

# Finance Committee

FIN(4)-03-13 Paper 4: 20 February 2013

## Invest to Save – Consideration of reports of Committee Members visits

### Purpose

To consider the reports of Members' visits to Invest to Save projects.

### Background

At part of its evidence gathering for the inquiry, Members agreed to undertake visits to Invest to Save projects and report back to the Committee with their findings. Members made the following visits:

Member	Project Details	Project Background
Christine Chapman	Integrated Whole System Intermediate Care Model  Cwm Taf Health Board	Introduce an Integrated Whole System Intermediate Care Model. The multi-disciplinary/ agency model is aimed at supporting individuals in the community who are at risk of admission to hospital or who are starting to fail at home. Investment Value: £1,580,000
Mike Hedges	NHS Expenses system. NHS Shared Partnership  +  Analysis of published case studies – The direct relationship between expenditure and savings	The project has been developed to enable NHS organisations across Wales to move to a standard automated expense management system that allows more effective management of employee expense claims via a user-friendly, web-based service with a direct interface into the Electronic Staff Record System (ESR) Investment Value: £125,000
Ann Jones	North Wales Telecare Call Monitoring Service  Conwy County Borough Council	To establish a regional 24-hour assistive technology (telecare and telehealth) call monitoring service in North Wales. Investment Value: £300,000
Julie Morgan	Welsh Analytical Prescribing Support unit (WAPSU) Welsh Medicines Partnership  Cardiff & Vale NHS Trust	To develop an NHS Welsh Analytical Prescribing Support Unit to undertake the analyses of prescribing data and to use the information to promote safe, clinically effective and cost-effective prescribing across Wales. Investment Value: £352,000
Paul Davies	Convalescence Beds  Carmarthenshire County Council	To encourage and enable older people to maintain their independence, to gain confidence and progress with their recovery in readiness for a return home or other care arrangements. Investment Value: £200,000  To identify patients within GP clusters who

		would benefit from being managed on a Community Ward and proactively manage high risk patients by providing them with multi-disciplinary care closer to home. Investment Value: £2,710,000
Ieuan Wyn Jones	The Wyn campaign: Regaining and Retaining Independence  Cardiff and Vale University Health Board	Integrating health and social care programme for fail and older people. Aims to implement the 'Team Around Wyn' model to deliver timely and proportionate services that maximise the independence and well-being of citizens and their families in the context of their communities  Investment Value: £3,200,000

Please note that, owing to the unavailability of a suitable project, Peter Black and Jocelyn Davies were unable to conduct a visit for this inquiry.

Jocelyn Davies also held a private meeting with Antony Clements, Director Social Services, Health & Housing at Neath Port Talbot CBC, to discuss their experience of the following project.

Jocelyn Davies	Lean Systems Review of Children and Young Peoples Assessment and Case Management Services, Neath Port Talbot CBC	Reduce demand on children's social work services across Neath-port Talbot by refining the systems by which assessment and case management staff work.  Investment value: £334,000
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### Action for the Committee

The Committee is asked to note the reports appended as Annex 1.

**Committee Service  
February 2013**

**Invest to Save visits sheet - Christine Chapman**

Project: Integrated Whole System Intermediate Care Model	Date: 2 <sup>nd</sup> January 2013
Investment received: £1,579,754 (over 2 year period)	Contact details of person met: Lesley Lewis – Project Lead Rebecca Luffman – Planning Lead
Savings forecast at project outset: £2,440,740	
Actual savings achieved/forecast: £0 to date – Project commenced 29 <sup>th</sup> October 2012	
Repayments made/forecast: £0 repayments to date	
Forecast Repayments: £200,000 – 2014/15 £1,379,754 – 2015/16	
Partners: (if any) Rhondda Cynon Taff Local Authority Merthyr Tydfil Local Authority Third Sector – Age Concern	
Were there any barriers to application? If so, what would you change to improve the process?  None identified.	
Was there sufficient support to make your application? And who were you supported by?  Support was received from Richard Clarke, both in advance and following submission. This was felt to be sufficient and very helpful in development of the proposal.	
Have you achieved the efficiencies outlined in the application?  Project commenced 29 <sup>th</sup> October 2012, therefore not expected at this stage.	
What lessons did you learn? Would you do it again? Have you made any other applications?  No other applications made since submission of this proposal. Again at	

such an early stage we haven't yet identified any lessons learned.

How are you sharing good practice?

The planning lead for the proposal has established links with other Health Boards taking forward similar Invest to Save projects. Frequent meetings are held to discuss progress and share experiences. At the present time this group is also looking at commonalities across the projects in terms of evaluation.

The Project and Planning Leads have also recently attended a session organised by Welsh Government to share experiences with LHB colleagues and also the Nuffield Trust.

What are your project monitoring and evaluation arrangements?

A Project Board has been established which meets on a monthly basis and monitors progress in implementation. The project team has a clear plan of the activity targets for the services on a quarterly basis, which will be reviewed by the Project Board.

Representatives from the Health Board have met with Welsh Government colleagues to discuss the evaluation arrangements for the project at both a local and national level. The Health Board has recently submitted a proposal for a PHD Intern placement to support its work in relation to evaluation.

Any other notes:

*During my discussions with the team involved with the project, the following points on its implementation were noted:-*

- 1) Two of the nursing leads have been short-listed for the RCN Nurse of the Year. All of the staff spoke very highly of the project, and of the changes it is leading to.*
- 2) Of the 19 patients who have gone through the process since October 2012, all except one wanted to be treated at home in line with the objectives of the project.*
- 3) Younger patients are going through the process, and because the care is delivered at home, this is helping them to continue in work.*

Please return completed forms to:

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**Clerc | Clerk**

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# Invest to Save

Mike Hedges AM

## Analysis of the published case studies

### Direct relationship between expenditure and savings

**1) Wrexham energy efficiency and carbon reduction**

£930,000 investment

Saving of £1.4 Million energy saving since 2009/10

Savings on-going

**2) Greening the Garden- PV solar installation at the National Botanic Gardens**

£90,000 investment

Savings projected £481,250 over 25 years

**3) Welsh Analytical Prescribing support service(WAPSU)**

Investment £352,000

Savings £5.8 Million between 2009/10 and 2010/11

Hypnotics and anxiolytics- £1.2 Million

Non steroidal and anti inflammatory drugs- over £1million

PPPI prescribing almost- £3.5 Million

**4) NHS E Expenses scheme**

£186,000-Investment (£125,000 plus £61,000 previously)

Projected savings £370,000 per year

**5) Bridgend CBC- Improving your space**

1.4 Million investment

Recurrent Annual savings £446,00

**6) Cardiff and University Health Board – Enhanced rapid discharge system**

£430,000 investment

Projected saving £58,000 per year

(Disappointing return)

**7) Merthyr introduction of e-procurement**

£217,000 investment

Projected savings £15Million over 5 years

(is this over optimistic?)

## **Overall Financial benefits less easy to directly identify but schemes highly beneficial**

### **1. Flintshire County council Mobile Working**

£262,000 investment

£460,000 annual savings

Review of service including mobile working

### **2. Hywel Dda Health Board- Acute Response Team**

£1.1 million invested

£1.1 Million savings projected

Increasing staffing establishment and creating two teams

65.2% increase in establishment and two teams in a base at both ends of the County meant ART more than doubled capacity

Collaborative working

### **3. Living Wales**

£3million Investment

Estimated £130.5 Million over 10 years

Effectively part of funding set up costs

To help integrate systems and support

Would have had to be funded from another source in order to set up the organisation

According to John Owen Jones “On ICT, the business case assumes a basic joint system will be available on day one, with it gradually building more capability, allowing efficiencies and savings to grow. We now know that nothing will be ready on day one but it might, crossed fingers, be ready after six months. Even if they meet that expectation it still means that costs will increase and benefits diminish and be delayed.”

## Invest to Save visits sheet

<b>Project:</b> North Wales Telecare Call Monitoring Service – (I2S(3)–10-001)		<b>Date:</b> 10/12/12
<b>Investment received:</b> £300,000	<b>Contact details of person met:</b>	
<b>Savings forecast at project outset:</b>  £2.6m in the financial years 2011 – 2016 prior to repayment of I2S loan (£2.3m net loan)	Rhianwen Jones Regional Telecare Strategic Manager Tel: 01492 577781 or 07557480320 <a href="mailto:Rhianwen.jones@conwy.gov.uk">Rhianwen.jones@conwy.gov.uk</a>	
<b>Repayments made / forecast:</b>  £300,000 - Repaid over 2 years. Final instalment 2012/13		
<b>Partners:</b>  Isle of Anglesey County Council, Conwy County Borough Council, Gwynedd Council & Flintshire County Council		
<b>Were there any barriers to application? If so, what would you change to improve process?</b>  Some of the barriers identified were the cost of putting the application together and the short time scale for its completion.  It was considered essential to produce a professional application given the high profile of the project. PR/Marketing involvement was required to develop and publish a professional brochure to provide information on the full background to the project and equally to supply sufficient evidence to support the application. This had to be done within a week. The timescale to complete the full application was very tight to enable partnership involvement into the application. Given more time a stronger application could have been submitted.  Also the cost in terms of time and travel for senior officers invited to attend the meeting of the Invest-to-Save Official's Panel in Cardiff. This entailed a full day from North Wales for a half hour presentation. Video conferencing for example, may have been more cost effective.  The North Wales Telecare Call Monitoring Project received sponsorship from the WLGA to develop the project which enabled the funding the application process.  Lack of funds and the short timescale could well have hampered applications.		

**Was there sufficient support to make your application? And who were you supported by?**

No formal support was received from Welsh Government. The WLGA deployed a regional coordinator to assist on the development of the project.

**Have you achieved the efficiencies outlined in the application?**

The business case originally identified potential savings of £2.6m over 5 years, equating to a 38% saving in direct costs prior to repayment of I2S loan. This figure is based on a 5% upturn year on year irrespective the amount of growth in service or service developments and does not take into account any capital investment required for the service during that period.

The regional service is currently in its 2<sup>nd</sup> year of operation and can project savings of £1.9m by 2015/16 equating to a 30% reduction in direct costs to run the service for the period, prior to the repayment of the I2S loan, and compared to the baseline figures in the Business Case.

The reduction in projected savings is identified due to the increased costs in salaries, in honouring terms and conditions of staff following TUPE transfer, the actual costs to run a regional service plus service development and growth in service since the business case was published.

**What lessons did you learn? Would you do it again? Have you made any other applications?**

This regional telecare collaboration project may have progressed regardless of the I2S fund. Alternative funding to enable the transition would have had to be sourced from possibly prudential borrowing. However, the I2S fund has allowed for more cost effective borrowing to implement the project.

Yes, we would consider reapplying for I2S funds should the need arise. The evaluation process proved to be straightforward and we saw the profile of the service raised through Welsh Government publications.

No other applications made at date of this report.

**How are you sharing good practice?**

Information is shared on a national level via the Telecare Learning Information Network. Local reports are presented at Partnership Board level and cascaded to each partner authority through their individual political reporting processes. Project benefit realisation reports are presented to local Corporate Priorities Improvement Boards and Partnership Scrutiny committees.

**What are your project monitoring and evaluation arrangements?**

The regional service is hosted by Conwy County Borough Council and follows the Authority's corporate policies and procedures. The service is governed by



a Joint Partnership Board with representation from each Local Authority partner. A Quality Assurance Framework is in place which includes measures to monitor performance against agreed targets and trade accreditations plus consultation processes on service developments. A Quality Assurance Team ensures the financial governance and quality of service delivery and reports on a quarterly basis to the Board. Political reports are presented to each partner authority in line with their political reporting framework.

**Any other notes:**

### Invest to Save visits sheet

Project: Welsh Analytical Prescribing Support Unit (WAPSU)		Date: 11/01/13
Investment received: £352,000	Contact details of person met: Kath Haines Head of WAPSU University Hospital Llandough Tel 02920 716900 Kath.haines@wales.nhs.uk	
Savings forecast at project outset: £4.68m		
Actual savings achieved/forecast: £5.83m		
Repayments made/forecast: Repayments across the Health Boards.		
Partners: (if any)		
<p>Were there any barriers to application? If so, what would you change to improve the process?</p> <p>The team felt there were no barriers to application. They had received excellent support from Russell Pope, Head of Primary Care and Prescribing, Welsh Government. Re changes – they felt they had been at an advantage in that they were able to release Kath Haines to start work as soon as the funding was agreed. Some applicants would be at a disadvantage if they had to start by advertising for staff which would mean a delay before real work could begin, so they suggest there is a need to allow for a lead-in time. The reporting mechanism needs to take this into account.</p>		
<p>Was there sufficient support to make your application? And who were you supported by?</p> <p>Yes, excellent support from Russell Pope. They are also in touch weekly with the Primary care prescribing unit</p>		
<p>Have you achieved the efficiencies outlined in the application?</p> <p>Yes, the efficiencies achieved were even greater than predicted - a change in prescribing habits which led to a saving of £5.83million.</p>		

What lessons did you learn? Would you do it again? Have you made any other applications?

Yes, they would apply again and already have done so, for a Welsh Patient Access Scheme. They are in weekly contact with civil servants and this was very helpful, but think the process would be more difficult for those with less contact. They pointed out that no-one on the panel had any clinical knowledge, so suggest co-opting someone with relevant knowledge. They also suggested that the panel should review its decision-making eg those applicants who succeeded in getting funding but were then not successful in achieving efficiencies.

How are you sharing good practice?

They feel the key is good communication, within and between the Health Boards. They prepare audits, analyses and request and provide feedback. Carried out a survey which achieved a 70% response rate and produced positive feedback. They also did a poster presentation, held an All-Wales Medicines Strategy Group (AWMSG) conference and presented work at a British Pharmaceutical conference.

What are your project monitoring and evaluation arrangements?

Monitored the impact of the project through careful consideration of prescribing information and also hospital admissions. Evaluation, considered change in prescribing costs and found they had saved even more than they had anticipated at start of project.

Any other notes:

WAPSU itself did not gain financially, rather all the Welsh Health Boards saved money.

Julie was extremely impressed with the staff, the project and its success.

## **Invest To Save**

**Project :** Convalescence Beds – Carmarthenshire

**Visit by** – Paul Davies AM, Preseli Pembrokeshire

**Date of Visit** – 17.12.12

**Investment Received** - £200,000

**Met With** – Linda Williams, County Director, Carmarthenshire, Hywel Dda Health Board  
Sheila Porter, Head of Primary, Community and Social Care (Joint Role  
between Carmarthenshire County Council & Hywel Dda Health Board)

**Were there any barriers to application? If so, what would you change to improve the process?**

It was felt that the bid was not difficult to complete other than completing some of the financial data. It was also felt that forecasting repayment figures was challenging. More flexibility in repayment term would also help.

**Was there sufficient support to make your application? And who were you supported by?**

This particular application was in the first tranche of applications. Telephone guidance was available but not needed in this case.

**Have you achieved the efficiencies outlined in the application?**

Yes, by taking beds out of the system. The project means that people are better able to recover and return to their own homes, so these beds are not required. Long term efficiency savings.

**What lessons did you learn? Would you do it again? Have you made any other applications?**

No lessons learnt as such. However panel style bid was somewhat overwhelming.

Yes. Another bid has been made for rapid response domiciliary care service.

As above.

It was felt that increasing threshold would improve matters as it would provide a more strategic approach to secure efficiency savings.

**How are you sharing good practice?**

Other Authorities (Swansea and Pembrokeshire) have visited the scheme.

**What are your project monitoring and evaluation arrangements?**

Weekly and monthly board monitoring, together with other forms of monitoring.

Through the strategic Steering Group which receives regular reports from operational teams delivering the project in local areas.

## YMWELIAD BUDDSODDI I ARBED

<b>Prosiect:</b>	Ymgyrch Wyn: Adennill a Chadw Annibyniaeth - partneriaeth rhwng Bwrdd Iechyd Caerdydd a'r Fro a Chyngor Dinas Caerdydd a Chyngor Bro Morgannwg.
<b>Ymweliad gan:</b>	Ieuan Wyn Jones
<b>Dyddiad ymweliad:</b>	23 – 01 – 2013
<b>Buddsoddiad:</b>	£3.2m
<b>Cyfarfod gyda:</b>	Tîm o Fwrdd Iechyd Caerdydd a'r Fro a Chyngor Dinas Caerdydd

### **1. A oedd unrhyw rwystrau i'r cais? Os felly, beth fydddech chi'n ei newid i wella'r broses?**

Doedd dim rwystrau i'r bartneriaeth wrth wneud y cais. Roeddent yn fodlon gyda'r broses.

### **2. A oedd cefnogaeth ddigonol i chi wneud y cais? A gan bwy y cawsoch gefnogaeth?**

Roeddent yn teimlo fod y gefnogaeth wedi bod yn ddefnyddiol, yn enwedig gan Richard Clarke a'i dîm. Roeddent yn teimlo fod yr ymddangosiad o flaen y panel wedi bod yn heriol ond dim yn frawychus.

### **3. Ydych chi wedi cyflawni'r effeithlonrwydd a gafodd ei amlinellu yn y cais?**

Mae Ymgyrch Wyn yn brosiect trawsffurfiol sydd yn symleiddio'r cysylltiadau rhwng y gwasanaeth iechyd a gofal cymdeithasol. Tra bod hyn o fudd o gleifion, nid yw'n glir pa arbediadau fydd yn cael eu cyflawni.

### **4. Pa wersi sydd wedi'u dysgu? A fydddech yn ei wneud eto? A ydych chi wedi gwneud unrhyw geisiadau eraill?**

Ni fyddai Bwrdd Iechyd Caerdydd a'r Fro yn gwneud cais i'r gronfa Buddsoddi i Arbed eto. Ar amser pan font yn wynebu cyllidebau llai a chyfyngiadau gwario, byddant yn ei chael yn anodd cwrdd â'r telerau ad-dalu. Yr hyn oedd wir angen arnynt oedd hwb cychwynol i roi'r prosiect ar waith.

### **5. Sut ydych chi'n rhannu ymarfer gorau?**

Mae gan Ymgyrch Wyn y potensial i fod yn brosiect ardderchog ac arloesol. Maent wedi trafod eu canfyddiadau cynnar gyda Byrddau Iechyd cyfagos.

## **6. Beth yw eich trefniadau i fonitro a gwerthuso'r prosiect?**

Trwy'r Pwyllgor Llywio strategol sydd yn derbyn adroddiadau rheolaidd gan y timau sydd yn gweithredu'r prosiect mewn ardaloedd lleol.