



**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 December 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	KPMG Review of Transformation Fund
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In August 2020, KPMG was commissioned on behalf of the West Wales Care Partnership (WWCP) to undertake a high level, independent review of three interlinked projects within the regional Healthier West Wales programme, funded through the Welsh Government's national Transformation Fund. The evaluation considered the transformation activity across the three programmes which are listed below, during 2020.

- Programme 1 - Proactive Technology Enabled Care (Delta Connect)
- Programme 3 - Fast-tracked Consistent Integration
- Programme 7 - Creating Connections for All

The WWCP, overseen by the statutory Regional Partnership Board (RPB), comprises senior representatives from Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council, WAST and the third and independent sectors alongside user and carer representatives.

Transformation funding is held by Carmarthenshire County Council on behalf of the regional partners.

Cefndir / Background

In early 2019, the WWCP was awarded funding through the Welsh Government's Transformation Fund for three programmes within the Healthier West Wales transformation programme. A detailed inception phase began after Ministerial confirmation of funding in April 2019 and programmes started becoming operational, in parts of the region, in the following autumn.

Following a "mid-point" evaluation exercise which was carried out in January and February 2020, the environment in which these programmes were operating changed significantly, due to COVID-19. Inevitably the redeployment of some staff and the need to adapt working models impacted on original plans; however the evaluation report notes that the underlying service

models supported through the projects contributed directly to the regional response to the pandemic and directly supported vulnerable groups within the community who were suffering the effects of the outbreak.

In line with funding requirements, WWCP commissioned a high-level, independent evaluation of the three programmes to inform a formal bid to Welsh Government for transitional funding for the programmes through the Transformation Fund in 2021-22.

KPMG were engaged over a period of four weeks in August/ September 2020 to carry out this evaluation, and did so through a series of workshops, one-to-one interviews, and reviews of documentation provided by team members across the three programmes and within the region.

Asesiad / Assessment

The KPMG report in its entirety is on Appendix 1.

The report was presented to the RPB on 29 October 2020. It concluded that ***‘transitional funding available in 2021-22 should be used to continue the programmes and [that] a formal decision on the continuation of programmes beyond 2021-22 should be taken further down the line when the RPB is able to fully evaluate the programmes using a range of metrics relating to effectiveness and impact.’***

The report also contains a number four key areas for improvement which can be summarised as follows:

- Design and implement an evaluation framework for each of the programmes to provide a strong evidence base for management and operational decisions in the future.
- Document and communicate the overarching service model within which the programmes exist.
- Develop a policy or position statement outlining how service users and other stakeholders will be systematically involved in the delivery and evaluation of each programme.
- WWCP and senior leaders across the region to set a level of tolerance for what they would accept as variation across programmes.

These recommendations have been accepted by the RPB and a detailed action plan is being developed in response. This will be finalised in December and enacted thereafter. Key actions include regular reporting project-specific metrics to track impact; roll-out of a Connect to Wellbeing App to measure improvements in the wellbeing of individuals involved in the programmes; use of the newly acquired ‘Engagement HQ’ online portal to engage effectively with relevant stakeholders; and systematic evaluation of distinct local delivery arrangements enabling effective approaches to be upscaled across the region as appropriate.

In addition, specific recommendations in relation to each of the three programmes will be addressed directly in delivery plans for 2021-22 which are currently under development.

Following submission of the transitional bid and supporting business cases in late October 2020, Welsh Government has confirmed an allocation of £6m to support continued delivery of the Healthier West Wales projects until March 2022.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	4.4 The Committee's principal duties encompass the following: 4.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF SO9-PR20 BAF SO10-PR33
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As detailed in the KPMG report
Rhestr Termiau: Glossary of Terms:	COVID-19 – Coronavirus ICF – Integrated Care Fund PPPAC – People, Planning & Performance Assurance Committee PSPPP-Public Sector Payment Policy SFI – Standing Financial Instructions SLA – Service Level Agreement STA-Single Tender Action WAST – Welsh Ambulance Service NHS Trust WG – Welsh Government WWCP – West Wales Care Partnership
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	UHB's Management Team Executive Team Finance Committee West Wales Care Partnership

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Risk to our financial position affects our ability to discharge timely and effective care to patients.
Gweithlu: Workforce:	Benefits to patients are detailed in the report and will enable workforce to deliver services more efficiently and effectively
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	The UHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against the UHB's financial plan will affect our reputation with Welsh Government, Audit Wales and with external stakeholders.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Evaluation of the Healthier West Wales Transformation Programme

West Wales Care Partnership

27 October 2020

FINAL



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Important Notice

- This Report has been prepared on the basis set out in our MCF2 call-off order form addressed to Hywel Dda University Health Board, Carmarthenshire County Council, Pembrokeshire County Council and Ceredigion County Council (the “**Clients**”) dated 20th August 2020 and subsequent variation dated 27th October 2020 (the “**Agreement**”), and should be read in conjunction with the Agreement.
- Nothing in this report constitutes a valuation or legal advice.
- We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the Agreement.
- This Report is for the benefit of the Clients. This Report has not been designed to be of benefit to anyone except the Clients. In preparing this Report we have not taken into account the interests, needs or circumstances of anyone apart from the Clients, even though we may have been aware that others might read this Report. We have prepared this report for the benefit of the Clients alone.
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Clarification Note

Existing contracting arrangements mean that this report is addressed specifically to the statutory partners of the West Wales Care Partnership, namely Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council. Throughout our engagement with the West Wales Care Partnership, we have been aware of the important contribution made by all constituent agencies to the Healthier West Wales programmes, including those in the third sector, and recognise that the Healthier West Wales programme may address the findings of this report together. We extend our thanks to all partners involved in the evaluation.

Executive summary

About this report



Introduction

In early 2019, the WWCP was awarded funding through the Welsh Government's Transformation Fund for three programmes within the Healthier West Wales transformation proposal. A detailed inception phase began after Ministerial confirmation of funding in April 2019 and programmes started becoming operational, in parts of the region, in the following autumn.

We note here that the considerable time required for activities such as recruitment to key posts to deliver the programmes, contributed to the delayed commencement of the delivery phase in some instances. These delays has had an obvious effect on the impact of programmes to date.

Following the "mid-point" evaluation exercise which was carried out in January and February 2020, the environment in which these programmes were operating was changed significantly, due to COVID-19. Some key staff were redeployed, programme teams adapted delivery models and ways of working were fundamentally changed. Despite this, each of the three programmes continued to deliver project activity and support service users across the three counties of West Wales.

As the region now looks to adapt to the 'new normal', the Regional Partnership Board (RPB) has commissioned a high-level, independent evaluation of the three programmes ahead of a formal submission to Welsh Government by October. KPMG have been engaged over a period of four weeks to carry out this evaluation, and have done so through a series of workshops, one-to-one interviews, and reviews of documentation provided by team members across the three programmes and within the region.



Scope of work

KPMG has been engaged by the West Wales Care Partnership to perform a high-level, independent evaluation of transformation activity across the three programmes listed below:

- Programme 1 - Proactive Technology Enabled Care (Delta Connect)
- Programme 3 - Fast-tracked Consistent Integration
- Programme 7 - Creating Connections for All

The scope of this evaluation has been determined by the West Wales Care Partnership influenced on the latest evaluation guidance provided by Welsh Government. This is summarised in Appendix C.



Structure of report

This report consists of three sections. The first of these (this section), is the executive summary. The executive summary includes headline findings and recommendations.

The second section of this report contains a detailed review of each of the three programmes, as well as discussion of wider findings outside of the three programmes.

The final section of this report contains the appendices. This includes: a summarised version of the Welsh Government guidance upon which the evaluation criteria used in this report has been based; a summary of the stakeholders with whom KPMG have engaged to perform this evaluation and prepare this report; and our full findings to support the key findings and executive summaries for reference.

Headline findings and Areas for Improvement



Headline Findings and Areas for Improvement

Overall we found that each programme has been able to adapt to continue operating through COVID-19 whilst delivering against their original objectives and aims. There have been some changes to service provision to adapt to new ways of working, however interviewees consistently noted that COVID-19 had provided impetus for programmes to progress quickly. Interviewees also felt that the fact programmes continued throughout COVID-19 provides further evidence of the value of these programmes to enhancing community care and prevention and wellbeing services. We were provided with many examples of qualitative evidence of the positive impact of the programmes on service users.

We have identified four overall findings and areas for improvement that apply across the three programmes, and these are outlined in more detail in the next section of this report. Each finding is supported by a recommendation for consideration by the RPB and senior leaders, to implement these at the regional level. These are:

01

We found **limited evidence of an implemented, systematic approach to programme evaluation** across all programmes. While considerable effort has gone into the creation of a detailed evaluation framework to be used across the three programmes, we have seen limited evidence of this being systematically implemented. We found some baseline performance data for the programmes, but none for system metrics, inconsistent mechanisms for reporting across the three programmes, a lack of clarity across the region on which measures were being measured (and how), and which parts of the governance structure should be responsible for ensuring there is sufficient focus and attention on evaluation.

Due to the lack of evaluation data available, the findings of our report are largely based on interviews and workshops held, as well as documentation reviewed during the course of our evaluation.

02

While senior leaders are able to describe how these programmes are linked as part of one service model, there is **limited evidence this has been effectively cascaded down to programme teams who have been operating as discrete, stand-alone teams**. There is some evidence of this having taken place within Carmarthenshire, and interviewees recognised that programmes could be working together more closely, and senior managers should make operational teams more aware of this service model to make the programmes more effective.

03

Ongoing engagement with stakeholders is opportunistic rather than systematic and formalised. The TF places significant emphasis on the desire for programmes to be co-designed, delivered and evaluated. Interviewees referenced a series of pre-design phase engagement events run by the Health Board to inform the overall service model, but also noted that the initial timescales for bid preparation, as well as the onset of COVID-19 early in the delivery phase were both barriers to allowing programme teams to make time for meaningful, formalised co-design with stakeholders during the delivery and evaluation phases.

04

The delivery of regional programmes naturally varies across individual counties with different infrastructures and organisational settings. It is important however that this variation is a conscious and evidence-based decision, as it may lead to variation of outcomes for service users across West Wales. While interviewees felt any variation was conscious and evidence-based, **it is unclear if this variation was by evidence-based evaluation of differing patient needs across counties, or if variation was driven by service and/or organisational priorities**. There was also insufficient data available to determine whether this variation of delivery has had an impact on outcomes for service users. Teams recognised here the level of delivery across each county will also impact comparative evaluations within the region.

Scope Changes



Initial Scope and Changes Mid-Evaluation

At the start of this engagement, we were asked to provide one of three recommendations on each of the three programmes. These recommendations were:

1. to pause the programmes due to lack of evidence of viability or impact;
2. to continue as planned with investment beyond March 2021; or
3. to adjust in the light of learning, the impact of COVID-19 and other relevant factors but with continued investment beyond March 2021.

During the evaluation however, Welsh Government announced the continuation of Transformation Funding for a further transitional year in 2021-22. In the light of this, it was agreed between the WWCP and KPMG that the evaluation would focus on:

1. Whether there are any issues identified that would indicate programmes should not be continued over the next financial year despite funding being available; and
2. What recommendations could be made within each programme to support effective evaluation going forward? This would be done with the aim to allow the RPB to make an evidence-based decision as to whether to continue the programmes beyond the period of Welsh Government funding?

Conclusion



Conclusion

Throughout our engagement with the WWCP, we have seen some data and evidence to support that progress is being made across all three programmes. This has included qualitative data outlining individual service user's positive impacts from programmes 1 and 3. We understand that this data is currently being collected manually and this process will be done through the 'Connect to Wellbeing' application once available.

The data was provided for those localities that have made the most progress to date. As such we note that the data does not cover the entire West Wales region at this point in time, but this locally collected data suggests that with continued delivery, similar benefits could be achieved across the region.

We did not identify any immediate issues that indicate programmes should not be continued over the next financial year. However, systematic evaluation of effectiveness and impact beyond the manual data above has been not been possible across all three programmes to date. This is predominantly due to:

- The impact of COVID-19 on underlying data as well as staff availability;
- The lack of agreed measures against which performance can be measured;
- The 'Connect to Wellbeing' application to measure participant-level impact not yet being released for use across all three programmes; and
- The fact that no clear baselines for initial performance for system measures across the region have been taken to date.

We suggest that the transitional funding available in 2021-22 should be used to continue the programmes and that a formal decision on the continuation of programmes beyond 2021-22 should be taken further down the line when the RPB is able to fully evaluate the programmes using a range of metrics relating to effectiveness and impact.

Our recommendations over this period are to:

1

Design and implement an evaluation framework for each of the programmes to provide a strong evidence base for management and operational decisions in the future.

3

Develop a policy or position statement outlining how service users and other stakeholders will be systematically involved in the delivery and evaluation of each programme.

2

Document and communicate the overarching service model within which the programmes exist.

4

We recommend the RPB and senior leaders across the region set a level of tolerance for what they would accept as variation across programmes.

Key findings and areas for improvement

Key findings and areas for improvement – summary



Key findings and areas for improvement

Below we have outlined the four headline findings and areas for improvement from our work with the WWCP. Over the next four pages, we have provided further information on the evidence we have received through our workshops, interviews and document reviews to support these findings, as well as recommendations to support the Partnership in addressing these findings over the coming weeks and months.

1

Our key finding is that we found limited evidence of an implemented, systematic approach to programme evaluation across each of the three programmes.

While a clear approach to evaluating the three programmes has been created and shared with teams as part of the design phase, we have seen limited evidence of regular data collection against agreed metrics across all three programmes.

The impact of COVID-19 has meant the data available to evidence system-wide impacts of programmes is no longer reliable and capacity that might have supported the generation of monitoring data had been redirected to responding to the pandemic. With only limited baselines taken to date (and none at the system level), the region now has the opportunity to re-emphasise evaluation.

2

While senior leaders are able to describe how these programmes are linked as part of one service model, we have seen no evidence that this has been effectively cascaded down to programme teams who have been operating as discrete, stand-alone teams.

Interviewees recognised that programmes could be working together more closely, and senior managers recognised that there are opportunities to make operational teams more aware of this service model to make the programmes more effective.

The impact of changes to funding or delivery of these programmes also therefore cannot be considered in isolation, and programme teams should be made more aware of how each programme 'fits' within the bigger picture.

3

We found some evidence of involvement with stakeholders at the design and delivery stages of each programmes. This was mostly opportunistic however, and tended to be either within one county or with regular participants in engagement exercises. The Transformation Fund (TF) places a significant emphasis on the involvement of a range of stakeholders at all phases of the programmes, and the partnership should therefore look to embed this more strongly within ways of working within programmes.

4

The TF programmes are designed to be delivered and overseen at the regional level under the RPB, but delivery is managed by operational teams based within the counties. As the counties have differing infrastructure, as well as differences in demographic and cultural contexts, this leads to variation in delivery across each of the three programmes. Where this is the case, we have found limited evidence to show that this is a conscious decision to encourage 'good' variation between counties. The lack of formal evaluation of outcomes also limits the ability of RPB to assess whether this variation in delivery leads to a variation in standards of provision across counties

Evidence and recommendation

1

Finding

Our key finding is that we found limited evidence of a systematic approach to programme evaluation across each of the three programmes.

While a clear approach to evaluating programme effectiveness, impacts on individuals and impacts on the system had been outlined at the design stage, we have seen limited evidence of regular data collection against agreed metrics.

The impact of COVID-19 has meant the data available to evidence system-wide impacts of programmes is no longer reliable and capacity that might have supported the generation of monitoring data had been redirected to responding to the pandemic. With only limited baselines taken to date (and none at the system level), the region now has the opportunity to re-emphasise evaluation.

Evidence

- We compared the metrics as identified in the Theory of Change (ToC) documents to those in the latest submission to Welsh Government. We noted changes between these two documents, suggesting any data collection to date has been inconsistent.
- We reviewed minutes of regional oversight groups and the latest update report to the IEG. Metrics were reported here, these were not consistent with original Theory of Change documents but showed evidence of some evaluation across two of the programmes.
- We were not able to find evidence of baseline data points being collected and documented across the three programmes at the system-impact level. We note the change in metrics would also have impacted this.
- The regional evaluation group has not met frequently since the onset of COVID-19. We were not able to obtain minutes or evidence of what was discussed at these meetings during our review.
- The application designed to measure programme impact on individuals (the Connect to Wellbeing app) is not yet operational. Where programmes are collating this data manually, it is not formally reported on for performance oversight.

Recommendations

Design and implement an evaluation framework for each of the programmes to provide a strong evidence base for management and operational decisions in the future.

To achieve this, the RPB should:

- Develop a plan for the implementation of the evaluation framework
- Agree standardised programme scorecards, creating metrics for each programme
- Implement the Connect to Wellbeing Application, agreeing which aspects are included in the programme scorecards
- Agree the baseline position for each programme
- Document the review of the scorecards in the Terms of Reference of relevant governance structures to provide regular oversight.

Evidence and recommendation (cont.)

2

Finding

While senior leaders are able to describe how these programmes are linked as part of one service model, there is no evidence this has been effectively cascaded down to programme teams who have been operating as discrete, stand-alone teams. Interviewees recognised that programmes could be working together more closely, and senior managers should make operational teams more aware of this service model to make the programmes more effective. The impact of changes to funding or delivery of these programmes also therefore cannot be considered in isolation, and programme teams should be made more aware of how each programme 'fits' within the bigger picture.

Evidence

- Workshop attendees stated that programme teams were being told by service users that they had already engaged with other TF programmes, suggesting a lack of a joined-up approach within operational teams.
- Senior leaders regularly articulated how each of the programmes fit together and within the wider context of health and social care transformation, but we found limited evidence of how this was documented beyond the Healthier West Wales strategy.
- We found limited evidence of a communications plan for internal and external stakeholders to outline how the programmes 'fit' together being implemented across West Wales. Interviewees referenced county-level communications plans within Carmarthenshire being available, but we found no evidence of a systematic approach across the region.

Recommendation

Document and communicate the overarching service model within which the programmes exist.

To achieve this, the RPB should:

- Agree how the service model has been designed with Transformation Fund and non-Transformation Fund programmes and document this.
- Develop and agree a clear and concise communications plan for both internal and external stakeholders.
- Focus on programmes of work beyond the Transformation Fund and set individual programmes in the context of wider pathways and service models.

Evidence and recommendation (cont.)

3

Finding

We found some evidence of involvement with stakeholders at the design and delivery stages of each programmes. This was mostly opportunistic however and tended to be either within one county or with regular participants in engagement exercises. The TF places a significant emphasis on the involvement of a range of stakeholders at all phases of the programmes, and the partnership should therefore look to embed this more strongly within ways of working within programmes.

Evidence

- Workshop attendees recognised formal stakeholder engagement had been limited during programme delivery but stated there was some engagement at the design stage.
- Interviewees discussed how programmes adapted to service user feedback, but that opportunistic feedback prompted changes rather than feedback being regularly captured and acted upon.
- The mid-point report across Wales (Sections 6.3 and 7.30) confirmed stakeholder engagement has been challenging across all RPBs, in part due to the lack of time in which to prepare bids.
- As noted with Finding 1, the lack of formal evaluation to date means there is limited involvement of stakeholders in this.
- Interviewees told us that additional resources were sought to support engagement within the original Healthier West Wales bid but that this was unsuccessful and this has impacted on engagement activity to date.
- Interviewees noted that the recent acquisition of an online engagement tool provides an opportunity to improve practice moving forward by engaging with a range of stakeholders on an interactive and regular basis.
- Interviewees told us the 'Transforming Clinical Services' engagement programme led by Hywel Dda University Health Board in 2017/18 directly informed the Healthier West Wales programme and therefore these programmes.

Recommendation

Develop a policy or position statement outlining how service users and other stakeholders will be systematically involved in the delivery and evaluation of each programme.

To achieve this, the RPB should:

- Review existing tools and mechanisms for capturing stakeholder feedback and determine a region-wide approach (Engagement HQ, the 'Most Significant Change' model in Pembrokeshire);
- This should then be adapted by each programme, embedded into local ways of working and monitored at the regional level for oversight. This may be done through the recently re-established regional evaluation group.
- The Partnership could also include regular patient or service user stories in executive meetings to further embed the centrality of the service user in all discussions around each programme.

Evidence and recommendation (cont.)

4

Finding

The TF programmes are designed to be delivered and overseen at the regional level under the RPB, but delivery is managed by operational teams based within the counties. As the counties have differing infrastructure, as well as differences in demographic and cultural contexts, this leads to variation in delivery across each of the three programmes. Where this is the case, we have found limited evidence to show this is a conscious decision to encourage 'good' variation between counties. The lack of formal evaluation of outcomes also limits the ability of RPB to assess whether this variation in delivery leads to a variation in standards of provision across counties

Evidence

- As with Finding 1, limited formal evaluation limits the ability of senior managers to assess whether impact is consistent across counties.
- We reviewed the Pembrokeshire plan to align the TF programmes in the county, but note different metrics are suggested to review local impact, which limits evidence showing the impact of any variation in delivery.
- We reviewed update reports to IEG and Welsh Government to show that programmes were at different delivery stages in different counties, which leads to variation in delivery.
- Interviewees recognised being accountable to both regional and organisational leaders, noting that this can cause tensions with priorities and objectives.

Recommendation

We recommend the RPB and senior leaders across the region **set a level of tolerance for what they would accept as variation across programmes.**

To do this, the RPB should:

- Identify any decisions made to date where programme delivery has been adapted to reflect local circumstances;
- Ensure the justifications for this deviation away from regional models are clearly documented and evidenced,
- Review programme outcomes by county to ensure over time any instances of significant divergence in service provision across the region are identified.
- Review any identified divergence and use the decisions made as the basis to learn lessons and implement change across either programmes or counties as appropriate.

Programme-specific



Programme-specific findings

Over the next four pages, we have collated our findings across each of the three programmes by four categories specified in the Evaluation Scope (see Appendix C). These cover programme summaries, the impact of COVID-19 on the programme, programme evaluation, and the involvement of stakeholders and wider service users in programme design, delivery and evaluation.



Programme 1

Proactive Technology Enabled Care (Delta Connect)

Programme 1 – Proactive Technology enabled Care (TEC) seeks to implement a new model of self-help and proactive care, enabled by technology, adapted from an existing model operating in Bilbao, Spain.

We found that P1 has adapted to COVID-19 and was able to continue delivering a service across the region, albeit focused primarily on Carmarthenshire and Pembrokeshire given the stage at which delivery has reached in Ceredigion. This is testament to the hard work of team members at both operational and strategic levels within the programme to tailor the service for a wider cohort of service users by engaging with new partners and stakeholders in a short period of time.

Through our series of workshops, interviews held and documents reviewed, we have made three main observations about Programme 1, with a series of suggested recommendations to support effective evaluation of the programme over the coming months.



Programme 3

Fast-tracked Consistent Integration

Programme 3 – Fast-Tracked Consistent Integration seeks to embed integrated locality working across the region in order to bring together citizens, businesses, community groups, councilors and the public sector as equals.

Interviewees stated that the core principles of P3 are integrated working and supporting care in the community. This has meant that the programme has been able to adapt well to COVID-19 to continue delivering for patients through Acute Response Teams and rapid response domiciliary care.

As with Programme 1, through our workshops, interviews and review of the documentation provided to us during this evaluation, we have made a series of findings with supporting recommendations as P3 looks to continue delivering against its original aims for the remainder of the financial year and beyond.



Programme 7

Creating Connections for All

Programme 7 – Creating Connections for All looks to develop a region-wide programme to incentivise active citizenship, contribution and engagement through a series of distinct interventions and a digital platform (Connect To) to address loneliness and isolation.

Programme delivery has continued throughout COVID-19, with an accelerated deployment of the Connect To platform being used to harness and develop the increase in active citizenship emerging in response to COVID-19 digitally. Evidence of this increased engagement is captured and reviewed through the platform, although interviewees have recognised that the reduced opportunities to work face-to-face with participants has impacted delivery on the intergenerational buddying and skills transfer programmes, as well as the Dewis/Info-Engine tools.

We have identified a number of key findings, based on the overall findings but within a specific P7 context on the following pages.

Programme-specific (cont.)



Programme 1

Proactive Technology Enabled Care (Delta Connect)

As noted earlier, the programme has been supporting those on the Shielding lists in Carmarthenshire over the past six months, providing a vital service of which positive feedback from service users evidences the impact. As the region looks towards the 'new normal' however, it will be important for Wellbeing Officers and others to balance these additional asks from COVID-19 with a focus on delivering the original aims of the programme.

Recommendation 5: We therefore recommend that the programme team reviews those original aims and consider how best to accelerate progress on those areas most impacted by COVID-19. Interviewees stated there was a backlog of in-depth assessments building up over previous month, specifically in Carmarthenshire. Prioritising in-person, in-depth assessments while there is an opportunity to carry these out will allow the programme to make best use of the personalised technology offer available to service users in case local lockdowns or similar restrictions are put back into place. This will also apply to Ceredigion, where delivery is yet to fully commence. By prioritising this element of the programme, Wellbeing Officers will be able to make most use of the proactive calls and personalised treatment plans if there were to be a similar barrier to carrying out in-person assessments in the future.



Programme 3

Fast-tracked Consistent Integration

Some members of staff within the P3 programme team reported to us that they were redeployed within the region to support the response to COVID-19. As the region moves away from immediate COVID-19 response and towards the 'new normal', leaders both within the team and at the regional level should take the opportunity to re-assess the way in which staff within the programme are being deployed. Interviewees noted that while the core principles of integrated working and community-focused care remain as central to the region's aims as ever, the slow-down in delivery in those areas affected by redeployment over the previous six months provides the opportunity to refresh these aims and methods now.

Recommendation 6: We recommend leaders both within P3 and across the region review the scope of P3 as it currently stands, and determine how best to define the offer of P3 for the region in the context of increasing focus on community-based care. As part of this, consideration should be given to the impact of redeployment of staff across the region in the case of any further lockdowns or services required beyond the current remit of P3. A key role to consider here is that of the integrated programme manager – interviewees have recognised this may be an opportunity to reshape that role for the next six months and beyond.



Programme 7

Creating Connections for All

The first finding relates to those areas of the programme that have been most impacted by the onset of COVID-19, namely the intergenerational buddying scheme, the accelerated skills transfer programme, and the roll-out of the Dewis/Info-engine tools for citizens across the region. P7 has adapted well to the challenge of COVID-19 and provided anecdotal evidence of impact across the community. Interviewees recognised however that having focused on the accelerated roll-out of the Connect To platform, there is now an opportunity to revisit those areas of the programme where COVID-19 posed a challenge to delivery.

Recommendation 7: We recommend the programme team continues with the establishment of relevant working groups to restart delivery in these areas. The team should also build on the innovative use of digital technologies as developed over the previous six months to determine the best way of delivering these three interventions within the overall programme structure, such as through digital communities.

Programme-specific (cont.)



Programme 1

Proactive Technology Enabled Care (Delta Connect)

Systematic programme evaluation through quantitative and qualitative data has been challenging to date, with a lack of clarity over agreed metrics, delays in the 'Connect to Wellbeing' application, and limited system data available to support the potential impact of P1. While we found clear evidence of effectiveness measures being regularly captured and shared by Delta Wellbeing, a review of these metrics shows differences between the original agreed metrics and those the team are able to capture across the three counties.

Recommendation 8: We recommend the P1 team takes this opportunity to revisit those metrics agreed through the latest submission to Welsh Government with regional stakeholders. This review should consider:

- Whether the data behind measures desired by county partners are readily available to Delta;
- Whether any additional metrics should be regularly reported (such as the conversion rate from funded to self-funding participants); and,
- How to capture and document an agreed baseline position across all metrics to evidence change in programme impacts over time. This could be done using the data already collected by the team manually.



Programme 3

Fast-tracked Consistent Integration

For P3, we felt that a lack of continuous regional oversight may be a key driver for the difficulties with effective evaluation. We note that the most recent regional group meeting on 12 August 2020 was dedicated to agreeing a region-wide evaluation approach. This involved stakeholders across the counties coming together to define, agree, and share an updated series of measures against which performance could be evaluated in the future. The group had not met during COVID-19 however, which has therefore impacted on the ability to evaluate the programme over the past six months.

Recommendation 9: We recommend the programme team builds on the work done in the latest regional meeting to embed regular data capture, review, and challenge into existing ways of working. This will involve the documentation of an agreed baseline for current performance which provide a basis from which future variation can be measured and assessed. The regional oversight group will be a key medium through which this work can be done, and the teams should ensure sufficient emphasis and focus is put on regular attendance at this meeting from partners across the region.

Teams will need to consider how best to report programme performance when programmes are funded to different extents by different sources. Assumptions used in report should be agreed and clearly documented for consistency and transparency.



Programme 7

Creating Connections for All

We found limited evidence of the evaluation of P7 beyond the effectiveness of the programme itself to date. We obtained evidence of a series of metrics being collected that show how participants engage with the platform, but note those measures relating to impact on the participants and the system have been difficult to obtain/evidence. The release of the Connect to Wellbeing application will facilitate the former, but note the system measures will be based on demand data from beyond the programme itself and should be identified and agreed quickly.

Recommendation 10: We recommend that with the launch of the Connect to Wellbeing app, the programme team clearly identifies and documents the baseline levels for all participants on the individual impact measures, and clarifies the system measures before doing the same. This will provide a starting point against which the impact of the programme can be accurately measured. As part of this, regular capture, reporting and acting upon the data against all metrics should be included either as a standing agenda item for local and regional meetings, or as a dedicated monthly meeting to allow the time to review and discuss progress to date. The programme team should also consider how best to evidence the economic benefit of the programme, as this may provide evidence to senior leaders within the region and nationally of the 'return on investment' for monies allocated to this programme.

Programme-specific (cont.)



Programme 1

Proactive Technology Enabled Care (Delta Connect)

While interviewees stated that service users are engaged as part of the delivery of the programme and reactive changes are made to the programme itself, we found limited evidence of a formal process by which feedback is captured from all stakeholders and acted upon. A series of formal engagement sessions, combined with a process to capture the lessons learnt from delivery and this engagement, would provide more evidence to Welsh Government of the involvement of others in the co-design and delivery of the programme.

Recommendation 11: We recommend the programme team seeks to create a plan for the next six months to capture stakeholder feedback as part of both delivery and evaluation stages built on the region-wide position statement. This should ensure involvement from a wide range of stakeholders and use innovative methods (including digital) as developed during the last six months under COVID-19.



Programme 3

Fast-tracked Consistent Integration

Interviewees stated that intermediate care by its nature involves elements of co-design with service users and their carers. We found no evidence however of formal, proactive plan for engagement with wider stakeholders beyond these service users. Interviewees also felt the local authorities worked more closely with other partners than previously during COVID-19 as organisational barriers were lowered. It will be important to continue involving these wider stakeholders as the programme moves away from COVID-19 response.

Recommendation 12: We recommend a formal, proactive stakeholder engagement plan is created with stakeholders beyond local authorities regionally and within counties which builds on the region-wide position statement. By signposting regular events or opportunities to capture wider thoughts and feedback on the programme across both delivery and evaluation, this should be complimented by a series of formal 'lessons learnt'-type events to evidence and document how the feedback has been captured and acted upon.



Programme 7

Creating Connections for All

Our final finding in relation to P7 is around how best to involve stakeholders in the design, delivery and evaluation of the programme. Interviewees recognised that the early timescales for preparing the bid impacted the ability to engage with stakeholders across the region at the design stage, but noted the nature of some interventions within the programme meant co-design would be embedded throughout. Examples of this cited include the intergenerational buddying scheme and the development of Local Action Hubs. While this supports some stakeholder engagement and interviewees referenced consultations within Carmarthenshire, we did not find evidence of an on-going, formal process through which feedback was captured and acted upon.

Recommendation 13: As with other programmes, we recommend that a timetable of regular stakeholder engagement with a formal programme of 'lessons learnt' sessions would provide the programme team with the space and opportunity to pause and reflect on progress. This should build on the region-wide policy statement. Engaging stakeholders will provide a wider pool of thoughts and views on what is working well, which could then be used within these sessions to document how programme design, delivery and evaluation have been adapted to reflect these changes.

Appendices

Appendix A: Detailed findings

Detailed findings by criterion

Detailed findings	
<p>Summary of projects including original purpose, service models, activities, resources and anticipated outcomes</p>	<p>Programme One:</p> <p>According to the Healthier West Wales bid, the original purpose of Programme One (P1) was to implement a new model of self-help and proactive care enabled by technology. The programme was built around three key elements, namely:</p> <ol style="list-style-type: none"> 1. A regional CONNECT programme (including an in-depth, personalised assessment for each participant resulting in the use of bespoke technology, a personalised self-help plan, and proactive call monitoring); 2. Newly developed community-based support pathways (including a proactive falls prevention service and 24/7 welfare response); and 3. A regional Expert Patient Programme to support participants through self-management courses and workshops. <p>The anticipated outcomes for the project were: to have more older people supported to stay at home; improved health and well-being for older people; improved self-management of long-term conditions; more scheduled care appointments attended; people feeling more connected to their communities and less isolated; and reduced emergency admissions.</p> <p>The original bid requested funding of £7.443m. The latest financial information provided to KPMG showed a total offer requested of £6m, of which £4.6m was attributed to region-wide costs, £0.6m to Carmarthenshire County Council, £0.5m to Pembrokeshire County Council and £0.3m to Ceredigion County Council.</p> <p>Programme Three:</p> <p>According to the Healthier West Wales proposal, the original purpose of Programme Three (P3) was to embed integrated locality working across the region and create a single, person-centred system of care and support. The programme was designed with two workstreams to meet this purpose:</p> <ol style="list-style-type: none"> 1. Development of a 'Fast-Access Community Team' – an integrated and multi-disciplinary team with the aim of treating more patients at home to avoid hospital admissions, and 2. Introduction and refinement of an 'Integrated Programme Manager' role to work across primary care, community and wider teams to support multi-disciplinary working. <p>The anticipated outcomes for the project were: to have a reduction in avoidable admissions to hospital; to facilitate earlier discharge from hospital; to increase choice and personalisation; to have care coordinated effectively across organisational boundaries; to have improved health and wellbeing; and to reduce reliance on statutory services.</p> <p>The original bid requested funding of £3.22m. The latest financial information provided to KPMG showed a latest budget requested of £4.67m of which £0.06m was attributed to region-wide costs, £1.8m to Carmarthenshire County Council, £1.4m to Pembrokeshire County Council and £1.4m to Ceredigion County Council.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Summary of projects including original purpose, service models, activities, resources and anticipated outcomes (cont.)</p>	<p>Programme Seven:</p> <p>According to the Healthier West Wales bid, the original purpose of Programme Seven (P7) was to promote the development of a region-wide programme to incentivise active citizenship and engagement. There was a focus on an intergenerational approach to build connections and alleviate loneliness and isolation across the community. Key elements within the programme include: a regional PR campaign (West Wales is Kind); a team of Community Connector Plus officers to standardise community models across the region; an intergenerational buddying programme; and skills development programmes.</p> <p>The anticipated outcomes for the project were: to create opportunities for people to establish social connections and build local resourcefulness; to involve more people in the delivery of community actions; to engage citizens in the design and delivery of community interventions and local solutions; to create a skilled and connected workforce with a clearer understanding of the roles and expertise of colleagues to embed integration; and to increase awareness and knowledge of local interventions to encourage self-help and care.</p> <p>The original bid requested funding of £1.3m. The latest financial information provided to KPMG shows a total request of £1.4m of which £0.5m was attributed to region-wide costs, £0.3m to Carmarthenshire County Council, £0.3m to Pembrokeshire County Council and £0.2m to Ceredigion County Council.</p>
<p>Details of progress of projects and impact to date, including impact of Covid-19</p>	<p>Programme One:</p> <p>Progress with on-the-ground delivery of P1 varies across the three counties of West Wales. The most progress has been made in Carmarthenshire, with 765 referrals signed up to the project in the county as per the latest data available at the time of this report. Progress is less advanced in Pembrokeshire (89 referrals signed up), and the programme is due to start in Ceredigion imminently.</p> <p>P1 staff reported that the programme had responded well to the onset of COVID-19, and with some adaptations on the ground, delivery could continue during the pandemic. Changes to delivery include remote assessments rather than personal, in-depth visits to limit face-to-face contact, and moves towards digital support pathways rather than community-focussed schemes.</p> <p>The scope of P1 widened slightly during COVID-19 as the tools and approaches developed through this programme were used to meet the needs of those shielding in Carmarthenshire as well as over 10,000 calls made to those impacted by COVID-19. This re-focus does not appear to have impacted resource availability; staff felt this wider cohort had less 'need' than the original, smaller cohort would have had. Interviewees noted that Wellbeing Officers in P1 are now seeking to return to the anticipated cohort and return to the proactive calls against treatment plans. We feel this should be monitored in the coming months to ensure the original aims of P1 continue to be met.</p> <p>Programme Three:</p> <p>Progress with P3 has been historically challenging as recognised in the mid-point report delivered across Wales (point 7.9 of that report), although interviewees noted this had improved since the mid-term evaluation report earlier this year.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Details of progress of projects and impact to date, including impact of Covid-19</p> <p>(cont.)</p>	<p>Programme Three (cont.)</p> <p>Interviewees at the strategic level highlighted that the impact of COVID-19 in terms of the pace at which teams had to work had helped to 'break down' organisational barriers and promote the 'whole system approach' that's at the heart of P3. This was echoed by a number of operational team members, who generally agreed COVID gave partners across the region a common purpose around which they had to hold discussions and work together.</p> <p>As the initial reaction to COVID-19 transitions into business as usual across the region, system partners will need to ensure the progress made in working together is not lost; interviewees articulated the need to balance a return to previous ways of working while maintaining the positive steps taken in working as a system over the last few months.</p> <p>We were also told that COVID-19 has impacted programme delivery as members of the programme team were redeployed across the region. As the system moves away from the initial programme response, this continues to impact the availability of key programme team members and we feel this may limit the ability for P3 to deliver as effectively as possible across the three counties. While we would expect this to become less of an issue as time progresses, we note the arrival of winter pressures or local lockdowns may prompt further redeployments of staff. Programme leads should consider the knock-on effect of redeployment on the outcomes for this programme in particular when doing so.</p> <p>Programme Seven:</p> <p>The latest data provided as part of the fieldwork for this report shows continued progress for P7 as internal reporting shows increasing numbers of visits to the Connect To platform. The Connect to Kindness website and programme went live at the end of July, and this will provide further opportunities for citizens to engage with P7 in the short to medium term. No data was yet available for metrics for this programme at the time of this report.</p> <p>Activity has predominantly continued throughout COVID-19 as the Connect To platform being in place facilitated this, although members of the programme team note the method of delivery of some events and engagement has changed, as events previously delivered face-to-face in the community have moved online. Interviewees told us that while the programme has adapted well to online delivery, in the short term they recognise that this may impact effectiveness as digitally-excluded citizens will not be able to engage with the programme.</p> <p>As delivery methods have changed, interviewees told us there has been a conscious decision to change the emphasis on activities away from the skills programme and mapping exercise towards the Connect To platform and the kindness programme. We recommend that the wider 'offer' through P7 should now be revisited to determine how best to deliver these interventions.</p>

Detailed findings by criterion (cont.)

Detailed findings	
Collation of available data and evidence (including information generated through the regional outcomes framework)	<p>Programme One:</p> <p>Evidence of effectiveness and impact for P1 is captured by Delta Wellbeing. The Theory of Change (ToC) documents state that the region anticipated capturing a series of programme-level measures to show the impact of the programme on the individual as well as wider system-level metrics aligned to regional priorities. These documents, as well as interviewees, recognised difficulties of showing direct, isolated impacts of any one programme on these system metrics however.</p> <p>The ToC documents as included in the mid-point evaluation (dated January 2020) listed a series of programme-level measures against which performance would be evaluated from inception. We note that at the time of our evaluation, these metrics have been adjusted and resubmitted to Welsh Government in the July 2020 quarterly return, and a full list of the updated metrics is available in Appendix B.</p> <p>Delta Wellbeing collects and shares data across a series of measures with partners on a monthly basis. Examples of measures collected include the number of calls made and users supported among other metrics. We found that these metrics do not align with those outlined in the ToC for P1. Interviewees from this programme noted the data collected and shared with programme teams is those measures where data can be consistently measured and agreed across counties. Variances between agreed measures and those collected appear to be due to practical limitations with robust collection and quality assurance. We note teams have recognised the difficulties around the interoperability of systems, and that this presents a barrier to their ability to compare and contrast data across regions. County teams should work with Delta Wellbeing to ensure those data points requested are therefore readily available and provide the desired evidence of programme effectiveness and impact.</p> <p>An application has been commissioned to capture participant feedback directly using a model called the ‘Wheel of Wellbeing’. Interviewees told us that the approach behind this has been based on academic studies which we have not reviewed within the scope of this report. At the time of writing, the application is in the final stages of testing before being released. Interviewees noted that Wellbeing Officers have continued to collect data manually in the same way the application would have if it were operational, but note this data is not used for evidencing programme impact at this stage. Upon the release of the application however, this data will serve well as an effective baseline for future performance evaluation both at the individual and system level. We recommend this baseline is transferred into the app and clearly documented and evidenced to support the future evaluation of P1 on individual participants.</p> <p>Programme Three:</p> <p>As with other programmes, the P3 programme team has devised a series of programme-level measures to evidence effectiveness and impact on individual participants, as well as identifying those system-level measures where the programme may have an impact at the programme design stage.</p> <p>We note in previous updates to the Integrated Executive Group, the programme leads for P3 have provided evidence of effectiveness (number of patients seen), impact (change in length of stay for those seen in the virtual ward), as well as additional contextual data around discharges. This meets some of the initial agreed metrics in the ToC document for P3 while providing additional data. While this evidences steps the programme team is taking to provide evidence of P3 effectiveness, this does not appear to be systematic based on agreed parameters, rather capturing and reporting on available data within the counties.</p>

Detailed findings by criterion (cont.)

Detailed findings	
Collation of available data and evidence (including information generated through the regional outcomes framework) (cont.)	<p>Programme Three: (cont.)</p> <p>At the time of this report, interviewees told us that the P3 team had held a session on evaluation and this will provide agreed measures and definitions across the counties. We have seen the outputs of this session and note the team has worked to agree standard definitions of metrics across the three counties. As part of this process, we saw no evidence of baseline performance being assessed, and recommend that clear baselines should be agreed and evidenced to show the change in impact of this programme over time. To do this, P3 teams will need to define what is being measured, whether this covers intermediate care in general or just the crisis response element. This will need to be considered across each of the three counties to ensure consistency.</p> <p>In line with other programmes, we note a series of measures have been outlined in the ToC document for impact on individual patients to be captured through the application. While strategic leads have confirmed the application is intended for use across the three programmes, there is no evidence of this being done to date for P3. To address this, a standardised method by which data is regularly captured and reviewed should be considered. Evaluation should be included within the remit (Terms of Reference) of local and regional governance groups to ensure consistency here.</p>
	<p>Programme Seven:</p> <p>As with P1 and P3, data and evidence for the effectiveness and impact of P7 was included in the initial ToC document as covering programme-level impacts on individuals as well as wider system measures without claiming direct causality between the two.</p> <p>As noted above for P1, the June 2020 quarterly update to Welsh Government has seen a change, and increase, in the stated measures for P7. These updated measures provide additional information beyond the ToC document to evidence work done through the programme, with new measures including number of visits to the platform, number of kindness acts and hours pledged through the platform, and number of volunteers recruited. We found evidence of further discussion of these prior to the submission to WG through the P7 regional implementation group which provides assurance that the wider team has been able to provide input and feedback on the measures identified.</p> <p>For the measures evidencing impact on individual participants in the programme, P7 will use the same application as outlined above for programmes 1 and 3. While P1 Wellbeing Officers have manually collected this data, we found no evidence of this being done for P7. While this limits the ability to evaluate impact to date, the launch of the application will provide P7 with the opportunity to set baselines with all participants. This process should be standardised across participants and programmes, and documented as evidence of impact of programme progresses over time.</p> <p>In the latest submission to Welsh Government, we also found that there were no agreed measures for impact at the system level. Interviewees noted that there are a series of relevant system-level measures, and the team should take the opportunity to re-assess and confirm which of these are to be measured going forward. As above, this should include clearly articulating baseline performance for the system prior to P7 impact.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Recommendations for additional measures that can be adopted to track ongoing impact, including in relation to specific cost benefits</p>	<p>Programme One:</p> <p>As noted in the section above for P1, there is a mismatch between the measures identified in both ToC documents and the subsequent Welsh Government submission, and the data available through Delta Wellbeing's standard reporting. As part of the reassessment of measures, programme leads and other stakeholders should identify both those 'extra' measures collected to determine if they are needed, as well as any the 'gaps' in reporting to determine if additional measures are desired.</p> <p>Through interviews, document reviews and workshops, we have identified two additional measures that will support impact quantification:</p> <ol style="list-style-type: none"> 1. The percentage of participants choosing to self-fund the programme after six months (the period through which the service is funded centrally). Interviewees told us this data is already collected but does not appear on the Welsh Government submissions. By evidencing the number of participants who continue to self-fund the programme, this would both support the effectiveness of the programme in the eyes of participants, as well as providing a clear exit plan as the programme moves away from TF support. 2. The percentage of people presenting at the 'front door'. This is currently collected reviewed internally by Delta Wellbeing, and shows the percentage of people presenting at 'the front door' in Carmarthenshire who are effectively redirected to preventative measures. Interviewees from Delta noted this data is only available in Carmarthenshire, but the data suggests a 20% increase in queries into the programme being referred to preventative measures rather than statutory services compared to the same months last year. Further work should be considered to present this data in a way to evidence programme effectiveness for Welsh Government, and also to consider whether this could be replicated across other counties. <p>Interviewees also suggested other measures throughout our engagement, including conversion rates from welfare response calls. The programme teams should consider including wider team members in the evaluation discussions to ensure all viewpoints and relevant measures are captured.</p> <p>Programme Three:</p> <p>As noted in the above section on the collation of data for P3, previous reports to IEG outline datasets available to the programme team that have not been included in the original ToC document. Through these metrics, the programme team have sought to quantify the savings in terms of bed days and reduced length of stay for patients in the virtual ward. By clarifying a potential saving achieved through the implementation of the programme, a positive saving would reduce the 'net spend' by the Transformation Fund and evidence any cost benefits associated with the programme. If the programme seeks to report on this, or similar financial measures, going forward, key assumptions around costs and difference between pathways will need to be identified, documented and regularly reviewed to ensure the robustness of the data.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Recommendations for additional measures that can be adopted to track ongoing impact, including in relation to specific cost benefits (cont.)</p>	<p>Programme Seven:</p> <p>As noted elsewhere in this report, the range of measures captured through P7 expanded in the latest submission to Welsh Government. These metrics draw upon data made available through the Connect To platform. We also found references in the refreshed regional outcomes framework to the use of ONS data to measure the system-wide impact of volunteering. While this was present in the original ToC documentation, we have found no evidence of this data being captured and reviewed to date. Effective use of ONS data and wider system and/or demand data alongside existing work through the Connect To platform would provide both further supporting evidence for impact, as well as highlighting areas with higher/lower than average involvement in formal volunteering (if deemed appropriate).</p> <p>We also found through our review of the refreshed outcomes framework that the only 'financial' metric relates to the value of funding shared with Local Action Hubs. We note a previous report by Carmarthenshire Association of Voluntary Services (CAVS) on the economic value of volunteers (dated 2012, available here) where a methodology of applying national minimum wage to volunteering hours acts as a proxy for the economic benefit of volunteering. Similarly to P3, this estimated saving by the allocation of TF monies on P7 may support both on-going funding and provide further evidence of impact to Welsh Government.</p>
<p>A summary of learnings from the projects and models</p>	<p>COVID-19 has acted as a significant test for the delivery of all programmes and provides the opportunity to learn from each one. Our assessment of the summary of learnings from each programme centres around the process by which programmes have learned lessons from COVID-19 and other barriers during delivery.</p> <p>Programme One:</p> <p>Interviewees within P1 felt that delivery was not yet embedded enough to have warranted having carried out formal 'lessons learned' sessions and acted upon these. Examples were cited of how the programme has adapted in a reactive way to barriers that have arisen throughout delivery however, specifically with regards the change from the off-the-shelf programme previously commissioned to having to design the programme themselves. Interviewees stated that while no lessons learned logs are being kept within counties, there is a feeling among the team that a mindset of being able to learn and react is present within the programme.</p> <p>We also found that the ability to deliver the programme in three stages across each of the three counties provides the opportunity to reflect on deliver and adapt for the next phase. Following initial roll-out in Carmarthenshire, interviewees reported feeling more prepared to deliver in Pembrokeshire, and again more prepared for the final stage of delivery in Ceredigion as processes and systems are already in place to support effective delivery. While the team have been reflecting and reacting throughout the delivery, having a schedule of formalised 'lessons learned' events or similar either at set intervals or before delivery starts in new areas would provide a formal 'stock take' of progress to date. Documented outcomes from such sessions with action plans to adapt delivery would provide clear evidence of key learnings being captured and acted upon to improve future delivery, but this evidence is not currently available.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>A summary of learnings from the projects and models (cont.)</p>	<p>Programme Three:</p> <p>As with P1, P3 delivery is still in early stages, and interviewees felt this would impact on the effectiveness of formal lessons learned sessions. Interviewees cited examples of staff-wide surveys held within Carmarthenshire to understand what has worked badly or well so far, with key findings from this being the role of IT in service provision, whether the staff delivering programmes need to be technology skills development and finally, if service users would also benefit from further technology skills development. Staff also remarked that the agility of the original model (being an multi-disciplinary teams working in the community) was a key takeaway from this programme, as this allowed for effective adaption to the 'new normal' under COVID-19.</p> <p>The differences between service models across the three regions also impacts the ability to draw and share learnings within the programme. This is exacerbated by gaps in existing regional governance arrangements for P3; we found only two formal meetings had taken place over the last 7 months for the programme. Any learnings or best practice identified within the individual counties is therefore limited to informal conversations between teams. Reinforcing the regional governance will therefore support effective learning for P3 over the coming months.</p> <p>Programme Seven:</p> <p>Interviewees for P7 felt there was an effective method through which lessons were identified and programme delivery adapted to account for these. Examples cited by interviewees included key adaptations to the 'Connect To' platform to tweak for individual counties and to tailor the available modules within the platform for local groups. Interviewees also stated that gaps were scheduled into advertising programmes to allow teams to pause and assess the effectiveness of different forms of advertising. While these learnings are important and the team is able to show the impact of this on the delivery of the programme going forward, there is also a recognition that these lessons are quite specific to interventions within P7 and may not be applicable either more widely across the programme or across other programmes in the region.</p> <p>We also found that this space for reflection and learning was predominantly focused on those programmes where progress is being made. As highlighted elsewhere in this report there are a number of interventions within P7 with limited progress to date, and interviewees were less clear on whether or not the root causes for these were investigated and revisited beyond the impact of COVID-19. While clear evidence of learning from progress to date has taken place, taking the time to review those barriers to making progress in the first place will support more effective delivery of those specific interventions in the future. We recognise here that competing demands on time, particularly during COVID-19, limit the programme team's ability to do this at this stage, and note that the team recognises that scheduling these events will be crucial in the future.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Analysis of what specific interventions have worked well and which have not.</p>	<p>Effective analysis of which interventions have worked well and which have not is predicated on the evaluation of programme effectiveness and outcomes. As noted in the section on 'Collation of available data' earlier in this report, we have found limited evidence of systematic, quantitative and qualitative evaluation across the three programmes to date. Due to this, our analysis is limited to the available data shared at the time of this report and any qualitative feedback provided by service users to date, as well as feedback from programme team members themselves on those areas that have had more or less impact than anticipated.</p> <p>Programme One:</p> <p>For P1, interviewees told us about the impact the programme has had during COVID-19 through the expanded scope of proactive wellbeing calls more than other elements (such as the welfare response or use of technology). By extending the service to those shielding across two counties, interviewees at all levels reported powerful feedback from service users about the benefit of regular, proactive calls. Evidence of this feedback is captured by Delta Wellbeing periodically and sometimes shared via social media. The Partnership has produced a series of case studies alongside this report which also describes the interventions and their impact on individual service users.</p> <p>Interviewees reported two key areas for further development in the coming months as progress has been limited due to COVID-19. The first of these is the community support pathways. While community support is now being delivered digitally, the inability of wellbeing officers to get into participants homes to explain the technology and how best to engage with the groups limits how effective these can be. The second of these relates to the ability to fully tailor the technology available to the needs of service users. Again as COVID-19 impacts the ability of Wellbeing Officers to engage with service users and/or their carers in the home, interviewees reported that the in-depth assessments required to fully personalise the support offer to service users was limited. Interviewees commented that now as there is more scope for Wellbeing Officers to work with participants face-to-face, there is a back-log of interested participants. Capitalising on the opportunity to work closely with participants ahead of potential local lockdowns or winter pressures will allow the programme to build on these areas moving forward.</p> <p>Programme Three:</p> <p>P3 is built around two key workstreams, being the multi-disciplinary fast response teams and the integrated programme manager. Interviewees commented that the role of the integrated programme manager was intended to be front-loaded to speed up integration, and with the changing context in which teams are now working, this role may be re-scoped to provide the most impact for service users.</p> <p>A number of interviewees at the strategic level commented on the potential re-scoping of P3 in general, noting that while the base principles of what the programme is trying to achieve remain central to the effective delivery of care in the region, the way in which these aims are achieved may need to be revisited in the 'new normal'. COVID-19 has also acted as a driver to bring different services together to work in an agile way which will continue to support the 'base principles' of P3. Interviewees recognised this will be important to maintain going forward as partners start to revert back to 'usual' ways of working.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Analysis of what specific interventions have worked well and which have not. (cont.)</p>	<p>Programme Seven:</p> <p>Interviewees reported that P7 was effectively able to capitalise on the increasing number of people looking to formally volunteer during COVID-19. The Connect To platform in particular has enabled the region to manage offers of support coming in from citizens across the counties, and data provided through the platform showing the number of people visiting (over 2,000), and the number of acts pledged through the platform (53) provide tangible evidence of the effectiveness of the platform in building on the community desire to volunteer.</p> <p>Interviewees noted that two areas have been more impacted by COVID-19 than others, namely the intergenerational buddying programme and the skills transfer mapping. We note here interviewees did not mention the Info-Engine/Dewis workstream regularly, but written reports note there has been a decision made to pause this element of the programme.</p> <p>Within the intergenerational programme, update reports provided state that timeframes have been extended to reflect the impact of COVID-19, as well as a few programmes being redesigned or paused as adjustments are made for COVID-19. We also found that COVID-19 has led to one programme withdrawing due to an inability to rescope, and the programme team are aware that the funding here is available for re-use elsewhere across P7.</p> <p>The accelerated skills programme has not been fully commissioned due to the impact of COVID-19 and is being rescope. We note that the P7 regional implementation group is seeking to establish a working group to drive this programme at the time of writing this report and evidence for the effectiveness of this specific intervention will be captured as part of a renewed evaluation approach across all programmes.</p>
<p>Identification of barriers to progress and possible solutions</p>	<p>While COVID-19 has been cited as a key enabler for speeding up progress with some initiatives within the programmes in this report, we found evidence that it has also prevented other interventions from being delivered as effectively. We have noted the impact of this as well as other barriers identified for each programme below.</p> <p>Programme One:</p> <p>As above, the first key identified barrier to the on-going delivery of P1 is the impact of COVID-19. Interviewees reported that service users and/or carers have been reluctant to allow Wellbeing Officers into the home to install technology and carry out personalised assessments. The impact of this varies across the three counties, where Carmarthenshire has been able to install some equipment as the pandemic started whereas Ceredigion are still yet to start delivery.</p> <p>A second identified barrier by P1 interviewees was the challenge of delivering a regional programme across three counties with individual organisations. This manifests in a number of ways but the main result of this is the use of multiple IT systems across partners. Interviewees stated that given the nature of the information used by the subcontractor, they seek to retain all relevant service user data on their own servers. While Delta are able to access these servers, the latest information must always be kept on partner servers. As the programme scales across the region, this provides more of an administrative burden. We note through interviews that Delta are researching potential solutions using automated virtual workers and AI, but given the scale of the current project this may be financially prohibitive at this stage following the unsuccessful bid for interoperability as part of the region's first submission to the TF.</p>

Detailed findings by criterion (cont.)

Detailed findings	
Identification of barriers to progress and possible solutions (cont.)	<p>Programme One: <i>(cont.)</i></p> <p>An alternative solution to the barrier of sharing information across organisations would be a shared health and social care information system (such as the WCCIS platform mentioned by several interviewees). We note here this is also beyond the remit of P1 and the West Wales RPB, but as the Transformation Fund seeks to scale pilots across the country then this mitigation may become more appropriate rather than local workarounds.</p> <p>Programme Three:</p> <p>Through our interviews and review of documentation related to P3, we observe a lack of a clear articulation of what the programme is and where this sits within the region provides a barrier to progress. A number of interviewees noted that although the principles behind P3 are central to the work being done across intermediate care in the region, there is a lack of clarity around the formal governance and oversight of P3 at the regional level. This has resulted in a distinct service being delivered across each county. A redefined scope for the programme combined with a clear regional governance structure providing oversight would provide accountability and promote the work done by teams on the ground across West Wales.</p> <p>We note here that on-the-ground delivery of the medically-led element of intermediate care (being the element funded by the TF) has continued throughout COVID-19 having adapted well to the new environment, and will continue over the coming months. The lack of clarification of what the programme and resourcing exercise only presents a barrier to progress insofar as creating a standardised model of what P3 'is' that could be scaled and shared both across the three counties of West Wales and beyond.</p> <p>Programme Seven:</p> <p>For P7, COVID-19 continues to present a barrier to full progress throughout all initiatives within the programme. As outlined elsewhere in this report, interviewees told us that delivery has adapted to the challenges of remote and digital working and this is testament to the team's use of innovative methods of engagement with citizens across West Wales. COVID-19 presents a risk to on-going achievement however as the initial programme aims sought to increase awareness of the programme through a series of roadshows and group events, all of which are now either postponed or have gone online. This risks leaving those without sufficient access to the technology or infrastructure to engage with the digital communities excluded where roadshows may have mitigated this risk in the original plan. COVID-19 also presents a barrier to the effective deployment of some intergenerational buddying schemes and the accelerated skills programme as noted above.</p> <p>Throughout our workshops and interviews, teams recognised these challenges and are actively seeking to address these at the time of this report. A potential solution identified would be to develop closer working relationships with P1. Interviewees noted that they had 'accidentally' found out participants in P7 were also involved in P1 through their engagements. By developing a more strategic partnership between a programme which provides technology to those who need it, and a programme now developing strong digital communities, there is a clear opportunity to address the risk of 'digital isolation' in some communities. Through interviews with senior leaders across the region, the link between all programmes as part of one service model has been articulated. By cascading and further embedding this throughout operational teams, this will improve the region's ability to realise the desired service model delivery through these programmes.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Assessment of the extent to which citizens and stakeholders have been engaged in the design, delivery and evaluation of the programmes and associated service models</p>	<p>Independent of these three programmes, we note from interviews that prior to the submission of the Transformation Fund bid, the local Health Board carried out a series of events called ‘Sgwrs Iach – Let’s Talk Health’ as part of a clinical services review to engage with communities in a meaningful and consistent way. Senior leaders referenced this exercise as part of a whole system piece of engagement ahead of the initial bid submissions, however we found no direct reference of how these engagement events informed the design of the programmes for P1, P3 and P7. As part of this criterion, we have considered the involvement of stakeholders at both initiation and programme delivery stages and found limited evidence of this being done in a proactive and structured way.</p> <p>A number of interviewees referenced the difficulties of developing meaningful stakeholder engagement plans during the programme design phase and in accordance with the timeframes set by Welsh Government. The mid-point report assessing the Transformation Fund across Wales issued by OB3 recognises this as a consistent finding across RPBs, although highlights the work done within West Wales as an attempt to address this.</p> <p>Programme One:</p> <p>At the initiation stage, interviewees referenced the fact P1 draws heavily on an existing model being delivered in Bilbao, Spain. We note that senior stakeholders visited Spain to learn from the existing model which was in delivery. This was supplemented by some engagement during the bid stage by the Transformation Lead, who stated that she engaged with stakeholders in Carmarthenshire through a series of public engagements and discussions with existing service users and carers. We found no significant engagement with users outside Carmarthenshire however, interviewees highlighted the timeframes from Welsh Government as the key barrier to wider engagement here.</p> <p>We found limited evidence of formal and systematic engagement with service users and other stakeholders throughout programme delivery. Interviewees suggested feedback is acted upon through changes to questions used on proactive calls in response to service user feedback, but we note this engagement seems to be reactive and opportunistic as opposed to being part of a structured engagement plan.</p> <p>The way in which programme evaluation has been designed for P1 will provide an opportunity for regular engagement with service users. By self-assessing using the Connect to Wellbeing app, programme leads will obtain direct feedback from service users on service delivery and effectiveness. This should be supplemented by a strategic approach to gaining wider feedback from other stakeholders, and by designing the evaluation process in such a way that programme leads are able to document and evidence the changes made to the service through these comments. In doing this, clear evidence of co-design of future services will be readily available and will be able to inform provision of the service across the other counties in the region.</p> <p>Programme Three:</p> <p>As with other programmes, interviewees commented that early engagement to inform the design of P3 was impacted by the timeframes set by Welsh Government. For P3, interviewees felt this may be mitigated slightly by virtue of previous engagement with stakeholders and service users to design county-level intermediate care services, although we note no clear evidence of how this engagement informs the service model either in the original bid or other documentation.</p>

Detailed findings by criterion (cont.)

Detailed findings	
<p>Assessment of the extent to which citizens and stakeholders have been engaged in the design, delivery and evaluation of the programmes and associated service models</p> <p>(cont.)</p>	<p>Programme Three (cont.)</p> <p>Similarly to P1, we found limited evidence of on-going engagement with stakeholders on a systematic basis. Interviewees stated that while service users are engaged regularly, this is not always targeted specifically at the interventions delivered through P3 which limits the ability of programme teams to evidence the impact of feedback on the design of this specific programme. To support more meaningful engagement with the programme by service users and other stakeholders, there is an opportunity to engage with previous service users who have benefitted from the programme previously to 'champion the programme'. Interviewees noted that service users have told them there are occasions where they would rather be treated in hospitals than at home. By leveraging positive feedback from previous users as part of the communications and delivery of the programme, there is scope to adapt the programme and increase effectiveness going forward.</p> <p>Programme Seven:</p> <p>As with other programmes, we found limited engagement with wider stakeholders at the programme design and initiation phase beyond two events held in Carmarthenshire to inform the 'Kindness' approach. This was recognised as being difficult by interviewees, who stated the programmes were designed in such a way to facilitate this throughout delivery. Examples cited include the establishment of Local Area Hubs in conjunction with local volunteers to ensure co-design is at the centre of the delivery model. Interviewees also felt that the intergenerational programmes were designed to support co-production, as participants would be determining the scope of the buddying programme between themselves.</p> <p>We found the use of the Connect to Wellbeing app to be another potential source of programme feedback here. By asking participants across all three programmes to self-assess on how the programme has impacted them, this will provide the programme leads with the opportunity to build on feedback and formally engage on a regular, meaningful basis with service users. We note the purpose of the application is for participants to self-assess on their wellbeing, so the programme team will need to design another stage to the evaluation process through which these findings are translated into learnings and actions to modify delivery accordingly. Interviewees noted that given the early stages of delivery, there is limited available feedback upon which to act at this stage. This therefore provides the opportunity to build a cycle of feedback, adaptation, testing and review into specific interventions as the programme moves forward over the coming months.</p>

Detailed findings by criterion (cont.)

Detailed findings	
Risks facing the projects and their ability to deliver agreed objectives by March 2021	<p>COVID-19 has presented a clear challenge to the achievement of programme outcomes over the past six months. While delivery on the ground has accelerated for specific interventions across all three programmes, other aspects of the programme have been delayed (such as evaluation). The programmes will continue to see risk of disruption and delay due to COVID-19 over the next 12 months.</p> <p>Another key element of delivering agreed outcomes is having a robust evaluation process to evidence impact. As highlighted throughout this report, this remains work in progress at the time of our fieldwork. We also recognise here that measuring the achievement of agreed objectives through changes in system-level metrics is severely impacted by COVID-19, and this will present a challenge not only in West Wales, but also across the country for other RPBs and their programmes.</p> <p>Programme One:</p> <p>As outlined in the original Healthier West Wales bid, P1 sought to have an embedded approach across the region, new roles in place, wrap-around community services and rapid response units to limit unnecessary A&E admissions, and an enhanced technological infrastructure to support the overall approach.</p> <p>At the time of writing this report, while delivery is well-embedded in Carmarthenshire and on-going in Pembrokeshire, the team is just about to start delivering in Ceredigion. We note that the extent to which the programme is able to evidence impact is therefore limited, specifically for Ceredigion, as changes in service users' wellbeing scores will take time to show the full impact of P1 within each county. A key example of this will be assessing the number of participants continuing to self-fund the service after six months, as Ceredigion will have very few participants at the six month stage by March 2021.</p> <p>As stated elsewhere in this report, the ability of Wellbeing Officer to engage with service users in their homes was impacted by COVID-19. While interviewees believe this reluctance to be lessening over time, the potential for any local lockdowns in the region will again prevent the full use of in-depth assessments with participants. This too may impact on the ability of programme leads to delivery the full programme as initially outlined during the Transformation Fund bid process.</p> <p>Programme Three:</p> <p>As with P1, P3 will face challenges evidencing the impact of specific interventions by March 2021 due to the external impact of COVID-19 on agreed metrics and delays throughout the programme to date in the participant-level programme evaluation.</p> <p>Interviewees also noted a lack of regional coordination for P3 as presenting a risk to delivery of agreed objectives by March 2021. As individual counties deliver the programme in different ways, standardising the remit of the programme, as well as outcomes and outputs has presented a challenge to date. We found evidence of increasing focus at the regional level at the time of this report, but note closer working both across counties and with other stakeholders will support effective delivery over the next six months.</p>

Detailed findings by criterion (cont.)

Detailed findings	
Risks facing the projects and their ability to deliver agreed objectives by March 2021 (cont.)	<p>Programme Three (cont.):</p> <p>Another risk identified by P3 participants due to COVID-19 relates to the redeployment of key team members to support the region's response to the pandemic. As with P1, any further local lockdowns or increased requirements for staff to dedicate time on specific COVID-19 responses rather than P3 will leave resourcing gaps within P3 itself. As the region looks ahead to winter and the potential for further local restrictions, regional leaders will need to continue to review the capacity and availability of staff across all programmes to identify risks to TF programme delivery.</p> <p>Programme Seven:</p> <p>P7 also outlined a series of anticipated outputs as well as outcomes to be achieved by March 2021, and as outlined throughout this report, the impact of COVID-19 has affected the ability of programme teams to achieve what was stated in the original bid with regards intergenerational buddying and skills transfer programmes.</p> <p>Another risk to delivery is the lack of operational coordination between P7 and other schemes, specifically P1. As outlined through the 'barriers' section of this report, members of the P7 programme team were finding that service users had already engaged with P1 previously. To maximise impact against the agreed system measures and evidencing the impact of the programme, it will be important to build more meaningful operational relationships between programme teams.</p>

Appendix B: Metrics and Measured Identified

Metrics and Measures Identified – Programme One

Measures and Metrics

Throughout our engagement with the WWCP, we have sought to identify those metrics against which programme effectiveness and impact are being measured across each of the three programmes.

We note the tables below and across the next two slides have been populated in conjunction with key contacts within each programme, as well as the Evaluation officer. The metrics themselves are those submitted in the latest Welsh Government returns (July 2020), and we note these are not the same as those identified in the original Theory of Change documentation. Those original metrics are not replicated here as teams no longer intend to use them going forward.

The copies of the returns provided to us in the course of our work had some missing metrics, and these have been populated from an updated regional outcomes framework as approved by the IEG. We have marked these metrics with an * to indicate we have populated these.

We note that, with the recent appointment of the Evaluation officer, work is being prioritised to review and finalise programme metrics within the wider context of the regional outcomes framework.'

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How much did you do?	Number of people supported by the programme	Aug 2020	1989	
	Number of people at each tier of the service	Aug 2020	1449 (prevent – 997, reduce 326, delay – 136)	
	Number of people not deemed suitable for the service and why	Aug 2020	36	
	Number of people referred for a full statutory assessment (not proportionate) whilst supported by Connect	N/A	N/A	Data not given
	Number of proactive calls made	Aug 2020	2869	
	Number and pattern of welfare response calls	N/A	N/A	Data not given
	Number and %age referrals to the third sector or pathways of support	N/A	N/A	Data not given
	Number and %age referrals to statutory services	N/A	N/A	Data not given

Appendix B – Metrics Identified

Metrics and Measures Identified – Programme One (cont.)

Programme One

As with the previous slide, these are the metrics provided to us for P1 based on the latest submissions to WG. No data was made available for the programme-level and system-level impact metrics as shown below.

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How well did you do it? Individual impact	Change in number and %age of people who feel a part of something	N/A	N/A	Data not given
	Change in number and %age of people who they are taking an asset-based approach	N/A	N/A	Data not given
	Change in number and %age of people who feel OK	N/A	N/A	Data not given
	Change in number and %age of people who look after themselves	N/A	N/A	Data not given
	Change in number and %age of people who do things that matter to them	N/A	N/A	Data not given
	Change in number and %age of people who have the right help	N/A	N/A	Data not given
How well did you do it? System impact	Number and %age of preventative outcomes at IAA level and destination of preventative outcomes	N/A	N/A	Data not given
	Number and %age of individuals leaving reablement with no statutory support and exit destination	N/A	N/A	Data not given
	Domiciliary care data related to Connect service users (trends within a control group)	N/A	N/A	Data not given
	WAST data – reduction in call outs	N/A	N/A	Data not given
	ED data – reduction in numbers at ED	N/A	N/A	Data not given

Metrics and Measures Identified – Programme Three

Programme Three

The metrics below for P3 were taken from the session held with programme leads on 12 August 2020. The includes the latest data from July 2020 that informed the discussions. Data was available across the three counties for a number of the metrics as shown in the table below.

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How much did you do?	Number of patients receiving a service	July 2020	1,688 (Carms: 1,161; Pembs: 306, Ceredigion: 221)	
	Number of patients not eligible for services and reasons why	July 2020	192 (Carms: 56; Pembs: 28; Ceredigion: 108)	
	Frailty profile of patients and %age	N/A	N/A	No data given
	Referral source and %age	July 2020	1730 across the region (sources also provided)	
	Geographical spread of patients	July 2020	68.78% Carms, 18.13% Pembs, 13.09% Ceredigion	
	Length of intervention	July 2020	Average: 9.8 days	
	Care coordinator and MDT profile	July 2020	Data available within teams.	
	Average time spent in service	N/A	N/A	No data given
	Number of patients admitted to acute hospital during intervention (Reason) with %age of whole cohort	July 2020	42 (Carms: 13; Pembs: 29; Ceredigion: 0)	
	Discharge destination of cohort with %age	N/A	N/A	No data given
	Referral to Treatment time	July 2020	2 days across each county	

Appendix B – Metrics Identified

Metrics and Measures Identified – Programme Three (cont.)

Programme Three

The below metrics include the programme-level impact on individuals that KPMG have taken from the original ToC documentation and the latest submission to Welsh Government. No baseline or latest data was provided for these..

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How well did you do it? Individual impact	More people with care and support needs are helped in their homes or close by	N/A	N/A	No data given
	More people feel they are involved in decisions about their care and support	N/A	N/A	No data given
	More people receive care and support through the medium of Welsh if they want it	N/A	N/A	No data given
How well did you do it? System impact	Changes in conveyance rates	N/A	N/A	No data given
	Reduction in bed days	N/A	N/A	No data given
	Reduction in Length of Stay	N/A	N/A	No data given
	Reduction in domiciliary care	N/A	N/A	No data given
	Reduction in CHC commissioning	N/A	N/A	No data given
	Reduction in residential placements	N/A	N/A	No data given
	Improved access to primary care	N/A	N/A	No data given

Metrics and Measures Identified – Programme Seven

Programme Seven

The metrics below for P7 were taken from the latest submission to WG. Further data was provided by the regional programme manager for P7 at the time of writing this report, hence some data points being shown as August 2020 rather than July.

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How much did you do?	Number of visits to the platform	Aug 2020	2474	
	Number of people signed up to Connect to platform (registered users)	Aug 2020	466	
	Bounce rate	N/A	N/A	Data not given
	Number of groups using Teams function	Aug 2020	12	
	Number of exchanges made	Aug 2020	67	
	Number of hours exchanged through Connect to platform	Aug 2020	54	
	Number of kindness acts pledged	N/A	N/A	Data not given
	Number of visits to the Connect to Kindness Website	N/A	N/A	Data not given
	Number of kindness sessions conducted	N/A	N/A	Data not given
	Number of kindness connectors recruited	N/A	N/A	Data not given
	Number of Local Area Hubs created	July 2020	3	
	Number of groups supported	July 2020	110	
	Funding provided to Local Area Hubs	July 2020	£19,754	
	Number of community activities delivered	July 2020	19	
	Volunteers recruited	July 2020	3	
	Number of people involved in the delivery of community activities	July 2020	716	
	Number of people supported	July 2020	724	

Appendix B – Metrics Identified

Metrics and Measures Identified – Programme Seven (cont.)

Programme Seven

The individual impact metrics below for P7 were taken from the latest submission to WG. There was no reference to the system metrics on this submission, and following discussions with programme team members we have included those taken from the latest regional outcomes framework in the table below as denoted with asterix.

	Updated Transformation Baseline Metric	Latest Date	Latest Data point	Notes:
How well did you do it? Individual impact	Change in the number and %age of people who feel part of something	N/A	N/A	Data not given
	Change in the number and %age of people who they are taking an asset based approach	N/A	N/A	Data not given
	Change in the number and %age of people who feel a sense of community	N/A	N/A	Data not given
	Change in the number and %age of people who feel that they live in an OK place.	N/A	N/A	Data not given
How well did you do it? System impact	Change in the number and %age of people volunteering within the community*	N/A	N/A	Data not given
	Number of domiciliary care packages*	N/A	N/A	Data not given
	Referrals to Adult Social Care*	N/A	N/A	Data not given
	ED admissions (reduction)*	N/A	N/A	Data not given
	Residential beds (Reduction)*	N/A	N/A	Data not given
	GP appointments (reduction)*	N/A	N/A	Data not given
	Length of Stay in hospital (reduction)*	N/A	N/A	Data not given
	Number of people asked in a hospital, primary care or community setting whether they would prefer to receive care and support through the medium of Welsh *	N/A	N/A	Data not given
	Number of people receiving care and support through the medium of Welsh (Increase)*	N/A	N/A	Data not given
	Reablement not leading to care package (Increase)*	N/A	N/A	Data not given
	Referrals to self-management support (Increase)*	N/A	N/A	Data not given

Appendix C: Scope of Evaluation

Full Scope of the Evaluation

Full Scope:

As per the draft scope shared with KPMG at the planning stage and the signed call-off order from under MCF2 which forms the contract for this week, the scope of the engagement is as follows:



Production of a high-level evaluation of the Healthier West Wales programmes [and specified integrated service models supported through the ICF] which will include:

- Summary of projects including original project purpose, service model/s, activities, resources and anticipated outcomes at the outset of the projects
- Details of progress of projects and impact to date, including impact of Covid-19 and any resulting adjustments
- Collation of available data and evidence (including information generated through the regional outcomes framework)
- Recommendations for additional measures that can be adopted to track ongoing impact, including in relation to specific cost benefits
- A summary of learning from the projects and models
- Analysis of what specific interventions have worked well and which have not worked so well
- Identification of barriers to progress and possible solutions
- Assessment of the extent to which citizens and stakeholders have been engaged in the design, delivery and evaluation of the programmes and associated service models
- Risks facing the project/s and their ability to deliver agreed objectives by March 2021

For each project, recommendations for the RPB by September 2020 as to whether they should be:

- Paused at this point due to insufficient evidence of viability or impact to justify further investment
- Continued as planned with continued investment beyond March 2021
- Adjusted in the light of learning, the impact of Covid-19 and other relevant factors but with continued investment beyond March 2021



We note the footnote below was included within this scope as shared.



Currently TF and ICF funding ends on 31 March 2021, although discussions are ongoing with Welsh Government regarding possible extension of funding into 2021-22. In the absence of such funding any continuation of projects will need to be funded through core resources of partners. If national funding is available following this date the report will inform any adjustments or redirection of that funding beyond March 2021.



Appendix D: Staff Involvement

Appendix D

Staff Involvement

We held workshops with the following staff:

Programme 1 Workshop		Programme 3 Workshop		Programme 7 Workshop							
	Julia Wilkinson		Sam Watkins		Joff Lee		Linda Jones		Bex Llewellyn		Hazel Lloyd-Lubran
	Rebecca Davies		Joff Lee		Stephanie Vance		Heather Toller		Sue Leonard		Lee Hind
	Michelle Copeman		Stephanie Vance		Michelle Copeman		Alison Bishop		Marie Mitchell		Cyra Shimell
	Bex Llewellyn		Martyn Palfreman		Chris Davies		Rhian Dawson		Kate Naidoo		Martyn Palfreman
	Rebekah Young				Rebekah Young		Martyn Palfreman		Rebekah Young		

Appendix D

Staff Involvement

We held follow-up interviews/group sessions with the following staff:



Name (Title)



Julia Wilkinson
(Transformation Lead)



Sam Watkins
(Managing Director (Delta))



Rebecca Davies
(Single Point of Access Manager (Delta))



Carla Dix
(TEC Prevention Strategy Manager (Delta))



Joff Lee
(Service Transformation Lead)



Name (Title)



Bex Llewellyn
(Regional Programme and Change Manager)



Michelle Copeman
(Integrated Locality Project Manager)



Martyn Palfreman
(Head of Regional Collaboration)



Alex Williams
(Head of Integrated Services – Carmarthenshire)



Jess Williams
(Programme Manager - Ceredigion)



Name (Title)



Peter Skitt
(County Director – Ceredigion)



Elaine Lorton
(County Director – Pembrokeshire)



Jason Bennett
(Head of Adult Care and Housing – Pembrokeshire)



Donna Pritchard
(Corporate Lead – Porth Ceredigion)

We also met with members of the IEG to share early findings from this report.

Appendix E: Recommendation Table

Appendix E – Recommendation Table

Table of Recommendations

Number	Recommendation	Audience:
1	Design and implement an evaluation framework for each of the programmes to provide a strong evidence base for management and operational decisions in the future.	Region/RPB
2	The overarching service model within which these programmes should be documented and communicated to teams.	Region/RPB
3	Leaders should develop a policy or position statement outlining how service users and other stakeholders will be systematically involved in the delivery and evaluation of each programme.	Region/RPB
4	We recommend the RPB and senior leaders across the region set a level of tolerance for what they would accept as variation across programmes.	Region/RPB
5	We recommend that the programme team reviews those original aims and consider how best to accelerate progress on those areas most impacted by COVID-19	P1 Team
6	We recommend leaders both within P3 and across the region review the scope of P3 as it currently stands, and determine how best to define the offer of P3 for the region in the context of increasing focus on community-based care.	P3 Team
7	We recommend the programme team continues with the establishment of relevant working groups to restart delivery in these areas.	P7 Team
8	We recommend the P1 team takes this opportunity to revisit those metrics agreed through the latest submission to Welsh Government with regional stakeholders.	P1 Team
9	We recommend the programme team builds on the work done in the latest regional meeting, alongside the newly appointed evaluation officer, to embed regular data capture, review, and challenge into existing ways of working.	P3 Team
10	We recommend that with the launch of the Connect to Wellbeing app, the programme team clearly identifies and documents the baseline levels for all participants on the individual impact measures, and clarifies the system measures before doing the same.	P7 Team
11	We recommend the programme team seeks to create a plan for the next six months to capture stakeholder feedback as part of both delivery and evaluation stages built on the region-wide position statement.	P1 Team
12	We recommend a formal, proactive stakeholder engagement plan is created with stakeholders beyond local authorities regionally and within counties which builds on the region-wide position statement.	P3 Team
13	As with other programmes, we recommend that a timetable of regular stakeholder engagement with a formal programme of 'lessons learnt' sessions would provide the programme team with the space and opportunity to pause and reflect on progress.	P7 Team



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