Accommodation and Efficiency RCF funded Project

Mid and West Wales Health and Social Care Collaborative

Evaluation Report

September 2016

Whole Systems Partnership

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1   Introduction

1.1   Context

The Mid and West Wales Health and Social Care Collaborative (MWWHSCC) has the aim of '*providing a strategic framework for coordinating and delivering a range of health and social care programmes across the region, maximising resources available, reducing duplication, achieving consistency and bringing about service improvement and transformational change in how it jointly commissions and procures high quality services at a better price, improving outcomes for citizens in the region'*. Partner organisations that form the collaborative are: Carmarthenshire County Council, Ceredigion County Council, Hywel Dda University health Board, Pembrokeshire County Council, Powys County Council and Powys Teaching Health Board. [1]

In 2012 the MWWHSCC submitted a bid and was successful in securing an initial commitment of £1.5m funding from the Welsh Government's Regional Collaborative Fund (RCF) to take forward three project areas that contribute to a wide programme of integration:

- Strategic Co-ordination of the Regional Programme;
- Mid and West Wales Strategic Efficiency Partnership (Learning Disability);
- Regional Complex Needs and Vulnerable person's project.

The Strategic Efficiency Partnership developed a range of work streams forming a broad programme of service transformation for Learning Disabilities across the MWW area. Within this a core project supported by the RCF funding has been the 'Accommodation and Efficiency Project' (AEP). The RCF was used to fund staff in partner agencies to work initially against a consistent framework focusing on the review of a selection of existing placements and renegotiating placements and packages of care as required.

This evaluation of the AEP was undertaken early in 2016.

1.2   The Accommodation and Efficiency Project

In each of the four Local Authorities the starting point at the outset of the AEP was a heavy reliance on residential care. This was combined with a recognition that, in terms of accommodation placements, review processes had not been joined up, resulting in:

- A long history of financial inefficiency and inconsistency in the way services have been commissioned;
- A lack of commerciality in much of the approach to commissioning services;
- Services have historically operated with a largely risk averse culture;
- A lack of challenge to providers.

Given this context the AEP was originally established with the key objective of:

- Establishing and implementing a single and co-ordinated Accommodation and Efficiency programme for both health and social care to review and right-size all commissioned learning disability accommodation services, leading to redesigned services and support packages backed by new contracts for providers in order to make these services more financially sustainable. The aim

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[1] The MWWHSCC was in place at the time of the evaluation but was subsequently superseded by the Powys and West Wales Regional Partnership Boards under the provisions of the Social Services and Wellbeing (Wales) Act 2014, which became effective on 6 April 2016.

was for person centred accommodation services for people with a learning disability, with packages of care that are based on an assessed need and that the services are commissioned to meet that need.

At the onset the core anticipated outcome was:

- The delivery of a minimum of 10% of financial efficiencies from all commissioned accommodation services in order to ensure that these are delivered on a sustainable financial basis following the AEP.

At an early stage it was determined that the AEP should be a time limited project and that its work would be important in informing other aspects of the Learning Disability Programme. It was ultimately determined locally that it should receive RCF funding for two years. This was in part influenced by a significant reduction in RCF funding for the MWWHSCC in 2015/16.

The AEP's original objectives were revised in early 2014 and restated as follows:

- Release immediate efficiencies through the review of existing care packages and contracts on a risk basis and the renegotiation of these contracts;

- Reconfigure existing packages of care to improve service user and carer outcomes and ensure fit with the 'progression model'[2] for learning disability services;

- Develop evidenced learning tools and resources to improve practice across the region;

- Inform the development of new service models and commissioning arrangements as part of the wider project.

The intention was that each local authority area would undertake a consistent programme of work. However, differing local circumstances, priorities and needs, plus difficulties in some areas in recruitment of staff with the quality and skill set required meant that the AEP had to be tailored locally, whilst underpinned by consistent principles and overall programme objectives. An overview of the process and outcomes in each area is provided in later sections of this report.

1.3 Deployment of RCF funding

Expenditure incurred by the AEP over the two year period April 2013 to March 2015 and funded through the RCF totalled £226.9k. This was split between the five organisations as indicated in the table below:

	2013/14	2014/15
Carmarthenshire CC	£40.4k	£47.4k
Ceredigion CC	£0k	£36.4k
Pembrokeshire CC	£6.3k	£20.4k
Powys CC	£16.5k	£37.6k
Hywel Dda UHB	£9.3k	£12.5k
Total	**£72.6k**	**£154.3k**

Table 1: Accommodation and Efficiency Programme RCF expenditure

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[2] Alder Advice (August 2012): Progression – How to improve outcomes for people with learning disabilities and lower support costs.

The original RCF bid identified funding for 2 WTE Independent Living Managers and 2 WTE Care Manager posts, each of which would work across 'pairings' of the 4 authorities in delivering the project objectives. Thereby Carmarthenshire and Pembrokeshire would 'share' an Independent Living Manager and Care Manager on a 50/50 basis, and the same arrangement would be established between Ceredigion and Powys. Whilst this was achieved in relation to the Independent Living Manager for Carmarthenshire and Pembrokeshire, it was not possible to recruit to the remaining posts on the same basis. As a result, arrangements were agreed with partners whereby they received funding equivalent to 50% of each post and used this to support appropriate local staffing structures to ensure delivery of the AEP. Delays in recruiting to the agreed posts limited, to some extent, the work that could be undertaken. At a later stage a secondment was agreed from Hywel Dda University Health Board to the Collaborative, providing a WTE reviewing officer focused on health and shared placements.

2 The evaluation Framework

2.1 Development of evaluation framework for RCF funded projects

In the summer of 2014 the MWWHSCCB commissioned the Whole Systems Partnership to develop an Evaluation Framework to examine the effectiveness and the impact of all projects funded through the RCF, namely.

- Strategic Co-ordination of the Regional Programme;
- Mid and West Wales Strategic Efficiency Partnership (Learning Disability);
- Regional Complex Needs and Vulnerable person's project

The purpose of the evaluation was to inform improvements to collaboration at a regional level and provide quantitative and qualitative evidence of outcomes from the funded projects. The work to develop the framework was undertaken through documentation review, workshops with Regional Collaborative Team members and one to one interviews with senior staff from across the four Local Authorities and two Health Boards.

The framework covered five domains:

- Financial efficiency;
- Outcomes for the individual;
- Governance;
- Culture Change (Ways of working);
- Delivery.

Within each domain a number of standards / questions were identified. Whilst these were identified for each of the three projects there was a degree of commonality across the Learning Disability and Complex Needs Projects.

Details of the full framework are available at Appendix 1.

2.2 Application of framework to Accommodation and Efficiency Project

This broad framework has been used as the basis for the evaluation of the AEP, taking those particular aspects of the framework that are pertinent to the objectives of the programme. In particular it has looked at:

- Financial efficiency - Cost savings achieved;

- Outcomes for the individual - Improved outcomes for individuals and groups of service users;

- Culture change (Ways of working) - Improved systems and processes, improved practice and improved relationships;

In addition, the evaluation has also considered the longer term impact of the AEP programme beyond the timeframe of the RCF, in terms of how it has influenced the on-going commissioning of learning disability services and service user outcomes.

2.3 Approach to evaluation

The approach adopted for the evaluation was based on a review of existing documentation in terms of AEP reports, delivery plans, end of project reports and readily available financial summary reports. Structured interviews have also been undertaken with some of the people involved in 'hands on' delivery of local AEP projects, and with regional leads. The original evaluation framework had envisaged a more in depth review with monitoring information (both qualitative and quantitative) compiled on an ongoing basis and a greater involvement of service users and carers and providers themselves. However, for many reasons, fundamental to which has been local capacity, this has not been progressed as far as anticipated and a more pragmatic approach has therefore been adopted at this stage. The extent to which it has been possible to secure information to inform this evaluation also varied across the region, in part reflecting changes in personnel over time.

3 Carmarthenshire

3.1 Local approach to accommodation and efficiency project

An Accommodation and Review Officer had been in post for around a year prior to the RCF becoming available in April 2013. During this time, given the unsustainable nature of accommodation services, the County Council embarked on the beginnings of a programme of reviewing all commissioned residential establishments and supported living schemes to ensure that they remained person centred, based on a current assessment of needs of the person and, crucially, that the contractual and monitoring arrangements reflected identified needs. Whilst 'right sizing' individual packages of care, a 'whole' home approach was taken which has been fundamental to the work. This initial year was very much developmental and one of significant learning. However, it started to establish the foundations for a systematic, evidence based approach to 'right sizing' and a set of tools that can be applied in other areas.

With the RCF funding and coordination of the AEP across the region, Carmarthenshire used the funding to appoint a Care Manager who came into post in December 2013 and so worked on the AEP for approximately 18 months. The Accommodation and Review Officer (now Independent Living Manager) was also funded to work across Carmarthenshire and Pembrokeshire with the intention of spreading the approach that had already been developed across the two counties. In addition a secondment from Hywel Dda Health Board was funded to work across the whole of the MWWHSCC, although predominantly they worked in Carmarthenshire and, to an extent, Pembrokeshire.

3.2 Financial Efficiency

The figures in the table below summarise the savings that have been achieved for Carmarthenshire residents (Additional savings were secured for other MWHSCC authorities with residents in these homes). For the homes reviewed typically savings of between 10 and 15% were achieved on placement costs. It is important to note that

the savings are expressed as the full year effect of changes in placement costs / contracts achieved in the year in question and not actual in year savings.

Year	Carmarthen shire CC	Hywel Dda HB	Total
2012/13	£270k		£270K
2013/14	£297k		£297k
2014/15	£580.3k		£580.3K
2015/16 (as at Jan 16)	£817.5k	£188.5k	£1,006.0k
Total			**£2,153.3K**

Table 2: Gross Savings achieved for Carmarthenshire residents – full

year effect of in year savings

This indicates cumulative overall saving (full year effect) of c£2.2m over the four year period, of which c£877k relates to the period of the RCF. It suggests a build-up of savings achieved year on year as the approach to the AEP has become embedded and further developed.

3.3 Cultural change – improved ways of working

Systems and processes

The AEP has delivered major change in the systems and processes used in care planning and the review and monitoring of placements and contracts. An evidenced based monitoring process has been developed and is now used routinely which allows the reconciliation of activities detailed in individual daily recordings with care plans and staffing rotas. It is based on four key questions:

- Is the individual in the least restrictive setting necessary to meet their current assessed need?

- Is the individual in receipt of the correct level of support to meet their current assessed need?

- Is the correct level of support being consistently delivered in the most effective manner?

- Are we paying a fair market rate for the support delivered?

Application of the approach has identified that, for the majority of placements:

- Residents were not consistently receiving the activities as detailed in care plans or indicated on activity schedules;

- There was a significant under delivery of hours against staffing levels set out in care plans, contracted and paid for.

This suggested that the County Council did not always get what it paid for and that care managers had a tendency to over prescribe. As a result contractual changes were made with providers, splitting contracts between core hours and targeted support hours and an overall alignment of delivered and commissioned hours. It is predominantly through this and the ''right sizing'' of individual packages (generally but not exclusively downwards) that the financial savings have been achieved.

The approach has continued to be developed throughout the time of the RCF and beyond and is progressively becoming more sophisticated. A full set of tools have been developed and are now used routinely, that provide a systematic, structured and consistent approach to evidence based monitoring and care planning. Appendix 2 provides a list of the main tools developed. There is now, for example, a set of standard definitions of 1:1 and 2:1 support that is used by all care managers and shared with providers so that there is a consistency in understanding.

It is not only the County Council that has improved its systems and processes. The AEP has also encouraged some providers to change their practice. For example, in one instance following a detailed review the provider changed their recording systems to better evidence activity levels provided and the review prompted them to reflect on their practice and implement a number of improvements.

Although significant improvements have been made to the review, monitoring and contracting of placements care managers responsible for individual placements have not necessarily moved forward at the same pace in their thinking and practice. Sustainability will, in part, be dependent on this in the longer term, and further work is required here to embed changes in practice.

Relationships

The AEP appears to have acted as a catalyst for a conversation between different parts of the County Council who have a role to play in learning disability placements. There are now, for example, routine weekly meetings attended by all relevant staff from across the County Council to review progress on the AEP and individual cases. Importantly the AEP has helped develop a common language across departments (Learning Disability service, finance, contracting etc.), and a better understanding of roles and responsibilities that facilitates a better understanding of the system by all involved. The skills and expertise of different departments has also started to be shared: for example, an audit of resident's finances undertaken by finance has been informed by social work input. This would not have happened previously.

The adoption of the evidence based approach has been challenging for many providers but County Council staff report that relationships have developed. These are now underpinned by what has been described as 'hard but mature' conversations. Examples have been quoted of the ways in which the AEP team have supported individual providers assisting them in, for example, understanding their cost base and rotas and this has helped foster relationships. However, it is acknowledged that this evaluation has not sought the perspectives of providers so it is not possible to assess adequately improvements in provider relationships.

3.4   Outcomes for service users and carers

The AEP was very much focused on the care packages of individuals whilst taking a 'whole home' approach. A number of generic outcomes can be identified for service users as a result of the adoption of a systematic and evidenced based monitoring approach to "right sizing". These include:

- The identification of residents who were ready to move on where remaining in their current setting would constitute over provision leading to increased dependence;

- Addressing a historic tendency for Care Managers to 'over prescribe', again leading to intrusion and loss of independence for service users;

- Residents receive the hours that they need and are detailed in Care Plans rather than what the provider is able / chooses to deliver;

- Providers have been required to review in detail the activities they are providing for individuals and, in some cases, the appropriateness;

- Leads to improved quality of care and outcomes for the individual;

- A number of safeguarding issues have been identified and addressed resulting in improved quality of life and opportunity for individuals.

Whilst these improved outcomes have been achieved for many residents it is perhaps the individual stories that best exemplify how the lives of people with a learning disability have been improved through the AEP. Whilst the AEP had a clear financial incentive to secure budget savings and to develop and embed improved ways of working it also had the dual aim to identify individual cases or projects which had the potential to lead to better outcomes for service users. Some examples include:

- Service users moving from residential care to tenancies with domiciliary care support or adult placements;

- A service user who moved from an 'out of county' residential placement to an 'in county' adult placement where he is much happier, in a setting more appropriate to his assessed need;

- A service user who moved from Pembrokeshire to Carmarthenshire to a provider who is monitored systematically and there is confidence in. They are now closer to home and have more contact with their family;

- A service user living in south west England who was not happy in their placement. They have been moved to a shared living placement locally in Carmarthenshire, where their family live, so improving their contact and support;

- Secured payment of travel costs (currently paid by service user) from accommodation provider for a service user to travel a significant distance each week to see her mother by adopting a flexible approach to recovery of identified 'over payment' to provider;

- As an outcome of the person centred review process one individual expressed a desire to contact their birth mother. She was supported in this and went on to meet her mother and develop a positive relationship.

3.5 Longer term benefits

The AEP has continued beyond the timescale of the RCF and continues to develop in terms of both spread and sophistication. Having established an approach and firm foundations Carmarthenshire are now mainstreaming the principles and methodology employed by the project and applying them to both existing and new support packages. The AEP has spawned a broader structured programme of work and provided a robust basis for going forward. Examples of things now in place or under development include:

- Robust information databases such as:
  - Details on all providers;
  - Details of funding sources for individual supported living placements;
  - Client information to allow targeting of work programme;
  - Transition database leading to intelligent commissioning.

- A budget strategy for the future of Learning Disability Accommodation Services;

- A work programme to start to look at how placements are procured and development of a costing model.

Whilst there is still much work to be done to embed the approach, the RCF has provided the basis from which a transformation of the commissioning and contracting of placements is made with benefits for both the service user and financial savings.

4 Pembrokeshire

4.1 Local approach to accommodation and efficiency project

In Pembrokeshire the AEP was informed initially by the work that had already progressed in Carmarthenshire and supported by the joint Independent Living Manager for a period of time. The intention was to take forward the structured, evidence approach to placement / home reviews, monitoring and contract management that had been developed in Carmarthenshire utilising the tools already developed. The project commenced in mid-2014, initially with a local senior social worker who provided some input to the project up to July 2015. Two agency social workers worked on the project from October 2014 onwards.

Whilst in receipt of the RCF the AEP focused on a 'right sizing' of care packages and an evidence based monitoring of service provision relative to needs and care plans in a number of residential and supported living placements. Whilst drawing on aspects of the Carmarthen approach Pembrokeshire adopted The Care Funding Calculator (CFC) as a tool to provide a consistent method of determining care needs and aligning to an appropriate cost for that care.

4.2 Financial Efficiency

As a result of the AEP in Pembrokeshire with the 'right sizing' of packages and renegotiation of contracts the County Council made savings which are shown in the table below.

	2014/15	2015/16*
Part Year gross effect	£108.5k	£239.7k
Full Year Gross effect	£184.4k	£330.0k

Table 3: Part year and full year gross savings Pembrokeshire County Council

*To end of December 2015

This indicates that significant savings have been made during the period of the RCF and that these have continued in the subsequent year with the continuation of the approach.

4.3 Cultural change – improved ways of working

Systems and processes

The AEP identified gaps within existing policies, procedures and the commissioning process that have and are being addressed. It introduced a systematic, structured and evidenced based approach to individual placements, needs assessment, care planning, identification of support hours being provided and the relative costs of care. Social workers no longer negotiate with providers on individual placements but focus on assessment and care planning. They have a clear process to go through and it is considered this gives them a greater sense of confidence when working with providers.

The work has meant that social work staff now have a clearer understanding of the cost of care packages and the implications of changes in needs on financial resources. An approach is now in place for staff to feed back any concerns to the Contracting and Commissioning Team and staff are aware of the local Escalating Concerns model.

The Contracting and Commissioning Team now scrutinise contracts with providers more closely and this helps in highlighting priorities that need addressing in a timely manner. Negotiations are now undertaken by this team. The use of the CFC has given greater knowledge and understanding of the costs of services across providers and it is now used in contract discussions and negotiations.

The approach has, in a number of instances:

- Evidenced changes that need to be made within the care setting;
- Identified quality issues through re-assessments;
- Identified over provision within the context of an individuals assessed needs through 'right sizing';

As a result of the above contracts have been renegotiated with placement costs reduced and quality standards identified.

The use of agency social workers and a project approach means that, as yet, the approach and change in practice is not yet embedded within the broader Learning Disabilities Team. In line with Carmarthenshire, historically practitioners have tended to 'over prescribe' and it is recognised locally that a significant cultural shift still needs to be achieved There has been some improvement due to the adoption of the progression model and staff are now looking at outcomes rather than services but there is still some way to go. An improvement action plan has now been developed with the aim of changing working practice more broadly and creating that culture shift so that the new approach becomes the intrinsic way of working.

Relationships

The AEP has been a catalyst for exploring alternatives and bringing commissioning, assessment and case management, and finance in the County Council together in the programme of work. This has enabled greater sharing of knowledge, skills and practice to promote good practice. The work programme has also involved collaborative working between the Learning Disability and health teams which has highlighted an awareness of services being delivered in a person centred cost effective approach. It is recognised locally that the strong linkages developed remain however within a project management approach and not necessarily with the broader team.

Commissioning staff are also now more appreciative of provider issues, social work issues and the individual impacted on by decisions made about the support they receive. Many issues are now resolved at commissioning level without the need for social work intervention / review as there is a clearer picture emerging of the individuals, group schemes and residential units.

The detailed work undertaken with providers has provided a greater transparency of needs and service delivery which, perhaps inevitably, in some cases has challenged relationships. At the same time the process has resulted in providers starting to work more closely with the County Council in relation to person centred packages of care rather than traditional responses. Practitioners now have a clearer understanding of how packages of support are designed from the provider's perspective and the number of competing priorities they have to manage as well. A provider forum with the Council is now in place that helps foster relationships. Slowly working relationships are felt to be improving between providers and the AEP team as service user improvements are seen.

4.4 Outcomes for service users and carers

Through the AEP a number of positive outcomes have been achieved for many individuals. These include:

- Through customer reviews that build on the strengths of the individual, reducing their support from 2-1 or sometimes reducing/removing the 1-1, has enabled individuals to raise their level of autonomy and work within positive risk frameworks;

- Matching the support individuals need and building a greater sense of home in establishments, so enabling individuals to maximise their own skills around down time, activity, and the daily household tasks that are required to live independently;

- The care of some individuals has been realigned completely and they have moved into their own accommodation or had care reduced because it was impinging on their lifestyles;

- In some instances, individual needs have been met in different ways, activities changed and more appropriate group tasks as a result of the use of different care planning processes;

- Providers are starting to think more about individual needs rather than an activity on bloc or provision based on staff rotas/availability ;

- Safeguarding issues have been identified and addressed.

To add some depth to these outcomes and the impact on individuals they can best be illustrated by some specific examples:

Miss YY

Having been placed in an out of county residential placement following the death of her mother, her father not looking after her appropriately and her behaviours becoming very extreme, an AEP review was undertaken. The social worker identified that she was inappropriately placed and a better solution was needed. A place was identified locally and the new provider worked with the individual in their existing setting with a view to transferring her back to Pembrokeshire. She moved in six weeks and her transformation has been impressive. She now enjoys nice clothes, her appearance is important to her, she mixes socially with some of the other residents and enjoys the garden helping with small animals at the setting, and her support needs have reduced significantly. She has achieved a level of independence in her personal care and pleasure in her new setting. The council also achieved a significant reduction in the cost of her care.

Ms XX

The AEP undertook an in depth assessment with an individual and identified that the location she lived in hindered her opportunity to access the community on a regular basis. As a result they are due to undertake a trial in another property with greater opportunity to access local facilities. The project also arranged for the individual to be assessed for a diagnosis of autism which has now been confirmed. Staff at the home have been spoken with about how they view and react to her behaviours and mannerisms so that they can better understand her needs. As a result of the assessment the individual has been able to make the changes to her life that she has requested.

4.5 Longer term benefits

The RCF allowed the AEP to become established locally and it has been continued and developed since then with further residential homes / supported living settings subject to review and additional financial savings made. It has also provided the foundations for a significant and ongoing change in how Pembrokeshire County Council make, monitor and contract for placements. Improved market intelligence is now available across social care and this will feed into future planning and housing strategy.

In line with the Social Services and Well Being (Wales) Act (2014) the AEP has worked with people of working age to support them with gaining work opportunities with a longer term aim of securing meaningful employment. The AEP has contributed to the local strategic commissioning plan in terms of the development of social enterprises to deliver employment opportunities for local communities. The approach to person centred care, developing bespoke solutions for individuals, developed in the original AEP has been applied here. Relationships have been developed with a local enterprise and potential placements for people in supported living explored. These look at the person rather than the service, considering independence and learning outcomes. Previously individuals would have generally been placed in day services. The learning from the AEP and gradual changes in mind set has allowed for this next step in promoting independence

5 Powys

5.1 Local approach to accommodation and efficiency project

In Powys the AEP undertook a retendering project for all Learning Disability Supported Tenancies, with the RCF contributing to staff costs. The County Council Adult Social Care had 62 supported tenancies for people with Learning Disabilities which had not been tendered for many years. The retendering provided the opportunity to review and 'right size' packages of care drawing on the experience, and tools developed across the MWWHSCC through the AEP to inform the approach. The work began in January 2014 and by April 2015 all tenants who lived in the tenancies had had their packages of care reviewed and 'right sized' and current care plans and reviews completed. Three 'mini' competitions had been undertaken as part of the tendering exercise and providers with new contracts put in place. In the majority of cases these were new service providers.

Undertaking the "right sizing" and retendering exercise provided the impetus to apply the approach to other areas. Whilst not part of the two year AEP, RCF funding made available to Powys allowed a project to be implemented between January and September 2015 to review all out of county placements for people with learning disabilities in order to ascertain that contracts are in place, that the service was being delivered appropriately, that value for money is being achieved and to secure financial savings. In total 86 placements were reviewed. The work was, in part, prompted by information supplied through the collaborative by the Carmarthenshire AEP following their review of some external placements.

5.2 Financial Efficiency

One of the key objectives for the retendering process was to ensure that the tenancies commissioned represented value for money. Through the 'right sizing' of individual care packages and the process of competitive tendering, with a geographic clustering of tenancies for improved efficiency, the project made savings for Powys County Council of £714k per annum against the hourly rates originally contracted for with providers. As a result of the review of out of area placements savings of £164k per

annum have been achieved against a forecast cost for 2015/16 of £6,176.6m, a saving of c2.7%.

5.3 Cultural change – improved ways of working

Systems and processes

The retendering project and 'right sizing' of care packages was carefully planned and implemented. A tender process was designed that was clear that the intention was to commission:

- The best quality of support;
- Greater Continuity of care;
- A more sustainable service for many years to come.

The adoption of a staggered approach allowed for new contracts to be implemented in a managed way, with less disruption for service users and good continuity of services. It also allowed for learning as the exercise progressed, with the tender process reviewed and improved as it rolled forward. That learning has now been applied to other tendering projects influencing the systems and processes adopted. In particular it is proposed that a staggered approach is now applied to all large scale retendering.

As a result of the retendering and 'right sizing' exercise full contracts and individual placement agreements are in place, providing clarity on what is being purchased and what individuals are receiving, allowing the County Council to monitor quality against the contract in a way that was not possible previously. There have also been changes in the approach adopted by care managers to reviewing care plans on an ongoing basis. This structured approach will now be taken forward on other tendering exercises.

The engagement of service users, carers and family all the way through the tendering exercise has been a crucial element of the work. The benefits achieved through this can be seen in the outcomes achieved for individuals. Again there is learning from this approach for future tendering exercises.

Relationships

Undertaking the "right sizing" and retendering exercise has seen closer working and enhanced relationships between different teams within the County Council. There is now a better understanding of respective roles and a common understanding of the clients. This was fostered through, for example, the Contracts and Commissioning Team working with Care Management Teams to ensure clients were supported through the whole process. Since the tendering exercise care managers are more proactive in liaising with Contracting and Commissioning when individual clients needs change.

The tendering exercise resulted in an almost wholesale change in providers. It has not been possible to seek the views of providers on the nature of their relationships with the County Council teams. One successful provider has said however– '*the feeling we now have is very positive and we look forward to a long and successful relationship with the Council over the life of these contracts'.*

5.4 Outcomes for service users and carers

A number of generic outcomes can be identified for service users as a result of the "right sizing" and retendering exercise. These include:

- Their engagement in the tendering process itself means that they have helped to shape the outcome and been listened to;

- Service user needs have been clarified and everyone now has an up to date care plan and individually assessed package of care;

- Improved integration of people with learning disabilities in local communities through the reconfiguring of services (providers) based on localities. This means service users have the benefit of staff around the whole area familiar to them and more community and social opportunities;

- Providers have explored ways whereby befrienders and neighbours can provide support for social visits so that clients have the opportunity to engage more closely with their local community;

- New providers have challenged embedded routines, are more flexible and adopting a person centred approach.

Throughout the project there was significant engagement with services users, families and carers and they have contributed to its shaping and development. This has contributed to improving the quality of life and opportunities for service users in the tenancies through the project. These outcomes can best be demonstrated through the stories of individual service users:

Rosie's Story:

Rosie has been living in her supported tenancy in Llanbrynmair for 9 years. When Rosie found out about the tender she feared that there would be many changes to her care services and might have to leave her home. During the consultation, Rosie was able to find out about the tender process and her worries of having to move home and lose the support and surroundings she has become familiar with and was reassured that this wouldn't happen. Following the tender Rosie still has the same provider and care services. Rosie said:
"I'm pleased as punch, I wanted to stay in the same house with the same staff and now that can really happen. I love living where I do."

Dawn's Story:

"I've always suffered from anxiety and didn't always feel confident going out – doing things that most people take for granted such as shopping or going for a walk or hopping on a bus. These are things that I couldn't do, even if somebody came with me. But that all changed in November when the new support provider came in. They treated me with respect and gave me choices about how I wanted to live my life. Some of the support workers who'd previously looked after me and with whom I'd developed close friendships, transferred to the new provider, which was great. I also got to choose new support workers who shared similar interests to me such as painting. There was something reassuring about that and it made me feel a lot calmer and confident. Now I catch the bus or train and go for walks and don't really think about it – obviously I've got my support worker with me but like I said I couldn't do that before."

With regards to the Out of Area placement review, in terms of service user outcomes these included:

- Establishing that the majority of the service users are correctly placed in residential placements that support them appropriately

- Compilation of a list of every individual who would be able and interested in returning to Powys;

- Ensuring flexibility within contracts so giving service users choices and options in the way they are supported.

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5.5 Longer term benefits

The changed approach to tendering, review and rightsizing is now being embedded in Powys and will shape future work. A remodelling of Learning Disability Short Stay Respite Services has already been undertaken. A core element of this has been the engagement of service users and their families in the design of their service specification and consultation on the outcomes. The approach to the tendering exercise undertaken was informed by the supported tenancies tendering methodology and experience. Following on from the review of out of area placements and identification of people interested in returning to Powys a Return to Home Project has been established. The RCF has therefore allowed specific pieces of work to be undertaken but these have enabled a new and robust approach to commissioning and tendering to be established locally.

6 Ceredigion

6.1 Local approach to accommodation and efficiency project

Ceredigion initially worked with other MWWHSCC members on the AEP. In particular they linked with Carmarthenshire on their "right sizing" work in homes where there were residents from both authorities. This led ultimately to Ceredigion developing their own approach to "right sizing" that they have been seeking to implement locally over the last year. The work has been focused on ensuring that service users are placed appropriately and that they are receiving the correct support in the most effective manner to ensure sustainability of services for all parties involved. It has involved reviewing a small number placements through application of the Care Funding Calculator tool. Whilst it has had some success, a more strategic and prioritised approach to their "right sizing" programme is currently being planned.

6.2 Financial Efficiency

The original "right sizing" led by Carmarthenshire identified efficiencies per annum of c£34k for Ceredigion County Council and an estimated c£42k for Hywel Dda Health Board (for Ceredigion residents). Follow up work by Ceredigion County Council in 2015 has identified savings of £39k per annum plus credit notes with a provider for a further £90k.

6.3 Outcomes for service users and carers

For the placements that have been reviewed:

- Service users now have an up to date assessment of their needs and a care plan that addresses these;
- A number of service users have been identified as ready to move on from residential accommodation.

6.4 Cultural change – improved ways of working

Systems and processes

The AEP has started to drive changes in local systems and processes, which are to be replicated in other homes and settings in the future. In particular, Ceredigion is now using the Care Funding Calculator that provides a consistent method of determining care needs and aligning to an appropriate cost for that care. In addition, they have started to implement Individual placements agreements, accommodation contracts and transport plans along with contracts that separate core and intensive support hours.

Relationships

As in other areas the AEP and follow on work has helped to develop a greater understanding between local Commissioning Teams and the Community Learning Disability Team. However, there is still some way to go in changing the somewhat entrenched views of care managers and their tendency to 'over prescribe'.

6.5 Longer term benefits

Whilst the work undertaken on the AEP utilising the RCF was limited it has brought to the attention of the County Council the need develop a more structured approach to the review of its Learning Disability placements and contractual arrangements with providers. The 'right sizing' work has provided the foundation for a more strategic and prioritised approach which is being planned. It has also, in part, prompted the development of a procurement strategy.

7 Overview of outcomes

7.1 Common themes

Whilst the timescale and detailed implementation of the AEP varied across the MWWHSCC, due to local circumstances and priorities, there are some broad themes that can be drawn out:

a) Financial efficiencies have been achieved. These can be significant where a systematic approach has been applied in an area consistently and on a longer term basis. A degree of caution however does need to be exercised in considering the reported savings as savings have not necessarily been measured by all organisations in the same way. Learning from the evaluation suggests it would be helpful in moving forward to establish a consistent baseline across the region

b) Within an initial context of poor management of placements, contracting and monitoring of learning disability accommodation services over a number of years the AEPs have started to 'get their house in order' through the implementation of new and systematic approaches to needs assessment, care planning, individual placement agreements, contracting, tendering, monitoring and so forth. In the areas where robust approaches are being consistently applied and embedded this is delivering benefit for both the commissioners and service users.

c) The AEP has brought closer together those responsible for commissioning / contracting and the learning disability practitioners. Longer term financial sustainability will however, in part, be dependent on securing cultural change and changes in practice of care managers who are responsible for assessing needs, determining packages of care to meet these needs and making and reviewing placements. There is still some way to go in 'winning hearts and minds' to reduce and ultimately remove the identified tendency to 'over prescribe' and therefore achieve sustainability long term. Further shifts in moving from an approach of matching clients to services and moving to the development of bespoke and innovative solutions are also required.

d) Whilst prompted by the need to make financial savings the AEPs have brought about improvements for service users through a better understanding of needs, care plans matched to these and an improved monitoring of what is being delivered. A number of specific improvements for individuals and groups of individuals have been achieved.

e) The RCF has acted as a catalyst, funding specific work in each area which has provided the foundations for moving forward on a broader front implementing the AEP principles and further developing approaches. The emphasis is on a

structured, systematic and robust approach to the full cycle of commissioning of learning disability placements. Whilst all areas are making some progress, those that grasped the approach, maximised their use of the RCF and proactively saw it as the start of a broader programme of change are moving ahead faster.

f) There has been individual learning in each area from the AEP. During the time of the RCF members of the MWWHSCC involved in the work met regularly and shared approaches, tools, paperwork etc. which all felt was beneficial. Whilst recognising the degree of diversification as projects have developed over time, learning is not necessarily now being shared across the counties and therefore insights, time and potentially financial savings not being maximised.

Evaluation Framework for RCF funded projects

Mid and West Wales Health and Social Care Collaborative Board

January 2015

Whole Systems Partnership

Contents

1 Introduction and background

A programme comprising a range of projects has been established by the Mid and West Wales Health and Social Care Collaborative (MWWHSCC) funded through a variety of sources. The Mid and West Wales Health and Social Care Collaborative Board (MWWHSCCB) provides strategic leadership to this programme and commissioned the Whole Systems Partnership (WSP) to develop an Evaluation Framework to examine the effectiveness and impact of projects that have been funded through the Welsh Government Regional Collaborative Fund (RCF), namely:

- Strategic Co-ordination of the Regional Programme
- Mid and West Wales Strategic Efficiency Partnership (Learning Disability)
- Regional Complex Needs and vulnerable person's project.

MWWHSCCB had already identified and reported to Welsh Government key assessment areas for inclusion in the evaluation framework. The purpose of the evaluation was to inform improvements to collaboration at a regional level and provide quantitative and qualitative evidence of outcomes from the funded projects.

The work to develop the evaluation framework has taken place during the summer and autumn of 2014. The rather elongated timeframe results, in part, from the fact that, for the Learning Disability and Complex needs projects, local partners were still working through what the components of these projects were to be, and thus determining the precise criteria against which they should be assessed felt somewhat premature.

The work has been undertaken through a review of local documentation, workshops with the Regional Collaborative Team members and one to one interviews with twelve senior staff from across the four Local Authorities and two Health Boards. (See Appendix 1 for a list of interviewees). The detail of the framework has been through an iterative process with Project leads to ensure it reflects local needs and is realistic and feasible in terms of information collection and reporting.

This report outlines the approach taken to developing the evaluation framework, proposed evaluation domains, standards/questions, indicators, information requirements and sources and reporting frequency.

2 Approach

The overall approach to the development of the evaluation framework has been to keep it simple, proportionate to the level of RCF funding secured and, wherever possible, to draw on existing data sources and reporting mechanisms to minimise additional demands on staff time. It also utilises other pieces of work that have been commissioned locally to provide input on the baseline position in order to avoid duplication. The framework incorporates mainly qualitative measures with some quantitative aspects where it is feasible to secure these. Where new data recording and compilation mechanisms are required these have been identified along with reporting arrangements.

Two levels of recording and reporting are proposed. Level 1 reporting is to provide the necessary information for reporting to Welsh Government as required under the terms of the RCF grant. Appendix 2 outlines the areas for evaluation that have already been submitted to Welsh Government. Level 2 reporting is for internal purposes only and is geared to providing local partners with greater insight into the implementation and impact of the projects. Wherever appropriate recording and reporting will draw out any variation across the MWWHSCC footprint.

3   Domains

The evaluation framework is based on five domains which are common to all of the projects but with differing questions / standards within each domain. It is considered that collectively these will provide a rounded assessment of the RCF projects.

Financial Efficiency

This domain seeks to ascertain the extent to which any identified cost savings / cost avoidance as a result of the projects have been achieved.

Outcomes for the individual

The extent to which service users and carers and their representatives have been engaged within the projects and services is covered with in this domain along with the extent to which the outcomes for individuals affected by the projects have been improved.

Governance

This domain seeks to assess the effectiveness of local project governance and the extent to which strategic leadership has been strengthened through the duration of the programme.

Cultural Change (Ways of working)

The extent to which practitioner practice and commissioning and contracting practice has and will be improved is covered by this domain. It also assesses the extent to which effective processes are in place for dissemination of learning and intelligence from the projects.

Delivery

Whether the projects have achieved their identified project deliverables on schedule is covered by this domain. Undertaking a 'lessons learnt' review to inform future arrangements for and planning of regional projects is also covered here.

4   Questions and standards

Within each domain a number of standards / questions have been identified and specific performance indicators specified for each of these. Whilst these are identified for the individual projects there is a reasonable degree of commonality across the Learning Disability and Complex Needs projects reflecting the overlapping nature of these projects.

It has proved more problematic to identify questions / standards and performance indicators for the strategic co-ordination work funded through the RCF. This relates in part to the nature of the work, its role across the full range of collaborative programmes under the remit of the MWWHSCB and the difficulty in isolating the impact of the strategic collaboration resource separate from other factors that will impact on the effectiveness of collaborative arrangements. Strategic Co-ordination has however been covered, to an extent, in the financial and governance domains.

Since the development of the initial draft of the evaluation framework the Statement of Intent has been prepared for Learning Disability Services[3] in Mid and West Wales. This includes seven core recommendations which will now form the basis of the learning disability project and project reporting will be arranged in relation to these. The recommendations have therefore been mapped to the proposed domains to ensure consistency of approach. This is shown in Appendix 3.

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[3] Capita October 2014: MWWHSC Regional Collaborative Learning Disability Partnership -Statement of Intent Learning Disability Services

The domains, standards / questions and performance indicators are detailed in full in the table at Appendix 4

5 Information compilation and reporting

For each of the performance indicators the source of the information to be used to compile them has been identified. The sources fall into five broad categories and are detailed in Appendix 5):

- Collection and reporting arrangements are already in place (e.g. Accommodation & Efficiency plan reporting);

- External work already commissioned will provide a baseline position (e.g. Governance review of MWWHSCC to meet Delivery Transformation Grant requirements);

- The delivery planning process being put in place for learning disability projects will capture the required information(e.g. service user outcomes);

- New mechanisms are required to capture information (e.g. Improvement in working relationships through staff focus groups) and ongoing recording by project team members;

- Assessment of position required by the Project Manager, or audit/process review undertaken

Whilst adding some new information capture and therefore staff time requirement this is considered to be reasonable and realistic and will make a valuable contribution to the evaluation. Wherever possible opportunities will be taken to adopt a single approach to information capture across the learning disability and complex needs projects

It is proposed that a baseline position is established for each indicator where currently feasible as soon as possible. For a small number this is already known. An updated position statement in the form of a Project Manager Report would then be produced for the end of July 2015 and at the end of the projects in March 2016. This would draw on the data capture and reporting systems that have been identified. In addition Project Manager ongoing performance reporting of delivery against plan would continue as now on a monthly basis.

The implementation of this evaluation framework will, to a reasonable extent, draw on recording / reporting systems that are already or are being put in place. They will however place some additional requirements on Project Managers and project team members and on other staff. Some support is still available from the Whole Systems Partnership and areas have been identified with the project managers for the targeting of this in relation to some aspects of base lining and developing recording systems:

- Complex needs governance baseline – support to Project Manager
- Undertaking process review position statement across all three projects
- Indicators for improved commissioning (CN) and contracting (LD) – providing a 'critical eye'
- Development of templates and mechanism for regular recording / reporting – providing a 'critical eye'
- Support on stakeholder analysis to inform domain 2 – outcomes for individuals

6 In summary

The evaluation framework proposed is considered to provide a rounded picture of the effectiveness of the RCF funded projects whilst being comparatively simple and

proportional to the RCF funding. It has been developed in close consultation with project managers and is felt to be 'reasonable' in terms of requirements and to build from the systems and processes in hand and being developed, with only limited recourse for additional information collation and reporting. The pulling together of a base line, mid stage and end point assessment should provide both MWWHSCC Board members and Welsh Government with a robust assessment of the RCF projects and learning for future collaborative work.

Appendix 1: MWWHSCCB RCF Evaluation Interviewees

Name	Designation	Organisation
Lois Poynting	Project Manager Learning Disability	Carmarthenshire CC
Martyn Palfreman	Regional Programme Manager	Carmarthenshire CC
Debbie Edwards	Project Manager Complex Needs	Carmarthenshire CC
Carol Shillabeer	Director of Nursing	Powys Teaching Health Board
Gareth John	Head of Learning Disability and Mental Health	Carmarthenshire CC
Chris Harrison	Head of Commissioning	Pembrokeshire CC
Pam Marsden	Director of Adult Care	Carmarthenshire CC
Bruce McLernon	Director of Social Care Health and Housing	Carmarthenshire CC
Stefan Smith	Head of Children's Services	Carmarthenshire CC
Buddug Ward	Head of Children's Services	Ceredigion CC
Pauline Higham	Head of Children's Services	Powys CC
Sue Darnbrook	Head of Adult Social Care Services	Ceredigion CC
Libby Ryan-Davies	Acting Assistant Director	Hywel Dda UHB

Appendix 2: MWWHSCC RCF Evaluation Commitment to Welsh Government

- Assess the impact of constituent work streams within the programme on outcomes for users and carers across Mid and West Wales and evidence resulting financial savings and efficiencies
- Assess the extent to which specific outcomes identified in the RCF bid and revised within project plans have been achieved
- Provide intelligence on the benefits of emerging service models
- Assess the extent to which strategic leadership, both professional and political, has been strengthened through the duration of the programme
- Assess the effectiveness of the programme governance arrangements
- Evaluate the effectiveness of processes in place for disseminating learning and intelligence emerging from the projects
- Advise on how to mainstream and sustain new service models within core budgets following the end of the RCF funding in 2016
- Engage appropriately with users and carers and their representatives in evaluating the projects and assess the equalities impact of changes resulting from the projects

Appendix 3: **Mapping of Learning Disability Statement of Intent recommendations to Evaluation Domains**

	Recommendation	Domains
1	Implementation of model of care and support for people with a learning disability	Outcomes for the individual
2	Engagement with service users, carers and their family to co-produce service delivery models and monitor the outcomes	Outcomes for the individual
3	Create a regional quality and governance framework	Cultural change (Ways of working)
4	Define the integrated approach to working in partnership	Cultural Change (Ways of Working)
5	Identify a viable and sustainable approach to joint & regional commissioning for learning disability services	Cultural change (Ways of working)
6	Effective strategic leadership	Governance
7	Developing an effective regional approach to workforce, training and development	Cultural Change (Ways of working)
All		Delivery

APPENDIX 4: Domains, standards / questions, indicators and information source

<table>
<tr><td colspan="6">1 Financial Efficiency</td></tr>
<tr>
<td>Standard / Question</td>
<td>Indicator Level</td>
<td></td>
<td>Indicator</td>
<td>Project</td>
<td>Information Source</td>
</tr>
<tr>
<td rowspan="4">1.1
Actual cost savings & longer term efficiency</td>
<td>L1</td>
<td>1.1.1</td>
<td>• Actual cost savings for programmes (reviewed under the Accommodation & efficiency project and compared to action plan target reductions</td>
<td>LD</td>
<td>• In place -Quarterly reporting on four area A&E action plans</td>
</tr>
<tr>
<td>L1</td>
<td>1.1.2</td>
<td>• Future cost avoidance – programme contract value at start and end of project</td>
<td>LD</td>
<td>• In place - Quarterly reporting on four area A&E action plans</td>
</tr>
<tr>
<td>L2</td>
<td>1.1.3</td>
<td>• Supplementary reporting on process of achievement and efficiency improvements</td>
<td>LD</td>
<td>• In place - Quarterly reporting on four area A&E action plans plus team discussion</td>
</tr>
<tr>
<td>L1</td>
<td>1.1.4</td>
<td>• Unit costs at a point in time for particular types of young people in specific settings vs equivalent unit costs at the end of the project</td>
<td>CN</td>
<td>• New – data required to construct is part of project deliverables</td>
</tr>
<tr>
<td>1.2 Maximising funding opportunities</td>
<td>L1</td>
<td>1.2.1</td>
<td>• Ability of MWWHSCCB to secure national monies available to local communities and maximise their deployment for collective benefit across the collaborative area.</td>
<td>SC</td>
<td>• New – Programme Manager assessment of position & achievements</td>
</tr>
</table>

2	Outcomes for the individual				

Standard / Question	Indicator level		Indicator	Project	Information Source
2.1 Meeting need locally	L1	2.1.1	• Assessment of the engagement of service users, carers and parents in the LD & CN RCF funded projects	LD CN LD, CN	• New – assessment of current position as part of planned stakeholder analysis and communication plan development • New – Project manager assessment of current position (initial WSP support) • New - Systematic approach to recording of engagement activity
	L2	2.1.2	• Assessment of the engagement of service users, carers & parents in the broader transformation programme for LD & CN longer term	LD, CN	• As above
	L1	2.1.3	• Number of young people in Out of Region placements by reason (% split) at commencement and end of project	CN	• New – requires agreement on consistent definitions and compilation of aggregate information
2.2 Progression	L1	2.2.1	• Improved outcomes for individual service users as a result of implementation of specific service changes identified in LD delivery plans	LD	• Being put in place as part of reporting arrangements for LD delivery plans • Quarterly reporting on A&E action plans
	L2	2.2.2	• Number in A&E cohort who have been identified for move on but currently there is nowhere for them to go	LD	• In place -Quarterly reporting on four area A&E action plans – requires aggregation
2.3 Personal perspectives 2.3 Personal	L1	2.3.1	• Individual case studies / stories	LD	• New – pro-active approach by staff to identify & capture individual stories as part of everyday practice • New – Case managers mechanism to be put in place to record / report on specific improvements / individual cases • New – Provider Forum (
	L1	2.3.2	• Innovative & developmental services in place		

2	Outcomes for the individual				
Standard / Question	**Indicator level**		**Indicator**	**Project**	**Information Source**
perspectives					Development of forums discussion is to be built into the LD project (Initial support from WSP)
	L2	2.3.3	• Perspectives on changes from provider forums	LD	• New – Provider Forum

3	Governance					

Standard / Question	Indicator level		Indicator	Project	Information Source
3.1 Effectiveness of projects governance	L1/L2	3.1.1	Baseline assessment and review at end of projects • Right people in the room (membership & attendance) • Involvement of service users and carers • Roles, responsibilities, decision making • Senior commitment • Programme delivery – practicalities of making it happen	LD CN	• In place- Baseline assessment already undertaken as part of Statement of Intent Learning Disabilities Services Oct 2014 – Capita Development programme being undertaken by Alder that will assess position on commencement and at the end of their work • New – requires assessment of baseline position & future state (Initial Support from WSP)
	L1/2	3.1.2	• Contribution of Strategic co-ordination to broader collaborative programme • Commonly identified objectives, programme planning and reporting • Extent to which collaboration programme is reflected in local plans	SC	• In hand – In line with Sustainable Social Services Delivery Transformation Grant requirements external support to be commissioned to undertake a focused review of existing governance seeking to (1) strengthen strategic leadership of the collaborative programme and (2) ensure Welsh Government requirements are met • In hand – MWWHSCCB self-Assessment in line with Social Services and Well-Being (Wales) Act 2014

4	Cultural Change (Ways of working)					
Standard / Question	**Indicator level**		**Indicator**		**Project**	**Information Source**
4.1 Improved practitioner practice now and in the future	L1	4.1.1	• Effectiveness of working relationships between components of the LD/CN service provision e.g. care management, commissioning & procurement, finance		LD, CN	• New – Focus Groups with practitioners and with managers(CN &LD) – initial support from WSP • New – Part of LD delivery plan reporting being put in place
	L1/L2	4.1.2	• Improvement in quality of assessment and care planning			• New - Audit of a sample of case notes • New - Feedback from service users and carers
	L2	4.1.3	• Capture of softer and more detailed information on changes that have had an impact on relationships		LD, CN	• In place –Project records such as minutes and reports etc. • Ongoing recording by project team
	L1	4.1.4	• Closer working relationships with providers & improved understanding of services by practitioners		LD, CN	• New – Focus Groups with practitioners and with managers-initial support from WSP • Ongoing recording by project team
	L1	4.1.5	• Mechanisms in place for capturing & sharing good practice (locally & with other regions)		LD, CN	• New – establish structured approach to recording of activity • New – staff focus groups to capture softer side of dissemination • In place –Project records such as minutes and reports etc.
	L1	4.1.6	• Consistent processes in place with agreed procedures and protocols in place (framework for transition planning)		CN	• New – Requires Project Manager assessment (Initial support from WSP)
	L2	4.1.7	• Understanding of how processes are being used in practice by all partners		CN	• New- Project manager assessment of current position • Recommendations in place at end of project

4 Cultural Change (Ways of working)					
Standard / Question	**Indicator level**		**Indicator**	**Project**	**Information Source**
4.2 Improved commissioning practice	L1	4.2.1	• Commissioning(regional) underpinned by robust needs & gap analysis & structured approach to identification of requirements	CN	• New – baseline position statement by project manager and at end of project (Initial support from WSP)
		4.2.2	• Consistent (across region) needs assessment / data in place & ongoing recording mechanisms to inform planning		
		4.2.3	• Effective joint planning arrangements in place		
4.3 Improved contracting	L1	4.3.1	• Improved & robust systems and processes in place now and going forward	LD	• New – baseline position statement by project manager • New – Part of LD delivery plan reporting being put in place
	L2	4.3.2	• Common understanding and definitions in place for key items (e.g. supported living) across partners that are embedded in practice, contracts and processes	LD	• New – audit of contracts • New - Formal walk through of processes with staff (now & end of project) • New – Provider Forum discussions
	L2	4.3.3	• Robust contract monitoring arrangements in place	LD, CN	• New – audit of contracts • New - Formal walk through of processes with staff (now & end of project)

5	Delivery					

Standard / Question	Indicator level		Indicator	Project	Information Source
5.1 On-going performance management	L1	5.1.1	• High level monthly assessment of progress against action plans /work programme	LD, CN	• In place- Project Manager monthly reporting
	L2	5.1.2	• Softer information on the reality of progress	LD, CN	• Systematic recording by project manager
5.2 Key project deliverables in place and on schedule	L1	5.2.1	• Comprehensive & consistent schedule(s) of young people in out of county accommodation by type • Report on needs & options for development • Regional framework for transition planning • Regional commissioning plan NB: Above may require sub division as project progresses	CN	• New – project manager 6 monthly reporting
	L1 L1	5.2.2	Work streams to be identified based on recommendations from LD Statement of Intent: • Implementation of model of care and support for people with a learning disability • Engagement with service users, carers and their family to co-produce servicer delivery models and monitor the outcomes • Create a regional quality and governance framework • Define the integrated approach to working in partnership • Identify a viable and sustainable approach to joint and regional commissioning for learning disability services • Effective strategic leadership • Developing an effective regional approach to workforce, training and development.	LD	• New – project manager 6 monthly reporting
5.3 Process review re lessons learnt	L1/2	5.3.1	The reality check e.g. • Getting started • Securing collaboration • Can a regional project deliver?	LD, CN, SC	• New – undertake lessons learnt to date review , to be updated towards end of projects,(initial support from WSP)

APPENDIX 5: Information capture mechanisms

Learning Disability			
Information capture mechanism	**Domain**		**Indicator**
Accommodation & Efficiency Action Plan	Financial efficiency	1.1.1 1.1.2 1.1.3	• Actual cost savings • Cost avoidance • Supplementary reporting re achievement
	Outcomes for individuals	2.2.1 2.2.2	• Improved outcomes for individuals as a result of specific service changes • No. identified for move on but currently no place to go
Externally commissioned work	Governance	3.1.1	• Effectiveness of project governance
	Delivery	5.3.1	• Lessons Learnt (WSP review)
LD Delivery Plans	Outcomes for individuals	2.2.1	• Outcomes for individuals as a result of specific service changes
	Cultural change	4.1.1 4.3.1	• Effectiveness of internal working relationships • Contracting robust systems and processes in place
Practitioner & manager Focus Groups	Cultural change	4.1.1 4.1.4 4.1.5	• Effectiveness of internal working relationships • Closer working relationship with providers & improved knowledge of services • Capturing and sharing of good practice
Provider Forums	Outcomes for individuals	2.3.1 2.3.2 2.3.3	• Individual case studies / stories • Innovative & developmental services • Perspectives on changes
	Cultural change	4.3.2	• Common understanding / definitions in place for key items
Structured approach to activity recording / Ongoing recording by project team / securing feedback	Outcomes for individuals	2.1.1 2.1.2 2.3.1 2.3.2	• Engagement of service users, carers & parents in RCF project • Engagement of service users, carers & parents in broader LD programme • Individual case studies / stories • Innovative & developmental; services in place
	Cultural change	4.1.1 4.1.2 4.1.3 4.1.4 4.1.5	• Effectiveness of internal relations • Improvement in quality of assessment & care planning • Softer information on changes • Closer working relationships with providers & improved knowledge of services • Capturing and sharing good practice
Audit / Process review	Cultural change	4.1.2 4.3.2	• Improvement in quality of assessment and care planning • Common understanding / definitions in place for key items

Learning Disability			
Information capture mechanism	**Domain**		**Indicator**
		4.3.3	• Robust contract monitoring arrangements in place
Project Manager assessment	Outcomes for the individual	2.1.1 2.1.2	• Engagement of service users, carers & parents in RCF project • Engagement of service users, carers & parents in broader LD programme
	Cultural change	4.3.1	• Contracting robust systems and processes in place
	Delivery	5.1.1 5.1.2 5.2.2	• Monthly project manager assessment of progress • Softer information on reality of progress • Key project deliverables in place

Complex Needs			
Information capture mechanism	**Domain**		**Indicator**
Externally commissioned work	Delivery	5.3.1	• Lessons Learnt (WSP review)
Practitioner & manager Focus Groups	Cultural Change	4.1.1 4.1.4 4.1.5	• Effectiveness of internal working relationships • Closer working relationship with providers & knowledge of services • Capturing and sharing of good practice
Structured approach to activity recording / ongoing recording by project team / securing feedback	Outcomes for the individual	2.1.1 2.1.2	• Engagement of service users, carers & parents in RCF project • Engagement of service users, carers & parents in broader CN programme
	Cultural change	4.1.1 4.1.2 4.1.3 4.1.4 4.1.5	• Effective internal relations • Improvement in quality of assessment & care planning • Softer information on changes • Closer working relationships with providers and knowledge of services • Capturing and sharing of good practice
Audit / Process review	Cultural change	4.1.2 4.3.3	• Improvement in quality of assessment & care planning • Robust contract monitoring arrangements in place
Project Manager assessment	Outcomes for the individual	2.1.1	• Engagement of service users and carers in RCF project
	Governance	3.1.1	• Effectiveness of project governance
	Cultural change	4.1.6 4.1.7 4.2.1 4.2.2 4.2.3	• Consistent processes, agreed procedures and protocols in place • Understanding of how process are being used in practice • Commissioning underpinned by needs & gap analysis ; structured approach to identification of requirements • Consistent needs assessment / data in place and ongoing recording • Effective joint planning arrangements in place
	Delivery	5.2.1 5.1.2 5.2.1	• Monthly project manager assessment of progress • Softer information on reality of progress • Key project deliverables in place
Compilation of statistical information	Financial efficiency	1.1.4	• Unit cost by setting
	Outcomes for the individual	2.1.3	• Out of Region placements by reason

Strategic Co-ordination			
Information capture mechanism	**Domain**		**Indicator**
Regional Programme manager assessment	Maximising funding opportunities	1.2.1	• Ability of MWWHSCCB to secure national monies available to local communities and maximise their deployment for collective benefit across the collaborative area.
Externally commissioned work	Governance	3.1.2	• Effectiveness of programme governance
	Delivery	5.3.1	• Lessons Learnt (WSP review)

APPENDIX 2:

Tools developed by Carmarthenshire County Council as part of AEP

- Contract Review Process (Stages to be worked through)
- Evidence based assessments (Detail of stages and information required)
- Care Plan Overview and staff and support grids
- Agenda for provider meetings
- Agreed definitions in relation to all support that is purchased or commissioned
- Commissioning and Review Flow Chart
- Person Centred Review Pack