BWRDD PARTNERIAETH RHANBARTHOL CAERDYDD A'R FRO

CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Partner Perspectives: Cardiff and Vale UHB

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Shaping Our Future Wellbeing

Cardiff and Vale UHB

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Our key numbers in 2022/2023

The Health Board's **maternity services** supported the birth of **5,220** babies

147,449 people attended the Health Board's **emergency department**

We carried out **71,394 planned hospital procedures** – **65%** of which were done as a **day case**

We provided **669,346 outpatient appointments**

102 pharmacies are currently eligible to provide the **Clinical Community Pharmacy Services (CCPS).**

In 2022/23 a total of **76,342 consultations were provided.**

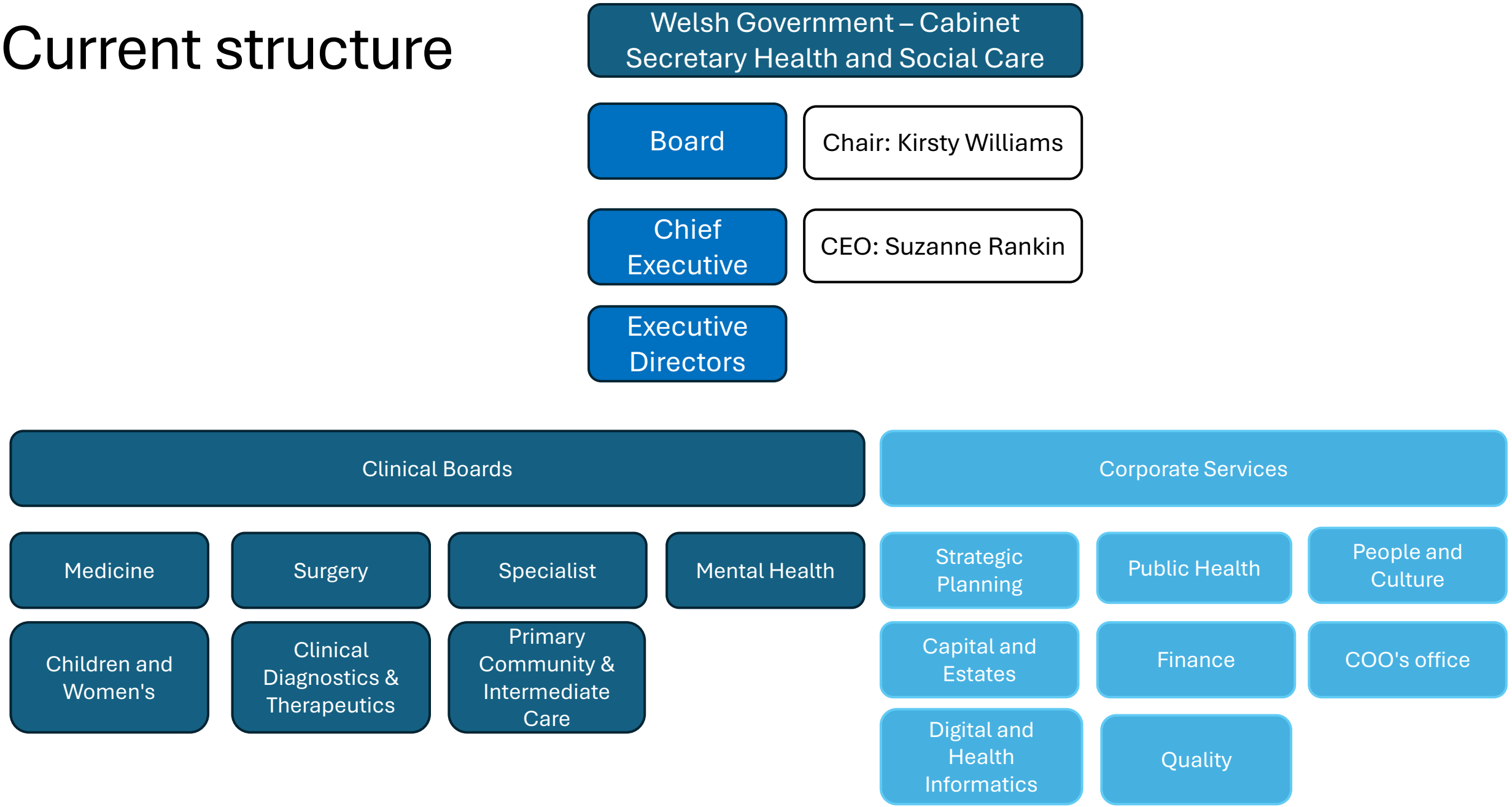
Primary Care General Medical Services (GP services) are provided from 57 practices across Cardiff and Vale to a registered population of **534,756.**

A total of **954** staff are providing the following roles – **GPs, Community-based Nurses, other Direct Patient Care and Admin, clerical and support roles.**

63 community optometry practices across Cardiff and the Vale, with approximately **213 Optometrists** who delivered NHS services to around **191,278 patients** during 2022/23.

66 General Dental Practices across Cardiff and the Vale, with approximately **300 Dentists** who provided treatment to around **144,000 patients** and around **31,000 new patients** during 2022/23.

Current structure



Shaping Our Future
Wellbeing

Shaping Our Future Wellbeing 2023-2035

Living Well, Caring Well and Working Together

By 2035 our citizens will be healthier and unfair differences in outcomes will be reduced

The care we provide will deliver outstanding outcomes and experience

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Shaping Our Future
Wellbeing

Cardiff And Vale University Health Board Strategy to 2035

Living Well, Caring Well, Working Together

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Shaping Our Future Wellbeing

LIVING WELL, CARING WELL, WORKING TOGETHER

Our Strategic Vision

Working together, we will improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experiences for all that compare with the highest performing peer organisations.

- Putting People First
- Providing Outstanding Quality
- Delivering in the Right Places
- Acting for the Future

To achieve this we need to make some fundamental strategic shifts:

- From focusing on illness and injury to promoting equitable health and wellbeing
- From inconsistent care to delivering consistent quality and outcomes for everyone
- From analogue buildings to digitally connected people and places
- From reacting to problems to proactively planning for the future

Strategic Plans describe our journey

- Population Health Plan
- Clinical Services Plan
- People & Culture Plan
- Digital & Estates Plans

A number of programmes help deliver the change

- Community by Design
- Mental Health Transformation
- Shaping our Future Quality Excellence
- Shaping our Future Generations
- Organisational redesign

Our Partnerships will enable us to deliver transformation at scale

- Cardiff Health Partners
- Velindre Partnership
- South East Wales Regional Partnership
- Specialised Services Partnership
- Cardiff and Vale Regional Partnership

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Case for Change - *The Same Old Way*

Health Foundation Modelling, based on population size, ageing, mortality rates, changes in morbidity.

Assumptions:

- Projected growth in admissions is higher than historic trends due to population ageing and rising complexity (owing to higher morbidity and an increase in the number of deaths).
- Slower fall in time patients spend in hospital, due to diminishing returns from efforts to reduce this.
- Bed occupancy held at 87%.

Applying to Wales:

- Need 15%-26% increase in hospital beds, equivalent to 2.5-4.5 new 600-bed hospitals, costing £1bn-£2bn

Applying to CVUHB:

- Need 260-460 hospital beds, costing £200-£350m

Workshop 1 consensus: There was strong and unchallenged agreement that a compelling case for change exists and that incremental improvement within the current model is not sufficient

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The work so far

Public engagement

- 20 weeks – broad reach out to communities, focus on seldom heard and underrepresented groups. Closed with **3500** responses

Staff and partners

- Still underway (open until **18.02.26**), 2 CSP events held 16.12/16.01 over 450 people in attendance

Emerging work

- **Case for change** remains compelling and sense of urgency to change the way we organise ourselves to improve health and deliver care
- We are a **talented organisation** with fantastic exemplars for innovation, redesign and **partnerships**
- Strong **principles** coming through around how we plan and deliver care alongside the enablers and barriers to change
- Themes emerging are complicated and we will need to plan carefully how we can **unlock today's challenges** to **transition to a new model of care**

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What have the public told us about what is important?

- Easier **access** to primary care appointments (GP, nurse, dentist).
- Better **communication** amongst services – sharing of notes etc.
- **Consistency** of care – building relationships with clinicians and not having to re explain circumstances to someone new every appointment.
- Regular **communication** when on a waiting list.
- **Being listened to**, feeling like an equal partner in their health journey.
- More **digital** options for booking appointments, blood tests etc.

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What are colleagues telling us is important?

DIGITAL INFRASTRUCTURE

PREVENTION

REDUCE DUPLICATION

REDUCE INEQUITY

FOCUS ON PATIENT NEEDS

TRANSPARENCY

BETTER RESOURCING

ISSUES WITH ESTATES

BETTER COMMUNICATION

PRIORITISATION

CAPACITY

ACTIVITY NEEDS FUNDING

CONTINUOUS ENGAGEMENT

WORKFORCE WELLBEING

COLLEAGUE RETENTION

VISIBLE LEADERSHIP

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Draft Principles

1. We will support people to live well and will focus on reducing health inequalities.
2. We care for people's physical, mental, and social needs in all our services.
3. People will be at the centre of their care, supported and empowered.
4. We will keep improving by listening, learning and embedding research and innovation in everything we do.
5. People will receive timely and effective care whether facing an emergency, a planned procedure or a crisis, ensuring best possible outcomes.
6. We will focus on community based, digitally enabled care, reducing the need for hospital visits.
7. Getting help will become simpler, with services better integrated, especially for those who need them most, fostering collaboration across teams and organisations we will deliver high quality care.

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Ambition

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- By 2035, Cardiff and Vale University Health Board will have **fundamentally transformed how health and care are designed, delivered and experienced**, embedding consistent **quality**, **safety**, **equity**, and **clinical leadership.**
- We will deliver a **single, integrated model of care** that improves population health, reduces unwarranted variation, tackles inequalities, and secures a sustainable future for services.
- We will move away from a reactive and hospital-centred system towards one that is **preventive, proactive and person-centred**, empowering people, families and communities to stay well for longer. We will prioritise **prevention**, **earlier intervention**, and **value-based care**, ensuring that people receive the **right support, in the right place, at the right time**, with a focus on outcomes that matter.
- Care will be organised around **people and pathways**, not organisational structures. Services will operate as a unified system across health, social care and the third sector, with integrated neighbourhood teams supported by **shared information, interoperable digital systems and strong clinical leadership** so clinicians can shape and transform care.
- We will **shift the balance of care upstream and closer to home**, expanding integrated neighbourhood models that enable independence, address inequalities and reduce avoidable demand. Hospitals and specialist centres will be reserved for care requiring advanced expertise, ensuring resources are used efficiently and safely.
- At the same time, we will **strengthen and modernise hospital and specialist services**, concentrating expertise and infrastructure where this delivers the safest, highest-quality outcomes for people with complex, high-acuity and time-critical needs. These services will operate 24/7, supported by digitally enabled pathways, multidisciplinary teams and a culture of continuous learning with an emphasis on excellence and system-wide improvement.

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What will we see in 2035?

How services are configured

- Care will be **organised around neighbourhoods**, supporting people to live independently at home, working seamlessly with local authorities, the third sector, communities and citizens.
- **Around 90% of outpatient care** will be delivered **virtually or locally**, reducing the need for hospital attendance.
- **Elective diagnostics** will be delivered primarily **in community settings**, improving access and flow.
- **High-volume, low-complexity elective interventions** will be delivered promptly through neighbourhood or regional elective centres, with **standardised pathways and best outcomes** *(c. 80% of elective interventions)*.
- **Proactive planning and assessment of future need** will be embedded, reducing crises and **lowering emergency calls over time**.
- **Rapid response to acute need** will be delivered within neighbourhoods, with swift triage and transfer to central services where complex intervention is required.
- **Complex and high-acuity care** will be delivered **centrally**, concentrating expertise, workforce and infrastructure.
- Following specialist or high-acuity intervention, people will be **returned to their neighbourhood as soon as physiology permits**, supported by integrated teams.

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A single, integrated model of care

- Integrating care around the needs of patients and breaking down traditional silos and ways of working were the strongest themes from our patient and staff engagement.
- The concern is that organising our CSP around medical specialties and sectors won't enable us to make the fundamental shifts we want – and could reinforce current barriers.
- The emerging thinking is that our CSP should create **a single, integrated model of care** – that enables us to really make a difference to our population's health, while also developing specialist services.
- We are proposing that this new model of care will be organised in **four care domains**.

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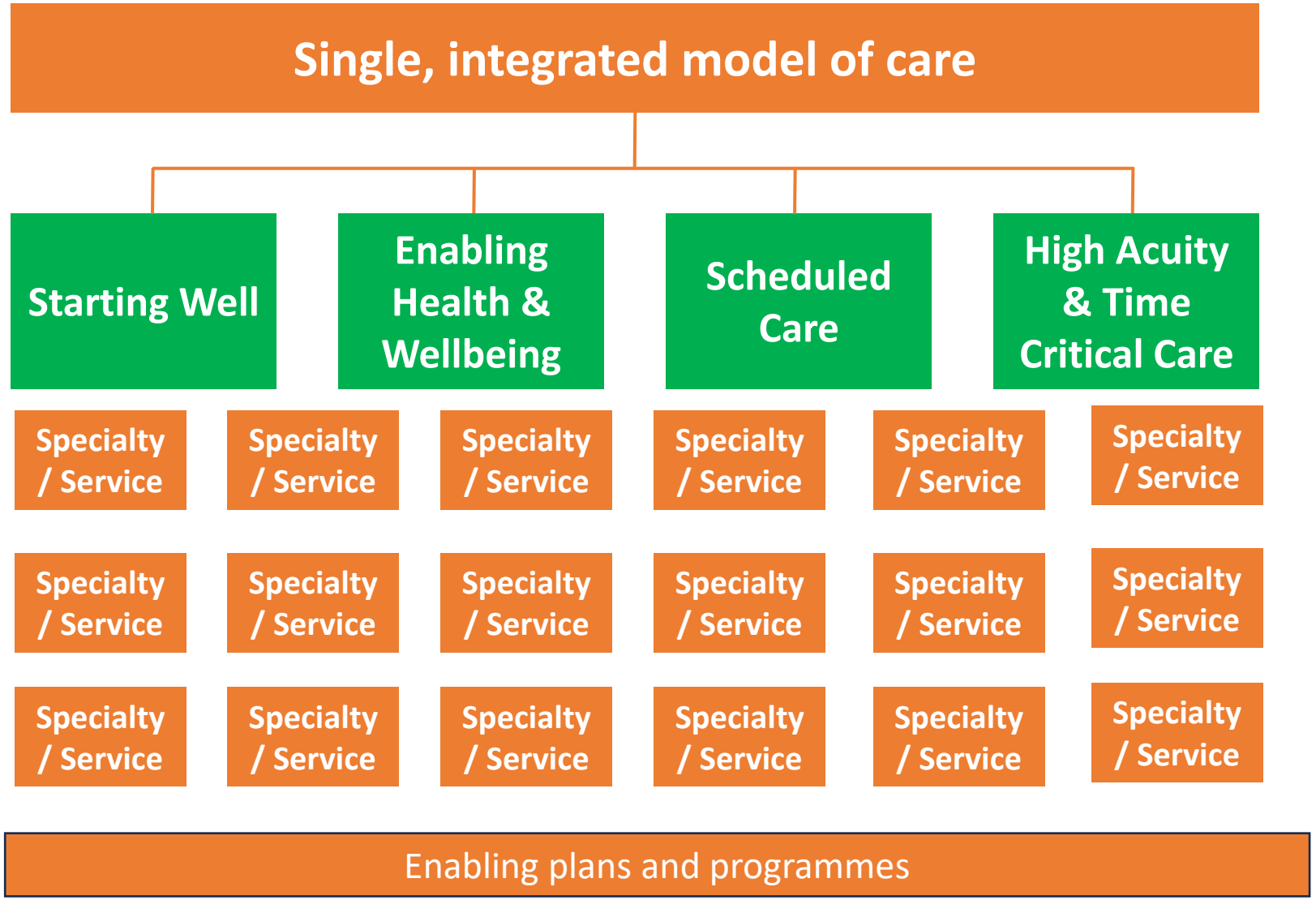
We are creating a …

Which is organised in four **Care Domains**….

With **detailed strategic delivery plans**

Supported by **enabling plans** and **programmes**



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Creating headroom

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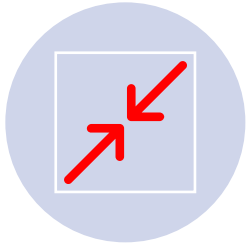
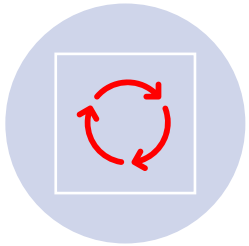


Shift care upstream and closer to home
Prevent ill-health, intervene earlier, manage more need through neighbourhood services, community diagnostics and digital access.

Reduce avoidable hospital use
Fewer unnecessary admissions, shorter stays, better planned discharge through integrated pathways and earlier decision-making.



Redesign scheduled care Standardised pathways, one-stop models, automation and virtual care reduce waits, variation and wasted clinical time.

Focus hospitals on what only hospitals can do
Protect capacity for complex, high-acuity, time-critical care by moving lower-complexity activity out of acute settings.

Work differently, not harder
Multidisciplinary teams, new roles, better use of skills reduce duplication, release clinical time.

Use data and digital to target effort
Better navigation, shared records, population insight help us focus support where it has greatest impact.