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Mid-point evaluation of ‘A Healthier Wales’ Transformation Fund

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Mid-point evaluation of ‘A Healthier Wales’ Transformation Fund

A report to
Welsh Government

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A statement regarding the Covid-19 coronavirus outbreak

This mid-point evaluation report considers evidence collected prior to the outbreak and impact of the Covid-19 coronavirus upon the health and social care sector. The findings of this evaluation therefore need to viewed in this context.

In making the final conclusions for the evaluation, and as far as it was possible to do so in a fast-changing environment, the possible impact of the coronavirus pandemic on the future of Transformation Fund projects is reflected upon. It has also been taken into consideration in the drafting of the recommendations.

The final evaluation report, due in 2021, will fully consider the impact of Covid-19 on the delivery of the Transformation Fund.

Glossary

Acronym/Key word	Definition
ABMU	Abertawe Bro Morgannwg University Health Board
ACE	Adverse Childhood Experiences
AHW	A Healthier Wales
C&YP	Children and Young People
CBC	County Borough Council
ETTF	Efficiency Through Technology Fund
GP	General Practitioner
HEIW	Health Education Improvement Wales
HR	Human Resources
ICF	Integrated Care Fund
IT	Information Technology
NHS	National Health Service
NPT	Neath Port Talbot
OECD	Organisation for Economic Co-operation and Development
RAG	Red Amber Green
RCT	Rhondda Cynon Taf
RSG	Revenue Support Grant
RPB	Regional Partnership Board
SCIE	Social Care Institute of Excellence
SCW	Social Care Wales
TEC	Technology Enabled Care
TF	Transformation Fund
UHB	University Health Board
WCVA	Wales Council for Voluntary Action
WLGA	Welsh Local Government Association

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Executive Summary

Research Aims

OB3 Research, in conjunction with the Social Care Institute of Excellence (SCIE), were commissioned by the Welsh Government in September 2019 to undertake an evaluation of the 'A Healthier Wales' Transformation Fund (TF).

The aim of the evaluation is two-fold:

- to evaluate the extent to which the TF has accelerated the wider adoption and scaling up of new ways of working to replace or reconfigure existing services in order to improve outcomes for people
- to evaluate the component parts of new models which have successfully (and unsuccessfully) enabled the adoption and scaling up of new ways of working.

Method

The mid-point evaluation, which was undertaken between October 2019 and March 2020, encompassed the following elements of work:

- an inception stage to include attendance at an inception meeting to discuss the work programme, access relevant information and prepare an evaluation inception report
- desk based research to include a review of relevant policy documents and operational documentation
- conducting a series of telephone and face to face scoping interviews with representatives from each of the evaluators appointed by Regional Partnership Boards (RPBs)
- developing a regional evaluation reporting template
- preparing a series of semi-structured discussion guides
- conducting interviews with policy and strategic stakeholders
- conducting a package of qualitative fieldwork across the seven RPBs
- undertaking a detailed meta-analysis of the regional evaluation reports prepared by the RPBs
- preparing a final mid-term evaluation report.

Overview of the Transformation Fund

'A Healthier Wales: Our Plan for Health and Social Care' (AHW)[1], published in June 2018, set out a long-term future vision of a 'whole system approach to health and social care'. Within AHW there was an action to 'establish a targeted TF to support the implementation of this Plan', particularly new models of seamless health and social care promoted by RPBs.

The purpose of the £100m TF is to speed up the development and scaling up of new models of health and social care provision and to demonstrate their value. The TF is part of the wider Transformation Programme established to deliver the commitments in AHW.

The fund was launched in summer 2018, and all seven RPBs were invited to submit proposals for funding and encouraged to focus on models which would make early progress on:

- seamless alignment of health and social care services
- local primary and community-based health and social care delivery, and
- new integrated prevention services and activities.

The objective over the long term was that these, and other new models, would be adopted by health and social care providers, at a local, regional and national level, funded from their own resources.

The Welsh Government's guidance for the TF highlighted that all projects needed to provide:

- a clear description of the project scope and objectives, relating to AHW and to relevant Design Principles
- a monthly timeline setting out milestones and resource utilisation, including funding, throughout the life of the project
- detail on how the project would be professionally evaluated
- detail on how the project would engage with key stakeholders, including particularly those directly involved in the project and potential 'next adopters' of any new model or approach
- detail on how new models would be sustainable after the transformation project would be completed.

In terms of selection criteria, it was expected that all proposals should address the two Design Principles (relating to scalable and transformative) as well as at least one other.

[1] Welsh Government (2018) A Healthier Wales: Our Plan for Health and Social Care

A total of 12 proposals were approved across the seven RPBs as of June 2019, amounting to a total of £87m as follows:

- £6.9m for Cardiff and Vale of Glamorgan RPB
- £22.7m for Cwm Taf Morgannwg RPB
- £13.5m for the Gwent RPB
- £13m for the North Wales RPB
- £2.6m for the Powys RPB
- £16.5m for the West Glamorgan RPB
- £12m for the West Wales RPB.

In addition, a £2m Collaborative Kidney Care project has been funded by the TF. The Welsh Renal Clinical Network is the sponsor with Cwm Taf Morgannwg acting as the sponsored RPB.

The funding was initially made available to RPB for delivery between October 2018 and the end of December 2021. Approved start dates vary by RPB. An extension for the delivery timescale until March 2021 was announced in January 2020 in order to help maximise the outcomes that the funding can achieve.

Key findings of the evaluation

The key findings of the evaluation are set out below:

Programme design

- The Welsh Government has a long-term ambition to transform the health and social care service across Wales, and this is clearly articulated within its strategy, 'A Healthier Wales' (AHW).
- The TF, which aims to support this overhaul, has been developed within a very supporting policy context and responds directly to the priorities for change set out within two key reviews, the OECD Review and the Parliamentary Review.
- In designing the TF, policy makers have fully embraced the key principles which underline AHW and the priorities set out within these reviews, including the Quadruple Aims, the ten Design Principles and Prudent Healthcare. In addition, the Fund has been designed to adopt the objectives set out within the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act.

- In its approach to allocating funding via the TF, the Welsh Government has adopted a less prescriptive approach than was recommended by the OECD Review and this has resulted in project proposals being designed via a more 'bottom-up' approach by RPBs. Whilst this might be logical in ensuring projects address regional priorities it has resulted in projects with similar aims and objectives being given different identities and operating models, which will pose challenges to scale up effective intervention in other regions.
- In its approach to allocating funding, the Welsh Government has supported a much larger number of projects across the regions, at 30, than was proposed in AHW, which suggested that each region should develop two strategic projects each. Whilst many of these projects are intended to contribute towards larger strategic work programmes and regional strategies there is a risk that funding a large number of smaller projects might not achieve the strategic level of change anticipated of the TF. As such, RPBs need to ensure that they are able to demonstrate via robust evaluation evidence the contribution made by all funded projects towards their strategic regional outcomes.
- The TF is one of several funding streams that RPBs are utilising in their attempts to integrate health and social care services and there is a strong case for a more system-wide approach to future funding in order to lessen administrative and reporting burdens and to clarify the overarching strategic aims which funding is aiming to achieve.
- The timing of the call for applications made it challenging for most RPBs to develop proposals and whilst the initial flexible and open approach was welcomed, the approach to the management of the TF has been increasingly onerous. However, the reporting and regional evaluation requirements were made clear from the outset as part of the application process. There is a risk, without such information being available, that there will be a severe lack of robust evidence of the impact and difference made by TF.

<u>Programme delivery</u>

- Most of the models funded by the TF are new and potentially transformative for the region in question, but there are overlapping themes and similar approaches in place. There is a risk of duplication of effort – with several slightly different approaches being developed in various regions with no effort to share the learning. Often, similar approaches have different names and terminology, making it difficult to identify common models which may be operational across more than one region. A number of models are not particularly well-defined and there is

a risk that the potential scale up of these from sub-regional to regional, or from regional to national will be minimal as a result.

- Whilst most projects have progressed at either a rapid (seven) or reasonable (16) pace of change, a minority (seven) have faced fundamental issues and delays and were not in place at the mid-point reporting stage.
- Projects which have taken longer to implement have typically faced technical issues, recruitment challenges, issues relating to governance arrangements and issues relating to negotiating external contract specifications. It is important to reflect on these issues that are often outside the influence of project managers and learn lessons either in speeding up such arrangements or allowing a mobilisation period to be integrated into a transformation fund in future.
- Hospital to home type projects appear to have progressed at a quicker pace than others, possibly since they have built upon existing approaches, that demand for these initiatives was already in place and that they have been more straightforward to implement.
- The total spend of the TF budget as at the end of March 2020 was 41% of the total budget. Spending over the course of the initial 12 months of delivery was concerningly slow due to the various challenges faced by RPBs to mobilise projects and should be taken into consideration by the Welsh Government when designing any similar future funding programme. It is encouraging that spend during the latest quarter (up to March 2020) ramped up, reflecting the fact that a number of projects became 'live' very recently.
- It will be challenging, if not impossible, for the programme to deploy its remaining funding allocation over the remaining 12-month period until March 2021, not least because of the unprecedented impact the Covid-19 coronavirus will have upon health and social care providers during this timeframe.
- The TF seems to be having a positive impact in getting partners to work together and there is some initial evidence across regions where staff are starting to think differently and change their working culture. This remains challenging in such a difficult financial climate however and projects have faced several implementation challenges.
- The timescale available for delivering real transformation was very ambitious from the outset and this has been hampered further by a number of factors including delays in approving applications, widespread recruitment issues and financial pressures facing the health and social care sector in general.

- Governance structures for the projects seem to be appropriate and working well, with increasing buy-in from senior management.
- There has been limited involvement of citizens in the co-production of project concepts or delivery to date and more focus is needed on this aspect over the remaining duration of delivery.
- Similarly, the engagement of the workforce and other stakeholders, where it has happened, has resulted in positive benefits to the project but this has not been realised across the board.

Programme outputs and outcomes

- In all, 30 'projects' have been funded across seven RPBs and at mid-point reporting 22 of these projects were operational. Across the remaining eight, it was either unclear as to whether they were fully operational or they were not yet available.
- Some of the projects underway have better-defined and more tangible identities than others and as a result could be easier to communicate, adopt and scale up across other areas in the future.
- Projects which have evolved from existing approaches and are more embedded into mainstream provision in their nature are more challenging to draw out as tangible and distinct models.
- It is not possible for this mid-point evaluation report to shed much light on the outcomes being achieved by funded projects to date, largely due to the recent start for many projects.
- There is broad consensus that it is too early for projects to evidence the difference they are making and the extent to which they are achieving their intended outcomes, other than those which tend to be process-related such as changes to organisational systems and ways of working.
- Similarly, there is little evidence currently available to allow an informed view of whether models can be sustained and scaled up when funding comes to an end.
- At the mid-point stage, projects are prioritising the need to gather and evidence the contribution being made by interventions, although it is accepted that attributing any difference made will be challenging in light of other funding sources and externalities which impact upon the health and social care sector.

Recommendations

The recommendations made in this report are based on the evaluation findings from fieldwork and data analysis undertaken up until mid-March 2020. It is valid and right that these findings are considered within that context.

However, the outbreak of the Covid-19 coronavirus has added unprecedented pressures on the health and social care sectors, and it is likely to have significant bearing on funding and priorities for the future. As such, the recommendations aim to take this new context of the Covid-19 coronavirus public health emergency into account.

A series of recommendations for the TF are provided. These have been split into two distinct sections:

- Recommendations one to seven are immediate, operational suggestions for the remaining period of programme delivery.
- Recommendations eight to 15 are longer-term, strategic recommendations aimed at learning the wider lessons from the TF.

<u>Recommendations for the remaining delivery period of the TF</u>

Recommendation 1

TF projects currently lack the systems and processes in place to capture data and evidence of outcomes, impacts and difference made that will ultimately be required to present a business case for future sustainable funding. RPBs should work with their appointed external evaluators to ensure every project has a robust evaluation framework is in place to capture evidence of outcomes (not just clinical outputs and performance KPIs) for future reporting purposes.

Recommendation 2

In order to provide TF projects with more time to be implemented and capture the necessary evidence of impact, Welsh Government should look to extend the timescale by at least 12 months. Any agreed extension should be prioritised for projects that:

a) can demonstrate that they are meeting or exceeding their original objectives

and/or

b) have been accelerated in response to Covid-19.

Due to the uncertainties around the development of the Covid-19 coronavirus outbreak, this recommendation should be kept under review and the timescale extended even further if necessary.

Recommendation 3

Where there is clear view from RPBs that certain interventions are not working or they have yet to get off the ground, then there should be open and honest dialogue between the RPBs and Welsh Government to identify these and a process set in place to bring such projects to a close.

Recommendation 4

In light of the Covid-19 coronavirus outbreak, Welsh Government and RPBs should consider re-focusing TF projects for the remaining period to the activities which can contribute to the alleviation of pressures on health and social care in the interim e.g. by increasing community provision of care or hospital discharge. Any remaining TF funding should be re-allocated to Covid-19 activities.

Recommendation 5

RPBs should focus on developing clear and robust exit strategies for their TF projects during the remaining period so that the funding injection provided by the TF can be sustained for the future.

Exit strategies should also consider how the RPBs ensure that the successful component parts of the various models and the new ways of working could be accelerated for wider adoption and scale-up on a regional or national level in future.

Recommendation 6

RPBs are required to use different reporting mechanisms for several similar funding streams in the same Welsh Government department. The lack of consistency results in significant administrative burdens. Welsh Government should consider aligning the reporting requirements of various funds so that all the information is submitted in the same format at the same time.

Recommendation 7

In future, if Recommendation 1-6 are implemented as part of the design and delivery model for a transformation, more time should be released for project managers to consider sharing the learning from TF projects.

For the current Transformation Fund, all attempts should be made where possible to put processes in place to share 'what works' at a regional level across RPBs.

At a national level, the Welsh Government has an important role to play in ensuring that learning from similar themed models and approaches are considered and disseminated.

The Communities of Practice element of the national evaluation should play an in important part in ensuring this. Welsh Government should also consider developing national 'specifications' incorporating the lessons and best practice to support any roll-out or scale-up of successful models in future.

Longer-term, strategic recommendations:

Recommendation 8

Whilst the linkages between AHW and TF are clear, in future we recommend that Welsh Government should ensure sufficient time during the design phase of any funding programme to work in partnership with RPBs to consider and analyse regional priorities for such funding. More detailed guidance should be developed which continues to provide flexibility but is more strategic and targeted.

Recommendation 9

In future there should be a clearer direction from WG with funding available for fewer, more strategic transformation projects, in line with the original intention stated within the Parliamentary Review.

RPBs should increasingly take responsibility for planning and delivering their own transformation and rolling-out or scaling-up approaches that have already been successfully tried and tested at a sub-regional level.

Recommendation 10

As a follow up to TF, Welsh Government should therefore consider making funding available to RPBs to deliver a specific number of 'tried and tested' strategic models that have been proven to work within this current round of funding (subject to this evidence becoming available by the end of the funding period).

This could be seen as funding available to deliver the 'national specifications' developed as a result of Recommendation 7. This would be a more prescriptive approach which would build on the learning from the current TF

Recommendation 11

We recommend that any transformation fund in future should include a six to twelve-month mobilisation phase for approved project during which recruitment processes can be implemented and governance structures put in place.

Recommendation 12

Robust and clear evaluation frameworks should also be signed off within the mobilisation phase of approved projects before they can proceed to full delivery in any follow-up funding to the transformation fund.

Recommendation 13

Welsh Government should consider opportunities to amalgamate funding streams in the future. In particular there are opportunities to look at integration of ICF and TF funding. Opportunities for wider amalgamation of funding should also be explored so as to streamline processes and focus funding on strategic priorities more effectively**.**

Recommendation 14

We recommend that Welsh Government develop clear appraisal criteria and application templates alongside consistent guidance, approval processes and active management reporting processes. RPBs should also demonstrate clearly how they will meet active management reporting and evaluation requirements from the outset to avoid the need to request additional information. Welsh Government should ensure a faster turnaround of approval and communicate regularly with project proposal leads

throughout. Detailed feedback for any unsuccessful projects should also be provided as a matter of course.

Recommendation 15

The TF has revealed a lack of project management capacity and change management skillsets within the health and social care system. Welsh Government, in collaboration with HEIW, Social Care Wales and WCVA should consider on a national level how it can increase this capacity within the staffing resources available through the funding of national training opportunities and suitable qualifications.

1. Introduction

1.1 In September 2019, the Welsh Government appointed OB3 Research in conjunction with the Social Care Institute of Excellence (SCIE) to undertake an evaluation of the 'A Healthier Wales' Transformation Fund (TF).

1.2 The aim of the evaluation is two-fold:

- to evaluate the extent to which the TF has accelerated the wider adoption and scaling up of new ways of working to replace or reconfigure existing services in order to improve outcomes for people
- to evaluate the component parts of new models which have successfully (and unsuccessfully) enabled the adoption and scaling up of new ways of working.

1.3 It was intended that this formative evaluation be undertaken at intervals throughout the delivery phase leading to the preparation of mid-point, final and follow-up evaluation reports. This mid-point evaluation report provides an interim assessment of impact to date; any challenges; early learning; any adjustments made; early successes and early plans for future sustainability[2]. It was also agreed that the mid-point evaluation would include a process evaluation element. A final evaluation report will be produced in May 2021[3] and a follow-on report a year later.

Structure of this report

1.4 This report is presented in nine chapters as follows:

- chapter one: this introduction to the report
- chapter two: an outline of the evaluation methodology
- chapter three: an introduction to the TF and its funded projects
- chapter four: provides a Theory of Change for the fund
- chapter five to eight: outline the key findings in relation to the design, delivery, inputs, activities, outputs and emerging outcomes of the TF
- chapter nine: provides conclusions and recommendations.

[2] Welsh Government (2019), Transformation Fund Evaluation Specification, p.7.
[3] This date may change as a result of the Covid-19 coronavirus outbreak

2. Evaluation Methodology

2.1 This chapter sets out the method deployed for undertaking the mid-point evaluation and offers a view about the strengths and limitations of the approach adopted.

2.2 The aims of the national evaluation of TF are outlined in the introduction (chapter 1) and are informed by specific research questions which are common to both the national and regional elements of the TF evaluation. The research questions (outlined in full in Appendix B) cover six distinct topics:

- Models of working – the extent to which projects are new and transformational; can demonstrate a shift to sustained preventative services; are scalable
- Pace of change – how this has varied according to project focus and the identification of critical influencing factors
- Outcomes and performance measures – baseline performance; current performance against baselines; best practice for measuring outcomes and identified gaps in the evidence base
- Cost benefit – the financial impact of TF; return on investment or financial savings made; future sustainability
- Engagement – extent of workforce and citizen involvement; benefits and challenges
- Governance – arrangements; ownership and barriers to change.

2.3 The national evaluation for TF will be conducted in three distinct phases. This report is the first phase and is a mid-point evaluation which considers both process evaluation aspects and an initial consideration of emerging outcomes. The second phase of the national evaluation will be undertaken in 2021 with a final evaluation report provided to Welsh Government by May 2021[4] which will follow a similar methodology but with a focus on reporting on the impacts of the TF and its constituent projects on the individual/citizen and 'system wide' change. A follow-on report will be provided during the third phase of the national evaluation June 2022 which will look to capture more longitudinal impact data and evidence.

2.4 The national evaluation of TF is informed by regional evaluation reports undertaken by the Regional Partnership Boards (RPB). Each RPB is responsible for undertaking detailed

[4] This is subject to change as a result of the Covid-19 coronavirus outbreak

evaluation of each of their transformation projects and a set of common evaluation requirements have been agreed between the Welsh Government and the seven RPBs to ensure a consistent approach across Wales. These include:

- the completion of a Theory of Change methodology for each project – to include the identification of performance measures and baselines
- the requirement to respond to the national evaluation objectives and research questions
- a requirement for any evaluators appointed by RPBs to participate in the Communities of Practice (CoP) approach arranged by the national evaluators to share best practice
- the completion of regional evaluation reports to inform the national evaluation findings.

Method

2.5 The mid-point evaluation, which was undertaken between October 2019 and March 2020, encompassed the following elements of work:

- an inception stage to include attendance at an inception meeting with Welsh Government officials to discuss the work programme, access relevant information and documentation in relation to the Transformation Fund (TF) and prepare an evaluation inception report
- desk based research to include a review of relevant policy documents, operational documentation, applications prepared by Regional Partnership Boards (RPBs) and quarterly update reports
- conducting a series of telephone and face to face scoping interviews with representatives from each of the evaluators appointed by RPBs
- developing a regional evaluation reporting template utilising the research questions and evaluation requirements set out by Welsh Government in their contractual arrangements with the RPBs
- preparing a series of semi-structured discussion guides for use with a range of contributors including Welsh Government Health and Social Service Group policy and delivery officials, RPB chairs, leads and senior managers with responsibility for the TF at each region

- conducting face to face or telephone interviews with five policy and strategic stakeholders
- conducting a package of qualitative fieldwork across the seven RPBs. The fieldwork included face to face or telephone interviews with 26 stakeholders from the RPBs
- undertaking a detailed meta-analysis of the regional evaluation reports prepared by the RPBs and submitted to Welsh Government in January 2020 to include an analysis of baseline data and performance outputs and outcomes gathered to date
- presenting emerging findings from the evaluation at meetings of the TF Management Board, the TF Advisory Board and the TF Network and capturing feedback from the ensuing discussion
- synthesising the findings from the fieldwork and desk review and preparing this final report.

2.6 The TF programme evaluation also consists of an action learning approach in the form of a series of Communities of Practice (CoP) events. These CoP events will be designed to:

- bring together and support those delivering and evaluating the new models of health and social care funded by the Transformation Fund
- enable project teams from different regions to share progress, best practice and learning through joint activities and discussion
- provide project teams with examples of best practice approaches from elsewhere in the UK
- contribute towards the national evaluation team's recommendations in the final evaluation report.

2.7 The CoPs will support the regions to work together nationally as part of an ongoing process to inform delivery in a dynamic way across regions. The CoP events will be arranged according to three themes which reflect common services or models across the regions (e.g. place-based care or hospital-to-home). This will assist the TF to support the 'spread and scale' of new models of care. The CoP will seek to provide a 'safe place' for project representatives to share barriers to delivery, highlight innovation and connect with other practitioners from other regions who are working on similar approaches.

2.8 In addition to the CoP events, there will also be larger workshops for each identified theme to engage with a wider range of stakeholders (e.g. RPBs, Public Health Wales, Social Care

Wales (SCW), Health Education and Improvement Wales (HEIW), NHS Delivery Unit, Welsh Local Government Association (WLGA), NHS Confederation etc). These workshops will be designed to raise the profile and build momentum around the development and scaling of new models of care. Best practice from elsewhere in the UK would also be presented at these workshops.

2.9 Finally, a virtual forum will be developed to underpin the CoP approach. This forum will enable project teams across the regions to continue to discuss issues arising and learn from each other.

Methodological considerations

2.10 A number of issues should be considered that have affected the methodology and the evidence available as part of the mid-point evaluation review.

2.11 Firstly, the fieldwork and analysis of RPBs mid-point regional evaluation reports were considered prior to the outbreak and impact of the Covid-19 coronavirus upon the health and social care sector. It must be acknowledged that this development will have bearing on the future of the TF projects. This is not reflected in the findings of this evaluation, but we do take it into consideration within our conclusions and recommendations section.

2.12 Secondly, there is no formal business plan for the TF that sets out the aims, objectives, delivery model or performance indicators, although the principles and outcomes set out in AHW and the guidance for TF applications provide some relevant detail. The rationale for the development of the TF is discussed in chapters four and five, but this has meant that the process of articulating a Theory of Change and intervention logic (i.e. setting out the need, high level aims, inputs, outputs and outcomes) associated with this programme has been a retrofit process.

2.13 Thirdly, the initial focus of the mid-point evaluation was intended to be on gathering emerging outputs and outcomes. It became apparent in the early stages after commissioning that this would be challenging. The application process for TF required RPBs to develop performance measures but many RPBs had not appointed their own regional evaluation providers at this stage and very few evaluation frameworks were in place regionally to gather such evidence. Many of the workstreams within projects were also yet to start or in the very early stages of delivery. As such it was anticipated that there would be less data and evidence available for analysis. In the absence of output and outcome evidence it was agreed with Welsh Government that this mid-point evaluation report would include a strong focus on capturing

process evaluation learning. Discussion guides were developed to reflect this change in focus.

2.14 Finally, an additional project, Collaborative Kidney Care, sponsored under Cwm Taf Morgannwg RPB has been funded by the TF. The project is an all-Wales scale up proposition that has only been ‘live’ from January 2020. Due to the recent start date, there is less detail available via progress reporting. Comments from interviews in relation to their experiences of the application and set-up process have been integrated into this report where possible. Due to the different nature of the project, some aspects of the feedback have not been included as they would be identifiable as the owners of the comments made.

3. Overview of the Transformation Fund

3.1 This chapter provides an introduction to the Transformation Fund (TF). It considers the strategic context for the fund, the context within which it operates, the programme's aims and objectives for the funding of projects and a brief synopsis of all the funded projects from each of the Regional Partnership Boards (RPBs).

Background

3.2 'A Healthier Wales: Our Plan for Health and Social Care' (AHW)[5], published in June 2018, set out a long-term future vision of a 'whole system approach to health and social care'. Within AHW there was an action to 'establish a targeted TF to support the implementation of this Plan', particularly new models of seamless health and social care promoted by RPBs.

3.3 The purpose of the £100m TF is to speed up the development and scaling up of new models of health and social care provision and to demonstrate their value. The TF is part of the wider Transformation Programme established to deliver the commitments in AHW.

3.4 The fund was launched in summer 2018, and all seven RPBs were invited to submit proposals for funding and encouraged to focus on models which would make early progress on:

- seamless alignment of health and social care services
- local primary and community-based health and social care delivery, and
- new integrated prevention services and activities.

3.5 The Transformation Fund guidance issued by the Welsh Government[6] in 2018 outlines the scope of the fund as being:

- to meet the time-limited additional costs of introducing new models of health and social care
- to accelerate the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services
- to validate the scalability of new models

[5] Welsh Government (2018) A Healthier Wales: Our Plan for Health and Social Care
[6] Welsh Government (2018) Transformation Fund 2018-20 - Guidance

- to test whether new models are transformative, affordable and sustainable rather than add another layer to existing structures.

3.6 The objective over the long term was that these, and other new models, would be adopted by health and social care providers, at a local, regional and national level, funded from their own resources.

3.7 The guidance emphasises the 'time limited' nature of funding over a two-year period between 2018/19 and 2019/20 and explicitly states that it is not expected that any model will be funded on 'a recurring basis' thereafter. Regional Partnership Boards were encouraged to offer proposals 'as soon as possible' with the intention that these would be considered on a rolling basis 'with an intended turnaround of not more than 3-4 weeks' for the Welsh Government to offer a decision on the application outcome. The timescale set for RBPs to develop their applications was ambitious when considering the need for applicants to secure RPB endorsement prior to submission, although proposals were expected to be fairly brief (no more than ten pages in length), rather than full business cases.

3.8 The Welsh Government's guidance for the TF highlighted that all projects needed to provide:

- a clear description of the project scope and objectives, relating to AHW and to relevant Design Principles
- a monthly timeline setting out milestones and resource utilisation, including funding, throughout the life of the project
- detail on how the project would be professionally evaluated in a timely fashion, to provide evidence which would inform decisions relating to wider adoption, considering particularly health and social care outcomes improvement, enhanced healthcare value, and affordable service delivery
- detail on how the project would engage with key stakeholders, including particularly those directly involved in the project (for example service providers, the public and patients) and potential 'next adopters' of the new model or approach (for example other Primary Care Clusters[7] and RPBs)
- detail on how the new model would be sustainable after the transformation project is completed.

[7] There are 64 Primary Care Clusters across Wales which are grouped by GP practices. Their geographical boundaries are set by Local Health Boards.

3.9 In terms of selection criteria, the guidance stipulated that the ten Design Principles would be adopted as the basis for selection. It was expected that all proposals should address the two Design Principles (relating to scalable and transformative) as well as at least one other. The guidance also noted that proposals which addressed multiple Design Principles would be prioritised. The guidance also stipulated that the Welsh Government expected some projects to fail and emphasised the importance of project leads to acknowledge this 'in order to strengthen delivery by other projects and/or sites'[8].

3.10 A total of 12 proposals were approved across the seven RPBs as of June 2019, amounting to a total of £87m as follows:

- £6.9m for Cardiff and Vale of Glamorgan RPB
- £22.7m for Cwm Taf Morgannwg RPB
- £13.5m for the Gwent RPB
- £13m for the North Wales RPB
- £2.6m for the Powys RPB
- £16.5m for the West Glamorgan RPB
- £12m for the West Wales RPB.

3.11 The funding was initially made available to RPB for delivery between October 2018 and the end of December 2021. An extension for the delivery timescale until March 2021 was announced in January 2020 in order to help maximise the outcomes that the funding can achieve.

3.12 Figure 3.1 sets out the 30 projects which were approved across the 12 proposals issued by RPBs and includes details of their approval dates[9]. A more detailed synopsis is provided in Appendix A.

[8] Ibid. p.4.

[9] The approval dates refer to the date the grant offer letter and is therefore the date on which the RPBs were officially notified their project had been approved. In some instances, the appraisal process occurred several months before the grant offer letter was sent. Similarly, in some cases the grant offer letter was not signed and returned for several months for various reasons.

Figure 3.1: Synopsis of Transformation Fund projects at each RPB

Cardiff and Vale of Glamorgan RPB

The RPB was awarded funding for seven projects, approved in December 2018:

An Accelerated Cluster Model: using asset-based community development, the project aims to develop a locality-based wellbeing workforce, including a multi-disciplinary team, social prescribers, community connectors and a community development resource.

Seamless Social Prescribing: a web and telephone based single-entry point to independence and wellbeing services and stable and non-complex care services. GP practices will also be able to utilise the technology.

Developing a Single Point of Access of GP Triage: the development of an effective GP Triage service that provides support and diverts people away from a GP unless medically necessary.

Get Me Home Preventative Services: a new single access point within the hospital which uses 'What Matters' conversations to provide holistic, tailored support that meets the wellbeing needs of the individual, providing preventative interventions and supporting independent living.

Get Me Home Plus: a new model of care which will work with a cohort of patients who are more impaired and require a more intense package of reablement and homecare support to include a night-service and wrap-around care where required.

Developing an ACE Aware Approach to Resilient Children and Young People: a resilience team will work in schools to support children's emotional wellbeing, bringing the attachment, Adverse Childhood Experiences (ACEs) and mental health perspective in a holistic service spanning education, health and social care.

Developing Place Based Integrated Community Teams: a new 'place-based blueprint' for services which will scope the minimum services which could be provided on a cluster/locality/local authority and UHB Footprint in a sustainable way.

Cwm Taf Morgannwg RPB

The Cwm Taf Morgannwg component includes the following eight projects, approved in June 2019:

Urgent Primary Care Out Of Hours– to deliver this service through a prudent workforce model and complementary artificial intelligence triage application.

Enhanced Community Cluster Team– building on a 'virtual ward' approach piloted in the North Cynon Cluster, the multi-disciplinary anticipatory approach looks to provide support to the top 3% of service users in a GP practice.

Stay Well@Home– integrated multidisciplinary teams working in A&E, Acute Medical Unit and Clinical Decision Unit departments. They assess individuals at A&E and aim to prevent any unnecessary admissions along with a 'discharge to assess' model aimed at identifying people earlier in their hospital journey who could be better supported at home.

Population Segmentation and Risk Stratification – a new approach to health needs assessment by using population segmentation. Linking and analysing primary and secondary care data with risk stratification calculates individual patient risk scores.

Assistive Technology– a service which offers a lifeline unit and more specialist equipment such as fall detectors linked to a monitoring centre.

The Bridgend component follows on from existing work around integrated services. The focus of the three workstreams for the Bridgend are therefore to accelerate the pace of change for these integrated services:

Every Day is Tuesday: Seven Day Access to Community Health and Social Care Services – over extended days and care and support at night. The aim is for a coordinated approach to service operation where the flow of people in and out of services is continuous and accessible.

Delivering a One Team Approach around People– delivering a multidisciplinary team around people in community cluster networks, comprising primary care professionals, so that timely and responsive assessments are made for individuals receiving care and support at home.

Developing and Delivering Resilient Coordinated Communities- this is a collaborative approach to apply preventative approaches that will enhance the wellbeing of the population of Bridgend.

Gwent RPB

Four projects were approved in February 2019 at Gwent RPB:

The **Integrated Wellbeing Networks** is a whole system approach to prevention and early intervention which will create a network of community wellbeing assets on appropriate place-based footprints. It includes creating structures and networks; developing community- based hubs, providing training and support to people to promote wellbeing and ways to access information easily

A **Place Based Care** project will develop a sustainable workforce model across Primary Care, increase access to specialist services closer to home, and develop a single point of access for information and advice.

The **ICEBERG Project** aims to provide seamless access to mental health care for children, young people and their families and includes early intervention to aim to prevent escalation of needs and care where possible.

Home First is a seamless system of support to facilitate hospital discharge at the earliest opportunity for individuals with a focus on short stay wards and those who do not require admission.

North Wales RPB

There are four projects under the RPB in North Wales:

The **Community Service Transformation: Working Together For Local Communities** was approved in March 2019, and aims to work with the independent sector and third sector to harness the skills of the care workforce better and to develop in partnership roles and career opportunities within and across organisations, using different employment models, to achieve a sustainable and supported workforce within every cluster. A key element within the service model is the contribution of the third sector in supporting wellbeing services, promoting inclusion and participation and co-ordinating social prescription.

The **North Wales Early Intervention and Intensive Support for Children and Young People** (C&YP) project, approved in March 2019 encompasses three elements:

- a multi-agency drive to improve emotional health, wellbeing and resilience of C&YP through early intervention and prevention

- the development of 'rapid response' (crisis outreach) interventions for children and families on the edge of care
- the development of short-term residential services to promote effective returns home for C&YP on the edge of care.

The **North Wales Together: Seamless Services for People with Learning Disabilities** partnership of six local authorities and Betsi Cadwaladr University Health Board (UHB) was approved in December 2019 and is aimed at ensuring that people with learning disabilities have a better quality of life and feel safe. There are five workstreams including:

- integrated structures
- workforce development
- commissioning and procurement
- community and culture change
- assistive technology.

The **Together for Mental Health Programme**project, approved in January 2019 aims to implement a more integrated care system by:

- promoting emotional health and wellbeing and preventing mental health crises
- providing a holistic, timely response to individual needs and supporting people to remain safely in their community
- workforce development to include crisis care training for front line staff across organisations
- the development of more accessible and appropriate housing for people at risk of a mental health crisis.

Powys RPB

A project was approved in June 2019 across Powys RPB which consisted of nine workstreams[10] to support its North Powys Wellbeing Programme which aims to support

[10] These have been categorised as workstreams rather than individual projects because of their relatively smaller scale compared to projects funded across other RPB areas.

the delivery of a new integrated model of care as articulated in the Health and Care Strategy for Powys.

The North Powys Wellbeing programme funding is supporting the delivery of both the long-term change required to support the development of a new multi-agency wellbeing campus and the short-term change in relation to new ways of working that can be implemented now. The following workstreams are focused on the short-term change:

Repatriation of Children Looked After aims to safely reduce the number of looked after children who are placed out of County and return children closer to home by creating and developing additional in-house fostering capacity, establishing residential provision and lodgings capacity and increasing resources.

Discharge to Recover and Assess (D2RA) aims to support people to leave hospital when safe and appropriate to do so and continuing their care and assessment out of hospital.

Remote Reviews – Ethel – aims to reduce travel time and costs of staff who undertake reviews of service users in residential care homes by utilising an Ethel tablet, a large touch screen device designed for older people, which will enable video calls to the service user.

The **Repatriation of Pre-operative Assessment** to Powys includes various assessment pathways and processes so that patients can attend community settings for pre-operative assessment, bloods, ECGs and complete relevant assessment paperwork.

Targeted Prevention aims to improve health outcomes for children in deprived communities in North Powys by focussing health and wellbeing programmes in primary schools.

Virtual Clinics and eBooking is looking to use digital technologies to improve patients' access to specialist health care.

Digital House will enable people to identify and purchase equipment to help support independent living.

Technology Enabled Care will utilise technology to provide greater choice for people and prevent hospital admissions/premature moves to residential care.

Integrated Cross-Border Team Approach to provide Powys with an opportunity to reshape the way community health and wellbeing services.

West Glamorgan RPB

Two projects have been approved across the West Glamorgan RPB:

The **Cluster Whole System Approach** project was approved in March 2019 and is worth £10.6 m and the largest of the two projects is led by Swansea Bay UHB and is being rolled out across all 8 of its GP cluster areas in Swansea and Neath Port Talbot. Its objective is to provide health and social care closer to home and has a strong focus on preventative self-care.

The **Our Neighbourhood Approach** project is a community led £5.8m project, approved in February 2019, delivered in specific locations (Cwmtawe and Llwchwr in the Swansea North Hub and Britton Ferry and Melin in the Neath Port Talbot authority). The project builds upon existing provision and adopts an asset-based development approach.

West Wales RPB

Three projects are being delivered across West Wales, with approval gained in February 2019:

Proactive Technology-Enabled Care, which is delivered via a local authority trading company, wholly owned by Carmarthenshire County Council (Delta Wellbeing) aims to implement a new model of self-help and proactive care via a sophisticated IT platform. The model includes an assessment tool; proactive call monitoring, a wellbeing support team, rapid response units and community-based support (including a digital inclusion project to reduce loneliness and isolation; carer support and a proactive falls prevention service).

Fast-tracked, Consistent Integration will enable patients facing a crisis to be seen and treated by relevant health and social care professionals in their community, in order to reduce hospital admissions and facilitate early discharge

Creating Connections for All takes a place-based approach, working with whole populations at a community level. The programme has several components which work to address loneliness and isolation and build supportive, resilient communities including a regional kindness campaign, incentivising volunteering and supporting local action hubs to

develop intergenerational activities. The programme is designed and delivered with third sector partners and builds on the community connectors model. At its heart is the aim to tackle issues such as loneliness and isolation.

3.13 In addition, a £2m Collaborative Kidney Care project has been funded by the TF. The Welsh Renal Clinical Network is its sponsor, with Cwm Taf Morgannwg acting as the sponsored RPB. This project gained approval in September 2019. The project has a five-element plan for the digital transformation of kidney care in Wales, scaling up from the success of their regional based pilot in South West Wales.

3.14 In January 2020 the Minister for Health and Social Services wrote to all RPBs setting out plans to deploy the remaining Transformation Fund. This included the tentative allocation of the remaining £11m of the TF budget on a regional basis to help RPBs frame the scale and scope of their new proposals. At the time of drafting, the additional proposals submitted by RPBs, and aimed at enhancing and supplementing previously approved projects, but with an emphasis on multi-region working and national scope, are undergoing approval[11]. These proposals are therefore not considered in this mid-point evaluation.

[11] This process might be impacted as a result of the Covid-19 coronavirus outbreak

4. Theory of Change

4.1 This chapter sets out an overarching Theory of Change for the Transformation Fund (TF). It considers the policy context and key developments leading up to the establishment of the Fund as well as the views of stakeholders about the underlying rationale for the Fund, the aims and objectives of the Fund and the assumptions underpinning the Theory of Change.

Policy Context

OECD's review of the quality of health care

4.2 The OECD's review[12] of the quality of health care in England, Scotland, Wales and Northern Ireland concluded that Wales needed to improve the quality of health care available and increase accountability for this provision. The review anticipated that the Welsh Government 'will likely have to become more prescriptive about what is expected from some bodies and organisations – notably Health Boards – whilst encouraging and incentivising innovation'[13].

4.3 The review concluded that whilst the ambitions for 'excellent, patient-centred health system' existed within Wales there was a need for 'tangible practical steps' to realise them. It suggested that there is a need to 'create momentum in NHS Wales' and that the Welsh Government, in consultation with key stakeholders develop 'a menu of precise, measurable actions, to be applied in a time-bound way' to achieve this. It suggested that 'an action plan for improvement is now what is needed to back up Wales' strategic ambition for the health system'[14].

4.4 The review offered several recommendations for Wales to consider, including:

- further development of the partnership between Health Boards and the Welsh Governments. The report recommended that 'more prescriptive demands [be] made of Health Boards … and how they are expected to contribute towards the growth of NHS Wales'
- the development of an Implementation Action Plan to realise the ambitions of the Prudent Healthcare agenda

[12] OECD Reviews of Health Care Quality: United Kingdom 2016: Raising Standards
[13] Ibid. p.232.
[14] Ibid. p.232.

- the implementation of 'new models of care delivery and organisation for primary care'[15] be put in place to incentive innovation and new ways of working.

Parliamentary Review of Health and Social Care in Wales

4.5 The Parliamentary Review of Health and Social Care in Wales[16] concluded that the 'current pattern of health and social care provision is not fit for the future'[17]. It called for 'a different system of care' with a vision based on a system of seamless health and care provision which 'empowers individuals to take decisions, tailors care to the individual's expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to peoples' homes, is seamless, and is of the highest quality'[18].

4.6 The review recommended that the vision for the health and care sector should be based upon four mutually supporting objectives, termed the **Quadruple Aim**. These were set out as:

- improving population health and wellbeing through a focus on prevention
- improving the experience and quality of care for individuals and families
- enriching the wellbeing, capability and engagement of the health and social care workforce, and
- increasing the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

4.7 The review offered a series of recommendations for achieving this vision. One of these (recommendation 3) proposed the development of 'bold new models of seamless care' and the need for 'rapid acceleration of action to develop, implement, and evaluate seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care'.

4.8 This recommendation paved the way for the TF in that the review identified the need for 'new models of care [to] be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals.' Based on evidence considered by the review, the report also recognised that there were new models of care already emerging

[15] Ibid. p.233.
[16] The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales Final Report January 2018.
[17] Ibid.p.4.
[18] Ibid. p.6.

across Wales and that the focus should be 'to encourage these to be spread right across the country'[19]. It called for 'a national programme of transformation' which would be informed by national standards and common design principles.

4.9 Under recommendation 3, a number of supporting actions which it expected to be delivered were set out. These included:

- developing national design principles which would underpin new models of care and be applied to the whole system of seamless health, care and wellbeing
- investment, via a TF, to RPBs to 'develop and implement a substantial seamless locality model in at least two new localities in their region'[20]
- building upon effective practices already in place, such as primary care clusters
- actions across priority areas, such as seamless locality-based care and support for children and young people and reducing poverty and inequality for children.

A Healthier Wales

4.10 This plan[21], which intended to respond to the Parliamentary Review into Health and Social Care in Wales, sets out the Welsh Government's ambitions for health and social care services. The plan is based upon the philosophy of **Prudent Healthcare** as well as the objectives of preventing illness, supporting people to manage their own health and wellbeing and enabling people to live independently for as long as possible. It sets out a vision where 'everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible'[22]. It places a focus on 'a whole system approach to health and social care' which 'will be equitable', 'seamless and delivered as close to home as possible'[23]. It emphasises shifting resources to the community so that people will only access hospital care when it is essential to do so. It also places an emphasis upon wellbeing, presentation and early intervention using technology where appropriate to create a more effective, efficient, equitable and sustainable service.

[19] Ibid. p.13.
[20] Ibid. p.17.
[21] Welsh Government (2018) A Healthier Wales: our Plan for Health and Social Care.
[22] Ibid.p.4.
[23] Ibid. p.4.

4.11 In addition to emphasising the importance of the Quadruple Aim set out within the Parliamentary Review, the plan also sets out ten Design Principles which would help realise the Prudent Healthcare philosophy. These are set out at Figure 4.1:

Figure 4.1: 'A Healthier Wales' Ten Design Principles

• Prevention and early intervention • Safety • Independence • Voice • Personalised	• Seamless • Higher value • Evidence driven • Scalable • Transformative

4.12 Healthier Wales sets out the Welsh Government's plan to realise the Parliamentary Review's recommendation to develop and implement new models of seamless care. It identifies the RPBs as the key drivers of change and expects each RPB to 'identify and promote at least two models of seamless locality-based health and social care services, aligned to the Quadruple Aim and Design Principles'[24].

4.13 AHW also sets out the Welsh Government's plans for a national **Transformation Programme** which includes a dedicated £100m Transformation Fund. The plan recognises that although 'the fund is a significant investment…it is currently small in the context of health and social care funding overall, so it must be targeted to priority projects and to new models of health and social care, with the aim of speeding up their development and demonstrating their value'. It also confirms that the fund should focus on 'models which make early progress on seamless alignment of health and social care services; local primary and community-based health and social care delivery; and new integrated prevention services and activities'[25].

Social Services and Wellbeing (Wales) Act 2014

4.14 The Social Services and Wellbeing (Wales) Act 2014[26] set out a new legal framework for the social services sector by imposing a duty upon local authorities and health boards to work to promote the wellbeing of individuals who need care and support. The act set out four key principles around:

[24] Ibid. p.20.
[25] Ibid. p.21-22.
[26] Social Services and Wellbeing (Wales) Act 2014.

- supporting people who have care and support needs to achieve wellbeing
- placing people at the heat of the new system by giving them an equal say in the support they receive
- ensuring that partnership and co-operation drives service delivery
- promoting the prevention of escalating need and the right help is available at the right time.

4.15 The Act set out significant changes to the way social services should be planned, commissioned and delivered with an increased emphasis on prevention and early intervention, multi-agency working and increased citizen engagement and voice. The Act places a requirement upon local authorities and health board partnerships to work together to assess the care and support needs of people within their region and prioritise the integration of services in relation to specific groups such as older people with complex needs and long term conditions and people with learning disabilities. It also sets out an expectation upon local authorities to promote social enterprises which involve people who need care and support.

Wellbeing of Future Generations (Wales) Act 2015

4.16 The Wellbeing of Future Generations (Wales) Act 2015[27] introduced legislation which requires public bodies, including local health boards and local authorities, to adopt seven long-term wellbeing goals to secure:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales.

4.17 The legislation puts sustainable development and transparency principles at the heart of public bodies' work. The Act also established Public Services Boards (PSBs) for each local

[27] The Wellbeing of Future Generations (Wales) Act 2015.

authority area in Wales which would include membership from local authorities, local heath boards and others.

Theory of Change

Feedback from strategic interviews

4.18 The **main drivers** for establishing the Transformation Fund were thought to include:

- the pressing need to address the ongoing crisis faced by the health and social care sector in terms of increasing demand
- the need for a dedicated 'pump-priming' funding stream to provide organisations with the necessary resource to transform their service, in an environment of financial pressures and deficit
- that it would be possible and realistic for the sector to transform aspects of the health and social care service, and that this transformation could be led from within
- the need to invest pooled resources across the health and social care sector as a vehicle to drive change.

4.19 Stakeholders involved in the design of the TF suggested that it adopted most of the ideas and recommendations put forward within the OECD Review, the Parliamentary Review and Healthier Wales. They did however highlight the following issues:

- that the Parliamentary Review expected transformational change to be led at a national level in that a small number of projects were expected to be identified and set at a national rather than regional level, as had been the case
- that the OECD Review had highlighted the lack of transformation change skills and capacity across the regions, and that this had possibly not been fully addressed in the design of the TF
- that greater upfront planning was required at a national level to determine the expected achievements of the TF prior to making funds available to RPBs.

4.20 In light of these issues, there was less consensus about what could be **expected to be achieved** via the TF, largely because stakeholders thought that there had been a lack of upfront planning and design to translate the higher level aims and objectives set out within Healthier Wales into an operational programme. Despite this, stakeholders commonly

interpreted the TF's remit as being about developing new models of working which would focus on tackling some of the fundamental issues which exist across the health and social care sector.

4.21 Some questions were raised by stakeholders around the robustness of **evidence** in place to demonstrate that the concept of a TF could work, either within Wales or further afield. It was claimed that the programme had not been adequately informed by robust evidence that 'pump-priming innovative models of working' could effectively transform services across the health and care sector.

4.22 Stakeholders were unanimous that the ultimate test of **success** for the TF will be if existing services or ways of working will be removed and/or replaced with the new model funded. In other words, there should be clear evidence that existing services or approaches have ceased to exist or been discarded. A further test of success will be if new, piloted models are found not to work, provided this intelligence is shared across the sector. The TF will not be a success if new models of working are 'bolted on' or 'added-on' to existing services thereby simply expanding services or adding to existing complexity.

4.23 Another feature of success was thought to be around the scaling up of successful models, although stakeholders did not think that this necessarily had to be achieved within the current round of funding. In the longer-term, however, success would be evidenced by the rolling out of effective models to other regions.

4.24 Stakeholders also agreed that the objectives of the TF were ambitious given that the funding allocated, whilst significant, only represented a small proportion of the overall health and social care budget in Wales. It was also considered ambitious in light of the tight timescales set for delivery and caution was expressed about the need to be realistic about what could be expected to be achieved over a two-year period.

4.25 Stakeholders suggested that if the aims and objectives of the TF are to be achieved, at this point in time we should be able to observe the piloting of a small number of new models, with clear identities, across RPB regions. In reality, stakeholders thought that TF had been utilised to support many more projects than was recommended by the Parliamentary Review and set out in A Healthier Wales.

4.26 In terms of the TF **short and intermediate term outcomes**, stakeholders believed that at its most basic it would be realistic to expect the programme to have in place a number of distinctive, innovative models which would be able to demonstrate the difference they have

achieved. These approaches would have clear identities, strong branding and a convincing narrative to allow them to be adopted elsewhere.

4.27 In addition, stakeholders believed that TF projects should be making a positive impact upon 'big ticket' indicators such as reducing hospital admissions, demand upon accident and emergency services and ambulance waiting times. Broadly, it was suggested that there are fewer comparable indicators to measure the impact TF projects could have upon community-based approaches.

4.28 Some of the key underlying **assumptions** or guiding principles made in designing the TF include:

- the availability of 'ring-fenced' funding provides the necessary resource and conditions for RPBs to test new ways of working, which would not be possible had funding been made available as part of annual funding settlements to health boards and local authorities
- that the funding would not be viewed and consumed by health and care organisations as another element of their core budgets
- that it is possible to test the effectiveness of new models over a relatively short period of time
- that models should be based upon evidence of what has worked elsewhere.

4.29 The main **externalities** which could impact upon the success of the TF were thought to include:

- workforce: issues relating to health and social care workforce capacity and expertise could result in projects not being able to fully recruit and retain staff, and recruitment from the existing workforce could have a knock-on effect upon mainstream services
- timescales: funding is available for a relatively short period of time and as such the extent of transformation needs to be realistic
- demand for health and social care services: increasing demand, such as that experienced as a result of winter pressures or anticipated as a result of any wider spread of the coronavirus, could impact upon the delivery of TF projects.

The Theory of Change Logic Model

4.30 Figure 4.2 sets out a logic model for the TF to illustrate the overarching Theory of Change and what it is expected to achieve. It identifies the outcomes which were intended to be achieved and the activities which would generate them. It also sets out the inputs which were intended to be put in place in order to bring about change.

Figure 4.2: The Transformation Fund Theory of Change Logic Model

Input	*Activity*	*Outputs*	*Intermediate Outcomes*	*Overall outcome*
Ambitious national policy and plan drive to transform health and social care service National Key Levers of Change: • Quadruple Aim • Design Principles • Prudent Healthcare • Future Generations Regional Partnership Board structures and previous approaches, e.g. ICF provisions Time limited pump-prime, ring-fenced pooled funding (£100m) Evidence on what works from elsewhere	Limited number of new models of care co-designed by the public and health/care sector Application and approval of innovative and transformative pilot projects Recruit and extend health/care workforce Introduce and deliver new ways of working which focus on integrating health and social care Monitor and evaluate success of pilot models	Tangible, innovative, regional models tested and delivered Models developed and scaled up as a quicker pace than in funding absence Robust evidence available for which models work (and which don't) and difference achieved Identification of models which can be sustained and scaled up in future	Continuation of effective TF models post funding period TF models replacing discontinued existing approaches and generating cost efficiency gains Scaling up and wider adoption of effective TF models, including across other regions	**Individuals** Individuals accessing equitable and seamless health and care services Individuals living longer, healthier and happier lives Individuals living independently for as long as possible and accessing services as close to home as possible Empowered individuals taking a proactive and preventative approach to health and care **Service** Cultural shift across health and care workforce to a whole system approach Positive impact upon key performance indicators across health and care Greater alignment and integration of health and social care services Greater focus on community resources, prevention, wellbeing and early intervention, with services delivered as close to home as possible

Externalities

- Limited capacity and skillset across health and care workforce restricting recruitment and retention
- Limited time bound delivery period
- Uncertainty about future growth in demand for health and social care services
- Financial constraints and deficits across health and social care services

4.31 It is worth noting that no specific indicators or targets have been set in place for the TF and as such the nature of the outputs presented at Figure 4.2 relate to the piloting and delivery of funded projects. It is also worth noting that the overall outcomes (set out for individuals and the service itself) are very board and strategic in nature given that the overall objectives of the TF relate to achieving a system change. Each funded project has developed a project level Theory of Change logic model which set out the expected outputs and outcomes for

their models – these would provide some quantification of the expected impacts upon key performance indicators across the health and care service.

4.32 As illustrated at Figure 4.2, the inputs reference the policy context and national plans within which the TF was developed as should, in our view, have significant bearing upon the nature of the pilot projects developed and funded.

Concluding thoughts

4.33 A review of the policy context suggests that the vision and ambition to transform the health and social care service in Wales, in order to address the fundamental issues relating to rising demand and service integration, has been in place for a while. A Healthier Wales, and the TF, set out to address these issues which were raised by two key reviews of the sector, undertaken by the OECD and the Parliamentary Review. The TF has been developed within a very supporting policy context and the need for intervention has been well documented. The design of the fund has been informed by clear operating principles including those set out within the Quadruple Aim, the ten Design Principles, Prudent Healthcare, the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act.

4.34 The main issues however to highlight from the desk review and interviews with individuals involved in the design of the TF relate to:

- the OECD Review placed a greater emphasis upon a national prescriptive approach than has materialised within the TF
- the Parliamentary Review and A Heathier Wales recommended that the number of new models to be implemented would be lower than the number supported by TF.

5. Design and rationale

5.1 This section outlines the views of national and regional level stakeholders and the evidence gleaned from regional RPB evaluation reports in terms of the intended aims and objectives of the Transformation Fund (TF); its strategic fit with national, regional and local priorities; the design of the fund and the rationale for it. This section also considers the TF's fit with other funding streams.

Aims and objectives

5.2 The consistent response from respondents when asked to describe the aims of the TF was that it was about 'innovation' and intended to provide 'momentum' to deliver on the vision outlined in A Healthier Wales. Many respondents described how the TF was different to other funding streams and allowed RPBs to 'take some risks and fund innovative approaches.' The fund was described as a way 'to unlock the system as a whole' and to kick start the long-term change and transformation of health and social care.

5.3 One respondent mentioned how the organisations involved, health boards and local authorities in the main, are often risk averse by nature and that a fund such as the TF could therefore 'take some of the pressure off'. Another respondent mentioned how the narrative from Welsh Government is also different when discussing the TF, compared to other schemes, with a consistent focus on transforming services rather than expanding existing provision or filling in gaps.

Policy and strategic fit

5.4 Respondents were broadly supportive of the concept of TF and felt that there was a very clear policy path leading to the TF which included the Parliamentary Review and the follow up 'A Healthier Wales' (AHW) vision which all pointed towards the need for a seamless health and care system. Proposed projects were thought to be mostly well aligned to the Quadruple Aim and Design Principles outlined in A Healthier Wales. Prudent Healthcare was also identified as a core principle for funded TF projects with interventions placing quality and patient safety at the centre of concepts. RPB respondents believed their projects had been designed to specifically address AHW objectives whilst providing the necessary flexibility for RPBs to tackle the issues they face regionally.

5.5 The **Social Services and Wellbeing (Wales) Act (2014)** was acknowledged in several regional evaluation reports, with crossover being recognised between the aims of the TF and the key goals of the Act in terms of:

- promoting wellbeing through the provision of information, advice and assistance
- supporting and enabling people to make their own choices and be more independent
- enabling people to have a voice and to control what they want and to express the outcomes they want for themselves
- finding different ways of supporting people that involves local communities and the third sector.

5.6 In terms of the legislative context, the **Wellbeing of Future Generations (Wales) Act (2015)** was highlighted by many RPBs in their regional evaluation reports, with projects aiming for alignment with the wellbeing goals and the five ways of working. In particular, closer working with people and communities; prevention of persistent problems and the consideration of longer-term impact of decisions factored highly within funded projects.

5.7 Regional evaluation reports also described some of the fundamental issues they had to deal with around the demand for health and social care and dealing with an ageing population. The issues being tackled by TF projects included:

- setting up and operating accessible, community-based care solutions to reduce demand on statutory health and care services
- reconfiguring existing service delivery models or test-casing new models to better integrate services
- creating clearer pathways to access health and care services.

5.8 Some examples of linkages to more local and regional policy priorities made by RPBs in their regional evaluation reports are outlined below:

At **Cardiff and Vale of Glamorgan RPB** the following policies and strategies are cited as having shaped project design:

- Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-23 sets out the regional priorities and associated action plan for the next five years to meet the needs identified in the Population Needs Assessment

- Cardiff and Vale of Glamorgan's UHB's ten-year strategy, Shaping Our Future Wellbeing, which was formed to align with AHW
- Both the Cardiff Wellbeing Plan and the Vale of Glamorgan Wellbeing Plan were also taken into consideration.

The Bridgend component of the **Cwm Taf Morgannwg RPB** proposal demonstrated how the population needs assessment had identified a need to focus on preventing ill health by supporting the provision of healthcare in the community and by delivering social care at home wherever possible, especially for those with long-term conditions.

The projects also link to the Ageing Well in Bridgend Plan (2014-19) and the Strategy for Older People in Wales (2013-19).

At **Gwent RPB** the Place Based Care project highlights how the TF enables local delivery of the National Primary Care Model, in the reinforcement of place-based, whole system approaches to health and social care.

The ICEBERG Model is heavily focused on prevention and improving wellbeing rather than treatment at crisis point, and in this respect it embodies the earlier WAG policy framework for Mental Health 'Everybody's Business' and reflects some of the operational aspirations set out in the National Assembly's 'Mind over matter' report.

As part of **North Wales RPB**s' suite of projects:

- The North Wales Together: Seamless Services for People with Learning Disabilities project is seen as the implementation arm of the North Wales Learning Disability Strategy
- The Together for Mental Health project looks to deliver against the 6 outcomes outlined in the national strategy for mental health 'Together for Mental Health' (2012) and its delivery plan for 2016-19.

Powys RPB demonstrates links between its projects and the strategic priorities for the region. For example:

- The Repatriation of Children Looked After project links to its Looked After Children Strategic Framework

- The Children First elements of the Targeted Prevention on Promotion of Healthy Start Vouchers workstream links directly to Welsh Government's Healthy Schools and Healthy Pre-school scheme.

In **West Glamorgan RPB** the Cluster Whole Systems Approach project has been influenced by regional policies including the Wellbeing Plans for Swansea and for Neath Port Talbot and various Swansea Bay UHB strategies and plans including 'Better Health, Better Care, Better Lives organisational strategy ambition; the Primary and Community Strategy 2017-22 and the Clinical Services Plan.

Clear linkages are made within **West Wales RPB** between local and regional priorities and the supported TF projects.

The projects are designed to take forward high-level commitments set out in the RPBs' 2018 Area Plan 'Delivering Change Together' which sets out its actions in support of a pathway of care and support and a focus on the utilisation of community assets to help people stay independent and healthier for longer. The RPB has also worked closely with the three Public Service Boards (PSBs) in its area and has consulted with Hywel Dda UHB through its Transforming Clinical Services programme and strategic vision.

For example, the Proactive Technology-Enabled Care project is supported by the West Wales Care Partnership's Market Position Statement for Older People's services.

Programme Design

5.9 There were mixed views from respondents as to the extent to which Welsh Government had been effective in designing and developing the TF. Many respondents were strongly of the view that the TF had been delivered before being fully developed as a concept: 'the funding came too soon – the investment came before the programme was in place'. There was a view, raised in several interviews that Welsh Government had been under pressure to get 'money out of the door and activities underway' and that elements of the TF were not fully developed when it was launched and the initial tranche of funding allocated.

5.10 Whilst some respondents had welcomed the initial 'open and positive message' of a 'carte blanche approach' to the TF, which provided RPBs with flexibility to develop projects to respond to their strategic priorities. Indeed, it was suggested that RPBs had welcomed this approach initially as it gave them the opportunity to design projects which met their regional

priorities and needs. However, others argued that RPBs were not in a strong enough position at that point, with Area Plans still being developed and strategic priorities still unclear in some regions. One stakeholder suggested that Welsh Government could have undertaken more up-front analysis of regions' current situations and priority areas to better understand the challenges they faced. Whilst this would have resulted in a slightly more prescriptive approach to TF, it could have left room for innovation nonetheless and resulted in a less 'piecemeal' approach. Overall, respondents would have welcomed 'a more directed approach' from Welsh Government with more detailed national guidance and a stronger steer on the models which regions should be adopting:

'Welsh Government should have mandated a model…they should have been driving a national programme'.

5.11 Other regional stakeholders questioned the underlying logic of the TF and suggested that there was no conclusive evidence that a model of 'pump-priming' transformational change would work. It was felt that whilst the approach might enable regions to do different things whilst the funding is available, the activities were unlikely to be sustainable considering the current financial pressures the health and social care sectors were facing. In this respect, some respondents felt that focussing the funding on larger models would have been more effective in driving real transformation.

5.12 Another consistently held view was that whilst the TF had been designed as a transformative opportunity, administrative processes had diminished its potential to generate change:

'the intention has been diluted as a result of the processes adopted by Welsh Government and the regions'

In particular, some respondents felt that an 'active management' approach of facilitation rather than specific dictation for reporting progress was outlined initially for the fund, but that this had since merged into a more typical Welsh Government approach to project management. Similarly, another interviewee stated how the TF had started out as an ambitious programme for change, but that 'the implementation of it has been its downfall and it doesn't differ to ICF money really if I'm honest'. Views on implementation are discussed in more detail in chapter 6.

5.13 All regional level respondents agreed that the potential impact which TF could achieve has been severely hampered by the timescales. Respondents raised concerns that the TF had been set up to deliver outcomes within the current Government's term and it was argued that

transformation on the scale sought is not realisable and 'never realistic' for a programme to achieve transformative change within the timeframe available:

'TF has taken a very short-term approach, and this was also the case for ICF. The programme has been too ambitious in objectives for how it's been designed'.

5.14 It was also argued that the deadline for delivery remained the same for all funded projects even though their approval had been staggered across several months which meant that some of the funded projects did not have the full three years of delivery open to them. RPB respondents consistently made the point that the kind of transformation sought is about changing human behaviour not just systems and processes and would take several years to achieve. There was also concern that the short-term nature of TF potentially had the unintended consequence of undermining innovation as it had encouraged RPBs to be reactive to funding and choose the 'easy' projects or those that were 'pet projects' for enthusiastic individuals within health boards or local authorities rather than those that were clearly aligned to an overarching vision for longer term strategic change.

5.15 Several respondents hoped for an extension to the TF delivery timeframe as there were sincere concerns within RPB partnerships that they were facing a funding 'cliff-edge' that was going to diminish the potential impacts that could be achieved by projects.

Duplication or displacement of funding

5.16 In general respondents did not feel that there was much evidence of duplication or displacement of funding. Indeed, one stakeholder approved of the fact that this was 'clean' money that was not tied to statutory duties. For local authorities in particular, this was important as they valued the availability of such money.

5.17 Some respondents described how the TF was being used to roll out concepts previously developed with Integrated Care Fund (ICF) support (e.g. North Wales RPB's Community Service Transformation project or West Glamorgan RPB's Our Neighbourhood Approach) or Efficiency Through Technology Fund (ETTF) support (e.g. the Collaborative Kidney Care project). This was deemed to be in line with the purpose of TF as the guidance had been clear that 'it can't be something brand new' and that funded projects should be building upon things already in place.

5.18 Another stakeholder welcomed the TF and stated how it was being used to drive forward aspects of their vision in the region sooner than would have otherwise been possible. The ability of the TF to enable things to happen more quickly was welcomed. It was also argued

that the award of TF monies following a process of WG level scrutiny of plans provided a strong signal of support that added credibility to the RPB and their underpinning strategic plans.

5.19 Several respondents mentioned how the TF's remit was to enable consideration of solutions at a much broader, cross-organisation, partnership level as opposed to taking an insular organisation perspective. In those RPBs that were more mature in their development stages, there had been a welcome, meaningful conversation about how best to use the money.

5.20 Several RPB respondents mentioned that the real issue was that there were too many similar funding streams being made available to RPBs. One stakeholder mentioned that their RPB was currently dealing with 14 funding streams in total and felt that they were all 'operating in similar territory' and resulting in over-complication of processes. Respondents cited several funding streams including ICF, prevention funding, Public Health Wales funding, winter pressures budget and a mental health fund. Core funding and the RSG (for local authorities) were also raised. RPB respondents stated that greater streamlining of funding sources and their associated processes would be welcomed. However, it was also recognised that Welsh Government has recently undertaken a mapping exercise of its funding streams which has been shared with RPBs. As such, there is an ongoing discussion around the re-alignment of funding streams.

5.21 A number of respondents felt that the disparate number of funding pots lacked a 'whole system approach' despite the funding principles for many of the funds being similar and covering aspects such as integrating services and improving collaborative working across the health and care sectors. There was a general call for Welsh Government to pool funds or to cut down on the number of initiatives and provide RPBs with a common set of objectives to achieve across funding streams.

5.22 A couple of respondents mentioned how the numerous pots of funding also created issues in terms of being able to identify the impact that any one specific pot of funding might generate. A few respondents from the regions did concede that whilst the TF is not about 'rebadging something that we already do', that there was, in reality, an element of this going on due to the financial pressures.

6. Delivery model and management

6.1 This section considers the views of national and regional stakeholders on the application and approval process, the project management and reporting requirements associated with the TF and the delivery models being utilised by the funded projects.

Application and assessment process

6.2 Regional respondents had very different viewpoints on the application process. Some respondents felt that the guidelines for submitting applications had been clear from the outset and that the process itself was 'really easy...it wasn't detailed' and was 'refreshing and pitched at the right level'. However others felt that the original invitation and associated guidance requesting short application documents had been 'inadequate' and had resulted in Welsh Government generating more queries for additional information: 'it wasn't really the blank canvas which it was initially presented as, because Welsh Government came back to us to request specific things'. Some felt that the revised guidance for the subsequent tranches of funding had possibly gone too far the other way. However, there were also strongly held views that the revised application forms reflected the learning to date and the early evaluation findings, and therefore included specific requirements to ensure that the relevant information was provided from the outset.

6.3 Respondents would have appreciated a longer lead in time for RPBs to bring a bid to the table that better responded to AHW objectives so that 'rather than a number of small, disjointed bids they could have had something broader, more aspirational, creative…brave!'. Due to the lack of time to prepare bids, it was also felt that whilst some RPBs would have undertaken engagement for their population assessments and area plans at this stage to inform their priorities, the applications on the whole lacked evidence of definitive and relevant user engagement that the models being presented were what were required by communities – the evidence discussed tended to be primarily clinical in nature.

6.4 Some argued that 'there was a first come first served' feel to the way the TF was launched and allocated and it was thought that early applicants had to jump through far fewer hoops than did those who submitted later. It was argued that some elements of the bids submitted during the first round 'felt like more of the same…not very transformational', whereas later ones had been subject to a greater degree of challenge and scrutiny and were more transformational in nature as a result. Feedback suggested that those who had submitted later on had found it much more difficult to secure approval and felt that 'the goal posts had

moved'. One respondent felt that the lesson to be taken from this experience was that 'it is better to submit a poor bid early than it is a good one late'.

6.5 Several respondents who had submitted later applications also felt that the approval process itself after submission had been much longer than desired – sometimes up to a year, with very little communication from Welsh Government during that time. This had led to delays in RPBs being able to get things underway. Those who had submitted applications that were unsuccessful in gaining funding were unclear about the reasons and noted that they had not received feedback from Welsh Government.

6.6 One RPB noted that a significant change had been requested of their project during the application process which meant that rather than test and pilot a new approach in one area, Welsh Government encouraged roll out to all cluster areas within the region. The rationale for requesting such a change was questioned as they had insufficient time to 'test' whether the model was working or needed any adaptations prior to wider roll-out across their region.

6.7 A couple of RPBs expressed dismay that Welsh Government had decided to allocate the remaining £11m of TF monies on a pro-rata basis with the first round of allocations. They felt that an allocation based on population would have been a fairer approach. However, the supplementary guidance provided to RPBs regarding the unallocated £11m states that an allocation formula was used which considered a number of healthcare needs and socio-economic indicators.

Project management and monitoring requirements

6.8 In direct contrast with some of the comments made about the responsiveness of Welsh Government during the application stage, regional respondents spoke highly of the officials and their approach to the management and monitoring of TF. They were described as 'very responsive' and willing to adjust to issues which were raised. Respondents consistently noted how the approach was 'refreshing' and that they welcomed the engaging way in which the Welsh Government's team had been accessible and open.

6.9 There was an overall sense from regional respondents that reporting requirements and associated paperwork for TF had developed 'as we've gone along'. As a result, new requirements had emerged 'sometimes at the last minute' and RPBs had generally lacked the necessary systems to accommodate these demands. For example, one RPB had gone out to tender for the evaluation of one of their projects before the Welsh Government had published its requirements for evaluation. This had meant that the RPB had to amend the

specification mid-way through the commissioning process Whilst other respondents agreed that the evaluation specification should have been in place from the outset for the regional aspect, it was generally felt that its inclusion in TF was a positive development and the co-production of the research questions between Welsh Government and the RPBs was lauded.

6.10 Respondents accepted that public monies need to be monitored but argued that the level of detail required by now was 'considerable' and 'excessive', even for the large sums of money involved. Particular points raised included:

- information being requested as part of the quarterly reports that does not accord with what is set out in grant offer letters in relation to milestones
- monitoring forms requesting information already shared with Welsh Government in other forms e.g. on the risk register, in evaluation reports
- the insistence of a Red Amber Green (RAG) traffic light risk status system that does not correspond with the RPBs own RAG system
- overly onerous evaluation requirements.

6.11 However, the point was also made that it was only right that RPBs were required to provide detailed quarterly updates on progress and spend to date as there were considerable funds being allocated via the TF and thus it required a certain level of scrutiny. In addition, it was argued that the monitoring of progress and spend had been 'ramped up' as the monitoring and evaluation procedures that were a condition of grant had not been put in place in many instances.

6.12 Welsh Government hold quarterly grant accountability meetings for each funded project. Two RPB representatives (the transformation and finance leads) together with the regional evaluation lead are required to attend although other RPB attendees do also attend these meetings. One respondent felt that the meetings added limited value and that 'the requirements are huge' for RPBs. Whilst it was accepted that the RPB needed to report appropriately and be held to account the current arrangements were deemed excessive and ongoing discussions to streamline meetings with RPBs were welcomed. This was a view from health boards in particular who had noticed that their local authority colleagues seemed to be more accustomed to these kinds of monitoring requirements. Conversely, there was also a view that RPBs were responsible for significant amounts of funding via TF and should be expected to be fully accountable for progress on both delivery and spend. In this respect it

was argued that the expectations were no different to other funds and that there was a duty to be accountable.

6.13 Regional respondents also raised some frustrations about the apparent disconnect between various divisions of the TF team at Welsh Government: 'it is not clear that they necessarily speak to each other'. One respondent described how they have received four grant letters from Welsh Government in relation to TF: main funding; the research and innovation hub; data capacity and engagements. A single grant letter would be preferred to reduce the administrative burden and reporting requirements.

6.14 With the timescale pressures facing TF projects to deliver, respondents regularly raised the issue of the need for Welsh Government to 'trust' the RPBs and to lessen the reporting requirements so that they could focus on delivery. However, the requirements for reporting were known from the outset and the lack of performance measures available for the mid-stage evaluation suggests that this evidence needs to be gathered. Several respondents mentioned the issue of different reporting requirements being required for different funding streams, and that the lack of consistency across Welsh Government funds took time and energy. A more streamlined approach in future would be welcomed.

6.15 One respondent noted how the designation of TF funds to holding accounts for each grant and each area made managing the money much easier and the audit trail clearer and this was seen as good practice.

6.16 Allied to the monitoring process, a couple of respondents argued that claiming funding retrospectively meant that they carried risk. This was a particular issue for local authorities and health boards who had opted to pay third sector organisations in advance of receiving funding from Welsh Government as they could not be expected to carry the cashflow implications of paying staff without receiving the funding. However, it is understood that the Welsh Government can consider making advance payments for smaller third sector organisations do not have sufficient reserves in place.

Models of Working

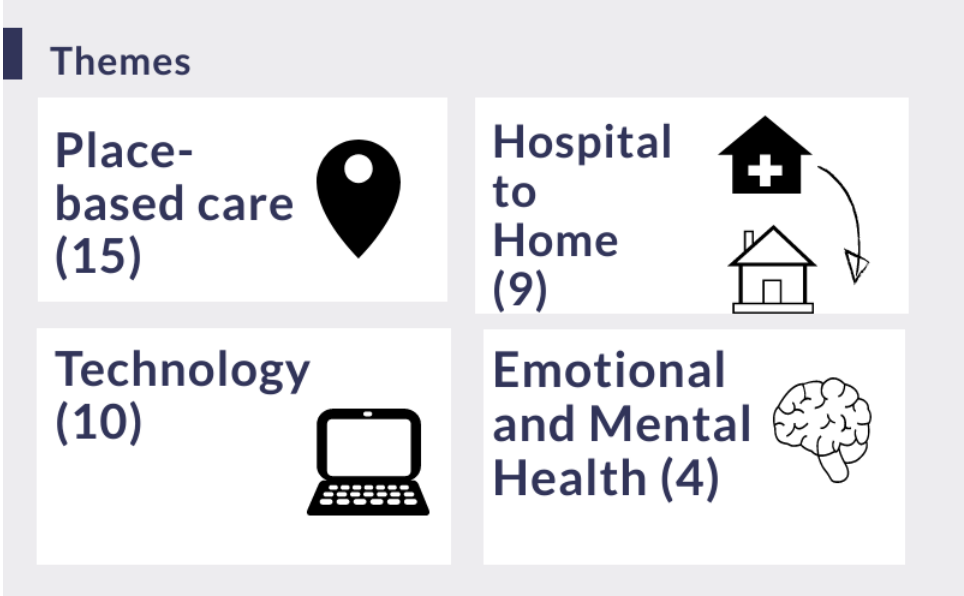
Extent to which projects are new or transformational

6.17 Despite the AHW and Parliamentary Review suggesting that that the TF should adopt a prescriptive approach to the design of transformational models, regional respondents thought that they, rather than the Welsh Government, were better placed to develop models which would address their priorities and needs.

6.18 Some respondents felt that there was a good regional spread and a wide range of themes and areas covered by the TF projects with some of them offering the potential to be replicated and scaled up over time.

6.19 However, concerns were raised that the TF might not be transforming the system to the extent that it might and that allowing a 'bottom up' approach to developing project models had resulted in the funding of many projects of a broadly similar nature. Figure 6.1 below shows that place-based, integrated care approaches; hospital to home models and technology assisted projects all feature strongly as themes within the funded TF projects:

Figure 6.1: Analysis of Transformation Fund project themes



6.20 As a result of the consistency in themes covered by TF it was suggested that Welsh Government had an important role to play to ensure that learning about 'what works' was shared across the regions and that the Community of Practice element of the national evaluation could play a role in achieving this. One respondent also noted how Welsh Government had a national role in collating this information as a 'specification' for similar models delivered in other regions for the future.

6.21 Respondents raised concerns about similar types of intervention using different branding and terminology. One example cited was the number of home first/hospital to home initiatives funded that were similar in terms of objectives. A 'common language' across the programme and a more consistent use of terminology was deemed important, particularly in terms of scaling up and in communicating effectively to others, including to people outside of Wales. If projects were too 'woolly and unclear, then others can't pick them up and implement them'.

The ICEBERG model was seen as an example which had a distinct name and could be packaged effectively for other regions to adopt. North Wales together: Seamless Services for People with Learning Disabilities model was another example mentioned for being well-defined, innovative and with potential for scale up:

Gwent RPB's ICEBERG model is based on the premise that meeting the demand for children and young people's mental health needs at an earlier stage and ensuring a more community and preventative approach to CAMHS services will ultimately lead to a reduction on both demand and reliance on specialist CAMHS services. The programme aims to radically redraw the landscape of multi-agency provision for children's emotional wellbeing and reconceptualise what is considered as its 'core provision'. It aims to provide seamless access for service users to the right help from the outset. It is working to improve access for frontline staff to specialists and enable greater continuity of care, with a shift away from a 'refer-on' culture.
The North Wales Together: Seamless Services for People with Learning Disabilities project is an ambitious and wide-ranging one which covers many aspects of service delivery in an attempt to take a holistic approach to providing services to people with learning disabilities. The project aims to see better integration of health and social services to reduce duplication in recording systems, smoother pathways between services, joint posts and pooled budgets. It also includes workforce training to upskill staff in new ways of working with people with disabilities to enhance their independence and general wellbeing. The project also has a community and cultural change element to provide people with learning difficulties to be more connected to their community through meaningful volunteering, paid work and leisure opportunities and places a greater focus on the use of assistive technology.

6.22 There was concern that some of the models were not distinctive enough and were an amalgamation of ideas that 'lack a clear narrative and model and won't have the scope to scale up'. Many of the projects funded by TF were deemed to be an extension of existing approaches or a scaling up of an approach which had first been piloted within ICF funding. Respondents felt that TF funding had allowed these approaches to be upscaled because there was existing evidence that they worked. It also meant that such projects could get off the ground more quickly within the relatively short timescale of the TF. In that sense it was argued that 'nothing we do is brand new, but it is innovative'. In this sense it was suggested

that a 'pragmatic rather than idealistic' approach had been taken in the decision to fund projects. It was also argued that the TF was never intended to fund completely new concepts and if a model was new to a specific region or cluster then it was fully aligned with the purpose of the TF.

6.28 Respondents pointed to models which, if not innovative and new in the widest sense, were certainly providing an opportunity for a new approach to the region in question to be tested which could have a positive impact. Examples mentioned included:

- **Cardiff and Vale of Glamorgan RPB's** Get Me Home Preventative Services and Get Me Home Plus projects as they were services that had never previously been implemented by the Health Board
- Several of **Powys RPBs** workstreams such as the Repatriation of Pre-operative Assessment and the Virtual Clinics will bring services to North Powys that have not previously existed.

Utilisation of existing models

6.23 In the applications for funding, RPBs were requested to note the evidence and learning from renowned models utilised elsewhere in Wales, the UK or internationally that had influenced the development of proposals. Figure 6.2 below lists the models which funded TF projects mentioned in their approaches:

Figure 6.2: Existing models mentioned by projects

Model	Funded project
Frome (Compassionate Communities)	Cardiff & Vale - Accelerated Cluster Model Gwent – Delivering Place Based Care West Glamorgan – Our Neighbourhood Approach
Canterbury	Cardiff & Vale - Accelerated Cluster Model West Glamorgan – Our Neighbourhood Approach
Aberdare Virtual Ward	Cardiff & Vale - Accelerated Cluster Model
Health Connections, Mendip	Cardiff & Vale - Accelerated Cluster Model
John Hopkins ACG Model	Cwm Taf Morgannwg - Risk Stratification and Segmentation
Torbay (anticipatory care planning)	Cwm Taf Morgannwg – Every Day is Tuesday & Delivering a One Team Approach Around People

Nuka	North Wales Community Service Transformation
Buurtzog	North Wales Community Service Transformation
Bilbao	West Wales Proactive Technology-Enabled Care project
Vincles Model – Barcelona (digital inclusion to reduce loneliness and isolation)	West Wales Proactive Technology-Enabled Care project Cwm Taf Morgannwg - Assistive Technology
Asset-based approach (Scottish Community Development Centre)	Cardiff & Vale of Glamorgan – Accelerated Cluster Model and Seamless Social Prescribing Gwent – Delivering Place Based Care

6.24 It is difficult to see from the regional evaluation reports the extent to which the learning from models of 'what works' elsewhere has been taken on board and integrated into funded TF projects. There are a few exceptions to this – there is clear evidence that the Compassionate Communities (Frome) model has been considered and adapted as part of Cardiff and Vale of Glamorgan RPB and Gwent RPBs approaches to delivering place-based care. Similarly, the Bilbao project has clearly influenced West Wales RPB's approach and provided a solid foundation to their TEC project:

At **Cardiff and Vale of Glamorgan RPB**, the Accelerated Cluster Model is based on the Compassionate Communities model that has been implemented in Frome. The original model was based in one GP practice, whilst it was being applied to several across a cluster in the region and serving a population of 28,000. As such, the model had required some adjusting.

The project team had visited the Aberdare Virtual Ward Project, Frome Medical Centre and Health Connections Mendip and the Canterbury (NZ) Health Care System. The learning from these visits had been integrated into their model.

The multi-disciplinary teams operating at practice level and the implementation of the discharge hub were seen as particularly innovative elements.

West Wales RPB's Proactive Technology-Enabled Care project had been adapted from a Bilbao based model and is a completely new approach in Wales. This was seen as very much the 'landmark' project for the region with real potential to transform systems and the way they work. It was also felt that the approach, which

involves contracting services to an arm's length body could be procured by other Health Boards in future if it works.

Innovative elements within projects

6.25 In addition to the models of working being new or innovative, respondents also pointed to innovative ways of working within projects. Examples of such innovation included:

- In **North Wales RPB**, the Together for Mental Health project refers to an 'I CAN' model of mental health awareness training which extends beyond mental health to supporting an individual's wider wellbeing and their ability to deal with lower level issues. The 'I CAN' model also involves training people with 'a lived experience' of mental health issues to support others thus allowing them to feel that they are 'giving something back' and enhancing their career prospects
- The provision of work and volunteering opportunities to disabled people is a key element of the Seamless Service for People with Learning Disabilities project in **North Wales RPB**
- In **West Glamorgan RPB**, the multi-agency approach to the cluster whilst system approach project and the establishment of a social community enterprise in each cluster to which GPs can refer patients for non-medical support
- **Cwm Taf Morgannwg RPB's** Population Segmentation and Risk Stratification data driven cluster analysis which will predict how segments of the population are likely to require healthcare in the future and enable more targeted interventions at an earlier stage for those who will benefit most so as to reduce their future healthcare needs
- **West Wales RPB's** partnership approach with third sector organisations was viewed as a critical element of their approach, with a real dedication to working together within the community in a hands-on and constructive way.

6.26 In our analysis of projects however, it has been difficult to ascertain the actual level and scale of new or transformational activity within some projects. This is because some have been designed to operate in an integrated way as part of mainstream services. There is evidence of TF being used to add to the capacity of existing services (e.g. to fund more therapists or care workers) rather than fund distinct new ways of working. From the analysis of reports and interviews it also remains unclear in some cases to attribute TF funding to specific staffing roles, activities or equipment.

7. Inputs and activities

7.1 This chapter considers the pace of change achieved by individual projects as well as the nature of inputs deployed, and activities undertaken by projects. It considers the aspects working well and the similar challenges faced by RPBs in their delivery of projects. This chapter also looks at the governance structures in place and the engagement undertaken with citizens and staff.

Current pace of change

7.2 A review of mid-point evaluation reports shows that of the 30 TF projects:

- we consider seven of the 30 projects to have a **quick and rapid pace of change**. These projects are being implemented in line with their original workplan and have not faced any significant delays. Two of these projects (the Get Me Home and Get me Home Plus projects across Cardiff and Vale of Glamorgan) have been implemented earlier than planned due to the need to address winter pressures and an encouraging cultural change in attitudes amongst health staff. Another of these projects (Home First across Gwent) is considered to be a 'business as usual' approach at some hospital locations to the extent that 'removing the service would be detrimental to both the individual and to health colleagues and the flow of patients within the hospital settings'[28]
- we consider 16 of the 30 projects to have a **reasonable and moderate pace of change**. These projects have typically faced initial delays relating to recruitment and governance arrangements and as such, had to spend more time than anticipated on their early stages of planning. These projects also include those which face roll-out implementation challenges as well as projects which report mixed performances across their various elements e.g. some are on track whilst other elements are not
- we consider seven of the 30 projects to have a **slow pace of change**. These include projects which have faced fundamental issues and mid-point reports make it clear that they are facing significant delays or are not yet in place. Factors accounting for these delays include organisational issues as well as major technical and recruitment related issues.

[28] Gwent RPB Regional Mid-Point Evaluation Report p.31.

Inputs and activities

7.3 The key inputs deployed, and activities undertaken by funded projects to date can be grouped into the following areas:

- establishing appropriate governance arrangements
- recruiting management and delivery staff
- inducting and training staff
- developing systems, models, processes and procedures
- putting IT equipment and operating systems in place
- piloting services, provision and new ways of working
- embedding and rolling out of services and provision
- monitoring and evaluating the effects of services and provision.

7.4 It is notable however, that it is currently impossible to report on the overall number of staff who have been recruited as a result of the investment made via the TF or how many additional staff are now employed across the workforce as a result. We appreciate the difficulties for RPBs to set out this information but think that the Welsh Government's recent decision to request this information via quarterly reports will be helpful in demonstrating the value-added provided via the TF.

7.5 Projects which we consider to show good or moderate pace of change, typically report that they have recruited new and additional staff and have a full team in place at the mid-point reporting stage. They also regularly report that they have inducted these new staff and provided necessary training for them. These staff were actively engaged in piloting and implementing service delivery at the mid-point reporting.

7.6 These projects also report that they have developed and agreed upon working arrangements across their partnership. In several cases, Service Level Agreements have been developed and adopted. Partners have also agreed upon delivery models and operating processes.

7.7 Projects which we consider to show a slower pace of change tend to emphasise the preparatory activities which they have undertaken since funding was approved. These activities tend to focus on governance arrangements, securing project management capacity, developing delivery plans, agreeing job specifications and embarking upon recruitment, as well

as negotiating and agreeing upon external contract specifications. Across these projects it was frequently the case that not all posts had been filled at the time of preparing mid-point reports.

7.8 Two of the projects which demonstrate a quick and rapid pace of change are models which are focused on hospital discharges and were fully operational as at the mid-point reporting stage:

Home First, Gwent RPB

This project provides a single point of contact to support the discharge of hospital patients across all five local authorities, including weekend service. It has been operational since November 2018 and was set up within a short time frame, building upon pockets of work across two hospital sites. In terms of outputs, it achieves its target of supporting 25 discharges a week although has yet to quantify the outcomes achieved as a result of this activity. The project anecdotally reports that it is making a positive difference to timely discharge, improved patient flow and improved capacity of health staff. It is also supporting a change in working practices and culture across hospitals.

Get Me Home Preventative Services, Cardiff and Vale of Glamorgan RPB

This project provides a single access point within a hospital for all community-based service, including weekend service, to accelerate discharge to home. In terms of outputs as at December 2019, 1,116 patients had been supported resulting in 555 estimated hospital bed days avoided. Feedback from health staff suggests that the service supports a quicker discharge. Benefits to patients include improved communication about what matters to them, earlier supported discharge and signposting to other services. In terms of impact, there has been a reduction in the average length of stay in hospitals from 16 to 13.5 days, although this cannot be attributed to the TF alone.

7.9 Several of the projects demonstrating a slower pace of change reported having faced various challenges and delays, as illustrated by the following two examples.

Fast-tracked, Consistent Integration, West Wales RPB

This project will put in place integrated and multi-disciplinary Fast Assess Community Teams so that patients can be seen and treated by a professional in their community, thereby avoiding hospital admissions and reducing demand on GP home visits. An Integrated Project Manager will oversee the project in each locality. As at December 2019, Integrated Project Managers were in post across all three localities, the service was operational in one of these (Carmarthenshire) and the project was finalising regional and local plans, which were expected to be in place by March 2020.

Our Neighbourhood Approach, West Glamorgan RPB

This project supports individuals to take more control of their own health and wellbeing in their locality by providing integrated health and care services. Despite the model building and expanding upon an existing service provision using an asset-based development model it was found to be 'relatively undefined'. As a result, greater time and effort was deployed during the initial stages to ensure that the model aligned with other services available. The pace of change has been slower than anticipated due to recruitment challenges and the need to engage communities, which takes time and effort. As at the mid-point reporting, five Local Area Co-Ordinators had been recruited and it was expected that all staff would be in their new posts by February 2020.

Spend to date

7.10 Table 7.1 below sets out programme and regional level expenditure against allocated budget, as at March 2020. It shows that £87m of the £100m has been committed across the seven regions and of this, 41 per cent (just over £35m) has been spent to date over the 15-month period since January 2019. Programme spending was slow during the first 12-month period, during which £19m or 21 per cent of the overall budget was spent, but ramped up during the January to March 2020 quarter, when £16m or 18 per cent of the overall budget was spent.

7.11 At a regional level, budget allocations have varied. Cwm Taf Morgannwg and West Glamorgan RPBs account for the largest whilst Powys and Cardiff and Vale of Glamorgan RPBs account for the smallest. Spend to date, as a proportion of regional allocation also vary. Gwent RPB, followed by Powys and Cardiff and Vale of Glamorgan RPBs, report the highest proportional spend whilst Cwm Taf Morgannwg RPB reports the lowest rate. This

trend can be explained in part by the fact that some regions and projects were implemented earlier than others.

Table 7.1: Transformation Fund budget and spend (January 2019 – March 2020)

£ (000)	Allocation	Spend to date	Spend as % of allocation
Cardiff & Vale of Glamorgan	6,948	3,375	49%
Cwm Taf Morgannwg	22,734	6,161	27%
Gwent	13,459	9,551	71%
Powys	2,554	1,274	50%
West Wales	11,963	4,359	36%
West Glamorgan	16,535	5,915	36%
North Wales	13,014	4,752	37%
Total	87,207	35,387	41%

Source: Welsh Government data

Achievements to date

7.12 Several examples of what was working well in the implementation of TF projects were highlighted during discussions and/or within regional evaluation reports:

- In the Together for Mental Health project at **North Wales RPB**, partners were communicating and working well together. Partners seemed to be starting to think about a non-medical/clinical model for mental health in North Wales and seeing opportunities to work together as part of the mental health solution rather than just regard it as an issue for the NHS
- **Powys RPB** believed that the activities funded by TF was bringing people together from two organisations that were culturally very different, and was bringing about a stronger desire to work towards common objectives and do so in genuine partnership rather than being 'led' by one partner or the other
- The Our Neighbourhood Approach project at **West Glamorgan RPB** had allowed one local authority to focus on children's care services, as their resources to date had been focused on adult social care. TF funding was therefore deemed to bring them flexibility to explore better approaches to linking up children's services. Within their other project, the Cluster whole system approach, the RPB had observed an increased confidence across GP clusters of being able to meet patient needs via alternative routes. As a result, they were now starting to come up with ideas outside of TF to address other issues e.g. starting to explore other ways of responding to the care of older people

- At **West Wales RPB**, the strong regional partnership that is in place was deemed to be working well. The RPB had been in place for a number of years and was now thought to be mature enough to deal with and respond to the challenge of TF. Some of the projects had also considered local pressures that some partners were facing and had planned an incremental roll out of projects to try to deal with this
- At **Cardiff and Vale of Glamorgan RPB**, stakeholders suggested that there had already been a positive change in culture within the health board as a result of the implementation of the Get Me Home projects to date, particularly in terms of discharge planning and looking at alternative options to support individuals at home and within the community rather than at hospital
- **Cwm Taf Morgannwg RPB** highlighted how the project planning and management work undertaken to prepare their Assistive Technology project had worked well. This had been a complicated situation with several partners across Rhondda Cynon Taf CBC (IT, Human Resources, Customer Care, Performance and Finance) along with an external provider working together to enable the project to 'go live' as planned.

Challenges for implementation

Recruitment

7.13 During our fieldwork several issues and challenges associated with the implementation of TF projects were raised. Recruitment of staff was by far the biggest challenge cited consistently by all regions. There were several aspects to the challenges which hindered recruitment of staff including:

- the bureaucratic nature and slow approval for getting new roles 'matched', and agreed at internal 'banding panels', particularly within the health boards. This had resulted in significant delays across several regions
- agreeing common job descriptions across several large organisations had also been an issue experienced by regions: 'recruitment has been a real headache…different organisations with different systems.' In some cases, there had been a lock down on recruitment within the host organisation so it proved even more difficult to get staffing structures in place
- the posts on offer being temporary or fixed term contracts and therefore not being a particularly attractive offer– especially if potential applicants held permanent positions:

'all our posts are temporary, and people will always choose substantive posts over these. This has really slowed us down'

- difficulties associated with recruiting to roles (and particularly temporary ones) in rural areas. In one region, this was compounded by the fact that the health service did not have a district general hospital
- posts essentially needing to be filled by a limited available workforce. Various respondents mentioned that it was proving challenging to recruit psychologists, clinicians, occupational therapists and other specific posts as they are required elsewhere across the service. There was a risk by filling in TF posts, that gaps were generated in other parts of system (which already face severe staffing challenges)
- an issue with recruiting project managers with the necessary change management skills in some regions. It was suggested that this was a broad challenge across the health sector, as there is no clear career pathway for project management post-holders within the health sector
- high turnover of staff – in one RPB investment in the training of administrative staff to manage change simply resulted in them leaving for more substantive posts elsewhere. Another RPB was seeing staff leaving for permanent posts as soon as they became available.

7.14 These recruitment issues all resulted in concerns and fears that the lack of operational capacity would affect the ability of projects to take their plans forward within the timescale available. It was suggested that a mobilsation phase for TF projects was required that would allow time for governance, financial management, evaluation and recruitment processes to be set up, as it was unrealistic to expect projects to hit the ground running immediately on funding approval. Respondents also suggested that the lack of project management capacity and change management skills was something that needed to be addressed at a national level so that the health and social care sector could be in a better position to deliver projects such as TF in future.

7.15 One RPB mentioned how they had mitigated the recruitment risk by advertising and recruiting for some posts 'at risk' to the organisation prior to receiving project approval. As a result, this had enabled some projects to maintain the proposed timescale for delivery.

Operational capacity

7.16 Another main barrier raised by most RPB respondents was the lack of operational capacity to deliver the TF. RPB representatives described how they are dependent on clinicians and practitioners to deliver on many of these projects and that these individuals are under huge pressures just trying to deliver their 'day job'. Whilst having project managers in post can help to a degree, ultimately the genuine lack of capacity at the frontline continues to severely hinder progress. Clinicians and consultants also, understandably, need to be persuaded and provided with assurance that the changes will lead to improvements rather than add to their workload by 'interrupting a well-worn path'.

7.17 Several individuals mentioned the difficulty in 'giving people the head space to think about change'. Much of what the TF is trying to achieve is about cultural change, and RPB representatives noted that there needs to be sufficient time and space to enable that to happen. RPBs described that they were under so much pressure simply to deliver the projects at the moment that they lacked the necessary capacity to plan strategically and that this ultimately would be to the detriment of the outcomes achieved: 'we're all in "doing" mode, and there is no time at all for "strategic thinking mode"'. One RPB described how difficult it was to maintain momentum and staff energy on one of their larger projects due to the delivery timescales: 'the degree of energy required to introduce this model into [several] areas simultaneously, over such a short period of time has been huge. This had implications in terms of staff attitude, morale and commitment'.

Organisational culture

7.18 More broadly, the cultural differences between various large organisations required to work together was also a frequently cited challenge. Differences between e.g. a voluntary sector organisation and a local authority's ways of working and especially the differences between health board and local authorities were often mentioned.

7.19 Several respondents described how they had underestimated the amount of time required simply to gain buy-in when aiming to deliver change. The requirement to do so across several large organisations working in different ways compounded the scale of the challenge. In some cases, the way various workstreams were funded separately did not facilitate a culture of working together. In another example, individuals at some organisations had been somewhat parochial which meant that projects were not always implemented in equal vigour across all local authority areas leading to an inequitable approach across the region. However, setting up operational groups that spanned across projects was thought to help mitigate issues. In these instances, as different organisations worked more closely together,

a greater understanding of each other's ways of working was achieved. One RPB described how holding regular (i.e. fortnightly or monthly) multi-disciplinary project steering group meetings had played a key role in ensuring strong oversight and supervision of projects resulting in instant feedback on implementation and problems solved in a timely manner. Projects which had already existed in some guise previously also tended to be more 'forward thinking' in their approach and more comfortable with 'multi-disciplinary working' as they had already embedded such a working culture prior to implementation of the project.

7.20 Other respondents felt that a culture change was needed within some organisations around the acceptance of 'failure', and a need for more open discussion around the learning gained from failed approaches. Senior management could play an important role in reiterating the message to project staff that not every aspect of a project was going to be successful due to the very nature of them being transformational, and that this was to be expected and acceptable.

Bureaucratic processes

7.21 The need to navigate across 'processes and bureaucracies' was also a challenge that was consistently raised by RPBs including cumbersome sign-off processes for key documents across multiple organisations and the need to seek approval from several individuals across several organisations. Where projects had such complex structures, this could cause delays. In addition, cross-organisational working meant that roles and administrative duties were not always clearly defined resulting in the unnecessary duplication of work and resources.

7.22 Lack of alignment in information systems across organisations also caused challenges for some RPBs who described how different computer systems across organisations caused communication and information exchange problems. In more rural areas, the lack of robust digital infrastructure in terms of broadband and mobile connectivity also had the potential to hamper the RPB's ability to realise some of its ambitions for TF.

Financial pressures

7.23 Respondents also raised issues about the severe pressures on finances facing both the health and social care sectors more generally. In a climate where the sustainability of existing services is under threat, it became even more difficult to manage a change programme. The winter of 2019/20 had been particularly hard for the health service, and the increasing demands in general on the health and social care services were a factor in some of the under-performance of TF projects:

'We are overspending…[and] TF has to be considered within the context that services are operating with financial deficit…it's about finding a balance between achieving the programme's objectives and balancing the books. We are faced with making decisions…do you go for long term change or getting us over the line?'

Governance

7.24 Views on the governance of TF projects have been gleaned from RPB interviews and from the regional evaluation reports. Generally, governance arrangements at RPBs were deemed to be well developed, appropriate and working effectively by now. Regional evaluation reports from RPBs described their governance structures, and some examples are set out in Figure 7.2 below:

Figure 7.2: Examples of governance structures

Cardiff and Vale of Glamorgan RPB The delivery of the Transformation Fund programme is managed through the RPB reporting structure in order to ensure effective delivery. The reporting structure involves monthly meetings with the Transformation Programme Board, which also includes several other transformative projects (Integrated Care Fund, Primary Care Fund, Mental Health Transformation) to encourage an overarching view of this within the region. Bi-monthly Strategic Leadership Group meetings provide oversight for the projects, ensuring implementation is on track and unblocking any barriers to delivery. There are quarterly progress reports to the Regional Partnership Board.
Gwent RPB Each of the transformation programmes report upwards into a Transformation Steering Group and the Programme Leads Operation Group (PLOG) which acts as a peer support network. The Transformation Steering Group meets monthly, comprised of Executive sponsors and reports into the RPB Leadership Group.
Cwm Taf Morgannwg RPB

Both components of the programme come under the auspices of the Cwm Taf Morgannwg RPB.

The RPB has established a programme management office to co-ordinate the activity in both programmes. Each workstream has a dedicated programme manager and additional project support.

North Wales RPB

All four projects are overseen by the RPB. Each have a designated programme sponsor and programme manager.

West Glamorgan RPB

The Cluster Whole System Approach project feeds into the relevant local area Joint Partnership Boards depending on which local authority area they belong to (Swansea or NPT). Information is then fed up to the Integrated Transformation Board (ITB) who meet bi-monthly. The ITB reports into the West Glamorgan RPB which meets quarterly.

West Wales RPB

Each project is overseen by a multi-agency delivery group.

The Proactive Technology-Enabled Care project reports to the Digital and Technology Group underneath the Integrated Executive Group and RPB. The Director of Communities for Carmarthenshire County Council is programme sponsor. Programme management support is provided by the Regional Collaboration Unit.

The Fast-tracked Consistent Integration project currently reports to the Transforming Our Communities Programme Group established to oversee relevant components of Hywel Dda University Health Board's health and care strategy. The Director of Primary Care, Community and Long-Term Care for Hywel Dda University Health Board is programme sponsor.

The Creating Connections for All project reports to the Connected Communities Programme Group sitting under the Integrated Executive Group and RPB. The programme sponsors are the Director of Social Services for Pembrokeshire County

Council and the Chief Executive of Ceredigion Association of Voluntary Organisations.

Locally, implementation is overseen by integrated programme groups in county-based structures.

Ownership at senior level

7.25 Most respondents felt that there was now strong ownership at senior level, with Directors and Heads of Social Services and senior health board staff involved as designated programme sponsors and engaging in governance processes and structures. However, this was not a view from all regions. Some respondents felt that the TF was not seen as core business and as a result there was a 'constant struggle to get buy-in from executives…we're seen as a silo'.

7.26 Some respondents felt that the structures of the RPBs made ownership more challenging to achieve. One stakeholder mentioned how their RPB is 'a mix of very strategic people and some that are very grounded in the here and now' with a wide range of local authority, health board, third sector and citizen representation. As such it could sometimes be quite challenging to ensure that everyone was able to understand and fully contribute to discussions.

Barriers to change

7.27 One of the main issues raised was the capacity available within RPBs to lead on TF. It was noted that some RPBs had struggled to cope with the various funding streams allocated to them during the early stages of the TF allocation. One stakeholder described how the RPBs were at an 'immature stage of their development' when the TF funding was released, and were therefore essentially operating as a funding panel which saw 'a pot of money' to administer rather than approach it in a transformative way. Some projects did not have clear overarching reporting structures in place initially and it was suggested that in future it would be useful for governance structures to be in place from the outset 'to establish a clear overview of the programme and limit the potential for duplication'.

7.28 Most respondents were of the view the RPBs were the right mechanism to award TF funding (as it funds collaborative, integrated approaches across organisations) but it had not had the capacity to rise to the challenges posed from the outset. Some respondents disagreed, however, and felt that the RPBs lack of executive function did not make it a suitable vehicle for transformation funding: 'it is a statutory committee with no teeth'. They felt that the RPBs

needed to provide more 'constructive challenge' in order to shape and change behaviours, and to consistently act as if it is about to be audited on the spend of funding such as the TF.

7.29 Several RPB level respondents mentioned how the sharing of data was often a 'perceived' barrier especially by individuals within organisations who did not work on the TF at a day-to-day level. As such they were often unclear or misinformed about the constraints on their ability to share personal data across organisational divides. In some instances, individuals were thought to have been intentionally obstructive. The difficult 'history' of partnership working in some regions was thought to be something that could hinder progress.

Engagement

Involvement of citizens

7.30 Most RPBs acknowledged that engagement had been a weak element of their approach thus far and very little evidence of co-design or co-production of services is reported in the regional evaluation reports. Some examples provided include:

- At **West Wales RPB** some engagement was undertaken with users and carers via the RPB itself, but this was a small sample and was heavily reliant upon existing user representatives. Feedback from people involved in the programmes nevertheless will form a key of their evaluation, including the development of a 'Connect to Wellbeing' App enabling people to track their wellbeing progress against a number of domains
- **Powys RPB** had undertaken some targeted engagement activities with citizens but acknowledged that there was more to be done – particularly in reaching citizens in the far-flung corners of its region
- At **Gwent RPB**, there had been some recent activity around the ICEBERG model including work with the Gwent Regional Youth Forum and trialling of Participatory Budget approaches. It was acknowledged that there was further opportunity to involve service users
- The Our Neighbourhood Approach project at **West Glamorgan RPB** had placed an important focus on engagement with the community. A number of local community events had been held including #MyCommunity open days at community centres. The regional evaluation report noted that there were more opportunities to do more and whilst there was a possible mechanism for co-production in place there was no clear understanding to date of how it might work in practice

- Within **Cwm Taf Morgannwg RPB's** Developing and Delivering Resilient Coordinated Communities project, the third sector was a core part of the approach. A 'PAWB network' had been piloted in 2018/19 where cross sector partners and community representatives had come together to collaborate and share experiences. Interest in becoming involved was growing with opportunities to work with community groups and volunteers in the area. The challenge now was to help communities and groups identify how they could assist with the prevention and wellbeing agenda.

Involvement of the workforce and wider stakeholders

7.31 There was more evidence available of engagement with the workforce from the regional evaluation reports. For example:

- **Powys RPB** described how it had engaged effectively with GPs from the outset and that early discussions on the development of the project had proved beneficial. The same RPB had also sought to engage with clinicians and professionals serving the area, and although it had initially been challenging to articulate the aims of the project and the workforce's role in bringing about the change, their perseverance had enabled a more coherent model of care to emerge. Workforce engagement had dropped off in recent months due to 'winter pressures', but it was recognised that in order to keep the workforce engaged and on board, there needed to be a continued clarity of purpose
- **Cardiff and Vale of Glamorgan RPB's** Developing an ACE Aware Approach to Resilient C&YP held a key meeting prior to the commencement of the project which pulled together key stakeholders as well as individual working locally on the emotional wellbeing and mental health of children and young people. This had provided an opportunity to collate information about the services and activities currently underway in the region and identify key individuals who should be involved in the development and delivery of the project. This process had provided an opportunity for ideas, issues and concerns about the project to be discussed. Two stakeholder boards had been established as part of this project, with involvement from experts from education, health, mental health foundations, social services and other external organisations involved. This allowed stakeholders to continue to feed in their views about what and how the project should be delivered and to raise any concerns.

- At **Cwm Taf Morgannwg RPB** the three projects covering Bridgend local authority area had undertaken engagement with staff. For the Every Day is Tuesday project, there had been some resistance from staff regarding extended working days and the seven-day working approach, and a full staff consultation process was currently being undertaken
- At **Gwent RPB** the ICEBERG model had utilised a well-established partnership that had existed in the region for several years preceding the TF. This had made it possible to engage widely with staff at all levels and across organisations in order to encourage a common approach to the service provision for children, young people and families. A programme of engagement with multi-agency frontline staff was currently underway to ensure that there was an understanding of the ICEBERG model and an opportunity to consider how practice could align with the objectives.

8. Outputs and emerging outcomes

8.1 This chapter sets out the baselines, outputs and outcomes which are being reported by TF projects, drawing mostly upon regional mid-point evaluation reports.

Baselines

8.2 Five of the seven regions set out at least some baseline data in their mid-point reports.

8.3 Of the five that do offer some baseline data, only one, West Glamorgan RPB, has consistently attempted to set out baseline data across all individual projects within their region. The others provide baseline data for some of their projects – for instance, in the case of North Wales RPB, baseline data is available for two of its four projects whilst three of the seven projects across Cardiff and the Vale of Glamorgan RPB have some baseline data.

8.4 Most mid-point reports identify the need to gather and set baseline data for their projects with some highlighting this as an immediate priority. Several cases acknowledge definite gaps in the baselines available in order to measure outcomes and performance.

8.5 The nature of the baseline data set out within mid-point reports varies. It includes quantitative data such as that drawn from published sources as well as qualitative data gathered by evaluators or project teams to gauge perceptions of how things stand prior to intervention.

8.6 In some cases, projects have been able to set project performance targets which are directly aligned with the baseline data available and this will allow for relatively straightforward monitoring of change over time. Projects need to ensure, however, that project baseline data (and their subsequent outputs) are focused on the impact that intervention is expected to have.

8.7 Figure 8.1 sets out the type of baseline data in place across funded projects:

Figure 8.1: Examples of baseline data set out in mid-report reports

Across **Cardiff and Vale of Glamorgan**:

- The Accelerated Cluster Model project has undertaken a survey of GP staff in 2019 to provide baseline data on job satisfaction as well as gathered baseline data on patient referrals and appointments

- The Single Point of Access for GP Triage project has access to baseline measurements for GP practices such as missed GP appointments and inappropriate GP appointments

Across **North Wales**:

- The Early Intervention and Intensive Support for Children and Young People project sets out historical baseline statistical data for children looked after by authority level, taken from StatsWales, and a qualitative narrative on trends over time
- The North Wales Together: Seamless Services for People with Learning Disabilities project conducted mapping exercises to provide high level qualitative baseline data covering aspects such as the extent of integration between children's and adult health and social services teams; the cost of residential services and levels of take up of annual health checks. Reference is made to baseline data such as out of county placements to allow for future benchmarking

Across **Powys**:

- Some project targets have been aligned directly against baseline data e.g. to reduce county placements to 70 or less from a baseline of 90
- The Targeted Prevention on Promotion of Healthy Start Vouchers workstream will commence with a review of the data on the baseline situation e.g. how many are eligible to claim Healthy Start vouchers, current update and barriers to uptake

Across **West Glamorgan**:

- The Our Neighbourhood Approach project sets out a number of measures which are directly aligned to the baseline position. For instance, targets such as reducing the number of new admissions for looked after children relate to the baseline data set out in the mid-point report.

Outputs

8.8 In terms of outputs delivered to date, we turn to consider the progress being made against the four expected Transformation Fund outputs set out in the Theory of Change Logic Model at chapter four.

Tangible, innovative, regional models tested and delivered

8.9 In all, 30 'projects' have been funded across seven RPBs[29]. Based on the information set out in their mid-point reports 22 projects reported being operational, although a number of these had only recently become 'live', at the time of reporting. For instance:

'several of the new services will be 'going live' in the first quarter of 2020'.

8.10 Projects which have been operational for a longer period of time tend to be those which are extensions of existing approaches and services.

8.11 Across the remaining eight projects, it was either unclear whether the projects were fully operational, or the mid-point reports suggested that they were not yet available. In most of these cases the focus to date has been on staff recruitment and service set-up. In the case of one technology related project, it was reported that the technology was in place ready for roll out and delivery. In another case the project appears to be partially available on the basis that no information was provided for most workstreams across this region at the time of the mid-point evaluation.

8.12 Many mid-point reports highlight delays faced by projects becoming fully operational. These would include projects which adopt a phased approach to implementation in that they were intended to be delivered initially across a limited number of localities or clusters before being rolled out in a phased approach over the duration of the programme.

8.13 Some of the projects underway have better-defined and more tangible identities than others and as a result could be easier to communicate, adopt and scale up across other areas in the future. These tend to be projects which have well documented operating models and processes as well as a distinct 'branding' in place. Projects which have evolved from existing approaches and are more embedded into mainstream provision in their nature are more challenging to draw out as tangible and distinct models. These include projects which have used funding to increase workforce capacity, rather than create a new service as such.

[29] Taking all strands of activities across Powys RPB as a single project and including the Collaborative Kidney Care Project

Models developed and scaled up at a quicker pace than in funding absence

8.14 The feedback gathered from respondents suggests that TF has been instrumental in enabling projects to be developed and implemented at a quicker pace than would otherwise have been the case. Indeed, findings from the fieldwork strongly suggests that the vast majority of the projects would not have been developed at all in the absence of dedicated, ring-fenced funding given the significant financial pressures facing the health and social care sector in Wales. One mid-point evaluation report noted that:

'One project-level stakeholder claimed that without the investment in their service, it probably would have taken them 10 years to transform their service in this way due to lack of capacity'[30].

8.15 A few models (e.g. Cardiff and Vale of Glamorgan's Accelerated Cluster and West Glamorgan's Cluster Whole Systems) have been designed to be piloted within one locality and scaled up across the region over the duration of the TF. This is proving challenging, not least due to the limited timescales for introducing a new model across multiple areas, but also because the roll-out of models must take place prior to any evidence about the success or otherwise of the initial pilot becoming available. One mid-point evaluation report highlighted this as an issue:

'It is hoped that this project can be rolled out to the other eight clusters, but stakeholders noted that the data to prove the success of the model is needed in order to do this'[31].

Robust evidence available for which models work (and which don't) and difference achieved

8.16 There is no evidence set out within mid-point reports to allow an informed view to be taken on which models work and which don't at this stage of the programme. The later than expected start for many projects means that many have only been operational for a short period of time and lack reliable data on the difference that they are making to the service and directly to patients. In other cases where projects have been operational for longer, the lack of robust baseline data makes it difficult RPBs to gather robust evidence on the outcomes being achieved by projects.

8.17 Having said this, initial evidence does shed light on why a small number of proposed approaches have not proceeded as planned and are not operating as expected. We would

[30] Transformation Fund Mid-Point Evaluation Report for West Glamorgan Regional Partnership. p. 18.
[31] Cardiff and Vale of Glamorgan Mid-Point Evaluation p.30 (unpublished).

highlight the following examples where proposed approaches have been too ambitious from a financial perspective:

- elements of the Cwm Taf Morgannwg's Every day is a Tuesday project, such as the Care at Night service and the Step up-Step Down facility at a local authority care home, are currently being reviewed as the original model was considered to be over ambitious
- an element of Cardiff and Vale of Glamorgan's Seamless Social Prescribing project has been reviewed on the basis that the proposed Chatbot function to provide information, advice and assistance was found to be too expensive to fund from within the project.

Identification of models which can be sustained and scaled up in future

8.18 There is no evidence available yet to allow an informed view of whether models funded via the TF can be sustained and scaled up when funding comes to an end. Despite this, mid-point reports generally reinforce the fact that projects aim towards sustainability post funding and demonstrate their value to their RPB in the long-term. For instance, the Collaborative Kidney Care project sets out a project-level outcome of creating 'a sustainable regional delivery model across Wales'. It is widely acknowledged that robust evidence will be required for projects to make their case for continuation post funding given the financial climate within which organisations were operating within, and that this will be challenging but a key requirement for project level evaluations. Some evaluations highlight the difficulties projects are likely to face post-funding given that most will be seeking funding from core health and care budgets, and 'money would need to be diverted from other essential work going on in the area'.

8.19 A few projects, in their mid-point evaluation reports and over the course of the fieldwork, reinforce the need to prove their financial value to their RPB in the long-term. For instance, the North Wales Early Intervention and Intensive Support for Children and Young People project states that the project must demonstrate that the financial savings gained from services which won't be required as a result must outweigh the level of investment made via the TF.

8.20 In the case of the Cardiff and Vale of Glamorgan Accelerated Cluster Model, the mid-point evaluation report states that 'there is yet to be a real discussion about financial sustainability' although the plan is that 'if they can evidence the cost-benefits expected, they hope that this

will enable them to make savings that release core funding for longer term sustainability'[32]. In this case, it is expected that the project will achieve gains similar to those achieved by the Compassionate Communities Frome model, which reported a 21 per cent reduction in emergency admissions costs over a three-year period.

8.21 Some projects envisage that post-funding sustainability will be achieved as a result of shifting greater demand towards preventative, early intervention services. This is particularly the case for projects which focus on getting people to take greater responsibility for their own health and wellbeing as well as community care models and solutions which involve a greater role for volunteers such as friends and neighbours. These approaches are expected to reduce demand for primary and emergency health services. In other cases, plans to sustain models post-funding involve community organisations and social enterprises taking a more prominent role in the delivery of services, given that they can access sources of funding not available to statutory services as well as draw upon the input of community members and volunteers. For instance:

- West Glamorgan's Cluster Whole System Approach project anticipates that post-funding sustainability will be achieved through community and social enterprise solutions, given that it is setting out to establish social enterprises as part of the model
- West Wales' Creating Connectors for All project expects the third sector and community organisations to take ownership of the model in order to achieve post funding sustainability
- Cardiff and Vale of Glamorgan's ACE Aware Approach to Resilient Children and Young People project anticipates that post-funding sustainability will be partly achieved via peer support groups in schools and other settings, which will be run by recruited trained volunteers. Its mid-point evaluation report states that 'it will be for partners to identify resources to mainstream as a cost effective 'invest to save' model'[33].

8.22 Our fieldwork found a divergence of views amongst stakeholders on the extent to which models are likely to be sustained post-funding, although it was widely acknowledged that it was too soon to be able to take an informed view on this. Some concern was expressed

[32] Cardiff and Vale of Glamorgan RPB Regional Mid-Point Evaluation Report (unpublished) p.43.
[33] Cardiff and Vale of Glamorgan RPB Regional Mid-Point Evaluation Report (unpublished) p.25.

about the creation of so many roles which would not be sustained in the long term, particularly given the focus of the Quadruple Aim on developing a sustainable workforce.

Outcomes

8.23 In terms of progress being made against the TF's outcomes, we turn to consider the three expected intermediary outcomes set out in the Theory of Change Logic Model at chapter four. Before doing so we consider the evidence set out within mid-point evaluation reports in relation to the outcomes being achieved at project level.

Project level outcomes

8.24 There is broad consensus that it is just too early to be able to evidence the difference which projects are making and the extent to which they are achieving their intended outcomes, other than those which tend to be process-related such as changes to organisational systems and ways of working. The later than expected confirmation of funding and delays experienced in moving from project design to delivery accounts for much of this.

8.25 Identifying and measuring the strategic outcomes which projects can be expected to achieve is not a straightforward task, despite funding applications having set these out at a broad level. All regions have considered and reviewed their Theory of Change for interventions which supports the identification of project outcomes and some have taken this further by setting in place an evaluation framework.

8.26 A review of mid-point reports suggests that four regions (Cardiff and Vale of Glamorgan, Gwent, West Glamorgan and West Wales) have worked to develop an appropriate set of anticipated outcomes for most of their projects, although there is less clarity on the indicators which will be used to evidence their achievement in most cases. For instance:

- Cardiff and Vale of Glamorgan have identified a small number of high-level outcomes (some 4-6 for each project) and expects to report against these via a set of aligned key performance measures
- West Glamorgan has identified some 3-5 headline outcomes for its two projects, but metrics need to be developed for reporting against these. For its Cluster Whole Systems Approach the anticipated outcomes are: a. increase in patients seen at multidisciplinary teams, measured via practice records on a monthly basis; b. increase/improvement in self-management/knowledge and satisfaction, with measurement to be defined; c. increase in community-based services, measurement to be defined and d. reduction in referrals to primary care, measurement to be defined

The Home First project is perhaps the most developed of the Gwent projects in terms of having a clear set of outcomes measures in place. The indicators, which possibly are more akin to performance measures, are:

- Number of patients referred to the service
- Number of patients seen within one hour of referral
- Number of patients discharged
- Number of patients discharged within 24 hours
- Number of patients not discharged
- Number of people who were not discharged as planned and reasons for this
- Percentage of patients who felt supported with discharge
- Impact of Home First on working practice of ward staff

In terms of outcomes, these are less specific and require further development, but include:

- Feedback from users and health staff
- Daily risk status of hospital sites
- Reduction in admission to long term wards.

8.27 Across the other regions at the time of preparing mid-point reports, projects reported that they intended to prioritise the development of evaluation frameworks which would include setting outcomes measures and methods for collecting reporting data.

8.28 In one region the focus has been on identifying performance measures which will provide an indication of the progress made (e.g. number of patients supported) but not necessarily the difference made to the health and social care services overall. The same is true for Cardiff and the Vale of Glamorgan, for instance:

The Accelerated Cluster Model, Cardiff and Vale of Glamorgan

The cluster-based discharge hub, which forms one of five key components of this project, has been fully operational since October 2019. The establishment of the hub was delayed due to the need to develop an operating model and recruitment difficulties. The hub acts as a coordination centre for people who are discharged from hospital and who may require support from statutory and non-statutory community services to support them to regain and retain their independence at

home. The discharge hub covers 11 GP practice areas. It is operated by two officers who proactively contact discharged patients within 72 hours of discharge from hospital with the aim of linking them to statutory, third sector or community support if required. Feedback from patients and GP practice staff has been positive. Output data is gathered and reported, e.g. on the number of calls made and number of patients contacted and referred onwards, but further work is required to ensure that all relevant patient outcomes are being captured.

8.29 Over the course of the fieldwork undertaken by OB3, projects highlighted two challenges relating to the evidencing of project outcomes. First, projects are finding it difficult to select measures which will evidence the achievement of project outcomes in that the indicators currently used and reported across the health and care sectors will only provide some of the evidence required. Second, projects are aware that other externalities and interventions will have a bearing upon these indicators, therefore making it impossible to attribute any changes to TF projects alone.

Programme level outcomes

8.30 The Transformation Fund Theory of Change Logic Model sets out three programme level intermediary outcomes, namely:

- continuation of effective TF models post funding period
- TF models replacing discontinued existing approaches and generating cost efficiency gains
- scaling up and wider adoption of effective TF models, including across other regions.

8.31 The achievement of these outcomes will be considered in detail in the final programme level evaluation report. To date, there is some evidence that effective TF models may be sustained post funding. Over the course of our fieldwork two projects (the Get Me Home Preventative Services and Get Me Home Plus, both delivered by Cardiff and Vale of Glamorgan) reported that they had already secured twelve months of post-programme funding. This example was able to provide a business case with evidence, including a cost-benefit analysis due to the fact that the project had built on an existing scheme and there was also the necessary expertise and skillset within the project the project to undertake the analysis required. However, the need to demonstrate a strong business case was evident to all projects for the future: 'they want absolute figures on the where, how, why and the cost avoidance'.

8.32 RPBs noted that demonstrating impact and difference made by TF would remain challenging between now and the end of the funding because:

- the tight timescales which remain for delivery will mean that the priority will be on delivering outputs
- there is a lack of baselines in place prior to projects commencing, although external evaluators are now working with most projects on developing a suitable framework
- the attribution of difference made will be difficult to the wide number of different funding sources 'used in this space'
- the real impact on 'big ticket issues' such as hospital admission numbers or a reduction in length of stay at hospitals, especially from preventative models will take longer to materialise (10 years +)

8.33 There is no evidence to date that any TF models are being adopted outside of the region within which they are being piloted. The exception to this would be the Collaborative Kidney Care project which was designed as a pan-Wales project from the outset and which had already been piloted via the Efficiency through Technology Fund in two regions.

8.34 By the end of TF, RPB respondents suggested that TF would be able to evidence impact upon organisational capacity and professional practice – with staff trained and new skills retained to support future transformation. The TF can also be expected to have impacted organisational systems and culture, but there is a question as to whether this can be sustained post funding.

Cost benefit

8.35 There is very limited early evidence on the return on investment or financial savings being realised from the delivery of TF projects to date.

8.36 The vast majority of projects expect to be able to realise cost savings although the extent to which these have been quantified vary from one project to another. For instance, the Cardiff and Vale of Glamorgan Get Me Home project reports that it is already resulting in financial savings due to reduce length of stay in hospital but has yet to calculate the value of this.

8.37 Projects which provide an estimation for the expected cost savings as a result of delivery include:

- the North Wales Early Intervention and Intensive Support for Children and Young People project aims to deliver cost savings by diverting demand and costs associated with expensive out of county/country provision (on average £4k per week per child) and hospital admissions –reduced stays and instances of overnight police custody (£3k per night).
- the North Wales Community Service Transformation project aims to deliver cost savings by shifting care closer to home, away from the acute hospital sector and helping prevent unnecessary admissions to care homes. It estimates that the project will deliver a reduction of 5% in bed occupancy equating to £2.7million per annum cost avoidance
- the Cwm Taf Morgannwg Resilient Coordinated Communities project expects a return of investment of 4:1, based upon previous evaluation work undertaken by Swansea University.

9. Conclusions and recommendations

9.1 The conclusions and recommendations made here are based on the evaluation findings from fieldwork and data analysis undertaken up until mid-March 2020. It is valid and right that these findings are considered within that context and from that point in time as some important and interesting learning has been uncovered. However, we recognise that the outbreak of the Covid-19 coronavirus has added unprecedented pressures on the health and social care sector and that it is likely to have significant bearing on funding and priorities for the future. Whilst we continue to present our conclusions and recommendations here, we also understand that their consideration will be undertaken in a wholly different context to that from which they were taken. We have also attempted to draw some of these recommendations taking this new context of the Covid-19 coronavirus public health emergency into account, whilst recognising that these are very challenging and rapidly changing circumstances which makes it difficult to make assumptions for the future delivery of TF.

Programme Design

9.2 The Welsh Government has a long-term ambition to transform the health and social care service across Wales, and this is clearly articulated within its strategy, 'A Healthier Wales' (AHW). The Transformation Fund (TF), which aims to support this overhaul, has been developed within a very supporting policy context and responds directly to the priorities for change set out within two key reviews, the OECD Review and the Parliamentary Review. In designing the TF, policy makers have fully embraced the key principles which underline AHW and the priorities set out within these reviews, including the Quadruple Aims, the ten Design Principles and Prudent Healthcare. In addition, the Fund has been designed to adopt the objectives set out within the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act.

9.3 In its approach to allocating funding via the TF however, the Welsh Government has adopted a less prescriptive approach than was recommended by the OECD Review and this has resulted in project proposals being designed via a more 'bottom-up' approach by RPBs. Whilst this might be logical in ensuring projects address regional priorities it has resulted in projects with similar aims and objectives being given different identities and operating models, which will pose challenges to scale up effective intervention in other regions. Furthermore, it is striking that at both national and regional level, the underlying logic and

evidence base for the TF approach of 'pump-priming' is questioned quite robustly with a view that focussing the funding on fewer, proven and tried-and-tested models could be more effective in generating the real transformation that is longed for by the sector.

9.4 Furthermore, in its approach to allocating funding, the Welsh Government has supported a much larger number of projects across the regions, at 30, than was suggested in AHW, which suggested that each region should develop two strategic projects each. Whilst many of these projects are intended to contribute towards larger strategic work programmes and regional strategies there is a risk that funding a large number of smaller projects might not achieve the strategic level of change anticipated of the TF. As such, RPBs need to ensure that they are able to demonstrate via robust evaluation evidence the contribution made by all funded projects towards their strategic regional outcomes.

9.5 The Transformation Fund is one of several funding streams that RPBs are utilising in their attempts to integrate health and social care services and there is a strong case for a more system-wide approach to funding in future to lessen administrative and reporting burdens and to clarify the overarching strategic aims which funding is aiming to achieve.

9.6 The timing of the call for applications made it challenging for most RPBs to develop proposals and whilst the initial flexible and open approach was welcomed, the approach to the management of the TF has been increasingly prescriptive. With the current deadline for delivery of projects only a year away, RPBs are calling for reduced monitoring and reporting requirements in order to focus upon operational delivery in an attempt to achieve as much as possible from the funding. However, the reporting and regional evaluation requirements were made clear from the outset as part of the application process, and the necessary processes to ensure this information is available should have been developed during the early stages. There is a risk, without such information being available, that there will be a severe lack of robust evidence of the impact and difference made by TF.

Programme delivery

9.7 Most of the models funded by the TF are new and potentially transformative for the region in question, but there are overlapping themes and similar approaches in place. There is a risk of duplication of effort – with several slightly different approaches being developed in various regions with no effort to share the learning. Often, similar approaches have different names and terminology, making it difficult to identify common models which may be operational across more than one region. A number of models are not particularly well-defined and there is a risk that the potential scale up of these from sub-regional to regional, or from regional to

national will be minimal as a result. There is a role here for Welsh Government at a national level to help support this process, particularly in terms of sharing the learning and minimising any unnecessary duplication between projects, for example through the Communities of Practice.

9.8 Whilst most projects have progressed at either a rapid (seven) or reasonable (16) pace of change, a minority (seven) have faced fundamental issues and delays and were not in place at the mid-point reporting stage. Projects which have taken longer to implement have typically faced technical issues, recruitment challenges, issues relating to governance arrangements and issues relating to negotiating external contract specifications. It is important to reflect on these issues that are often outside the influence of project managers and learn lessons either in speeding up such arrangements or allowing a mobilisation period to be integrated into a transformation fund in future. Several projects have only been fully operational since the beginning of 2020 and as such have very limited activity to report upon. This has important implications for the remaining period of the programme, given that some projects will only have a year to implement and evaluate their effectiveness.

9.9 Hospital to home type projects appear to have progressed at a quicker pace than others, possibly since they have built upon existing approaches, that demand for these initiatives was already in place and that they have been more straightforward to implement. This is an important finding to bear in mind when scaling up future models, as this could be one area of activity where there has been thorough piloting across regions (particularly given that there are nine such models currently in place) and where there might be comparable evaluation evidence to draw upon.

9.10 The total spend of the TF budget as at the end of March 2020 was 41% of the total budget. Spending over the course of the initial 12 months of delivery was concerningly slow due to the various challenges faced by RPBs to mobilise projects and should be taken into consideration by the Welsh Government when designing any similar future funding programme. It is encouraging that spend during the latest quarter (up to March 2020) ramped up, reflecting the fact that a number of projects became 'live' very recently. It will be challenging, if not impossible, for the programme to deploy its remaining funding allocation over the remaining 12-month period until March 2021, not least because of the unprecedented impact the Covid-19 coronavirus will have upon health and social care providers during this timeframe.

9.11 The TF seems to be having a positive impact in getting partners to work together and there is some initial evidence across regions where staff are starting to think differently and change their working culture. This remains challenging in such a difficult financial climate however and projects have faced several challenges for implementation. The timescale available for delivering real transformation was very ambitious from the outset but this has been hampered further by a number of factors including delays in approving applications, widespread recruitment issues and financial pressures facing the health and social care sector in general. Since the fieldwork was undertaken the outbreak of Covid-19 coronavirus has meant that the TF projects are now working in a completely different environment and the implications on delivery will need to be fully considered in due course.

9.12 Governance structures for the projects seem to be appropriate and working well, with increasing buy-in from senior management. There has been limited involvement of citizens in the co-production of project concepts or delivery to date and more focus is needed on this aspect over the remaining duration of delivery. Similarly, the engagement of the workforce and other stakeholders, where it has happened, has resulted in positive benefits to the project but this has not been realised across the board.

Programme outputs and outcomes

9.13 It is not possible for this mid-point evaluation report to shed much light on the outcomes being achieved by funded projects to date, largely due to the recent start for many projects. In the same manner, there is no evidence available yet to allow an informed view of whether models can be sustained and scaled up when funding comes to an end. At the mid-point stage, projects are prioritising the need to gather and evidence the contribution being made by interventions, although it is accepted that attributing any difference made will be challenging in light of other funding sources and externalities which impact upon the health and social care sector.

Recommendations

9.14 We make a series of recommendations for the TF. These have been split into two distinct sections. Recommendations one to seven are immediate, operational suggestions for the remaining period of programme delivery. Recommendations eight to fifteen are longer-term, strategic recommendations aimed at learning the wider lessons from the TF.

Recommendations for the remaining delivery period of the TF

Recommendation 1

TF projects currently lack the systems and processes in place to capture data and evidence of outcomes, impacts and difference made that will ultimately be required to present a business case for future sustainable funding. RPBs should work with their appointed external evaluators to ensure every project has a robust evaluation framework is in place to capture evidence of outcomes (not just clinical outputs and performance KPIs) for future reporting purposes.

Recommendation 2

In order to provide TF projects with more time to be implemented and capture the necessary evidence of impact, Welsh Government should look to extend the timescale by at least 12 months. Any agreed extension should be prioritised for projects that:

a) can demonstrate that they are meeting or exceeding their original objectives and/or
b) have been accelerated in response to Covid-19.

Due to the uncertainties around the development of the Covid-19 coronavirus outbreak, this recommendation should be kept under review and the timescale extended even further if necessary.

Recommendation 3

Where there is clear view from RPBs that certain interventions are not working or they have yet to get off the ground, then there should be open and honest dialogue between the RPBs and Welsh Government to identify these and a process set in place to bring such projects to a close.

Recommendation 4

In light of the Covid-19 coronavirus outbreak, Welsh Government and RPBs should consider re-focusing TF projects for the remaining period to the activities which can contribute to the alleviation of pressures on health and social care in the interim e.g. by

increasing community provision of care or hospital discharge. Any remaining TF funding should be re-allocated to Covid-19 activities.

Recommendation 5

RPBs should focus on developing clear and robust exit strategies for their TF projects during the remaining period so that the funding injection provided by the TF can be sustained for the future.

Exit strategies should also consider how the RPBs ensure that the successful component parts of the various models and the new ways of working could be accelerated for wider adoption and scale-up on a regional or national level in future.

Recommendation 6

RPBs are required to use different reporting mechanisms for several similar funding streams in the same Welsh Government department. The lack of consistency results in significant administrative burdens. Welsh Government should consider aligning the reporting requirements of various funds so that all the information is submitted in the same format at the same time.

Recommendation 7

In future, if Recommendation 1-6 are implemented as part of the design and delivery model for a transformation, more time should be released for project managers to consider sharing the learning from TF projects.

For the current Transformation Fund, all attempts should be made where possible to put processes in place to share 'what works' at a regional level across RPBs.

At a national level, the Welsh Government has an important role to play in ensuring that learning from similar themed models and approaches are considered and disseminated.

The Communities of Practice element of the national evaluation should play an in important part in ensuring this. Welsh Government should also consider developing national 'specifications' incorporating the lessons and best practice to support any roll-out or scale-up of successful models in future.

Longer-term, strategic recommendations:

Recommendation 8

Whilst the linkages between AHW and TF are clear, in future we recommend that Welsh Government should ensure sufficient time during the design phase of any funding programme to work in partnership with RPBs to consider and analyse regional priorities for such funding. More detailed guidance should be developed which continues to provide flexibility but is more strategic and targeted.

Recommendation 9

In future there should be a clearer direction from WG with funding available for fewer, more strategic transformation projects, in line with the original intention stated within the Parliamentary Review.

RPBs should increasingly take responsibility for planning and delivering their own transformation and rolling-out or scaling-up approaches that have already been successfully tried and tested at a sub-regional level.

Recommendation 10

As a follow up to TF, Welsh Government should therefore consider making funding available to RPBs to deliver a specific number of ‘tried and tested’ strategic models that have been proven to work within this current round of funding (subject to this evidence becoming available by the end of the funding period).

This could be seen as funding available to deliver the ‘national specifications’ developed as a result of Recommendation 7. This would be a more prescriptive approach which would build on the learning from the current TF

Recommendation 11

We recommend that any transformation fund in future should include a six to twelve-month mobilisation phase for approved project during which recruitment processes can be implemented and governance structures put in place.

Recommendation 12

Robust and clear evaluation frameworks should also be signed off within the mobilisation phase of approved projects before they can proceed to full delivery in any follow-up funding to the transformation fund.

Recommendation 13

Welsh Government should consider opportunities to amalgamate funding streams in the future. In particular there are opportunities to look at integration of ICF and TF funding. Opportunities for wider amalgamation of funding should also be explored so as to streamline processes and focus funding on strategic priorities more effectively**.**

Recommendation 14

We recommend that Welsh Government develop clear appraisal criteria and application templates alongside consistent guidance, approval processes and active management reporting processes. RPBs should also demonstrate clearly how they will meet active management reporting and evaluation requirements from the outset to avoid the need to request additional information. Welsh Government should ensure a faster turnaround of approval and communicate regularly with project proposal leads throughout. Detailed feedback for any unsuccessful projects should also be provided as a matter of course.

Recommendation 15

The TF has revealed a lack of project management capacity and change management skillsets within the health and social care system. Welsh Government, in collaboration with HEIW, Social Care Wales and WCVA should consider on a national level how it can increase this capacity within the staffing resources available through the funding of national training opportunities and suitable qualifications.

Appendix A - Transformation Fund project summaries

This appendix sets out a summary of the 30 projects funded via the Transformation Fund across the seven Regional Partnership Boards (RPBs), including the pan-Wales Collaborative Kidney Care project.

1. Cardiff and Vale of Glamorgan RPB

The seven projects funded across Cardiff and Vale of Glamorgan RPB are:

1.1 An Accelerated Cluster Model

This project aims to develop the optimal cluster, using asset-based community development approaches to understand, and facilitate connections between, the many strengths within people, groups and communities within a cluster area. This project is a progressive approach to improving population health and wellbeing, reducing the need for statutory services to meet wellbeing outcomes and combatting the health consequences of loneliness, isolation and disconnection. The project aims to achieve this through a joined-up system of communities, third and independent sector partners, and primary and community services.

Key elements:

- Implement asset-based community development at cluster level
- Community development
- Developing the wellbeing workforce
- Identifying people who are at risk and actively supporting them to remain as independent as possible
- Multi-disciplinary Teams.

1.2 Seamless Social Prescribing

This project aims to create a single-entry point to Independence and Wellbeing Services and Stable and Non-Complex Care Services, bringing together information, advice and assistance services into an easily accessible point for both citizens and professionals working across the whole system. This new enhanced single-entry point will be web and telephone based, to enable people to search for relevant wellbeing services or arrange for a ‘What Matters’ Assessment to be undertaken. The

'*Wellbeing Matters*' service will be a 'front door' to services which can be accessed by people at home, in community settings or by professionals working across the region.
Key elements:

- Direct referrals from GPs to Independent Living Services and Wellbeing Co-ordinators using an integrated IT system
- New single wellbeing brand across Cardiff and Vale of Glamorgan
- Single access point to social prescribing across Cardiff and Vale
- Partnership approach to delivering enhanced Independent Living Services across local authority and Registered Social Landlords.
- Cluster wellbeing networks to support co-production and sharing of best practice.

1.3 Developing a Single Point of Access of GP Triage

This project seeks to address General Medical Sustainability (GMS) issues through the development of an effective General Practitioner (GP) triage service. This builds upon the successful model of the current Single Point of Access (SPoA) in the Vale of Glamorgan. Patients involved in a pilot practice will call their GP surgery, which would then divert them into the Contact1Vale contact centre where they would be put through to speak with a skilled call handler (care navigator) that can assess the person's presenting issue(s) through a 'What Matters' type conversation. They are also then able to have a clinical consultation with a triage nurse over the phone, which gives the patient an opportunity to talk about their issue in detail. The project will also facilitate patients receiving home visits in order to ascertain their wellbeing situation from a residential setting. Contact centre staff will be able to book appointments for patients in the same way that the practice does.

Key elements:

- Promotion of preventative services and wellbeing rather than a medical' model.
- Delivering care 'closer to home' by facilitating access to services within Locality
- Improved GMS sustainability – less pressure on GP recruitment.
- Equity of service provision across all GP Practices due to triage
- Better use of skills and resources across the whole system.
- Managing patient expectations through an effective communication strategy

1.4 Get Me Home Preventative Services

This project builds on the achievements of the Preventative Services First Point of Contact in Cardiff, with a new Get me home service single access point within the hospital for all community-based services. Using a collaborative approach, a new way of working will be developed to improve the patient journey and increase integrated working between Cardiff Council, health and third sector partners to ensure patients have access to the full range of services offered by the Preventative Services programme, as well as community or home based social care services, as required. This will see multi skilled Council operatives working hand in hand with health colleagues in the hospital to facilitate the journey home.

The team will be on hand to meet patients using ‘What Matters’ conversations to provide holistic tailored support that meets the wellbeing needs of the individual, providing preventative interventions and supporting independent living.
Key elements:

- New single point of contact for discharge and community
- Additional occupational therapy capacity to provide equipment (not care) based solutions which accelerate discharge to home
- New weekend service enabling increased discharges.

1.5 Get Me Home Plus

Get me home plus (GMH+) provides a fast track pathway for at least 8 patients per week who have been assessed as requiring level 2/3 support (Supported /Complex) - often a restart or establishment of a new package of care in order to return home. The project offers a credible and effective option that takes the person’s recovery to their usual surroundings.

This pathway will also include, where required, support from the Get Me Home Preventative Services, to ensure a holistic assessment of needs which will include benefits advice, links to other community services, along with signposting to other third sector support with the aim of preventing further admissions and providing individuals with support to maintain their wellbeing within their own home.

1.6 Developing an ACE Aware Approach to Resilient Children and Young People

The aim is to implement a new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people (CYP) across the region through timely intervention and signposting. The service will be delivered by new Resilience Workers who will be employed by the UHB and supervised by clinical staff but working alongside the two existing Education teams (Cardiff Specialist Teacher Team and Vale Outreach Team). These teams work into school clusters to support children's emotional wellbeing, but the new approach would be bringing the attachment, Adverse Childhood Experiences (ACEs) and mental health perspective to the teams in a holistic service spanning education, health and social care.

Key elements:

- New holistic service bringing together attachment, Adverse Childhood Experiences and mental health services across education, health and social care.
- New Resilience Workers working across Clusters within Cardiff and Vale of Glamorgan.
- Early intervention and prevention approach through Resilience Workers based within the community.

1.7 Developing Place Based Integrated Community Teams

Providing project capacity to work with health and social care staff, GPs and the third sector across the region to inform a new ‘place based blueprint’ for services which will scope the minimum services which could be provided on a cluster/locality/local authority and UHB Footprint in a sustainable way.

2. Cwm Taf Morgannwg RPB

The eight projects funded across Cam Taf Morgannwg RPB are as follows. The last three of these are funded across the Bridgend local authority area:

2.1 Urgent Primary Care Out Of Hours

The new aspirational model is focused on:

- the strengthening the MDT team triaging through the 111 clinical services hub and will aim to support and boost the current GP workforce in terms of triage, face to face appointments at Primary Care Centres and Home visiting
- maximising the opportunities from the application of Artificial Intelligence (AI) to sign post patients to self-care and appropriate alternative services.

2.2 Enhanced Community Cluster Team

In developing this work stream, clusters will take on a strategic role and will directly plan, organise and manage services for their local populations. It is intended that population segmentation and risk stratification will be utilised to improve patient care, supporting a move from a system of reactive interventions to one of anticipatory care which proactively manages escalation of need through seamless working across Primary Care Clusters, GP practices, the UHB and social care. The necessary interventions will be made by the appropriate member(s) of the multi-disciplinary team (MDT) or Enhanced Community Cluster Team. This work stream will build on a successful ‘Virtual Ward’ pilot in Cynon Cluster which will be expanded.

2.3 Stay Well@Home

Introduction of integrated multidisciplinary teams of Social Workers, Occupational Therapists, Physiotherapists and Therapy Technicians that will work 8am – 8pm, seven days a week together identifying people earlier in their hospital journey who could be better supported at home. A ‘single’ ‘what matters’ conversation takes place, in line with the Social Services and Wellbeing Act (Wales) and prudent health to identify any unmet care and support needs. Direct, rapid response (typically 4 hrs) pathways to community services have been developed to support the hospital based team. Each ‘trusted assessor’ can directly commission a range of community responses tailored to the person’s needs.

2.4 Population Segmentation and Risk Stratification

Developing a population health profile by linking and analysing primary and secondary care data in order to segment the population of the GP cluster into distinct groups based on their collective characteristics. This data can be further stratified and used to calculate individual patient risk scores using a wide range of modifiable and non-modifiable factors.

2.5 Assistive Technology

An Assistive Technology (AT) service is currently operational in Rhondda Cynon Taf and Merthyr Tydfil and it is intended that this work stream will build on this. The service offers a lifeline unit, and where appropriate other more specialist equipment such as fall detectors linked to a monitoring centre. The monitoring centre currently responds to the activation of the pendent / specialist equipment by calling a family member/carer or the emergency services to respond to the lifeline activations as appropriate. A component part of the new model will be the addition of a 24 hour mobile response service which will aim to respond to individual alarm activations within 30 minutes to 1 hour.

2.6 Every Day is Tuesday: Seven Day Access to Community Health and Social Care Services

The ambition is to have fully operational accessible services over seven days, over an extended day, as well as providing care and support at night. The ambition will develop and deliver a coordinated integrated approach to service operation where '*Every Day Is Tuesday'*; where the flow of people in and out of services is continuous and accessible.

2.7 Delivering a One Team Approach around People

The ambition will develop the ability to deliver a multidisciplinary team around people in the Community Cluster Networks, comprising primary care professionals, and an expanded community cluster network team to support timely and responsive assessments around individuals receiving care and support at home.

2.8 Developing and Delivering Resilient Coordinated Communities

This ambition will develop benefits with key organisations and the communities that they serve by working collaboratively to apply preventative approaches that enhance the wellbeing of the population of Bridgend.

3. Gwent RPB

Four projects have been funded across the Gwent RPB region:

3.1 Integrated Wellbeing Networks

The aim of IWN is to develop a whole system approach to prevention and early intervention. The concept provides the framework for establishing integrated, place-based wellbeing systems across GP clusters in Gwent. Bringing together a holistic range of assets that contribute to positive health and wellbeing on a place-basis will enable people to find the support they need to stay well within the community, reducing the need to access.

3.2 Place Based Care

This project supports the delivery of a wellness system across GP clusters in Gwent. The bringing together of a more holistic range of assets that contribute to positive health and wellbeing, on a place-basis, aims to enable people to access more care and support earlier, in their community. The programme encompasses dedicated work to lead the development of an integrated workforce, developing new and extended roles to work in a multi-disciplinary team based in primary care.

3.3 The ICEBERG Project

The ICEBERG model aims to focus on the environments where children spend their time for example: schools, community settings (e.g. youth services) and homes, to ensure that everything possible is being done to promote child's positive mental health in the context of their day-to-day life, and thus prevent the development of emotional health and wellbeing problems. The aims of this transformational plan is to re design a framework of integrated services that meets the specific needs the child or young person is presenting with at the place and time they need them.

3.4 Home First

The new home first model is underpinned by and enhances a partnership approach to discharge from acute hospital settings across Gwent in the first instance. The service model supports an integrated approach to service provision providing an opportunity for local authorities to work across organisational boundaries for the first time providing accelerated assessment and short term care packages for citizens receiving care in the Royal Gwent and Nevill Hospital (in the first instance) irrespective of their normal place of residence. The service has been operational since 1 November 2018 on both District General Hospital sites.

4. North Wales RPB

Four projects have been funded across the North Wales RPB region:

4.1 North Wales Community Service Transformation: Working Together for Local Communities

The project aims to work with the independent sector and third sector to harness the skills of the care workforce better and to develop in partnership roles and career opportunities within and across organisations, using different employment models, to achieve a sustainable and supported workforce within every cluster. A key element within the service model is the contribution of the third sector in supporting wellbeing services, promoting inclusion and participation and co-ordinating social prescription.

The development of a sustainable workforce model to meet the community transformation agenda is the most critical and challenging task ahead. The proposal will develop a range of workforce projects to underpin this model. This will include work around skills development across the whole health and social care community system, explore skill mixes and the new roles required to deliver on this model, joint training frameworks and career structure/progression opportunities, and joint workforce planning, asset mapping, recruitment and promotional activity.

4.2 North Wales Early Intervention and Intensive Support for Children and Young People

The aim is to establish integrated teams based in registered settings, termed as ‘assessment and support hubs.’ These settings enable children and young people to receive appropriate assessment and support as well as outreach work to facilitate their family/carer reunification, or further placement commissioning. The transformation funding adds an extra service layer providing support to a cohort of young people who have emotional, behavioural and mental health issues that fall out the threshold for specialist mental health support from CAMHS as these young people do not have a diagnosable disorder. These children are at high risk of coming into care, residential school, or the criminal justice system. This service would be geared to avoid, and minimise, inappropriate admissions/stays by offering an alternative provision (an assessment and support Hub) to work with the young person and their parents/carers. The model reflects that early help can happen at any point to prevent the need for statutory provision, sustain current care and support arrangements and to avoid escalation of need.

4.3 North Wales Together: Seamless Services for People with Learning Disabilities

The aim to replicate the existing, effective integrated structures across North Wales to create a consistent, seamless model of service. This will include looking at integrated assessments and developing integrated records, already in place in some localities in North Wales, and sharing existing best practice. This strand will work with other programmes of integration, such as the development of Community Resource Teams (CRT) by developing regional principles that can be implemented locally. The focus will be on a providing a seamless experience of services for people with learning disabilities.

4.4 Together for Mental Health Programme

The project will focus on underpinning the multi-agency approach to crisis care by training front line staff from all organisations on respective roles and responsibilities to improve practice and the experience for people in crisis as well as to avoid inappropriate escalation of crisis. This will include rolling-out multi-agency simulation training in mental health crisis care Talar, which will improve collaborative working. To improve skills and knowledge of Mental Health, Learning Disability, Dementia, Substance misuse, brain injury, Autism, suicide and self-harm agencies will work together to deliver training for all staff within agencies. To improve collaborative working and delivery of multiagency pathways there will be opportunity for professionals from different agencies to spend time shadowing each other.

5. Powys RPB

Powys has nine distinct accelerator workstreams to support its North Powys Wellbeing project. These workstreams aim to support the delivery of a new integrated model of care as articulated in the Health and Care Strategy for Powys.

The North Powys Wellbeing programme funding is supporting the delivery of both long-term change required to support the development of a new multi-agency wellbeing campus and short-term change in relation to new ways of working that can be implemented now. The following workstreams are focused on the short-term change:

5.1 Repatriation of Children Looked After

This project focuses on issues relating to Powys children and young people leaving the county and living further away from home who experience disruption of community ties, schooling and health provision. It is subsequently more difficult for local services to manage risk to these children and indeed they may be exposed to new risks in the areas to which they move. Keeping children closer to home aims through the Repatriation project aims to promote improved health and wellbeing of children and young people.

5.2 Discharge to Recover and Assess

The aim of this project is about supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital where they can then be assessed for their longer-term needs in the right place. The project envisages close partnerships with the third sector. Third sector organisations will also help provide that vital link between the older person and the outside world at a time when they are still recovering from an accident or illness and may feel vulnerable and isolated.

5.3 Remote Reviews – Ethel

The Ethel project aims to use technologies to support the care sector in Powys. Staff currently travel to undertake reviews of service users who are resident in care homes which results in non-productive time as well as mileage costs and an impact on the environment. The project aims to reduce travel time and costs and to release additional worker capacity to increase the number of reviews undertaken in a timely manner for care home residents in North Powys.

5.4 Repatriation of Pre-Operative Assessment

Repatriation of Pre-Operative Assessment focuses on the first stage of assessment of a patient's suitability for inclusion or exclusion for a surgical procedure. Powys RPB identified a need as to how many patients are travelling for care outside of Powys that could potentially be bought back into the country, for day case, diagnostics and outpatients. It has been identified that undertaking pre-operative assessment within Powys would be a good starting point for an accelerated change in the repatriation of services

5.5 Targeted Prevention on Promotion of Healthy Start Vouchers

The project aims to improve health outcomes and reduce health inequalities for children in North Powys focusing particularly on those who live in the most deprived communities. This will be achieved by enhancing and accelerating the pace of delivery of existing, evidence-based programmes in order to increase the rate and/or reach of their implementation and to thereby increase their impact, particularly in Newtown and Welshpool.

5.6 Virtual Clinics and eBooking

The Virtual Clinics Project links to a growing need to examine how digital technologies can be used within its services to improve patients' access to specialist heath care. Virtual Clinics will be particularly beneficial to Powys, as they can help to overcome geographical barriers associated with the rurality of the health board and are key to providing patients with specialist care closer to home and avoiding travel wherever possible. Virtual Clinics and E booking will focus on professionalising the workforce to support modernisation and transformation of care. 2 x Band 3 Digital health care support workers will be recruited to support patients during the consultation. These staff would be trained to manage the running of the equipment and to troubleshoot any issues.

5.7 Digital House

Digital House will be disseminated to people across North Powys to enable people to identify and purchase equipment which supports their needs and remain independent. The product has been purchased and is ready to go live.

5.8 Technology Enabled Care

The Technology Enabled Care project aims to support increasing number of individuals in Powys to retain their independence in their own homes for longer, reducing the demand placed upon domiciliary care and residential care. The focus on technology has a key role to play in the modernisation of health and social care. It offers a range of possibilities for greater choice and enables people to take greater control, and to live independently for longer by preventing hospital admissions and premature moves to residential care.

5.9 Integrated Cross-Border Team Approach

This project promotes an integrated team approach and aims to provide Powys with an opportunity to reshape the way that community health and wellbeing services are delivered, sharing resources in an area that has challenges associated with rurality and the subsequent sparse workforce.

6. West Glamorgan RPB

Two projects have been funded across the West Glamorgan RPB region:

6.1 Cluster Whole System Approach

The Penderi Cluster is made up of six general practices working together with partners from key Local Authority Departments such as Social Services and Poverty and Prevention, the Voluntary Sector, Community Pharmacies, Dentists and Optometrists and the wider ABMU Health Board. The Penderi Cluster Network will be an ideal test ground toward full implementation of a transformed model of a cluster led, integrated health and social care system across the Health Board.

A key focus of the Cluster Programme will be on older people, with integrated services trying out new models of care closer to home and reducing unscheduled admissions. This is part of the approach to co-ordinate services to maximise wellbeing, independence and care closer to home.
The Cluster Whole System Approach envisages the development of a Social Prescribing role for the cluster. This will include establishing mechanisms for social prescribing and wellbeing activities to be increased.

6.2 Our Neighbourhood Approach

The project involves moving towards new models of prevention-focused, asset-based care that will build resilience and strengthen community connections. This will include supporting people to manage their own health and personal wellbeing, thus minimising the reliance on traditional hospital services.

The project aims to improve the population health and wellbeing through a focus on prevention:

- increase the scale and pace of preventative programmes across the region for example “Wellbeing from Birth – First 1000 days”
- increase and improve the collaboration and integration with partners such as 3rd Sector, Council for Voluntary Services, Providers, Education, Leisure, Housing
- ensure clear communication across the region with all stakeholders

7. West Wales RPB

West Wales RPB has three projects funded via the Transformation Fund:

7.1 Proactive Technology-Enabled Care

This programme will identify and engage with those that may present to services in the future, with a focus on supporting citizens that are most likely to be at risk of needing care in the future and proactively seeking to work with them to prevent needs escalating. The programme involves implementing a new model of self-help and proactive care, enabled by TEC: Bespoke and individualised equipment to support the service: This will enhance the current 'lifeline' pendants. Core components of the model include:

- Assessment: assessment tool to capture individual likes and preferences, alongside details of health, care and support needs, to inform proactive call monitoring.
- Proactive call monitoring: an individualised self-management plan will be implemented through a schedule of calls (e.g. reminders about flu jabs).
- Wellbeing support: a team to work with individuals identified as needing community-based support and develop community-based stay well plans. Direct pathways to specific interventions will be provided, such as interventions to prevent/reduce loneliness, falls and carer stress.
- Rapid Response Units: a 24/7 mobile service will respond to calls when crisis occurs
- Community based support: The specific interventions delivered through this programme will be:
    - A digital inclusion project to reduce loneliness and isolation for older people
    - A region-wide, proactive falls prevention service
    - Carer support, including advocacy support, delivered through the Carers' Information Service and providing carers with their own stay-well plan.
    - Holistic community solutions: Including the review of Stay well plans in the locality and which will feed into the prevention frameworks of that county.

7.2 Fast-tracked, Consistent Integration

The project aims to deliver integrated and multi-disciplinary Fast Access Community Teams, across the region, enabling patients in crisis to be seen and treated by an appropriate professional in the community with the most appropriate skills. This programme aims to reduce hospital admissions and facilitate early discharge from hospital.

The programme will provide an Integrated Project Manager (IPM) for each locality. This role will work with primary care, community teams and wider stakeholders to accelerate and drive change, manage any specific locality projects and share collective learning and consideration of “scale up” potential into other localities.

7.3 Creating Connections for All

The project will be an intergenerational approach that will foster and nurture connections to alleviate loneliness and isolation prevalent in many communities.

The project aims to:

- roll out a consistent model of age, dementia and disability friendly communities that builds on existing local initiatives, branded as ‘West Wales is Kind’ recruiting Community Champions and drawing on the experiences of the Compassionate Frome programme. This will include developing a robust community infrastructure for time banks
- commission an intergenerational ‘buddying’ project through which young people will support elderly citizens in developing IT skills
- equip other key staff across partner agencies with the skills and networks necessary to support community connectors in growing community assets
- reviewing and reinforcing the vital role of community connectors in the region and ensuring a consistent and coherent approach moving forward. As a minimum ensuring that each locality has access to the support of a community connector who will work in partnership with social prescribers to create asset-based community opportunities.

8. Collaborative Kidney Care (hosted by Cwm Taf Morgannwg RPB)

The project provides a five-point programme plan for digital transformation of kidney care for people with chronic kidney disease (CKD) in Wales:

8.1 Electronic prescribing & medicines administrations using an All-Wales renal electronic patient record (EPMA-REPR)

This project aims to create a patient electronic module to allow paper-less management of outpatient dialysis and outpatient treatments. The module can be used to prescribe and record drugs for haemodialysis within a comprehensive renal patient record.

8.2 Digitally delivering renal services. Digitally creating and delivering documents to primary care using a renal-EPR to automate electronic correspondence and integration with NHS IT systems

Electronic document generation and delivery to primary care and the Welsh Clinical Portal. This will automate letters, correspondence and prescriptions within the comprehensive renal patient record.

8.3 Digital renal care summaries. Publishing renal care summaries to non-renal systems, such as the Welsh Clinical Portal to aid safe shared clinical decision making

The aim of this programme is to create tailored digital renal care summaries for primary, secondary and community care-givers. This will be achieved through publishing tailored renal care summary to non-renal systems such as the Welsh Clinical Portal (and where possible, the Welsh Community Care Information System)

8.4 Primary care CKD surveillance & targeted intervention to recognise, prevent and provide targeted management of kidney disease in the general population across Wales through a digital CKD surveillance and intelligent alerting system

This programme aims to recognise, prevent and provide targeted management of kidney disease across Wales through a signal digital CKD surveillance and intelligent alerting system. It will introduce a Wales-wide screening of kidney function to identify deteriorating patients with progressive CKD and alert the responsible clinician either in primary or secondary care. It will have a coordinated, customised alerting system that will facilitate patients' discharge from secondary to primary care, and in the event of a change in results, prompt a clinical review.

8.5 Enabling supported self-care by providing the support, tools and health literacy to digitally access care records through a patient’s portal and enable informed co-productive healthcare

The aim is to provide ongoing support to enable patients to use digital to help manage their condition. The project will adapt systems to allow patients to self-enter data into the renal electronic patient record and adapt the existing patient portal to allow correspondence, care plans and patient information to be sent to an app on their smartphone or website.

Appendix B – Transformation Fund Evaluation – Research Questions

Models of Working

1. To what extent are the projects/services new and transformational (i.e. have changed or replaced existing approach) or whether they are an extension of existing provision?
2. Which critical success factors of the new models are most important and have most impact?
3. Do the success of models differ by focus e.g. population group, geography, level of intervention, partners involved etc?
4. To what extent have the Transformation Projects addressed the Design Principles? Have some Principles been met more than others? If so, what are the reasons for this?
5. To what extent have the Transformation Projects utilised the philosophy of Prudent Healthcare (not providing treatment where it is unlikely to benefit the patient, or could do harm)?
6. To what extent have the Transformation Projects addressed the Well-being for Future Generations 5 ways of working (long term, integration, involvement, collaboration, prevention)?
7. Can the new models demonstrate a shift to preventative services? To what extent can this be demonstrated and sustained?
8. Have the design of models changed during the duration of the Programme? What has been the reason(s) for this change?
9. To what extent have the new models been scaled-up throughout the Programme? What were the critical factors in enabling scaling (or not)?
10. What is the future impact of the new model going to be on the wider system post Transformation Fund?

Pace of Change

1. What has the pace of change been in the Transformation Projects? (need to quantify)
2. Has the pace varied according to project focus (e.g. population group / level of intervention/geography) and what have been the critical factors influencing progress?

Outcomes and Performance Measures

1. What was it like before (baseline performance), what is it like now (current performance) and what brought about the changes?
2. What is best practice for measuring outcomes and performance in relation to the new models?
3. Are there still gaps in the evidence base for measuring outcomes and performance?

Cost Benefit

1. What has been the financial impact of the Transformation Fund?
2. What return on investment and/or financial savings have there been? Have the projects delivered a positive cost benefit or have the benefits been improved citizen outcomes at the same cost?
3. To what extent has the financial impact been influenced by other resources e.g. Integrated Care Fund, core budgets? What would have been the impact without this additional resource?
4. How is financial sustainability being achieved post Transformation Fund?

Engagement

1. To what extent has there been workforce and citizen involvement in the projects and how has that contributed to the outcomes delivered?
2. Have staff and/or citizens been asked to work/behave differently and can outcomes be attributed to this change?
3. What partners have been involved in the project? Have there been different benefits/challenges resulting from different partner engagement? If so, what have these been?
4. What were the successful and unsuccessful components of engagement undertaken as part of the project?

Governance

1. What governance arrangements have been in place for the Programme?
2. Has there been senior level ownership of the Programme and what impact has this had on the delivery of outcomes?
3. Have new procedures/policies/processes been developed as a result of the project? What impact has this had on the delivery of outcomes?
4. Have there been barriers to change (e.g. information governance, workforce etc)? What impact did these have?

Appendix C - Transformation Fund Programme Evaluation - Welsh Government/Senior Leaders Discussion Guide

Section A: Involvement with the Transformation Fund

1. Tell me about:
    a. Your role and remit
    b. Your involvement in the design and development of the Transformation Fund

Section B: Programme Aims and Objectives and Theory of Change

2. What were the most important drivers to the creation of the Transformation Fund?

3. What do you understand to be the key strategic aims and objectives of the Transformation Fund?

4. What key issues is it designed to tackle?

5. What evidence was considered to suggest that the Transformation Fund might be an effective way of achieving the aims/objectives?
    a. Are you aware of similar schemes that have achieved this, if yes, what are the sources of evidence?
    b. What other potential approaches (if any) were explored?
    c. If any were considered, what lessons were taken on board?
    d. If any were considered, and discounted, why was that?

6. When the Transformation Fund was first conceived, what was 'success' expected to look like?

7. What should we expect to see happening if the aims and objectives of the Transformation Fund are achieved? How will we know that the overall aim has been achieved?

8. What short or intermediate term outcomes would you expect from the Transformation Fund projects?

9. What assumptions were made in deciding that funded projects would lead to short- and long-term outcomes?

10. What externalities could impact upon the success or otherwise of the Transformation Fund?

Section C: Programme Delivery

11. What is the role/terms of reference of the Transformation Programme Management Board and the Panel which assessed the original proposals?
    a. Is the membership suitable?
    b. What is working well?
    c. How could the work of the Programme Management Board be improved?

12. What are your views on the guidance provided to applicants?
    a. How clear was the guidance?
    b. What worked well?
    c. What could have been improved?

13. What are your views on the quality of the applications received to date?

14. What do you think are the main reasons behind projects being successful in their application for Transformation funding?

15. What are the main reasons for projects not being successful at application stage?

16. What are your views on the fit of funded projects with the overall Transformation Fund aims and objectives?

Section D: Lessons Learned and Future Considerations

17. Is there (or is there perceived to be) any duplication/displacement of other similar funding streams? If so, which ones and why?

18. To what extent do the funded projects of the Transformation Fund reflect what was anticipated?

19. To what extent do you expect the funded projects to deliver the outcomes expected?

20. At this stage do you feel that anything needs to be changed about the Transformation Fund i.e. were there any flaws in the original assumptions or logic?

21. What needs to happen or be prioritised in order to ensure the Transformation Fund can successfully achieve its aims and objectives? What needs to be in place (e.g. resources, policies, guidance) in order to ensure continued progress?

Appendix D - Transformation Fund Programme Evaluation – RPB Chairs and RPB Leads Discussion Guide

Section A: Involvement with the Transformation Fund

1. Tell me about
    a. Your role
    b. Your organisation
    c. Your involvement with the Transformation Fund

Section B: Programme Aims and Objectives & Design

2. What do you understand to be the aims and objectives of the Transformation Fund?

3. What are the key issues the Transformation Fund is trying to tackle in your region?

    a. In what way is regional funded activity expected to realise the Transformation Fund aims and objectives?

4. What difference do you expect the Transformation Fund to make in tackling some of these issues in your region?

5. Is there (or is there perceived to be) any duplication/displacement of other similar funding streams? If so, which ones and why?

6. What, if anything, do you consider to be innovative about your approach to the Transformation Fund? Why do you think this is innovative?
    a. In terms of its design
    b. In terms of its implementation

7. How effective has Welsh Government been in <u>designing and developing</u> the Transformation Fund?
    a. What are the strengths?
    b. What could be improved?

Section C: Programme Delivery

<u>Application Process</u>

8. Can you talk me through your experience of the application process?
    a. What was your role?
    b. How clear was the guidance?
    c. How effective was the process?
    d. How could it be improved?

9. What do you think are the main reasons projects being successful in their application for Transformation funding?

10. What are the main reasons for projects not being successful at application stage?

Project Management and Monitoring

11. What are your views on the quality of the Welsh Government's monitoring and project management processes in place for the Transformation Fund?

12. How robust is the monitoring process?
    a. How are project progress reports verified?
    b. How much consistency is there in the monitoring information currently being collected?
    c. How much scope is there for more consistency? (Probe around areas of common ground)

Models of Working

13. In what way are the funded projects/services new and transformational or are an extension of existing provision?

14. Have there been any significant changes or adjustments to what was proposed in the original application?

15. In what way are projects addressing the Design Principles?

16. In what way are projects utilising the philosophy of Prudent Healthcare?

17. In what way are the projects addressing the Wellbeing for Future Generations five ways of working?

18. Do the new models demonstrate a shift to preventative services?

Pace of Change

19. What has been achieved to date?

20. What progress has been made against the workplan and projected spend?

21. What's working well?

22. What have the challenges been for implementation?

23. What has the pace of change been within projects?

Governance

24. What governance arrangements are in place to oversee the projects?

25. What ownership is there of the projects at a senior level within RPBs?

26. What new procedures, policies or processes have been introduced?
27. What are the barriers to change?

Engagement

28. In what way has the workforce and citizen been involved in projects?

29. What evidence is there that staff and/or citizens are working or behaving differently?

30. How have various partners been involved in the project? What benefits or challenges have occurred as a result?

31. What has/hasn't worked well in terms of engagement?

Section D: Emerging Outcomes

32. What kinds of **outcomes** do you expect the Transformation Fund to achieve (Probe around *AHW* Outcome Framework outcomes in particular)?

33. What factors/externalities will affect the achievement of these (hard and soft) outcomes? (Probe around organisational issues, policy priorities, UK/Wales budgetary priorities)
    a. How and why do you think these factors might affect the achievement of outcomes?

34. From the implementation of the Transformation Fund to date, can you think of any unexpected outcomes that have been/might be achieved?

35. What longer term impacts do you expect the Transformation Fund to achieve?

(The following questions will be asked, as required, where there are gaps in the submitted evidence in the mid-point regional evaluation reports)

Outcomes and Performance Measures

36. What baseline positions have been set for your projects?

37. What best practice for measuring outcomes and performance has been achieved in relation to the new models? (i.e. what quantitative and qualitative indicators have been adopted to evaluate the progress being made?)

38. What accounts for any strong or weak performance in terms of achieving early outcomes?

39. What gaps, if any, are there in the evidence base for measuring outcomes and performance?

Cost Benefit

40. What early evidence is there of return on investment and/or financial savings?

41. What links are there to other funding resources e.g. ICF or core budgets?

42. What are the early plans in place to ensure financial sustainability for the project?

Section E: Lessons Learned & Future considerations

43. What are they key success factors of the Transformation Fund programme from your experience so far?

44. Does your experience of implementing Transformation Fund projects suggest that any element of its delivery needs to be altered in any way?
    a. If so, what might need to be changed and why?

45. If you were designing the Transformation Fund anew, what might you suggest is done differently? Why?

46. Is there anything else that we’ve not discussed that you think is important for us to consider?