CARING FOR PEOPLE
KEEPING PEOPLE WELL

Shaping Our Future
Wellbeing
Clinical Services Briefing
September 2014
Introduction

Cardiff and Vale University Health Board (UHB) is one of the largest NHS organisations in the UK, providing healthcare services for 472,400 people living in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote health and wellbeing whilst planning and providing healthcare in people’s homes, community facilities and hospitals. In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South Wales, Wales and for some services, the wider UK.

The purpose of our UHB is “Caring for People; Keeping People Well”, while our ambition is to become the UK’s leading integrated healthcare provider within 10 years.

In beginning on the journey to achieving this ambition, we’ve been asking staff and partners to consider the key principles that should underpin our healthcare services. In considering how to “Shape Our Future Wellbeing”, we have focused on the healthcare needs of our local population. This recognises that our specialist services have individual needs of their own, with many currently developing plans for the future within the South Wales Health Collaborative.

This document gives you a flavour of the challenges facing the UHB over the next 10 years and the principles which will underpin the development of our services. It sets out our main areas of focus and describes how you can get involved in shaping future service delivery.

We would like to thank all of you who have contributed to Shaping Our Future Wellbeing so far. As the UHB takes the next steps to describe our future services, we are looking forward to working with you further.

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The Challenges

The population of Cardiff and the Vale of Glamorgan is growing. By 2025 we expect that an extra 50,000 people will need health and wellbeing services. This represents a 10% increase on today’s figure. The shape of our population is also changing:

- the number of over 85s is increasing much faster than the rest of the population (32.4% increase by 2025); and
- unlike the rest of Wales, there is also predicted to be an increase in the under 4s.

Increase in population of Cardiff and the Vale of Glamorgan, by age group, 2015-2025

This change in the Cardiff and Vale of Glamorgan population presents a unique set of challenges for the UHB, as these groups generally have a greater need for healthcare.

Currently the NHS in Wales spends on average around £1700 per person per year on health and wellbeing services, however significantly more is spent in the first year of life and over the age of 65.
We also face many of the same challenges as other healthcare services across the developed world, for example:

- people do not always choose healthy lifestyles;
- more people are living with a long term health condition;
- the way we provide care is not always consistent nor does it always provide the best outcome for patients;
- we need to plan and use our workforce better to deliver the kind of care our patients need; and
- the money available to deliver health services is shrinking at a time when demand is rising.

Working with the people who use our services, the partner agencies who help to provide them and utilising the growing body of good practice, the UHB will develop a Clinical Services Strategy and build plans to meet these challenges.

**The Clinical Services Principles**

Before building any strategy, it is important to have an agreed set of principles upon which to build. Following conversations with the public, partners and staff, the UHB has decided that the principles which best set the direction to develop services to “Care for People; Keep People Well”, are:

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| 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 |
These have been developed in partnership with our clinical and non-clinical staff, as well as with our stakeholders, and we believe they represent a solid foundation for the development of our Clinical Services Strategy.

## The Approach

It is clear that, however efficient and effective we become, the way we currently deliver healthcare services has to change if we are to meet the challenges we face.

Delivering healthcare can be complex, but to begin to develop our services differently, we need to give equal consideration to preventative, planned, unplanned and end of life care. Importantly, when provided by an integrated healthcare organisation such as ours, each of these elements of care should flow seamlessly.

We have assessed the future needs of the population and gathered evidence of best practice locally and internationally to decide where best our Clinical Services Principles can achieve the biggest impact.

We know that certain diseases have similar risk factors, and can be treated using similar service models so, where it makes sense, we’ve grouped some of our services together.

This approach also means that work already started in the UHB to improve preventative, planned, unplanned and end of life care can continue. As learning from these elements of care becomes available it can inform emerging service models and vice versa.

Taking all this into account, the following Framework depicts how services, built on the Clinical Services Principles can, regardless of which stage we are in our lives, deliver care which results in outcomes that matter to people.
As the Clinical Services Principles become more widely established within the UHB, further groupings of services can be added to the Framework to ensure that a cycle of continuous improvement is established.

Service Facts and Figures

**Cancer**
Cancer prevention and the delivery of world class care for people with cancer, remains a top priority for Wales. Over the coming years, around 1 in 3 people will be diagnosed with cancer before age 75 and around 4 in 10 at some stage during their lifetime. The incidence of cancer is increasing – there has been around a 10% rise in cancer in Cardiff and the Vale of Glamorgan in the last 10 years. Cancer accounts for nearly 7% of all NHS expenditure in Wales.

**Dementia**
By 2021, the number of people with dementia across Wales is projected to increase by 31 per cent and by as much as 44 per cent in some rural areas. Cardiff and Vale UHB’s projected increase between 2015-2015 is 27%.
Dental and Eye Care
There is a great deal of research showing the links between dental health and general health:
- The mouth can be an entry as well as the site of disease and infection that affect general health, with studies linking dental diseases and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes;
- The mouth and its functions can be impacted by many pharmaceuticals and other therapies commonly used in treating long term conditions;

Currently, nearly 100,000 people in Wales are living with sight loss. By 2020, this is predicted to increase by 22 per cent and double by 2050. Importantly, more than 50 per cent of sight loss can be prevented through early identification and intervention.

Long Term Conditions
Long term conditions can include; chronic obstructive pulmonary disease, heart failure, diabetes, inflammatory bowel disorders, musculoskeletal conditions, alcohol and other addictions. According to the Welsh Government:
- one third of adults in Wales (an estimated 800,000) report having at least one long term condition;
- of people aged over 65 in Wales, two thirds report having at least one long term condition, and one third have multiple long term conditions; and
- more than three-quarters of people aged 85-plus in Wales reported having a limiting long-term illness.

Maternal Health
The Cardiff and the Vale of Glamorgan Councils’ Local Development Plans will impact significantly on the UHB, adding significantly to a population with a birth rate already three times higher than the rest of Wales. Developments in services for maternal health are also closely linked to the implementation of the South Wales Health Collaborative’s work to reconfigure consultant-led maternity services.

Mental Health
According to the World Health Organisation, mental health problems account for 20% of the overall “burden of disease”, a larger share than any other single health problem, including cardiovascular diseases (16.2%) and cancer (15.6%). Poor mental health and mental illness have a significant impact on individuals, society and the economy overall. Statistics provided in the Welsh Government’s Together for Mental Health document show:
- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime;
- 1 in 10 children between the ages of 5 and 16 has a mental health problem and many more have behavioural problems;
- Approximately 50% of people with enduring mental health problems have symptoms by the time they are 14;
What Next?

The Clinical Services Strategy will explain the clinical service element of the UHB’s vision and be implemented through the UHB’s Integrated Medium Term Plan.

Using the Clinical Services Principles will help to shape services differently, however it is the input of the public, partner agencies and wider staff that will really bring about the change which is required.

During autumn and into the New Year, we are planning to run workshops which will help to inform the development of the service models described in this document. These will be sessions where people who use our services and those who directly or indirectly provide them, will be able to come together to begin to describe a service of the future.

A final Clinical Services Strategy will be published in September 2015 and throughout the next year we will be seeking views on developments alongside keeping people informed of progress.

Should you have any comment to make on this document, or wish to participate in the development of the Clinical Services Strategy; through workshops or other means, please contact:

OrganisingforExcellence@wales.nhs.uk
Summary of Population Health Needs

The key areas of population need for Cardiff and Vale are summarised below.

1. Population size and composition
   - Our population is:
     o growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales)
     o ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17)
     o ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum

2. Risk factors for disease
   - Unhealthy behaviours which increase the risk of disease are endemic among adults
     o Nearly half (45-46%) drink above alcohol guidelines
     o Nearly two thirds (65-68%) don’t eat sufficient fruit and vegetables
     o Over half (53-56%) are overweight or obese. This increases to two thirds (64%) among 45-64 year olds
     o Around three quarters (71-75%) don’t get enough physical activity
     o Just over one in five (21%) smoke
   - Many children are also developing unhealthy behaviours
     o Two thirds (66%) of under 16s don’t get enough physical activity
     o Nearly a third (31%) of under 16s are overweight or obese
   - Around 1 in 10 adults are recorded as having high blood pressure
3. **Equity, inequalities and wider determinants of health**
   - There are stark inequalities in health outcomes and how, when people access healthcare
     - Life expectancy for men is nearly 12 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 22 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
   - There are significant inequalities in the ‘wider determinants’ of health, such as housing, household income and education
     - For example, the percentage of people living without central heating varies by area from 1 in 100 (1%) to 1 in 10 (13%)
   - The Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics who may have specific health needs to be met

4. **Ill health in Cardiff and Vale**
   - The disease profile is changing
     - Chronic conditions including diabetes, respiratory and heart disease, are now common
     - Around 1 in 10 (9.4%) 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
     - Because of 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
   - 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
References


