

April 2020

Mid-point evaluation of 'A Healthier Wales' Transformation Fund – Executive Summary



A statement regarding the Covid-19 coronavirus outbreak

This mid-point evaluation executive summary report considers evidence collected prior to the outbreak and impact of the Covid-19 coronavirus upon the health and social care sector. The findings of this evaluation therefore need to be viewed in this context.

In making the final conclusions for the evaluation, and as far as it was possible to do so in a fast-changing environment, the possible impact of the coronavirus pandemic on the future of Transformation Fund projects is reflected upon. It has also been taken into consideration in the drafting of the recommendations.

The final evaluation report, due in 2021, will fully consider the impact of Covid-19 on the delivery of the Transformation Fund.

Executive Summary

Research Aims

OB3 Research, in conjunction with the Social Care Institute of Excellence (SCIE), were commissioned by the Welsh Government in September 2019 to undertake an evaluation of the 'A Healthier Wales' Transformation Fund (TF).

The aim of the evaluation is two-fold:

- to evaluate the extent to which the TF has accelerated the wider adoption and scaling up of new ways of working to replace or reconfigure existing services in order to improve outcomes for people
- to evaluate the component parts of new models which have successfully (and unsuccessfully) enabled the adoption and scaling up of new ways of working.

Method

The mid-point evaluation, which was undertaken between October 2019 and March 2020, encompassed the following elements of work:

- an inception stage to include attendance at an inception meeting to discuss the work programme, access relevant information and prepare an evaluation inception report
- desk based research to include a review of relevant policy documents and operational documentation
- conducting a series of telephone and face to face scoping interviews with representatives from each of the evaluators appointed by Regional Partnership Boards (RPBs)
- developing a regional evaluation reporting template
- preparing a series of semi-structured discussion guides
- conducting interviews with policy and strategic stakeholders
- conducting a package of qualitative fieldwork across the seven RPBs
- undertaking a detailed meta-analysis of the regional evaluation reports prepared by the RPBs
- preparing a final mid-term evaluation report.

Overview of the Transformation Fund

'A Healthier Wales: Our Plan for Health and Social Care' (AHW)¹, published in June 2018, set out a long-term future vision of a 'whole system approach to health and social care'. Within AHW there was an action to 'establish a targeted TF to support the implementation of this Plan', particularly new models of seamless health and social care promoted by RPBs.

The purpose of the £100m TF is to speed up the development and scaling up of new models of health and social care provision and to demonstrate their value. The TF is part of the wider Transformation Programme established to deliver the commitments in AHW.

The fund was launched in summer 2018, and all seven RPBs were invited to submit proposals for funding and encouraged to focus on models which would make early progress on:

- seamless alignment of health and social care services
- local primary and community-based health and social care delivery, and
- new integrated prevention services and activities.

The objective over the long term was that these, and other new models, would be adopted by health and social care providers, at a local, regional and national level, funded from their own resources.

The Welsh Government's guidance for the TF highlighted that all projects needed to provide:

- a clear description of the project scope and objectives, relating to AHW and to relevant Design Principles
- a monthly timeline setting out milestones and resource utilisation, including funding, throughout the life of the project
- detail on how the project would be professionally evaluated

¹ [Welsh Government \(2018\) A Healthier Wales: Our Plan for Health and Social Care](#)

- detail on how the project would engage with key stakeholders, including particularly those directly involved in the project and potential 'next adopters' of any new model or approach
- detail on how new models would be sustainable after the transformation project would be completed.

In terms of selection criteria, it was expected that all proposals should address the two Design Principles (relating to scalable and transformative) as well as at least one other.

A total of 12 proposals were approved across the seven RPBs as of June 2019, amounting to a total of £87m as follows:

- £6.9m for Cardiff and Vale of Glamorgan RPB
- £22.7m for Cwm Taf Morgannwg RPB
- £13.5m for the Gwent RPB
- £13m for the North Wales RPB
- £2.6m for the Powys RPB
- £16.5m for the West Glamorgan RPB
- £12m for the West Wales RPB.

In addition, a £2m Collaborative Kidney Care project has been funded by the TF. The Welsh Renal Clinical Network is the sponsor with Cwm Taf Morgannwg acting as the sponsored RPB.

The funding was initially made available to RPB for delivery between October 2018 and the end of December 2021. Approved start dates vary by RPB. An extension for the delivery timescale until March 2021 was announced in January 2020 in order to help maximise the outcomes that the funding can achieve.

Key findings of the evaluation

The key findings of the evaluation are set out below:

Programme design

- The Welsh Government has a long-term ambition to transform the health and social care service across Wales, and this is clearly articulated within its strategy, 'A Healthier Wales' (AHW).
- The TF, which aims to support this overhaul, has been developed within a very supporting policy context and responds directly to the priorities for change set out within two key reviews, the OECD Review² and the Parliamentary Review³.
- In designing the TF, policy makers have fully embraced the key principles which underline AHW and the priorities set out within these reviews, including the Quadruple Aims, the ten Design Principles and Prudent Healthcare. In addition, the Fund has been designed to adopt the objectives set out within the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act.
- In its approach to allocating funding via the TF, the Welsh Government has adopted a less prescriptive approach than was recommended by the OECD Review and this has resulted in project proposals being designed via a more 'bottom-up' approach by RPBs. Whilst this might be logical in ensuring projects address regional priorities it has resulted in projects with similar aims and objectives being given different identities and operating models, which will pose challenges to scale up effective intervention in other regions.
- In its approach to allocating funding, the Welsh Government has supported a much larger number of projects across the regions, at 30, than was proposed in AHW, which suggested that each region should develop two strategic projects each. Whilst many of these projects are intended to contribute towards larger strategic work programmes and regional strategies there is a risk that funding a large number of smaller projects might not achieve the

² [OECD Reviews of Health Care Quality: United Kingdom 2016: Raising Standards](#)

³ [The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales Final Report January 2018](#)

strategic level of change anticipated of the TF. As such, RPBs need to ensure that they are able to demonstrate via robust evaluation evidence the contribution made by all funded projects towards their strategic regional outcomes.

- The TF is one of several funding streams that RPBs are utilising in their attempts to integrate health and social care services and there is a strong case for a more system-wide approach to future funding in order to lessen administrative and reporting burdens and to clarify the overarching strategic aims which funding is aiming to achieve.
- The timing of the call for applications made it challenging for most RPBs to develop proposals and whilst the initial flexible and open approach was welcomed, the approach to the management of the TF has been increasingly onerous. However, the reporting and regional evaluation requirements were made clear from the outset as part of the application process. There is a risk, without such information being available, that there will be a severe lack of robust evidence of the impact and difference made by TF.

Programme delivery

- Most of the models funded by the TF are new and potentially transformative for the region in question, but there are overlapping themes and similar approaches in place. There is a risk of duplication of effort – with several slightly different approaches being developed in various regions with no effort to share the learning. Often, similar approaches have different names and terminology, making it difficult to identify common models which may be operational across more than one region. A number of models are not particularly well-defined and there is a risk that the potential scale up of these from sub-regional to regional, or from regional to national will be minimal as a result.
- Whilst most projects have progressed at either a rapid (seven) or reasonable (16) pace of change, a minority (seven) have faced fundamental issues and delays and were not in place at the mid-point reporting stage.
- Projects which have taken longer to implement have typically faced technical issues, recruitment challenges, issues relating to governance arrangements

and issues relating to negotiating external contract specifications. It is important to reflect on these issues that are often outside the influence of project managers and learn lessons either in speeding up such arrangements or allowing a mobilisation period to be integrated into a transformation fund in future.

- Hospital to home type projects appear to have progressed at a quicker pace than others, possibly since they have built upon existing approaches, that demand for these initiatives was already in place and that they have been more straightforward to implement.
- The total spend of the TF budget as at the end of March 2020 was 41% of the total budget. Spending over the course of the initial 12 months of delivery was concerningly slow due to the various challenges faced by RPBs to mobilise projects and should be taken into consideration by the Welsh Government when designing any similar future funding programme. It is encouraging that spend during the latest quarter (up to March 2020) ramped up, reflecting the fact that a number of projects became 'live' very recently.
- It will be challenging, if not impossible, for the programme to deploy its remaining funding allocation over the remaining 12-month period until March 2021, not least because of the unprecedented impact the Covid-19 coronavirus will have upon health and social care providers during this timeframe.
- The TF seems to be having a positive impact in getting partners to work together and there is some initial evidence across regions where staff are starting to think differently and change their working culture. This remains challenging in such a difficult financial climate however and projects have faced several implementation challenges.
- The timescale available for delivering real transformation was very ambitious from the outset and this has been hampered further by a number of factors including delays in approving applications, widespread recruitment issues and financial pressures facing the health and social care sector in general.
- Governance structures for the projects seem to be appropriate and working well, with increasing buy-in from senior management.

- There has been limited involvement of citizens in the co-production of project concepts or delivery to date and more focus is needed on this aspect over the remaining duration of delivery.
- Similarly, the engagement of the workforce and other stakeholders, where it has happened, has resulted in positive benefits to the project but this has not been realised across the board.

Programme outputs and outcomes

- In all, 30 'projects' have been funded across seven RPBs and at mid-point reporting 22 of these projects were operational. Across the remaining eight, it was either unclear as to whether they were fully operational or they were not yet available.
- Some of the projects underway have better-defined and more tangible identities than others and as a result could be easier to communicate, adopt and scale up across other areas in the future.
- Projects which have evolved from existing approaches and are more embedded into mainstream provision in their nature are more challenging to draw out as tangible and distinct models.
- It is not possible for this mid-point evaluation report to shed much light on the outcomes being achieved by funded projects to date, largely due to the recent start for many projects.
- There is broad consensus that it is too early for projects to evidence the difference they are making and the extent to which they are achieving their intended outcomes, other than those which tend to be process-related such as changes to organisational systems and ways of working.
- Similarly, there is little evidence currently available to allow an informed view of whether models can be sustained and scaled up when funding comes to an end.
- At the mid-point stage, projects are prioritising the need to gather and evidence the contribution being made by interventions, although it is accepted that attributing any difference made will be challenging in light of other funding sources and externalities which impact upon the health and social care sector.

Recommendations

The recommendations made in this report are based on the evaluation findings from fieldwork and data analysis undertaken up until mid-March 2020. It is valid and right that these findings are considered within that context.

However, the outbreak of the Covid-19 coronavirus has added unprecedented pressures on the health and social care sectors, and it is likely to have significant bearing on funding and priorities for the future. As such, the recommendations aim to take this new context of the Covid-19 coronavirus public health emergency into account.

A series of recommendations for the TF are provided. These have been split into two distinct sections:

- Recommendations one to seven are immediate, operational suggestions for the remaining period of programme delivery.
- Recommendations eight to 15 are longer-term, strategic recommendations aimed at learning the wider lessons from the TF.

Recommendations for the remaining delivery period of the TF

Recommendation 1

TF projects currently lack the systems and processes in place to capture data and evidence of outcomes, impacts and difference made that will ultimately be required to present a business case for future sustainable funding. RPBs should work with their appointed external evaluators to ensure every project has a robust evaluation framework in place to capture evidence of outcomes (not just clinical outputs and performance KPIs) for future reporting purposes.

Recommendation 2

In order to provide TF projects with more time to be implemented and capture the necessary evidence of impact, Welsh Government should look to extend the timescale by at least 12 months. Any agreed extension should be prioritised for projects that:

- a) can demonstrate that they are meeting or exceeding their original objectives and/or

b) have been accelerated in response to Covid-19.

Due to the uncertainties around the development of the Covid-19 coronavirus outbreak, this recommendation should be kept under review and the timescale extended even further if necessary.

Recommendation 3

Where there is clear view from RPBs that certain interventions are not working or they have yet to get off the ground, then there should be open and honest dialogue between the RPBs and Welsh Government to identify these and a process set in place to bring such projects to a close.

Recommendation 4

In light of the Covid-19 coronavirus outbreak, Welsh Government and RPBs should consider re-focusing TF projects for the remaining period to the activities which can contribute to the alleviation of pressures on health and social care in the interim e.g. by increasing community provision of care or hospital discharge. Any remaining TF funding should be re-allocated to Covid-19 activities.

Recommendation 5

RPBs should focus on developing clear and robust exit strategies for their TF projects during the remaining period so that the funding injection provided by the TF can be sustained for the future.

Exit strategies should also consider how the RPBs ensure that the successful component parts of the various models and the new ways of working could be accelerated for wider adoption and scale-up on a regional or national level in future.

Recommendation 6

RPBs are required to use different reporting mechanisms for several similar funding streams in the same Welsh Government department. The lack of consistency results in significant administrative burdens. Welsh Government should consider aligning the reporting requirements of various funds so that all the information is submitted in the same format at the same time.

Recommendation 7

In future, if Recommendation 1-6 are implemented as part of the design and delivery model for a transformation, more time should be released for project managers to consider sharing the learning from TF projects.

For the current Transformation Fund, all attempts should be made where possible to put processes in place to share 'what works' at a regional level across RPBs.

At a national level, the Welsh Government has an important role to play in ensuring that learning from similar themed models and approaches are considered and disseminated.

The Communities of Practice element of the national evaluation should play an important part in ensuring this. Welsh Government should also consider developing national 'specifications' incorporating the lessons and best practice to support any roll-out or scale-up of successful models in future.

Longer-term, strategic recommendations:

Recommendation 8

Whilst the linkages between AHW and TF are clear, in future we recommend that Welsh Government should ensure sufficient time during the design phase of any funding programme to work in partnership with RPBs to consider and analyse regional priorities for such funding. More detailed guidance should be developed which continues to provide flexibility but is more strategic and targeted.

Recommendation 9

In future there should be a clearer direction from WG with funding available for fewer, more strategic transformation projects, in line with the original intention stated within the Parliamentary Review.

RPBs should increasingly take responsibility for planning and delivering their own transformation and rolling-out or scaling-up approaches that have already been successfully tried and tested at a sub-regional level.

Recommendation 10

As a follow up to TF, Welsh Government should therefore consider making funding available to RPBs to deliver a specific number of 'tried and tested' strategic models that have been proven to work within this current round of funding (subject to this evidence becoming available by the end of the funding period).

This could be seen as funding available to deliver the 'national specifications' developed as a result of Recommendation 7. This would be a more prescriptive approach which would build on the learning from the current TF

Recommendation 11

We recommend that any transformation fund in future should include a six to twelve-month mobilisation phase for approved project during which recruitment processes can be implemented and governance structures put in place.

Recommendation 12

Robust and clear evaluation frameworks should also be signed off within the mobilisation phase of approved projects before they can proceed to full delivery in any follow-up funding to the transformation fund.

Recommendation 13

Welsh Government should consider opportunities to amalgamate funding streams in the future. In particular there are opportunities to look at integration of ICF and TF funding. Opportunities for wider amalgamation of funding should also be explored so as to streamline processes and focus funding on strategic priorities more effectively.

Recommendation 14

We recommend that Welsh Government develop clear appraisal criteria and application templates alongside consistent guidance, approval processes and active management reporting processes. RPBs should also demonstrate clearly how they will meet active management reporting and evaluation requirements from the outset to avoid the need to request additional information. Welsh Government should ensure a faster turnaround of approval and communicate regularly with project proposal leads

throughout. Detailed feedback for any unsuccessful projects should also be provided as a matter of course.

Recommendation 15

The TF has revealed a lack of project management capacity and change management skillsets within the health and social care system. Welsh Government, in collaboration with HEIW, Social Care Wales and WCVA should consider on a national level how it can increase this capacity within the staffing resources available through the funding of national training opportunities and suitable qualifications.