Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

GRŴP CYFEIRIO RHANDDEILIAID
STAKEHOLDER REFERENCE GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Transformation Programme Update/Transformation Funding (ICF)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community & Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Martyn Palfreman, Head of Regional Collaboration, West Wales Care Partnership

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is brought to the Stakeholder Reference Group (SRG) for information and discussion.

Cefndir / Background

The SRG has been advised previously of the award from the Welsh Government's Transformation Fund of £12m over 2019-20 and 2020-21 to support delivery of the 'Healthier West Wales' programme. This comprises three interdependent programmes which aim to transform care and support in West Wales, with an emphasis on early intervention, proactive care and integrated service models through which the core aims of the national plan for health and social care, 'A Healthier Wales', will be delivered in our region. The three programmes are:

- Programme 1: CONNECT (Technology-Enabled Care - TEC)
- Programme 3: Fast-tracked consistent integration
- Programme 7: Creating Connections for All[1]

In late 2020, a further £6m of funding was confirmed to support the programmes for a transitional year from April 2021 to March 2022.

The following section of the report provides an update on each of the three programmes and sets out key priorities for delivery over the coming year.

The Integrated Care Fund (ICF) is provided by Welsh Government to support the integration of care and support with an emphasis on prevention and early intervention. Revenue allocations are made to Regional Partnership Boards for the following population groups:

[1] These three programmes formed part of a wider submission to Welsh Government of eight interlinked programmes. Funding was awarded for these programmes only

- Older people
- Children on the edge of care
- Children with complex needs
- People with learning disabilities
- Carers
- People with dementia
- Autistic people (specifically in support of the Integrated Autism Service).

An update on the current situation is provided in the next section of the report.

Asesiad / Assessment

This section provides an update on each of the **three Healthier West Wales programmes** and sets out key priorities for delivery over the coming year.

Programme 1: CONNECT

Roll-out of the programme, which aims to keep people independent for longer and reduce demand on long-term and acute care, has continued, with the model going live in Pembrokeshire and Ceredigion following initial commencement in Carmarthenshire. Core to the programme are individualised wellbeing assessments and plans, pro-active calls, digital inclusion through provision of specially configured tablets and bespoke TEC to meet the needs of individuals. Participants in the programme will also benefit from:

- A 24/7 community response service for non-medical incidents delivered through Delta Wellbeing, provided within 60 minutes and avoiding unnecessary hospital admissions of call-out of emergency services.
- Proactive support pathways within local communities providing tailored help and encouraging self-management, in areas such as falls reduction, management of long-term conditions and support for carers.

The service is offered free for 6 months, after which participants may continue with the programme for a modest charge of under £6 a week. To date a significant majority (91%) of people who have received the free service have opted to continue and be subject to the charge.

Achievements to date include:

- Over 2,000 sign-ups to the programme between March 2020 and February 2021.
- 88% of participants new to the lifeline service.
- 12,030 proactive calls made.
- 45,152 call monitoring conversations.
- Over 40% of CONNECT participants have reported improvements to their mental health; ability to care for themselves; feelings of loneliness and isolation and getting the right support for them.
- 64% of CONNECT clients reported feeling considerably safer in their own homes as a result of the equipment and support received through CONNECT.
- Just 7% of CONNECT clients have been referred on for statutory assessment.

The SRG should note that these figures relate predominantly to Carmarthenshire, given the incremental roll-out of the programme.

Priorities for 2021-22 include:

- Expansion of the programme to optimise benefits and impact across the three counties.
- Agreement of charging model.
- Ongoing engagement with users and adaptation as required.
- Ensure that the offer is adapted and made available to particular population groups including those with cognitive impairment and dementia.
- Ensure delivery of equitable 24/7 welfare response service across the region.

Programme 3: Fast-tracked, consistent integration

The core element of this programme is the establishment of Fast Access Community Teams across the Hywel Dda area, providing multi-disciplinary care to people in their homes and preventing escalation and potential admission to hospital. These teams are central to the 'help when you need it' element of the Partnership's care and support offer, and essentially provide a crisis response model of intermediate care. Although delivery varies across the three counties, reflecting community need and wider service infrastructure, we are committed to ensure equity of provision and to involving a range of professions, including primary care.

Achievements to date include:

	Achievements	Activity
Carmarthenshire	• Enhanced Acute Response Teams across the whole county to provide a clinically led crisis response service for intermediate care operating 24/7. • Provision of a rapid response service to care homes and has significantly supported the stability of this sector during the pandemic. • Delivery of whole system culture change to a co-morbidities frailty model rather than discrete interventions previously delivered by the Acute Response Team (ART). • Service re-design to accommodate and respond to urgent primary care community-based pathway.	• 3,974 patients supported. • 13,489 home visits conducted. • 3,650 admissions avoided. • 408 facilitated discharges. (June to December 2020)

Ceredigion	• Expansion of Integrated Triage and Assessment team to include nursing, social care, occupational therapy and physiotherapy.
	• Significant engagement activities across partners (Community Health,
		• 1040 people supported
		• Care coordinator profile
		  • Social Care 463
		  • Therapies 482
		  • Nurse 3
		  • 3rd sector 15
		  • Reablement / Enablement 77

	Nursing, Therapies, Primary Care, Local Authority). • Advanced Nurse Practitioner governance agreed at Eagle panel and posts advertised. • Integrated Health & Social Care worker role devised, agreed and advertised. • Integrated Therapy Assistant Practitioner roles agreed, devised and advertised. • Porth Gofal Development Group established to ensure future 'operationalisation' and ownership of programme 3 work. • Consideration of a direct pathway from Welsh Ambulance Service Trust (WAST) into Porth Gofal.	• 3 admissions avoided. • 562 clients supported to remain independent. • 236 facilitated discharges. (June to December 2020)
Pembrokeshire	• Implementation of the intermediate care team (ICT)/hub which brings together multi-disciplinary professionals together to ensure access to the right professional and/or service at the time when it is needed most. • It is a single point of access for professionals for co-coordinating communication so that service users have one key person who can guide them through the system and be their main point of contact. • The ICT is made up of a multi-disciplinary team with access to a multitude of third sector, social care and health services to wrap around care for the patient. This model is delivering the whole model of intermediate care, which includes reablement, home based and bed based care.	• > 120 admissions avoided. • > 300 discharges facilitated. • > 250 facilitated support to remain at home. • > 160 clients supported to remain independent. (May 2020-Feb 2021)

Priorities for 2020-21 include:

	Priorities
Carmarthenshire	• Embed and expand existing model – the service has experienced high levels of sickness and absence due to COVID-19 (on average 11 x WTE) – the priority for next year when staff return is to support an additional 150 patients per month as an alternative to hospital admission – this will be achieved through supporting urgent primary care pathways and aligning delivery model with TOCALS and ED.
Ceredigion	• Support the Health & Social Care Support Workers as they come into post with integrated induction, training and supervision. Key alignment of Health and Social Care delivery and co-ordination. • Develop the draft of Integrated Care Network in key communities. • Extended hours feasibility for Porth Gofal. • Implement unified documentation for referral pathway. • Signs of safety full integration. • Virtual Ward Rounds embedded. • Wider partner integration feasibility (WAST etc).
Pembrokeshire	• Develop the Integrated Community Networks (ICN) to provide seamless care, delivered locally with an initial focus on step up/down & flow. • Develop six Integrated Community Teams aligned to the Integrated Community Networks, which will deliver integrated care to populations of 18 – 24,000. • Align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most. This integration will start with Community Nursing and Community Connectors aligned to named GP Practices to support proactive care planning for risk stratified populations and will connect to wider integrated Locality workforce to deliver place-based care. • Develop and implement social prescribing/community connectors framework/role integrated within each ICN and aligning to the cluster scale and spread project. • Service re-design to accommodate and respond to urgent primary care community-based pathway. • Establishing links and alignment of the integrated community networks with Programme 1 and Programme 3.

Programme 7: Creating connections for all

Creating connections for all fundamentally aims to build community resilience and active citizenship. The programme comprises six main sub-projects which support delivery of the programme:

- Connect to Platforms – providing a person-to-person time banking offer.
- Connector Plus – engaging with and facilitating links between communities and appropriate local support.

- Incentivising volunteering – working to develop sustainable and supportive models of volunteering both on a collective and individual level.
- Local Action Hubs – taking opportunities to develop robust, active citizenship within pro-active communities, delivering specific health, care and well-being pilots and initiatives with key communities.
- Connect to Kindness – celebrating and embedding kindness across communities and organisations.
- Accelerated skills – supporting community-based staff to develop and expand skills to support increased volunteering and community participation.

Although local delivery may vary to reflect local circumstances and infrastructure, all activity is directed at regional level to achieve equity. For example, each county may identify their own pilot areas based on local intelligence and existing relationships with their communities however the structure, timescales and budgets for the pilot will be consistent across the region.

The COVID-19 pandemic reinforced and placed increased focus on community-based activity and elements of the programme were accelerated to provide appropriate support to individuals and communities. Conversely, traditional community engagement was severely impacted and needs to be rebuilt as appropriate moving forward.

Achievements to date include:

- Effective diversification of programme delivery to engage and support communities and individuals through digital methods during the pandemic.
- Accelerated launch of Connect to Platforms offering person to person and collective time banking support which increased significantly during the pandemic.
- Evaluation of regional connector plus and link worker roles.
- Delivery of accredited and non-accredited social prescriber training to over 40 members of the community-based workforce.

Priorities for 2021-22 are as follows:

- Establishment of blended models of community-based support / activity utilising positive aspects of digital engagement with communities and re-establishing physical engagement when safe and appropriate to do so. This will allow exploration of developing thematic rather than geographical communities.
- Post COVID-19 sustainability and supporting groups which have emerged in response to COVID-19 to maintain activity beyond the pandemic where appropriate.
- Greater engagement and co-production in the planning and delivery of community services. This will primarily be achieved through a series of pilots across the region looking at participatory budgeting and community resource planning.
- Embedding and extension of the resources and applications developed during stage one of the transformation programme.
- Renewed focus on collectivism following an unplanned emphasis on individual well-being in response to the COVID-19 pandemic.
- Greater integration across other transformation and relevant externally funded programmes to provide a holistic offer of preventative support and whole system approach to health, care and well-being support.
- Development of a sustainable, social model for health and supporting community workforce with a particular focus on pro-active preventative health, care and well-being services.

The current situation regarding the **ICF in West Wales** is as follows:

The allocation for West Wales in 2021-22 has been confirmed as £11.44m. As with the Transformation Fund, funding is for a further transitional year only and will not be continued beyond March 2022.

2021-22 also sees the introduction of a new national pot totalling £2m within the ICF which will be available to support schemes providing safe accommodation for children with complex, high end emotional and behavioural needs to prevent escalation to/facilitate de-escalation from secure or inpatient care. There is a clear link to the recommendations within the Children's Commissioner for Wales' recent report No Wrong Door: Bringing services together to meet children's needs. The £2m has been made subject to an open bidding process and it is expected that a maximum of 3 regions will receive funding. It is envisaged that revenue bids should complement related schemes being taken forward through ICF Capital programmes. A bid for this funding has been submitted by West Wales, for a regional trauma-informed, multi-agency model of care providing wrap-around support providing therapeutic input for children and young people. A decision is currently awaited from Welsh Government.

A regional Revenue Investment Plan comprising programmes aimed at the other population groups, with the exception of people with dementia, was approved by the Regional Partnership Board on 18th March and has been submitted to Welsh Government. An external consultant has been appointed to work with regional partners to co-produce a regional dementia strategy, linked to the national Dementia Action Plan, and undertake a comprehensive review of the dementia element of the ICF, adjusting activity as necessary to reflect emerging priorities. This work will be complete by the end of May 2021.

Alongside the revenue allocation, West Wales has also received £13.9m of Capital ICF funding since 2018-19. This has supported a range of projects across the region, including various schemes including those providing supported living for people with learning disabilities, enhanced intermediate care facilities for older people and short-term, supported accommodation for families with complex needs. A further £5.3m has been confirmed for the transitional year in 2021-22 and a comprehensive programme of activity is under development. This will include a regional observation and assessment unit for children and young people with complex behavioural needs and local accommodation to provide care close to home, in support of the safe accommodation model referenced above. The programme will be brought to the Regional Partnership Board for approval in April 2021.

Evaluation and sustainability

As 2021-22 is a final, transitional year for the Transformation Fund and ICF, plans need to be in place for the potential transition into core funding or closure of funded projects. Robust evaluation of the impact of projects will be important in informing decisions on whether projects are mainstreamed or discontinued. External evaluators have been appointed to work with the Partnership in an ongoing evaluation of the three programmes during the transitional year, including publication of a rapid review at the end of April 2021, building on earlier evaluations by FutureGov and KPMG and a final evaluation report in April 2022. Specialist capacity will also be deployed to undertake detailed cost benefit analysis of each programme to inform business cases for possible mainstreaming following the end of the funding period.

Welsh Government recently announced a national evaluation of ICF projects which will be conducted from the spring and report in late summer. This will focus on a selection of projects within each region and provide an opportunity for the impact of highest profile projects to be examined. Plans are in place to work with the regional Research, Innovation and Improvement

Coordination Hub (RIICH) to develop a framework for local evaluation, which will be tested on a selection of projects before being offered to ICF leads to use in relation to other projects as necessary. Resulting evidence will inform discussions and decisions in respect of potential mainstreaming of projects beyond April 2022.
Argymhelliad / Recommendation That the SRG considers the report and discusses its contents

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	4.1 The purpose of the Stakeholder Reference Group is to provide: 4.1.1 Early engagement and involvement in the determination of the (UHB's) overall strategic direction; 4.1.2 Advice to the UHB on specific service improvement proposals prior to formal consultation; as well as 4.1.3 Feedback to the UHB on the impact of the UHB's operations on the communities it serves.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015 Social Services and Well-being (Wales) Act 2014

Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y grŵp Cyfeirio Rhanddeiliaid: Parties / Committees consulted prior to Stakeholder Reference Group	Regional Partnership Board

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	The Regional Partnership Board is working collaboratively to deliver "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board".
Ansawdd / Gofal Claf: **Quality / Patient Care:**	"A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" embraces a "through-age" model which will support people in Starting and Developing Well; Living and Working Well; and Growing Older Well.
Gweithlu: **Workforce:**	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities. "A Healthier West Wales: Transformation proposal by the West Wales Regional Partnership Board" includes a key programme of work focused on "an asset-based workforce".
Risg: **Risk:**	There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. However, we have a duty to encourage consistency of approach where appropriate in order to minimise inequity.
Cyfreithiol: **Legal:**	It is a statutory duty for each PSB to produce a Well-being Plan and Area Plan and for the UHB as named statutory partners to work with the PSBs and RPB to support the development and delivery of the actions within the Plan.
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and RPB. There is a statutory duty for the UHB to work in partnership with its three partner local authorities to transform health and social care delivery. The RPB Governance arrangements for an essential framework to support operational action.
Gyfrinachedd: **Privacy:**	Not Applicable

Cydraddoldeb: Equality:	The focus of equality runs throughout the work of the PSBs aligns to a number of the Well-being goals: A More Equal Wales, A Healthier Wales, A More Prosperous Wales, A Wales of Cohesive Communities. This is an update paper therefore no EqIA screening has been undertaken.