



## **HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE- 21ST OCTOBER 2014**

**SUBJECT: EXTERNAL REVIEW OF THE GWENT FRAILTY PROGRAMME**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To inform Members of the conclusions and outcomes of a recent independent review of the Gwent Frailty Programme undertaken by Cordis Bright. The report summarises the key findings and recommendations of the review and explains how the recommendations have been considered and will be implemented. made by the Wales Audit Office in November 2012.
- 1.2 A copy of the full 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 University Health Board (ABUHB) 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 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.
- 2.3 In order to obtain an external perspective on the effectiveness of the Frailty Programme the Gwent Frailty Joint Committee agreed to commission an external review which, following a tendering exercise, was undertaken by Cordis Bright Consulting.

### **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 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, senior operational staff from the Health Board, Community resource Team Managers and finance colleagues. This Group is more operationally based and focuses on the running of the Programme and anticipated outcomes.
- 4.6 As previously stated in order to get an external perspective on the effectiveness of the Frailty Programme an external review was commissioned was undertaken by Cordis Bright Consulting. The review set out to answer four key questions posed by the Frailty Joint Committee and to present recommendations for further improvement of the programme. The key questions were;
- Is the service effective?
  - What is the impact on other services?
  - Is the direction of travel right?
  - Is the information currently collected fit for evidence-led decision making and service planning?
- Pages 15-17 of the review provide a more detailed explanation of the aims and objectives of the evaluation.
- 4.7 The methodology proposed for the review and agreed with the Programme Joint Committee (JC) comprised:
- A rapid review of the evidence of effectiveness of integrated care projects across the UK and a selection of other countries with comparable systems.
  - Quantitative analysis of activity, financial, outcome and other data provided by the GFP and accessed by Cordis Bright via GP Cluster Profiles for ABHB and the DAFFODIL population database.

- An on-line quantitative survey of 248 key professional stakeholders, including staff working in the programme, other health and social care staff and senior leaders.
- A hard-copy quantitative survey of 200 service users distributed via existing Community Resource Team networks, to ascertain their views about the effectiveness and appropriateness of the service they received.
- Semi structured face to face interviews with a sample of fifteen senior staff from all participating agencies.
- Outcomes focused case studies of the patient journey and outcomes achieved for 44 service users.
- A day long workshop with members of the Operational Co-ordinating Group (OCG) to test and refine the recommendations and to come up with an action plan for implementation.
- Discussion and sign-off by the Joint Committee of the recommendations put forward by the OCG.

4.8 The full review completed by Cordis Bright is attached as Appendix 1 of this report. It is structured as follows,

**Section 3** contains a review of studies of the effectiveness of integrated care.

**Section 4** describes the Frailty programme and the services provided in each locality.

**Section 5** contains a review of performance of the programme so far against its original objectives.

**Section 6** present stakeholders' views on and our analysis of governance and management in the GFP.

**Section 7** explores the experiences of service users.

**Section 8** contains concluding remarks and a summary assessment of the progress the GFP has made against the 'success factors' identified in the literature.

4.9 The report concludes that;

The GFP is one of the first integrated care partnerships in Wales and has had to find its way without many models to follow. It is a strength that the partners have had the tenacity, vision and commitment to do this. Implementing new ways of working is not easy and takes time, and partners should not be disheartened or thrown off course by things that have not gone well. The GFP is in the forefront of policy initiatives in Wales and other parts of the UK to implement integrated care as a policy response to reducing public sector resources and increasing demand.

Many of the issues that have arisen could be addressed by clarifying leadership of the programme; ensuring a clearer delineation between strategic and operational decision making and putting in place a multi-dimensional performance management system. Ultimately, the programme is well placed to be a starting point for greater integration of community services within and across localities.

Every local authority area has examples of good practice and successful outcomes which point the way to further development for the GFP; for example:

- The integrated service model in Monmouthshire has proved to be effective in diverting people away from higher dependency settings and is valued by users, and is an example of a success factor cited in the literature.
- Newport and Caerphilly have focused on getting people out of hospital and been successful at that, with a combination of consultant and OT input. In Caerphilly reablement has been strong and the programme has been successful at helping people to regain their independence.

- Medical leadership in Torfaen and Newport is strong and helps the CRTs to build good relationships with GPs and secondary care.
- Blaenau Gwent has experienced some delays in rolling out the programme, due to having to recruit a new CRT manager, but is in the forefront of developing integrated services – for example rapid response and OT services - across the area.

4.10 As previously stated the report is very thorough in its examination of the impact of the Gwent Frailty programme and unsurprisingly the report provides a series of recommendations. The summary provided in pages 6-20 of the review outline the 20 main recommendations identified by Cordis Bright. Following receipt of the draft report these recommendations were considered by both the Frailty Joint Committee and the Operation Co-ordinating Group and the response from both groups are recorded in column 3 of the table. In addition a more detailed explanation of the recommendations and responses are contained in paragraphs 6.11.1 to 6.11.36 (pages 104 – 111).

4.11 Particularly significant recommendations are

- to appoint a senior leader for the programme (Page 106)
- to review the governance structure, including terms of reference and membership of the joint committee / OCG
- Ensure that all areas are providing a consistent service with a similar skill mix (although the posts do not have to be identical) and available at a minimum at the times set out in the core standards (in particular until 7pm).

4.12 Clearly the appointment of the senior leader will be key in ensuring the recommendations of the review are implemented. The implementation will also be overseen by the revised governance structure.

## **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 and the associated recommendations.

## 10. REASONS FOR THE RECOMMENDATIONS

- 10.1 For Members to be aware of the content of the external review on the Gwent Frailty Programme, the recommendations set out in the report and how the recommendations will be implemented and monitored.

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Appendices:

Appendix 1: Review Of The Gwent Frailty Programme