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Thursday, 13 October 2016

Notice of meeting / Hysbysiad o gyfarfod:

Adults Select Committee

**Friday, 21st October, 2016 at 1.30 pm,
Caerphilly County Borough Council, Ty Penallta, Tredomen Park, Ystrad
Mynach, Hengoed CF82 7PG**

AGENDA

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1.	Gwent Frailty Joint Scrutiny Seminar	1 - 38

Paul Matthews

Chief Executive / Prif Weithredwr

MONMOUTHSHIRE COUNTY COUNCIL
CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillors:

P. Farley
R. Harris
R. Chapman
R. Edwards
M. Hickman
P. Jones
P. Jordan
P. Watts
A. Wintle
D Hill
D Hudson

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Aims and Values of Monmouthshire County Council

Sustainable and Resilient Communities

Outcomes we are working towards

Nobody Is Left Behind

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

People Are Confident, Capable and Involved

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

Our County Thrives

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation
- Maintaining locally accessible services

Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

Nodau a Gwerthoedd Cyngor Sir Fynwy

Cymunedau Cynaliadwy a Chryf

Canlyniadau y gweithiwn i'w cyflawni

Neb yn cael ei adael ar ôl

- Gall pobl hŷn fyw bywyd da
- Pobl â mynediad i dai addas a fforddiadwy
- Pobl â mynediad a symudedd da

Pobl yn hyderus, galluog ac yn cymryd rhan

- Camddefnyddio alcohol a chyffuriau ddim yn effeithio ar fywydau pobl
- Teuluoedd yn cael eu cefnogi
- Pobl yn teimlo'n ddiogel

Ein sir yn ffynnu

- Busnes a menter
- Pobl â mynediad i ddysgu ymarferol a hyblyg
- Pobl yn diogelu ac yn cyfoethogi'r amgylchedd

Ein blaenoriaethau

- Ysgolion
- Diogelu pobl agored i niwed
- Cefnogi busnes a chreu swyddi
- Cynnal gwasanaethau sy'n hygyrch yn lleol

Ein gwerthoedd

- **Bod yn agored:** anelwn fod yn agored ac onest i ddatblygu perthnasoedd ymddiriedus
- **Tegwch:** anelwn ddarparu dewis teg, cyfleoedd a phrofiadau a dod yn sefydliad a adeiladwyd ar barch un at y llall.
- **Hyblygrwydd:** anelwn fod yn hyblyg yn ein syniadau a'n gweithredoedd i ddod yn sefydliad effeithlon ac effeithiol.
- **Gwaith tîm:** anelwn gydweithio i rannu ein llwyddiannau a'n methiannau drwy adeiladu ar ein cryfderau a chefnogi ein gilydd i gyflawni ein nodau.

Agenda Item 1

Gwent Frailty Joint Scrutiny Seminar

21st October, 2016 at 1.30 pm

A Joint Seminar of the Scrutiny Committees with responsibility for Social Services from Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen County/County Borough Councils and Aneurin Bevan University Health Board, will be held at the Council Chamber, Penallta House, Tredomen, Ystrad Mynach, Hengoed, CF82 7PG to consider the following:

Programme

1. Welcome & Introductions
2. Wales Audit Office Review of the Gwent Frailty Programme.

WAO Gwent Frailty Report

Status of report

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for

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Summary report

Background

1. From April 2011, Aneurin Bevan University Health Board (the Health Board) and Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen Councils began implementing an ambitious integrated model of care called the Gwent Frailty Programme (the Programme)¹. The Programme was funded by a Welsh Government Invest to Save loan and contributions from respective partners to create a pooled fund.
2. The Programme has legal status under a Section 33 partnership agreement² between the Health Board and the five Gwent councils. The agreement ran for three years commencing in April 2011. A Gwent Frailty Joint Committee (GFJC) was created as a decision-making body holding formal accountability under the Section 33 agreement. An Operational Co-ordinating Group (OCG), a range of specialist sub-groups and local implementation structures also supported the work of the Frailty Programme Joint Committee³.
3. In November 2012, a Wales Audit Office review of the Programme found that partners were strongly committed to the Gwent Frailty vision and had created a sound programme management framework to underpin it. It recognised that the Programme was in the early stages of implementation and it faced challenges to ensure the Programme was sustainable, to change established working practices and to demonstrate its impact.
4. This latest review was undertaken by staff of the Wales Audit Office on behalf of the Auditor General. This review focuses on the accountability of the GFJC; firstly to individual partner organisations and secondly to the Welsh Government to test whether the expectations of partner organisations have been met.
5. Our review considered whether the Gwent Frailty Programme has delivered improvements in line with individual organisations' expectations and in particular:
 - Is it clear how expectations of the individual organisations were delivered through the Programme?
 - Did the Programme demonstrate effective governance?
 - Is the future direction of the Programme clear and agreed?

¹ Unless stated otherwise, the 'Programme' covers the committees and working groups, members and staff and the overall delivery and service model.

² The Section 33 agreement provides a formal basis for partnership working. The partners can employ a section 33 agreement as a mechanism to create pooled revenue and capital funding. The host's financial management and financial accounting rules apply. This means that the joint service can reclaim VAT as well as utilising other financial flexibilities available to local government bodies.

³ For the purposes of this report, reference to Programme Committees covers the Gwent Frailty Joint Committee, Operational Co-ordinating Group, the range of specialist sub-groups and local implementation structures.

6. We concluded that **the Programme has demonstrated positive regional cross-sector partnership working to tackle growing community-based needs, but it has not evidenced tangible improved outcomes, which will be important as partners determine the future of the programme.**
7. We reached this conclusion because:
- The Gwent Frailty Programme successfully brought together partners who invested time and resources to improve outcomes for frail elderly people, but the financial aims were not achieved, and outcomes remain difficult for partners to evidence.
 - Governance arrangements over the lifetime of the programme have been generally adequate but the Programme could have engaged partners better, benefited from clearer information and been more open about its business. We found that:
 - the governance arrangements provided for timely decision-making but partner organisations were not always kept adequately informed of important issues affecting the Programme, such as the emerging large underspend;
 - financial reporting arrangements within the Programme were adequate but performance reporting was not fit for purpose;
 - public transparency and decision recording started well but became weaker over time; and
 - routine scrutiny of decisions by the GFJC was not robust, although, most partners reported annually through their own scrutiny arrangements.
 - The Gwent Frailty Programme benefits from strong commitment and is at a pivotal point in its journey but needs clarity of vision to succeed. We found that:
 - the Programme has benefited from a strong commitment from the partner organisations, this needs to be re-confirmed in the context of the financial and operational challenges facing the individual organisations; and
 - the future direction of the Programme is unclear, the partnership is at a pivotal point and partners are yet to agree a clear vision, which will need measurable outcomes and benefits.

Proposals for improvement

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- | | |
|----|---|
| P1 | Ensure that commitment to the future of the Programme is obtained from partner organisations and clearly expressed through the Section 33 agreement. |
| P2 | Ensure that the Section 33 agreement is supported by clear measurable aims and targets. |
| P3 | Develop a performance management framework to ensure that the success of the programme can be clearly evidenced and provides a mechanism to hold localities to account. |
| P4 | Ensure that governance arrangements include effective scrutiny of the programme as a whole and engage partner organisations as appropriate. |
| P5 | Ensure that the recording of decisions is consistent and maintained in a log, and that the activities of the programme are publicly available and easily accessible. |
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Detailed report

The Gwent Frailty Programme successfully brought together partners who invested time and resources to improve outcomes for frail elderly people, but the financial aims were not achieved, and outcomes remain difficult for partners to evidence

8. The Gwent Frailty Programme has been successful in bringing the five councils and the local Health Board together to address frailty in a co-ordinated way. For example, the programme has created integrated working and community resource teams to help deliver services that are effective and efficient in supporting frail people in the community. Partners are positive about the approach and have shared a perception of improved outcomes. Councils reported that demand for residential care places in their localities was reducing, which they believe was as a result of the Programme and partners generally provided case histories of improved outcomes for many older people living within each of the five localities.
9. The business case was agreed in 2011 by the partners and clearly set out their expectations and planned outcomes from the Gwent Frailty Programme. The business case secured a Welsh Government “Invest to Save” loan of £7.3 million. This loan was repayable over five years to the Welsh Government using expected savings as set out in the business case. The business case identified savings that would be achieved through bed closures in the Health Board, and a reduction in complex care packages and less demand for residential care placements funded by the councils. Partners were clear at the outset about how the Programme would be funded and agreed to a formula for contributing to different elements of it and repayment of the loan.
10. The planned financial savings have not been realised and were acknowledged by partners, in hindsight, to be overly optimistic. The anticipated reduction in bed numbers was a key factor in securing commitment from partners and securing the Invest to Save loan. Partners have not been able to achieve the planned level of savings, and the repayment continues to be funded by the Health Board and councils’ core budgets.
11. Partners did not clearly demonstrate the overall achievements of the Gwent Frailty Programme against its original objectives when reporting to the Welsh Government in 2014. Partners could show the numbers of patients using the service and to some extent the individual outcomes. These key performance indicators had been in place since inception, and aspects such as patient case mix and length of stay were available. However, partnership outcome measures were not available for all aspects of the project and the impact of demographic changes on demand for services had not been adequately anticipated by partners, which affected the ability of partners to show achievement against original aims.

Governance arrangements over the lifetime of the programme have been generally adequate but the Programme could have engaged partners better, benefited from clearer information and been more open about its business

The governance arrangements provided for timely decision-making but partner organisations were not always kept adequately informed of important issues affecting the Programme, such as the emerging large underspend

12. Individual partners demonstrated clear commitment to the Programme through the establishment of the Section 33 agreement. The Councils' overview and scrutiny committees considered the draft Gwent Frailty Programme Section 33 agreement prior to approval by Executive Committees during the spring of 2011. Similarly, the Health Board also considered the draft agreement and committed to the Programme.
13. The governance arrangements for the Programme Committees were clear. The Section 33 agreement set out how decisions would be made and how the programme would manage its finances. For example: it described the arrangements in the event of underspends and overspends; defined arrangements if any partner wished to leave the Programme; and defined the role of Caerphilly County Borough Council as lead commissioning body. The Section 33 agreement facilitated timely operational decision-making within the programme to ensure that decisions could be made by partner representatives on Programme Committees without the need to refer back through their own organisations' governance arrangements. This agreed arrangement significantly reduced what could have been a very drawn out decision making process.
14. Whilst this approach provided for timely decision-making, the Programme did not adequately consider how to communicate decisions made by the GFJC back to the individual partner agencies. One example was the decision not to adopt a common service model, although this was originally a fundamental principle of the Programme. Another was changes to the financial arrangements because of savings not being achieved and delays in recruitment that significantly affected workforce plans and the move towards a common model. These decisions resulted in a significant unplanned underspend and the model not being implemented fully in all localities.
15. Although the governance arrangements were designed to facilitate speedy decision-making, the hiatus resulting from a lengthy independent review of the Programme meant that:
 - some localities' implementation of the 'preferred model' was delayed or only partially implemented;
 - clarity around the ongoing viability of the Programme has not ensured a smooth and timely transition from the original project to its possible successor; and

- there was some uncertainty at a time when partners are making difficult decisions in the light of austerity measures.

16. Routine monitoring, by partner organisations, of the Gwent Frailty Programme was variable. Consistent and comprehensive formal reporting mechanisms were not put in place to ensure each partner organisation was kept adequately informed.

Instead, members of the programme and senior managers determined their own way to report decisions taken by the GFJC, which were predominately, through line management arrangements rather than any formal reporting of specific reports and minutes of meetings. For example: Newport City Council took reports to Cabinet in 2011 and 2012 but nothing after this; Torfaen County Borough Council included the Gwent Frailty Programme in its quarterly update on Collaborative activity, which was received by all Scrutiny and Overview committees; whilst others councils received an annual report to their Overview and Scrutiny committees (see [Appendix 1](#) for further details).

Financial reporting arrangements within the Programme were adequate but performance reporting was not fit for purpose

- 17.** The GFJC received regular reports on financial monitoring but key messages within reports were not always clear due to the complexity of funding and evolution of the business model. Monthly reports were produced by the Programme's OCG finance work-stream. Overall, the reports contained all the relevant information necessary for members to make informed decisions but there were some concerns that they did not highlight the important issues. The quality of the financial decision-making could have been improved by clearer and succinct reports. Longstanding and unresolved delays in recruitment significantly affected the budget profiles in the financial reports which, at times, made them complex to prepare, needed regular updating and proved difficult for some decision-makers to fully understand why changes had occurred.
- 18.** The Gwent Frailty Programme was not able to demonstrate achievements against planned expectations in the business case because of a lack of robust performance management arrangements. Some partners found it difficult to develop adequate measures which would enable stakeholders to determine if the objectives of the Programme were being delivered. Partners are now developing a more robust outcome framework in anticipation of the Programme continuing and the need to demonstrate outcomes from further investment. Overall, other reports to the GFJC were adequate and provided in a timely manner.

Public transparency and decision recording started well but became weaker over time

19. All members of the GFJC were senior members of their respective organisations. They all acted within their delegated powers and made decisions within the remit set out in the Section 33 agreement and in their own organisation's scheme of delegation. Examples in [Appendix 2](#) highlight two key decisions taken and demonstrate how these were within the governance framework.
20. Decisions taken by the GFJC were not consistently accessible to the public in the later stages of the Programme, although in the early stages, they were widely communicated. Minutes of meetings did not consistently provide a clear record, nor was there a log of decisions made. Clear records of decision making would have aided understanding of the progress of the Programme and the challenges it faced.
Until 2013, the minutes of the GFJC were posted on a dedicated Gwent Frailty website hosted by the Health Board, which communicated the vision of the Programme and progress. The Operating and Coordinating Group decided to discontinue support of the Gwent Frailty website in 2013. No alternative was established to ensure that the minutes were easily available to the public. Therefore, minutes were only available to those directly involved in the Gwent Programme or on request.

Routine scrutiny of decisions by the GFJC was not robust, although, most partners reported annually through their own scrutiny arrangements

21. The programme's governance framework did not include an effective dedicated scrutiny function, so decisions taken by the GFJC went largely unchallenged and did not benefit from close independent scrutiny. Whilst partners reported within their own governance structures such as to Scrutiny and Audit Committees, the programme itself was not effectively scrutinised.
22. We found examples where in our view there were some significant departures from the original plan that would have benefited from wider discussion amongst the partners. This wider discussion would have ensured understanding, commitment and agreement to revisions of the plan. Although we note that the GFJC, acting within its authority, made key decisions, partners were not given the opportunity to influence these decisions. For example, by the end of 2013, the Gwent Frailty Programme was underspent by approximately £2 million because of recruitment difficulties and an earlier decision to temporarily freeze recruitment. The GFJC later decided not to draw down further from the Invest to Save loan from the Welsh Government. This left a residual £1 million allocated to the Programme unspent and affected the pace of delivery of the programme staffing model and services in some localities. These are key decisions that we believe partner organisations should have been made aware of and for which they may have wanted to be party to the decision making process.

- 23.** The original financial plan was shared and agreed with partners at the commencement of the Section 33 agreement in 2011. However, the revisions to the financial plan had not been shared other than those directly involved in the programme. Partners received regular reports of financial progress through their budget monitoring arrangements. However, these reports did not always show the overall financial position of the Programme or, for example, the escalating underspend owing to the recruitment challenges and decision to pause the continued rollout of the Programme across all localities.
- 24.** Some councils were more proactive than others at keeping their organisations informed, for example, by holding joint Overview and Scrutiny committees to examine frailty as a crosscutting issue and holding seminars to help members understand the issues being addressed by the Gwent Frailty Programme. Overall, the partners received information in different ways, at different times, with different frequency. Reports, in the main, focused on the implications for their own organisation in order to comply with their own governance responsibilities and not the progress of the programme as a whole.
- 25.** The programme received some external challenge, firstly from the Wales Audit Office in 2012 and more recently when the Gwent Frailty Programme commissioned a review from an external consultant that reported in September 2014. Both these reviews and their subsequent action plans were reported to the Gwent GFJC and through individual partner organisations. These reviews provided an external perspective, but neither did, nor could have, influenced decision making in a way which would replace the need for effective scrutiny.
- 26.** Over the last year, there have been some positive signs that partners have updated their organisations of the current position in respect of the Programme. For example, since the publication of the external consultant's report, the GFJC, and each of the individual partners, have used the report to inform scrutiny and to support strategic decision making on the scope of the service going forward. This process has, however, taken time.

The Gwent Frailty Programme benefits from strong commitment and is at a pivotal point in its journey but needs clarity of vision to succeed

The Programme has benefited from a strong commitment from the partner organisations; this needs to be re-confirmed in the context of the financial and operational challenges facing the individual organisations

27. The Gwent Frailty Programme has strong commitment by those directly involved in the Programme and they are keen to maintain the current momentum in terms of a common understanding of the needs of frail elderly residents and the benefits of the Gwent Frailty model.
28. The Section 33 agreement was open ended, although the initial period relating to the invest-to-save funding was only for three years. Upon reaching the end of the three-year period, partners had not sought formal approval from partner organisations for any extension. However, the GFJC itself agreed in 2014 to roll it over for one more year. The decision on the future of the Programme would have benefited from an earlier debate on the future direction of the Programme within the context of financial constraints, public sector reform and future potential scope of programme services. As a consequence, there is no formal agreement by each of the partners regarding:
 - managing the pooled fund, which currently stands at approximately £6 million and covers the ongoing service costs;
 - the funding of existing and future service costs in each of the localities; and
 - the contribution from all partners for central support and programme co-ordination.
29. The £5 million of the Invest to Save loan will no longer be repaid as planned through savings, therefore the responsibility has fallen to individual partner organisations and will be funded from their core budgets in different proportions, with the biggest part falling to the Health Board. The Welsh Government has agreed to extend the repayment period. Whilst partners welcome this because it reduces the annual repayment amounts, it places a longer than originally planned financial burden on the partners at a time when the effects of austerity measures are being felt.
30. Operational challenges continue. Recruitment difficulties experienced already may still hamper service delivery and progress towards a common model. Financial pressures across public services could directly or indirectly impact on the demand and delivery of the Programme objectives. Financial savings requirements in the partner organisations could also put significant pressure on service delivery resources. The progress achieved so far could be undermined and is at risk.

The future direction of the Programme is unclear, the partnership is at a pivotal point and partners are yet to agree a clear vision which will need measurable outcomes and benefits

31. The programme has taken positive action to strengthen Gwent-wide operational leadership and co-ordination. The consultant's report in 2014 recommended the appointment of a programme director. The GFJC agreed to fund this dedicated post for an initial 18-month period, which is intended to provide co-ordinated strategic leadership for the Programme as a whole. Funding this post demonstrates a willingness to strengthen the Programme's delivery arrangements and shows continued commitment from all partners.
32. Partners are now actively engaged in planning for the future. Senior managers were developing a new business case, which was scheduled for consideration by the GFJC by July 2015. The Programme already has in place its 2015-16 financial plan and partners are developing indicative budgets for 2016-17 that will be incorporated within a new Section 33 agreement. These plans and the agreement will need to take account of the local and national context of austerity, public sector reform, changes to population demographics and demand for services. Aims and objectives will need to be clearly stated within the agreement.
33. At the time of our review, councils and the Health Board are currently considering their future options for the Programme including a new Section 33 agreement. In doing so, partners will need to take account of their experiences to date and lessons learnt from the Programme such as effective scrutiny, financial reporting and performance management.

Appendix 1

Summary of core reporting

	Newport	Monmouthshire	Torfaen	Blaenau Gwent	Caerphilly	
Minutes of GFJC meetings	Not distributed beyond Programme	Not distributed beyond Programme	Not distributed beyond Programme	Not distributed beyond Programme	Not distributed beyond Programme	Aneurin Bevan UHB
Reports to Cabinet or Health Board Executive	Section 33 agreement 2011 July 2011 February 2012 October 2012 March 2013	Section 33 agreement 2011	Section 33 agreement 2011	Section 33 agreement 2011 January 2011 March 2011 November 2014	Section 33 agreement 2011 Inclusion in Budget reports for finance issues	Not distributed beyond Programme Exec Board 2011 January 2012 March 2013
Overview and Scrutiny	August 2011 November 2011 January 2012 March 2013 April 2013 October 2013 March 2015	March 2011 March 2012 April 2013 November 2014	November 2011 March 2012 November 2012 Plus inclusion in a collaboration report that goes to all scrutiny committees	April 2011 January 2014 October 2014	February 2013 October 2014	(CHC review) May 2014 Not relevant

	Newport	Monmouthshire	Torfaen	Blaenau Gwent	Caerphilly	ABUHB
Seminars			Member November 2013 Member seminar April 2015			Board Members August 2014
Audit Committee			September 2012 December 2012 December 2013 February 2014 June 2014 September 2014 March 2015		March 2013	June 2011 October 2012 April 2013 October 2014 February 2015
Health Committees	Not relevant	Not relevant	Not relevant	Not relevant	Not relevant	July 2011 Public Health and Partnerships
Other				October 2014 Corporate Mgt		

Appendix 2

Decision tracker

Decision: Freeze on recruitment

Context	<p>The GFJC agreed locality plans which set out the staffing requirements to move each locality from their starting point towards a common model as set out in the original business case. The Programme experienced long delays to recruit staff because of delays in obtaining employment checks, medical clearance and lengthy HR processes. The GFJC discussed the impact of these delays at many meetings and minutes record frustration and the constant need to re-profile budgets. By September 2013 the inability to overcome the obstacles despite efforts from the GFJC members resulted in an accumulated underspend in excess of £2 million. Partners also agreed to commission an external evaluation to re-assess plans set out in the original business case. The underspend was shown within each of the first two Memorandum Accounts of the Section 33 agreement and these were submitted to the Welsh Government. The GFJC were also conscious that projected savings were not being achieved as quickly as anticipated and any further draw down of the loan would only increase the cost pressure associated with its repayment.</p>
Decision	<p>The GFJC decided to freeze recruitment of the professional staff that would have been funded from year three of the Invest to Save loan and adjust the original recruitment projections across the Programme.</p>
Scheme of Delegation	<ul style="list-style-type: none">• Budget Provision: To approve annual estimates for each Locality, Lead Commissioner and Central Costs including variations to budgets in accordance with financial regulations and affordability.• Staff Structures: To approve staff structures for each locality and the lead commissioner. To cover base budget and including substantive changes to those structures.• Financial Management: To review financial progress based on quarterly reports from the pooled fund manager.• Service Provision: To review and agree to introduction of new, adjustments to existing or withdrawal of Frailty service provision within any locality.

Decision: Freeze on recruitment of professional staff scheduled for year three of invest-to-save loan

Impact

- Programme incurred an underspend of £1 million of the Invest to Save loan available to pump prime a common franchise model of care.
- No further increase in staffing structures for localities.
- All locality plans readjusted to roll over remaining year-two appointments that were still delayed but a total freeze on any new posts for the Programme.
- No further locality plans produced after 2013 used as the main vehicle for administering the loan.
- No further drawdown of the Invest to Save loan.

Evidence of decision formally reported to Partners

Minutes and records of this decision not publicly available or distributed within partner organisations.

Examples of formal reporting supplied during review corresponding to this time scale:

- Newport – Scrutiny committee in October 2013 but this focused on Cordis Bright report.
- Monmouthshire – Scrutiny committee received a report on Frailty but not until November 2014.
- Torfaen – Recruitment delays reported in a PowerPoint slide as part of a member seminar in November 2013.
- Caerphilly – Scrutiny report in October 2014 but focus was the WAO action plan and report.
- Blaenau Gwent – Scrutiny report October 2014 but the main focus was the Cordis Bright review.
- Aneurin Bevan UHB – No specific report identified to track communication of this decision.

Decision: Revised repayment schedule for the Invest to Save Loan and no further drawn down of funds

Context	<p>The Section 33 loan set out a repayment schedule of £0.37 million in 2012-13; £1 million in 2013-14; £1.5 million in 2014-15, 2015-16 and 2016-17 with a final payment of £1.439 million in 2017-18. In September 2014, the GFJC discussed with colleagues from the Welsh Government progress against the Invest to Save loan. Members of the GFJC requested that the Welsh Government write off the loan but instead in November 2014, the programme was offered a longer repayment period. A financial strategy paper setting out three options for repayment and management of the pooled fund was considered by the GFJC. Detailed presentations helped to inform the decision, which included a paper on cost avoidance, potential savings release. Finance officers proposed three options for the GFJC to consider. Options were:</p> <ul style="list-style-type: none"> • limit agreed expenditure to the minimum to maintain current structures with no further drawn down on loan and extension by two years to repay the loan; • limit expenditure to 2014-15 levels; or • extend investment to include year-2 posts and essential posts deemed necessary to go forward.
Decision	November 2014: The GFJC decided unanimously to take option one.
Scheme of Delegation	<p>Financial Management: To review financial progress based on quarterly reports from the Pooled Fund Manager.</p> <p>Invest to Save and Benefits Realisation. To monitor the above and ensure agreed targets are being met. This will involve reviewing the following:</p> <ul style="list-style-type: none"> • that additional expenditure is in line with declarations, and agreed referral activity is being achieved; • to review benefits realisation (savings targets) are being delivered; and • to ensure that the Invest to Save payments are being made.

Decision: Revised repayment schedule for the Invest to Save loan and no further drawdown of funds

Impact

- No further drawdown of loan – £1 million of available loan remained unallocated setting final drawdown of £6 million.
- Additional two years to repay the loan, taking commitments to 2020-21.

Evidence of decision formally reported to Partners

Minutes and records of this decision not publicly available.
We found no direct evidence of formal reporting of this decision back to any committees within partners' organisations.
Colleagues reported that the repayment schedule would be reflected in future budget plans and the financial plan for the Programme.

Appendix 3

Organisation specific information

Aneurin Bevan University Health Board

Role in the programme

Commissioner in programme with Caerphilly.

Who represented the partner organisation

Siobhan McClelland	Board Member
Judith Paget	Chief Executive
Richard Bevan	Board Secretary
Rob Holcombe	Finance Directorate Lead
Gary Hicks	Director of Community Services
Sarah Parks Jones	Partnership Coordinator

Information reported back to partner organisation's scrutiny and committees

Annual financial management and budgetary updates to Audit Committee. External review reports to Audit Committee.
Workforce and recruitment update to Workforce and Organisation Development Committee. Frailty performance key messages report.
Facilitated Executive Team seminar on results of External Review of Programme in August 2014. Periodic Executive Team reports on frailty operational issues.
Annual progress reports to the Executive Team.

Key observations

Seminar for Board Members on the outcome of the external consultant's report.

Blaenau Gwent County Borough Council

Role in the programme

Local Authority Partner
Chair of Operational Coordinating Group (Liz Majer)

Who represented the partner organisation

Cllr Nigel Daniels	Chair of Scrutiny Committee
Liz Majer	Director of Social Services
Bernadette Elias	Head of Democratic Services
Andrea Jones	Monitoring Officer
Jason Davies	Resource Team manager (Joint post with Health)

Information reported back to partner organisation's scrutiny and committees

Consultant's report to Executive Team.
Consultant's report to Social Care and Inclusion Scrutiny Committee.
Report to Overview and Scrutiny Committee (2011 and 2014).
Periodic budget updates to Executive.
Progress report to senior management team (2011 and 2014).

Caerphilly County Borough Council

Role in the programme

Lead commissioner for the Programme
Section 33 commissioning authority and host body
Financial administrators

Who represented the partner organisation

Cllr Robin Woodyatt	Cabinet member for Social Services
David Street	Director of Social Services
Angharad Price	Deputy Monitoring Officer
Jason Bennett	Community Resource Team Manager (Joint post with Health)
Mike Jones	Section 33 Officer

Information reported back to partner organisation's scrutiny and committees

Finance reports to Finance committee.
Consultant's report to Health, Social Care and Wellbeing Scrutiny committee.
External review (Wales Audit Office) report to Audit Committee.

Monmouthshire County Council**Role in the programme**

Chair of GFJC

Who represented the partner organisation

Cllr Geoff Burrows	Cabinet Member for Social Services
Simon Birch	Director of Social Services
Cllr Peter Farley	Chair of Scrutiny Committee
Eva Parkinson	Integrated Service Manager
Ailsa MacBean	Integrated Service Manager
Robert Trantar	Monitoring Officer

Information reported back to partner organisation's scrutiny and committees

Annual progress reports on development of frailty service to Adult Select Committee.

Newport City Council

Role in the programme

Local Authority partner

Who represented the partner organisation

Cllr Paul Cockeram	Cabinet member for Social Services
Cllr David Atwell	Chair of Housing and Community services Scrutiny committee
Mike Nicholson	Director of Social Services
Patricia Bartley	Community resource team manager (Joint post with Health)
Sian Thomas	Former community team manager

Information reported back to partner organisation's scrutiny and committees

Biannual reports on the Programme to Executive until 2012 and then annually.

Biannual reports to Housing and Community Services and Overview Committee until 2013 and then annually.

Consultant's report to Executive and Community Planning and Development Overview and Scrutiny Committee.

Budget reports to Finance Committee.

Annual reports to Community Planning and Development Overview and Scrutiny Committee.

Torfaen County Borough Council

Role in the programme

Local Authority Partner

Who represented the partner organisation

Cllr Richard Clark	Cabinet member for social services
Cllr Raymond Mills	Chair of Scrutiny committee
Sue Evans	Director of Social Services
Lynda Willis	Monitoring Officer
Jo Webber	Community resource team manager (Joint post with Health)

Information reported back to partner organisation's scrutiny and committees

Biannual reporting to Healthier Overview and Scrutiny committee.
Quarterly reports included within a Collaboration report.
Member seminars for all councillors (November 2013 and April 2015).
Regular reports to Audit Committee (three times in 2014).

Key observations

Collaboration report for all scrutiny committees in Torfaen to scrutinise engagement on external partnerships.

Proactive engagement of Scrutiny throughout the Programme:

- Torfaen County Borough Council held an elected member seminar in April 2015 to raise awareness of progress of the Programme.
- Torfaen County Borough Council produce a collaboration report that goes to all elected members on every Scrutiny Committee and this initiative provides regular updates on the Programme.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru

Llesgedd Gwent Frailty

Subject	Wales Audit Office Review of the Gwent Frailty Programme
Author	Liz Majer, Corporate Director of Social Services, Blaenau Gwent County Borough Council
Report date	24th August 2016
Date of session	21st October 2016
Key words	Frailty Programme Section 33 WAO

Supporting Information

1.	Purpose
1.1	To outline the recommendations of the Wales Audit Office review of the Gwent Frailty Programme which was published in December 2015.
2.	Scope
2.1	To provide an update on the current status of the Gwent Joint Frailty Programme and the partnership's response to the recommendations of the WAO review, which will be presented by the WAO.
1.	Background and Context
1.1	The Gwent Frailty Programme (GFP) is a transformational programme between the five neighbouring local authorities in the former Gwent area and Aneurin Bevan University Health Board (ABUHB). Its aim is to provide services to frail people across the area in a way that is person centred and 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 £6.3 million.
1.2	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.
1.3	The five local authorities (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) engaged in the Frailty Programme with ABUHB. These agreed to a Section 33 agreement from 2011/12 – 2013/14 which focused on the governance arrangements for the programme and agreed formula for funding, both base budget and invest to save. ABUHB agreed to contribute 77% of the additional investment required, with the other 23% additional investment agreed to be contributed by local authorities. A further section 33

agreement has been in place since April 2016.

1.4

WAO Review

The review of the programme has also been guided by two external reviews, the Cordis Bright Review (commissioned by the GJFC in July 2014 and previously reported to local authority Scrutiny Committees), and the Wales Audit Office review published in December 2015. The question posed by the WAO review was:

- Has the GFP delivered improvements in line with the individual organisation's expectations?

The question was sub-divided to also answer the following:

- Is it clear how the expectations of the individual organisations were delivered through the Programme?
- Did the Programme demonstrate effective governance?
- Is the future of the Programme clear and agreed?

1.5

The WAO concluded that the GFP has demonstrated positive regional cross-sector partnership working to tackle community based needs, but it has not evidenced tangible improved outcomes which will be important as partners determine the future of the Programme. The WAO also determined that the partners had invested time and resources to improve outcomes for frail elderly people but financial aims have not been achieved and are difficult to evidence.

1.6

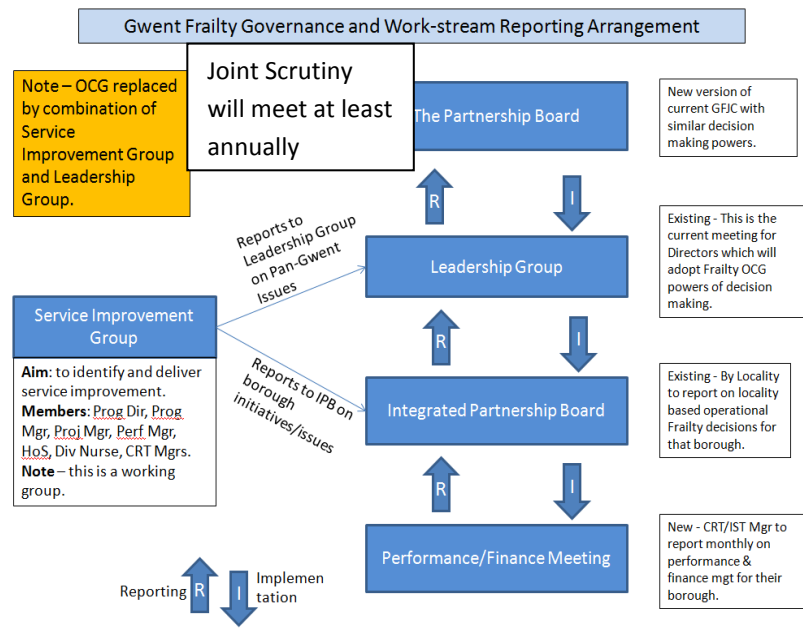
Governance arrangements have been adequate but the auditors' believed that the GFP could have engaged partners better and given clearer information regarding important issues such as the large underspend. The auditors also believed that financial reporting was adequate but performance reporting was not fit for purpose. Public transparency started well but became weaker over time. The scrutiny of decisions made by the GFJC was considered not to be robust but most partners did report annually to a scrutiny committee.

1.7

Finally the WAO concluded that the GFP benefits from strong commitment from all of its partners and is at a pivotal point in its journey. It will need clarity of vision and new measurable outcomes to succeed at this pivotal time.

1.8	The new revised section 33 was expected to encompass the aims of the recommendations in both the Cordis Bright and WAO reviews in order to progress the previously agreed direction of travel. Some considerable time has passed since this review was undertaken and the partnership would argue progress has been made against the five recommendations of the WAO.
1.9	<u>WAO Proposals for Improvement</u>
1.9.1	P1 - Ensure that commitment to the future of the programme is obtained from partner organisations and clearly expressed through the section 33 agreement Completed – reports taken to all partners and section 33 Agreement in place from April 2016
1.9.2	P2 Ensure that the section 33 Agreement is supported by clear measurable gains and targets Performance Framework has been reviewed and will be taken to Gwent Joint Frailty Committee for agreement in October 2016
1.9.3	P3 Develop a performance management framework to ensure that the success of the programme can be clearly evidenced and provides a mechanism to hold localities to account As in P2 above
1.9.4	P4 Ensure that governance arrangements include effective scrutiny of the Programme as a whole and engage partner organisations as appropriate A new governance structure has been agreed:

1.9.5



The GJFC will continue until May 2017 and be reviewed at that point. The intention is this will eventually be superseded by the Greater Gwent Partnership Board set up under the auspices of the Social Services and Well Being Act 2014. Scrutiny will continue to be undertaken by the Scrutiny Committees in the five local authorities and the Public Health and Partnership Committee of ABUHB. At a minimum, an annual report will be brought to these committees.

1.10

1.10.1

P5 Ensure that the recording of decisions is consistent and maintained in a log, and that activities of the Programme are publicly available and easily accessible

1.10.2

Since the WAO report was received, an action log has been created to record actions of the Operating and Coordinating Group and the Gwent Frailty Joint Committee. The action logs are circulated with the minutes of the meeting to all appropriate members.

Governance

Since this programme was implemented, the Greater Gwent Health, Social Care and Well-being Partnership has been developed as a new statutory key Partnership body established to lead and guide the implementation of the Social Services and Well Being (Wales) Act 2014 in the Gwent area (covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen). This has driven the need to revise the governance structure for the Gwent Frailty

	<p>programme; the implementation date is still to be confirmed.</p> <p>Additionally, the programme has been operating for 5 years and a review of the governance structure has naturally arisen. It is agreed by all Partners that the Programme should now be treated as business as usual and not attract any speciality status; however periodic formal meetings will still need to occur to track the Programme's performance and financial situation. This was highlighted in the WAO report.</p>
2.	Financial Implications
2.1	<p>The previous agreement differentiated between new Invest to Save funding from Welsh Government and the budgets relating to core services from each of the partners that were invested into the programme. The invest to Save funding is now fully integrated into the programme, and the new agreement takes into account the payback arrangement to Welsh Government (based on the same formula as agreed in 2011 but with a longer timescale for repayment).</p>
2.2	<p>The changes to the financial arrangements are detailed below:</p> <ul style="list-style-type: none"> • The amalgamation of the declared and ex-Invest to Save budgets; • Pooling of funds at a locality level; • Creation of specific pools for Lead Commissioning, demand-led services and Welsh Government payback; and • Revised arrangements for investment/disinvestment.

Appendix 1

Report title: Review of the Gwent Frailty Programme – Phase 2

Issued: December 2015, Updated August 2016

Ref	Proposal for Improvement	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
P1	Ensure that commitment to the future of the Programme is obtained from partner organisations and clearly expressed through the section 33 agreement.	Partner organisations retain a structured overview of delivery of intended outcomes from the Programme and have an opportunity to influence key decisions in relation to resources and future direction.	✓	Yes	<p>A new Section 33 agreement covering a 5 year period has been drafted for discussion and sign off at the February GFJC. This agreement will be taken through the relevant Scrutiny Committees and Cabinets of all Local Authorities and ABUHB to ensure all partner organisations are committed to the future of the programme.</p> <p>The new Section 33 has been approved by the 5 LAs and ABUHB, and is currently going through the Health Board's legal department for official ratification.</p>	February 2016	Joint Committee

Ref	Proposal for Improvement	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
P2	Ensure that the Section 33 agreement is supported by clear measurable aims and targets.	Partners will be able to clearly evidence delivery of intended outcomes.	✓	Yes	<p>The overall aims, benefits and outcomes of the programme are identified in Section 5 of the Section 33. There is an ongoing workstream to revise the current Frailty KPIs that will better suit the intended outcomes.</p> <p>A new performance dashboard has been developed with more meaningful KPIs that relate specifically to the services, opposed to the financial driven targets that related to bed days.</p>	February 16	Directors
P3	Develop a performance management framework to ensure that the success of the Programme can be clearly evidenced and provides a mechanism to hold localities to account.	Systems will be in place to enable partners to measure performance and take corrective action as necessary.		Yes	New KPIs are being developed to measure future outcomes for the GFP. These will be used to monitor the direction of the programme and to escalate any concerns to the GFJC accordingly.	June 2016	Daniel Clarke

Ref	Proposal for Improvement	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					As above – the new draft performance report was received positively by OCG with a few minor tweaks. It will be submitted to the GFJC in October for final sign off.		
P4	Ensure that governance arrangements include effective scrutiny of the Programme as a whole and engage partner organisations as appropriate.	The partnership is subject to routine scrutiny and challenge to improve the quality of decision-making.		Yes	<p>In the new Section 33 there is revised governance and reporting structure in schedule 2. Para 13.9 states scrutiny arrangements will be in accordance with each organisations constitutional framework.</p> <p>In addition, an annual report has been produced and circulated to the partnership organisations, with a view of it being available in the public domain.</p>	September 2015	Directors

Ref	Proposal for Improvement	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
P5	Ensure that the recording of decisions is consistent and maintained in a log, and that the activities of the Programme are publicly available and easily accessible.	Members of the public, partner organisations and other stakeholders will have access to information showing progress of the partnership to increase transparency.	✓	Yes	<p>An actions log is to be developed to support the minutes. This will be encompassed in the papers for the GFJC and circulated accordingly.</p> <p>An action log has been developed and is circulated with the papers for the GFJC and OCG.</p>	TBC (awaiting confirmation from LA colleagues on how this will be managed in the public domain)	Daniel Clarke

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