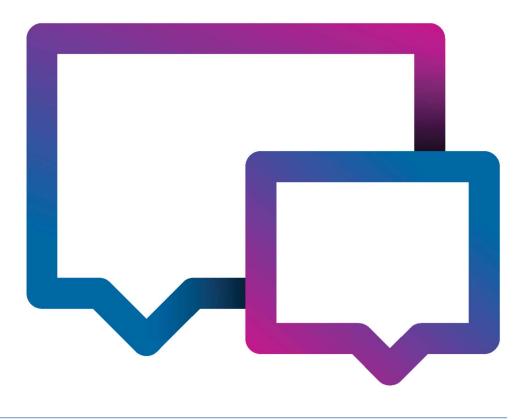July 2021

Annual Update - Evaluation of 'A Healthier Wales' Transformation Fund

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A report to
Welsh Government

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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
CoP	Communities of Practice
CIC	Community Interest Company
CVC	Community Voluntary Council
GP	General Practitioner
H2H	Hospital to Home
ICF	Integrated Care Fund
IT	Information Technology
NHS	National Health Service
NPT	Neath Port Talbot
ONA	Our Neighbourhood Approach
RAG	Red Amber Green
RCT	Rhondda Cynon Taf
RSG	Revenue Support Grant
RPB	Regional Partnership Board
SCW	Social Care Wales
TEC	Technology Enabled Care
TF	Transformation Fund
UHB	University Health Board

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Executive Summary

Research aims

OB3 Research was commissioned by the Welsh Government in September 2019 to undertake an evaluation of the 'A Healthier Wales' Transformation Fund (TF).

The TF was established to fund new models of seamless health and social care as part of the Transformation Programme to realise the ambitions set out in the Welsh Government's A Healthier Wales. Funding was made available to Regional Partnership Boards (RPBs) to support projects which focused 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 aim of the evaluation is 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
- evaluate the component parts of new models which have successfully (and unsuccessfully) enabled the adoption and scaling up of new ways of working.

It was originally intended that the evaluation would consist of three phases: a mid-point evaluation in 2020, a final evaluation in 2021 and a follow-on report in 2022. The mid-point evaluation was published in 2020[1] and provides a review of programme processes and an interim assessment of impact.

The Welsh Government announced in August 2020 that the TF would be extended for a period of one year. It was agreed that the 2021 evaluation would be an annual update evaluation and a final evaluation would be produced in May 2022.

Method

The annual update evaluation has involved:

- an inception stage to include attendance at an inception meeting with Welsh Government officials
- desk based research to include a review of recent developments

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[1] Health and social services transformation fund 2018 to 2021: mid-point evaluation | GOV.WALES

- developing a regional evaluation reporting template and undertaking a detailed meta-analysis of regional evaluation reports submitted to Welsh Government in April 2021
- preparing a series of semi-structured discussion guides for use with a range of contributors at Welsh Government and RPBs
- conducting a package of qualitative fieldwork with 21 Welsh Government and RPB[2] representatives
- presenting emerging findings from the evaluation and synthesising the findings from the fieldwork and desk review and preparing a final report.

Key findings of the evaluation

The key findings in terms of programme delivery include:

- there have not been any major changes to models of working since the mid-term reporting, but many projects have been impacted by the outbreak of the COVID-19 pandemic either by adapting their ways of working, accelerating or pausing their activities
- several projects, particularly those involved in community networks, hospital avoidance, provision for children and young people, and technology enabled care experienced an increase in demand and a better understanding across the health and care sector of their capabilities to take pressure off key services
- there is a mixed picture in terms of pace of change. Whilst some projects have seen an accelerated pace of change (mainly those involved in the provision set out above) others have not experienced similar development over the past year, largely due to the impact of the pandemic upon staff availability and difficulties engaging with people during this period
- TF spend has increased substantially since the mid-term reporting, with a significant majority of funding now allocated
- projects are reporting similar factors that enable them to achieve. They include a whole system approach, use of digital solutions and a demonstrable change in workplace culture
- challenges for projects remain, particularly where cross-organisational working is required with several local authorities or where project scope and purpose remain unclear. Those projects with less robust project management systems have also struggled
- the COVID-19 pandemic has impacted governance arrangements, with these pared down or suspended. Where governance has continued to operate, meetings have been held on-line

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[2] An additional project, Collaborative Kidney Care, sponsored under Cwm Taf Morgannwg RPB has also been included in this fieldwork.

which has resulted in better stakeholder engagement, streamlined decision making and partners working more effectively to get things done

- governance arrangements were re-established at the end of 2020-21 and, in several regions, were refreshed so that they were proportionate and suitable for current circumstances

- prior to the first COVID-19 lockdown, citizen, workforce, and stakeholder engagement was becoming more prominent within projects, with a few examples of co-production. However, since then, the pandemic has severely impacted on this aspect with citizen involvement largely confined to seeking user feedback via surveys. Similar approaches have been utilised to gain staff and stakeholder views.

The key findings in relation to evaluation evidence since the mid-point reporting are:

- RPBs have set out to develop underpinning theories of change and evaluation frameworks. In some cases, these evaluation frameworks have been informed by baseline data and regions adopt an indicator dashboard to monitor achievements. The progress made to implement evaluation frameworks varies from one region to another, with lack of progress accounted for in most part by the effects of the COVID-19 pandemic. Many project/regional level evaluation reports conclude that there is a need for further work on developing and implementing programme outcome frameworks, including the adoption of an indicator dashboard to allow for the long-term monitoring of programme impact

- there has been a shift across many regions/projects to adopt quantifiable measures to demonstrate their progress and to report upon the outputs being achieved. Many projects are now able to report on the numbers of service users who have been engaged and/or activities delivered

- there is some evidence now in place to provide at least early indications of the benefits that projects are generating for service users and service provision more broadly, although this is not consistently the case across all projects or regions

- only very few TF projects consider and report upon metrics which offer an insight into the monetary benefits of their activities, despite many now adopting quantifiable measures for the progress and outputs being achieved. Over the remaining one-year delivery period, there would be value in RPBs focusing on calculating the return on investment or financial savings which are generated as a result of TF projects

- RPBs are very mindful of the need to consider future funding options and the ongoing sustainability of activities currently funded via the TF programme. There is a need for project or programme level exit planning, informed by evaluation evidence. Consideration needs to be

given to whether projects will continue, and whether they will be funded from mainstream funds or require other short-term investment.

The key findings in terms of the future include:

- regions are now working on aligning their projects into a more cohesive model and there is an increasing interest and appreciation for what TF has funded, with several aspects of TF programmes, particularly community-based interventions, providing crucial support during the pandemic

- funded projects are currently in a precarious situation due to funding only being in place until early 2022. There is a lack of clarity about how provisions will be funded after this date and key staff are already moving on to other, more secure positions

- with less than a year to go, and a need to establish business cases and exit strategies, projects are realising that in the absence of baselines, evaluation frameworks and thus robust evidence of impact and difference made, it is becoming increasingly difficult to make the financial case for mainstreaming or continuing the funding for some projects

- the transformation of services cannot be achieved over a three-year period and there is a strong case for exploring the need for a longer-term, single programme to fund the transformation of health and social care services in the future, whereby integrated services such as those currently funded via the TF and ICF could be combined into a single fund with a strategic, clearly defined remit and purpose

- a key lesson for any future funding programme is the need for an evaluation framework with clear, consistent performance metrics and outcomes which are well defined, outlined from the start.

Recommendations

The report offers a series of recommendations, which should be considered alongside the mid-term evaluation:

Recommendations for the remaining delivery period of the TF

Recommendation 1: For the remaining period, funded TF projects need to refocus on citizen engagement activities, and to look to include this as part of their ongoing review and evaluation activities.

Recommendation 2: RPBs need to capture evidence and calculate the return on investment or financial savings achieved, as very little evidence is available across the programme of this and

it will be vital for making the business case for mainstream funding or for any continued funding via any future funding approaches.

Recommendation 3: In the remaining period available, projects and programmes need to prioritise their exit planning for funded projects and programmes. This includes ending any projects that are unlikely to be realised during the time remaining and detailed consideration of likely options for those projects that will require continued support.

Recommendation 4: RPBs should continue with implementing the streamlined and effective governance arrangements which have been introduced in response to COVID-19.

Longer-term, strategic recommendations:

Recommendation 5: Welsh Government should recognise that transformation is a long-term process and as such consider how it can support existing TF projects that need a longer time to demonstrate impact. The Welsh Government needs to consider how seamless transition arrangements could be put in place from April 2022 onwards thereby removing the current funding cliff-edge which is of concern to regions. Any future funding arrangements should adopt the principle of tapered funding, to reinforce the importance of demonstrating impact and support the move towards greater self-sustainability.

Recommendation 6: In the long-term however, Welsh Government should give due consideration to amalgamating health and social care funding streams, particularly TF and ICF, into a single longer-term strategic fund to drive transformation across the sector. We would suggest that this strategic fund be designed in collaboration with the regions as a long-term one to support sustainable transformative change across the sector.

Recommendation 7: Any new strategic funding programme should be underpinned by a clear theory of change and evaluation framework which set out clearly defined high level outcomes from the outset. These outcomes should be underpinned by measures or indicators which can be monitored over time to track the impact of the programme. Funded provisions should be expected to contribute towards these strategic outcomes and report against a common set of indicators.

Recommendation 8: Any new strategic funding programme should provide clarity on the overarching priority themes/strands for funding. These themes should be developed and agreed in collaboration with the RPBs with the funding programme seeking to fund projects with clear plans and potential for scale-up over time.

1. Introduction

1.1 In September 2019, the Welsh Government appointed OB3 Research 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 originally intended that the evaluation would consist of three phases: a mid-point evaluation in 2020, a final evaluation in 2021 and a follow-on report in 2022.

1.4 A mid-point evaluation was conducted during 2020[3] and the report provides a review of programme processes and an interim assessment of impact. The evaluation was completed prior to the COVID-19 pandemic outbreak and was informed by regional mid-point evaluation reports prepared by RPBs, along with fieldwork with Welsh Government officials and RPB representatives.

1.5 The Welsh Government announced in August 2020 that the Transformation Fund would be extended for a period of one year, and it was agreed that the 2021 evaluation would be an annual update evaluation rather than a final evaluation. It was also agreed that a final evaluation would be produced in May 2022, rather than a follow-on report as planned.

Structure of this report

1.6 This annual update evaluation report is presented in seven chapters as follows:

- chapter one: this introduction to the report
- chapter two: an outline of the evaluation methodology
- chapter three: a brief update on the TF and developments since the mid-term report
- chapters four to six: outlines the key findings in relation to programme delivery (including models of working, pace of change, governance, and engagement), outputs, outcomes and sustainability

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[3] Health and social services transformation fund 2018 to 2021: mid-point evaluation | GOV.WALES

- chapter seven: provides conclusions and recommendations, taking into account lessons learnt.

2.   Evaluation Methodology

2.1   This chapter sets out the method deployed for undertaking the annual update 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.

Method

2.3   The annual update evaluation, which was undertaken between April and July 2021, 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 and access documentation including regional annual evaluation update reports

- desk based research to include a review of recent developments

- 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 and undertaking a detailed meta-analysis of these regional evaluation reports submitted to Welsh Government in April 2021

- preparing a series of semi-structured discussion guides for use with a range of contributors at Welsh Government and RPBs

- conducting a package of qualitative fieldwork across Welsh Government and the seven RPBs[4]. The fieldwork included Teams/telephone interviews with 21 stakeholders in total

- presenting emerging findings from the evaluation

- synthesising the findings from the fieldwork and desk review and preparing this final report.

Methodological considerations

2.4   A few issues should be considered that have affected the methodology and the evidence available as part of this update report.

2.5   Firstly, the remit for this report was changed from its original purpose. As a result this report is now a shorter, update report, following up on the mid-term review that was conducted during 2019-20. A more detailed, final evaluation report which will take into account a wider range of interviews and a deeper analysis of final outcomes and impacts, will be prepared in 2022.

2.6   Secondly, the on-going COVID-19 pandemic has meant that all interviews have been conducted via Teams or phone rather than face-to-face. The fieldwork was conducted at a time when health and social care remained under great pressures. However, this approach worked well and offered greater flexibility for participants to have focussed discussions with a member of the research team.

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[4] An additional project, Collaborative Kidney Care, sponsored under Cwm Taf Morgannwg RPB has also been included in this fieldwork.

3. Overview of the Transformation Fund

3.1 This chapter provides an overview of the TF and a synopsis of the key findings and recommendations of the mid-point evaluation of the programme. It also includes an update on relevant policy and operational developments since the publishing of the mid-point evaluation report and considers the impact of the COVID-19 pandemic on TF activity.

Overview of the Transformation Fund

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 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.

3.6 A total of 12 proposals were approved across the seven RPBs as of June 2019, originally amounting to a total of £88.5m as follows:

- £6.9m for Cardiff and Vale of Glamorgan RPB

- £22.7m for Cwm Taf Morgannwg RPB

- £13.5m for the Gwent RPB

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

- £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.

3.7 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.

3.8 At this stage, the funding was made available to RPB for delivery between October 2018 and the end of December 2021.

Mid-point Evaluation for the Transformation Fund

3.9 The mid-point evaluation of the Transformation Fund was published in July 2020 but considered evidence collected prior to the outbreak of the COVID-19 pandemic.

3.10 A process evaluation, it included several key findings about the design and delivery of the TF programme including:

- most models were considered to be potentially transformative but overlapping themes and similar approaches in place in different regions risked duplicating effort

- total spend of the TF budget at the end of March 2020 was 41% of total budget, but spend had ramped up significantly during the last quarter (January – March 2020)

- the original timescale for achieving real transformation seemed ambitious and had been further hampered by several factors

- 30 'projects' received funding, of which 22 were operational at the mid-term evaluation point. Projects that had evolved from existing approaches and were more embedded into mainstream provision were more challenging to draw out as distinct models

- it had not been possible to report on outcomes achieved by funded projects, largely due to the recent start of many projects and it was too early to evidence the difference made

- there was little evidence available to make an informed view as to whether models could be sustained and scaled up when funding came to an end

- projects needed to prioritise the gathering of evidence to be able to demonstrate the contribution made by interventions.

3.11 The mid-point evaluation made a series of operational recommendations (one to seven) for the remaining period of programme delivery and a further set of longer-term strategic recommendations (eight to 15) aimed at learning the wider lessons of TF thus far. The recommendations are summarised below:

Figure 3.1: Summary of TF Mid-point Evaluation Recommendations

Recommendation 1 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 for future reporting purposes.
Recommendation 2 Welsh Government should look to extend the timescale by at least 12 months. 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 are unlikely to get off the ground, these should be identified 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. 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.
Recommendation 6

Welsh Government should consider aligning the reporting requirements of its various funds so that all the information is submitted in the same format at the same time.

Recommendation 7

In future, 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.

Recommendation 8

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 Welsh Government with funding available for fewer, more strategic transformation projects.

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).

Recommendation 11

We recommend that any transformation fund in future should include a six to twelve-month mobilisation phase for approved projects.

Recommendation 12

Robust and clear evaluation frameworks should also be signed off within the mobilisation phase of approved projects.

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.

> **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.
>
> **Recommendation 15**
>
> Welsh Government, in collaboration with HEIW, Social Care Wales and WCVA should consider on a national level how it can increase project management capacity and change management skillset capacity within the staffing resources available within the health and social care system.

Impact of COVID-19

3.12   Following the outbreak of COVID-19 in March 2020, all RPBs were issued with guidance in line with updated advice issued by the Welsh Government's Grants Centre of Excellence. This included the suspension for all routine grant monitoring, reporting and evaluation activity for the TF so that staffing capacity could be released to focus on the response to COVID-19.

3.13   RPBs were given flexibility to re-prioritise resources within their projects to accelerate or enhance those services that could support the COVID-19 response. As a result, some TF project activity was paused during this period.

3.14   RPBs evaluation requirements were also updated during this time. It was requested that RPBs undertook a review of project baselines where changes had been made so that evidence of outcomes and whether models could be sustained and scaled could still be achieved.

3.15   At this time, many RPBs had already been developing business cases and exit strategies for TF projects (as they were initially due to end in March 2021) to prioritise any on-going investment and to consider how services could be sustained going forward. As such, Welsh Government requested that all RPBs submitted their business cases /exit strategies to Welsh Government by end September 2020.

3.16   In August 2020, a further 12-month extension of the Transformation Fund to April 2022 was announced by the then Minster for Health and Social Services, Vaughan Gething MS. The announcement recognised the crucial role that TF funding had played in embedding and

supporting new ways of delivering wider health and social services in Wales, and its fundamental role in responding to the COVID-19 pandemic.

3.17   The £50m of further funding for the 12-month period was considered crucial in providing RPBs with stability and to ensure continuity for key health and care services during the winter months and pointed to the way that hospital to home projects and admission avoidance models developed via the TF alongside the use of digital technology had provided essential services during the pandemic.

4.   Programme delivery

4.1   This chapter looks at the models of working utilised by TF projects and reports on any significant changes over the last year to the models themselves and to the pace of change within projects. It also considers the impact of the COVID-19 pandemic on delivery and reports on any governance or engagement related developments. This chapter also draws out lessons learned in terms of what has been working well and the barriers faced by TF projects. It draws on project and regional level annual update evaluation reports and fieldwork findings.

Models of Working

4.2   Most TF projects have not made any major changes to their models of working. Whilst they have been impacted by the outbreak of the COVID-19 pandemic and had to change their approach to accommodate specific requirements to adapt during lockdown, most have since reverted to their original approach and models of working.

4.3   The onset of the pandemic and the ensuing first lockdown between March-June 2020 in particular resulted in many projects, particularly those relating to preventative services and technology enabled care, scaling up and adapting their provision quite considerably during that period to support the response efforts.

Community networks

4.4   Most projects within strong community networks as part of their approach found themselves playing a key role in pandemic response activities. These included:

- **Cardiff and Vale of Glamorgan's** Integrated Care Hub activity as part of their Accelerated Cluster Model project

- **Gwent**'s Integrated Wellbeing Network

- **West Glamorgan**'s Local Area Coordination in Swansea and Safe and Well Service in Neath Port Talbot as part of the Our Neighbourhood Approach[6]

- **West Wales**' Fast-tracked consistent integration project.

4.5   The community networks and the existing relationships that had been established through these projects, alongside a crucial role played by third sector partners including Community

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[6] The SCVS (Swansea County Voluntary Service) reorganised their whole organisation to operate on a cluster basis to provide a COVID response service

Voluntary Councils (CVCs), helped to support community mobilisation and provide practical support during the pandemic response in several ways including:

- organising pharmacy requests and medication delivery

- undertaking wellbeing checks on vulnerable patients

- mobilising volunteers e.g. assisting with vaccination clinics and coordinating transport to mass vaccination centres

- distributing resources e.g. food packages, craft packs and recipe boxes

- disseminating information and signposting to relevant support.

Hospital to Home

4.6   Hospital to Home projects within the TF also found themselves at the heart of the COVID-19 response locally:

- Get me Home and Get me Home Plus at **Cardiff and Vale of Glamorgan** continued to deliver activities and were relied upon heavily in hospital as the point of contact for community services and supporting the discharge planning service. Their services were extended to include the Dragon's Heart Hospital to provide discharge planning support for those recovering from COVID-19. Get Me Home attended COVID-19 wards, speaking directly to patients and developing discharge pathways

- in **Cwm Taf Morgannwg** the Stay Well @Home 2 project continued its service in RCT throughout the pandemic but responded to the change in demand by shifting to hospital avoidance and supporting a new cohort of people in the 'shielded' category

- at **Gwent**, the Home First project played a key role in providing frontline support at two acute sites and was realigned as part of a regional approach to discharge patients across Gwent before returning to its original remit of admission avoidance

- in **North Wales**, the Home First team through a dedicated Bureau increased its workforce to provide wrap around support to people being discharged from hospital requiring additional support so that they could remain at home.

- In West Glamorgan the CVS in collaboration with health and social care colleagues, developed the Community Wellbeing Pathway as part of the Rapid Discharge Work. The pathway aimed to support individuals being discharged who required lower level support such as befriending, emotional support, food provision and prescription

delivery requirements. Some staff roles within the CVCs were realigned to focus this brokerage support – undertaking an initial assessment and the onward referral or signposting to the third sector.

4.7   Stakeholders suggested that the usefulness of Hospital to Home services had been underestimated prior to the pandemic outbreak, and that there was now improved levels of trust between project teams and hospital colleagues, thus a barrier removed as an unintended consequence.

4.8   A Community of Practice (CoP) of Hospital to Home (H2H) practitioners was also introduced in summer 2020, jointly run by Welsh Government and the NHS Wales Delivery Unit to support shared learning and scaling of models of care and good practice across regions delivering Home First and H2H services. The CoP looked at key learning from existing Home First and H2H models in Wales and across the UK and explored how a more positive culture for managing risk could be developed to improve service user outcomes. The CoP sessions also considered what systematic and standardised performance measures could be adopted to build an evidence base for demonstrating success and gained feedback from participants to help inform the development of future funding programmes post March 2022. The CoP discussions have culminated in a report which addresses the challenges caused by COVID-19 and sets out the key learning in how these services became a vital tool in the Welsh Government's response.

Children and young people

4.9   Projects that require interaction with children and young people generally had to scale down their provision and adapt to online delivery, where possible:

- **Cardiff and Vale of Glamorgan**'s ACE Aware project continued during the pandemic, but delivery was via virtual interactions rather than face-to-face. Online provision was made available on a one-to-one basis as it was not possible to engaging large groups of children online. Online resources, including via YouTube, were also successfully developed. In addition, a specific session to encourage discussion and exploration of loneliness and isolation as a result of the COVID-19 pandemic was developed to be delivered in 2021/22

- the project team in **North Wales's** Multisystemic Therapy element of their Children and Young People Transformation programme adapted their ways of working to ensure delivery was not interrupted during lockdown restrictions. This included the use

of remote and digital methods as well as using face to face meetings whilst taking the necessary precautions

- in **Powys** the Children Looked After workstream had to change its approach. For example it adapted to recruiting carers by using social media and local press campaigns rather than the previously successful approach of supermarket stands. The placement team also focussed efforts on finding suitable placements closer to home due to the additional challenges of the pandemic and its disruption to schooling

- **Powys**'s Healthy Schools Team could not deliver as planned due to being unable to access education facilities but adapted delivery to either deliver safely within a school setting or via online provision – with a greater number of school staff attending as a result.

- the Children First (Welshpool) workstream at **Powys** initiated an outreach programme in partnership with police, youth workers and other agencies. A new project called Safe and Sound was established which provided a safe space for young people to ask for support, chat and have a hot drink. An online group was also set up to help young parents access support and advice.

Technology-enabled care

4.10   Several regional update reports mentioned how the pandemic had demonstrated what is possible in terms of technology-enabled care and how people engage with it. The pandemic allowed people to experience first-hand the value of accessing services digitally. People embraced technology and digital solutions, and the pandemic helped to draw focus to the importance of remote assessments and consultations in community settings, even though there had been resistance to this previously. For instance:

- element one of the **Collaborative Kidney Care** project was prioritised as a result of COVID-19 to deliver a digitally enabled service to clinically vulnerable patients in Wales. The project found that the availability of digitally enabled services developed by the project enabled services to reconfigure at pace and scale. The project's contribution to continuity of service was substantial. Using digital prescribing, automated monitoring of blood levels in the South West Wales region and virtual clinics, the project was able to reduce dialysis sessions from three times to twice a week thereby limiting COVID-19 exposure risk to vulnerable patients. Similarly, the

digital register (rEPR) allowed for the identification of patients who should be shielding who were not identified initially through the centralised approach.

- in **North Wales,** the Digital Transformation workstream in the Community Services Transformation model successfully piloted a scheduling system using scheduling software. Over 400 tablets and iPads were also purchased for use across hospitals, care homes and supported living accommodation to facilitate virtual visiting and support clinical and social care communication

- in **West Glamorgan**, the AskMyGP and virtual wards aspects of the Cluster Whole Systems Approach project was scaled-up to respond to the pandemic due to the urgent need to provide this service across GP practices. The AskMyGP service is now used by two thirds of all GP practices in the cluster. The project also helped redesign the existing Hospital and Community Phlebotomy service which will continue to adopt an online booking system. Swansea CVS, via a Digital Communities Wales partnership, also supported individuals that required assistance to access these online facilities.

Delays or paused projects due to the COVID-19 pandemic

4.11   Many examples are provided throughout the regional evaluation update reports of projects that were either paused, scaled down or delayed completely as a direct response to the pandemic. Generally, these were either projects that were still in initial phases of development or those where the project teams were re-deployed to other services as part of the local response to the outbreak. Examples include:

- **Cardiff and Vale of Glamorgan's** single entry point platform model for the Seamless Social Prescribing project was due to be piloted in late March 2020. However, the company commissioned to build the portal could not travel to Wales to finish the final stages as planned. This was achieved in September 2020 and the system has since been successfully rolled out to every GP practice in the cluster

- **Cardiff and Vale of Glamorgan's** GP Triage model would have been a useful approach during the pandemic but its delivery was severely impacted as the project team was redeployed to COVID-19 response activities including Test, Trace, Protect and the new CAV24/7 service

- **Cwm Taf and Morgannwg** reports on the delayed implementation of wellbeing assessments as staff were redeployed to support the immediate pressures of the pandemic. The Tunstall ICT system installation, that underpins the Assistive Technology workstream also had to be delayed

- in **Gwent**, several workstreams within the ICEBERG project had to be suspended. School nurse drop-in clinics, and the whole school approach to wellbeing could not be implemented. Some children and families also struggled to engage with the remote delivery of support, expressing a preference for face-to-face interaction

- the recruitment of staff to work on aspects of the Children and Young People Transformation programme in **North Wales** was hampered by the onset of the pandemic, and other staff were deployed to other posts for several months. Growing waiting lists for children with complex and challenging behavioural needs was also seen during the pandemic

- in **West Glamorgan**'s Cluster Whole Systems Approach, six of the 19 sub-projects had to be adjusted or reduced. As a result, outpatient clinics were paused, recruitment stalled and specific chronic condition workstreams prioritised over others

- within **West Glamorgan's** Our Neighbourhood Approach (ONA) project, two of the five sub-projects were adjusted or reduced. The Early Help and Transition sub-project was severely impacted as resources were diverted. It was also difficult to implement Early Help Hubs as the physical locations could not be used. The phased approach of the ONA also meant that some localities were impacted more than others – with those clusters that were less established being more heavily impacted as the model could not get off the ground during the pandemic period.

4.12   In addition, TF programme staff were often diverted to support the pandemic response and therefore project management duties including the collection of evidence and data was paused in most regions.

Other adaptations to models of working

4.13   There are a few examples outlined in the regional update reports of innovation, where models were adapted or modified for reasons other than the COVID-19 pandemic. For example:

There has been closer integration of the Accelerated Cluster Model project across **Cardiff and Vale of Glamorgan** which has secured agreement from all ten cluster practices to be part of a Community Interest Company (CIC). This process is complex and requires stakeholders to understand a range of governance and operational challenges. As a result, the Wales Cooperative Centre has been commissioned to advise and support the project to develop a CIC model, terms of agreement and a two-year plan.

In the **Collaborative Kidney Care Project**, the national roll out of the electronic patient record (EPMA) was originally dependent on a merged all Wales system. Delays in obtaining the WLIMS interface meant further time was required to develop an all-Wales approach. In order to avoid a delay in rollout of EPMA to North Wales during the COVID-19 pandemic, the medicines module functionality for the electronic patient records were made available through the system in South West Wales. This resulted in all dialysis units in North Wales being transitioned to digital prescribing and medicines management by February 2021.

The Community Health and Wellbeing Teams workstream at **Cwm Taf Morgannwg** experienced implementation delays from the outset due to issues with recruitment and securing agreement about service models. The pandemic further delayed the roll-out of new teams.
Due to the delays caused by COVID-19 to another of its workstream (Population Segmentation and Risk Stratification), an alternative model of delivery has been adopted, with teams identifying the most appropriate patients that can access the support available via communication with GP practices rather than via the risk stratification process.

In **Gwent**'s Place-based Care project, multi-disciplinary teams have continued to work at a GP practice level with all 10 GP practices co-producing and agreeing

a consistent model in one area (Blaenau Gwent). Within the revised model, the role of 'Community Connector' has evolved to that of a 'Link Worker' which is a social services support worker linking to community resources. Each GP practice is linked with a Link Worker that is best suited for the needs of its population. Similarly, the scope of 'discharge calls' have evolved to 'wellbeing calls' which are proactive telephone calls to patients. Thus, the original 'Compassionate Communities' model upon which the Place-based Care project was based, has been adapted to better fit local needs, recognising the need to allow GP practices the freedom to explore how the multi-disciplinary teams approach can best work for them.

In **North Wales**, the Community Services Transformation Programme has identified important learning points as a result of working through the pandemic. New initiatives have been explored that are proving to be of value – for example, the introduction of 'therapies led' home care to discharge people out of hospital more quickly and an identified need for more preventative work and workforce upskilling.

In **West Glamorgan**, some new approaches were introduced as a result of the pandemic, including Vision 360, an Acute Clinical Outreach service operating in one cluster which allows staff to access patient records and appointment information remotely via a platform. A Clinical Lymphoedema pilot was also funded to upskill community nurses in the new technology.

4.18   Whilst there is some evidence on the effectiveness of models adopted and detailed account of lessons being learnt, it is still early days for RPBs to be able to say with confidence which models work, and which do not. There are many examples of projects which draw upon the views of particular groups (e.g., staff, partner organisations or service users) to testify that they are working but in many cases these views need to be triangulated with other sources of data, such as financial cost-savings considerations.

Pace of Change

4.19   It is difficult to give a definitive programme level overview of the pace of change across the TF given the complexity and varied position within regions and across projects. Some aspects or specific workstreams within projects have grown exponentially, whilst other elements have had to be paused or stopped completely. However, looking across all projects it is clear that more than half of all projects and workstreams experienced a negative impact on their pace of change as a result of the COVID-19 pandemic.

4.20   The previous section explores examples of projects where the pace of change accelerated – mainly those that could directly contribute to the pandemic response. Some of the regional evaluation reports have quantified the pace of change at a regional level:

- in **Cardiff and Vale of Glamorgan**, four projects reported an accelerated pace of change, whilst three projects were paused or saw no change

- Due to the COVID-19 outbreak, the **Collaborative Kidney Care** project board decided to prioritise element one – Electronic Prescribing and Medicines Administrations using an All-Wales renal electronic patient record (EPMA-rEPR) as this would allow for the maintenance of digitally enabled service delivery and life-sustaining treatments to continue to be made available to clinically vulnerable chronic kidney disease patients across Wales. Elements two to five of the project were therefore paused

- in **Cwm Taf Morgannwg**, the pace of change in the Assistive Technology and Stay Well @ Home 2 projects was rapid and demonstrated resilience to respond to the surge in demand on the adult social care offer. All other projects, and particularly the Bridgend Ambition 1, 2 and 3 projects have all experienced delays in progress or a slowing down in the pace of change

- in **Gwent,** the pace of change generally slowed within the Place Based Care and ICEBERG projects but was increased or adapted within the Integrated Wellbeing Network and Home First projects

- in **North Wales,** the Learning Disabilities project experienced an increased pace of change as a result of increased demand. The Community Services Transformation project saw its pace of change slow down. The Mental Health and Children projects continued to develop but the pace of change varied within elements of the projects due to the impact of the pandemic

- in **Powys,** four work strands out of nine (Strands D, F and I and elements of Strand E) were either delivered with reduced capacity or put on hold and one had been closed (Strand C)

- in **West Glamorgan**, of the 19 workstreams within the Community Whole System Approach project, six were continued or scaled up to support the COVID-19 response, and the other thirteen were either paused, adjusted, or reduced in response to the pandemic. Within the Our Neighbourhood Approach project, of the 11 workstreams, four continued or scaled up to support the COVID-19 response whilst all others were paused, reduced or adjusted

- **West Wales** reported that the pace of change differed across and within each of the three projects – with some aspects escalated and others paused. The Proactive, technology enabled care project is now deemed to be around a year behind schedule with Carmarthenshire leading an incremental roll-out but other areas need to catch up. Progress has been made across the Fast-tracked, consistent integration project since the mid-term and is now operational across the three counties. In the Creating Connections for all project, some acceleration was required for the pandemic but there has been reduced appetite for some elements of the project and work will be underway to refocus the project over the coming months.

Spend to date

4.21   The programme and regional level expenditure against allocated budget, as at March 2021, is set out in Table 4.1 below. It shows that £76.5m of the allocated £88.5m has now been committed across the seven regions. This equates to 86 per cent spent since the programme's inception – and a significant increase on the 41 per cent (and just over £35m) spent up to March 2020. Programme spending has increased considerably, having more than doubled since the first 15-month period.

4.22   At regional levels, spend against allocation is generally high, with three regions at (or almost at) full spend (**Gwent, Powys** and **West Wales**). Spend to date as a proportion of regional allocation is somewhat lower in **Cwm Taf Morgannwg, North Wales** and **West Glamorgan**. The high spend is likely to be partly a reflection of the response within key projects to the Wales COVID-19 pandemic response.

Table 4.1: Transformation Fund budget and spend (January 2019 – March 2021)

£ (000)	Allocation	Spend to date	Spend as % of allocation
Cardiff & Vale of Glamorgan	£6,947,984	£6,554,200	94%
Cwm Taf Morgannwg	£22,734,000	£17,976,792	79%
Gwent	£13,459,000	£13,437,835	100%
Powys	£2,554,360	£2,554,361	100%
North Wales	£13,014,000	£9,427,245.65	72%
West Glamorgan	£16,534,840	£13,724,250.65	83%
West Wales	£11,963,306	£11,963,306	100%
Collaborative Kidney Care	£1,385,124	£876,289	63%
Total	£88,592,614	£76,514,279	86%

Source: Welsh Government data

Achievements to date

4.23   In terms of what has been working well for TF projects, the regional update reports outline several critical success factors that have helped move delivery forward or enabled scale up during this reporting phase. These include:

Delivery approaches

- an increased shift towards a 'whole system approach' with increased interconnectivity or interaction between projects or workstreams with similar aims and outcomes

- a willingness to be brave and try something new and push boundaries, and a 'test and learn' approach to developing new models of working in response to local needs

- a greater appreciation of the agility, flexibility and adaptability that third sector involvement can bring

- increased recognition of the role of community led responses particularly as a result of the pandemic

- closer working required during the pandemic resulting in the co-production of new services e.g. a pilot service to assist with the collection of blood forms from GP practices and a multi-agency approach in a Children and Young people's Transformation project resulting in filling gaps and enhancing provision.

Digital solutions

- projects adapting to meet service user needs by providing online delivery and other techniques (e.g. triage via telephone and remote assessments via video consultations)

- better engagement and attendance as a result of utilising virtual meetings

- behaviour changes that had been required amongst community members and staff in terms of accepting digital solutions, now coming to fruition with a greater acceptance of digital ways of working

- utilising a phased approach to rollout/scale-up to allow smooth transition to a new way of working, particularly digital solutions

Staffing and workplace culture

- improved communication between different projects, workstreams and team members combined with shared goals and a common purpose during the COVID-19 pandemic with staff willing to look at collective solutions on a practical, local level and putting aside 'long-standing cultural norms or professional bias'

- an improved level of trust and better relationships being developed between project teams and colleagues working in existing services leading to broader connections and better support for patients and patient flow

- sufficient programme management resources committed to a project with operational knowledge and experience to enable them to move at pace

- recruiting permanent staff to work on projects rather than seek to make temporary appointments/secondments

- recognising the importance of engagement and education of the workforce when new, complex or unfamiliar approaches to working are introduced

- the recruitment of 'change agents' to work within core teams to facilitate change with training given to staff and leaders to support new approaches and to promote leadership at a local level

- the adaptation of an action research approach by a delivery team in collaboration with the evaluation team resulting in learning continuously fed back to facilitate roll-out and scale up of project

- agreeing a clear outcomes measurement framework with closer ownership by the project team key to enable the evidencing of impact.

Challenges for implementation

4.24   Similarly, regional update reports highlight a number of barriers or challenges faced during the reporting period. The COVID-19 pandemic was the most significant challenge which has already been discussed in earlier sections of this report. In addition, projects mentioned barriers associated with:

Cross-organisational working

- working in silos or different ways of working across statutory services and the third sector

- different regional perspectives leading to the need to negotiate various elements of delivery – from financial issues to oversight of workstreams

- information governance in terms of ensuring compliance with regulations and in terms of sharing information across health and social care and with the third sector

- inconsistency in delivery due to e.g. differences in IT systems and virtual platforms used or contracted services within a GP cluster not being mandatory

- unnecessary red tape – although the COVID-19 pandemic situation gave rise to constructive challenges to rules and regulations that would have remained in place otherwise

- lengthy regional approval processes for business cases and procurement of equipment

- lack of capacity and buy-in within operational roles to fully engage with a project and TF projects often seen as an 'additional piece of work' and thus given varying levels of priority

- recruitment issues into key posts due to nature of short-term funding.

Project scope and purpose

- sheer number of stakeholders involved making things complex resulting in a need to adopt a common language and ensuring a clear understanding of what the programme is trying to achieve

- lack of clarity on project scope, lack of understanding of key roles within projects or duplication of effort across different projects

- underestimation of scope, scale and complexity of the programme at the outset, with timescales further impacted by the pandemic.

Project management

- project and programme team roles being diverted away from their original focus because of differing priorities within individual organisations

- inconsistent levels of detail with little baseline data for many projects, despite Welsh Government guidance and support, making it difficult to monitor progress and impact

- contrary to the expectations set out by Welsh Government, performance measures being established and reviewed too late in the process

- branding issues and difficulties in explaining a concept with community facing provision making it difficult for people in the community to engage with the project.

Governance

Key changes to governance arrangements over the year

4.25   The mid-point evaluation report noted that governance arrangements put in place by RPBs for TF projects/programmes were 'appropriate' and 'working effectively'. Whilst there were variations in the detail of these arrangements form one region to another, they all involved a structure of representative committees that provided a clear line of accountability from individual TF projects to RPBs, very often involving transformation 'boards' or 'groups'.

4.26   The COVID-19 pandemic impacted significantly on the functioning of these structures, particularly between March and July 2020. Across most regions, governance arrangements were pared down or suspended to accommodate COVID-19 related emergency planning and to allow for decisions to be made quickly. Project/programme staff were redeployed, and the focus of stakeholders involved in transformation project/programme oversight groups was very much upon the delivery of front-line services.

4.27   Where governance groups continued to function, they quickly adapted by switching to on-line meetings, tempering their expectations of citizen/carer involvement, and adjusting reporting/meeting schedules to minimise demands on remaining project/programme staff and group members. Whilst these changes might suggest less focus on transformation projects/programmes, there was some evidence of positive side effects in terms of:

- better stakeholder engagement in virtual meetings due to there being no need to travel

- improved and more streamlined decision making processes

- greater coordination of services with local and community-based organisations

- partners/professionals working more effectively together 'to get things done'.

4.28   By the end of 2020/21, project/programme teams had been at least partly reinstated and governance arrangements were being re-established. This was not necessarily a case of picking up where things had left off at the start of the COVID-19 crisis, however. Consideration was given to lessons learnt over the previous year or so and to the appropriateness of previous arrangements to the current situation. In several regions, governance arrangements were refreshed to ensure that they are proportionate, fit for purpose in the prevailing circumstances, involve the right stakeholders and better aligned to RBP priorities.

> In **Powys**, the challenges presented by the pandemic showed that decision making processes could be streamlined and it was recommended that the programme's governance processes be reviewed, reflecting on lessons learnt during the pandemic period.
>
> Workstreams were revisited and the established pattern of regular meetings was replaced by a system which only calls for meetings when they are required. Workstreams meet more frequently when there are decisions to be made or risks to be addressed, and less frequently when there is no material business to discuss. Alongside this 'monthly project highlight reports' feed into monthly formal Programme Team meetings and also into quarterly reports to the Welsh Government.
>
> It is acknowledged that governance arrangements require continual review and adjustment to ensure that they are optimal and not wasteful.

> In **West Wales**, a stripping down of governance structures in the face of the COVID-19 pandemic led to a reduction in the extent of strategic thinking across TF projects/programmes and this allowed an element of 'silo working'

> to creep in. Furthermore, key strategic decisions were delayed with decisions being made at the last minute as the end of the financial year approached.
>
> Over recent months, work has focused on re-establishing the governance structures and a review was undertaken of the way TF projects/ programmes interact with the RPB's broader agenda. In the wake of this review, a 'Healthier West Wales Programme Board' has been established to ensure strategic alignment across TF programmes/projects, to oversee the deployment of funding and to oversee monitoring and evaluation arrangements. In doing this, lessons were taken from the positive aspects of pared down governance arrangements put in place at the height of the pandemic.
>
> Again, the evaluation update pointed to the importance of monitoring the effectiveness of revised governance arrangements going forward.

4.29 Allied to the review of governance arrangements is an increased focus on refining monitoring systems and putting in place baselines and metrics that are relevant to the projects/programmes being supported via the TF.

Ownership at senior level

4.30 The COVID-19 situation has undoubtedly challenged senior officials' ability to maintain a focus on TF projects/programmes specifically. RPB and project/programme board involvement diminished somewhat as established governance arrangements were set aside and oversight largely rested with project/programme managers.

4.31 Despite this, however, RPBs have continued to receive project/programme update reports and it might be expected that senior level involvement will be restored as revised governance arrangements are put in place and the programme approaches closure.

Barriers to change

4.32 The COVID-19 situation has overshadowed all things over the last year. The pandemic struck just at a point when TF projects were becoming established and staff were being appointed to key roles. The redeployment of staff involved in the monitoring and management of TF projects/programmes arrested progress and destabilised governance arrangements put in place.

4.33   This was compounded by the challenges of having to work with different reporting and governance structures (primarily across local authorities and health boards), concerns about information governance and data sharing, the absence of meaningful baseline data and difficulties in capturing relevant data on the progress or effects of interventions during successive lockdown periods.

Engagement

Involvement of citizens

4.34   The mid-point evaluation found that engagement had been a weak element of RPBs' approach to that point, with little evidence of co-design or co-production of services. In most regions, it was acknowledged that more needed to be done, though precisely how citizens could contribute remained rather unclear.

4.35   Evaluation update reports would suggest that by early 2020, in the period between the production of regional mid-point evaluation reports and the first COVID-19 lockdown, citizen, workforce and stakeholder engagement was becoming a slightly more prominent feature of projects/programmes that had been mobilised and had staff in place. Examples of active citizen involvement in the coproduction of services were beginning to emerge.

> The evaluation update of the Seamless Services for People with Learning Disabilities in **North Wales** concluded that 'there can be no doubt that this Programme demonstrates a deep commitment to the participation of people with learning disabilities and their parents/carers in the process of change and transformation from the inception of projects, through to their delivery and evaluation'.
>
> People with learning disabilities and their parents/carers are visible at all levels, including the Programme Board and Participation Group, where their voices are heard, and they have influence on strategic decision making. They are also actively involved in more operational activities and in shaping the tools of change, for example, co-creating the values framework, co-producing e-learning modules for staff training and engaging in a reference groups convened to help co-design evaluation activities.

4.36   Since then, however, the pandemic has impacted severely on project/programme teams' ability to engage with citizens: successive lockdowns prevented face to face contact with citizens and COVID-19 related messaging drowned-out conversations about specific aspects of the health and wellbeing system. Project/programme staff with a responsibility for engagement were generally re-deployed, in some cases to focus specifically on COVID-19 related communications such as **Gwent**'s 'V for Vaccination' campaign.

4.37   Citizen involvement has largely been confined to seeking users' feedback on their experience of transformed services. Various approaches have been taken, including the use of feedback sheets at the end of face-to-face interactions, on-line surveys managed by project/programme teams and surveys of patients conducted by independent evaluators. Evaluation update reports would suggest that the development of tools and mechanisms for capturing user feedback is an ongoing area of focus for project/programme teams.

4.38   The engagement of citizens in the design and coproduction of services remains a challenge. Evaluation updates point to the complex nature of transformation projects/programmes making them difficult for citizens to understand and this tempering citizens' appetite for engaging in shaping transformation initiatives.

4.39   Despite this, RPBs and project/programme managers are making efforts to revive citizen engagement activities, for example, though establishing 'citizens panels', using third sector staff to reawaken 'dormant' community groups and using the Engagement HQ on-line portal. Several evaluation update reports signal an intention to focus on citizen engagement over the next 12 months, with work already progressing to develop a 'citizen engagement framework in **Cardiff and Vale of Glamorgan**, for example.

Involvement of the workforce and wider stakeholders

4.40   The mid-point evaluation found more evidence of workforce engagement. Again, however, this was disrupted by the effects of COVID-19 and the resultant redeployment of project/programme staff.

4.41   Nevertheless, varying degrees of workforce and stakeholder engagement has happened over the last year, facilitated in part by operational structures put in place and relationships established before the pandemic struck. For example:

- In the **Collaborative Kidney Care** project engagement with nursing staff in North Wales during the rollout of the EPMA was welcomed and enabled staff to seamlessly integrate the digital system into their clinical practice, supported by the delivery team.

Staff have continued co-design with service users during the wider roll-out of Element one, and engaging with staff to design and implement digital services has empowered staff to strive for excellence.

- in **Cwm Taf Morgannwg**, fortnightly Building Resilient and Coordinated Communities staff meetings have allowed the exchange of information and the identification of opportunities for process improvement

- in **Powys**, the programme team built on engagement activities undertaken pre-Covid by increasing engagement with schools and incorporating feedback on needs and priorities emerging as a result of the pandemic into the design of many of their projects, including the 'Bach and Iach' project

- those involved in the delivery of **North Wales**' Multisystemic Therapy project have been able to offer ideas for refinement of the service through a steering group comprising partners from different parts of the 'system'.

4.42   Elsewhere, work has also been done to gauge staff views of particular services and to invite suggestions for improvement through surveys. Examples include:

- surveys undertaken in **Cardiff and Vale of Glamorgan** into staff views of the 'Get Me Home' service and how patient flow might be improved and

- a survey of partner agency professionals in **Cwm Taf Morgannwg** into their experiences of the Stay Well at Home service and ideas for how it might be developed.

4.43   Another aspect of workforce and stakeholder engagement has been promotional activity to keep particular projects/programmes or transformed service arrangements in practitioners' minds. In **Cwm Taf Morgannwg**, for example, a 're-launch' of the Community Health and Wellbeing Team was organised with each cluster in the region, following the redeployment of staff during the peak of the pandemic. This was intended to ensure that staff were clear on processes, team roles and locations as well as to introduce new project staff to those working in the clusters. In other areas, plans are now being put in place to ensure the wider workforce's awareness of transformed services that will come into their own as the country emerges from crisis. Examples of this include raising workforce awareness of **Gwent**'s Home First project and the cascading of high-level regional messages about the intent of the

Community Transformation programme in **North Wales** as well as more locally targeted human interest, 'good news' stories.

4.44   Key to the process of workforce and stakeholder engagement has been the use of digital technologies, with Microsoft Teams described as a 'gateway' in one evaluation update report. There is also recognition of the potential of 'professionals' portals' for sharing key information, key documents and briefings across the workforce, though at this stage, this has yet to happen at scale.

4.45   Across the board, moves are afoot to mobilise engagement activities as the impact of COVID-19 upon project/programme teams and the wider health and social care workforce abates:

- in **North Wales**, a regional communications and engagement framework has been developed and a regional communications lead appointed to support engagement.

- in **Powys**, a series of virtual engagement events are expected to take place shortly

- in **West Wales** additional capacity has been commissioned to develop a regional framework and it is expected that an engagement officer will be appointed.

5.   Outputs and outcomes

5.1   This chapter sets out the baselines, outputs and outcomes which are being reported by TF projects, drawing mostly upon regional annual update evaluation reports.

Overview

5.2   There has been a notable effort across the regions to address the lack of evaluation evidence available for TF projects which has led to some improvement to the spread and quality of evaluation data set out within project/regional update reports. More regions and TF projects are now routinely gathering and reporting upon their achievements and outputs, using numerical indicators which clearly articulate 'how much' activity is happening over clearly defined time-periods. However, this is not always the case and there is still a huge variety in the detail and quality of the evaluation evidence presented across annual regional reports. In one region, the annual evaluation report does not set out any data on outputs or outcomes achieved which is in contrast to other regional reports.

5.3   Evaluating the benefits and impacts of complex and transformative programmes such as those funded via TF is not straightforward, not least because they have long-term objectives. However, at this point in time it would be reasonable to expect that projects are able to demonstrate that they are achieving at least short-term outcomes as an indication that they are on the right track to delivering their longer-term aims.

5.4   Several projects have not been able to gather and report any meaningful evidence to demonstrate that they are achieving their intended outputs or outcomes. In the majority of these cases, the COVID-19 pandemic has negatively impacted upon their capacity to engage with evaluation and in most of these cases, project delivery has been paused or changed direction over the last year. The pandemic has had a significant impact upon project's ability to gather and set baseline data, as most regions stated that they were intending to prioritise this task during 2020. This adds to the complexity of the evaluation, as projects have been unable to set out accurate baseline positions which will allow them to measure change over time and any baseline data set prior to the pandemic are no longer relevant.

Baselines

5.5   There is good evidence across the annual update reports that all RPBs commenced work on an Evaluation Framework for their respective TF programmes, underpinned by a Theory of Change approach. It appears that these Evaluation Frameworks were approved by RPBs

and set out clearly defined outputs and outcomes, which could then be measured over the course of project delivery, and the process for gathering and reporting the data. There is evidence to suggest that all regions at least attempted to set out expected outcomes for TF projects and several of the annual update reports reference these outcomes via a Theory of Change model.

5.6   Where this was done effectively, regions had set out a well-defined and manageable number of key outcomes covering all of their TF projects (e.g. **Cardiff and Vale of Glamorgan** set out 14 key outcomes across their seven TF projects, as shown at Figure 5.1, whilst **Powys** set out eight medium-term outcomes for their programme).

Figure 5.1: Cardiff and Vale of Glamorgan Transformation Fund Programme Key Outcomes

	Key outcomes and impacts:
Projects 1+2	• Patients receiving support from the appropriate services • Patients better supported with discharge from hospital • Improved collaboration between different services • Improved mental wellbeing and less isolation for patients • Reduction in emergency admissions for the cluster
Project 3	• Patients seeking help in the community before calling their GP • Reduction in number of calls in the first hour of practice lines opening and calls more evenly distributed throughout the day
Projects 4+5	• Patients supported with discharge from hospital and encouraged to remain independent • Reduced need for social care packages • Reduced length of stay • Improved communication between different services • Fast discharge from hospital and no delayed discharge
Project 6	• CYP and parents/carers given support to meet their mental health and wellbeing needs • Built expertise and increased confidence of education staff working with CYP
Project 7	• Outcomes and impacts difficult to measure and project paused due to COVID-19

Source: Cardiff and Vale of Glamorgan Transformation Programme Annual Update Report,

Figure 5.2: Powys Transformation Fund Programme Key Outcomes

1. Greater utilisation of digital solutions

2. Improving coordination and connectivity between partners to meet holistic needs of individuals in a timely way

<div style="border:1px solid">

3. Reduce staff travel

4. Increased focus on prevention for children

5. More integrated working to prevent needs from escalating

6. Greater utilisation of community connectors

7. Reduce out of county travel

8. Reduce inequity via wider connectivity across Mid Wales through integrated pathways

</div>

Source: Powys Transformation Programme Annual Update Report,

5.7   There were also examples whereby RPBs had grouped their expected outcomes for all TF projects across strategic themes, such as:

- outcomes for service users and communities

- outcomes for staff, including frontline workers, volunteers and leaders

- outcomes for service provision (although these tended to be fewer in number than for the other two).

5.8   Others had identified a longer list of outcomes, mostly related to outcomes for service users, with outcomes specific for each individual project. In some cases, these outcomes are not particularly well defined or measurable. In other cases, outcomes are not in place for all projects (e.g., some 22 outcomes are identified for three of seven **Cwm Taf Morgannwg** projects).

5.9   The progress made to implement Evaluation Frameworks varies across the regions and across individual projects. Some regions/projects have made good progress: in these cases, regional annual reports make clear reference to expected outputs and outcomes, and reports contain detailed evidence and data for achievements against them. In regions such as **Cardiff and Vale of Glamorgan** and **Powys**, there has been a notable shift from using a RAG rating system to measure the progress being made by projects against inputs or activities to measuring progress against key output and outcome metrics, which are then reported via a TF Indicator Dashboard. It was widely acknowledged in these regions that at the mid-point reporting stage, the progress measures used were unquantifiable and not suitable for assessing the success or otherwise of interventions in place.

> Across **Cardiff and Vale of Glamorgan**, the annual evaluation report sets out quarterly and annual performance data for 2020/21 for five of the seven projects which have been delivered across this region. The reporting of data in this way allows changes to be monitored against the baseline position. Positive or negative trends are accounted for in the evaluation narrative.

5.10   In other cases, Evaluation Frameworks have not been widely implemented despite initial preparation work, largely due to the impact of COVID-19 which has limited staff capacity to engage in evaluation activity and modified the focus of some projects to help with the pandemic response efforts. The onset of the COVID-19 pandemic has also meant that baseline data for outcomes set out in Evaluation Frameworks was never captured in these regions, thereby raising future issues for regions to measure the impact of their TF programme. It was also commonly reported that many baseline data relating to hospital admissions, readmissions, and discharges (where it was established) had become irrelevant in the context of the COVID-19 pandemic.

> The Place Based Care project in **Gwent** sets out initial baseline data, which is relevant to its activities, including hospital admissions data. However, as the baseline data was established prior to the COVID-19 pandemic, it is difficult to compare project outputs with any prior data gathered.

5.11   Another obstacle raised by one RPB evaluation report, relates to the level of understanding which TF project staff have of programme level outputs and outcomes. In this case, it was reported that whilst the core team was well informed, they were not widely understood across the region.

5.12   One region acknowledged that the pandemic has restricted their performance management efforts, but a recent appointment of a dedicated Performance Improvement Officer is expected to help renew the effort to capture TF monitoring and performance data.

5.13   Despite the significant work which has been undertaken, there is still inconsistency between, and within regions, to data collection and monitoring processes. Evidencing the impact of the TF programme is hampered by the lack of consistent baseline data, project monitoring processes and numerical targets.

Outputs

5.14   In terms of outputs delivered, we first consider the progress being made against the four expected TF outputs set out in our original Theory of Change Logic Model before then considering project level outputs reported across project/regional annual update reports.

Tangible, innovative, regional models tested and delivered

5.15   A total of 30 projects[7] have been funded across seven RPBs, including one national **Collaborative Kidney Care** project. At the mid-point stage, it was reported that 22 projects were operational although a number had only recently become live at that point.

5.16   By April 2021, 29 projects had been operational for at least some time, with a small number such as the Early Intervention and Intensive Support for Children and Young People Bwthyn y Ddôl Service project in **North Wales** only having become operational very recently. One project (Population Segmentation and Risk Stratification in **Cwm Taf Morgannwg** has yet to become operational.

5.17   Overall, the programmes of work being funded across the TF are genuine attempts to test new models of delivery, particularly those which are using multidisciplinary teams and pooled budgets. However, they are not all operating at a regional scale. For instance:

- the Early Intervention and Intensive Support for Children and Young People project in **North Wales** is attempting to put in place a flexible, intensive, and family centred multi-disciplinary team to work with children at most risk of entering the care system across Conwy and Denbighshire and draws upon successful approaches elsewhere including No Wrong Door, the Newport Family Assessment and Support Service (FASS) and Intensive Family Preservation Services (IFPS)

- across one workstream of the Seamless Service for People with Learning Disabilities project in **North Wales** a pooled budget has been established between Anglesey Council and BCUHB to support adults with learning disabilities who need joint health and social care support.

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

5.18   The feedback gathered from regional stakeholders continues to suggest that the TF has been instrumental in enabling projects to be established and implemented at a quicker pace than would otherwise have been the case. Many argued that projects would not have been funded had TF not been made available to RPBs.

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[7] The strands of activities across Powys RPB is taken as a single project.

5.19   The COVID-19 pandemic has had a mixed impact on their ability to sustain this scaling up. A key message was that the scaling up of many projects has been hindered by COVID-19, but there is a definite desire to reprioritise this ambition.

5.20   The **Collaborative Kidney Care** project is one example of a funded project which has been developed and is being scaled up across Wales as a result of TF. Element one of this project, which aims to create an all Wales digital renal platform to enable prescribing and medicines administration, was piloted in South West Wales and rolled out to North Wales. It is expected that the project will be shared across Wales in due course.

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

5.21   Whilst there is some evidence on the effectiveness of models adopted and detailed account of lessons being learnt, it is still early days for RPBs to be able to say with confidence which models work, and which do not. There are many examples of projects which draw upon the views of particular groups (e.g. staff, or partner organisations or service users) to testify that they are working but in many cases these views need to be triangulated with other sources of data, such as financial cost-savings considerations.

5.22   It can perhaps be assumed that RPBs consider all existing projects to work to some extent, as only one strand of a project has been reported to have been brought to an end. It would appear that projects are being adapted, drawing upon lessons learnt to date, in order to maximise upon the funding window available to test new approaches.

The outputs being achieved by individual projects

5.23   Most projects have been able to report some data setting out what they have achieved. These generally relate to activities which have been deployed and the numbers who have been engaged with the service. For instance, most projects have been able to provide data on the number of service users which have engaged or been supported by the project or data about activities or sessions held.

5.24   Table 5.1 sets out the commonly reported outputs across TF projects. They have been generalised as far as is possible – as projects have often adopted more specific outputs which reflect their interventions. It should also be noted that in some cases projects have identified these as expected outputs whilst others report numerical data for what has been achieved.

Table 5.1: Commonly reported TF outputs

Service users	• Number of enquiries received • Number of calls received / made • Number of referrals received / made • Number of service users seen • Numbers of service users engaged / supported • Demographic profile of people engaged • People receiving specific interventions • People provided with assessment / plan • People provided with technology or kit/equipment
Wider engagement	• Number of staff/people trained • Number of partner organisations engaged • Number of GP practices engaged • Number of schools engaged
Activities	• Resources created • Number of appointments / consultations undertaken • Number of plans / assessments completed • Number of groups established • Community assets identified • Response times to call outs /referrals received • Interventions undertaken for people (e.g. shopping, prescription collection) • Number of equipment / kits in place • Number of digital companions in place • Number of discharges made
Satisfaction and quality	• Proportions of service users who regard the service positively • Service users valuing the service accessed

5.25 The following observations can be made about the nature and quality of output data reporting set out in project/regional evaluation reports:

- the timeframe for reporting outputs achieved is not always clear and varies across projects i.e. it is not known whether outputs such as number of patients seen or number of admissions have been achieved on a monthly, quarterly or annual basis

and it is not always known whether total outputs reported are for the whole project duration of a specific time period (e.g. annual). Overall, outputs could be reported in a SMARTer way by all projects. there is not always consistency in the type of output data captured and reported by regional projects which operate across different local authority areas. For instance, in one project, different output data was being collected across two local authority areas despite the project adopting an RBA approach. Another project was found to collect a lot of performance and activity data but that its consistent collation had not been possible.

- some projects report outputs achieved in a way which allows for progress over time to be monitored e.g. monthly or quarterly outputs are presented. In many of these cases, the initial outputs are adopted as baseline data which allows for a judgement to be made about the extent of change achieved:

> The Everyday is Tuesday project in **Cwm Taf Morgannwg** (Bridgend) sets out monthly data for mobile response call outs and ambulance calls avoided for 2019/20 and 2020/21. The data shows an increase in the number of avoided ambulances called (e.g. from low to mid 200s to over 300s per month between 2019/20 and 2020/21). The data also shows improved response times for the mobile response call out team.

> The Community Services Transformation Programme in **North Wales** reports upon a number of key outputs achieved, often against a baseline position. For instance, its Digital Communities element reports on the number of ipads purchased and in use (1,127 devices compared to 427 devices at the baseline position) and the number of digital companions in place (390 compared to a baseline of zero).

> Element one of the **Collaborative Kidney Care** project reports quarterly outputs such as the number of renal units and wards which use electronic prescribing and medicines administration (EPMA), which shows an increase over 2020 to 15 such settings by March

> 2020. Similarly the project reports on the number of people who are on in-centre haemodialysis, which is covered by the EPMA, which again shows an increase over 2020 from 453 to 742 patients.

- very few projects have set output or performance measure targets to meet. In some cases these outputs are not particularly meaningful as they reflect essential provisions or inputs which would be expected of the project e.g. number of multi-disciplinary teams established. Others, however, tend to be more strategic and long-term in nature. Whilst in our view these should be retained, there would be value in breaking them down into annual targets, given their long-term nature:

> The Community Services Transformation Programme in **North Wales** sets out baseline (zero), target (14) and actual outputs (3) for the number of integrated health and social care localities to be established across the region. In this particular case COVID-19 has delayed work and new targets are expected to be set for 2021/22.

Outcomes

5.26   There is a wide variation in the evidence being gathered and reported across regions to demonstrate that TF projects are achieving their intended outcomes. Five regions are doing this to some extent in that they have at least some evidence for the outcomes being achieved by their TF projects whilst the remaining two regions recognise that they need to improve their approach. Regional evaluation reports commonly argue that as the intended outcomes for TF projects are long-term ones, the evidence being gathered around outputs and short-term outcomes will provide some indication for whether projects are having a beneficial impact for service users and service provision.

5.27   As evaluation data collection has been disrupted by COVID-19, regional evaluation reports frequently draw upon qualitative feedback and case study material to demonstrate the difference being made by projects. Some reports do set some quantitative outcome metrics, and these are highlighted as examples within this section.

5.28   Two regional evaluation reports recommends that the RPBs prioritise and improve their work to demonstrate the difference which TF projects are having:

- one region evaluation report concludes that the evidence on outcomes is work is 'sporadic and inconsistent'[8], that the approach varies across different local authority areas within the region, and that there is 'limited evidence of a systematic approach to programme evaluation across each of the programmes.' In this case the evidence provided for outcomes is anecdotal in nature and the report recommends that capturing outcomes should become fully embedded into data collection processes across the region

- another region evaluation report found that 'limited quantitative data has been collected'[9] and recommends that the RPB develop and monitor performance metrics, to measure the tangible impacts of the programme and calculate return on investment, financial savings, and cost-benefits.

Project level outcomes

5.29   Table 5.2 sets out the commonly reported (defined and measurable) outcomes being achieved across TF projects. They have been generalised as far as is possible given that projects have set out more specific outcomes to reflect their interventions.

Table 5.2: Commonly reported TF outcomes

Outcomes for service users	*Accessing services*
	- Access to services closer to home / within their own home - Access to services when its needed - Accessing services 'which matters' to them - Access to services earlier / reduced waiting times - Access to improved standard of care - People receiving support from the appropriate services - Improved and shortened clinical pathways *Benefits and difference made* - Reduced loneliness and improved social connectedness - Increased confidence

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[8] p.37
[9] P.28

	• Improved wellbeing • Increased independence at home • Reduced dependency on statutory services
Outcomes for families and children	• Looked After Children remaining stable • Children remaining in their local communities • Children being cared for by their families • Children accessing universal services • Improved parenting • Improved relationships within families • Improved child/young person's behaviour • Improved educational and employment outcomes for young people • Families becoming more resilient
Outcomes for service provision	*Models of working* • Improved communication between different services • Staff working in a more integrated and co-ordinated way across disciplines • Improved confidence of staff across partner organisation to work with different audiences • Improved integration of health and social care services • Greater utilisation of digital solutions *Reducing demand and cost savings* • Reduced hospital admissions • Faster discharges from hospital for patients • Reduced length of stay in hospital • Reduced demand on GPs • Reduced demand on ambulance conveyancing • Reduction in unscheduled care services • Reduced need for social care packages • Cost savings

5.30   The evidence put forward for outcomes being achieved across funded projects is considered below. It is impossible to aggregate the evidence or to cover all projects within this macro-level report, therefore specific projects are used to demonstrate how these outcomes are being achieved. The following examples are intended as illustrative examples, rather than a comprehensive account of the difference being made by TF projects in their entirety.

Outcomes for service users – accessing services

5.31   Two of **Cardiff and Vale of Glamorgan's** projects (Get Me Home Preventative Services and Get Me Home Plus, Projects 4 and 5) report upon the positive impact upon service users who now stand to benefit from improved communication about what matters to them, earlier supported discharge and signposting to other services. Measures adopted for the project (e.g. number of individual patients supported with discharge, number of individual patients supported with housing related issues, or cases resolved at initial contact) is used as evidence for these outcomes as well as individual case studies which highlight the time saved for clinicians and ward staff when issues are resolved directly by projects.

5.32   The Stay Well @ Home project in **Cwm Taf Morgannwg** reports upon eight key outcomes including more people receiving care in their own home, fewer people being admitted to hospital and more people having access to enabling services when they need it. Two case studies effectively demonstrate how positive outcomes such as improved timeliness of the response to referrals, the flattening out of demand across the week and the ability to respond quickly to identified needs are being achieved. The project is a good example of effective prevention and early intervention via a rapid response service: 'The multidisciplinary nature of the SW@H2 has fostered a practical, 'can do' approach and a sense of shared responsibility for ensuring better outcomes for individuals.'[10]

5.33   The Everyday is Tuesday project in **Cwm Taf Morgannwg**, (Bridgend area) reported having a positive impact on improved response times for the mobile response call out teams, thereby offering a more timely and responsible service for users. The report concludes that the 'increase in activity serves to improve the outcomes for people who have activated their telecare alarms by ensuring a timelier response, avoiding any "long lays" in those who have fallen, more timely reassurance and onward referral/ treatment'[11].

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[10] (p42-43)

[11] Transformation Fund Regional Evaluation Update Report Cwm Taf Morgannwg Regional Partnership Board, May 2021

5.34   The Our Neighbourhood Approach project in **West Glamorgan** reported that the waiting time for service users accessing home-based care had reduced from 42 days to 29 days, due to the introduction of an improved reablement pathways for home-based care and review.

Outcomes for services users – benefits and difference made

5.35   Feedback from service users of the Community Development Service (via the Accelerated Cluster Model and Seamless Social Prescribing Projects in **Cardiff and Vale of Glamorgan** suggests improved mental wellbeing and reduced isolation and loneliness as a result of the intervention, be that through group-based activities or via access to one-to-one support such as regular phone costs, home visits or support whilst shielding.

5.36   The Community Health and Wellbeing project in **Cwm Taf Morgannwg** reports improved wellbeing of service users, using a pre and post assessment undertaken by professional staff

5.37   The One Team Approach Around People in **Cwm Taf Morgannwg** (Bridgend area) provides evidence that the number of complaints received due to missed messages and poor communication has reduced and that positive feedback has been gathered for the SPOA service put in place. Case study examples illustrate how the project has been able to support people to stay at home for longer.

5.38   The Seamless Services for People with Learning Disabilities project in **North Wales** is a wide-ranging programme with several small scale and experimental workstreams. The regional evaluation report concludes that there are positive signs that change is starting to happen and that there are early achievements. Some workstreams, such as the Family Transition workstream in Denbighshire and Conwy, reports upon positive benefits for young people and their families who have engaged with this service

5.39   The ICAN Mental Health Transformation Programme in **North Wales** has set out several key outcomes to be achieved but reduced capacity during the COVID-19 pandemic has restricted an in-depth evaluation using, for instance, recognised tools such as the Warwick Edinburgh Mental Wellbeing Scale. Despite this, initial evidence suggests that the ICAN services are effective in supporting people to achieve better quality of life, more stable relationships, overcoming stigma, maintaining stable work and hobbies. The evaluation also found that the project is effective in reducing service users demand for other services e.g., around half of service users who were surveyed felt that the ICAN services had helped them to stay out of hospital, get discharged then whey were ready, stay at home in their community and look after their own mental wellbeing.

5.40 The preliminary evidence gathered as part of the **Collaborative Kidney Care** project evaluation suggests that the introduction of element one should result in better support for patients in the identification, prevention and sustainable management of kidney disease. Patients should have more equal access to expert multi-professional teams via outreach services and have greater access to their own records via personal devices. The views of services users will be gathered to validate these outcomes over the remaining TF delivery period.

Outcomes for families and children

5.41 Evidence in place for the ICEBERG project in **Gwent** suggests that the project is having a positive impact upon families as they can receive help earlier than they would have previously thereby getting a better and more timely service. In addition to these outcomes for families, the evaluation also reports that frontline staff are more confident in managing cases themselves thereby reducing the need to refer cases to others, staff are working in a more integrated and co-ordinated way across disciplines (education, social care, third sector and health) and there is potential for long-term financial sustainability.

5.42 Initial evaluation evidence for the Early Intervention and Intensive Support for Children and Young People Bwthyn y Ddôl Service project in **North Wales** suggests that the service is valued by users and is helping to better address family needs and to support them to become more resilient. However greater evidence is required to demonstrate the effectiveness of the approach in achieving longer term outcomes such as enabling children to remain in their local communities.

5.43 The evaluation of the Early Intervention and Intensive Support for Children and Young People – North East Wales Multisystemic Therapy Service project in **North Wales** found that the evidence in place was limited as only nine cases had completed their journey with the service at the time of evaluation, and as such the sample size was too small to draw any firm conclusions. Despite this, a review of case files found initial positive evidence of improved parenting, improved relationships within the family, improved child/young person's behaviour as well as improved emotional wellbeing among children and young people.

5.44 The Our Neighbourhood Approach project in **West Glamorgan** reported that the number of Looked After Children in the region had remained stable, as a result of introducing Early Help Hubs.

Outcomes for service provision – models of working

5.45   The Integrated Care Hub element of Project 1, Accelerated Cluster Model in **Cardiff and Vale of Glamorgan** is achieving better integration of health and social care services, with feedback from professional staff used as evidence to support this. One contributor to the evaluation observed that *'one of the things that really frustrated me as a GP was the lack of communication between different services… so it's been really great having the Hub there to provide that cohesion and really excellent collaborative work between health and social care.'*

5.46   For Projects 4 (Get me Home Preventative Services) and 5 (Get Me Home Plus) in **Cardiff and Vale of Glamorgan,** there is evidence of improved communication and collaboration between hospital and community settings as well as evidence of faster discharges from hospitals and minimal number of patients waiting to be discharged as a result.

5.47   The regional evaluation report for the Home First Project in **Gwent** sets out early indications that the project is starting to change the ethos of those working in or with Home First, as it is becoming consistently more of the 'go to' option for others. The report acknowledges that measuring this change in culture is challenging but early evidence suggests that the service is now more widely known about across hospitals and staff feedback suggests that it has become a well embedded service across the region.

5.48   The Community Transformation Programme in **North Wales**' evaluation report provides some initial evidence for the outcomes being achieved but recognises that 'it is too early in the programme ... to evidence full scale impact on outcomes.' The programme has very long-term transformation plans such as creating integrated health and social care entities across the region, and this is likely to take time. The project has three of these entities in the process of being established, against a target of 14. The project is also working on the evidence for the impact it will have upon people as it is still cushioned in the language of 'potential benefits' at present.

Outcomes for service provision – reducing demand and cost savings

5.49   The mobile responder element of the Assistive Technology project in **Cwm Taf Morgannwg** reported having had a positive impact upon ambulance avoidance and hospital conveyance. For instance, 1,883 emergency calls and 1,734 conveyances to hospital were reported to have been avoided over a six-month period during 2020/21.

5.50   The Community Health and Wellbeing Teams project in **Cwm Taf Morgannwg** reported a reduction in unscheduled care routes such as conveyance to hospital and reduced GP out of

hours contacts for service users supported by the project. These outcomes are assumed to have taken place as a result of interventions and are not quantified in any way.

5.51 The Everyday is Tuesday project in **Cwm Taf Morgannwg** (Bridgend area) has used TF to employ additional staff which has allowed it to increase the capacity of its team. The data suggests that the project has been able to increase provision, improve response times as well as reduce demand on the ambulance service. The regional evaluation rereport sets out the total cost avoidance of the project as being circa £1.4m which includes £285k costs avoided from hospital bed days avoided, £537k cost avoidance due to mobile response team callouts and £537k cost avoidance from hospital bed days avoided (on the basis of £114 per bed day).

5.52 The Building Resilient and Co-ordinated Communities project in **Cwm Taf Morgannwg,** (Bridgend area) is helping to divert service users away from mainstream services. For instance, it reported that 394 service users were diverted away from mainstream services over a nine-month reporting period, and that these service users were expressing positive improvements to their health and wellbeing.

5.53 Across the Cluster Whole Systems Approach project in **West Glamorgan** the delivery of the Virtual Ward element is estimated to have reduced hospital admissions in one authority area by 45 per cent and 44 per cent of the Virtual Ward patients were reported to have received improved standard of care. Likewise, Projects 1 and 2 (Accelerated Cluster Model and Seamless Social Prescribing Projects in **Cardiff and Vale of Glamorgan** reported reduced emergency admissions within the cluster prior to the outbreak of COVID-19.

Projects which lack outcomes evidence to date

5.54 There are a handful of projects/regions where regional evaluation reports found that it is either too early to demonstrate if they are achieving their intended outcomes or COVID-19 has affected project delivery or evaluation activities:

- one regional evaluation report found that the evidence on outcomes is still anecdotal in nature and the recommends that capturing outcomes needs to be fully embedded into regional data collection processes. Furthermore, the evaluation observes that there are differences in approach to evaluation across the region which limits the ability of the RPB to assess the outcomes being achieved

- another regional evaluation report sets out the challenge of assessing the impact of interventions, not least because of the lack of baseline data but also because many of the outcomes identified are not measurable and lack any key performance indicators

- the pandemic was found to have restricted one project from demonstrating its potential impact and as a result the outcomes achieved are only partially evidenced through case studies and feedback on the service

- another project lacked evidence for the outcomes being achieved, not least because an evaluation framework had not been implemented and the evidence for the difference made was limited to a small number of case studies.

Programme level outcomes

5.55   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.

5.56   We consider the evidence available within regional evaluation reports for whether these three programme outcomes are being achieved.

Continuation of effective TF models post funding period

5.57   A handful of regional/project-level evaluations consider whether current TF projects will continue post 2022, when TF support will cease. As of April 2021, with 12 months remaining of the current fund, the reports suggest that some 13 projects (including the **Collaborative Kidney Care** national-level project) could be continued post 2022. In most cases, further external funding will be required to help achieve the long-term transformative ambitions of many projects.

5.58   Several of the regional evaluation reports warn that projects could cease to exist in 2022, in the absence of continued funds. In some cases, it was reported that alternative funding will be required to sustain the additional service capacity supported via the TF whilst in others, projects which are yet to get underway and demonstrate the difference which they can make will find it more challenging to make their case for continuation via core funding.

5.59   Few examples were found where projects, or aspects of projects, are very likely to continue post 2022. These include:

- the Assistive Technology model project in **Cwm Taf Morgannwg** which could be sustained in part via a weekly flat fee of £2.85 per week, which is allowed under the Social Services and Wellbeing Act, but the rate would have to be increased by 426% to cover the actual costs of the service, when TF funding comes to an end. Funding will need to be secured from within the region's health and social care funds to allow the project to proceed

- the Extended Multi-Disciplinary Team service which forms part of the Cluster Whole Systems Approach project across **West Glamorgan**. In this case, most participating GP practices have agreed to employ the MDT staff on a long-term basis, post TF

- whilst there is a danger that the Our Neighbourhood Approach project in **West Glamorgan** will stop in 2022, feedback gleaned from our primary research suggests that the region intends to continue with this journey regardless of whether external funding is available.

TF models replacing discontinued existing approaches and generating cost efficiency gains

5.60   There is some initial evidence set out within project/regional evaluation reports for the potential cost avoidance secured via TF projects, but overall, there is little evidence in place on the overall cost efficiency gains achieved across regional programmes. There is also very little evidence that new TF models will replace any existing approaches which will be discontinued as a result. Rather, most of the arguments for continuing new TF models are made in the context of reducing demand for other statutory services and improving service user experiences.

5.61   Examples of the evidence available on cost avoidance or savings is set out below.

- across **Cwm Taf Morgannwg**, cost avoidance calculations as a result of TF projects are further developed than for other regions:

- the Stay Well @ Home project has been developed upon evidence that other similar projects (e.g. Gwent Frailty project, Nuffield Trust and Kinds Fund) have achieved cost savings but the regional evaluation report acknowledges that 'it may be that integrated care programmes cannot produce tangible cost savings' but 'provides the best outcome for the individual and the professionals involved and leads to an important culture change'

- two projects (Assistive Technology and Stay Well @ Home projects) are estimated to have avoided 1,934 conveyances to hospitals thereby saving £451k on ambulance costs and a further £268k on hospital costs

- cost avoidance achieved by the CHWBT project is circa £2.96m as a result of avoiding ambulance conveyance, associated hospital admission and avoidance of contact with GP services

- the cost avoidance achieved via the Mobile Response Team as part of the Every Day is Tuesday project is calculated at between £537k and £759k on an annual basis.

5.62 Across other regions, there is some consideration of cost savings or avoidance, but these are less developed overall. For instance:

- the **Collaborative Kidney Care Home project** (National Project) considers the cost savings which could be achieved as a result of providing haemodialysis to patients at home (at a cost of £24,000 per patient per year) compared with approximately £31,000 in an NHS hospital-based dialysis unit. The project is focused on promoting haemodialysis by developing resources to train people to engage with it at home and so can only be expected to make some contribution to these cost savings in conjunction with other developments

- some cost avoidances are identified as part of the Early Intervention and Intensive Support for Children and Young People – North East Wales Multisystemic Therapy Service in **North Wales**, but the sample size used is too small to offer a firm conclusion at this stage

- the ICAN Mental Health Programme in **North Wales** intends to produce business cases to inform future investment decisions across the region

- the ICEBERG project in **Gwent** sets out illustrative case studies to demonstrate the financial return on investment, but further work is required to develop comprehensive evidence. In this case, the evaluation report considers what mainstream provision would need to be reduced to sustain the project as a cost-neutral intervention. Several options are considered, such as the number of children each year who would need to avoid residential care placements (11 children each year at a cost of £4,750 per week which would quate to the £2.6m annual budget for the project)

- some strands of the **Powys** project have been able to identify indicative savings made. For instance, Strand A: Repatriation of Looked After Children sets out annual potential indicative savings which could be achieved as a result of delivering outcomes such as reducing out of county placements and providing in-house, rather than external, fostering placements. However, at the time of reporting, these cost savings had not been validated.

Scaling up and wider adoption of effective TF models, including across other regions

5.63   There is evidence that some TF funded projects, or elements of them, have been adapted from pilot models delivered elsewhere. These would include for example, the Clinical Lymphoedema element of the Cluster Whole Systems Approach project in **West Glamorgan** which was adapted from a pilot project delivered by Cardiff and Vale UHB.

5.64   There is also some evidence that current TF funded projects, or elements of their activities, are being scaled up within specific regions, having started within one local authority or cluster area. For instance, some of the ICEBERG workstreams in **Gwent** have already been scaled up geographically whilst other elements of the project (such as the Whole School Approach pilot) has the potential to be rolled out across the region.

5.65   Some projects, such as Mental Health ICAN programme in **North Wales** were set up a regional projects in the first instance.

5.66   Others (such as the two Early Intervention and Intensive Support for Children and Young People projects in **North Wales**) have focused on establishing new and effective models of working in specific localities or settings, with the objective of getting them up and running in the first instance, rather than scaling activities across the whole region. Likewise, across **Cardiff and Vale of Glamorgan** two projects (Projects 1 and 2) are currently only being delivered in one cluster, whilst another two projects (Projects 4 and 5) only in specific hospitals within the region. In several cases (e.g., the Community Transformation Programme, **North Wales**) the scaling up of projects across the region have been limited by the impact of COVID-19.

5.67   It is also worth noting that another important development, at least in one region - **Cardiff and Vale of Glamorgan** - is the development of a more strategic approach to those TF projects which are closely aligned. In this region, there are plans in place to develop a comprehensive plan to deliver two overarching programmes (a place-based integrated care model and an integrated care model for children and young people) which will bring TF and

ICF funded initiatives (as well as other sources of funding) closer. This perhaps is in keeping with the original objective of the Healthier Wales objective and TF programme more broadly, given the finding that too many disparate projects have been funded via the programme to date.

5.68   The **Collaborative Kidney Care project** is perhaps an exception in that this project was always intended to be scaled up at a national level. There is further scope to scale up this project to allow for the rollout of EPMA to dialysis units and wards in other regions, thereby allowing a regional innovation to be scaled up at a pan-Wales national level.

Cost-benefit analysis

5.69   There is very little meaningful evidence of the return on investment or financial savings being delivered by TF projects/programmes to date. This is attributable in part to the redeployment of monitoring/evaluation staff over the last year but also to it being too early to judge whether or what cost savings the changes made have yielded.

5.70   Evaluation update reports generally note that 'return on investment' will be a greater focus of the final evaluations in 2022, with several referring to the development of financial metrics during 2021/22 as part of wider frameworks of programme/project indicators. The point is made that more robust 'system wide modelling' is necessary to better understand costs savings, on the one hand, and additional costs that attaching to new approaches introduced, on the other. It is also noted that the kind of evidence needed to demonstrate return on investment or cost benefits needs to be built over time.

5.71   Evaluation updates do, nevertheless point projects delivering positive outcomes for citizens, bringing about cost reductions and increasing efficiency across particular parts of the health and wellbeing the system. At the same time, it is argued that the effects of COVID-19 have masked the impact of specific initiatives, not least those to do with prevention and early discharge.

5.72   Where cost savings estimates have been presented, evaluation update reports are clear that these are 'speculative' or 'crude' and based on 'limited data'. Some use has been made of 'case studies' to illustrate cost savings at a service user level. In two regions, **Cwm Taf Morgannwg** and **Gwent**, cost estimates have been arrived at using typical cost data derived from sources including the National Audit Office, The British Medical Association, the King's Fund and the local health board. In this context, it was argued that there is a need for

consistency in the way return on investment/cost benefit calculations are undertaken across projects/programmes and regions.

5.73   Evaluation updates suggest that TF monies are closely interwoven with monies from other sources, not least the Integrated Care Fund (ICF), but also including 'core' and capital' budgets and smaller amounts emanating from diverse sources including Local Authorities, the Arts Council of Wales and Town Councils.

5.74   There is limited evidence of clear sustainability plans for activities supported via the TF. In most cases, the intention is to use 2021/22 to demonstrate cost savings and system improvements generated and to clarify future funding arrangements later in the year, whether they be via core funding from partners or dependent upon the submission of business cases to the Welsh Government.

6.   Future sustainability

6.1   This section considers the work being undertaken at RPBs to develop business cases and exit strategies to ensure the sustainability of successful TF projects. Finally, this section provides some reflections by stakeholders to inform funding approaches.

Sustainability of TF projects

6.2   During interviews with RPB stakeholders it became apparent that several regions are focusing on getting all their projects aligned so that they work as a cohesive TF programme. This work was well underway in several regions and progress being achieved when COVID-19 resulted in it being stopped in its tracks.

6.3   Several stakeholders described how they felt that the landscape was changing, with an ever-increasing shift towards community support provision, with the pandemic initiating a lot of that movement. Stakeholders described how the community support, provided by many TF projects had been crucial in 'keeping our society going' through the COVID-19 pandemic and that the situation would have been much worse in many areas of Wales without the support and sense of community provided by many TF community-based projects. Indeed, this had helped reinforce the need to shift resources into more preventative, community-based solutions in future.

6.4   Whilst some regions (and some individual projects) are working on the sustainability of their TF projects and are looking to develop a strong business case, this is not true for all projects. Some are less certain about their ability to demonstrate sustainable impact upon mainstream services:

'I'm not sure we're making the case for who should pay to sustain it'.

6.8   In general, the need to develop business cases is now forefront in the minds of RPB stakeholders, who appreciate that this is a crucial task. It is increasingly recognised that the ability to demonstrate that the funding offers a better value for money approach (either by being more cost-effective or as a cost-avoidance service) will be determined by the evidence that can be produced. Indeed, most of the regional evaluation reports offer recommendations about developing metrics and indicators that could be used for cost-benefit analysis. Similarly, the regional evaluation reports consistently call on the RPBs to further develop project sustainability plans and work towards financial stability by March 2022.

Cardiff and Vale of Glamorgan

The programme team at CVUHB have been working on the transition phase of TF with a comprehensive plan for the next stage of priorities within their region being developed in anticipation of any funding approaches in future.

The key principles for the final year of TF investment include:

- simplify and align projects, including across funding streams
- plan and deliver with the end in mind, with clear exit plans from grant funding
- avoid unaffordable investment in services
- accelerate delivery of integrated services and
- invest in on-the-ground leadership to drive local delivery.

By working to these principles, the RPB aim to address recommendations set out by their independent evaluator around the need to consider financial stability and future funding, the need to look at further integration of services across the region and for greater interaction between projects.

The governance structure within the RPB has been further developed so that it is better placed to reflect the inter-dependencies between short-term funded projects and long-term regional priorities.

The approach for 2021/22 has been developed around the alignment of projects to two key programmes of work. This covers both TF and ICF funded projects, as well as wider services and initiatives. The TF programme team are working with an external consultancy to define the model and scope for the programmes.

• P1+2: Wellebing matters and social prescribing • P3: GP Triage • P4+5 Get Me Home	Place-based integrated care model
• P6: Developing ACE aware approach to resilient children and young people	Integrated care model for children and young people's care and support

'There is a feeling now that it all hangs together in this new approach and structure, that, arguably, wasn't there before. It was like an Eureka moment and a realisation that it all fits together and makes perfect sense.'

In terms of its governance, the RPB is shifting away from being focused upon services and organisations towards people and places. As such, activities are to sit within three key themes for the region: Starting Well; Living Well and Aging Well. All forms of care will be included in these three groups including specialised care and support, care delivered at home and resources within the community to support people to create their own solutions. The longer-term aim is to encourage a shift towards community-based solutions, thus prioritising prevention and intervention. The TF programme had been crucial in generating this 'eureka' moment of how all projects worked within a wider model for future delivery and has helped provide clarity going forward.

Cardiff and Vale of Glamorgan are looking at the final year of the TF as a 'transition phase' that allows them to work on bringing projects together (Project 1 and 2 have been merged for example) and creating a suitable governance structure for the future. Within the new structure TF projects 1-5 will sit within the Ageing Well theme, and project 6 will be part of the Starting Well theme.

Future funding priorities

6.5   The key issue raised by stakeholders in relation to future funding related to the TF coming to an end in 2022 and there was a very strong call for the Welsh Government to consider putting in place a single, strategic long-term funding programme which would continue to offer support to RPBs to transform their health and care provision. Stakeholders argued that genuine transformation of services could never be achieved within a short-term funding period, which included in this case a long period of unprecedented pressure and uncertainty, and that there is a need to put in place a longer-term funding mechanism to enable this work to continue.

6.6   There was a concern amongst interviewed stakeholders that TF projects were about to end abruptly or 'fall off a cliff'. There were already reports that the short-term funding nature of the TF was resulting in staff moving to posts elsewhere in their organisations although some RPBs have issued permanent contracts to key staff, which is helping to address this issue.

6.7   Stakeholders felt that greater time was required for TF projects to mature, achieve their objectives and demonstrate their value. It was argued that an additional period of funding, possibly via tapered funding, would allow projects to make up for the time lost due to the impact of COVID-19.

6.8   Going forward, most RPB stakeholders called upon the Welsh Government to consider developing a single 'coherent model' which could be used to transform health and social care services. Several stakeholders argued that there would be logic in combining the TF and ICF programmes into a single fund with a clearly defined remit and purpose. Streamlining the funding in this way would help reduce the reporting and monitoring requirements placed upon RPBs, which continued to be seen as overly onerous at present.

6.9   At the time of the fieldwork, stakeholders called for early clarity about how any future transformation programmes across the sector would be funded, to allow RPBs adequate time to plan and develop quality proposals. RPBs wish to be in a position whereby their future funding proposals can be informed by population assessments and area plans, to ensure that they are reflective of the needs of their region.

6.10   Given this view, many RPBs would prefer for any new strategic funding programme to have a longer lead in time than has been afforded to them historically. The preferred model for many RPBs would be one where the TF funding is tapered down from March 2022 onwards allowing them to plan sufficiently for any replacement strategic fund:

'2022/23 is an opportunity to really change things and do things differently. We need to re-set'.

6.11   In terms of priorities for future funding, whilst each region had different views depending upon their own regional and local needs, stakeholders acknowledged that the key themes included preventing hospital admissions, further rolling-out of hospital-to-home projects, developing more integrated children's services, and ensuring better quality care for vulnerable adults. Some mentioned that children's services should also become a more prominent aspect of any future funding.

6.12   Stakeholders were agreed that there was a need for a national, as well as regional, level conversations to agree upon the priority themes for any future funding programme. Some suggested that it would be beneficial to hold a national conversation, involving a series of seminars, to help develop and articulate these themes within a programme level document at the outset.

'if the agenda is transformation, it needs to be better defined, and we need to do it in partnership'.

6.13   A strong call was made for any future funding programme to have a clear performance outcomes framework in place from the outset, which would be underpinned by coherent and common performance indicators that all regions could report against. This would enable consistent baseline setting and monitoring which in turn would allow for a more informed analysis of what models or approaches achieve the best outcomes and for robust return on investment analysis to be undertaken.

6.14   We understand that the Welsh Government has since confirmed that a new revenue fund to support integration will commence in April 2022 when the existing TF and ICF come to an end. Officials will be working with regional partners to design the detail of the new programme, taking into account the learning from the current programmes.

7. Conclusions and recommendations

7.1 This chapter presents our conclusions, drawing upon the desk review and fieldwork, and offers recommendations for the Welsh Government and RPBs to consider for the future.

Programme delivery

7.2 Our key findings from the evidence of programme delivery provided within regional/project level evaluation reports show that:

- there have not been any major changes to models of working since the mid-term reporting, but many projects have been impacted by the outbreak of the COVID-19 pandemic either by adapting their ways of working, accelerating or pausing their activities

- several projects, particularly those involved in community networks, hospital avoidance, provision for children and young people, and technology enabled care experienced an increase in demand and a better understanding across the health and care sector of their capabilities to take pressure off key services

- there is a mixed picture in terms of pace of change. Whilst some projects have seen an accelerated pace of change (mainly those involved in the provision set out above) others have not experienced similar development over the past year, largely due to the impact of the pandemic upon staff availability and difficulties engaging with people during this period

- TF spend has increased substantially since the mid-term reporting, with a significant majority of funding now allocated

- projects are reporting similar factors that enable them to achieve. They include a whole system approach, use of digital solutions and a demonstrable change in workplace culture

- challenges for projects remain, particularly where cross-organisational working is required with several local authorities or where project scope and purpose remain unclear. Those projects with less robust project management systems have also struggled

- the COVID-19 pandemic has impacted governance arrangements, with these pared down or suspended. Where governance has continued to operate, meetings have been held on-line which has resulted in better stakeholder engagement, streamlined decision making and partners working more effectively to get things done

- governance arrangements were re-established at the end of 2020-21 and, in several regions, were refreshed so that they were proportionate and suitable for current circumstances

- prior to the first COVID-19 lockdown, citizen, workforce, and stakeholder engagement was becoming more prominent within projects, with a few examples of co-production. However, since then, the pandemic has severely impacted on this aspect with citizen involvement largely confined to seeking user feedback via surveys. Similar approaches have been utilised to gain staff and stakeholder views.

Programme outputs and outcomes

7.3 Our key findings in relation to evidence set out within regional/project level evaluation reports are that:

- since the mid-point reporting, RPBs have set out to develop underpinning theories of change and evaluation frameworks to evaluate the difference which TF projects are making. In some cases, these evaluation frameworks have been informed by baseline data and regions adopt an indicator dashboard to monitor achievements. The progress made to implement evaluation frameworks varies from one region to another, with lack of progress accounted for in most part by the effects of the COVID-19 pandemic. Many project/regional level evaluation reports conclude that there is a need for further work on developing and implementing programme outcome frameworks, including the adoption of an indicator dashboard to allow for the long-term monitoring of programme impact

- since the mid-point reporting, there has been a shift across many regions/projects to adopt quantifiable measures to demonstrate their progress and to report upon the outputs being achieved. Many projects are now able to report on the numbers of service users who have been engaged and/or activities delivered

- compared to the mid-point reporting stage, there is some evidence now in place to provide at least early indications of the benefits that projects are generating for service users and service provision more broadly, although this is not consistently the case across all projects or regions

- only very few TF projects consider and report upon metrics which offer an insight into the monetary benefits of their activities, despite many now adopting quantifiable measures for the progress and outputs being achieved. Over the remaining one-year

delivery period, there would be value in RPBs focusing on calculating the return on investment or financial savings which are generated as a result of TF projects

- RPBs are very mindful of the need to consider future funding options and the ongoing sustainability of activities currently funded via the TF programme. There is a need for project or programme level exit planning, informed by evaluation evidence. Consideration needs to be given to whether projects will continue, and whether they will be funded from mainstream funds or require other short-term investment.

Looking to the future

7.4   In looking to the future, RPBs outlined some key findings in their reports and during interviews including:

- regions are now working on aligning their projects into a more cohesive model and there is an increasing interest and appreciation for what TF has funded, with several aspects of TF programmes, particularly community-based interventions, providing crucial support during the pandemic

- funded projects are currently in a precarious situation due to funding only being in place until early 2022. There is a lack of clarity about how provisions will be funded after this date and key staff are already moving on to other, more secure positions

- with less than a year to go, and a need to establish business cases and exit strategies, projects are realising that in the absence of baselines, evaluation frameworks and thus robust evidence of impact and difference made, it is becoming increasingly difficult to make the financial case for mainstreaming or continuing the funding for some projects

- the transformation of services cannot be achieved over a three-year period and there is a strong case for exploring the need for a longer-term, single programme to fund the transformation of health and social care services in the future, whereby integrated services such as those currently funded via the TF and ICF could be combined into a single fund with a strategic, clearly defined remit and purpose

- a key lesson for any future funding programme is the need for an evaluation framework with clear, consistent performance metrics and outcomes which are well defined, outlined from the start.

Recommendations

7.5   We make the following set of recommendations but note that these should be considered alongside the series of recommendations outlined in the mid-term evaluation report last year (summarised in Figure 3.1 of this report), as most remain relevant.

7.6   The first set of four recommendations below are for the remaining delivery period of the TF whilst recommendations five to eight are strategic recommendations to inform future funding development.

Recommendations for the remaining delivery period of the TF

Recommendation 1: For the remaining period, funded TF projects need to refocus on citizen engagement activities, and to look to include this as part of their ongoing review and evaluation activities.

Recommendation 2: RPBs need to capture evidence and calculate the return on investment or financial savings achieved, as very little evidence is available across the programme of this and it will be vital for making the business case for mainstream funding or for any continued funding via any future funding approaches.

Recommendation 3: In the remaining period available, projects and programmes need to prioritise their exit planning for funded projects and programmes. This includes ending any projects that are unlikely to be realised during the time remaining and detailed consideration of likely options for those projects that will require continued support.

Recommendation 4: RPBs should continue with implementing the streamlined and effective governance arrangements which have been introduced in response to COVID-19.

Longer-term, strategic recommendations:

Recommendation 5: Welsh Government should recognise that transformation is a long-term process and as such consider how it can support existing TF projects that need a longer time to demonstrate impact. The Welsh Government needs to consider how seamless transition arrangements could be put in place from April 2022 onwards thereby removing the current funding cliff-edge which is of concern to regions. Any future funding arrangements should adopt the principle of tapered funding, to reinforce the importance of demonstrating impact and support the move towards greater self-sustainability.

Recommendation 6: In the long-term however, Welsh Government should give due consideration to amalgamating health and social care funding streams, particularly TF and ICF, into a single longer-term strategic fund to drive transformation across the sector. We would suggest that this strategic fund be designed in collaboration with the regions as a long-term one to support sustainable transformative change across the sector.

Recommendation 7: Any new strategic funding programme should be underpinned by a clear theory of change and evaluation framework which set out clearly defined high level outcomes from the outset. These outcomes should be underpinned by measures or indicators which can be monitored over time to track the impact of the programme. Funded provisions should be expected to contribute towards these strategic outcomes and report against a common set of indicators.

Recommendation 8: Any new strategic funding programme should provide clarity on the overarching priority themes/strands for funding. These themes should be developed and agreed in collaboration with the RPBs with the funding programme seeking to fund projects with clear plans and potential for scale-up over time.

Appendix A: Theory of Change Logic Model for Transformation Fund Programme

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

Appendix B: 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.

Cardiff and Vale of Glamorgan RPB

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

Error! Reference source not found.: 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.

Error! Reference source not found.: 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.

Error! Reference source not found.: the development of an effective GP Triage service that provides support and diverts people away from a GP unless medically necessary.

Error! Reference source not found.: 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.

Error! Reference source not found.: 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.

Error! Reference source not found.: 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.

Error! Reference source not found.: 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:

Error! Reference source not found.– to deliver this service through a prudent workforce model and complementary artificial intelligence triage application.

Error! Reference source not found.– 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.

Error! Reference source not found.– 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.

Error! Reference source not found.– 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:

Error! Reference source not found.– 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.

Error! Reference source not found.– 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.

Error! Reference source not found.- 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 Error! Reference source not found. 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 Error! Reference source not found. 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.

Error! Reference source not found. 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.

Error! Reference source not found. 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 Error! Reference source not found. (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 Error! Reference source not found. 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 Error! Reference source not found.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[12] to support its North Powys Wellbeing Programme which aims to support

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[12] 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 Error! Reference source not found. 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 Error! Reference source not found. 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:

Error! Reference source not found., 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).

Error! Reference source not found. 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

Error! Reference source not found. 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.

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:

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

Appendix C: Revised Transformation Fund Research Questions

Revised AHW TF Research Questions
Models of Working
1. What changes have been made to the projects during the Programme, particularly in response to COVID-19?
2. What impact have any changes made to projects during the programme had upon projects ability to transform the service?
3. What were the critical success factors in enabling transformation, particularly in response to COVID-19 challenges?
4. To what extent can the Transformation Projects demonstrate a sustained shift to preventative services?
5. To what extent can the Transformation Projects demonstrate scale-up, particularly in response to Covid-19 challenges?
6. To what extent have the Transformation Projects addressed • the AHW Design Principles? • the Well-being for Future Generations 5 ways of working (long term, integration, involvement, collaboration, prevention)?
7. What were the critical success factors in enabling scaling, particularly in response to Covid-19 impacts on services?
Pace of change
8. How has pace of change varied as a result of responding to the Covid-19 challenge?
9. What barriers have you faced in your attempts to achieve transformation change? How could these have been mitigated?
Engagement
10. To what extent has the workforce and citizens contributed to the ongoing development of TF projects? (What engagement mechanisms have been used to do this?)
11. What behaviour changes within staff/citizens have occurred as a result of these projects?
Governance

12. How have governance arrangements been adapted to responded to Covid-19?
13. What impact have any changes to governance processes and procedures had on the delivery of outcomes?
Cost benefit
14. Has the TF resulted in any return on investment / financial savings / improved citizen outcomes?
15. How has the utilisation of TF funding alongside other resources e.g. ICF, core budget, Covid-19 emergency funding resulted in better outcomes?
Outcomes and Impacts
16. What evidence do you have of changes to the baseline/original position of the funded projects?
17. What are the key outcomes achieved by the TF funded projects?
18. What evidence do you have of the difference made/impacts achieved by the TF funded projects?
19. How can these outcomes and impacts be sustained post March 2021?
20. What are the key lessons learned for future transformation programmes?

Appendix D: Discussion guide for Transformation Fund Update Report Interviews

Section A: Involvement with the Transformation Fund

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

Section B: Programme Delivery

Models of Working

2. What significant changes, if any, have been made to your Transformation Fund projects since we last spoke?

- What has been the impact of COVID-19 on projects?

3. To what extent are the projects still aligned with:

- the aims and objectives of the TF?

- the Design Principles?

- the philosophy of Prudent Healthcare?

- the Well-being for Future Generations five ways of working?

- a shift to preventative services?

Pace of Change

4. What has been achieved to date?

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

6. What's working well?

7. What have the challenges been for implementation?

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

Governance

9. Have there been any developments or change to the governance arrangements in place since we spoke a year ago? Have there been any changes in terms of:

- ownership of projects at a senior level within RPBs?

- new procedures, policies or processes?

10. What are the barriers to change?

Engagement

11. In what way has the workforce and citizens been involved in projects over the last year?

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

13. How have various partners been involved in the project? What benefits or challenges have occurred as a result?
14. What has/hasn't worked well in terms of engagement?

Section C: Emerging Outcomes

15. What are the key messages and findings of any baseline setting work undertaken by the region in the autumn 2020 for the Welsh Government?

16. What kinds of **outcomes** are being achieved by Transformation Fund projects in your region? (Probe around *AHW* Outcome Framework outcomes in particular and consider the evidence available from the regional evaluation report)?

17. What factors/externalities have affected the achievement of these (hard and soft) outcomes? (Probe around COVID-19, organisational issues, policy priorities, UK/Wales budgetary priorities)
18. From the implementation of the Transformation Fund to date, can you think of any unexpected outcomes that have been/might be achieved?

Outcomes and Performance Measures

19. What performance measures or evidence collection processes have been developed since we last spoke?
20. What accounts for any strong or weak performance in terms of achieving early outcomes?
21. What gaps, if any, are there in the evidence base for measuring outcomes and performance?

Cost Benefit

22. What early evidence is there of return on investment and/or financial savings?
23. What links are there to other funding resources e.g. ICF or core budgets?
24. What are the early plans in place to ensure financial sustainability for the project?

Section D: Lessons Learned & Future considerations

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

26. Does your experience of implementing Transformation Fund projects suggest that any element of its delivery needs to be altered in any way?
    a. On the cusp of the final year of TF funding, are there any changes required to delivery?

27. What are the key lessons for future funding of transformational provision across the health and social care sector?

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