

AGENDA ITEM

3.6

POPULATION HEALTH & PARTNERSHIPS COMMITTEE
**REGIONAL PARTNERSHIP BOARD TRANSFORMATION
UPDATE**

Date of meeting	07/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Clare Williams, Deputy Director of Strategy and Transformation
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

RPB	Regional Partnership Board
CTM	Cwm Taf Morgannwg
TLPB	Transformation Leadership Programme Board
ICF	Integrated Care Fund
IPC	Institute of Public Care, Oxford Brooks University
WG	Welsh Government

1. SITUATION/BACKGROUND

1.1 Within Cwm Taf Morgannwg (CTM), the Welsh Government (WG) Transformation Fund is overseen by the CTM Regional Partnership Board (RPB) and there are 8 programmes of work funded through this, covering the following four key areas:

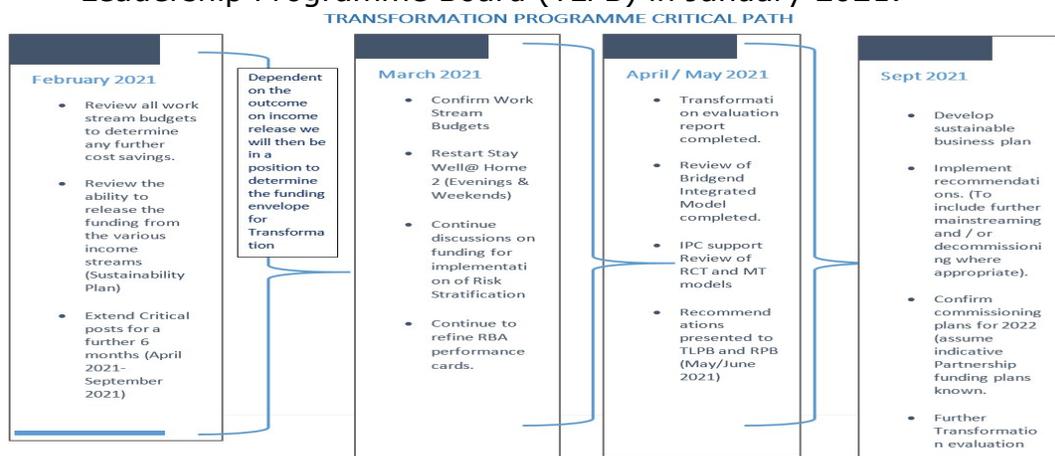
- Community health and care;
- Early help;
- Alternatives to hospital care; and
- Integrated primary and social care arrangements.

1.2 In March 2021, the Population Health and Partnerships Committee, received an update setting out how the RPB would: manage the risk of a financial gap of £2.1m between the available funding and projected full year costs of the Transformation programme; and agree a sustainable model for integrated community services for 2022 onwards.

1.3 By September 2021 the RPB plans to be in a position to agree:

- An overall model for the configuration of services in local areas in CTM;
- How it intends to work towards that model; and
- How it will approach the deployment of core and any grant funded resources across the system to enable it to do this.

1.4 The critical path set out below was agreed by the Transformation Leadership Programme Board (TLPB) in January 2021.



1.5 A key step to agreeing sustainable services for March 2022, is the evaluation of the services currently funded via the Transformation Grant. This paper sets out the key findings from the Institute of Public Care (IPC) Evaluation (May 2021).



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Some of the work set out in the critical path above, for April/May 2021, has been delayed to June/July 2021 as a result of Health Board and Local Authority teams requiring extended to time to commit to engaging with IPC whilst balancing their wider Resetting CTM commitments. However, the Transformation Evaluation Report (**Appendix 1**) described in the critical path has been completed.
- 2.2 The key conclusions of the report are as follows:
- All of the workstreams continue to focus on improving the capacity of services in the community to support their local health, care and wellbeing needs. The design of the interventions in each workstream continues to fit well with national policy and Government guidance, evidence and emerging best practice.
 - In the Summer of 2020, IPC reported that none of the projects had, at that time (mainly due to the pandemic), been able to show that they had successfully been fully implemented as planned or that the full evaluation of activity, performance and impact had been completed. However, as can be seen by the individual reports, and as a whole system, the projects provide real evidence of the improvement of individuals' outcomes, professionals' stating their experience and impact of new arrangements, and emerging data of positive cost avoidance activities.
 - Given the level of investment that has already been made in these projects, the potential that they have for improving care and reducing costs elsewhere in the system, and their fit with national policy and evidence from elsewhere, there should be an on-going confidence that they will continue to achieve both positive individual and system outcomes. This of course, is assuming that each project can continue to maintain a robust regime of data collection in 2021/22.
 - While 2021/2022 will continue to put energy into building robust data collections for the final evaluation report in 2022, it is noted that additional work is currently being undertaken across the region to inform sustainability planning. In Bridgend, the Optimal Model for Integrated Community Services arrangements is being reviewed with a view to developing a business case for the sustainability of an optimal model and dynamic service, financial and performance framework. A similar exercise in Rhondda Cynon Taf and Merthyr Tydfil is looking to develop a business case for the sustainability of community services including review of effectiveness of existing community services arrangements and their appropriateness across the Merthyr Cynon and Rhondda Taf Integrated Locality Groups and the local authority areas. The result of these initiatives is that similar collection of evidence,



albeit for different purposes is being collected simultaneously, therefore the region and individual projects will require a clear understanding of the requirements of both reports.

- There is a need to recognise the challenges in judging how any cost avoidance can be attributed to the activities of workstreams. We have seen that a number of the individual projects have provided this assessment – Community Health and Wellbeing Team and the Bridgend Community Resource Team (Bridgend Ambition 1) specifically records hospital bed days avoided as an outcome from their intervention. However, other projects currently do not make this financial link. Once again therefore, we reiterate that the final evaluations will have to be careful to evaluate cost/benefit for each workstream in a way that doesn't disadvantage those that are less clinical in nature.
- In addition it is suggested that as all the projects enter their final year, the task of reflecting on their impact as a collection of inter-related or integrated services is increasingly important. Therefore, the region will need to explore how the performance of one project impacts on others. One suggestion is to ensure that the evaluation plans for each of the projects are in part 'co-produced' by as many of the projects as possible. Not only can this support a better understanding of the individual initiatives but also explore and agree how, in particular qualitative evidence from services users and professionals, be collated effectively and cross-referenced.
- The region should consider how best to encourage and support on-going development in respect of improved understanding through education and learning for all staff and partners to enable the required and sustainable culture shift that ensures all community service options are considered in the first instance to avoid people being inappropriately conveyed or admitted to hospital.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The areas highlighted by the evaluation report are currently being reviewed by the TLPB to ensure that they are appropriately acted upon.
- 3.2 Whilst there remains clear commitment from all partners to ensuring a sustainable model of integrated community services is in place for 2022, there remains a significant risk to the capacity of all organisations to deliver the level of comparable and granular data required to enable the decisions on future funding to be suitably assured.
- 3.3 In order for appropriate financial planning to take place for 2022/23 and beyond, decisions on the funding of integrated community services will have to take place in September 2021. If insufficient,



information is available to allow partners to commit to new service models, current 'transformation staff' will need to be absorbed back into core roles, taking up existing vacancies.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The Transformation fund is funding 8 separate services, a shortfall in funding in year or failure to identify recurrent funding could result in some or all of these services being removed
Related Health and Care standard(s)	Choose an item.
	All standards
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	No decisions requiring an EIA are required at the stage
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	As set out, there is work ongoing to determine how to deliver this programme within the available funding and how to sustain this once the funding ends
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health
	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 The Population Health & Partnerships Committee are asked to **NOTE** the key findings from the IPC evaluation of the RPB Transformation Programme.