

VALE OF GLAMORGAN

# REPLACEMENT LOCAL DEVELOPMENT PLAN 2021 - 2036

# PRIMARY, COMMUNITY AND INTERMEDIATE HEALTH CARE

December 2025



## BACKGROUND PAPER - BP37

RLDP

CDLN



## **Primary, Community & Intermediate Care Response, Vale of Glamorgan Replacement Local Development Plan**

**Prepared by:** Primary, Community & Intermediate Care Clinical Board, Cardiff and Vale University Health Board, with contributions from Cardiff and Vale Strategic Planning Team

**Date:** December 2025

### **Purpose**

This briefing sets out the Primary, Community & Intermediate Care Clinical Board position and response on the Vale of Glamorgan Local Development Plan (LDP) Deposit stage, focusing on health and wellbeing.

It provides evidence on local health needs, identifies potential impacts of proposed development, and recommends actions to ensure the LDP supports population health and reduces inequalities.








### **Policy Context**

The picture of primary care is changing significantly both nationally and locally. Several national strategic programmes and priorities aim to create a more responsive, integrated and community-focused health system that meets the evolving needs of the population. Several key programmes and priorities will influence the development and shape of Primary and Community Care services in the future.

- **Well-being of Future Generations (Wales) Act 2015** – statutory duty to improve well-being.
- **Planning Policy Wales** – promotes placemaking and healthy communities.
- **Cardiff and Vale UHB Strategy** – priorities include prevention, early intervention, and reducing health inequalities.
- **Public Health Wales priorities** – healthy environments and active lifestyles.

### **Service Provision and Context**

The Vale of Glamorgan sits within a Health footprint that covers VOG and Cardiff. Consequently, there is an acute hospital site within VoG (UHL)- primarily providing services tabled below but that VoG also falls within a Health boundary providing specialist tertiary level care to not only local populations but populations across Wales and into England for some things and more locally at its community hospital in Barry:

SERVICE COMPARISON		
SERVICE CATEGORY	BARRY HOSPITAL	UNIVERSITY HOSPITAL LLANDOUGH
 <b>Emergency / Urgent Care</b>	<ul style="list-style-type: none"> <li>Minor Injuries Unit (Mon–Fri, phone–first)</li> </ul>	<ul style="list-style-type: none"> <li>Multiple wards: General Medicine, Orthopaedics, HDU, Stroke Rehab, Neuro Rehab</li> </ul>
 <b>Inpatient Wards</b>	<ul style="list-style-type: none"> <li>Sam Davies Ward (Rehab), St Barruc's Ward (Older MH)</li> </ul>	<ul style="list-style-type: none"> <li>Hafan y Coed Unit – Older People &amp; Adull MH</li> </ul>
 <b>Mental Health</b>	<ul style="list-style-type: none"> <li>Older People's Mental Health (St Barruc's)</li> </ul>	<ul style="list-style-type: none"> <li>Wide range: Cardiac, dermatology, gastro, orthopaedics</li> </ul>
 <b>Outpatient Clinics</b>	<ul style="list-style-type: none"> <li>Various specialties, phlebotomy, dental</li> </ul>	<ul style="list-style-type: none"> <li>Radiology (X-ray, CT, MRI), Pathology</li> </ul>
 <b>Diagnostics</b>	<ul style="list-style-type: none"> <li>X-ray (limited hours)</li> </ul>	<ul style="list-style-type: none"> <li>Radiology (X-ray, CT, MRI), Pathology</li> </ul>
 <b>Therapies</b>	<ul style="list-style-type: none"> <li>Physio, OT, Speech &amp; Language, Dietetics, Podiatry</li> </ul>	<ul style="list-style-type: none"> <li>Physio, OT, Speech &amp; Specialist Spinal &amp; Neuro Rehab</li> </ul>
 <b>Maternity / Gynaecology</b>	<ul style="list-style-type: none"> <li>Not provide</li> </ul>	<ul style="list-style-type: none"> <li>Antenatal, labour, postnatal, gynaecology clinics</li> </ul>

We anticipate patient flows across health board boundaries, particularly along the Vale of Glamorgan's eastern and western fringes. Residents in areas close to Bridgend are likely to access services within Cwm Taf Morgannwg UHB, reflecting proximity and established care pathways. Conversely, we expect reciprocal flows into Cardiff and Vale UHB from neighbouring communities, driven by specialist service provision and patient choice. These cross-boundary movements underline the need for continued collaboration on capacity planning, referral protocols, and transport considerations to ensure seamless care for shared populations.

The Vale of Glamorgan supports the development of three primary care clusters—Central, Eastern, and Western Vale—each uniquely positioned to deliver and shape the Primary Care Model for Wales. These clusters bring together local GP practices, community services, and partners to provide integrated, preventative, and person-centred care tailored to their communities.

Cluster	GP Practices	GDS	Optometry	Community Pharmacies
<b>Central</b>	6	9	9	14
<b>Eastern</b>	3	3	4	9
<b>Western</b>	3	6	5	6

## COMMUNITY OUTREACH SERVICES

A range of Community and Specialist services are provided, including;

Integrated Resource Service: Vale Community Resource Service (VCRS) for reablement and rapid response.

Community Nursing & Therapy: District nursing, continence care, wound care, physiotherapy, occupational therapy, speech & language, dietetics.

Specialist Clinics: Diabetes, respiratory, cardiac rehab, falls prevention, Community Sexual Health Clinics, Community Dental Services, Community Spirometry, Cardiff and Vale Health Inclusion Service (CAVHIS)

Mental Health Outreach: Community Mental Health Teams, crisis resolution, home treatment.

Children & Family Services: Health visiting, school nursing, community paediatrics.

Public Health & Well-being: Stop Smoking Wales, weight management, physical activity programs, vaccination clinics

These services are either located/co-located across a number of premises, in a mix of health board, local authority and other locations across the Vale (including GMS premises).

### **Local Health Profile - Population Growth and Health Needs**

Since 2015, Cardiff and the Vale of Glamorgan have experienced a 24% increase in registered population, with further growth anticipated, particularly among those aged 65 and over. By 2043, one in five residents will be over 65. Health inequalities remain a significant challenge, with higher rates of long-term conditions and lower life expectancy in more deprived areas.

- **Population:** ~135,000; projected growth to 145,000 by 2036 (ONS Population Projections)
- **Life Expectancy:** Female 82.1 years; Male 78.8 years.
- **Healthy Life Expectancy Gap:** Up to 20 years less in good health for females in most deprived areas compared to least deprived; 16 years gap for males.
- **Deprivation:** Pockets in Barry and Gibbonsdown; rural isolation in western Vale.
- **Key Challenges:**
  - Higher rates of chronic conditions in Barry and rural areas.
  - Air quality concerns near major roads and industrial sites.
  - Growing older population impacting service demand.
  - Long waiting lists for access to secondary care services

- General lifestyle & Wellbeing (adults and children) –Healthy weight, Exercise
- Children’s mental health and neurodiversity
- Increased crisis facing our communities ‘Cost of Living’ pressures
- Social isolation
- Immunisation and screening uptake
- Dental access (long waits)

### **Potential Health Impacts of Vale Local Development Plan and Replacement Local Development Plan**

The planned delivery of 7,890 dwellings could result in a population increase of 19,962, based on a standard multiplier of 2.3 persons per dwelling. However, it is important to recognise that housing demand is influenced by a range of dynamic factors. These include smaller household sizes, evolving family structures, and the need to modernise or replace existing housing stock, all of which contribute to the need for additional dwellings, even in the absence of significant population growth.

To ensure a more accurate and responsive approach to planning, the Vale of Glamorgan Demographic Evidence Report (February 2023), rebased to the 2021 Census, projects a population increase of 13,558 between 2021 and 2036. This would bring the total population to 145,400 by 2036. As of the June 2023 Mid-Year Estimate (MYE), the population stood at 134,700, indicating a projected increase of approximately 10,700 people between 2023 and 2036. These refined projections will play a key role in shaping future healthcare planning and service delivery.

While net migration from Cardiff into the Vale is expected to continue, assumptions around the proportion of new residents originating from outside the Cardiff and Vale University Health Board area should be treated with caution. A flexible and evidence-informed approach will need to be taken to accurately forecast healthcare demand and ensure services remain responsive to the needs of a growing and changing population.

The health needs assessment identifies several dimensions where the council’s actions can make a significant impact.

Demographics point to an aging population and pockets of deprivation, which the council can address through housing adaptations, transport planning, and community support for older adults.

Health behaviours such as obesity, smoking, and inactivity require council-led initiatives like active travel schemes, leisure facilities, and targeted health promotion campaigns.

Health inequalities can be reduced by improving access to services in deprived areas and rural communities through better transport links and digital inclusion programs.

Determinants of health—including housing quality, employment opportunities, and environmental factors—fall within the council’s remit, making investment in affordable housing, economic development, and green spaces critical.

Community assets such as local services and voluntary networks can be strengthened through council funding, partnership working, and community engagement strategies.

Prioritisation and planning should involve the council in collaborative frameworks with the health board to ensure resources are aligned with evidence-based needs and shared goals for integrated care.

### **Primary Care General Medical Services (GMS)**

GMS funding is distributed to practices based on the Carr-Hill Formula which adjusts a practices global sum payment (income-per-patient) based on factors including age, sex, rurality and patient need (using demographic data and assumptions on disease prevalence). Funding for GMS is based on demographics, using the ‘Car-Hill Formula’ provided by Welsh Government, which is used by Health Boards to commission services, based on need.

Patients can register to a GMS practice if they are a resident within the practice agreed boundary. Of note, there is currently no standard/defined ratio of number of GPs per registered population due to the emerging model for primary care which promotes the use of a multidisciplinary team working alongside GPs, however a 1:1800 ratio (GP: patient) is used as a guide.

General sustainability concerns remain in relation to:

- **Workforce:** Challenges remain in attracting and retaining key clinical, management and administrative staff, which are critical to ongoing viability of GMS practices.
- **Patient demand:** Patient demand and complexity of conditions continues to grow, adding pressure on local practices and increases the risk of overspill into other parts of the healthcare system.
- **Funding:** Current funding streams fail to support practices in making necessary infrastructure adjustments to meet changing demand.
- **Premises and lease constraints:** Limitations relating to building condition, lease arrangements and specific risks such as the presence of reinforced autoclaved aerated concrete (RAAC) continue to affect long-term sustainability and

investment confidence. Challenges related to physical premises of GP practices have the potential to impact on and extenuate these sustainability issues further.

## **Dental**

General Dental Services (GDS) are commissioned based on need in line with policy direction and funding allocation from Welsh Government. Significant contract reform is ongoing, with a new contract expected in 2026.

Sustainability of GDS considering the contract reform programme is an area of attention, in addition to recognising workforce challenges in this sector.

## **Community Pharmacy Services**

Community Pharmacy services in Wales are commissioned based on assessed population need, aligned with Welsh Government policy direction and available funding allocations.

As part of Welsh Government Regulations, a Pharmaceutical Needs Assessment (PNA) was conducted for the period 2021-2026. This assessment evaluated the impact of population growth associated with Local Authority Local Development Plans, as well as current and projected service demand. The findings concluded that no additional pharmaceutical service needs were identified during the assessment period.

However, the PNA allows for interim reviews if there is a significant change, such as the closure of a pharmacy or other major service disruption, which may affect access of provision.

It is important to note that citizens and patients are not restricted by geography and can access Community Pharmacy services from any location across Wales, ensuring flexibility and convenience meeting their healthcare needs.

## **Optometric Providers**

Optometric services in Wales are commissioned based on assessed population need, in alignment with Welsh Government policy direction and funding allocations.

A new Optometry Contract for Wales was implemented in October 2023, aimed at improving access to eye health services both in the community and in hospital eye departments. This contract supports the development of integrated care models, enabling patients to receive eye care from the most appropriate professional, in the most suitable setting, across the entire eye care pathway - from primary care optometry to specialist hospital eye care services.

The new approach promotes timely, equitable and efficient access to eye health services, helping to reduce pressure on secondary care and improve patient outcomes.

Importantly, patients retain freedom to choose their Optometric provider, ensuring flexibility and personal preference in accessing care.

### **Community Care Services**

Community care services will continue to become an increasingly important part of the Community system, given the policy shift in care from hospitals to community settings. This transition reflects a broader commitment to delivering care closer to home, which is especially important given the increasing healthcare needs of an ageing population and those individuals living with chronic conditions.

As the population continues to grow and age, demand for the full range of Community Service provision, including nursing, reablement, speciality outreach, and health inclusion services, is anticipated to rise significantly. This will place additional pressure on existing workforce and estate capacity.

To meet this challenge, a coordinated and forward-looking approach is required. Key considerations include:

- **Workforce Planning:** Ensuring sufficient staffing levels across community nursing, therapy, and specialist services will be critical. This includes exploring new workforce models, skill mix approaches, and integrated roles across health and social care.
- **Estate Readiness:** Community facilities must be fit for purpose, flexible, and capable of supporting multidisciplinary teams. Ongoing estate reviews and RAG assessments will help identify where investment is needed to expand or reconfigure space.
- **Digital Enablement:** The shift to community-based care must be supported by digital infrastructure that enables remote monitoring, shared care records, and virtual consultations.
- **Strategic Alignment:** Community care planning must be integrated with wider strategic developments, including Wellbeing Hubs, Section 106 opportunities, and local authority growth plans.
- **Equity and Access:** Services must be designed to reach underserved populations, including those in deprived areas, rural communities, and vulnerable groups such as asylum seekers and people with complex needs.

A sustainable community care model will depend on proactive investment in workforce, estate, and digital infrastructure, aligned with population health needs and local development trajectories.

### **Estate Capacity and Strategic Response:**



As part of the ongoing strategic review of the community care estates across Cardiff and the Vale of Glamorgan, a comprehensive estate capacity assessment is conducted on a six-monthly basis. This assessment provides an updated, locality-based view of estate utilisation, highlighting current challenges, and identifying opportunities for improvement.

The process includes a detailed analysis of room utilisation, infrastructure and compliance checks, service mapping, and a structured risk-opportunity review. These activities help identify key areas for optimisation. Each site is evaluated using a Red-Amber-Green (RAG) rating system to assess both clinical and non-clinical capacity, clearly indicating where growth is feasible and where operational constraints remain.

The refresh of the local Primary Care Estates strategy in November 2024 highlighted the following areas of attention, based on the following factors: LDP planned growth and Ability of GMS contractors to absorb growth (within current infrastructure).

Primary Care GMS provision/capacity across the Vale is currently profiled Amber indicating that Planned growth is high, noting that existing capacity is limited and options to generate additional capacity are limited or difficult to achieve.

While estate capacity is currently under pressure and may be insufficient to meet both existing and projected demand arising from the LDP and RLDP, there are clear opportunities to address this through strategic schemes, collaborative investment, and innovative service models. These include integrated wellbeing solutions, Section 106 funding, and the development of new facilities in partnership with local authorities.

#### **Central and Western Vale:**

These areas show potential for growth, with several large or purpose-built premises offering opportunities to expand capacity. However, this is contingent on securing necessary investment.

#### **Eastern Vale:**

The position has stabilised following the UHB's acquisition of Redlands Surgery. While some capacity exists, future growth depends on developing integrated facilities in partnership. The proposed Wellbeing Hub at Penarth Leisure Centre is currently paused due to updated flood risk data from Natural Resources Wales (NRW), with no alternative site or funding identified to progress the Outline Business Case. The UHB is exploring a potential integrated services development at Cosmeston Farm, in collaboration with the Council and aligned with Section 106 opportunities.

#### **Current position:**

No immediate plans to increase the number of commissioned providers/services

Whilst we anticipate there may be some capacity within the existing GMS resource, the ability to absorb future growth within this area will be reliant on the development of integrated wellbeing solutions and the adoption of new ways of working.

### **Opportunities & Challenges:**

Preparatory work is needed to progress plans for integrated services, using a place-based planning approach.

We need to work with our communities to develop our Integrated Community Care System and explore how we could provide services together better in the medium term.

To achieve our ambitions, there will be a need to explore all infrastructure opportunities and optimise existing assets across the system through re-design and/or upgrading of facilities.

There are opportunities to align with existing initiatives Local Authority initiatives such as Total Place and Placemaking.

### **Planning Assumptions and Recommendations**

Population growth will drive increased demand for GMS and community services.

A flexible, evidence-informed approach is recommended to forecast demand and align healthcare provision with wider strategic developments. It is recommended that quarterly updates are obtained to inform scenario planning and support/respond to RLDP development.

A need to embed Health Objectives in LDP vision and strategic policies, including supplementary planning guidance for developer contributions.

Proactive approach to Healthcare Capacity, including exploration of integrated community assets and new facilities in growth areas.

A shared strategic response between partner organisations to mitigate and address the disparities while accommodating increased demand.

Community and Stakeholder Engagement - Co-Production: Support the role of patients and communities in co-producing and supporting future service models.

### **Response Limitations**

This response addresses the impact of Primary & Community Care services under the Primary, Community & Intermediate Care Board, and does not include broader community effects related to Mental Health or Children & Women's Services.



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