



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE- 12TH FEBRUARY 2013

SUBJECT: GWENT FRAILTY PROGRAMME – WALES AUDIT OFFICE

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Members of a recent review of the Gwent Frailty Programme by the Wales Audit Office. The report provides the background to the design and implementation of the project and outlines the recommendations made by the Wales Audit Office in November 2012.
- 1.2 A copy of the full audit report is attached as Appendix 1 of this report.

2. SUMMARY

- 2.1 The Gwent Frailty Programme is a transformational programme between the five neighbouring local authorities in the former Gwent area, Aneurin Bevan Health Board (ABHB) and local voluntary sector organisations. Its aim is to provide services to frail people across the area, in a way that is citizen-centred, focused on the needs of individuals, rather than organisations. It requires transferring resources from acute hospitals and other institutional settings to preventative services in the person's own home, delivering better outcomes for people and better value for money. It is regarded by the Welsh Government as one of Wales' iconic projects, and has been backed by repayable Invest to Save funding of £7.3 million.
- 2.2 The Frailty Programme commenced in April 2011 following more than three years of planning and negotiation. Given the transformational nature of this project and the fact that it has attracted Invest to Save monies from the Welsh Government, it is unsurprising that it has been subject to a formal review from the Wales Audit Office.

3. LINKS TO STRATEGY

- 3.1 The project is based on a better-combined use of resources in order to sustain essential services for the medium and longer term.

4. THE REPORT

- 4.1 From 4 April 2011 Aneurin Bevan Health Board and Caerphilly, Monmouth, Blaenau Gwent, Newport and Torfaen Councils began implementing an ambitious integrated model of providing a range of health and social care services to frail people, called the Gwent Frailty Programme (Gwent Frailty). Gwent Frailty has legal status under a Section 33 partnership agreement between the Health Board and the five local authorities and is supported with £7.3 million of repayable Invest to Save funding from the Welsh Government.

- 4.2 Gwent Frailty has been developed in recognition that many aspects of current models of health and social care provision are unsustainable and that more effective whole system working is necessary to address increasing demand for services which meet frail individuals' needs. There is now more pressure to modernise services coming from the unfavourable economic climate and changing demographics, which are placing significant pressure on health and social care budgets.
- 4.3 Gwent Frailty brings together health, social care and the main voluntary and independent sector agencies across the region in an integrated approach focused on providing short-term intervention and supporting frail people to remain "happily independent". Specifically Gwent Frailty aims to:
- ensure people have access to the right person at the right time;
 - focus on preventative care; wherever possible avoiding unnecessary hospital admissions;
 - reduce the length of a hospital stay when admission is necessary;
 - reduce the need for complex care packages;
 - avert crises by providing the right amount of care when needed; and
 - co-ordinate communication by providing a named person for all contact.
- 4.4 The Programme is based on a "franchise model" with key core deliverables. However, there is flexibility within the model to meet specific circumstances within each of the five Localities delivering the Frailty services.
- 4.5 The overall performance of the Programme is governed via two main mechanisms,
- 4.5.1 **The Gwent Frailty Joint Committee** This consists of Directors of Social Services and the respective Cabinet/Executive members together with senior executives from the Health Board. This Committee focuses on the key strategic, financial and performance issues for the Programme and has certain delegated decision making powers under the Section 33 Agreement.
- 4.5.2 **The Operational Co-ordinating Group (OCG)** - This consists of Heads Of Service from Local Authorities and senior operational staff from the Health Board. This Group is more operationally based and focuses on the running of the Programme and anticipated outcomes.
- 4.6 As previously stated, given the transformational nature of this project and the fact that it has attracted Invest to S monies from the Welsh Government, it is unsurprising that it has been subject to a formal review from the Wales Audit Office.
- 4.7 The Wales Audit Office review took place during the Spring of 2012 with the final report being available in November 2012.
- 4.8 Page 41 of the report highlights information specific to Caerphilly County Borough Council.
- 4.9 In the context of the Gwent wide Programme the Wales Audit Office concluded that, "Partners are strongly committed to the Gwent Frailty vision and have created a sound Programme management framework to underpin it. Gwent Frailty is in the early stages of implementation and challenges remain to ensure it is sustainable, to change established behaviours and to demonstrate its impact".
- 4.10 The report also provided seven proposals for improvement. These were,
1. Create a single suite of comparative performance information across Gwent Frailty based upon measures of outcomes for users, costs and sustainability. Develop consistent performance baselines against indicators in order to report and monitor progress; evaluate the impact of different approaches within the franchise; support reductions in unjustifiable variations; identify, assess and share good practice.

2. Develop a framework to ensure consistent delivery of the joint scrutiny of Gwent Frailty programme across councils, supported by the Gwent Frailty dashboard performance reports.
 3. Agree criteria for referral to and acceptance by Gwent Frailty to target services more accurately at the intended user group. Engage with GPs and hospital clinicians to ensure referral systems are not bypassed and that referrals to Gwent Frailty are appropriate. To ensure medium-term and long-term sustainability of the Programme, clarify the implications of criteria, including profiling future demand; unit and total costs; hospital admissions, discharges and bed days; benefit realisation and risks.
 4. Address issues identified in the Gwent Frailty review of Single Point of Access (SPA) first year of operation, including compliance with referral procedures; improving: SPA functionality; calls handling; records access; information processing and also training and development for Community Resource Team (CRT) and SPA staff as well as referrers.
 5. Map out financial plans and demand projections beyond the initial three year plan for Gwent Frailty, to ensure it is sustainable.
 6. Undertake the review of Gwent Frailty and CRTs in operation, anticipated for the end of year one, to evaluate the effectiveness of different approaches to delivering the service and identify the impact upon Gwent Frailty and its users of variations in services within Gwent Frailty; and issues and constraints within the wider health and social care system, including seven day and out of hours working.
 7. Undertake a fundamental review of the IT programme intended to support Gwent Frailty implementation, encompassing issues including hardware; software; system integration; data capture; reporting; project scope; and progress.
- 4.11 The progress against these proposals will be overseen by the joint Committee.

5. EQUALITIES IMPLICATIONS

- 5.1 This report is for information and consequently the authority's Equality Impact assessment does not apply.

6. FINANCIAL IMPLICATIONS

- 6.1 The financial framework of the Gwent Frailty Programme is set out in the Section 33 Agreement. The Programme is supported by repayable Welsh Government Invest to Save funding of £7.3 million, which is being used to "pump prime" the development of services. The longer-term financial sustainability of the Programme will be achieved through redirecting resources from reductions in hospital beds and residential and nursing home placements.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

- 8.1 All comments received are reflected in the main body of the report.

9. RECOMMENDATIONS

9.1 Members are asked to note the content of the report from the Wales Audit Office

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure that Members are aware of the outcome of the Wales Audit Office review and the key issues arising.

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Appendices:
Appendix 1: Wales Audit Office Report