Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Designed for Life:

Creating world class Health and Social Care for Wales in the 21st Century

May 2005

Health Challenge Wales
Her Iechyd Cymru

NHS WALES GIG CYMRU

Designed for Life

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Foreword by Dr Brian Gibbons, Minister for Health and Social Care

Today, health and social care services stand at a critical point in their history

On the establishment of the Welsh Assembly, we inherited services overburdened with demand and needing fundamental change to meet the challenges of the 21st century. This is why we embarked on the major programme of reform and improvement in 2001 outlined in *Improving Health in Wales.*

Given the problems facing Wales, the decision to concentrate on the long-term, by giving priority to improving health was the right one. Huge progress has been made at a local level in putting in the foundations for change and every area has now published a local strategy for health, social care and wellbeing. Based on this firm foundation, it is now time to accelerate change and to set our sights on reforming our hospital, community and social services.

This will be challenging and not always popular. But just as we chose the right, if difficult, path in 2001, we will continue to make the difficult decisions in the future. Over the next five years we will eliminate long waiting times permanently. We will do this by building an NHS and social care service that provides high quality, fashioned to meet the individual needs of patients and clients. Yet in doing so we will continue to reflect the distinct communities of Wales.

Our ambition is to create world class healthcare and social services in a healthy, dynamic country by 2015.

Building upon the work already begun in *Building for the Future, Improving Health in Wales* and *Health Challenge Wales*, this strategy will outline how we will get there. It is called *Designed for Life*; this encapsulates our whole approach. Design needs to be inspired, yet practical, actively planned, modelled and built by experts. High quality design is durable, safe and effective – it delivers to people what they want. In short, it is fit for purpose, and our purpose here is an improved quality of life for the people of Wales - adding not just years to life, but life to years.

Much of the achievement will rely on good partnerships, especially across the NHS, public health, local government and voluntary organisations. Social care, of

course, is a significant service in its own right with a wider role beyond its joint work with health. Local government has a vital contribution to make in addressing inequalities and promoting health and in particular wellbeing. We are committed to working with our partners over the coming year to develop a comprehensive social care and social services framework which will parallel *Designed for Life*. We will also continue to focus on our health improvement agenda. The health, social care, voluntary and independent sectors must all come together in a partnership for excellence.

Complementing *Health Challenge Wales*, our strategies for health and social care will set the course for improved services to deliver better quality of life, providing a national counterpart to local Health, Social Care and Wellbeing Strategies.

Through this strategy we outline a change process based on clear principles where we will engage with patients, service users, staff and the wider general public in making the transformation happen. In doing so we will create a vibrant culture of challenge, improvement, and delivery.

Above all, we want to change the nature of the NHS: to transform it from the national illness service it currently is into a truly national health service. In this way it will play a key role with its partners in improving the quality of life in Wales.

Dr. Brian Gibbons AM
Minister for Health and Social Care

1. Introduction

1.1 The Task

In February 2001 *Improving Health in Wales: A Plan for the NHS with its Partners* set out an ambitious long-term programme to

- rebuild, renew and improve the National Health Service in Wales
- develop effective and innovative ways of improving citizens' health
- ensure continual improvement is embedded into services.

Four years on, there is a need to:

- take stock of progress in Wales
- learn lessons from the rest of the United Kingdom and internationally
- consolidate the recommendations of major reports
- reassess the challenges of the future.

Whilst this strategy proposes much that is new, it is built upon the policy direction set in 2001. The decision to concentrate on delivering a healthy Wales through partnership was the right one and will pay increasing dividends in future. But we must do more if we are to set ourselves firmly on the path to the provision of world class services. We will continue to improve health, and now we will accelerate improving health and social care. This strategy outlines how we will do it.

1.2 A New Planning System for Wales

To continue the wholesale transformation of services and their delivery, a new and effective planning system for health and social care is required.

The major action is that we will develop a new planning system that will rapidly improve performance across Wales - one that will ensure we make the best use of all the talents and resources available, no matter where they are. This will require a clear vision of where we are going, and the development of programmes to get us there.

1.2.1 Vision 2015

A new vision is required, to update *Improving Health in Wales* and describe what kind of health and social care services the people of Wales can expect by 2015.

In particular, the vision will aim to:

- improve health and reduce, and where possible eliminate, inequalities in health
- support the role of citizens in promoting their health, individually and collectively
- develop the role of local communities in creating and sustaining health
- promote independence, service user involvement and clinical and professional leadership
- re-cast the role of all elements of health and social care so that the citizen will be seen and treated by high quality staff at home or locally - or passed quickly to excellent specialist care, where this is needed
- provide quality assured clinical treatment and care appropriate to need, and based on evidence
- strengthen accountability, developing a more corporate approach in NHS Wales so that organisations work together rather than separately
- ensure full public health engagement at both local and national levels.

The 10-year vision does not just clearly state aspirations, but also highlights the challenging decisions and difficult changes which will be required to build new health and social care services for Wales.

1.2.2 Three year-strategic frameworks

Vision 2015 will be delivered through a series of strategic frameworks, each covering three years. This strategy will launch the first framework; thereafter at the start of each stage a "fit for a purpose review" will take place to assess progress and ensure that the most effective approach and structure is in place. Challenging targets will be set in key policy areas for the three-year period. Annual targets will be agreed for years one and two of each framework and will be included in the annual Service and Financial Framework ('the SaFF') planning process for the NHS in Wales. The three-year framework will provide the context for individual organisational and functional strategies - for example for estates. The three-year cycle will therefore define the progress that is to be achieved and will strengthen performance management and accountability. Each cycle will be formally evaluated.

1.2.3 How the planning process will look:

1.2.4 Developing the partnership

This document primarily focuses on the vision for health services and health improvement. Local government has a crucial role to play in developing its own service contribution and in working with the NHS in bringing about the service changes and improvements needed.

Throughout this strategy there is a clear commitment to working closely with the NHS and local government in Wales. In particular, we will seek together to:

- develop an enabling environment that maintains the independence of patients and service users
- provide an active approach to managing dependency and establishing a culture of re-ablement
- ensure access to services whenever they are required
- change the pattern of services to fulfil the wish of people to remain in or return to their own homes wherever possible

- provide support for carers in achieving these objectives
- safeguard and promote the rights and welfare of children and young people and frail and vulnerable adults.

The strong partnerships among all the stakeholders that have been developed at local and national level will mature as the delivery of this strategy unfolds. "Partnerships for excellence" will be a key foundation of success in the future. Discussion on the way forward with local government will be a key feature of the first year's programme.

2. Firm Foundations 2001–05

2.1 The Policy Background

The period 2001-05 established a firm foundation for tackling the deep-seated and long-term problems of healthcare in Wales. It did so by:

- creating a clear strategic direction for health and social care within the Welsh policy context, based on a twin-track approach
- initiating programmes of investment and modernisation
- delivering early but significant service improvements.

The Assembly inherited significant capacity problems that needed urgent action. Analyses identified a mismatch between supply and demand in health and social care - an imbalance that was demonstrated by high levels of illness, unforeseen changes in demand, and delays across the system. In February 2001 *Improving Health in Wales: A Plan for the NHS with its Partners* set out an ambitious long-term programme, driving for improved health and wellbeing, reduced inequalities, and first class services for all. This complemented the programme for social care services in *Building for the Future*, issued in 1999, which focused on improving the quality and effectiveness of social services for the most vulnerable citizens of all ages.

2.2 The Twin-track Approach

A twin-track approach - tackling the causes of poor health and focusing services on results has been adopted. This reflects the advice in Professor Townsend's report, *Targeting Poor Health*, as the best way to reduce the sharp differences in health that occur currently in Wales and that are intolerable in a modern society. Strengthening of Community Strategies and partnerships with local government will ensure that we continue to promote health improvement whilst modernising services. Alignment of national strategies and frameworks will be essential to ensure that efforts in one part of the system are not hampered by progress of others.

In 2002 *Wellbeing in Wales* reinforced the Assembly Government's commitment to integrated policies and programmes to tackle the causes of poor health, disability and poor quality of life. This aim is reflected too in *Wales: A Better Country*. Stretching targets to improve health and reduce differences in health have been set for 2012.

Most recently, *Health Challenge Wales* has thrown down the gauntlet to everyone to do as much as possible to improve health and wellbeing. As individuals, we can do more to protect and promote our own health and that of our families. The NHS, local authorities, the voluntary sector and others will develop their role as advisors, educators and advocates.

2.3 Investment and Modernisation

Within services, there has been a combination of long-term structural renewal and more immediate modernisation. Professional training has been expanded, and investment has been identified for new hospitals and GP premises. Local Health Boards are strengthening the focus on local needs in every community and developing services that meet them. A major programme of quality monitoring has been built around more clearly defined standards. A new inspection system has been established that will aid the improvement of care throughout Wales and provide assurance to our clients and patients.

More has been done in recent years than for decades before to support people who work in health services to manage change and to release their creative energy to transform services. The Innovations in Care Programme will continue to lead this in the NHS as part of the work of the new National Leadership and Innovation Agency for Healthcare. A parallel approach for social care is being developed by the Assembly in concert with the Welsh Local Government Association.

A *Question of Balance* clarified the capacity problems and identified that we needed to use our hospitals in a different way. Its recommendations were taken up in the *Review of Health and Social Care in Wales*, advised by Sir Derek Wanless, which confirmed the existing strategic direction but re-emphasised the need for significant and rapid change. A special programme set up to work through and action the Wanless recommendations is now reaching its conclusion and will be completed in June 2005, with all the products then being mainstreamed into routine activity.

The Wanless Report stressed that both policy and practice must be evidence-based. The infrastructure and capacity to do this is being developed by the Wales Office of Research and Development and the Wales Centre for Health to ensure that this evidence base is created and maintained.

Through the Performance Framework, annual targets, the accelerated adoption of new practice, and targeted investment, a degree of momentum has now been established. Delayed transfers have reduced as a result of excellent joint working. Waiting times for hospital treatment are falling, and there is a commitment to drive them lower still.

2.4 Achievements 2001-05

Since 2001, many improvements to services have been delivered. Among those of direct benefit to patients, clients and service users are that:

- latest data shows that half of the patients admitted to hospital for an operation from a waiting list had waited only 11 weeks or less
- the implementation of the second offer scheme has provided an effective means of reducing waiting lists whilst taking into account patient preferences
- the wait for cardiac surgery and angioplasty has been cut to eight months and waiting for an angiogram has dropped to six months
- nearly 90% of A&E patients are seen in under four hours.

We have removed barriers to service access, for example -

- dental check ups are free to all under 25 and over 60
- prescriptions are free to all under 25 and soon will be free for all
- more funding has been provided for early adaptation of people's homes to help them live independently
- direct payments for users for social services have been extended.

These changes offer an immediate benefit to many people. We are also determined to ensure that health and social care services across the board are put on a sustainable long-term basis, through investment in additional capacity:

- by 2010, we plan to have 700 more doctors, 6,000 more nurses and 2,000 more health professionals such as physiotherapists; yet already in two years we have achieved over 40% of the target for nurses and 70% of the target for other health professionals
- in the drive to increase levels of qualified social workers, numbers in post rose by 234 between September 2002 and September 2003 and those registering for training from 287 in 2002-03 to 372 in 2003-04
- £3m has been invested over three years to develop partnership and the voluntary sector in line with *Building Stronger Bridges.*

We have made an intense effort to improve and monitor quality across the NHS and social care:

- in the light of concerns about healthcare associated infections, each NHS Trust is required to set annual targets for infection reduction in hospitals
- standards for cleanliness, courtesy and other fundamental aspects of hospital care have been issued and are being monitored by a partnership of interests including Community Health Councils

- working with the National Patient Safety Agency, NHS organisations are now reporting all patient safety incidents to the national reporting and learning system
- a single national inspectorate, regulations and national standards have been established for most social care settings and providers and a new healthcare inspectorate has been created
- new National Service Frameworks have been or are being produced for services relating to children, older people, renal disease, mental health, diabetes and heart disease.

A schedule of strategies issued or under development is included at **Appendix 1**.

2.5 Local Strategies

A major development has been the preparation of Health, Social Care and Wellbeing Strategies by Local Authorities and Local Health Boards. These, based on a rigorous assessment of needs, will serve as the basis for developing services and will be the key vehicle for taking forward *Health Challenge Wales* in each locality. Together with the Local Action Plans produced in consequence of the Wanless *Review of Health and Social Care*, they have helped to inform the preparation of this strategy, as has the National Commissioning Plan of Health Commission Wales.

2.6 Moving on

The first years of the 21st Century have seen us:

- create a new direction for health and social care policy focused on addressing the needs of the people of Wales
- establish policies that will ensure that in future Wales will have fitter people living in healthier communities
- involving clinicians and care providers in planning new ways of delivering services.

In 2004 *Making the Connections* challenged public sector services to demonstrate that they are responsive to the needs of individuals and communities that their services, are delivered efficiently and are driven by a commitment to equality and social justice. Health and social care services are among the most important public services in Wales, and we expect them to be a model of excellence in the 21st century.

Modernisation and renewal is now well underway.

It is time to accelerate improvement.

3. Vision 2015

3.1 Defining the Vision

By 2015, through the efforts of the Assembly Government, the NHS, local authorities, their partners, the community and individuals, Wales will have minimised avoidable death, pain, delays, helplessness and waste.

3.2 The Design Challenge

The Wanless Report confirmed that Wales's current health and social care services are not sustainable. Progress will mean change, probably in every hospital, GP practice and every social service department in the country. This is not change for change's sake. We have no choice. The present configuration of services is inherently inefficient and expensive. The radical path we have chosen is to ensure that we eliminate decisively the threat that:

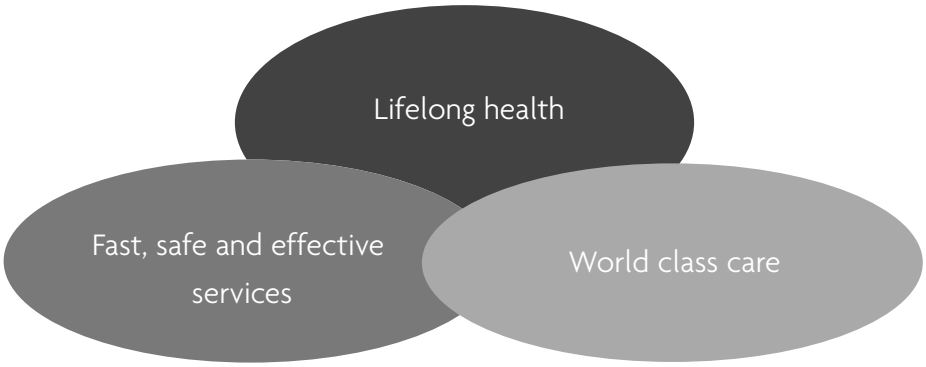
- our resources will be spread too thinly
- clinical expertise will be misused and diluted
- we will not be able to attract and retain top quality professionals
- our primary care services could be overwhelmed by demand
- specialist services will be too fragmented amongst too many Trusts
- services will become increasingly congested.

Change on this scale might cause unease. Sometimes in the past, well-intentioned proposals have come to grief because the public remained unconvinced about the need for change or the changes proposed. That must not happen this time; there must be an open and wide-ranging discussion about where we are going and how we get there, followed by action.

If change does not happen, if we do not meet this challenge, we will fail our families, our communities and ourselves. This is not a future that Wales wants or deserves. This is why positive and decisive strategic action is required to deliver the health and social care of the future.

3.3 The Design Philosophy

We must design a system that will work better. There will be three design aims:



a. **Lifelong health:** we will focus on health and wellbeing, not illness, by

- using every avenue to promote healthy communities
- empowering individuals to take responsibility for their own health.

b. **Fast, safe and effective services:** we will get supply and demand into balance, so that

- for both staff and patients, there is a system they can rely on
- demand is better managed, both at primary and secondary care level, freeing up capacity to ensure patients and clients are treated in the right place at the right time by the right people
- services are there, when and where they are needed, and meet the highest standards of safety and quality.

c. **World class care:** we will create and sustain services that Wales can be proud of:

- services and support for people at home, or as close to home as is safely possible
- a focus on helping everyone achieve the highest level of independence and personal potential
- services that are accessible, fast, safe and effective, simple to understand, easy to use and responsive to changing needs
- care environments that are safe, offer proper protection to children and vulnerable adults, and respect people's dignity
- skilled staff who provide services that work every time, but are still personal to the individual.

Community Strategies and local Health, Social Care and Wellbeing Strategies will help ensure that service changes mesh with developments in areas such as housing and transport. The *Welsh Spatial Plan* will be used to make planning more effective and integrated across the broader geographical region. Responding to the Assembly's commitment to sustainable development, the NHS will put in hand action in relation to employment, purchasing, waste, travel and buildings, as set out in *Claiming the Health Dividend*. Local authorities have been active for many years in these areas and will continue to provide leadership through the Community Strategy.

3.4 The Design Principles

By focusing on three basic principles, we will ensure that the system is fit for purpose.

- user-centred services
- getting the most from resources
- targeting continuous performance improvement.

3.4.1 User-centred services

Optimum improvement will be achieved if people become fully engaged with their own health and wellbeing, and also take seriously their responsibilities to adopt healthy lifestyles. People will best use services if they help design them.

We can only achieve a wholesale transformation of our services if those who use services and deliver them at the sharp end are put in the driving seat of redesign. It is the service users and staff who know best the reality of what it feels like to be cared for in Wales.

We will promote the active participation of citizens and communities in service development. We will engage all, irrespective of their race, language, religion, disability, age, gender and sexual orientation. Effective Welsh and English bilingual services are essential to providing quality care and full recognition will be given to the Welsh Language Act 1993, and the Welsh language schemes of each stakeholder organisation.

In designing and running operational services we will, within the strategic context set out in *Making the Connections*:

- find out what services people really need and then deliver them within available resources

- issue clear standards defining what service users and their carers can expect
- make sure people's views on existing services are heard
- make available accurate, accessible information, backed by high quality services
- see that professionals are trained well and have the right information on which to base decisions with users
- help people to use services better, through clearly describing what each part of the service is there to do, using language that people are comfortable with
- ensure that changes are based on evidence of what works and is sustainable
- ensure that collaborative working will reduce cost through sharing staff and facilities.

Whenever change is planned, be it a whole hospital, a system for booking appointments, or the design of x-ray gowns, service users and staff will have the strongest voice in identifying what is required. We will work systematically with user groups to define what needs to change. We will aim to empower the community to have its voice heard and heeded, rather than simply being given a choice of treatment location. All LHBs, Community Health Councils and Trusts

This strategy aims to foster a greater sense of collective responsibility – of making a renewed connection between professional values, service user and citizen aspiration and the need for focused delivery and change.

will be required to follow this approach and to account for its success on an annual basis.

3.4.2 Getting the most from resources

The primary driver of professional practice is a desire to deliver the highest standards of care. However, resources in the public services are inevitably finite, whilst need and demand continue to grow and change. Every time resources are used inefficiently someone is denied a service, or a service of a decent standard.

The right response requires managerial excellence and the rapid uptake of best practice and, through focusing on these, this strategy will aim to drive efficiency improvement right across the system. This goal will be pursued rigorously and without regard to maintaining the status quo.

This is not a task just for managers. Clinical and professional staff of all kinds and at all levels must acknowledge that the provision of ineffective care and inappropriate services is also a misuse of resources and real disservice to patients and clients. The drive to ensure the best return from all our investments must therefore engage the support and expertise of clinicians.

3.4.3 Targeted continuous performance improvement

In relation to healthcare, we will take a much more radical and focused approach to performance management. We will set targets that will be clinically grounded and focus on real benefit to patients and clients. At the core of this will be a clear framework of standards that ensure high quality across all the services we provide. This will form a strong basis for continuous improvement, using available resources to deliver the levels of care that the people of Wales have a right to expect.

We will improve information to allow service users, the public and the Assembly to assess more directly the quality of services, improving engagement and sharpening accountability. We will concentrate on five areas:

- **Safety** e.g. numbers of adverse clinical incidents such as medication errors or hospital acquired infections
- **Effectiveness** e.g. specific outcomes such as re-mobilisation after a stroke and survival after a heart attack
- **Patient focus** e.g. patient satisfaction, improvements based on patient-led design and increases in the percentage of patients treated at home
- **Timeliness** e.g. levels of waiting times and of cancelled or re-booked appointments
- **Efficiency** e.g. comparisons in cost per case and rates of day care.

We will have to improve our data collection, and agree with the professions how such information can best be used. With better information, coupled with stronger clinical and professional leadership and a focus on improvement, we will have the basis for improving quality. We can gain commitment and enthusiasm for delivering and achieving a range of targets that will reflect the delivery of our main goals.

By carefully using our resources, financial and human, commissioning of services in the future will be driven by clear and rigorous standards of clinical and of professional governance.

3.5 Design Components: A New National Health and Social Care Strategy

A new National Health and Social Care Strategy will now complement *Health Challenge Wales*, to accelerate the development of world class health and social care. This will meet the requirements outlined above by designing services more closely around people's needs, by clarifying different levels of services required and by ensuring that services operate as a single integrated whole. This document represents the first step in developing that strategy. This paper largely addresses the NHS and its interface with social care. Therefore work on the remodelling of social services and social care will proceed in 2005, leading to the development of a comprehensive social care and social services framework by mid 2006. Together they will deliver a radical transformation of the services that we see today.

The new design will focus on three elements:

- identifying clearly the needs of different groups
- clarifying what should be done at different levels
- ensuring that care is streamlined and integrated within a well-run network of services.

3.5.1 Meeting needs

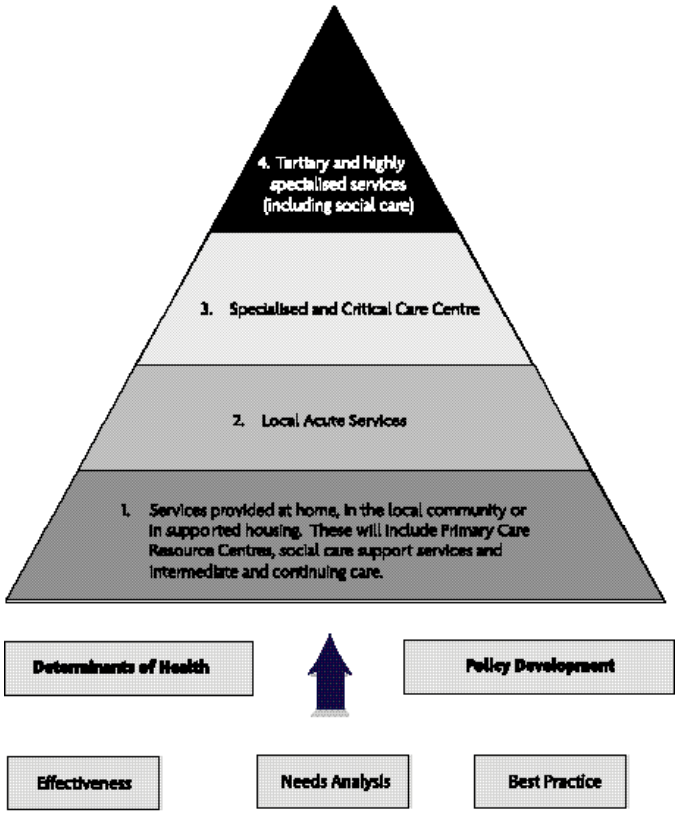
For planning purposes, we will distinguish the following groups, though, of course, recognising that people will move between and straddle them:

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

The same general principles will be applied to each of these groups, such as pre-designing the 'pathway' service users with similar problems will follow, providing carefully graduated services to people according to their specific needs, making the best use of the latest technology, and dealing with issues as early as possible, so reducing demand for higher level skills.

3.5.2 Levels of Care

To meet these needs there will be four levels of care:



These levels of care will not be rigidly compartmentalised. The aim will be to reduce barriers between services and increase integration at all points. The following sections identify different components of a single structure rather than separate organisations. **Appendix 2** provides more detail on the different levels.

Services provided to people at home or in their local community, at level 1, will be greatly strengthened, to help and support people to remain fit, healthy and independent, and reduce their becoming dependent on residential services and acute hospital care. This will mean an expansion of prevention, screening, community-based assessment, carer support, rehabilitation and intermediate care, as well as domiciliary and respite care, and supported housing and home-based technology. This will necessitate significant investment in capital, running costs and educational development. In addition there will need to be a significant shift in the skills required by health, social care and voluntary sector staff.

Everyone will have access to an appropriate member of the primary care team within 24 hours and much sooner if needed. Effective and rapid diagnosis will be available locally, followed by timely treatment, help and support or advice on self-care as required. To deliver this, staff will be given the requisite training, and services will be relocated nearer people's homes.

The extended primary care team will be central to the delivery of chronic disease management for the overwhelming majority of patients.

In each locality there will be a team of professionals working together. The GP will continue to be the patients' personal community-based physician, not just to diagnose and treat them , but to be their advocate and advisor. Some GPs will take on more specialist skills, and all will work increasingly with other health professionals undertaking extended roles. Pharmacists, physiotherapists, occupational therapists and nurses will acquire specialist skills and provide specialist services that use their full potential. These developments will help ensure that high quality primary care can develop and expand, providing a solution to the current recruitment problems in general practices.

Primary Care Resource Centres will provide services, which might at present be provided separately by GPs, dentists, hospitals and social services. They will often have beds for people who do not need high levels of clinical care, and might also support the long-term or respite care that will still be needed for those who cannot remain in their own home.

Detailed discussions with local government on how we will deliver such new and seamless services will clearly be important.

Increasingly, medical and technological advances will mean that services currently provided only in hospital will be provided close to home in local neighbourhoods. They will be supported by detailed social care arrangements. The linking together of practices into primary care networks will ensure that the fullest range of specialist, diagnostic and therapeutic services will be available in communities. These networks will also form the base for developing clinical guidelines for demand management.

The development of primary care networks will inevitably differ from community to community because each area will start from a different point. Some will require capital investment, others a concentration on recruitment or both may be needed. Local Health Boards with their local authority partners will have the lead responsibility for their development.

Local Acute Services – level 2 services - will provide easy access to the services that people use most frequently, that are currently provided by district general hospitals and community hospitals. These will include a local injury service, and medical and surgical services. Emergency and pre-planned services will be managed separately, to minimise capacity conflicts, and the great majority of

those who require pre-planned treatment will stay 48 hours or less in purpose-designed facilities. Community support will then be available to patients/clients once they have been discharged. High quality diagnostic facilities will provide on-site support for treatment and diagnosis, and well developed high technology links with specialist hospitals will ensure that patients/clients are seen in centres of excellence quickly and as locally as possible.

Specialised and Critical Care Cases, at level 3, - will be focused in fewer major centres, dealing with complex cases that require a concentration of skills and equipment to achieve consistently good outcomes for people with less common problems. They will work closely with the Local Acute Services, and with **Tertiary and Highly Specialised Services** – level 4 services - to ensure there is rapid access when needed to these services.

We will ensure that quality, safe and sustainable services can be provided locally where possible, but where services need to be concentrated they will be designed so that everyone in Wales can access the right services to meet their needs rapidly. All the different levels will be co-ordinated through formal and informal networking arrangements.

3.5.3 Healthcare Integration

This more careful identification of needs and roles must not lead to fragmentation. Therefore, health services in Wales will in the coming years be more explicitly organised around three regional networks, each designed to ensure that:

- the highest standards of care are available locally and promptly where needed
- if more specialised care is required, a fully equipped and well-staffed centre is accessible and networked into local services so that care is fully co-ordinated.

Delivery of care in the future will be based on the model of managed clinical networks. This will provide the integration needed to provide patients/clients with care services that work in unison, to agreed common standards and driven by the clinical needs of the patient/client. Networks will provide the planning base that allows appropriate consideration of both individual and population needs and lead the drive to improving quality. Where patients/clients have to travel for a distance for inpatient care, outreach services will be developed locally, supported through such networks. Initial consideration of possible networks has been based on existing and forecast patient flows, and current and anticipated availability of specialised skills.

Services will be designed so that patients'/clients' problems will be resolved as early in the pathway as possible. This will be regulated through robust risk management and care protocols, audited to ensure safety and clinical effectiveness.

Over the coming years we will be developing our capacity and efficiency to meet the targets we have set. While doing so, if necessary, we will draw as appropriately on private capacity, and on NHS services over the border in England.

The three regional networks will be based on the current Assembly Government Regional Offices:

1. South East Wales
2. South West and Mid Wales
3. North Wales

Appendix 3 provides more detail on these.

3.6 Design Impact: What will this mean for the public and service users?

Although the detailed pattern of services that results will differ from place to place, overall the public will notice:

- a more sustained effort to protect and promote as much as possible people's health and independence at all stages
- easier access to information – on health and social care matters generally and on their own condition
- more services provided in and closer to their homes
- clearer signposting to help them find the right service.

Greater use of technology and tele-health will reduce the need for hospital visits or residential care and home testing kits will be used more. The result of these developments will give individuals greater control over their own quality of life. Electronic records will make care faster and safer and allow people to monitor the quality of their own care.

Assessment and investigations will be conducted locally and results stored electronically so that they do not need to be repeated. Front-line and specialist care will be closely integrated. Services now confined to hospitals will be available more locally through GPs with specialist training, clinics conducted by

hospital specialists with GPs in Primary Care Resource Centres, and televised links to hospitals.

Using the latest technology, diagnostic services will move test requests and results, images, and information from patient to service centres to specialists, so that equipment is used to full capacity and results are available much more quickly.

a. People who are generally well and able to live fairly independent lives

In a concerted effort to improve quality of life and reduce pressures on services, more will be done to protect and promote good health. At the centre, the Government will give this greater attention in policy development and the work of its agencies. Across the community more will be done to make people's homes more physically safe, better protected against hazards such as fire and crime. Even greater efforts will be made to help people look after their own health, based on the idea of a contract, balancing clearer service entitlements and greater personal responsibility.

Local pharmacists, dentists and optometrists will offer a wider range of advice and practical services. Patients and clients may be as likely to be referred to weight loss programmes or exercise classes as to the outpatients department. There will be better co-ordinated efforts to provide a complete spectrum of immunisation and vaccination, screening, infection control and health surveillance programmes to local communities, and to ensure that individuals are not using unsatisfactory combinations of medicines. Particular programmes will be aimed at people with long-term conditions.

b. People with more significant care needs

Agencies will work closely together comprehensively to assess people's needs and commission and provide well-integrated services. Technological aids will become widespread to help support people at home.

Specialist housing where care services are available on site will become a much more widespread alternative to residential homes even for people with quite severe needs. Similar opportunities will be made available to people whose homes are suitable. New technology can link up people and their care arrangements in a virtual sheltered housing arrangement integrated with local facilities. The voluntary sector will have an innovative role to play here.

There will be a growing proportion of people with significant continuing care needs who will require care and support in a variety of settings, including care homes. Delivering services to meet the health and social care needs of this client group will require effective joint working arrangements. A collaborative approach will be necessary to commission effectively the range of services necessary to meet these needs.

c. People who have long-term conditions

The extended primary care team, working with the voluntary sector and carers, will be central to the delivery of chronic disease management. Admission to a hospital will occur only as part of an agreed "care pathway" that all relevant agencies understand and support. Hospitals will develop specialist units for specific conditions, staffed by well trained professionals and backed by high quality diagnostics. Individuals will be helped to become "expert patients", taking a high degree of control over their treatment. In the future, where possible, the aim will be to provide all services in or close to the individual's home. For those who still need long-term residential care, services will reflect changes brought about by changes in technology and home support.

d. People needing emergency treatment or rapid access to social care

Services for people needing emergency treatment or rapid access to social care will be redesigned to create a single contact point so that users are promptly attended to and quickly transferred to the right service when necessary. A network of specialist on-call services will be developed to ensure that emergency patients will be seen by expert clinicians e.g. for vascular surgery. Pre-designed care pathways will ensure that the right treatment in the most appropriate setting from the right person is available as quickly as possible and 24 hours per day.

Of course, the twin-track approach also means we must cut the number of emergencies that arise through the new emphasis on prevention and health promotion. The overall effect will be to reduce both the number of people who need to be admitted to hospitals and their stay.

e. People needing elective care

Services for people who need elective or pre-planned care will be faster, and more organised around the patient's needs and convenience. Unacceptable long waiting will have been consigned to history with a maximum 26 weeks for treatment from start to finish: although most patients will be seen much quicker than this. Elective and emergency services will be divided enabling the development of dedicated treatment centres concentrating on short stay surgery. In future 85% of elective surgical care will require a stay of less than 48 hours in hospital and so the majority of patients will be treated in such centres. In addition, high quality diagnostics such as MRI scans will reduce the need for some surgical operations.

The care pathway for these elective conditions will be developed and will ensure that there will be more information for patients, a wider range of treatment options and greater certainty and reliability. Services from primary care to therapy support, social care and hospitals will be well co-ordinated to ensure patient/client care is seamless.

4. Strategic Framework 1: Redesigning Care 2005-08

4.1 The Challenge

The next three years will be amongst the most challenging and critical for the service in Wales. The strategic framework for 2005-08 will:

- meet the objectives set out in *Wales: A Better Country* and *Making the Connections*
- set stretching targets for the NHS that will challenge the service to change through a combination of investment and modernisation
- concentrate on redesigning the provision of healthcare, using available evidence of effectiveness, and seeking evidence where it is lacking
- drive forward work already begun on managing demand
- maximise the benefits from information and workforce developments
- reduce waiting times for patients and clients, so that Wales will be broadly in line with the rest of the United Kingdom by 2009; by then unacceptable long waiting will have been consigned to history.

As a result, services in Wales will be much more "balanced" than before – enabling further improvements to be realised.

The first year, 2005/06, is a crucial year. NHS targets for the year already set through the SaFF process must be met. However, this is also the year when a number of tasks will be undertaken to bring the Assembly, the NHS, local government, the voluntary sector and other partners, staff and users into a strong coalition behind the change agenda.

First, publication of the three-year objectives set out below, and included in **Appendix 4**, creates a golden opportunity to engage stakeholders and partners in agreeing how change should be brought about. This will enable us to model, plan and focus on delivery with the assurance that we have an inclusive approach, with the main stakeholders helping design and deliver change.

Second, having identified the skills and support needed to deliver the change, we need to put these in place.

Third, and of immense importance, we must secure high levels of public and staff engagement for the process. The scale of change required over the next three years and thereafter will be challenging. But the prize will be the resolution of

many longstanding problems and a realistic hope of better health for all. Therefore, there will be an invitation to the wider public and services users – individually and organised groups – to join in this process. The Community Health Councils will have an important advocacy role in ensuring that there is informed discussion in redesigning services as the community's statutory voice for health services.

Fourth, we need to address the different accountability mechanisms that apply to local government and the NHS. We will need to strike a balance between local planning and delivery and a broad all-Wales strategic framework. At local level a powerful start has been made in establishing effective collaboration through the work on Health, Social Care and Wellbeing Strategies and Local Action Plans. The Government will be continuing to support discussions on these issues with the Welsh Local Government Association. This will form part of the work to develop a comprehensive approach for health improvement and effective social care services.

The next three years will require courage, clarity, leadership and determination. Working together we will meet the challenge.

The improvement we need for the people of Wales will *only* be achieved through a combination of investment and reform.

This strategy provides the broad all-Wales framework that will balance the local approaches.

4.2 The 3-year targets for the NHS

It is vital that the NHS and its partners demonstrate from the start their determination to achieve the vision through their actions over the coming years. The Schedule of Key Milestones at **Appendix 4** provides a delivery timeline. The following targets provide a broad but selective view of those milestones listed to indicate the areas to be tackled. The targets represent a first stage in the process – and will prompt a sharp shift towards:

- preventing problems rather than waiting for them to occur
- improving access to all elements of health and social care

- better designed, better delivered services in key priority areas – cancer, coronary heart disease, chronic disease and long-term conditions, mental ill health and services for children and young people and for older people.

a. More Prevention

By March 2008:

- every smoker who wants to quit smoking will have access to an NHS smoking cessation service within one month of referral
- all LHBs and NHS Trusts will achieve the gold or platinum level of the Corporate Health Standard, the national quality mark for the development of workplace health initiatives that seek to reduce sickness absence levels and improve recruitment and retention of staff
- all NHS Trusts will have in place an approved health promotion strategy covering services and staff
- three quarters of state schools will participate in the Welsh Network of Healthy School Schemes and all by March 2010
- further steps will have been taken towards eliminating smoking in public places, including issuing guidance to NHS bodies by March 2006 on smoke free NHS premises.

b. Better Access

There is a requirement for patients to have access to an appropriate member of the primary care team within 24 hours of requesting an appointment and much sooner in an emergency. We will improve access further so that by 31 March 2006 this will be available throughout Wales and people in Wales will also have: -

- access to emergency contraception within 24 hours
- access to services for HIV and sexually transmitted infection and routine contraception advice within 2 working days; and
- 95% of all patients will spend less than 4 hours in A&E until admission, transfer or discharge.

In addition action will be taken year-on-year to reduce waits for treatment so that by December 2009 we will achieve:

- a wait of no more than 26 weeks from GP or dental referral to treatment (including diagnostic and therapy treatment).

c. Better Services

The following major service development programmes will be delivered:

Mental Health Services will be remodelled over the three years to meet any new legislative requirements, the Adults of Working Age Mental Health National Service Framework and the Mental Capacity Bill. This will include action on workforce reconfiguration, provision of low secure beds, risk management skills, substance misuse, psychological therapies, eating disorder services, perinatal mental health services, comprehensive rehabilitation facilities, court diversion schemes, a liaison psychiatry service, day activity services, work entry programmes and strengthened primary care. There will be significant capital investment in modernising mental health services over the next three years.

Action: A Review will take place to consider whether a move to Regional Mental Health Service Organisations will improve standards and services for patients. This will include the learning from the Mental Health Collaborative, AIM.

Chronic Disease Management Services will be remodelled over the three years to develop a new care programme approach within an integrated chronic disease framework. This will draw upon work on arthritis and musculoskeletal disease, pain, respiratory disease, epilepsy, stroke, diabetes, coronary disease, mental health and renal disease, and intermediate care and community equipment initiatives. The result will include care pathways for the management of major chronic diseases. This will be aimed at early assessment; accurate and timely diagnosis; an appropriate level of specialist service provision by a multidisciplinary team; self-management training schemes; active multidisciplinary rehabilitation programmes to reduce patient re-admission and development of telehealth facilities to support extended care pathways. Networks will lead clinical audit of the pathways for cardiac and renal disease.

Children and Young People's Services will be improved with better partnership working between the NHS and local authorities as a result of the issue of the National Service Framework (NSF) for Children, Young People and Maternity Services, due to be published in summer 2005. Final specification of standards for the three-year period will depend on the outcome of consultation on the NSF.

The NSF will have a 10-year implementation period and contain standards aimed at benefiting children and young people across the spectrum of health care, social services, education, housing, leisure and transport. Together with the self-assessment audit tool, which will measure progress against the standards, the NSF will assist local co-operation, with greater scope for use of pooled budgets and joint service commissioning.

Under the Children Act 2004 LHBs and NHS Trusts will become statutory partners of local authorities in improving safeguards and the well being of children in the area. Nominated leads will be responsible for co-operation with local authorities and others in the production of Children and Young People's Framework plans. These will set out a strategic vision and a clear statement of objectives and outcomes.

Older People's Services will be better integrated. The broad principles established in the Strategy for Older People will become embedded. Final specification of health targets for the three-year period will depend on the outcome of consultation on the draft National Service Framework due to be published in Summer 2005 with a view to it being finalised by December 2005. However, initial requirements are for each locality to create an integrated falls service, designated stroke unit beds and multidisciplinary stroke teams. This will also mean significantly strengthened assessment services and intermediate care, aids and equipment services, carer support, medication reviews and mental health services for older people.

Cancer Services will have undergone the necessary re-configuration by March 2009 to ensure compliance with standards. This will be led by the networks through the agreed service re-configuration action plans and all cancer teams will be participating in national clinical audits, and benchmarked with centres in the United Kingdom and the rest of Europe.

To help drive forward service quality, the Assembly will publish, by April 2006, a **Quality Strategy** based around the recently issued Healthcare Standards for Wales.

4.3 Enabling change in the NHS in Wales

In order to deliver this strategy, it is necessary to engage the Assembly, the NHS, its partners and service users in how we are going to change.

Bringing all the key players together and agreeing on not just **what** we are going to do but **how** we are going to do it and **who** will be leading will help build a strong consensus for change.

Together, we will agree the principles of how we go about delivering the most significant change programme in NHS Wales's history and what part each of us will play in shaping the vision and leading the change.

To ensure this happens, 10 "enablers" have been identified: 10 critical areas of change and reform that we must align and organise. They will give us the basis for rapid and sustained service improvement.

1. **Performance Management**
   The performance management culture of health and social care services in Wales has developed greatly over the last three years, and helped to contribute to the successful reduction in waiting times and delayed transfers of care, and to an improvement in the quality of service delivery. Performance management arrangements will need to become even more rigorous over the next three years.

Action: The Balanced Scorecard for the NHS will be further refined to take account of the development of performance management

It is extremely important that a firm and decisive start is made in 2005/06 on demonstrable service improvements. There will be action to put in place tighter performance management for the NHS e.g.:

- a systematic programme of accelerated practice change in healthcare led by the National Leadership and Innovation Agency for Healthcare
- a sharpened incentives and sanctions regime
- a further refinement of the annual Service and Financial Framework (SaFF) process
- creation of a National Delivery and Support Team to tackle problems as they arise
- strengthened accountability focused on the Regional Offices
- a focus on demand management to reduce both inappropriate demands on primary care and referrals to hospital by maximising alternatives.

Building on this, over the three years, performance management will:

- become a driver for change, to achieve challenging access targets
- play a key role in linking investment, modernisation and performance
- develop a support and intervention role where organisations do not keep pace with delivery
- engage the National Public Health Service, the Wales Centre for Health, the National Leadership and Innovation Agency for Healthcare (NLIAH) and clinicians on the development of clinically driven targets for 2008 onwards.

Evaluation of performance is already well established in social services with a rolling programme of inspections of services by Social Services Inspectorate Wales, a new round of joint reviews in conjunction with Audit Commission in Wales and an annual performance evaluation in each local authority review process. Work has begun on reviewing the inter-relationships between inspections to help rationalise and reduce the burden on individual authorities and in the wider context of local government the Wales Programme for improvement is to be reviewed.

Action: The NLIAH Service Development Team will visit every health community in Wales during 2005/06 and undertake a Modernisation Assessment, to identify where best practice will deliver rapid improvements. LHBs and Trusts will be unlikely to receive further funding for waiting time targets until the Improvement Programme has been completed. This will be linked to the Balanced Scorecard.

We will establish a Delivery and Support Team to improve poor performing organisations in 2005.

Each health and social care community will draw up an updated Delayed Transfers of Care Plan by September 2005, setting targets for reduced delays and for improved efficiency in Trust performance.

From April 2006 each region will be required to model demand and capacity requirements to deliver annual targets and the three-year framework. This should be updated each year. In turn this will drive the supporting human resource, revenue and capital programmes.

Each LHB will produce a Demand Management Strategy. The aim of this will be to ensure more appropriate use of services. This will be in place for 2006/07 at the latest.

We will develop a new round of "smart" targets for the period from 2007/08.

The incentive and sanctions system will be reviewed each year in the light of experience locally and elsewhere, to focus on clinical excellence and quality service delivery.

The Welsh Local Government Association will establish a dedicated improvement team for social services that will link closely with the new National Leadership and Innovation Agency for Healthcare.

2. Research and Evaluation

Establishing an evidence base for health and social care, and acting on it, is a vital component of our approach. There is a significant body of evidence from Wales and elsewhere on how successfully to modernise healthcare, some of which is already reflected in the Innovations in Care best practice guides. However, the implementation of these proven programmes has been uneven across Wales. Over the next year a system will be put in place to ensure that best practice is actioned and to strengthen research implementation, monitoring and evaluation.

The Wales Centre for Health and the National Public Health Service will contribute both through monitoring health status and health threats and through collating evidence on effective care to support clinical managers and commissioners across Wales.

Action: A new process for collecting and disseminating best practice, and for ensuring its uptake will be developed and introduced by March 2006.

A methodology will be developed for researching, auditing and evaluating progress in health and social care by March 2006.

The Wales Office for Research and Development, the Wales Centre for Health and the National Leadership and Innovation Agency for Healthcare will work together to systematically generate evidence.

3. Benchmarking

It is important that we measure ourselves against the best. Using comparative data over a range of issues will enable us to set a strategic agenda relevant to each locality and focused on improvement.

For example we might ask:

- How productive are individual specialities, given resources and needs?
- Are GP referrals and A&E attendances higher than expected and why?
- Are day surgery rates, levels of delayed transfers of care, re-admission rates and length of hospital stay as good as they should be?
- What about mortality rates?

The purpose of developing such comparative data is to:

- identify the strengths and weaknesses of each community
- begin to develop performance measurement criteria that are much more clinically focused than before – placing quality and safety of care at the heart of performance
- see health communities as whole systems, allowing the use of sophisticated techniques such as flow analysis, lean thinking or statistical process control – all of them proven ways to generate improvement.

Consideration will be given to the whole systems performance at the health and social care interface.

Action: The scope of benchmarking will be agreed and the use of diagnostic improvement techniques developed by March 2006. This will be included in the maturing of the Balanced Scorecard.

4. Service Reconfiguration

By March 2006, all three Regional Offices will have completed their proposals for the reconfiguration of the secondary care sector, the first step towards delivering the National Health and Social Care Strategy identified earlier. A key strand will be the further maturing of clinical networks.

The redesign of health and social care will therefore be a major project for the 2005-2008 Strategic Framework, and a major driver for the Capital Investment Programme, included at **Appendix 5**.

Creating radically different models of care will require both close working and agreement across a wide range of partners and major changes to the workforce. Discussions will need to involve other government and local government services, including housing, leisure,

education and lifelong learning, and environmental services to achieve the shift required in the balance of care across all client groups. The Assembly Government will look to agree with local government strategic change objectives that complement those for health services.

Action: A secondary care reconfiguration framework that identifies the future pattern of care will be issued by March 2006 to guide future investment decisions. This will reflect the principles set out in the new National Health & Social Care Strategy outlined earlier.

5. Education, training and workforce redesign

Ensuring that we support staff during the transformation and taking the opportunity to design working patterns that are satisfying and productive will be vital to success. A new Human Resources Strategy will support and sustain the change we will need to see.

Major workforce changes include *Agenda for Change* and new contracts for several professions. Policy initiatives on medical and dental postgraduate education and training as set out in *Modernising Medical Careers* will be implemented throughout the United Kingdom over the period to 2010. A promising start has already been made in Wales. In addition all hospital doctors and dentists will be covered by the European Working Time Directive by 2009. Implementation of the changes, which will have a major influence on how services develop, will be co-ordinated centrally.

The transition to a new pattern of services will require a restructuring of the workforce, new forms of organisation, changes in practice, and improved efficiency, as well as greater support for carers and for supporting service users to do more themselves. These must be brought together in a process of managed change and innovation in employment practices, skills, job definitions and staff location to support reconfiguration and service improvement. Handling these issues competently and confidently to secure real improvements in services, efficiency and staff satisfaction will require concerted action at national, local and other levels.

Action: A new Human Resources Strategy will be issued in September 2005. The key areas are:

- **Recruitment and Retention**
- **Equality and Diversity**
- **Pay Modernisation**
- **Workforce Development**
- **Modernising the local Human Resources, Training and Learning Infrastructure**
- **Building Leadership and Management Capacity and Capability**

Over the three years the National Leadership and Innovations Agency for Healthcare will help in:

- **re-designing the workforce**
- **bringing service improvement**
- **embedding innovation**
- **securing leading edge practice**
- **building leadership**

A National Workforce Development, Education, and Commissioning Unit will be established in 2006 to provide strategic leadership and action. It will have the following core functions :

- **workforce planning**
- **education and training commissioning**
- **workforce development**
- **development of standards in education and training**
- **changing the workforce**
- **working with social care**

At the end of 2007/08 we will review the benefits achieved through pay modernisation initiatives.

During this framework period, with staff side representatives, professional and trade union organisations, we will draw up a Staff Charter, which will demonstrate NHS values and commitment to staff.

We will ensure that the links between the workforce agenda in the NHS and the new Pay and Workforce Strategy for local government are clear and complementary.

6. Financial strategy

The NHS in Wales will enter the three-year period with a level of resources that will challenge commissioners and providers in their efforts to make changes while maintaining service levels and quality. Financial discipline is essential.

We must create a financial environment that encourages Health and Social Care to innovate and change without going down the expensive, inequitable and unsustainable route of market mechanisms. In addition, linking to performance management, we need to ensure that poor performance is not rewarded and good performance is.

As a result we will review the financial regime in Wales. Key proposals that we will consider will include incentives e.g. the introduction of standard tariffs for activity.

The Programme Budgeting Project will enable the NHS better to understand the current utilisation of resources and plan investments for the future. It will also develop further work on costing case mix activity, which will be of particular importance in helping NHS Trusts in Wales cost of the activity needed to achieve the new waiting times targets.

The NHS will also need to use financial information alongside performance data to make the most of the funding currently invested in services. At a time of limited financial growth, improved productivity e.g. through reduced length of stay, increased daycase rates and better use of physical resources, will be essential if this strategy is to be delivered.

Action: All NHS organisations will achieve annual financial balance or meet or improve on the financial targets set out in approved recovery plans.

A new Financial Information Strategy for the NHS will be issued in Spring 2005.

Work to clarify the link between the NHS Financial Strategy and the financial regime of local government and social care will be undertaken by December 2005

7. Professional Leadership

Delivering this challenging strategy will require the full engagement of clinicians and other professionals. They should be leading and shaping services, ensuring that high standards of care will be the key driver for change.

Clinical leadership is evident in Wales, but needs to be given far greater support. It will be vital in:

- developing and evaluating new clinical models of care
- developing and using the evidence base
- working with bodies such as the Postgraduate Medical Education and Training Boards and the Royal Colleges to determine standards of training and service configurations
- developing clinically credible targets to drive the service
- further strengthening clinical governance as central to NHS delivery and planning.

Greater engagement of professionals will provide the basis for a sharper focus on continuous quality improvement programmes. The Wales Centre for Health will become the hub of connected organisations concentrating on how professionals can drive quality improvements. It will provide an intelligence function, surveillance activity and contribute to the R&D agenda.

Action: We will engage with the NHS and professional organisations and develop new and innovative models of clinical leadership by March 2006, to include

- **establishing clinical champions**
- **support for the clinical leadership of clinical networks**
- **developing the Clinical Leadership Programme via the National Leadership and Innovation Agency for Healthcare and the Wales Centre for Health.**

8. Clinical Networks

Effective clinical networks will be a vital component in creating the health and social care services of the future. Cancer and cardiac networks are already well established but need to be better used to plan

and drive change. To guarantee access, quality and safety, services may need to be redesigned, so that some specialist hospitals will provide expert diagnosis and treatment fully utilising modern technology, while some local hospitals will have new outreach clinics, bringing expert care closer to patients' homes and supporting local teams in providing care. Evidence is clear that such an approach has been shown to improve outcomes and patient satisfaction, even for those who travel.

This approach should be systematically extended to Trust partnership working. To keep services local, sharing on-call rotas in for example vascular surgery will ensure that expert surgical terms are available without spreading expertise too thinly. Closer joint working across services such as A&E can even out demand and reduce work overload in one organisation.

Action: An appraisal of existing and potential clinical networks will be undertaken, and the principles, organisation and authority of clinical networks will be agreed by June 2005.

9. Planning, Commissioning and Strategic Partnerships

Planning and commissioning of services will be strengthened, so that they increasingly integrate prevention, demand management, and rapid access to high quality services and ensure that services meet the needs of the local population.

The introduction of 22 Local Health Boards co-terminous with local authorities has proven a very effective platform for developing strong community partnerships to improve the quality of life for the people of Wales. The Health, Social Care and Wellbeing Strategies and the Local Action Plans are testament to this growing sense of partnership. It has become a valued way of working which we must build on.

Local Health Boards and local authorities should underline the principle of targeting health inequalities when local decisions are made. Key to this will be the involvement of LHB Public Health Directors. They will become the local champions of the link between the NHS and local government. In this way we will ensure that public health functions become ever more effective. A consistent theme of Professor Townsend's work is that allocation of funds on a direct needs basis between Health Boards is only one part of the picture. Guidance will be issued in 2005/06 to further develop the theme of horizontal reallocation of resources within LHBs.

The National Leadership and Innovation Agency for Healthcare will have an important role in developing commissioning skills with the NHS and its partners so that we can continually improve our services in the future.

It is now time to improve the quality of working between LHBs themselves. By developing strategic partnerships to commission secondary care we will:

- make best use of commissioning expertise
- avoid duplication of services
- begin to reflect the regional/networks approach to secondary care provision
- further strengthen action to address health inequalities
- ensure that statutory requirements concerning access to services such as race relations or disability discrimination are met.

These partnerships will cover natural health communities and build upon initiatives in Wales that have already begun to move down this road. It is important to underline that this will not in any way act against the principle of LHB accountability or undermine the joint working between LHBs and local government. Rather by thinking "locally but acting globally", local communities will have greater influence and their partnerships will be stronger. However, LHBs must ensure that they have the right skills to deliver against the agenda set for them – to do this they will have to pool skills and collaborate with each other more effectively. Additionally, effective commissioning of services against need will ensure that no unnecessary and divisive competition develops between service providers.

Action: As the basis for an integrated commissioning strategy, there will be a thorough review of commissioning, covering the strategic context, information needs, responsibilities and skill development. This will clarify accountability and governance issues, and seek maximum benefit in terms of economies of scale and expertise, and will be implemented by March 2006.

Strategic partnerships to improve the quality of commissioning will be in place by December 2005.

The Department of Health and Social Care will review all policies and strategies to ensure that they align with this overall strategy and other relevant national initiatives by March 2006.

Every health community will develop an annual demand and capacity plan with effect from April 2006.

10. Information

The delivery of modern health and social care is dependent on modern Information and Communication Technology. Without it, the systematic and wholesale change we need will be significantly hampered. The importance of information also cannot be underestimated. Current inadequacies must be addressed.

This will be taken forward through work on the Electronic Staff Record, *Informing Healthcare and Informing Social Care* initiatives, the Assembly's strategy for corporate health information, and the Financial Information Strategy. The National Public Health Service will have an important role both in monitoring health status and health needs and in identifying evidence on effective interventions and making these available to achieve most impact. The Wales Programme for Improvement, linked to the regime of inspection and audit, provides the levers for better effectiveness and efficiency in social care and local government services.

Action: Progress toward delivering the existing strategy will be appraised by March 2006.

5. Strategic Framework 2: Higher Standards 2008-2011

5.1 A new starting point for the NHS in Wales

By 2008, the shape of the reinvigorated Health and Social Care system in Wales will become clear:

- unacceptable waiting times and avoidable delays will be fast disappearing
- thanks to Health, Social Care and Wellbeing Strategies and *Health Challenge Wales*, the quality of life in our communities will have improved
- following one of the largest capital investment programmes in the history of the NHS in Wales, new, modern services will be the setting for patient/client care
- health and social care will be better integrated than ever before
- the reconfiguration of services will mean safer, high quality services which are accessible as never before
- public engagement with service delivery and policy development will have attained a new level.

We will have travelled a long way towards providing a world class service, but we will continue to drive for higher standards. The first step will be to undertake a strategic "fit for purpose" review to ensure we are making progress at the right pace in the right direction to deliver Vision 2015. This will also give the Assembly, the service, NHS, partners and users the opportunity to engage on how we can continue to improve.

5.2 Setting Clinically Relevant Targets

A criticism of previous approaches to improving health and social care is that objectives and targets do not always reflect clinical priorities.

During 2005-08 we will have:

- agreed with the professionals and patients/clients the most clinically appropriate targets and measures to judge our services
- agreed how they will be monitored and progress reported
- updated our information systems to provide accurately and fairly such information.

From 2008/09 healthcare in Wales will be driven by objectives and targets focussed on delivering higher standards of clinical service and quality. This is how we must judge all our services.

By aligning organisational and clinical priorities, we will tap into the energy and expertise of our clinicians and professionals as never before.

5.3 Refocusing on wellbeing and health inequalities

As part of the fit for purpose review, we will assess how much progress we have made in improving the health of Wales and reducing health inequalities. Having completed this, we will publish a revised health inequalities strategy in 2009. This will:

- build on success
- bring renewed impetus to our service improvement agenda
- adjust for the growing maturity of our partnerships. It is likely that many of these will have become developed and sophisticated enough to become "self directive" requiring only a light touch from the centre.

5.4 Workforce Development

The NHS is the largest employer in Wales; and, with the social care sector, it is one of the few to be represented in every community. It is also the biggest employer of women and of graduates. Therefore the energy of the health and social care workforce is vital to the fabric of the Welsh economy. During the first strategic framework period, a great deal will have been done to develop our future workforce. This will have been actioned through the implementation of the 2005 Human Resources and Organisational Development Strategy and the work of the National Workforce Development, Education and Commissioning Unit established in 2006.

In the second strategic framework period the pace will be raised further with a strong emphasis on making workforce development critical to improving standards, through a Workforce Design Initiative aimed at building on the "Skills for Health" initiative and on the *"Making the Connections"* Initiative. There will be five core elements:

- first, creating a sustainable workforce that will be well educated and trained thereby contributing to the economic and social fabric of Welsh society
- second, supporting the development of new clinical professional roles
- third, progressively improving the qualifications of care managers and staff under the National Minimum Standards for Social Care
- fourth, continuing to deliver the leadership capability and capacity which will be needed at all levels to sustain the change agenda
- fifth, establishing flexible career options, as work-life balance becomes an increasingly important factor.

6. Strategic Framework 3: Ensuring Full Engagement 2011-2014

6.1 The Wanless *Health and Social Care Review* identified three potential outcomes for health and social care:

- ***Slow uptake*** - no change in engagement; little change in health services
- ***Solid progress*** – people become more engaged with their health, less ill health, longer life expectancy, better and better used services
- ***Fully engaged*** – high levels of engagement, dramatically better life expectancy and health, and a higher quality, technologically developed, more responsive and efficient health system.

The implementation of this strategy aims at delivering full engagement. By 2015, Health and Social care will be characterised by

- improving standards of health
- a responsive service, providing high quality care
- efficient and effective use of resources

These three characteristics were identified by Sir Derek Wanless and the three design aims set out in Vision 2015 parallel them.

6.2 The 2011-2014 framework Ensuring Full Engagement will begin with a strategic review and will be based on the seven workstrands identified in the Wanless Review:

- engagement of individuals and communities
- re-shaping of services
- seamless provision
- evidence-based practice
- improving performance
- delivery
- pace of change
- effective health care structures.

The outcome of this appraisal will gauge how far we still have to travel to achieve Vision 2015, and will dictate the detailed make-up of the third strategic framework.

Importantly, by 2011 the long-term benefit of investing in partnership, in engagement with the public, and in policy led by public health and wellbeing will result in better health for the people of Wales.

We will be able to quantify this by using the health improvement outcome measures identified in the Health Gain Targets for Wales for 2012.

7. Securing Our Future Health

7.1 The *Health and Social Care Review* was sharp in its analysis of what needed attention:

- poor health
- a configuration of health services that placed an insupportable burden on the acute sector and its workforce
- capacity shortcomings and under-performance.

Reform and renewal had already begun but clearly the pace of change needed to accelerate.

This strategy will drive that transformation, leading to redesigned services within a redesigned system.

7.2 The improvement of health status and the development of health and social care will not stop in 2015. Undoubtedly, new challenges will be posed. However, the delivery of Vision 2015 will mean that the challenges that we face today, many of which have been with us for a long time, would have been met and overcome.

Wales's services will have been *designed for,* **a healthier, longer living population, that are treated quickly and effectively, in services we will be proud of.**

The transformation of health and social care in Wales will contribute to the improvement in the *quality of life* **in Wales that we all seek.**

We will have achieved this by adopting ***Welsh*** solutions to meet ***Welsh*** challenges.

We will have made our own, national contribution to improving the health and quality of life in the United Kingdom. In so doing we would have played our part in delivering the vision of rapid improvement in health, underpinned by a fully engaged public and a high quality service that was envisaged by Sir Derek Wanless himself in his original report in 2002.

Appendix 1

Strategies for health and social care improvement issued or under development

A. Broader Health and Health Promotion Strategies

Health Challenge Wales (2004)

Well Being in Wales (2002)

Promoting Health and Well Being (2000)

A strategic framework for promoting sexual health in Wales (2000)

Climbing Higher (2005)

Food and Well Being – reducing inequalities through a nutrition strategy for Wales (2003)

Healthy and Active Lifestyles in Wales: a framework for action (2003)

Health and Well Being for Children and Young People (2003)

Healthy Ageing Action Plan for Wales (forthcoming)

Health Challenge Wales – action on food and fitness for children and young people (forthcoming)

Mental Health Promotion Action Plan (forthcoming)

The White Paper, Building for the Future (1999).

B. Health Services Strategies

A Strategic Direction for Palliative Care Services (2002)

Tackling Coronary Heart Disease in Wales: implementing through evidence (2001)

Improving Health in Wales (2002)

Wales. Healthcare Associated Infections – A Strategy for Hospitals in Wales (1996)

Adult Mental Health Services for Wales – Equity, Empowerment, Effectiveness, Efficiency (Sept 2001)

Adult Mental Health Services National Service Framework (April 2002)

Children and Adolescent Mental Health Services – Everybody's Business (2001).

An Arthritis Policy and Action Plan (forthcoming)

An Epilepsy Policy and Action Plan (forthcoming)

A Chronic Respiratory Disease Policy and Action Plan (forthcoming)

A Chronic Disease Management Strategy (forthcoming)

Developing Emergency Care Services (forthcoming)

A Question of Balance (2002)

An Orthopaedic Plan for Wales (2004)

The Future of Primary Care (2001)

Routes to Reform (2002)

Remedies for Success (2002)

The Future of Optometric Services in Primary Care in Wales (2002)

Access and Excellence (2000)

Children's Tertiary Services Review and Strategy (2002)

Better Blood Transfusion (2002)

National Estates Strategic Framework (2002)

Informing Health Care (2003)

Informing Social Care (2003)

Diagnostic Services Strategy (2004)

The Therapy Services Strategy (forthcoming)

Delivering for Patients – A Human Resource Strategy for Wales (2000)

Recruitment and Retention – A Strategy for NHS Wales (2002)

Quality Care and Clinical Excellence (1999)

Clinical Governance – Developing a Strategic Approach (2001)

C. Other relevant Strategies

Strategy for Older People in Wales (2003)

Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care (2002)

Signposts (2001)

Signposts 2 (2003)

Caring about Carers, A Strategy for Carers in Wales (2000)

Carers and Disabled Children Act 2000 Guidance (2001)

Carers Equal Opportunities Act 2004 Guidance (2005)

Carers Assessments Within The Statutory Assessment Procedures (2005)

Direct Payments Policy and Practice (2004)

Health and Social Care Research and Development Strategic Framework for Wales (2002)

Building Strong Bridges (2002)

Sustainable Development Action Plan 2004-2007 (2004)

In Safe Hands : Protection of Vulnerable Adults in Wales (2000).

Delivering for Patients (2000)

The Learning Disability Strategy (1994)

The Service Principles and Service Responses for Adults and Older People with Learning Disabilities (2004)

Person Centred Assessments Within The Statutory Assessment Processes (2004)

Social Care for Deafblind Children and Adults (2001)

Proposed Regional Networks

1. South East Wales

Services provided to people at home or in their local community through LHB and local authority commissioning:

Newport
Monmouthshire
Torfaen
Caerphilly
Blaenau Gwent
Cardiff
Vale of Glamorgan
Merthyr Tydfil
Rhondda Cynon Taff

Local acute and/or specialised and critical care services provided by NHS Trusts:

Gwent Healthcare NHS Trust
Cardiff and Vale NHS Trust
Pontypridd and Rhondda NHS Trust
North Glamorgan NHS Trust

Tertiary and highly specialised services:

Swansea NHS Trust
Cardiff and Vale NHS Trust
Bristol NHS
Bro Morgannwg NHS Trust (for Forensic Services)
Velindre NHS Trust

2. South West and Mid Wales

Services provided to people at home or in their local community through LHB and local authority commissioning:

Ceredigion
Carmarthenshire
Pembrokeshire
Swansea
Powys
Neath Port Talbot
Bridgend

Local acute and/or specialised and critical care services provided by NHS Trusts:

Swansea NHS Trust
Bro Morgannwg NHS Trust
Carmarthenshire NHS Trust
Pembrokeshire and Derwen NHS Trust
Ceredigion and Mid Wales NHS Trust
Gwent Healthcare NHS Trust (for Powys)
Royal Shrewsbury and Telford NHS Trust
Hereford Hospitals NHS Trust

Tertiary and highly specialised services:

Swansea NHS Trust
Cardiff and Vale NHS Trust
Bristol NHS
Bro Morgannwg NHS Trust (for Forensic Services)
Velindre NHS Trust

3. North Wales

Services provided to people at home or in their local community through LHB and local authority commissioning:

Flintshire
Wrexham
Anglesey
Gwynedd
Conwy
Denbighshire

Local acute and/or specialised and critical care services provided by NHS Trusts:

North East Wales NHS Trust
Conwy and Denbighshire NHS Trust
North West Wales NHS Trust
Countess of Chester NHS Foundation Trust

Tertiary and highly specialised services:

Manchester NHS
Liverpool NHS
North West Wales NHS Trust (for Forensic services)

NB. For all three regions other specialised and tertiary care will be secured from other providers where clinically necessary

The Welsh Ambulance Services NHS Trust provides services on an All Wales basis, as does the Velindre NHS Trust in respect of screening and public health services.

Appendix 3

Proposed Clinical Services in Regional Networks

Description of Levels

The lists below are illustrative of how specific services might be defined within a reconfigured pattern of care. New developments and emerging evidence may lead to further refinement.

Level 1: Primary Care Networks

The role of Primary Care Networks will be to provide:

- primary care
- health education and promotion
- sub-hospital specialist care (e.g. nurse consultant, GP/Dentists with a specialist interest)
- diagnostics (e.g. point of care testing)
- demand management
- minor injuries
- GP/dental 'out of hours'
- secondary care outreach
- seamless care with social care and local government
- rehabilitation services
- health maintenance support
- ante-natal care
- post-natal care
- drop-in breast feeding services
- children and family services
- early intervention service
- assertive outreach teams
- crisis intervention

Level 2: Local Acute Services

The role of Local Acute Services will be to provide:

- emergency care (e.g.)
  - minor injuries
  - rapid access clinics
  - local emergency assessment

- emergency admissions
- base for emergency response community teams
- routine emergency medicine e.g. for chest infections, cardiac failure

- elective care (e.g.)
- outpatient clinic suites including designated children's facilities for consultations, minor procedures and dental services
- endoscopy suites for diagnosis and treatments
- day care and short stay unit for routine surgery
- diagnostic unit including radiology (from plain film and ultrasound up to CAT scanner/MRI), pathology and ECG and echocardiography

- integrated care (e.g.)
- rehabilitation beds
- sub-acute beds
- palliative care
- stroke unit
- therapies centre
- resource centre (for patient and carer support; voluntary sector, multi-agency/multi professional teams)

- family healthcare (e.g.)
- midwifery-led units
- paediatric clinics/joint GP and paediatric clinics
- local diagnostic services
- emotional health and wellbeing services

- mental health (e.g.)
- integrated partial hospital – extended day hospital
- outpatient clinics
- inpatient services
- day hospital
- liaison service

Level 3: Specialist and Critical Centres

The role of Specialist and Critical Care Centres will be as follows:

1. Major elective and major emergency services that cannot be decentralised to Local Acute Services will need to be consolidated. This will ensure we can provide robust and sustainable services for the future because of the challenge of the increasing influence of sub-specialisation, higher clinical standards, clinical training, new legislation and other pressures on the workforce.

2. The Specialist and major emergency services that will be further considered carefully in this context include:

- Accident and Emergency
- Trauma
- Emergency & Specialist Medicine
- Neonatology
- Emergency Surgery
- Paediatrics
- Critical Care
- Cancer Services
- Obstetrics
- Complex Surgery
- High tech diagnostics

3. It is anticipated that these services – or components of them – will need to be consolidated within a single "specialist and critical care centre". In addition consideration will be given to the further development of tertiary outreach services at this centre.

4. The concept of the Specialist and Critical Care Centre is to create a highly specialised facility to support the treatment of complex morbidity and acute emergency care. This will act as a back-up facility for local services in providing advice, assessment, diagnosis and treatment where it cannot be delivered safely at local level, and in transferring patients back when they no longer require specialist attention.

5. Major emergency and specialist services requiring critical care together with specialist services for women and children would be consolidated in a single centre, strategically located, to serve the entire catchment population. The organisation of the Centre will be built around acuity of illness rather than specialist wards.

6. The Specialist and Critical Care Centre will be networked closely with Local Services to provide back-up to them in terms of specialist advice, assessment and treatment, and critical care.

Level 4. Tertiary and highly specialised care

1. The role of tertiary centres will be to provide highly specialised services, often with a large research and teaching component.

2. Concentration into specialist departments improves services by accessing high specification technology and expertise. Such centres within and close to Wales will play an important part of continuing to attract high calibre professionals in future.

3. Services in this context will include for example :

- cancer
- plastic surgery and burns
- neurosurgery
- cardiac surgery
- renal transplants
- specialised children's services

Where numbers of patients are very small, we will continue to access UK Centres of Excellence.

Appendix 4

Schedule of Key Milestones 2005 to 2015

(a) The following 10 commitments form part of the Welsh Assembly Government's Strategic Agenda in Wales: A Better Country:

Commitments	Progress
• Abolish all prescription charges	Reduced to £4 in April 2005 as part of phasing out charges by April 2007.
• Free home care for disabled people	Pilots to take place in 2005-06. Based on outcome, local authority grant scheme for general implementation will be introduced during 2006-07.
• Invest £550million modernising health facilities	A £795 million investment programme from 2004-05 to 2007-08 will modernise hospitals and equipment.
• 3,000 extra nurses	Increased training of new nurses and recruitment and retention policies. Will be delivered by 2006.
• 400 extra doctors	Increased training and recruitment and retention strategy. Will be in place by 2006.
• Access for patients to an appropriate member of the primary care team within 24 hours of requesting an appointment and much sooner in an emergency	This is already being achieved by the majority of practices. 24 hour access will be fully available throughout Wales by April 2006.

• Older People's Commissioner	UK Government published draft Commissioner for Older People (Wales) Bill for consultation on 22 March 2005. Commissioner could be appointed during 2007.
• A secure future for district general hospitals	The future of the hospital system has formed an important component of discussions that have taken place under the optimising service delivery strand of work within the Wanless implementation programme. Regional Directors are preparing secondary care reconfiguration framework. This will be taken forward in *Designed for Life*.
• An expanded Inequalities in Health Fund	62 projects have been extended to March 2007. Two external evaluation studies are underway. These are an overall evaluation of the Inequalities in Health Fund and day to day evaluation support for all projects.
• A new health funding formula	Completed. Refinement of the formula pending Professor Townsend's final report due by June 2005. The report will propose the establishment of an expert group to advise on future refinements of the formula.

(b) The milestones below are grouped by year for ease of presentation. Some will fall for delivery before the end of the year shown. The annual Service and Financial Framework (SaFF) planning process will ensure that these cases are clearly identified to those responsible for delivery.

DESIGNED FOR LIFE MILESTONES	BY
➢A new NHS Financial Information Strategy will be issued in Spring 2005.	March 2006
➢ Work will commence on the remodelling of social services and social care.	
➢ Wanless implementation programme is now complete and products will be mainstreamed.	
➢ Work to clarify the link between the NHS Financial Strategy and the financial regime of local government and social care will be undertaken.	
➢ All patients will be seen within 12 months for inpatient/ daycase treatment where performance is better than 12 months, NHS Trusts should maintain or improve on the March 2005 position. This applies throughout 2005-06.	
➢ All patients will be seen within four months for inpatient/daycase cataract treatment.	
➢ All patients are to be seen within 12 months for a first outpatient appointment. Where there are currently no patients waiting over 12 months, NHS Trusts should maintain or improve on the March 2005 position.	
➢ All patients will be seen within 4 months for an angiogram.	
➢ All patients will be seen within 6 months for cardiac revascularisation (angioplasty and surgery).	
➢ All patients will have access to appropriate General Medical Services within 24 hours or sooner in an emergency.	

DESIGNED FOR LIFE MILESTONES	BY
➢ The Welsh Ambulance service will attain and maintain a month on month all-Wales average performance of first responses to Category 'A' calls (immediately life threatening) as follows: • 60% within 8 minutes (as a milestone towards achieving, the national target of 75%) • 70% within 9 minutes • 75% within 10 minutes. In all geographical areas that currently fall below these times, targets for improved performance will be agreed with the Welsh Assembly Government.	March 2006
➢ All NHS organisations, including Health Commission Wales, through their membership of the Cancer Networks, should deliver the identified priorities in their costed plan and financial assumptions, and will agree an implementation plan that identifies a set of priorities for delivery in 2006-07.	
➢ All NHS organisations, including Health Commission Wales, through their membership of the Cardiac Networks should focus on the delivery of secondary prevention and secondary care priorities, reflecting the costed plans for CHD and financial planning assumptions.	
➢ 60% of call-to-needle times to be within 60 minutes for patients with myocardial infarction suitable for thrombolysis.	
➢ 95% of all patients to spend less than four hours in A&E from arrival until admission, transfer or discharge. No one should wait longer than 8 hours for admission, discharge of transfer. This is to be sustained throughout 2005-06.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Health communities will work together to ensure medical emergency admissions are reduced by 5%, against the 2003-04 baseline, through the development and implementation of needs-based Chronic Disease Pathways.	March 2006
➢ Health communities to put in place mental health "crisis resolution and home treatment" services.	
➢ Improve the therapeutic outcomes and de-stigmatise the mental health ward environment for adults of working age and older persons through the implementation of an Assembly approved model of care.	
➢ 80% of GP practices will achieve at least 700 points in the General Medical Services Quality and Outcomes Framework.	
➢ Six directed enhanced primary care services will be implemented and at least four to be commissioned from the national or local lists in line with local needs.	
➢ Health communities will develop plans and care pathways consistent with emerging policy, including the establishment of stroke registers in 60% of GP practices.	
➢ Joint health and social care assessments will be used for all adult service user groups resulting in a Unified Assessment summary record and, where appropriate, an integrated Personal Care Plan.	
➢ Each health and social care community will draw up a Delayed Transfers of Care Plan, setting targets for reduced delays and for improved efficiency in NHS Trusts' performance.	
➢ Health communities will work together to achieve a 15% reduction in delayed transfers of care compared with a 2004-05 average.	

DESIGNED FOR LIFE MILESTONES	BY
➢ All prescribing organisations and practices will meet the five high level All-Wales Medicines Strategy group prescribing indicator targets. ➢ Extension of the routine age for breast cancer screening under the National Breast Screening Programme to age 70 in all parts of Wales. ➢ Receipt of final Townsend Report. ➢ Guidance will be issued to further develop the theme of horizontal reallocation of resources within LHBs. ➢ Completion of an appraisal of existing and potential clinical networks will be undertaken. The principles, organisation and authority of clinical networks will be agreed. ➢ The Children, Young People and Maternity Services National Service Framework will be completed. The final specification of the standards will depend on the outcome of the consultation on the NSF. Final version is due to be published in Summer 2005. They will include at least the requirement that in the major programme areas that relate to children (services for children in special circumstances; services for disabled children; children and adolescent mental health services; and services to all children): • There will be development in the use of pooled budgets and joint service commissioning • There will be convergence in assessment processes and development of a common approach • There will be closer working at practitioner level with the development of clear local protocols ➢ All identified core key actions relevant to NHS Wales of the Children, Young People and Maternity Services National Service Framework will be delivered.	March 2006

DESIGNED FOR LIFE MILESTONES	BY
➢ The Draft Older Persons National Service Framework is due to be published for consultation in Summer 2005. The final specification of targets to be delivered will depend on the outcome of the consultation but the initial requirements are reflected in some of the milestones in this Appendix. The NSF should be finalised by December 2005.	March 2006
➢ A support and intervention team to improve poor performing NHS organisations will be established.	
➢ New and innovative models of clinical leadership will be developed.	
➢ A review of health and social care policies will be completed.	
➢ The NLIAH Service Development Team will visit every Health and Social Care community in Wales and undertake a Modernisation Audit.	
➢ A new process for collecting and disseminating best practice and ensuring its uptake will be developed and introduced.	
➢ A methodology will be developed and in use for researching, auditing and evaluating progress in health and social care.	
➢ The National Workforce Development, Education and Commissioning Unit will be established.	
➢ A new Human Resources strategy will be issued.	
➢ A review of commissioning covering the strategic context, information needs, responsibilities, and skill development will be completed and the identified changes implemented.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Demand management programmes will be implemented.	March 2006
➢ Secondary care reconfiguration framework will be developed.	
➢ Existing NHS deficits will be eliminated or recovery plans agreed.	
➢ Strategic partnerships to improve the quality of commissioning will be in place.	
➢ The 10 *Designed for Life* 'enablers' will be put in place.	
➢ An appraisal of progress towards delivering the existing IT strategy will be produced.	
➢ Access to emergency contraception within 24 hours	
➢ Access to services for HIV and sexually transmitted infection and routine contraception advice within two working days.	
➢ Every hospital will implement its arrangements to actively involve carers in discharge planning and provide information about carer support services.	
➢ Chronic Disease Management Services will start to be remodelled to develop a new care programme approach within an integrated chronic disease framework.	
➢ The scope of benchmarking will be agreed and the use of diagnostic improvement techniques developed. This will be included in the maturing of the Balanced Scorecard.	
➢ Child and Adolescent Mental Health Service (CAMHS) teams will provide consultation and advice to professionals in Tier 1 within 4 weeks	
➢ Guidance will be issued to NHS Wales bodies on smoke free NHS premises.	

DESIGNED FOR LIFE MILESTONES	BY
➢ All patients will be seen within a combined outpatient and inpatient/daycase maximum wait of 16 months. ➢ A comprehensive social care and social services framework will be finalised. ➢ During this period, identified priority areas for the implementation of the Adults Of Working Age Mental Health National Service Framework will be taken forward. ➢ Each NHS Trust will extend the principles of crisis resolution/home treatment services to cover mental health in older people; making it available to people in their own homes, in care home settings or in physical health settings. ➢ Each NHS Trust will ensure that there are locally accessible memory clinics for all older people in need of early assessment. ➢ All CAMHS patients will be seen within 6 months for routine assessment and intervention. ➢ Emergency hospital admissions will fall by 10% against 2003/04 baseline. ➢ Patients referred as urgent with suspected cancer will, if diagnosed, start definitive treatment within two months; other patients not referred in this way but consequently diagnosed with cancer will start definitive treatment within one month of diagnosis.	March 2007

DESIGNED FOR LIFE MILESTONES	BY
➢ NHS bodies and local authorities are to work together to establish plans to remodel key assessment, care and therapy services for older people to allow seven days a week access, where there would be clear outcome benefits for service users.	March 2007
➢ Care pathways will be developed for use in each LHB in the management of major chronic diseases such as arthritis, respiratory disease, epilepsy, stroke, diabetes, coronary heart disease, mental health and renal conditions aimed at delivering: • access to early assessment • accurate and timely diagnosis • an appropriate level of specialist service provision by a Multi-disciplinary team.	
➢ The Powys Community Matron pilot scheme will be reviewed to assess the potential value of Community Matrons having a key role in co-ordinating the CDM programme.	
➢ Effective but minimalist systems will be developed for the ongoing monitoring and analysis of the impact of the major chronic diseases pathway on the individual and on bed usage.	
➢ New smart targets and new information systems for healthcare will be developed for 2007/08.	
➢ The Learning Disabilities social care resettlement programme will be completed.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Each LA/LHB will, as part of its commissioning strategy, identify the contribution of intermediate care services, e.g. define services, target group, inputs, capacity, cost etc. All related elements of the NHS and community care services will be drawn together to provide a locally agreed, designated and integrated intermediate care service offering: • Rapid assessment, • Prompt access to diagnostics and specialists • Safe, timely and managed transfer from hospital to home or other setting • Rehabilitation for an appropriate length of time.	March 2007
➢ Each LA and LHB will plan an integrated process for the provision of aids and equipment.	
➢ Each locality will complete plans for an integrated falls service for older people.	
➢ All relevant LHB and NHS Trust materials will carry Health Challenge Wales branding to demonstrate to the public the contribution that services are making to the national effort to improve health in Wales.	
➢ LAs and LHBs will work with the voluntary sector to develop services to help individuals to gain confidence and independence following a stroke so that some form of local support is provided for at least one session per week.	
➢ Each NHS Trust will organise their stroke care so that designated stroke unit beds and multidisciplinary stroke teams are available in all acute hospital settings to provide evidence-based care for people admitted with strokes.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Chronic disease care pathways will be implemented incorporating effective triage services, direct referrals from primary care and agreed clinical management protocols to deliver a measurable reduction in inappropriate hospital admissions. ➢ A Quality Strategy based around Healthcare Standards for Wales will be published. ➢ Every health community will have developed a demand and capacity plan. ➢ Each region will model demand and capacity requirements to deliver the annual targets and three-year frameworks. ➢ New contractual arrangements for NHS dentistry will be implemented.	March 2007
➢ Active multi-disciplinary rehabilitation programmes will be introduced to reduce re-admissions for patients with chronic diseases such as respiratory disease, epilepsy, diabetes and arthritis. ➢ Significantly increased seven days a week access to assessment, care and therapy services for older people, where there would be clear outcome benefits for service users. ➢ LAs and LHBs will implement their planned integrated process for the provision of aids and equipment. ➢ In each LHB area, self-management training schemes will be introduced to improve an individual's management of their own condition in line with the Expert Patient Programme. ➢ All eligible populations will be screened in accordance with the national screening programmes requirements for cancer.	March 2008

DESIGNED FOR LIFE MILESTONES	BY
➢ All cancer teams will collect data prospectively and participate in an all-Wales clinical audit.	March 2008
➢ All patients admitted to a DGH with a cardiac diagnosis will be seen within 24 hours by a consultant cardiologist.	
➢ All patients with myocardial infarction suitable for thrombolysis should have a call-to-needle time of less than 60 minutes.	
➢ For patients with stable angina, the maximum waiting time for revascularisation (surgery and angioplasty) from decision (usually made on the date of the angiogram) to operation/procedure will be three months.	
➢ All commissioners and providers will have in place a patient pathway agreed at network level for suspected CHD or stable angina to ensure a maximum waiting time from GP referral to exercise testing and/or angiography of three months.	
➢ All commissioners and providers will have in place a patient pathway agreed at network level for suspected heart failure to ensure a maximum waiting time from GP referral to echocardiography to an agreed care plan of three months.	
➢ As part of the network-agreed patient pathways for the care of those with CHD, there must be in place an equitable, comprehensive and cost effective cardiac rehabilitation service for all acute coronary syndrome patients.	
➢ All commissioners and providers should have in place a patient pathway agreed at network level for atrial fibrillation to ensure a maximum waiting time from GP referral to cardioversion to an agreed care plan of three months.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Services to tackle substance misuse will comply with the quality to be set in the Substance Misuse Performance Management Framework and the Substance Misuse Treatment Framework for Wales.	March 2008
➢ Delayed transfers of care days will be reduced by 50% (as shown in the monthly census) from a September 2003 baseline figure.	
➢ Each LA/LHB will implement its integrated/intermediate care planned programme prepared in 2006/07.	
➢ Formal audited appropriate medicines management systems for older people in community and hospital settings will be in place, so that the medication needs of older people are regularly reviewed, discussed with older people and their carers. Information and other support will be provided to ensure older people get the most from their medicines and that avoidable adverse events are prevented.	
➢ Each locality will implement their integrated falls prevention service.	
➢ A response will be made to all emergency calls to a level of 95% within 14, 18 or 21 minutes in urban, rural or sparsely populated areas respectively.	
➢ Further identified priorities in the Adults of Working Age Mental Health National Service Framework will be implemented.	
➢ Each LHB will develop the capacity of the voluntary sector to respond to the needs of older people with mental health problems and their carers, ensuring that this provides meaningful daytime activity (with respite for carers) support and advocacy.	
➢ Further steps will have been taken towards eliminating smoking in public places.	

DESIGNED FOR LIFE MILESTONES	BY
➢ Every smoker who wants to quit smoking will have access to an NHS smoking cessation service within one month of referral. ➢ All LHBs and NHS Trusts will achieve the Corporate Health Standard at gold or platinum level (the national quality mark for the development of workplace health initiatives that seek to reduce sickness absence levels and improve recruitment and retention of staff). ➢ All NHS Trusts will have in place an approved health promotion strategy covering services and staff. ➢ Every pregnant woman will be offered a copy of the Pregnancy Book. ➢ Three quarters of state schools will participate in the Welsh Network of Healthy School Schemes. ➢ Integrated aids and appliances will be provided across each LHB for older people. ➢ A review of the benefits achieved through pay modernisation will be carried out. ➢ The efficacy of chronic disease care pathways in reducing relevant admission rates will be formally evaluated.	March 2008
➢ All cancer services will comply with the 2005 National Cancer Standards. ➢ All standards in the Coronary Heart Disease National Framework will be met. ➢ Progress in improving the health of Wales and reducing health inequalities will be assessed. ➢ Progress towards implementing the IT Strategy, with a view to developing Telehealth facilities to support extended care pathways for chronic disease, will be reviewed. ➢ The 2008-2011 framework "Higher Standards" will begin with a strategic appraisal.	March 2009

DESIGNED FOR LIFE MILESTONES	BY
➢ No one will wait more than 26 weeks from GP referral to treatment (including diagnostic and therapy treatment).	December 2009
➢ A revised Health Inequalities Strategy will be published ➢ 700 more doctors, 6,000 more nurses and 2,000 more health professionals such as physiotherapists. ➢ All state schools will participate in the Welsh Network of Healthy School Schemes.	March 2010
➢ The 2011-2014 framework "Ensuring Full Engagement" will begin with a strategic appraisal and will be based on the seven benchmarks identified in the Wanless Report.	March 2012
➢ The Health Gain Targets for Wales will be achieved	December 2012
➢ Hospital services in Wales will be organised around three regional networks. ➢ Each community will be served by a planned network of Family Practices which will provide care through a team of clinical and social care professionals. ➢ Health and Social care will be characterised by • Improving standards of health • A responsive service, providing high quality care • Efficient and effective use of resources ➢ Wales will have a world class health and social care service in a healthy, dynamic country.	2015

Appendix 5

Capital Investment Programme 2005/06-2007/08

Part 1: Existing Funded Developments - £m

Scheme Description	Total Funding*	2005/06	2006/07	2007/08
1a) Total Discretionary Capital Made Available to NHS Trusts				
Sub-total		**52.014**	**52.514**	**52.513**
1b) All Wales Capital Schemes				
Procurement/Replacement of Ambulance Trust Radio	8.710	3.449	0.317	4.944
Joint Imaging Strategy Implementation	3.600	2.400	1.200	
Schemes based on the Invest to Save principle	8.362	4.842	2.385	1.135
Welsh Health Estates Services	10.737	3.579	3.579	3.579
a. Sub-total	**31.409**	**14.270**	**7.481**	**9.658**
1c) Regional Applications with Full Approval				
Mid & West Region				
Swansea Linear Accelerator Provision	10.200	0.700		
Tenby Community Hospital Reprovision	4.067	2.834	0.250	
Swansea Graduate Entry Medical Training Scheme	4.040	0.350		
Swansea Catheter Laboratory	2.896	0.648	0.087	
South Pembs Community Hospital Redevelopment	5.215	4.399	0.246	
Carmarthen Theatre/Recovery Area Redevelopment	5.316	4.357	0.159	
b. Sub-total	**31.734**	**13.288**	**0.742**	
North Region				
North Meiryonnyd Community Hospital/ East Dwyfor Community Hospital at Porthmadoc	14.792	4.206	5.240	4.827
North East Wales Rehabilitation Services for the Elderly	11.266	0.329		
Conwy & Denbighshire Catheter Laboratory	2.919	2.322	0.098	
Clinical Education (New Medical Training Establishments)				
North West Wales Clinical School	3.467	0.806		
Conwy & Denbighshire Clinical School	6.591	2.598	0.004	
North East Wales Clinical School	4.228	0.159		
Sub-total	**43.263**	**10.420**	**5.342**	**4.827**
South East Region				
2nd Rhondda Community Hospital	36.792	13.973	19.066	2.167
Vale Mental Health Unit (at Llandough)	6.412	1.492		
Llandough Orthopaedic Service Provision	5.930	3.970		
Pontypridd & Rhondda Catheter Laboratory	0.423	0.423		
Prince Charles Hospital, Merthyr 12-month planned Health & Safety refurbishment	5.623	3.637		
Sub-total	**55.180**	**23.495**	**19.066**	**2.67**
c. TOTAL APPROVED SCHEMES	**130.177**	**47.203**	**25.150**	**6.994**

Scheme Description	Total Funding*	2005/06	2006/07	2007/08
1d) Other Committed Schemes				
Clinical Education (New Medical Training Establishments)				
Gwent Health Sciences Institute	6.624			
Swansea Graduate Entry Scheme (at Cardiff)	5.085			
Sub-total	**11.709**			
Mid & West Region				
Carmarthen Accident & Emergency	4.490			
Bronglais Coronary Care Unit refurbishment	0.950			
Sub-total	**5.440**			
North Region				
Holywell Community Hospital	9.872			
Ysbyty Gwynedd/Maelor (copper pipe replacement & refurbishment)	TBA**			
Wrexham Pharmacy reprovision	9.019			
Sub-total	**18.891**			
South East Region				
Gwent Obstetrics (Main Delivery Unit) build & refurbishment	4.133			
Gwent New Elective Orthopaedic Unit	6.470			
Cynon Valley Neighbourhood Hospital	44.258			
Ebbw Vale Community Hospital (for Blaenau Gwent)	38.511			
Merthyr Neighbourhood Facility	28.454			
Prince Charles Hospital Merthyr - Service Developments	86.064			
Llanfrechfa Grange (reprovision of Specialist Learning Disabilities Services)	4.200			
Sub-total	**212.090**			
d. TOTAL OTHER COMMITTED SCHEMES	**248.130**			
TOTAL EXISTING FUNDING (a-d)	**409.716**			

*** Note - these totals include spending in earlier years.**

****TBA - to be agreed**

Appendix 5

Part 2: New Capital Programme Elements

Scheme Description	Indicative Funding £m
2a) Diagnostic Imaging	
MRI Scanners and other equipment	51.14
2b) Diagnotic Pathology	
Pathology Equipment	35.51
2c) Telehealth	
Telehealth Equipment	15.30
2d) Mental Health Strategy	
Bro Morgannwg - Modernisation of Mental Health Services	21.58
Wrexham Maelor Mental Heath Unit reprovision	14.75
Glanrhyd Development of Low Secure Services	2.50
Pembrokeshire & Derwen - Reprovision of Multidisciplinary Units	8.00
Ystradgynlais Mental Health Service Development	0.90
Swansea Mental Health Service Development	52.40
Cardiff & Vale - Mental Health Service Development Phase 1	44.90
North Glamorgan - Reprovide Acute Mental Illness Unit	14.16
North Glamorgan - Replacement of Accommodation at Mountain Ash	0.40
Sub-total	**159.59**
2e) Wanless configuration	
Cardiff & Vale - Develop Women & Children Services	11.40
Bronglais - Improved Accident & Emergency Facilities	4.00
Cardiff & Vale - Surgical Cancer Centre, Llandough	12.00
Gwent - New Caerphilly Local General Hospital	97.00
All Wales Pharmacy automation systems (Phase 2b)	10.00
Powys - Extension to Ystradgynlais Community Hospital	1.00
Powys - Integrated Healthcare Service Development	5.00
Ceredigion - New Community Resource Facilities	20.57
Specialist Rehabilitation - Redevelopment of Services	12.00

Scheme Description	Indicative Funding £m
23) Wanles configuration (Cont'd)	
Bronglais - Post-Graduate Centre Refurbishment	1.66
Post-graduate Facilities Development	2.09
Neath Port Talbot Intermediate Care Improvements	3.00
Prince of Wales Upgrade of Operating Theatres	1.00
Cardiff & Vale - CRI (Development of Services for Eastern Cardiff)	16.00
Cardiff & Vale - New Children's Hospital (Phase 2a & 2b)	38.50
Cardiff & Vale - New Tertiary Services Unit	15.00
Cardiff & Vale - Modernisation of Out-patient and In-patient Facilities at University Hospital of Wales	17.00
Cardiff & Vale - Modernisation of Out-patient Facilities at Llandough Hospital	3.00
Gwent - Strategic Reconfiguration of Services (After 2007-08)	520.00
Morriston/Singleton - Strategic Rationalisation of Services (After 2007-08)	TBA
Velindre - Strategic Reconfiguring of Cancer Services (After 2007-08)	144.00
Ysbyty Glan Clwyd - Strategic Reconfiguration of Services (After 2007-08)	120.00
Sub-total	**1,054.22**
2f) Regeneration & Modernisation of Buildings	
University Hospital of Wales - Redevelop Drug Manufacturing Facilities	3.00
Cardiff & Vale - Reprovide Sterile Production Services	2.20
Disability Discrimination Act Compliance Works	2.98
Strategic modernisation of Engineering & Maintenance Facilities in Hospitals	209.84
Development of Catering Facilities in South West Wales	16.70
Sub-total	**234.72**

Scheme Description	Indicative Funding £m
2g) Access/Ambulatory Care/Waiting Lists	
Swansea - Development of Tertiary Services	27.00
Cardiff & Vale - Orthopeadic Treatment Centre - Phase 2	4.00
Swansea - Upgrade Burns & Plastics Centre	5.00
Withybush Accident & Emergency redevelopment	4.50
Cardiff & Vale - Strategic Development of Dialysis Services	2.50
Cardiff & Vale - new Renal Transplant Unit	6.90
Sub-total	**49.90**
Total New Funding Applications	**1,600.37**

Notes:

The schemes (except those noted) will commence in the next three years as capital can be afforded.

Each of the schemes incorporated in the Programme to be funded from the new money will need to go through the process of business case evaluation. These business cases prove value for money and that a robust option appraisal has been undertaken in accordance with the Capital Investment Manual and are in three stages. The three stages are (1) a strategic perspective, (2) an outline of the options available and selection of a preferred option and (3) the detailed development of the preferred option.

The schemes are all at different stages in this process. Moving through these stages will take several months depending upon the complexity of the scheme and the number of stakeholders involved. It is anticipated that each of the schemes mentioned will incur capital costs within the three years, but they will not all have been completed by the end of 2007/08.

Further copies

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If other formats of the strategy are required please contact us at the above address.