Governance structure is complex within the UHB and management/key posts may well be subject to change.						
2.8. Stakeholders	Single stakeholder community, fully bought in. No expected change in stakeholder environment or from agreed requirements and outcomes				**X**		Complex stakeholder community Stakeholder environment volatile or with significant external change factors.
Explanatory Notes	Multiple stakeholders (staff, service users, community, third sector, Local Authority and other public sector organisations) involved. All have shaped the SOFW Strategy and are fully engaged in the development of the SOFW: IOC programme and projects, through representation within the programme and project management structure and ongoing engagement events. The stakeholder community is closer to a complex community rather than a single community. Not sure that all stakeholders are fully engaged in SOFW, especially service users and communities and there has been more engagement in Cardiff than the Vale.						
2.9 Dependencies	Stand alone, no or few dependencies on or for other prog/projects. All statutory approvals or authorisations in place				**X**		Complex dependency relationships with other projects or organisations. Significant external statutory authorisations or approvals e.g. legislation, financial approvals, planning consent, remain outstanding or require explicit management Dependencies changing or conflicting; coordination increasingly challenging
Explanatory Notes	The successful implementation of the SOFW: IOC programme and constituent projects will be dependent on:- • the implementation of the UHB's service transformation programme and the redesign of service delivery models • working with partner organisations to develop collaborative services. This is led through the Regional Partnership Board and Public Service Boards • Implementation of the Digital Health Informatics Programme Close working with partner organisations to develop and implement proposals will help to mitigate complexities In terms of the capital projects, these will be stand-alone projects, implemented to meet the health and wellbeing needs of defined Locality and/or Cluster populations. They are						

	dependent on WG approval for capital funding from the All Wales Capital Programme The development of joint facilities with partner organisations will require co-ordination of different funding and approval processes The dependencies are complex and the programme needs buy in from both local authorities, third sector, independent sector etc. It will have to go through governance arrangements in external partners. Developments, especially in Cardiff, are linked to the development of Local Authority Hubs and any change of direction, vision, politics may affect SOFW.						
2.10. Change and Implementation	Single or co-located prog/project and supplier teams; single site delivery - no conflicting internal business change issues to affect change. Simple acceptance and cut over issues. No "big bang" delivery. Change and benefits management fully embedded.			**X**			Complex national or international delivery environment. Changing or uncertain implementation, cultural or physical challenges to changes likely or expected. Big bang implementation. Complex testing and cut over issues
Explanatory Notes	The SOFW: IOC Programme will be implemented through a number of projects within a series of tranches. This will allow for redesigned service delivery models to be tested and adapted as necessary for future projects.						
Delivery Challenge summary assessment	**Challenges to deliver are very low and change unlikely to threaten objectives**	**VL**	**L**	**M** **X**	**H**	**VH**	**Very high degree of challenge, Changes highly likely to threaten achievement of objectives**
Explanatory Notes (Completion Mandatory) It is acknowledged that the breadth of the programme, both in terms of service change and capital projects, involving health, local authority, third sector organisations and other stakeholders is challenging and complex, particularly within the current economic environment. However, the UHB and partner organisations have a well established process for driving greater collaborative working and delivering service change, which will mitigate potential delivery challenges. Also a well established programme and project management structure is in place. For this reason the delivery challenges has been scored a medium risk. **[Note: Record summary assessment mark to Complexity Assessment Summary table below]**							

3. Capacity & Capability		**Very Low**	**Low**	**Med**	**High**	**Very High**	
3.1. Programme/ project team	Fully resourced and skilled team. Stable team, no recruitment issues, specialist support e.g. commercial, legal, in place or available when required. Experienced with similar change or technology projects		**X**				Personnel resources or funding not available when required. Significant resource changes likely leading to skill gaps or disruption to key posts. No previous experience with similar change or technology
Explanatory Notes	Programme and project management structure in place. Wide representation across clinical boards, corporate departments and stakeholder organisations. Regularly reviewed to ensure fit for purpose and adjustments made where appropriate. Participation in planning process by representatives sometimes impacted by operational pressures						
3.2 Stakeholders and organisation	Fully resourced and skilled, available when required. Open to &				**X**		Key resources or skills lacking or unavailable when required.

	complies with change. Common and accepted priority across an engaged stakeholder community						Changing environment business priority low, inconsistent or changing. Significantly differing priorities between stakeholder groups
Explanatory Notes	Stakeholder organisations fully engaged with the SOFW Strategy, the associated SOFW: IOC Programme and the required service change/improved collaboration. SOFW is highly dependent on involvement of stakeholders to develop and implement services in the wellbeing hubs. It is likely that the environment will change, key resources and skills will change and stakeholders will have different priorities.						
3.3. Suppliers (Internal or external)	Experienced, strong and stable market or suppliers Supplier resources skilled and available, with ongoing support and commitment			**X**			No, weak or overstretched market -unlikely to meet demand Suppliers unable to sustain support, withdraw or cannot meet requirements
Explanatory Notes	Recently launched Designed for Life – Building for Wales Framework to be used for capital projects In terms of service suppliers, social care faces challenges and is at risk of becoming a weak and overstretched market which has a direct impact on health services. Some third sector services are less stable due to funding difficulties and some internal health services are unsustainable						
3.4. Strategic Leadership & business culture	Good capacity, continuity and experience in leadership roles. No unforeseen organisational pressures. Open culture for change, no staff or TUS concerns				**X**		Strategic leadership subject to change. No previous responsibility for or direct experience of change of similar magnitude or complexity. A challenging cultural, staff or workload environment.
Explanatory Notes	SOFW: IOC Programme has a key role in taking forward the UHB's strategic vision as described in the overarching SOFW Strategy. It will be implemented in parallel with the mutually dependent Service Transformation Programme. Stakeholders, including staff and the Local Partnership Forum, had a key role in the development of the SOFW Strategy and continue to be engaged in the SOFW: IOC process. However, operational pressures may impact on ability of clinical boards to consistently engage in planning work. SOFW involves some quite significant change, strategic leadership may well change and there will be a need to ensure that the capacity and capability of new leaders will ensure the continued delivery of SOFW. There will be cultural, staff and workload challenges in adapting to the new delivery of services.						
Capacity & Capability summary assessment	**Capacity & capability in place and change unlikely to threaten objectives**	**VL**	**L**	**M** **X**	**H**	**VH**	**Significant capacity or capability issues. Changes highly likely to threaten achievement of objectives**
Explanatory Notes **(Completion Mandatory)** A medium risk score has been allocated to capacity and capability. The UHB has significant experience of successfully implementing complex programmes and projects. A robust programme and project management structure is in place with wide representation from across stakeholders **[Note: Record summary assessment mark to Complexity Assessment Summary table below]**							

4. Scale		**Very Low**	**Low**	**Med**	**High**	**Very High**	

4.1 Time	Timescales not challenging, no external drivers. No imposed changes expected to agreed schedules. Contingency available and tested business continuity plans.				X		Schedules very challenging. Immovable deadlines. Major changes to or imposed deadlines likely to occur; Very limited or no contingency or contingency options available.
Explanatory Notes	Challenging 10 year SOFW: IOC Programme, broken down into a number of tranches. Focus has been on developing the projects within the first tranche. Outline of projects within future tranches available, and planning resource will be identified to take forward at the appropriate time. While major service transformation required, the SOFW: IOC provides the opportunity to test service change prior to rolling out across the UHB						
4.2 Budget	Budgets within delegations and local control. Costs relatively small to overall organisational prog/project spends. Budgets agreed & stable. Appropriate financial management systems established. Change management system in place				X		Budgets outside organisational spend delegations. Cost estimates subject to significant pressures from ongoing or expected change. Costs are significant, relative to the organisations prog/project spend. Financial management system not in place or audited. Cross organisational/ multi-faceted funding with complex financial control and reporting
Explanatory Notes	Capital costs of the overall programme are significant and will be sought from the All Wales Capital Programme. Acknowledgement that there is continuing pressure on the AWCP. In terms of revenue, there is an expectation that service transformation will be undertaken within the available resource envelope. Workforce skill mix will be redesigned to deliver the services, and technology used to support different ways of working. New service delivery models will be tested as part of the first tranche of projects and adjusted as necessary						
4.3 Benefits	Benefits relatively small. Benefits easily and clearly defined, owned, measurable and achievable. No expected changes which might increase scale of benefits				X		Magnitude of benefits significant. Complex realisation challenges. Changing benefits management environment or realisation responsibilities. Benefits achievability in doubt. Difficult to measure.
Explanatory Notes	Anticipated overall benefits are significant. Capital projects will provide the facilities to support redesigned service delivery models to deliver local collaborative services that meet the health and wellbeing needs of the community served. Measurable outcomes have been identified for the programme. The achievement of some outcomes are directly within our control, e.g. service delivery models, while for others we will play a key contributing role but the outcome may be influenced by other factors, e.g. lifestyle/behaviour						
4.4. Quality	Quality requirements clear, easily achievable and stable.		X				Quality targets extremely challenging, likely to change significantly or hard to achieve

Explanatory Notes	Quality standards well established. The SOFW Strategy was co-produced with a wide range of stakeholders, including people who use our services and local communities. Their views helped to shape the strategy, particularly in terms of achievable outcomes that matter to people						
Scale summary assessment	**Small scale, changes unlikely threaten objectives**	**VL**	**L**	**M**	**H** X	**VH**	**Very large scale, changes highly likely to threaten achievement of objectives**

Explanatory Notes **(Completion Mandatory)**

The assessment of risk in terms of the scale of the programme is deemed to be a high risk. While the programme is significant from the perspective of the capital investment, service change and stakeholder collaboration required, the implementation of the constituent projects through a series of tranches allows for changes to be tested and adjusted as necessary. The anticipated benefits to be achieved are significant

[Note: Record summary assessment mark to Complexity Assessment Summary table below]

Complexity Assessment Overall Summary

(Insert the marks allocated for each of the four (yellow) summary assessments from sections 1-4 above)

Complexity Areas summary assessments	**VL**	**L**	**M**	**H**	**VH**
Strategic Profile (1.1 – 1.4)				X	
Delivery challenge (2.1 – 2.10)			X		
Capacity and capability (3.1 – 3.4)			X		
Scale (4.1 – 4.4)				X	
Overall Complexity Assessment			X		

Explanatory Notes **(Completion Mandatory)**

The overall complexity of the SOFW: IOC Programme is assessed as being medium to high. 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.

Table C

OGC Gateway Risk Potential Assessment

Plot overall summary assessments from RPA1 and RPA2 and mark with a X in grid below

N.B. Awaiting assessment of the RPA 1 by the Integrated Assurance Hub

Overall Complexity Assessment (RPA1)	**Very High**					
	High					
	Medium					

	Low					
		Very Low	Low	Medium	High	Very High

Overall Complexity Assessment (RPA2)

	Low Risk		Medium Risk		High Risk		Very High Risk

Use the colour key above to determine the Risk level for your programme/project then record your findings in box 14 of the RPA2 form.

If you have any questions about the completion of the RPA2 or you want to submit your completed form please use the following mailbox: Programmes&Projects@wales.gsi.gov.uk

Appendix 7

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 required[1]
- 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.

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

		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. The Perfect Locality /Shaping Our Future Well-being in the Community Strategy has the following priorities - 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 All underpinned by co-production, co-design, co-ownership, health literacy, empowerment and self care
4.	Evidence and background information considered. For example • 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	Information is available on the - 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

	Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	- Needs assessment data is available at http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment . The needs assessment highlighted ○ 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 Additional briefing papers on specific elements (eg Organisational Models of Primary Care, Health Literacy) are also available
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	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.

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
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	**Potential Positive impact** All ages • Accessible local primary and community care services delivered from fit for purpose facilities	All ages • Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
	• Improved access to multi-disciplinary primary care teams	• Ensure times of clinics/services flexible to facilitate access	• PCIC Clinical Board
	• Facilitates social prescribing approaches • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well	• Embed sustainable social prescribing approaches • Embed health literacy approaches	• Strategy & Service Planning Team • SOFW Programme Team (including PCIC and other Clinical Board members)
	• IT supports patient engagement	• Develop IT support /social media programmes • Access appropriate communication technology	• 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
	• Social isolation addressed through partnership working **Potential negatives impact** All ages • Time required to support patients understand the change to multi-disciplinary primary care teams	• 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	• 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
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	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Times of clinics/services flexible to facilitate access	Action to be taken by:- • 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
	• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well **Potential negatives impact** • Time required to support patients understand the change to multi-disciplinary primary care teams	• 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	• 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**	• 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	• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	*Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	• 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** • Accessible local primary and community care services delivered from fit for purpose facilities • IT supports patient engagement	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Develop IT support /social media programmes	Action to be taken by:- • 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
	Potential negatives impact • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop local patient engagement programmes	• Patient Experience Team • Third sector Health & Social Care Facilitators • Strategy & Service Planning Team
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
	• Improved access to multi-disciplinary primary care teams	• Ensure times of clinics/services flexible to facilitate access • Employ local people to reflect demographics /population	• PCIC Clinical Board • Workforce and Organisational Development
	• Improved staff access to appropriate communication	• Embed health literacy approaches	• 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
	methods that facilitate engagement with non-English speaking patients	• Ensure patient is able to communicate in language or format appropriate to need • Access and use appropriate communication technology and services	• SOFW Programme Team (including PCIC and other Clinical Board members)
	• IT supports patient engagement and communication	• Develop IT support /social media programmes	• UHB IM&T Team and Communications Team
	• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well **Potential negatives impact** • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop local patient engagement programmes	• 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
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	**Potential Positive impact** • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients	• Translation services to be available • All public documents available in Welsh • Develop IT support /social media programmes in Welsh	Action to be taken by:- • 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	• IT supports patient engagement and communication	• Employ Welsh speaking staff • Develop local patient engagement programmes in Welsh • Promote the availability of Welsh speaking staff	• Workforce and Organisational Development • Patient Experience Team • SOFW Programme Team (including PCIC and other Clinical Board members)
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	**Potential Positive impact** • 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	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Prioritise areas of deprivation for service	Action to be taken by:- • 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
	Potential negatives impact • Time required to support patients understand the change to multi-disciplinary primary care teams	development and provision of new /renovated buildings or facilities • Develop IT support /social media programmes • Develop local patient engagement programmes	• SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team • UHB Communications Team • Patient Experience Team
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	**Potential Positive impact** • 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 **Potential negatives impact** In some areas, location of buildings is based on opportunity rather than need	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Prioritise areas of deprivation for service development and provision	Action to be taken by:- • 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	• 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 *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • 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.

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
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 Well-being Goal - A more equal Wales	**Potential Positive impact** • 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 **Potential negatives impact**	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Develop formula for location of hubs and well-being centres being agreed	Action to be taken by:- • 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		
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 Well-being Goal – A healthier Wales	**Potential Positive impact** • Focus on well-being and keeping well	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (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	Action to be taken by:- • 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
		• Deliver frequent public awareness campaigns • Ensure healthy foods provided in cafes and that healthy catering standards are adopted	• Patient Experience Team, Communications Team and Public Health Team • Facilities Team and Public Health Team
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 Well-being Goal – A prosperous Wales	**Potential Positive impact** • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines	• Employment of local people to reflect demographics /population	Action to be taken by:- • Workforce and Organisational Development • PCIC Clinical Board
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	**Potential Positive impact** • New design of services and buildings to promote easier access • DDA compliance of buildings with natural light and consideration for sensory loss	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • 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
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 Well-being Goal – A resilient Wales	• Location of hubs to have green space that can be utilised positively • Closer proximity to home		
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 Well-being Goal – A Wales of cohesive communities	**Potential Positive impact** • 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	• Implementation of community engagement approaches • Implementation of patient participation groups • Develop and embed social prescribing approaches	Action to be taken by:- • 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
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 Well-being Goal – A globally responsible Wales	Deliver UHB and WG policies Contribute to meeting the Well-being Objectives		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	**Positive impacts / how we will achieve the objectives** • 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

	• Opportunities for participation and volunteering and peer support • Understanding and promotion of social networks **Negative impacts include** • 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

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?	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (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:- o High level principles o Service scope and Clinical Output Specifications (for each project) • Development of a holistic approach to communication that includes	Capital and Estates Team Strategy & Service Planning Team	November 2017 May 2017 As per project plans	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	stakeholder and community engagement, health literacy approaches, use of social media	Strategy & Service Planning Team	To be agreed	
	• Implementation of employment practices that prioritise employment of individuals with the right skills from local areas	Workforce and Organisational Development	To be agreed	
	• Development and implementation of sustainable social prescribing approaches	PCIC Clinical Board with Primary Care Clusters	2018/19	
	• Implementation of UHB policies that support access to language and communication support, smoking cessation, etc	To be agreed	2018/19	
	• Delivery of 'Making Every Contact Count' and Dementia Friends training • Delivery of frequent public awareness campaigns	Public Health Team Communications Team		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? 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?	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. However, the SOFW:IOC Programme EHIA will be used as a basis to inform the development of specific project EHIAs			
8.4 What are the next steps? Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: • 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	On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon. The Strategy will continue, enhanced by the actions identified within the EHIA The EHIA will inform actions and further policy changes of the Strategy and inform			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
the justifications for doing so) • stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review	EHIA's of the component parts of the Strategy The EHIA will be published, alongside the Strategy, on the intranet and internet once approved. 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).			

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**	• 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**	• 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)

		• Faith/Religeon related equality issues • Training
Asbestos Management	**Statutory**	• 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**	• Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc
Medical Gases	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Ventilation	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
High and Low Voltage Electricity	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Environmental Management	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training

Energy and Water Management	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Building Regulations, Design Standards and HTM's, HBN's	**Statutory**	• 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		In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following topics can considered and reviewed: • 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)

Integrated Assurance and Approval Plan

Appendix 8

		Assurance to	2018				2019				2020				2021			
			1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
Internal/Partnership Assurance		**Senior Responsible Owner**																
	Service/Transformation	Health Systems Management Board		21-Jun														
	Service/Transformation	Management Executive		18-Jun														
	Capital	Capital Management Group		18-Jun														
	Partnership	Programme Board/ Strategic Leadership Group		12-Jul														
	Partnership	CHC Strategic Planning Committee			05-Sep													
	Partnership	Regional Partnership Board			26-Oct													
	Equality Health Impact Assurance	Programme Team	X															
	Risk Potential Assessment (RPA1)	Progaramme Team		X														
	Complexity Assessment (RPA2)	Programme Team		X														
Approval Point																		
	C&V University Health Board	**Investment Decision Maker**																
	Programme Business Case	Programme Team		06-Jun														
	Programme Business Case	Programme Board/ Strategic Leadership Group		12-Jul														
	Programme Business Case	Capital Management Group		18-Jun														
	Programme Business Case	UHB Board		28-Jun														
	Welsh Government																	
	Project Scoping Document - revised	Welsh Government	February															
	Programme Business Case	Welsh Government		X														
Independent Assurance																		
	Risk Potential Assessment (RPA1)	Welsh Government			X													
	Complexity Assessment (RPA2)	Welsh Government			X													
	Gateway Reviews																	
	0 Strategic Assessment	SRO/Welsh Government																
	1 Business Justification	SRO/Welsh Government																
	2 Delivery Strategy	SRO/Welsh Government																
	3 Investment Decision	SRO/Welsh Government																
	4 Readiness for Service	SRO/Welsh Government																
	5 Operational Review and Benefits Realisation	SRO/Welsh Government																
Audit																		
	Internal - Programme Audit	Audit Committee		X														
	External - Wales Audit Office	Welsh Government																
	External - Designed for Life: Building for Wale	Welsh Government																

Future Configuration of Services

What Will be Delivered Where?

WELLBEING HUBS– high level overview

Clinical Approach for Wellbeing Hubs

- ✓ Focussed on social model of health
- ✓ Delivered in partnership with local authority and third sector
- ✓ Community developed and led
- ✓ GMS services
- ✓ At least one hub in each cluster (may be hosted in UHB or other partners' facilities or in the case of new hubs as part of an integrated partnership model

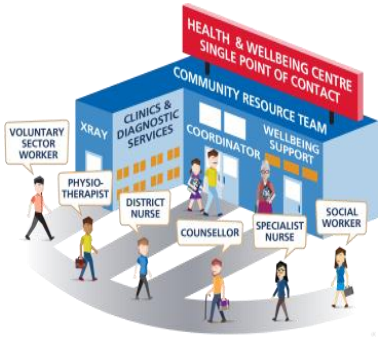
Core Services Proposed for Each Wellbeing Hub

- ✓ GP services
- ✓ Community midwifery services
- ✓ Health Visiting
- ✓ Primary Mental Health Services
- ✓ Community Children's services
- ✓ Some specific outpatient services to meet cluster health priorities
- ✓ There will be a range of additional services that will be developed with cluster leads and stakeholder to provide tailored service model to respond to individual cluster needs

Future Configuration of Services

What Will be Delivered Where?

HEALTH & WELLBEING CENTRES – high level overview



Clinical Approach for H&WBCs

- ✓ Support for unwell but stable individuals
- ✓ Diagnosis of unclear symptoms where no red flag
- ✓ Ambulatory Pathways
- ✓ Outpatient services
- ✓ One facility in each Locality (CRI, Barry and Whitchurch)

Core Services Proposed for Each H&WBC

- ✓ Ambulatory care for rapid assessment of patients with specific conditions without the need for emergency admission
- ✓ Range of point of care testing services and plain film x-ray
- ✓ Enhanced enablement services
- ✓ Range of outpatient services
- ✓ Community Mental Health Teams
- ✓ Community Childrens Services

There will be a range of additional services that will be developed with locality leads and stakeholder to provide tailored service model to respond to individual locality needs or enhance/develop existing regional service e.g. SARC (at CRI) Younger Onset Dementia Centre (Barry)

HEALTH AND WELLBEING CENTRE @ CRI
STATUS - SERVICE SCOPE PRIORITIES BY ZONE
Approved by SOFW:IOC Project Board October 2017

Appendix 10

(excludes Phase 1 services – GMS, CHAP/OOH, Lymphoedaema, Pharmacy)

	WELLBEING ZONE	HEALTH ZONE	COMMUNITY SUPPORT ZONE	TEAM ZONE
PRIORITY 1 **Approved scope.** **Revise schedules of accommodation, then test for fit**	• Chapel – library/cafe/ meeting rooms (separate capital scheme) • Group/Community Rooms:- podiatry, dietetics, neurological rehab, substance misuse, smoking cessation, CMHT, C&YP, maternal health, perinatal mental health etc. • Teaching kitchen • Gym – pulmonary rehab • Gym – cardiology rehab • Information and Advice Centre • Adult activities to enable carers to attend PPE courses/OPD – potential 3rd sector provision	• Audiology service (adults and paeds) • Cardiology clinics and ECG • Children & Young People's Hub • CMATS/MSK service • CMHT • Dental Service - CDS/GDS • Diagnostics Centre:- 1 x plain x-ray, 1 x ultrasound, 1 x doppler US • Dietetics • Locality nursing treatment room • Maternity – midwifery hub • Memory clinic • Ophthalmology Clinic • OP clinics – current clinics (gerontology, BCG, stroke, wound healing, RMTT, MTT, continence, physio, MS, AAA screening, CAMHS - as per current timetable) and potential (to be agreed) • Podiatry • SARC • Screening Clinics – DESW and AAA • Substance misuse/CAU	• One-stop shop – domestic abuse (including team base) •	• Operational Services (estates/facilities) • Operational Services (commercial) • Team bases/hot-desking:- C&YP hub, CMHT, Dental, DOSH, Maternity, memory team, podiatry, substance misuse, SARC • Hot-desking only (dietetics, neuro rehab, cardiac rehab) • IT server room
PRIORITY 2 **Include if space available.** **Explore alternative location**	•	• DOSH – young person's clinic/MSM • Locality Community Nursing Clinic (co-locate with Team base?)	• Flying Start Nursery Facility • Adolescent Resource Centre (including team base)	• Locality Community Nursing Hub • S&E Locality Team base •
PRIORITY 3 **Alternative location available OR not consistent with principles & CSFs**	• Child crèche to enable carers to attend PPE courses and OPD	• Enhanced Long Term Conditions Services (with Transformation Board for consideration) • Perenteral anti-microbial therapy service • Roathwell GP Practice	• Police (awaiting outcome of estates review) • Primary School	• PCIC Clinical Board • IH&SC Partnership Team •

Strategic Outline Case

Trust:	Cardiff and Vale University Health Board
Hospital/Site	Cardiff Royal Infirmary
Project Title	Upgrade remaining accommodation
Project No	TBC
Option No	
Option Title	
Prepared by	Gleeds
Date	01-Dec-18

DRAFT

Project Title	Upgrade remaining accommodation
Option No	0
Option Title	0

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

PUBSEC Index Level FP/VP : **248**

Equipment cost level : **N/A**

Location factor : 1

Proposed start on site (TBC) :

Proposed completion date (TBC) :

Capital Cost Summary

Ref	Cost Cen Gleeds			Net £	VAT £	Gross £
1	Departmental Cost (SOC2)			58,996,096	11,799,219	70,795,315
2	Oncosts	(100% of (1))		0	0	0
3	Sub-total			58,996,096	11,799,219	70,795,315
4	Provisional location adjustment			0	0	0
5	Works Cost			58,996,096	11,799,219	70,795,315
6	Fees	(17.5% of (5))		9,734,356	1,946,871	11,681,227
7	Non-works Costs			5,200,000	1,040,000	6,240,000
8	Equipment Costs (SOC2)	(8% of (1)		4,719,688	943,938	5,663,625
9	Planning contingency (10% of 5+6+7+8)		10.00%	7,865,014	1,573,003	9,438,017
10	VAT Reclaim				6,334,189	6,334,189
11	**Project Cost *(for approval purposes)***			86,515,153	10,968,842	97,483,995

Project Title Upgrade remaining accommodation
Option No 0
Option Title 0

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance	Equipment Allowance
		m2	£/m2		£	£
1.0 Full internal fit out				A	17,684,136	
2.0 Mothballed				A	11,059,522	
3.0 Block 14 level 2 and 3				A	825,000	
4.0 Replacement of windows in line with				A	1,631,062	
5.0 Clean and repoint External Walls				A	3,683,033	
6.0 Structural repairs				A	2,766,613	
7.0 Replacement of existing lifts, new internal				A	700,000	
8.0 New Lift/Stair access				N	1,500,000	
9.0 Energy Centre/plant rooms				A	2,000,000	
10.0 Engineering ON COSTS				A	2,299,495	
11.0 Asbestos removal				A	1,820,000	
12.0 Dry rot treatment				A	1,800,000	
13.0 Demolitions - including making good				A	704,000	
14.0 External works/Drainage/carparking				A	2,522,938	
15.0 Phasing the works over a 10 year period				A	8,000,298	

Total floor area 0

0

Less: Abatement for transferred equipment 0 % 58,996,096

Departmental Cost - to SOC1 Summary

Equipment Cost - to SOC1 Summary 0

Project Title Upgrade remaining accommodation
Option No 0
Option Title 0

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a1 Communication space		
a2 Plant room (roof top of new build)		
b Medical Gases		
c Lifts		
d Stairs		
2 "External" Building Work		
a Drainage		
b Roads, paths, parking		
c Site layout, walls, fencing, gates		
d BWIC with "External" engineering work		
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains		
b Cold water mains and storage		
c Electricity mains, sub-stations, standby generating plant		
d Calorifiers and associated plant		
e Miscellaneous services		
4 Auxiliary Buildings		
5 Other on-costs and abnormals		
a Building abnormals		
b Engineering		
c Other on-costs		
	0	0%

Total On-costs - to SOC1 Summary	0	0.00%

Project Title Upgrade remaining accommodation
Option No 0
Option Title 0

CAPITAL COSTS: FEES AND NON-WORKS COSTS

			£	% of Works Cost	
1	Fees				
	Helath Board				
	a. Project Manager		979,335	1.66%	
	b. Trust Cost Advisor		790,548	1.34%	
	c. Supervisor		589,961	1.00%	
	d. Project Director	)			
	e. In-house Project Sponsorship	)	589,961	1.00%	
	f. Business Case Support		147,490	0.25%	
	g. Financial Vetting	)			
	h. Audit	)	147,490	0.25%	
	i. Specialist Advisors		294,980	0.50%	
	SCP				
	j. Constructor - pre-construction	)	6,194,590	10.50%	
	k. Project Manager	)	0	0.00%	
	l. Health Planner	)	0	0.00%	
	m. Architect	)	0	0.00%	
	n. Civil and Structural Engineer	)	0	0.00%	
	o. Building Services Engineer	)	0	0.00%	
	p. Planning Supervisor	)	0	0.00%	
	q. Cost Manager	)	0	0.00%	
	r. FM Advisor	)	0	0.00%	
	s. Building Services Installer- pre-const	)	0	0.00%	
	t. Others:	)	0	0.00%	
	Total Fees to OB1 Summary		9,734,356	16.50%	
2	Non-Works Costs				
	a. Land purchase costs and associated legal fees		0		
	b. Statutory and Local Authority charges		50,000		
	c. Planning and Building Control fees		200,000	0.34%	
	d. Other				
	Arts -				
	Decant costs - Portering and Moving		350,000	0.0059326	
	FM isolations		150,000	0.00254254	
	IT & Telephony - software		3,000,000	0.05085082	
	Hygenic Clean		210,000	0.00355956	
	Commissioning		275,000	0.00466133	
	IT specalist support services		350,000	0.0059326	
	Wayfinding and signage		165,000	0.0027968	1,500,000
	Surveys		450,000	0.00762762	
	Total Non-Works Costs to OB1 Summary		5,200,000		

KEY PROGRAMME DATES

	Planned @ SOC
Submission of SOC to WAG	
WAG Approval	
Submission of OBC to WAG	
WAG Approval	
Submission of FBC to WAG	
WAG Approval	
Agreement of Target Cost	
Start on Site	
Handover	
Opening of Facility	
Project Closure	

Project No
Option No
Option Title

ASSUMPTIONS

NOTES

Cardiff Royal Infirmary -

have undertaken an exercise to assess the cost of bringing the remainder of the

Current Status of buildings

The condition of the buildings at Cardiff Royal Infirmary vary from building to building and floor to floor within buildings. Works have been carried out under the Design For Life frame work which has brought certain areas back into full use. Others have had safeguarding works undertaken which includes replacement of windows, cleaning and repairs to stonework, new roofs, dryrot and asbestos removal. Some with an internal strip (Mothballing) some with no internal works and other areas with no work carried out at all.

Costing exercise

The cost for houses 54 and 56, are covered in the SARC SOC submission

The costs for Chapel will be included in a separate BJC submission
A desk top exercise has been undertaken to assess the cost in bringing the whole of the Cardiff Royal Infirmary Estate to a useable standard. To do this the following information has been used

1.0 GIA supplied by the Health Board for all building at Cardiff Royal Infirmary
2.0 Masterplan Scoping Report dated March 2018 produced by Powell Dobson for the Health Board
3.0 Safeguarding Phase 2 drawings produced by Powell Dobson
the Rookwood relocation work again to be undertaken on building 14
5.0 Base date is 4th Quarter 2018
6.0 No provision for inflation has been included.

7.0 Option costs have been estimated with no building fabric information available

8.0 Funding approvals associated with Rookwood relocation have been excluded
9.0 Equipment has been assessed as 8% of the works cost
10.0 VAT has been levied @ 20%
11.0 VAT reclaim has been assessed as 100% on Fees and 35% on works

Strategic Outline Case

Trust:	Cardiff and Vale University Health Board
Hospital/Site	Cardiff Royal Infirmary
Project Title	New Build Replacement of Existing
Project No	TBC
Option No	
Option Title	
Prepared by	Gleeds
Date	15-Jan-19

DRAFT

Project Title New Build Replacement of Existing
Option No 0
Option Title 0

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

PUBSEC Index Level FP/WP : **248**

Equipment cost level : **N/A**

Location factor : 1

Proposed start on site (TBC) :

Proposed completion date (TBC) :

Capital Cost Summary

Ref	Cost Cen Gleeds			Net £	VAT £	Gross £
1	Departmental Cost (SOC2)			63,025,993	12,605,199	75,631,192
2	Oncosts	(100% of (1))		0	0	0
3	Sub-total			63,025,993	12,605,199	75,631,192
4	Provisional location adjustment			0	0	0
5	Works Cost			63,025,993	12,605,199	75,631,192
6	Fees	(15% of (5))		9,485,412	1,897,082	11,382,494
7	Non-works Costs			3,615,000	723,000	4,338,000
8	Equipment Costs (SOC2)	(7.5% of (1)		4,726,949	945,390	5,672,339
9	Planning contingency (10% of 5+6+7+8)		10.00%	8,085,335	1,617,067	9,702,403
10	VAT Reclaim				1,897,082	1,897,082
11	**Project Cost *(for approval purposes)***			88,938,690	15,890,656	104,829,345

Project Title New Build Replacement of Existing
Option No 0
Option Title 0

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance	Equipment Allowance
		m2	£/m2		£	£
1.0 New Build Primay Care facility to replace the existing exstate at Cardiff Royal Infirmary		19093	3301	A	63,025,993	4,726,949

Note - M/2co0st based on the Initianl Stage 1 Cost Plan

Total floor area 19093

4,726,949

Less: Abatement for transferred equipment 0 % 63,025,993

Departmental Cost - to SOC1 Summary

Equipment Cost - to SOC1 Summary 4,726,949

Project Title New Build Replacement of Existing
Option No 0
Option Title 0

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a1 Communication space		
a2 Plant room (roof top of new build)		
b Medical Gases		
c Lifts		
d Stairs		
2 "External" Building Work		
a Drainage		
b Roads, paths, parking		
c Site layout, walls, fencing, gates		
d BWIC with "External" engineering work		
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains		
b Cold water mains and storage		
c Electricity mains, sub-stations, standby generating plant		
d Calorifiers and associated plant		
e Miscellaneous services		
4 Auxiliary Buildings		
5 Other on-costs and abnormals		
a Building abnormals		
b Engineering		
c Other on-costs		
	0	0%
Total On-costs - to SOC1 Summary	0	0.00%

Project Title	New Build Replacement of Existing
Option No	0
Option Title	0

CAPITAL COSTS: FEES AND NON-WORKS COSTS

			£	% of Works Cost
1	Fees			
	Helath Board			
	a. Project Manager		724,799	1.15%
	b. Trust Cost Advisor		724,799	1.15%
	c. Supervisor		472,695	0.75%
	d. Project Director	)		
	e. In-house Project Sponsorship	)	630,260	1.00%
	f. Business Case Support		94,539	0.15%
	g. Financial Vetting	)		
	h. Audit	)	94,539	0.15%
	i. Specialist Advisors		126,052	0.20%
	SCP			
	j. Constructor - pre-construction	)	6,617,729	10.50%
	k. Project Manager	)	0	0.00%
	l. Health Planner	)	0	0.00%
	m. Architect	)	0	0.00%
	n. Civil and Structural Engineer	)	0	0.00%
	o. Building Services Engineer	)	0	0.00%
	p. Planning Supervisor	)	0	0.00%
	q. Cost Manager	)	0	0.00%
	r. FM Advisor	)	0	0.00%
	s. Building Services Installer- pre-const	)	0	0.00%
	t. Others:	)	0	0.00%
	Total Fees to OB1 Summary		9,485,412	15.05%
2	Non-Works Costs			
	a. Land purchase costs and associated legal fees - Not included @ HB Request		0	
	b. Statutory and Local Authority charges		125,000	
	c. Planning and Building Control fees		150,000	0.24%
	d. Other			
	Arts -			
	Decant costs - Portering and Moving		150,000	0.00237997
	IT & Telephony - software		2,500,000	0.03966617
	Hygenic Clean		100,000	0.00158665
	Commissioning		125,000	0.00198331
	IT specalist support services		250,000	0.00396662
	Wayfinding and signage		65,000	0.00103132
	Surveys		150,000	0.00237997
	Total Non-Works Costs to OB1 Summary		3,615,000	

KEY PROGRAMME DATES

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WAG Approval	
Agreement of Target Cost	
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Handover	
Opening of Facility	
Project Closure	

Project No
Option No
Option Title

ASSUMPTIONS

NOTES

Cardiff Royal Infirmary -

have undertaken an exercise to assess the cost of bringing the remainder of the

Costing exercise

1.0 New Build Area based on Health Board breakdown less building 6, Links and basements
2.0 Cost is based on initial Stage 1 costs for the Malfa Primary Care Unit - £3,301/m2
3.0 Base date is 4th Quarter 2018
4.0 No provision for inflation has been included.
5.0 Equipment has been assessed as 7.5% of the works cost
6.0 VAT has been levied @ 20%
7.0 VAT reclaim has been assessed as 100% on Fees only as it is a new buuild