



Llywodraeth Cymru
Welsh Government

Integrated Care Fund

Annual Report 2018-2019

Supporting
Healthier Wales:
our Plan for Health and Social Care

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Foreword

We are pleased to present the Welsh Government's first annual report on the delivery of the Integrated Care Fund (ICF) across Wales.

This report provides a national overview of the fund in 2018-19 and describes how regional partnership boards have used ICF funding to help drive forward the integration of health, social care and housing. It is a snap shot of the ICF ahead of a full and independent evaluation of the programme which is currently being commissioned.

Since its establishment in 2014-15, the ICF has evolved into the large scale programme it is today. From a discrete fund aimed at keeping older people independent and out of hospital or residential care, it now provides much needed integrated support for a wider range of citizens with care and support needs including those with a learning disability, autism and other neurodiversities, children with complex needs, carers and more recently children in care or at risk of coming into care.

Across all the regions of Wales, the ICF funds projects and services that are delivering seamless health and social care to people, focusing on prevention and early intervention and helping people to live their lives their own way. Importantly, the fund is making a significant contribution to helping us deliver on our commitments in 'A Healthier Wales', which is a key delivery mechanism for the transformational Social Services and Well-being (Wales) Act 2014.

We are proud and encouraged by the system changes being made through ICF investment and the way in which it has supported award winning, innovative practice to develop new ways of integrated working.

This report showcases some of the excellent projects and services that have been developed and supported by the ICF.

The ICF has been used to support a wide range of new and innovative ways of working which have the potential to influence future patterns of care and support and in some instances accommodation, for the better. There are now numerous multi-disciplinary teams of health, social care, housing and third sector professionals working together to develop tailored interventions to help individuals meet their well-being goals and improve their quality of life.



Julie Morgan
Deputy Minister for
Health and Social
Services



Julie James
Minister for
Health and
Social Services

Several of the new models of delivery developed and tested through the ICF have proved so successful that they have formed the foundation of larger scale transformation programmes funded through the new Transformation Fund.

There is no doubt that the ICF has initiated a step change in the way services are developed and delivered. The 2019 Wales Audit Office report recognises the important role the ICF has played in supporting the integration of health and care services and the development of regional partnership boards.

By making better use of resources through collaborative working and moving away from traditional ways of working, the ICF is supporting health and care services to be more person centred and to be provided at or closer to home. As a result this is helping to reduce pressure on vital NHS and social care services.

However we also recognise that the ICF must demonstrate best use of public money and that its impact should be clearly evidenced. In support of this we will address the recommendations from the Wales Audit Office review of the fund so that we can take the learning from individual projects and describe the benefits and impacts of the ICF at a national programme level. Looking ahead, our current commitment is to fund the ICF until 2021. Any future funding programme will be informed by our planned evaluation of the fund and lessons learnt from the current programme.

Finally, we would like to acknowledge the excellent work of all the regional partnership boards in delivering the ICF and in co-producing this report. We would also like to acknowledge the crucial role regional partnership boards staff teams play in supporting the effective delivery of the regional partnership boards programmes of work and in helping Welsh Government to deliver on its ambitions set out in the Social Services and Well-being (Wales) Act 2014 and 'A Healthier Wales'.

By working together, in partnership we really are making a difference.

Established in 2014, the Integrated Care Fund (ICF) is a preventative programme which also seeks to integrate health and social care services to improve the lives of the most vulnerable people in our society.

The programme places people at the centre of their care and support by providing services that help them achieve ‘what matters to them’ and enables them to live their lives their own way. For many people that means being able to access services and support at or close to home rather than in hospitals. It also means being able to access holistic support that will consider both their health, care and in some cases their housing needs as an integrated and seamless package. Many of our ICF projects have enabled this for the citizens they support and have provided them with a much more satisfactory experience of accessing the services they want and need.

In addition to this approach being better for citizens, it has also helped to reduce pressures on finite health and social care resources, ensuring that the more acute and specialist services are available to those who most need them.

This is the first ICF annual report to be produced and published by Welsh Government. It provides a national level overview of the investment made by regional partnership boards in 2018-19 and gives an insight of some of the projects and services that have been funded during the year and the positive impacts they have had on people's lives.

While this is not an evaluative report it will provide useful evidence to support the evaluation of the ICF scheduled for 2019-20.

The information included in this report has been taken from regional ICF investment plans and monitoring reports submitted by regional partnership boards at the year end. Regional partnership boards have been fully engaged in the development of this report and have validated the data contained within.

A bit more about the ICF

The ICF is a key delivery mechanism for the Social Services and Well-being (Wales) Act 2014 and more recently Welsh Government's plan for health and social care: A Healthier Wales. The fund's objectives are therefore aligned with regional partnership board priority areas for integration which are:

- older people with complex needs and long term conditions, including dementia
- people with learning disabilities
- children with complex needs
- carers.

The fund also supports people with dementia and is helping to deliver on the commitments in the Welsh Government's Dementia Action Plan 2018-22.

The ICF provides both revenue and capital investment to drive and enable integrated working between social services, health, housing and the third and independent sectors in order to help people achieve the health and wellbeing outcomes they want.

In 2018-19 the total ICF investment was:

- Revenue – £59 million
- Capital – £30 million
- Total – £89 million

The fund is allocated to and administered by each of the seven regional partnership boards that have been established across Wales to ensure a collaborative approach is taken.

Each regional partnership board has engaged with citizens and completed a detailed population assessment and developed an area plan setting out their priorities for development and investment. These two key documents have also been used to inform regional ICF Investment Plans.

Each year Welsh Government has provided national guidance on the focus and management of the ICF

ahead of investment plans being developed and submitted.

The ICF programme and all of its projects are underpinned by the key principles of:

- prevention
- collaboration
- integration
- citizen engagement.

The ICF programme is therefore putting into practice several of the ways of working set out in Well-being of Future Generations (Wales) Act 2015 and aligns with many of the national design principles set out in 'A Healthier Wales'.

What the ICF has delivered in Wales

The ICF was established as a 'pump prime' or 'test fund' offering health, social care and more recently housing services with the opportunity to test out new models of integrated and seamless support for citizens.

Developing seamless health and social care services which are designed and delivered around the needs and preferences of individuals is at the centre of the Welsh Government's long term plan for health and social care, A Healthier Wales.

The plan sets out a long term vision for a whole system approach to health and social care which is focused on health and wellbeing, preventing illness and by integrated health and social care services which are delivered at or closer to home. The ICF is helping to make this happen.

In 2018-19 a wide variety of preventative projects were supported by each of the seven regional partnership boards. These include:

- services aimed at providing care at or close to home
- providing information, advice and assistance to promote self-help and meet people's needs before they escalate to statutory services

- integrating and co-ordinating health and care services to support children and adults with complex needs to get the right support in the right place at the right time
- supporting carers to maintain their caring role whilst also promoting their own wellbeing
- telecare improvements and other specialised equipment
- specialised accommodation for older people and people with specific support needs such as those with learning disabilities and these are sometimes alongside or as part of new wider health and social care provisions such as GP surgeries
- step up and step down accommodation for transition in or out of hospital or care
- housing adaptations to help prevent falls and enable older people to remain independent and live in their own homes
- new facilities and infrastructure for integrated health and social care teams to operate and deliver services to people from early hospital discharge schemes particularly for stroke patients
- community based rapid response teams to provide timed urgent treatment or care to people in their homes as an alternative to being admitted to hospital
- the development of Dementia Friendly Communities; and
- grants to third sector organisations to help reduce social isolation for older people and improve provision and access to community services.

In addition to helping provide more seamless services to citizens the ICF has also enabled wider system change including:

Integrated working – the establishment of multi-disciplinary teams within many hospitals and communities across Wales has helped ensure a more joined up approach to service delivery, supporting the principle of providing the right approach, first time and reducing the complexity in accessing health, social care and support services.

Good example

The Wrexham Community Resource Team (CRT) and Navigators project is based at Wrexham Maelor General Hospital. It is an integrated, multi-disciplinary health and social care service (which includes social workers) which provides short-term intensive rehabilitative care and support to older people. It enables people to overcome the need for hospital admission, or admission to long-term care, or to return home from hospital sooner following an acute hospital admission. Care and support is provided within an individual's own home, or within a step up/down bed. **At the end of 2018/2019, the project had supported 934 people to remain at home and because of this an estimate of 10,115 bed days were saved.**

Good example

Cardiff and Vale have piloted a Children's Integrated Disability Service which tests the concept of integrated working between agencies to reduce duplication, streamline services, reduce complexity for parents and identify potential cost avoidance opportunities within existing services. 94 (children and their families) are taking part in this pilot.

The service helped Joshua who had been in care from a baby but adopted from 16 months. He was showing signs of behavioural issues at 2 and a half and was struggling to undertake day to day tasks. He was diagnosed with a sensory disorder called global development delay. Integrated meetings were set up, along with respite services to support Joshua and his family. Joshua's inclusion in the Complex Needs pilot means that all professionals are working together to help support Joshua. **90 children and their families have taken part in this pilot and 40 reviews of supported living accommodation have taken place for adults with learning disabilities and complex needs to maximise compatibility with priorities to allow adults to live closer to home.** *"At long last we have multi-disciplinary meetings where everybody sits around the table and everybody knows what's*

going on. I am able to support that in the home as well."

Reduction of system pressures – ICF funding has been used across Wales to relieve pressures on the acute care system through initiatives such as the purchase of step-up/step-down beds and other activity to improve delayed transfers of care and reduce hospital admissions. The fund has helped services move away from some of the more traditional forms of patient care, including in hospital care, and has instead supported projects that are more person centred with care provided at or closer to home.

Good example

Western Bay's Optimal Model of Care operates across the region offering a suite of intermediate care services to support early discharge from hospital to an individual's home or community. The service comprises a multi-disciplinary triage system, reablement initiatives and step-up step-down intermediate care beds. **As a direct result of this service there were 1,778 discharges facilitated, over 39,000 bed days saved which equates to over £5million in financial savings.**

"I would like to express my thanks and gratitude to both staff for their speedy response to my request for assistance and for the professional way they both dealt with the situation".

Good example

The Gwent Falls Response Services is a collaborative ICF project between the Welsh Ambulance Service NHS Trust (WAST) and Aneurin Bevan University Health Board (ABUHB). It uses a multidisciplinary approach to responding to 999 calls for a fall. The service is delivered by a team of paramedics and physiotherapists. The integrated timely response service to patients means they can receive a full medical, functional and social assessment at the point of need and signpost to them to the most appropriate care pathway without having to go to hospital.

By March 2019 the project supported 2,575 people with 79% of fall patients cared for at home or at the scene and avoiding hospital admission via the emergency department, which potentially provides a cost avoidance in the region of £77,000 per month.

The project saw a reduction in hospital admissions following a fall, from 72% (2014 baseline) to 21%.

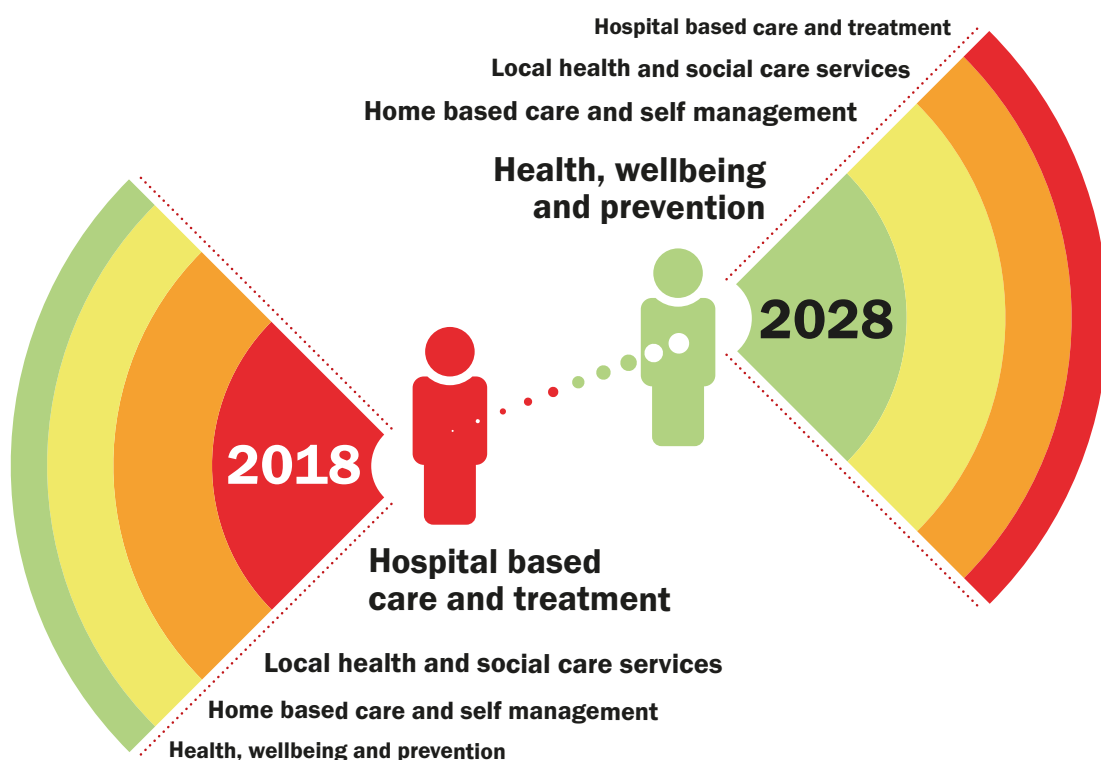
Good example

The Stay Well @Home Service operates across Cwm Taf and is an excellent example of collaborative and integrated working. The service which is operational 7 days a week, 365 days a year, consists of a multidisciplinary hospital based team of health and social care professionals, sited within the acute hospitals of Prince Charles and Royal Glamorgan.

The team undertakes initial assessments and based on the “What Matters to me” conversation commissions the relevant health, social care and third sector community to support the timely release of patients so that they do not need to be admitted to hospital.

The Stay Well @Home Service has proved successful in supporting people to be as independent as possible, ensuring they receive the right service at the right time. It is a combination of timely assessment at A&E and access to responsive community services. The service is helping to ensure people can achieve their own personal well being outcomes and has significantly reduced the average length of stay for people in hospital across Cwm Taf. **As a result of this project in 2018 – 19 a total of 183 of 61-74 year olds and a total of 151 over 75 year olds visiting A&E have not had to stay overnight in hospital.**

The success of Stay Well @Home Service has led to it being recognised as part of the social care allocades 2018 and the winner in the partnership working of the prudent health care National Health Awards 2018. Following a successful bid for Welsh Government Transformation Funding, the scheme is now being up scaled across the region.



Preventing poor wellbeing – many of ICF funded services and projects are contributing to the reduction of loneliness and isolation in individuals. By helping citizens to connect with other people and services within their own communities, they are better able to achieve what matters to them and support their own wellbeing, preventing a wide range of illnesses that are linked with loneliness and isolation. Social prescribing is therefore an important element of the ICF. All regions across Wales have community connectors or community navigators to help connect people with services and activities within their own local communities.

Good example

In Powys a team of 10 Community Connectors help people over 18 and their families or carers to access community services. The aim is to support people to live independently and to prevent deterioration in their circumstances which may lead to a higher level of health and social care being required. Working with local community and voluntary organisations, Community Connectors offer a wide range of assistance including befriending, shopping, advocacy, home adaption, community transport and support for people with dementia. **In 2018-19 the service supported 1,519 individuals from across Powys with 84% maintaining their independence and day to day living skills.**

Good example

Similar to the community connectors in Powys, Wrexham have a team of 'Community Agents.' These agents, employed by Community Councils provide a valuable local service for people over the age of 50 years. The agents help to connect older people in their area with information, services and support that they need to help them feel connected and live independently within their own community. The service has supported 686 people in 2018 – 19 with 76% of the participants reporting that they feel less lonely. The service has also supported an

increase in volunteering in the community as well as seeing the development of new community groups and activities such as 'Men's Sheds' and walking groups.

Wider system change – in many cases the ICF has been used alongside other funding streams such as the 'Primary Care Fund', the 'Efficiency Through Technology Fund' and 'Families First' to ensure spending with regions is co-ordinated to bring about maximum benefits to citizens. The use of pooled funds by some regional partnership boards has been integral to this. There are also projects being developed where ICF capital is being deployed alongside housing and health capital programmes, such as extra care housing with step up and step down short term accommodation with GP and community social services. Learning from ICF projects and the new ways of delivering services and infrastructure can, and is being used to inform wider service development and delivery.

Good example

The Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) provides timely and effective discharges from hospital and opportunities for independent living in the community and reducing social isolation, for example, providing transport out of hours, provision of basic groceries, liaising with families and following up with befriending and other services. In 2018-19, PIVOT helped one 70 year old widow who lives alone in a small remote community in Pembrokeshire who had been referred by her doctor, where PIVOT could provide much needed support following discharge from hospital. A range of supporting tools were put in place to help her feel safe and confident within the home including a key safe system, weekly visits to help with shopping and tasks around the home and local free and paid for transport services which allowed her to visit friends and to attend activities and groups. **In 2018-19 there have been 761 referrals to the service with a total of 4,716 bed days being saved.**

"I am writing to express my thanks and appreciation for all the help you have given me. I am going to the Rehab Unit at Withybush and also have aids at home from the occupational therapist. Also my visits from (PIVOT Volunteer AK) have been delightful – bringing much pleasure into the day".

Good example

Caffi Man Cwrdd in Milford Haven, West Wales is a project which brings together both ICF revenue and capital investment. The project has created a range of opportunities to provide supported employment for people with learning disabilities. It helps them to grow and become more independent with a particular focus on the working environment. It also helps people with learning disabilities expand their social life so they can spend time with the people that they choose. The project has developed a learning disabilities website, a social enterprise – 'Caffi Man Cwrdd', work experience opportunities and learning disabilities champions to engage with the wider community. The project currently supports 9 people with learning disabilities to engage with paid work.

Sian first started working with the team 18 months ago and is a key member of the learning disabilities website team. She also supports Workways+ at events and designed the Caffi Man Cwrdd logo and menu. She now works with the business admin team for 9 hours a week.

"Just because we are a bit different doesn't mean that we don't have skills."

Promoting partnership – the Wales Audit office in their 2019 report acknowledged the key role the ICF has played in supporting the development of regional partnership boards and the integration of health and social care services. By providing dedicated resource to test innovative models of delivery, new partnership relationships have been developed both strategically and operationally to further the integration of services.

Good example

The Independent Living Service (ILS), run by Cardiff Council, provides a First Point of Contact service for people who need help with housing, financial support, equipment, access to adult care and third sector services. Independent Living Officers will often meet citizens in their own homes and undertake an assessment to identify areas where these individuals might be assisted to enable them to live more independently and remain part of a community. **With a total amount of 37,489 calls and 4,153 home visits in 2018-19, 98% of people who have used this service felt that the service had improved their quality of life.**

In 2018-19, the ILS supported one 90 year old man who was struggling to look after himself following a deterioration in his own health whilst being the main carer for his wife who was in poor health. Unable to properly look after himself and do household tasks he became very low in himself especially as he was no longer able to tend to his garden which was his pride and joy. A range of support services were put in place by the ILS to help this gentleman regain his health as well as gardening and handyman services. The collaboration of organisations gave this fragile elderly couple a support mechanism and allowed them to remain at home, reassured them that there are services available for their needs.



Good example

Powys RPB has used a small amount of ICF funding to pilot a ‘Young Carers in Schools Programme.’ This programme is running in 10 schools (primary and secondary) and is helping to raise staff and pupil awareness of young carers and their responsibilities. The project has provided contact and support for young carers and is developing a toolkit of resources for staff to use in helping support young carer pupils. Young carers have been involved in the development and delivery of the programme and some have even had the opportunity to visit the Senedd and meet with Assembly members.

The programme includes establishing carers champions, running young carers awareness sessions, supporting young carers to ‘have a voice’ and influence decisions that effect them and helping young carers access the support they need.

“I feel like you understand young carers and our chats offer me a space to talk that isn’t to do with the school agenda or isn’t my family.” – a young carer.

“In all my years attending Youth Forum I never really understood what being a young carer might feel and look like. I think I finally get it.” – student who is not a young carer.

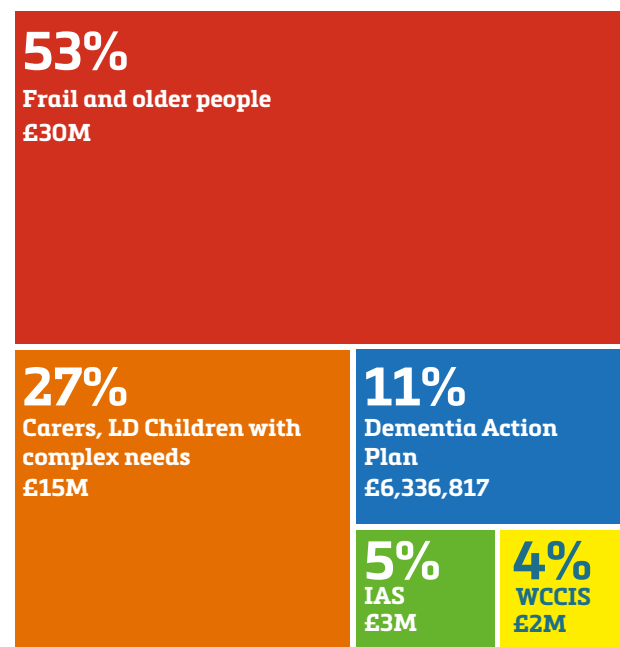
“The sixth formers reflected how much they too had got out of the workshops and offered their support in the future as they recognised the need for awareness raising. The sixth formers then went on to run a cake sale over lunchtime with some awareness raising boards”. – school teacher.

2018-19 Allocations

Figure 1 below sets out the national ICF allocations by priority population group, as described in the 2018-19 ICF guidance. It is important to note that while funding for frail and older people has historically been ring-fenced, funding for carers, people with learning disabilities and children with complex needs has not been broken down or stipulated. By not being ringfenced this allowed regional partnership boards more flexibility to be able to design their own ICF programmes that would respond to their population needs assessment and area plan.

The ICF also supports the Integrated Autism Service (IAS) and the implementation of the Wales Community Care Information System (WCCIS). Further information on both of these projects and services can be found on pages 21-23.

Figure 1 – 2018-19 ICF allocations by priority group

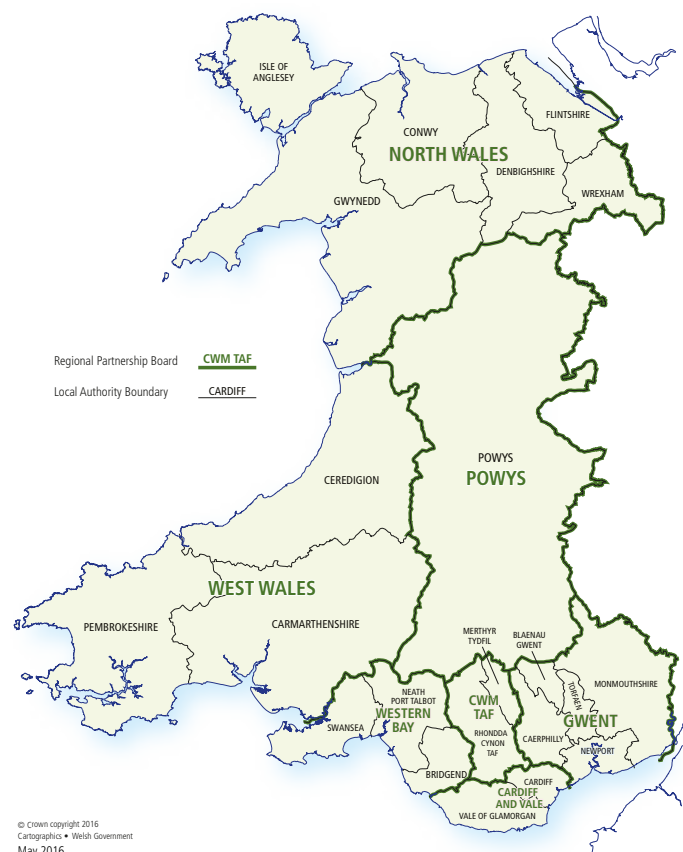


For reference (on page 11), Table 1 shows the regional breakdown of ICF allocation in 2018–19 by population group. Please note that the Dementia Action Plan figure represents part year implementation, allocation from 2019–20 will be £9m.

Table 1 - Allocated funding: Priority Area by Region

RPB	Frail and Older People	Carers, Learning Disabilities, Children with Complex Needs	Welsh Community Care Information System (WCCIS)	Integrated Autism Service (IAS)	Dementia Action Plan
Western Bay	£5,190,000	£2,578,976	£257,896	£398,000	£1,544,029
Gwent	£5,400,000	£2,922,087	£292,212	£458,000	£704,556
North Wales	£7,170,000	£3,429,906	£342,994	£652,000	£1,825,857
Cardiff and Vale	£3,690,000	£2,014,296	£201,418	£367,000	£479,978
Cwm Taf	£2,910,000	£1,580,056	£158,007	£367,000	£443,000
West Wales	£4,140,000	£1,844,708	£184,474	£398,000	£1,012,417
Powys	£1,500,000	£629,970	£62,998	£337,000	£326,980
Other (*NWIS and WLGA)	£0	£0	£500,000	£23,000	£0
Total	£30,000,000	£15,000,000	£2,000,000	£3,000,000	£6,336,817

Regional Allocation Areas



2018-19 Actual Spend

Figure 2 below provides a national overview to show how regional partnership boards actually invested their ICF allocations in the agreed priority groups. In this chart we have broken down spend on carers, people with learning disabilities and children with complex needs.

It is important to note that this breakdown is based on the ‘primary beneficiaries’ of projects. We recognise that many projects support a number of the different priority population groups at the same time, for example some projects support both older people and their carers.

We have also included a separate figure for funding that has been used to support the development of regional infrastructure. This funding has been used to support the development of regional partnership board support teams, programme and project management for the ICF programmes and regional commissioning activity.

The actual investment figures also reflect the higher level of investment in services for frail and older people than was originally allocated. An additional £2.5 million ICF was used in addition to the allocated £30 million for this particular priority group.

Although there was not a specific priority agreed around mental health in the 2018-19 guidance (due to other specific mental health funding programmes being made available by Welsh Government), some regions did chose to invest some of their ICF resources in mental health projects. Again, recognising that other ICF projects aimed at some of the priority population groups may also include mental health support, the projects listed separately here were dedicated mental health projects.

Figure 2 – 2018-19 Actual Spend by priority groups

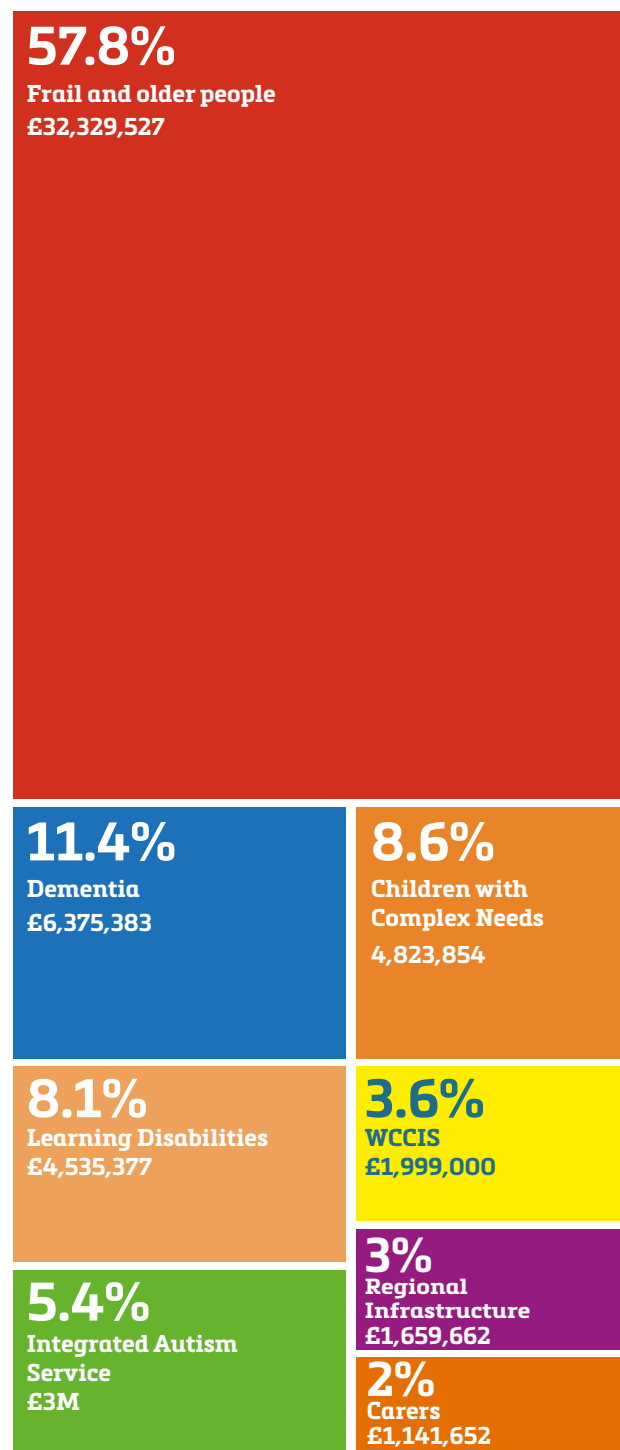


Table 2 (on page 13) highlights the numbers of projects in each region, by priority group. Again, we have broken down carers, people with learning disabilities and children with complex needs to show actual activity.

Table 2 - Number of projects: Priority Area by Region

	All Wales	Cardiff and Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay	Grand Total
Carers	0	1	0	16	3	3	2	8	33
Children with complex needs	0	5	0	6	12	10	4	7	44
Dementia	0	6	9	13	31	4	10	34	107
Frail and Older People	0	6	7	52	38	16	25	10	154
Integrated Autism Service	1	1	1	1	1	1	1	1	8
Learning Disabilities	0	3	2	13	12	2	2	2	36
Mental Health	0	0	0	2	2	1	0	0	5
Regional Infrastructure	0	3	0	2	6	9	2	5	27
WCCIS	1	1	1	1	1	1	1	1	8
Total	2	26	20	106	106	47	47	68	422

In 2018-19 the ICF has funded a total of 422 projects across Wales. Projects vary considerably and Figure 5 shows the range of size and scale of projects. In 2018-19 there was variation between regional approaches to developing ICF projects and programmes. Some regional partnership boards continued to develop lots of smaller, localised or individual local authority based projects with others take a demonstrable step towards developing larger, strategic regional projects. In 2019-20, as regional partnership boards continue to develop and mature, we expect to see an increased shift towards regional, strategic projects away from separate local authority projects.

Regional and non-regional investment

The ICF grew from the previously named Intermediate Care Fund which was set up in 2014 and predated the Social Services and Well-being (Wales) Act and the establishment of regional partnership boards.

To that end the delivery of the ICF programme has occurred within an evolving and transforming landscape which is seeking to integrate health and social care and work across organisational and local authority boundaries to develop regional approaches to delivering health and social care.

For the purposes of this report, regional projects are identified as projects that span across the whole regional footprint i.e. all local authorities and include the local health board as a delivery partner.

Non regional projects are defined as projects that operate in only one or some local authority areas and may or may not include the health board as a joint delivery partner.

We have also included the notion of sub-regional projects which have been developed in the significantly larger regions such as North Wales. In a region such as North Wales, where there is six local authorities and a large health board, sub regional approaches can provide a useful stepping stone to test models of delivery before upscaling them to a full regional approach.

Figure 3 shows that in 2018-19, 54.5% of the overall ICF was invested in regional level projects and service delivery with 40.7% still being invested in local or individual local authority projects. Just 3% was invested in sub-regional delivery. In 2019-20 we expect to see a marked increase in regional investment and delivery.

Figure 3 – 2018-19 ICF investment in regional and non-regional activity
(*excluding Dementia Action Plan expenditure)

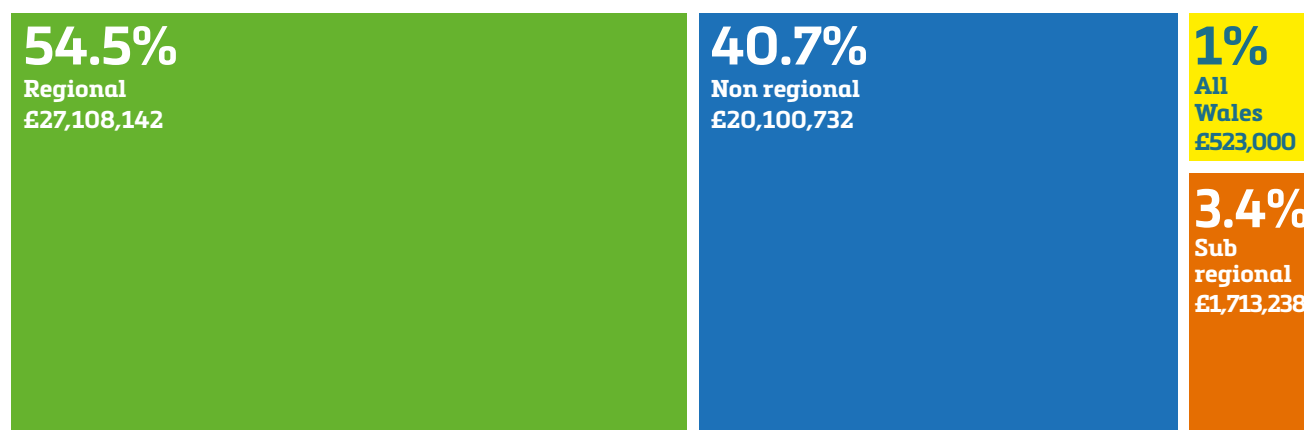
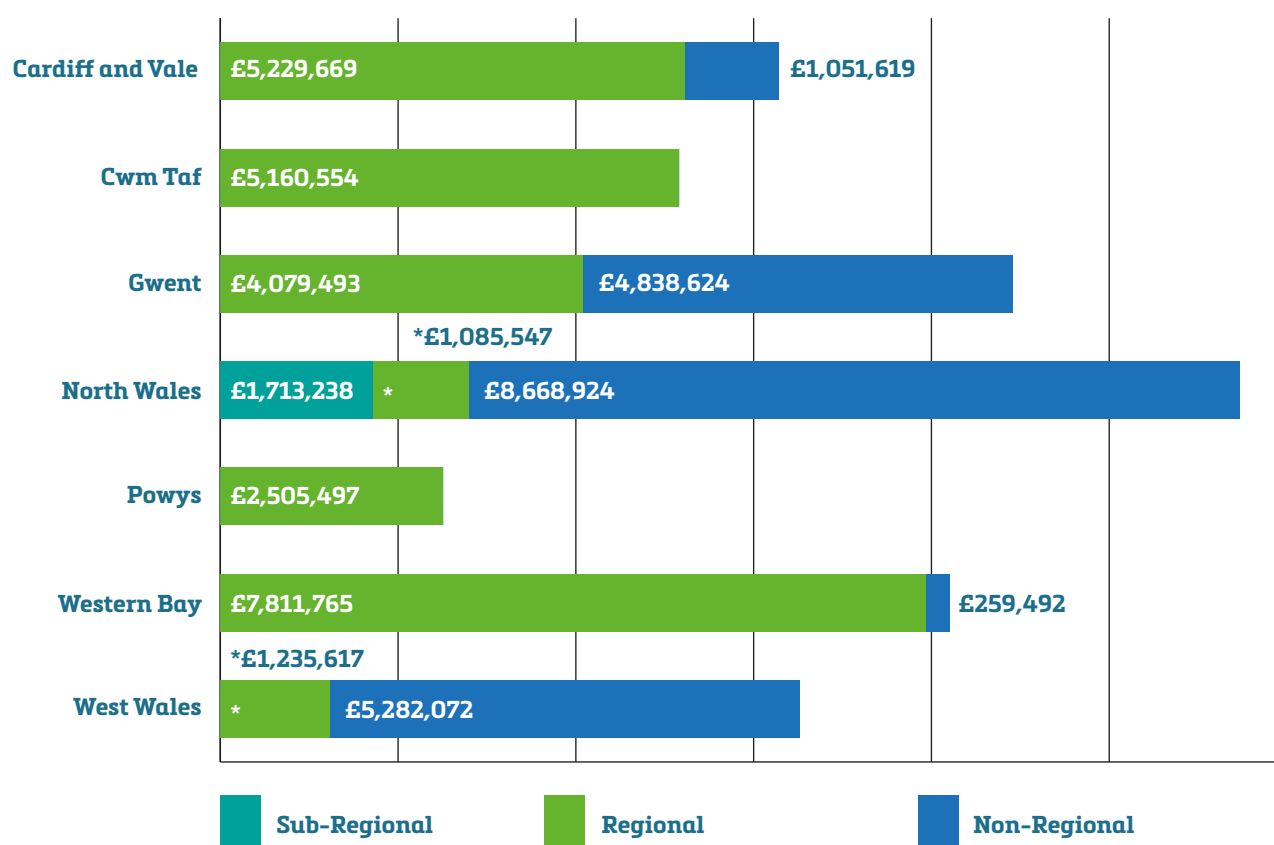


Figure 4 – Regional and non-regional investment by region
(*excluding Dementia Action Plan expenditure)

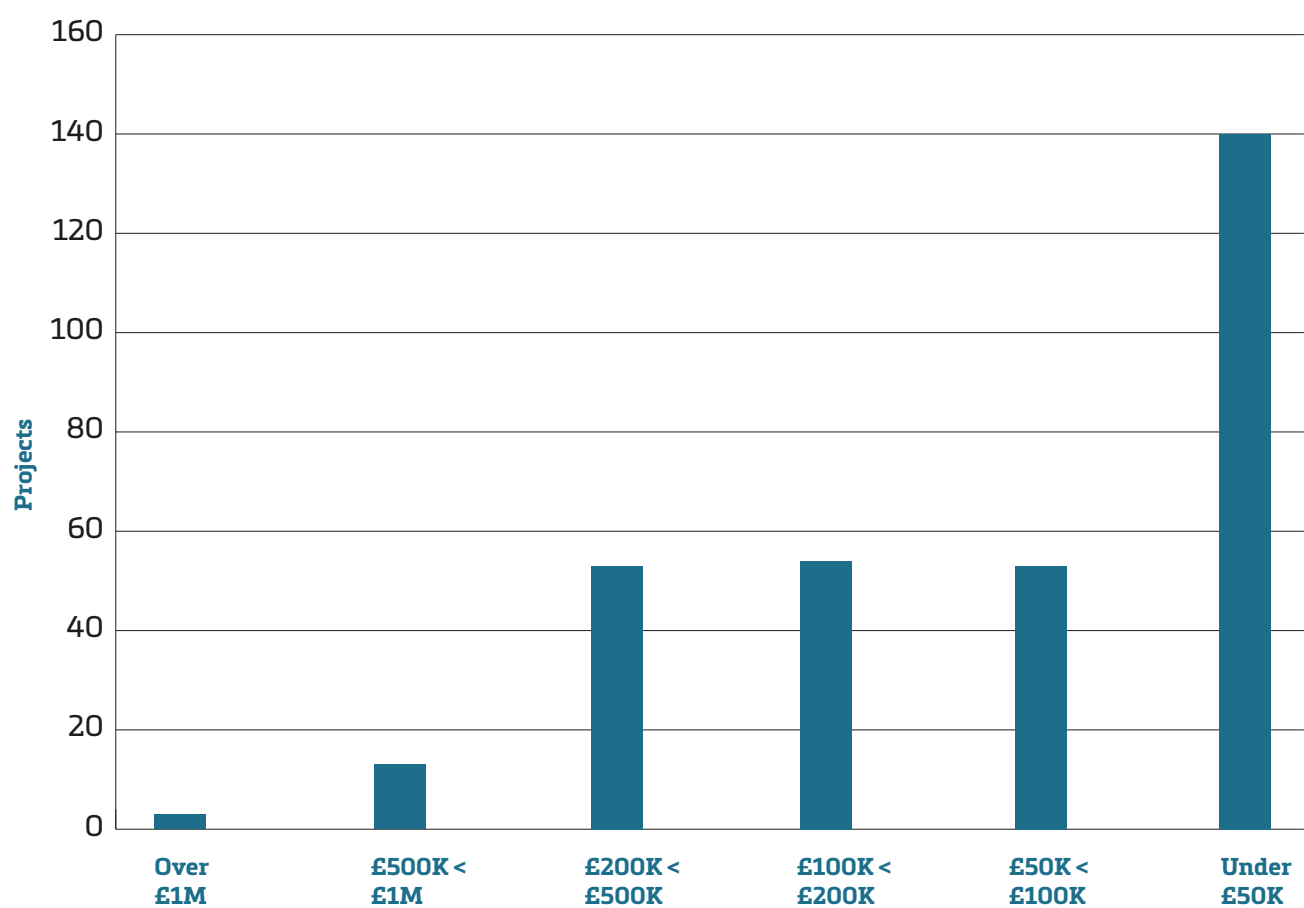


Due to the evolving landscape, levels of regional investment do vary from region to region. Figure 4 shows the level of regional and non regional investment for each of the seven regions in Wales.

Figure 5 shows that a significant number of projects were relatively small in scale, receiving less than £50,000 with only 6 projects receiving over £1 million. The smallest funded project was an early intervention and prevention ‘Men’s Shed’ project in North Wales receiving £1,470 with the regional Intermediate Care Service in Western Bay being the largest project receiving £5.7 million.

It is important to note that while larger scale, strategic projects can have significant levels of positive impact on larger numbers of service users, smaller projects with lower levels of investment can equally have significant positive impacts on the lives of those they support. Often they can provide good value for money and also provide a useful smaller scale test bed from which successful delivery aspects can grow and be up-scaled for future years.

Figure 5 – Number of projects by size



2018–19 Spend by project type

Figure 6 shows ICF investment across Wales by project or service ‘type.’ Projects have been grouped into one of 15 project types. A description of the project types can be found at page 18.

It is again important to note that while we acknowledge that some projects are large and complex covering more than one of the project types listed below, for the purposes of this report projects have been grouped by their primary function.

Given that 58% of ICF funding in 2018–19 was invested in projects and services for frail and older people, it is not surprising to see that 197 (47%) projects delivered focused on intermediate care,

the dementia action plan delivery and stay at home/return to home services.

However it is worth noting the 147 projects listed under integrated community teams, early help and prevention, access to services, emotional health and wellbeing and Social Prescribing (totalling 27% of the investment) that have a strong focus on community level prevention.

In 2018–19 regional partnership boards chose to invest £1.76m (3%) in developing their regional infrastructure. The amounts invested in this area vary greatly from region to region but we expect to see increased investment in this area in 2019–20 in line with the growing importance placed on regional partnership boards as key delivery vehicles for A Healthier Wales.

Figure 6 – 2018–19 Actual spend by project type

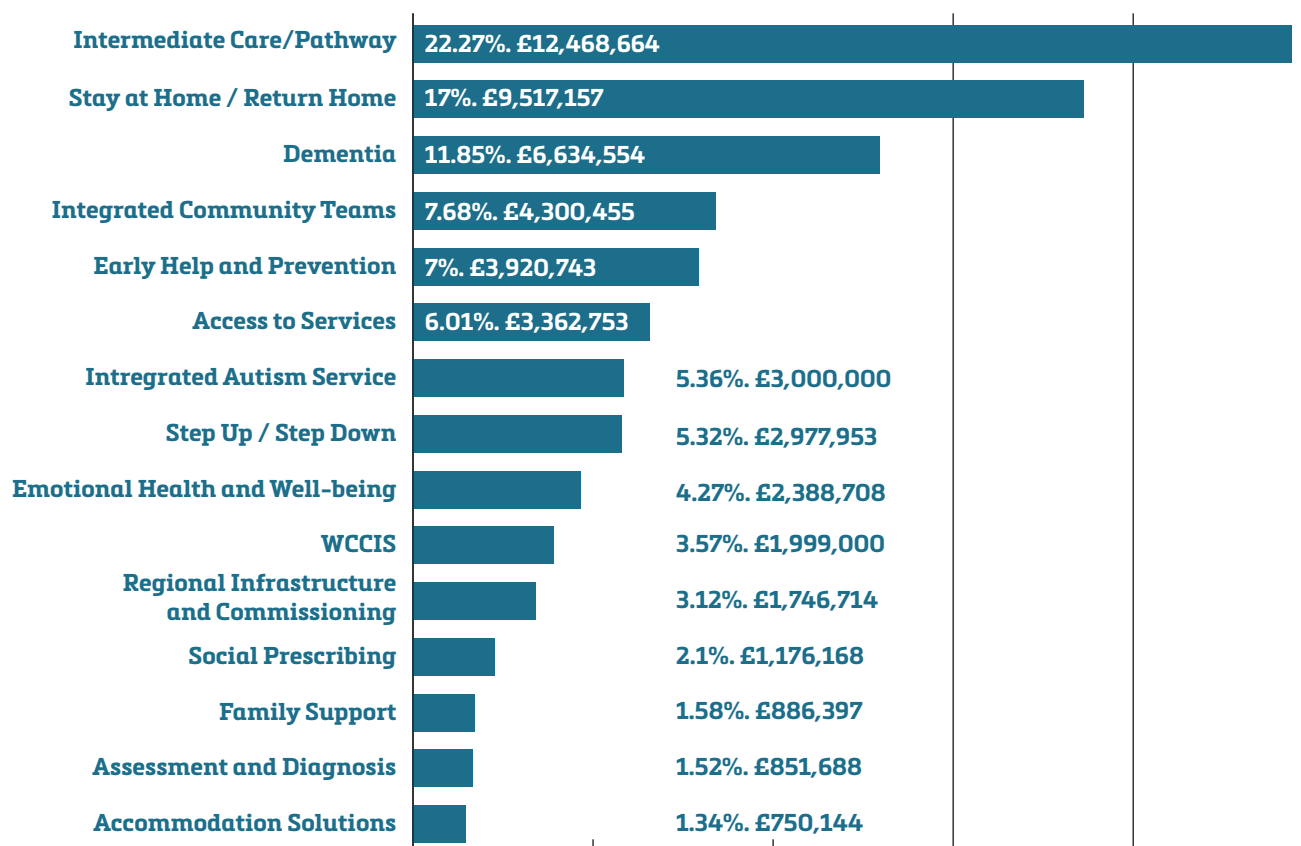


Table 3 – Number of Projects: Type of Project by Region

	All Wales	Cardiff and Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay	Total
Intermediate Care / Pathway	0	2	4	8	3	3	4	1	25
Stay at Home / Return Home	0	3	3	25	12	6	12	4	65
Dementia	0	6	9	13	31	4	10	34	107
Integrated Community Teams	0	1	0	3	7	2	1	0	14
Early Help and Prevention	0	0	1	10	19	4	7	4	45
Access to Services	0	3	1	5	8	6	5	9	37
Integrated Autism Service	1	1	1	1	1	1	1	1	8
Step Up / Step Down	0	0	0	5	5	0	1	1	12
Emotional Health and Well-being	0	1	0	17	8	6	2	3	37
WCCIS	1	1	1	1	1	1	1	1	8
Regional Infrastructure and Commissioning	0	3	0	3	6	11	2	6	31
Social Prescribing	0	0	0	11	1	1	0	1	14
Family Support	0	2	0	0	2	0	0	0	4
Assessment and Diagnosis	0	1	0	1	1	0	0	3	6
Accommodation Solutions	0	2	0	1	1	2	1	0	7
Total	2	26	20	104	106	56	47	68	426

Type of Service Glossary

For the purposes of this report, services types have been defined to include the following types of revenue services/projects:

Social Prescribing

Projects in this area help connect people with services and activities within their own local communities to provide early help and support, prevent loneliness and isolation. Projects such as community connectors and community navigators would be included in this type of service.

Early Help and Prevention

Projects are aimed at keeping people well, safe and independent and include falls prevention, access to community services, befriending services, keeping healthy and active.

Access to Services

Projects include Single Point of Access schemes, Information Advice and Assistance, awareness raising with a view to helping people, (including carers), to gain quick and easy access to a wide range of services in their locality.

Emotional Health and Well-being

These projects offer early and preventative mental health support such as preventing loneliness and isolation, resilience and well-being projects.

Family Support

Projects include respite care for families and carers, day opportunities, keeping children with their families, supporting children with complex needs transition to adulthood. With additional investment in 2019-20 for children and young people we will expect to see a significant increase in these types of projects next year.

Integrated Community Teams

Offered as an alternative to hospital admission, multi-disciplinary teams of health and social care professionals (nurses, doctors, social workers, occupational therapists and third sector agencies) working together to provide seamless packages of care and support to people in their own communities.

Stay at Home / Return Home

Discharge from hospital services, provision of social and medical care at home rather than transferring to hospital, assistive technologies to help people stay well at home, falls prevention, reablement, home safety checks, home adaptations including care and repair services, domiciliary care, hospital transport, community wrap around services.

Accommodation Solutions

Projects relate to the provision of home adaptations so that people can remain living independently in their own home, as well as supported accommodation for people with learning disabilities. Projects may include service delivery costs linked to ICF capital projects.

Assessment and Diagnosis

Projects are aimed at ensuring people get the right treatment, in the right place at the right time and include new outcome focused, holistic assessments of need to ensure people can meet their own personal well-being outcomes.

Intermediate Care / Pathway

Projects include patient flow co-ordinators, care/residential home liaison services, patient referral schemes, acute response teams, virtual wards.

Step Up / Step Down

These are beds that offer an alternative option to a hospital setting for individuals to recover from a period of ill health with professional support. The service can speed up discharge from hospital.

Dementia Action Plan

Projects are aimed at supporting individuals with dementia to maintain their independence and day to day living through the 'team around the individual' approach and memory clinics supporting timely diagnosis. Projects also included supporting Dementia Friends communities and activities such as dementia friendly cafes. Family members and carers are also supported through for example the provision of information advice and assistance and respite care.

Regional Infrastructure and Commissioning

Includes ICF project and programme managements costs, regional partnership board support and development, regional commissioning activity, feasibility studies, research and evaluation.





Wales Community Care Information System (WCCIS)

WCCIS is a single digital system that will support the delivery of integrated, co-ordinated health and social care arrangements to citizens in the community. It enables the sharing of vital information to frontline workers in the community such as social workers, therapists, mental health workers, community nurses and more to facilitate the coordination of cases and workflow management across organisational boundaries.

Since its introduction in 2016, WCCIS now has more than 11,000 users across 13 live organisations. Users in a number of health boards are already accessing the system as part of integrated community health and care teams and these users are already seeing benefits of being able to share information with social care colleagues.

The availability of ICF monies for the WCCIS programme since 2017 has been central in supporting the development of regional teams in all 7 regions able to provide more coordinated support for preparation and implementation of the system across each region. These regional teams are ensuring that the implementation of the WCCIS system is effectively aligned with the transformation of service models as they move towards greater integration of health and social care in the community, in line with the ambitions of 'A Healthier Wales'.

Regional teams have also supported development, testing and piloting of new functions of the system as they are released. This has included developments in mobile working capabilities, particularly important for increasingly community based care, and care being delivered in remote areas. The 'proof of concept' work by the Trem Y Mor (Bridgend) integrated health and social care team using WCCIS has provided real life case study evidence to support implementation and benefits realisation work across Wales. Specific benefits realised to date include:

- improved efficiency – more resourceful use of time/travel



- safer, better care through:
 - information shared across integrated teams
 - improved audit evidencing compliance with professional standards
 - improved operational information
 - immediate access to case status, improving efficiency and customer service
 - better data quality
- support for culture change, service transformation and more agile working
- public, service user and patient queries and issues being dealt with more quickly.

The regional teams are increasingly important in coordinating work with the national WCCIS team to ensure that the operational system continues to perform effectively and that future developments are coordinated across the whole of Wales.

Integrated Autism Service (IAS)

The IAS was developed in response to a broad consultation across Wales in 2015 which highlighted a lack of support for autistic adults who were not eligible for statutory services.

In March 2016 the Welsh Government announced that it would be funding a new national Integrated Autism Service to provide:

- advice and training for families and carers of children, young people and autistic adults;
- advice, support and interventions for autistic people, to help them with their daily lives;
- training and support for professionals, to help them understand the needs of autistic people when they are delivering services, care and support;
- integrated provision of services and support across health authorities and local authorities;
- teams of professionals providing support in the local community, including psychology, occupational therapy, speech and language therapy, nursing and support workers from across health and social care; and
- diagnostic services and post-diagnostic support for adults.

In 2018-19 the ICF provided £3 million to support regional delivery of the IAS. Additional resources from the Welsh Government were also invested to support the National Autism Team hosted by Welsh Local Government Association (WLGA). Ministers have made a commitment to continue providing recurrent resources (£3m annually) beyond 2021 to support services for autistic people. This will support the implementation of the forthcoming code of practice on the clarity of autistic services.

Though it has taken a considerable amount of time to get the IAS services across Wales fully staffed, the experiences of people accessing the IAS has generally improved as services have developed. A recent evaluation reported that prospects for the future were encouraging, provided services can cope with demand, retain staff and secure funding for the service beyond 2021.



All seven of the regional IASs have worked with a range of partners, in particular mental health services, to clarify referral pathways and ensure autistic adults were referred to the service best able to meet their needs.

The IASs have also worked with partners:

- by providing information, advice and training to increase their capacity;
 - by making referrals, signposting and supporting autistic adults and also family members and carers to access other services; and
 - through joint working, to ensure that the sometimes complex needs of autistic adults are met.
- feedback from service users has become increasingly positive over time, and the IAS has:
- markedly improved the capacity and quality of assessment and diagnosis services for adults, with the biggest impacts in areas like Cwm Taf, where adults' assessment services were limited;
 - provided valuable support for adults whose needs cannot be met by learning disability or mental health services, filling a key gap in service provision;
 - provided valuable information, advice and support for parents and carers, who often cannot access this from children's Neuro Developmental services, given the pressures these services face; and
 - provided a focal point for consolidating autism expertise and a resource for joint working, consultancy, advice and training to raise awareness and upskill other services, most notably mental health services.

Good Example (North Wales)

'John' was referred to the IAS from the Community Mental Health Team for support. John had severe anxiety and periods of very low moods, which led to self-neglecting behaviours. He had difficulties with social communication and in social situations which was leading to problems at work and feeling he was being victimised at work. He had suffered extreme trauma in his life and felt that he had no understanding of his autism.

John received 1-1 work around strategies to manage anxiety and low moods. Resources were provided and interventions were put in place, such as mapping anxiety levels and recording difficult social situations which were subsequently talked through. John, alongside the IAS worker, created social stories for difficult social interactions, which he created and drew up himself where he then applied in his workplace.

Following this support, John reported that he is happy in the workplace and has the confidence to openly discuss with his colleagues when he is unhappy or doesn't understand something. John states that he is happier in mood and now interacts socially and has developed a larger social network. The work around developing a better understanding of his autism has led to him gaining enough confidence to discuss it with people.



The ICF capital programme originally totalled £10 million per annum across Wales. This was subsequently increased to a three year programme worth £105 million consisting of £30 million in 2018-19, £35 million in 2019-20 and £40 million in 2020-21. Alongside the increase in funding, Ministers have placed a stronger emphasis on projects which maximise the contribution housing organisations can make to the integration of health and social care with a particular focus on accommodation led solutions.

The fund aims to support projects which reduce unnecessary hospital admissions, inappropriate admissions to residential care, and delayed transfers of care. Support has been provided for a variety of projects which deliver these aims including extra care housing for older people, homes in the community for people with learning disabilities and for young people with complex needs, alongside facilities which strengthen care and support services for these and other groups including those suffering from dementia.

There are now examples in every region of housing organisations playing a stronger role to reduce the burdens on the NHS and social care. We are however conscious of the long lead in time required to support innovative capital projects and exploring with colleagues in the regions how strategic priorities can be prioritised on the basis of outline cases for investment which capture the essence of the improvement proposed and on the understanding that more detailed business cases can then be developed to support the construction phase.

We have seen the ICF capital be a catalyst to bring together other Welsh Government capital programmes such as the Social Housing Grant and the NHS Wales Infrastructure Investment to deliver multi-faceted services such as Extra Care housing alongside GP surgeries and community social services.

Ministers have agreed that as part of our drive for stronger regional partnerships housing organisations should become statutory members of regional partnership boards. This came into effect from

April 2019 and the intention is that this should enable housing to play an even stronger role in support of the wider integration agenda.

Alongside the larger strategic projects, ICF capital investment is also being used to provide integrated service delivery solutions, specialised equipment

and aids and adaptations for people's homes. These are all critical in reducing unnecessary hospital admissions, inappropriate admissions to residential care, and delayed transfers of care.

Figure 7 – All Wales Capital Investment



Footnote: Projects which benefit from ICF capital may do so over multiple years. So some projects funded in 2018-19 may also receive additional funding in other financial years. Additionally projects funded with ICF capital may benefit a number of Priority Areas. For example, a premises developed to deliver integrated services or deliver housing solutions may benefit both older people and people with dementia, so both priority areas will have been identified as benefitting. This is why the figures in the table above total over the national allocation.

Figure 8 – Spend by Project Type



Capital Project Types	No. of Projects	Spend
Accommodation-led solutions to health and social care such as purchase and remodelling of properties for specialised facilities across the priority group areas, delivery of respite services and step/ step down provision.	28	£10,131,934
Integrated facilities – such as a regional “hub” approach to an ICF led service provision). This has included re-modelling of buildings as well as new provision.	16	£4,045,918
New and innovative integration of health, social care and/or housing such as support for a dementia villages as well as extensions to specialist schools.	6	£3,183,551
Larger scale equipment projects to support integration and ICF objectives such as peripatetic specialist beds to temporarily use in people’s homes.	6	£2,042,838
Larger scale building re-modelling or adaptation Such as refurbishment of existing facilities to provide new/transformed integrated services across all priority group areas.	14	£3,289,010
Feasibility studies Expenditure to evidence or explore the feasibility of larger capital investment.	2	£106,220
Discretionary Capital Programme – projects under £100,000 and within circa 20% of each regions allocation for smaller scale projects.	136	£7,200,529
Total		£30,000,000

Supporting the implementation of the Dementia Action Plan 2018–19

The Dementia Action Plan published in February 2018 progresses commitments relating to dementia in both Taking Wales Forward and Prosperity for All setting out the range of stakeholders who support this agenda and the actions required to make a real change. The plan was developed with those who know most about what needs to be done to improve truly person-centred dementia services – those with lived experience of dementia, their families and carers and service providers.

To support the implementation of the plan, we committed £10m of government investment annually from 2018–19. £9m of the new £10m government investment was allocated to regional partnership boards through the ICF to develop a joint health and social care approach to dementia support.

In the first year of implementation regional partnership boards were asked to review existing dementia services and care pathways in each area and develop services which addressed any gaps identified, in line with the dementia plan. New money allocated to ICF was required to support new projects and services for people with dementia, or to expand or develop projects that already exist.

Proposals submitted were expected to demonstrate how they had engaged with stakeholders to develop their investment plans, consider the role of the social value sector in supporting the implementation of the plan and to illustrate equitable access across the population giving due consideration to all protected characteristics. They also were required to demonstrate how they supported the outcomes laid out in the Dementia Action Plan. These being:

- individuals will understand the steps they can take to reduce their risk, or delay the onset, of dementia
- the wider population understands the challenges faced by people living with dementia and are aware of the actions they can take to support them

- people are aware of the early signs of dementia; the importance of a timely diagnosis; and know where to go to get help
- more people are diagnosed earlier, enabling them to plan for the future and access early support and care if needed
- those diagnosed with dementia and their carers and families are able to receive person-centred care and support which is flexible
- research is supported to help us better understand the causes and management of dementia and enables people living with dementia, including families and carers, to be co-researchers
- staff have the skills to help them identify people with dementia and to feel confident and competent in supporting individual's needs post-diagnosis.

2018-19 signified the first year of the Dementia Action Plan and as such there has been an expected lead in period for the implementation of actions, with approximately £6.3m of the Dementia Action Plan monies being allocated from a budget of £9m, and 106 projects supported over the year.

Through the ICF in 2018–19, a range of projects have been supported, including:

- additional support to individuals and families in line with the 'team around the individual' principles
- specialist supported GP led memory clinics
- training health and social care staff in 'Good Work: A Dementia Learning and Development Framework for Wales' to improve learning competencies at the 'skilled' level
- increase the number of Dementia Friends communities and dedicated funding for third sector/community groups to increase the number of dementia friendly activities available.

It is envisaged from 2019–20 that full budgets will be utilised and future years progress reports will include project examples and evidence on the impact of outcomes for people living with dementia and their carers.

Lessons learned and a look ahead

The ICF is a Programme for Government commitment and funding will continue until 2021. In 2019–20 an additional £30 million revenue investment was made in the ICF to include further support for older people, carers and children who are looked after or at risk of becoming looked after. This brings the total value of the ICF revenue fund to £89 million a year.

In 2018–19 the ICF regional lead officers have worked closely with Welsh Government officials and have played an instrumental role in sharing their experiences and learning from the programme to help shape future delivery.

Based on the collective learning from our delivery of the ICF programme to date and to further strengthen its delivery and impact we have revised guidance for 2019–20 which includes a renewed emphasis on:

- prevention and early intervention
- regionalisation and integration
- social value sector investment and delivery
- focusing on both direct and indirect support for carers
- evaluating impact and outcomes
- mainstreaming learning and new models of delivery
- improving communications in relation to programme delivery and impacts.

To support the integration agenda in April 2019 Welsh Government have made the education sector, local authority housing and housing associations statutory members of regional partnership boards.

We are also working with regional partners to improve our ability to report on the impacts and outcomes of the ICF programme at a National Level. Our work in this area was further supported by the recommendations made in the 2019 Wales Audit Office review of the ICF.

New reporting requirements have already been established to ensure more granular data is being collected and that a more detailed analysis of spend and impact can be completed for the 2019-20 annual report.

Whilst individual projects can currently demonstrate the benefits and impacts of their individual services, it is difficult to describe this at a programme or national level due to the wide variation of projects being funded and the variability of information and data available across Wales.

During the next two years we will work alongside the A Healthier Wales Transformation Fund to further embed the Results Based Accountability approach to measuring impacts. Regional leads and project managers will be provided with training and support to ensure a more standardised approach can be developed that will enable us to describe the impacts of the ICF at both project and programme level.

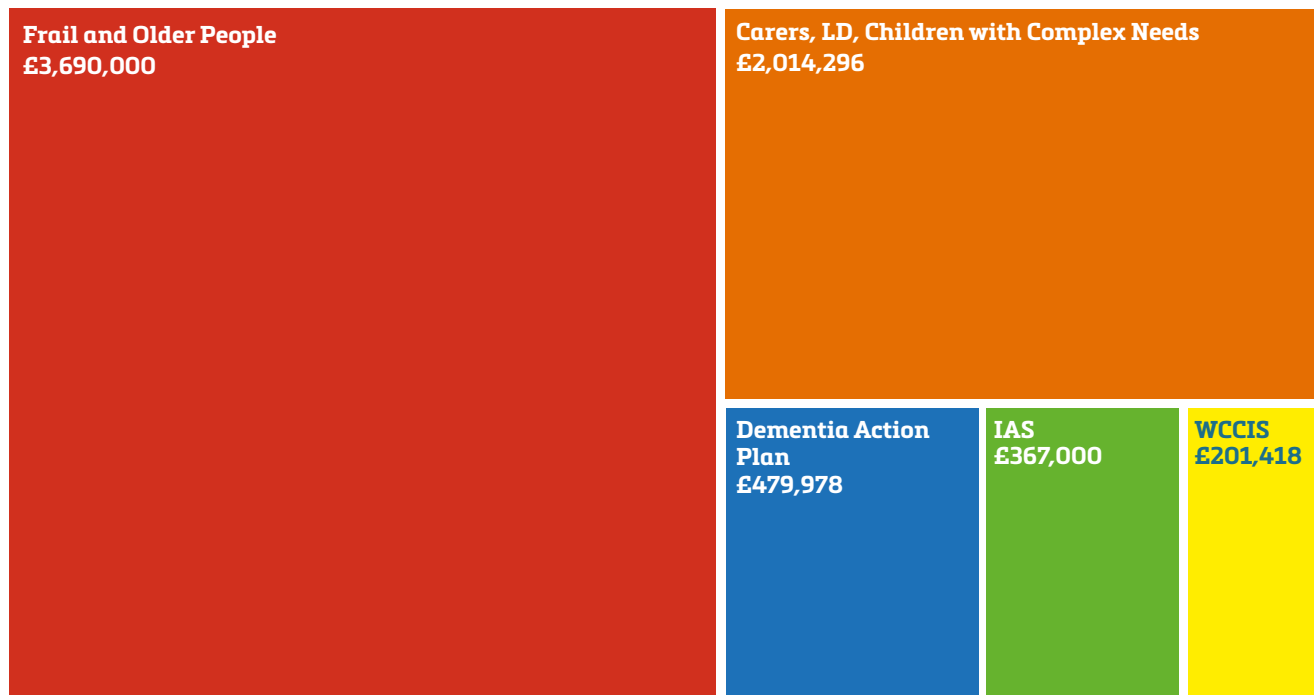
An independent evaluation of the ICF in 2019-20 will provide additional evidence of the impact of the programme to date and help us shape future funding programmes to support health and social care integration.



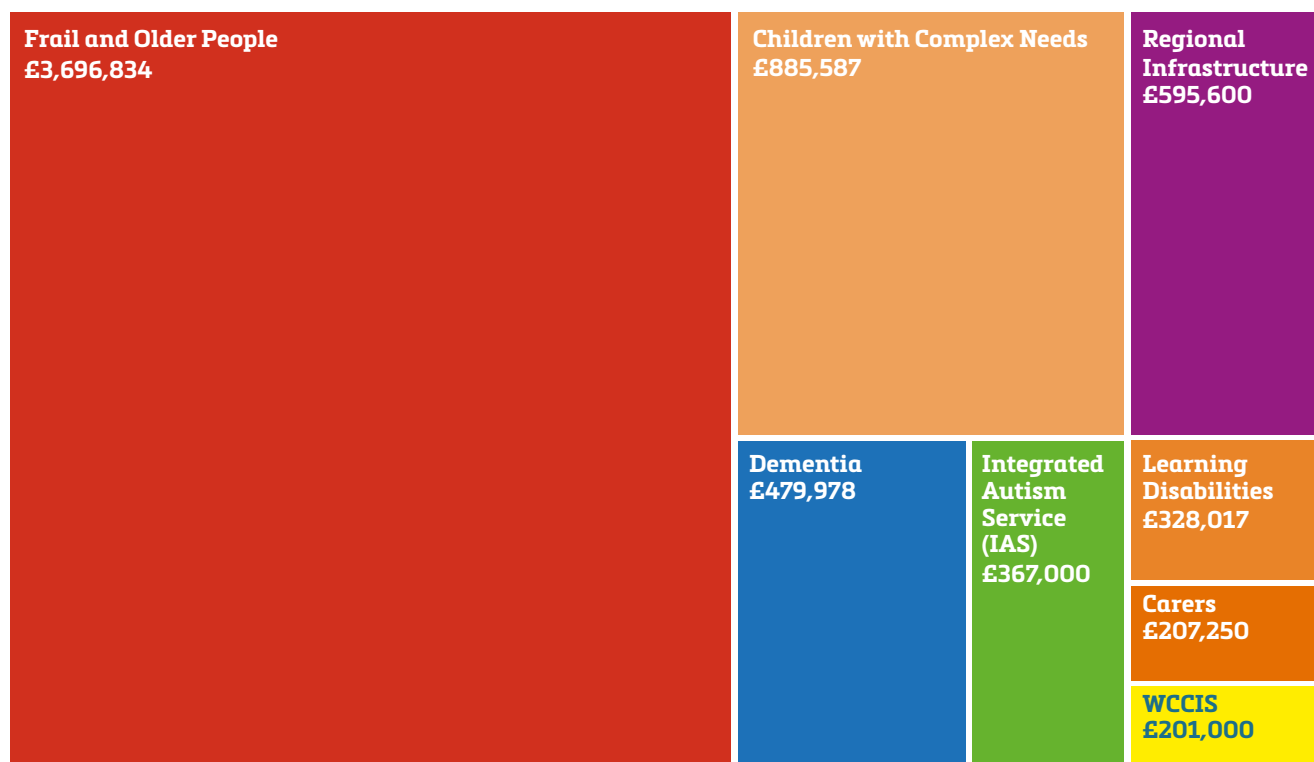
Regional Profiles

Cardiff and Vale Regional Partnership Board

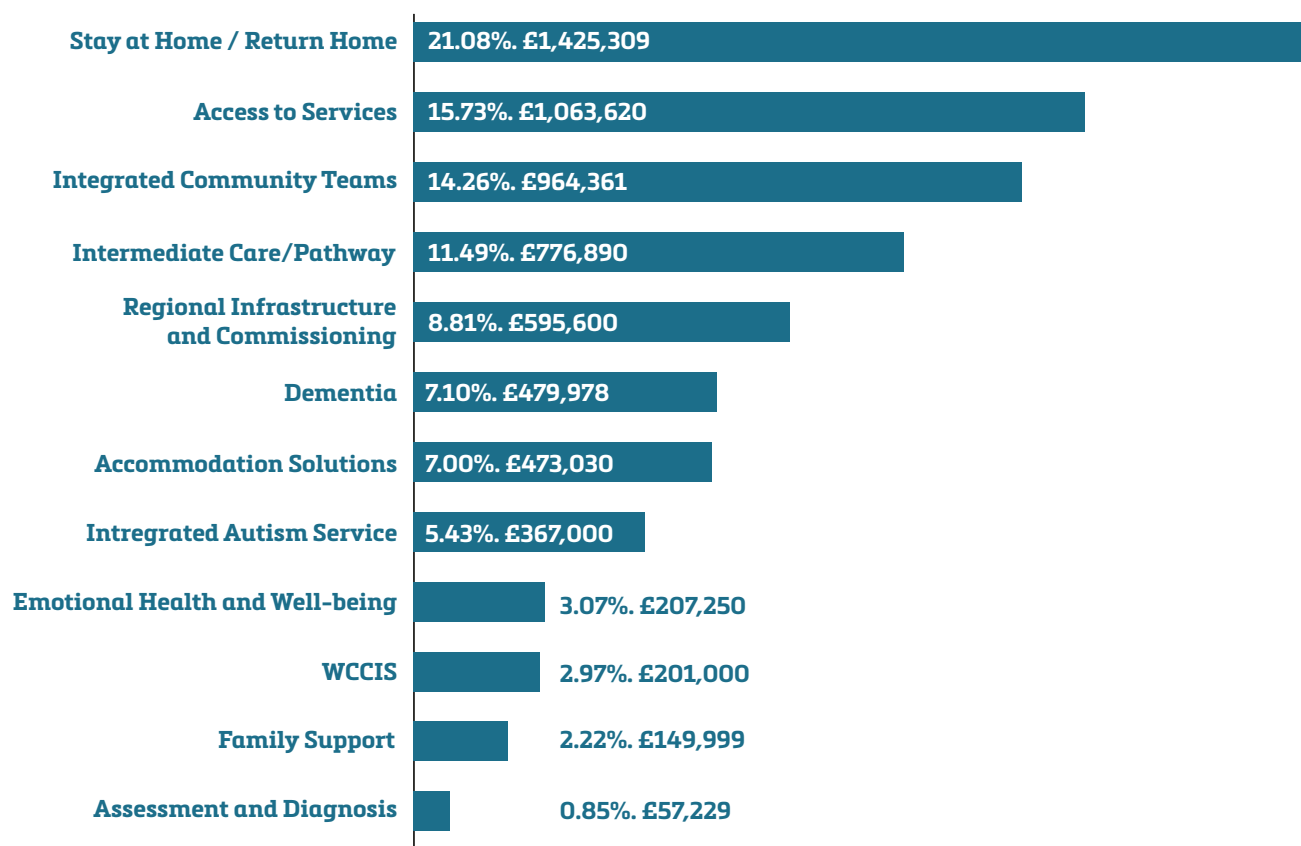
Cardiff and Vale Allocations



Actual Spend by Priority Area



Expenditure by Project Type

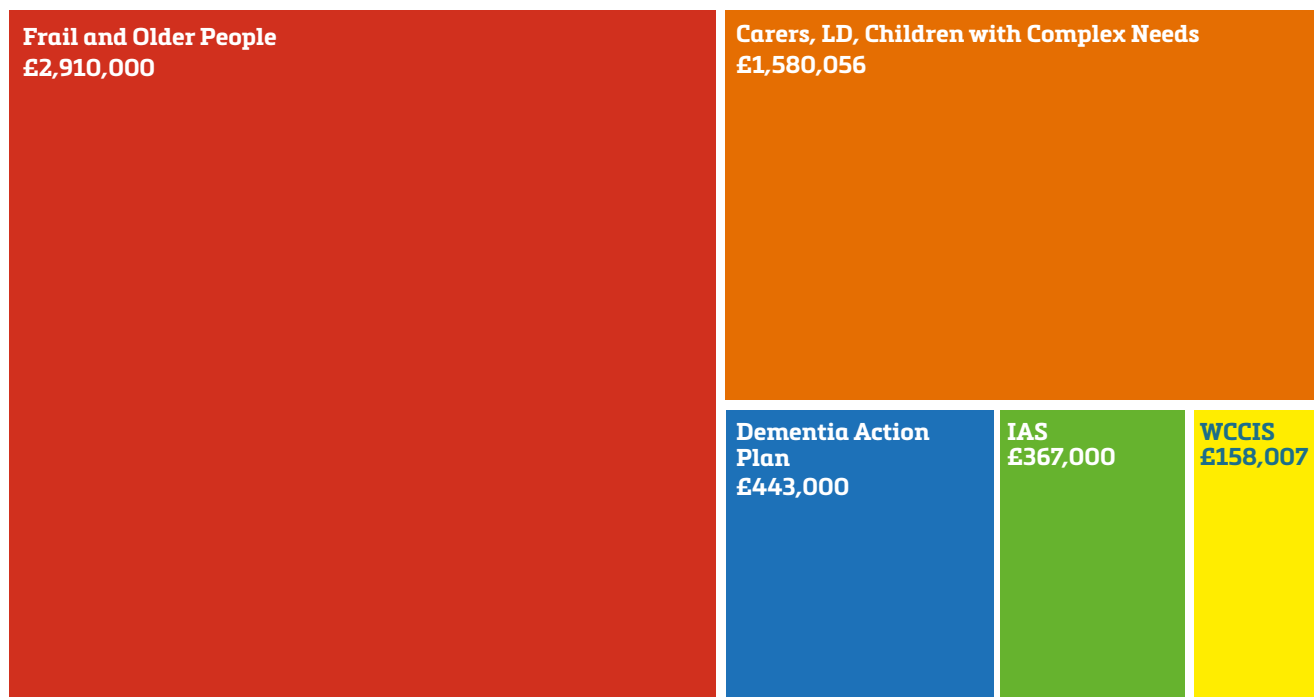


Regional, Sub-regional, Non-regional Investment

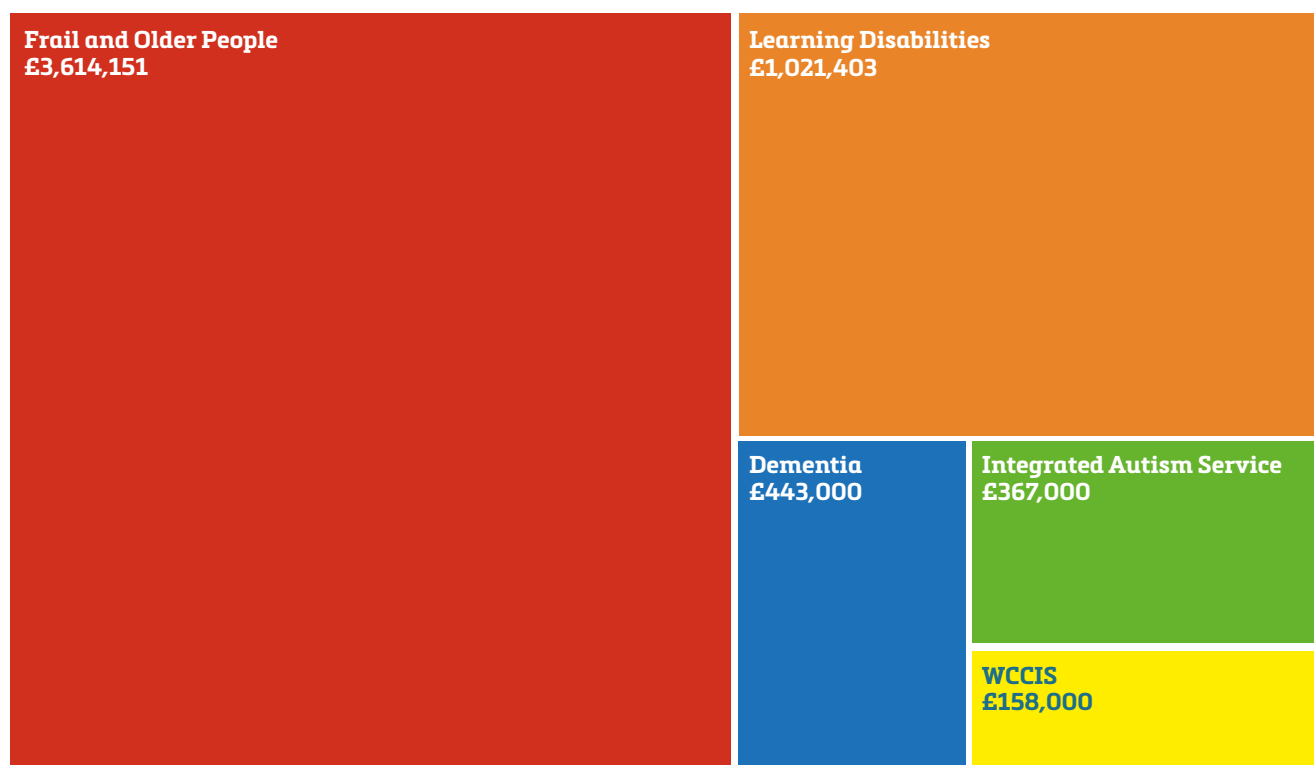


Area	Sum of Expenditure	Percent
Non-regional	£1,051,619	16.74
Regional	£5,229,669	83.26

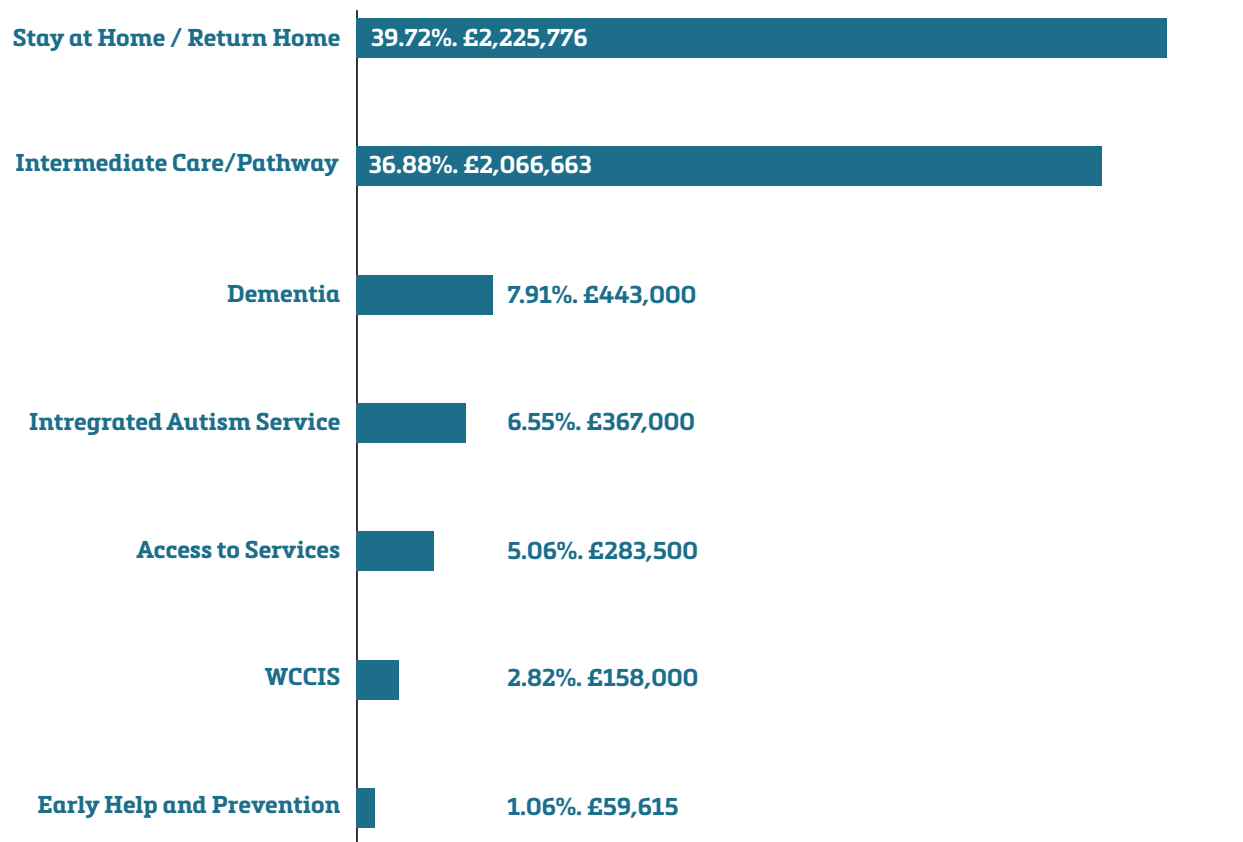
Cwm Taf Allocations



Actual Spend by Priority Area



Expenditure by Project Type

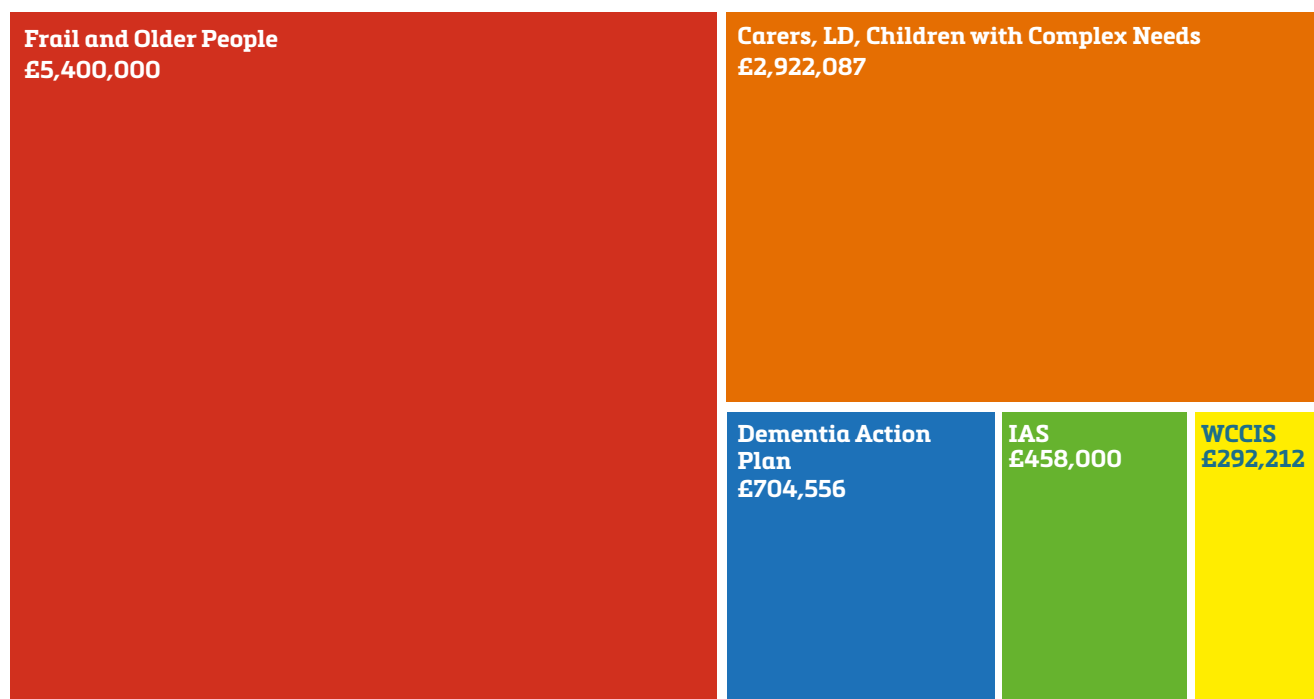


Regional, Sub-regional, Non-regional Investment

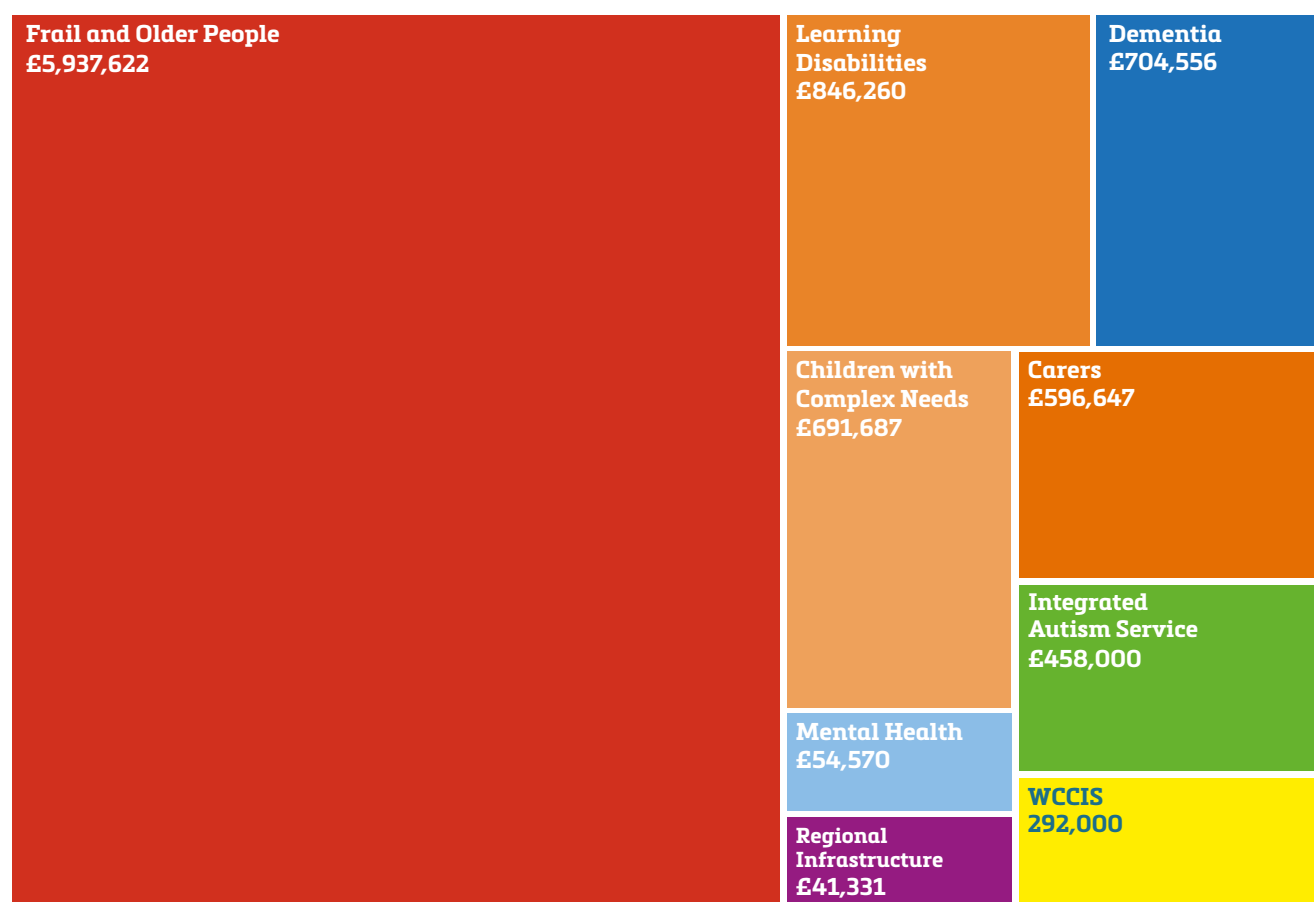
Regional
£5,160,554

Area	Sum of Expenditure	Percent
Regional	£5,160,554	100

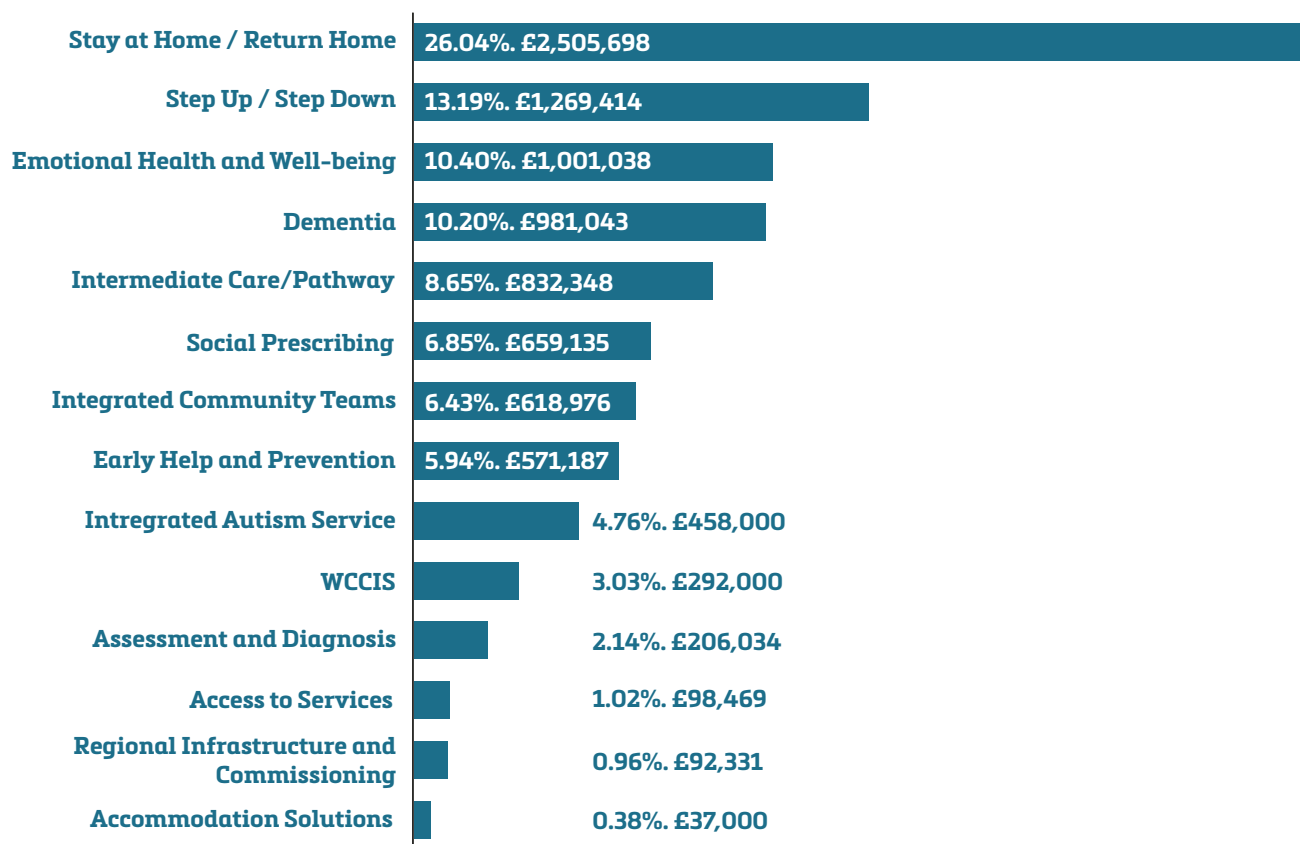
Gwent Allocations



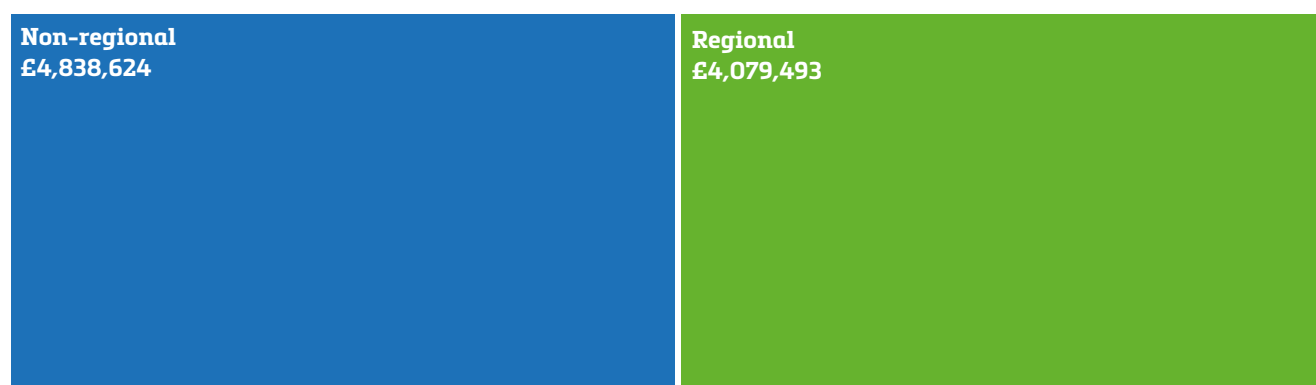
Actual Spend by Priority Area



Expenditure by Project Type



Regional, Sub-regional, Non-regional Investment



Area	Sum of Expenditure	Percent
Non-regional	£4,838,624	54.26
Regional	£4,784,049	45.74

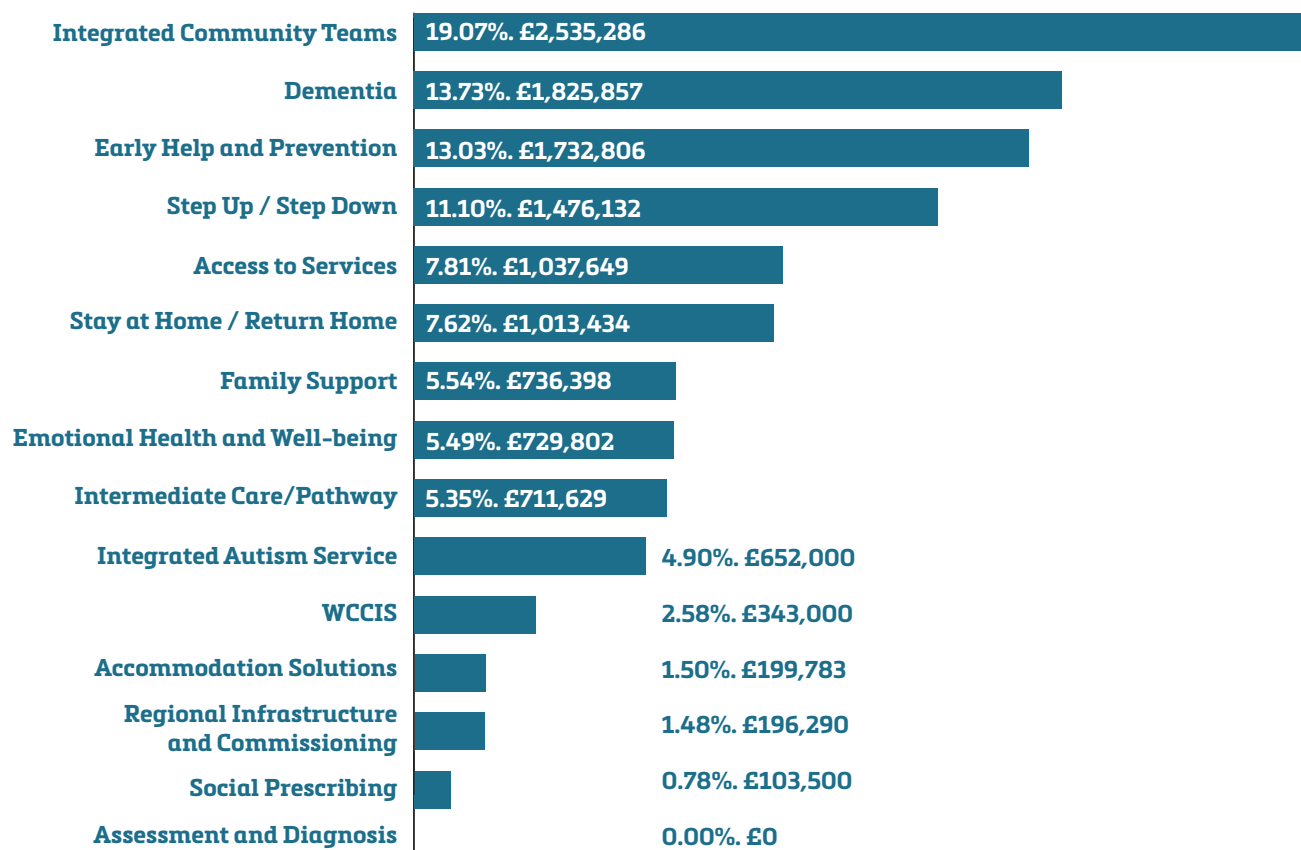
North Wales Allocations



Actual Spend by Priority Area



Expenditure by Project Type

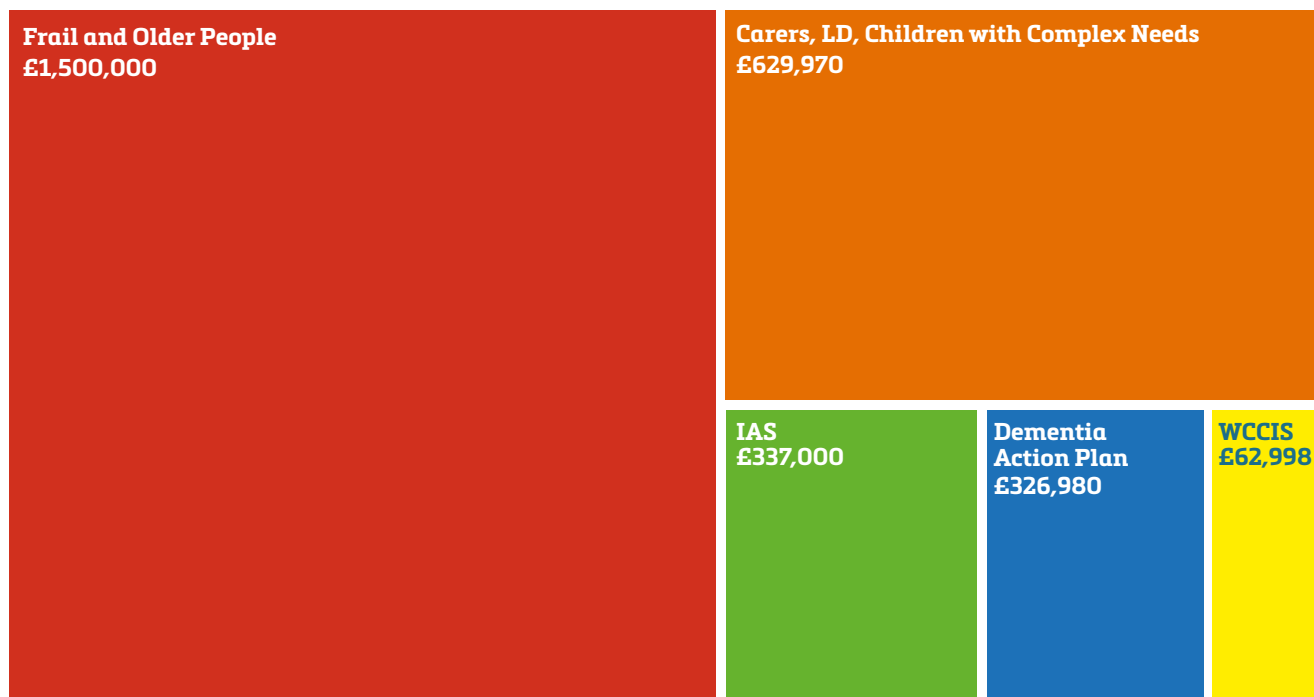


Regional, Sub-regional, Non-regional Investment



Area	Sum of Expenditure	Percent
Non-regional	£8,668,924	75.59
Regional	£1,085,547	9.47
Sub-regional	£1,713,238	14.94

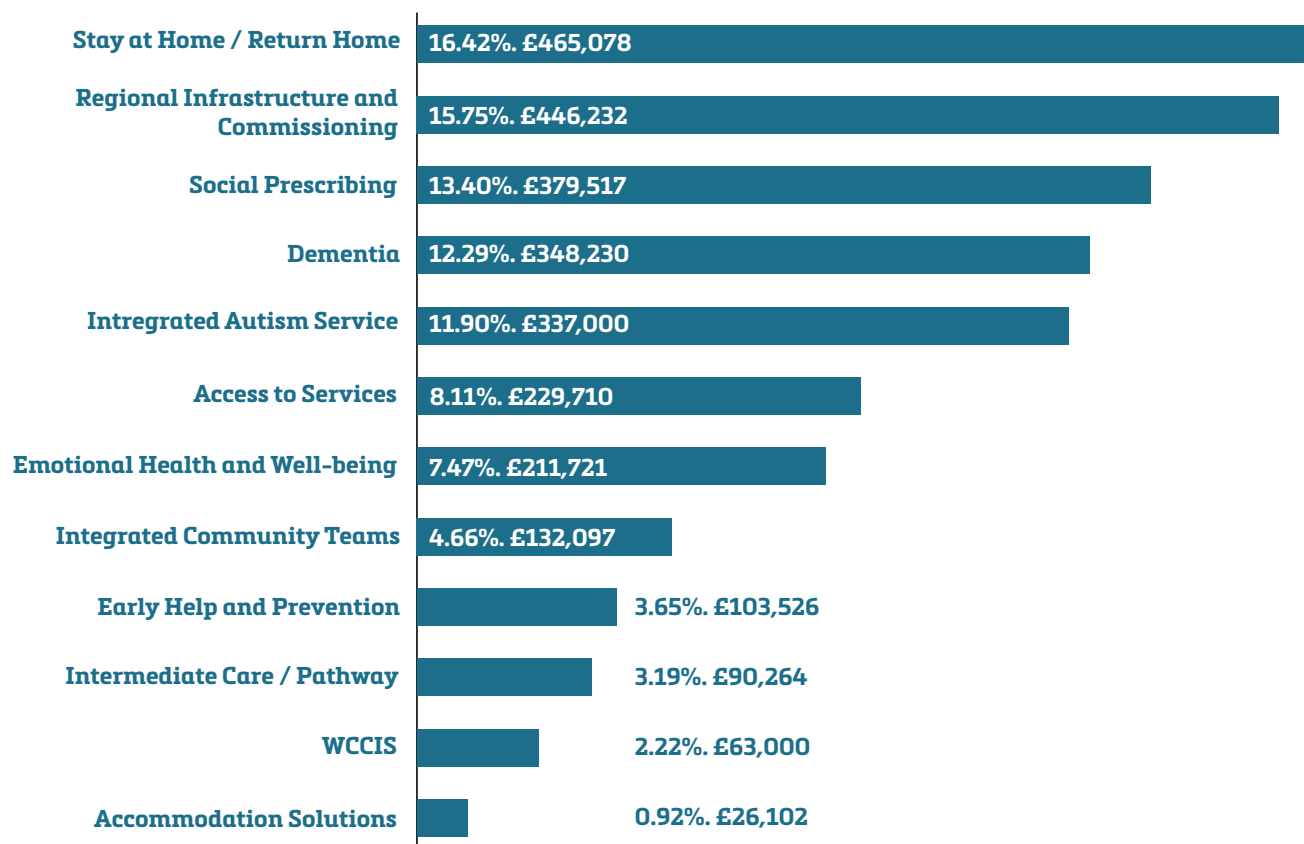
Powys Allocations



Actual Spend by Priority Area



Expenditure by Project Type



Regional, Sub-regional, Non-regional Investment

Regional
£2,505,497

Area	Sum of Expenditure	Percent
Regional	£2,505,497	100

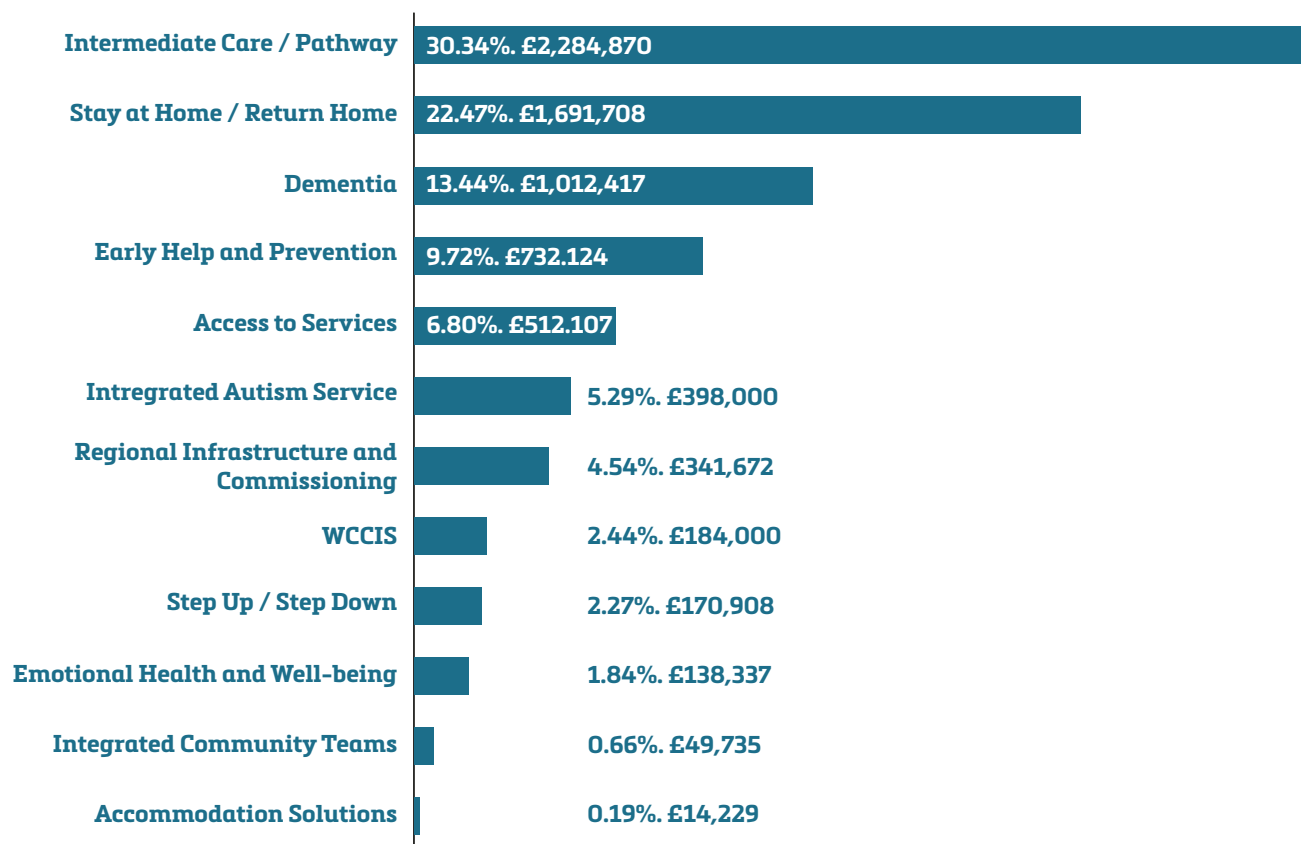
West Wales Allocations



Actual Spend by Priority Area



Expenditure by Project Type

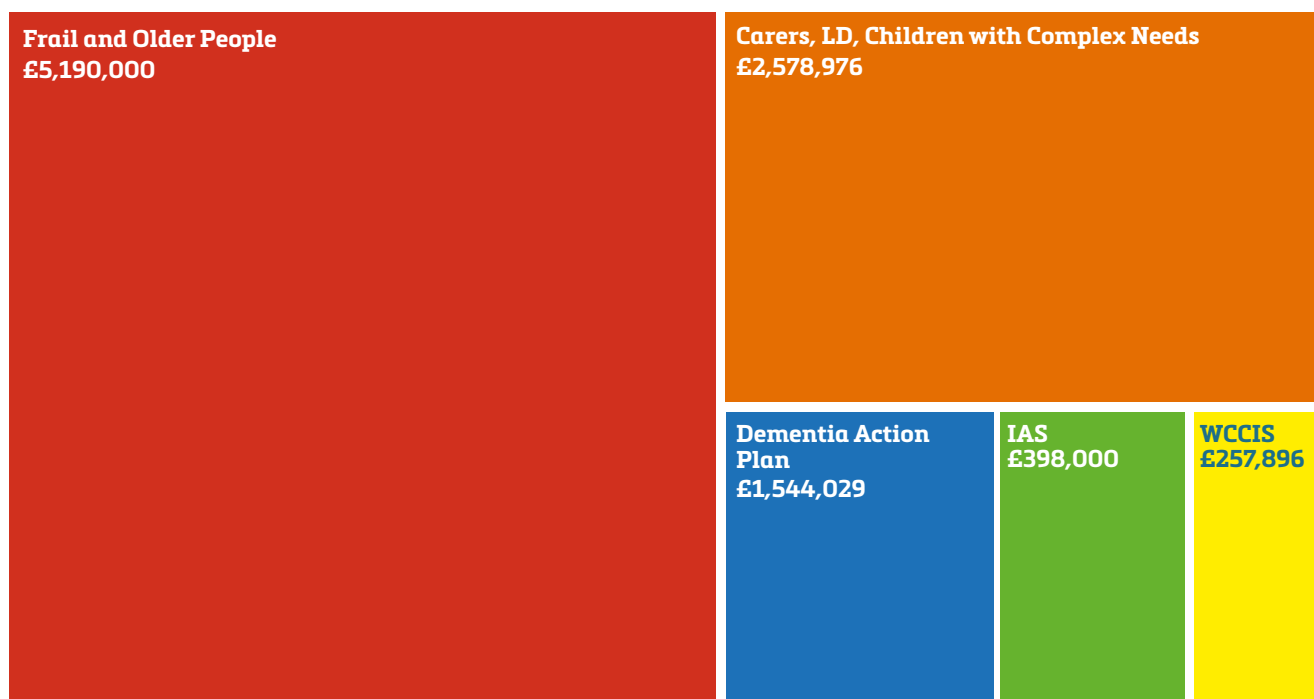


Regional, Sub-regional, Non-regional Investment

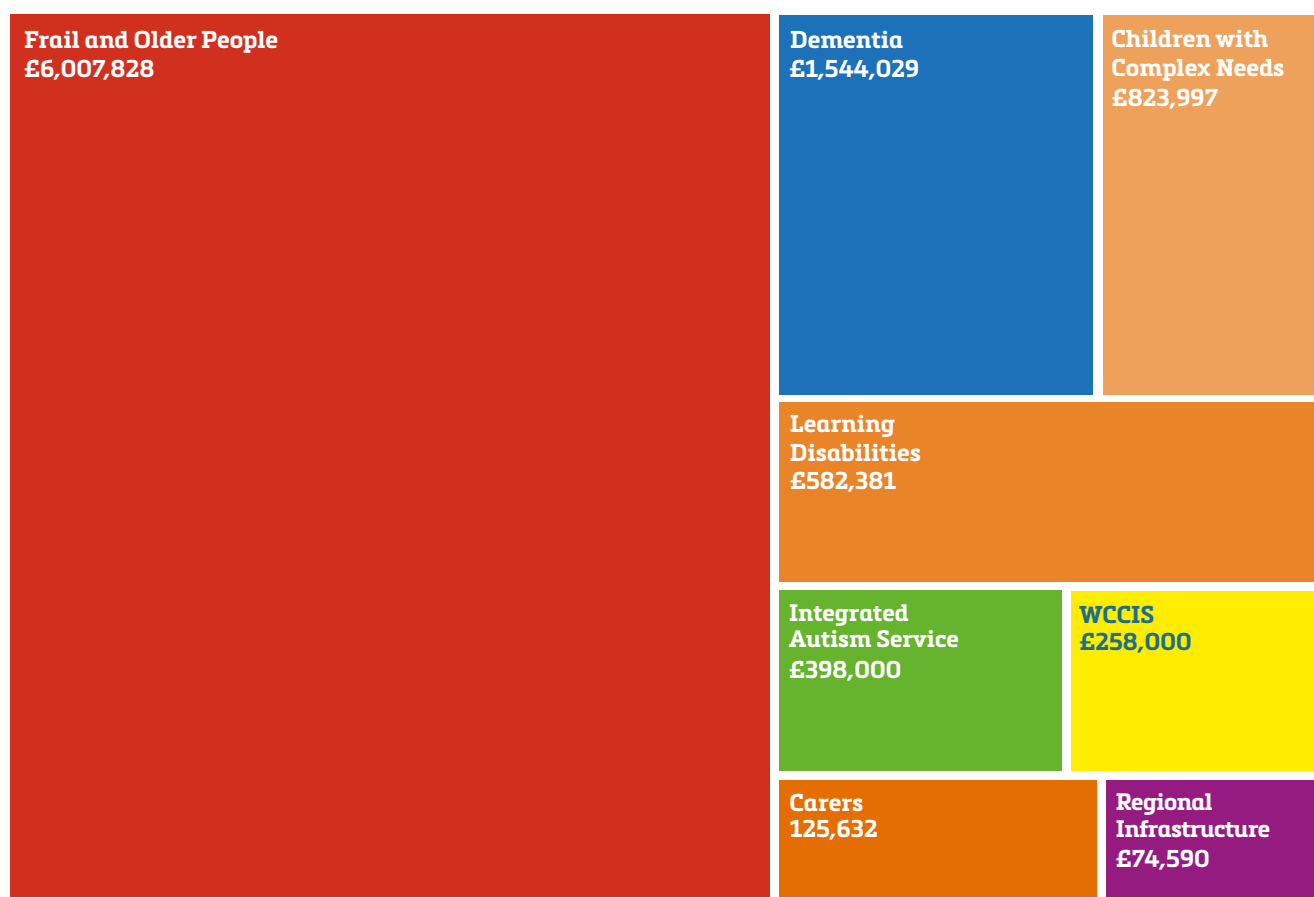


Area	Sum of Expenditure	Percent
Non-regional	£5,282,072	81.04
Regional	£1,235,617	18.96

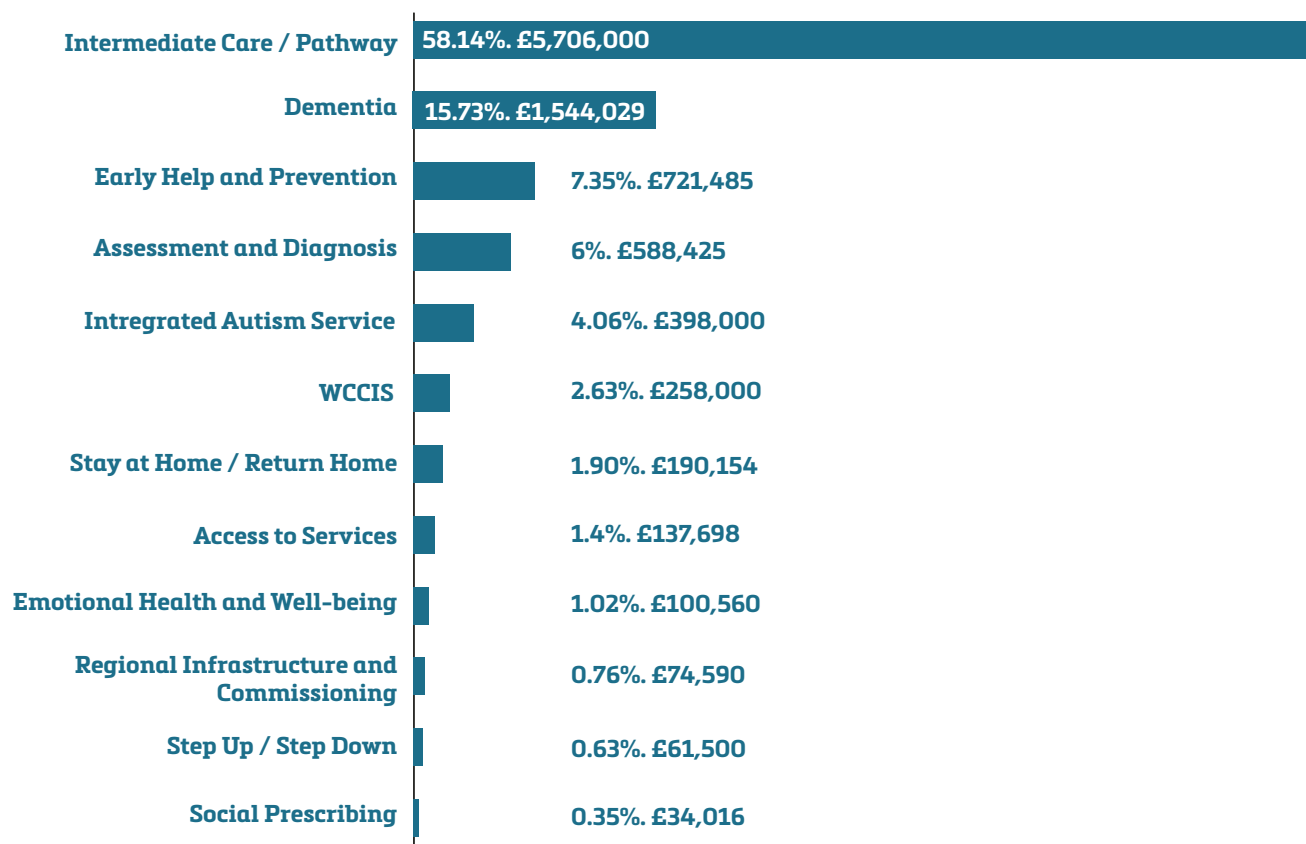
Western Bay Allocations



Actual Spend by Priority Area



Expenditure by Project Type



Regional, Sub-regional, Non-regional Investment



Area	Sum of Expenditure	Percent
Non-regional	£259,492	3.22
Regional	£7,811,765	96.78



Cardiff and Vale – Independent Living Service

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£476,279

Description:

The Independent Living Service provides information on retaining independence, housing, financial support, equipment, access to adult care, third sector services. Fred had a physical disability caused by sepsis affecting muscles in his back and caused severe pain in his legs. He was referred to the Independent Living Officer who provided him with bath lifts and a pillow lifter to help support him going to bed. They also helped him organise his finances and saved him money where they could.

Performance Outcomes:

98%
of service users improved quality of life.



£3,889,875
additional income for Cardiff citizens.

Received
37,489
calls.



and
4,153
Home Visits.

Resulted in **76%**
of all Adult Services enquiries being addressed by Independent Living Service directly.

Quote:

The support from the Occupational Therapist and Independent Living Officer helped Fred to maintain independence in the home he had lived in for over 40 years, improved his well-being, and reduced the need for social care intervention.



Cardiff and Vale - Integrated Disability Services

People with learning disabilities

ICF Budget Allocation:

£635,000

Description:

The Integrated Disability Services Pilot project tests the concept of integrated working between agencies to reduce duplication, streamline services, reduce complexity for parents and identify potential cost avoidance opportunities within existing services. The service helped Joshua who had been in care from a baby but adopted from 16 months. He was showing signs of behavioural issues at 2 and a half and was struggling to undertake day to day tasks. He was diagnosed with a sensory disorder called global development delay. Integrated meetings were set up, along with respite services to support Joshua and his family. Joshua's inclusion in the Complex Needs pilot means that all professionals are working together to help support Joshua.

Performance Outcomes:



94
(children and their families) are taking part in this pilot.

24
adults have received family-based respite provision as opposed to a residential home-based approach.



40
reviews of supported living accommodation have taken place for adults with learning disabilities and complex needs to maximise compatibility with properties to allow adults to live closer to home.

30
parents have taken part in structured 1-1 group sessions aimed at supporting parents of children with Attention Deficit and Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder.

Quote:

At long last we have multi-disciplinary meetings where everybody sits around the table and everybody knows what's going on. I am able to support that in the home as well.



Cardiff and Vale - Single Point of Access

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£550,000

Description:

The Single Point of Access is a call centre facilitating co-ordinated access to Vale of Glamorgan local authority, third sector and various region-wide community health services such as District Nursing. Margaret and her husband Craig were struggling with their illnesses: Margaret getting over a form of pneumonia and her husband Craig having Parkinson's disease with limited mobility. As a couple they were struggling. Via the Single Point of Access service, they were provided with packages of support from the Vale Community Resource Team and Social Services arranged an assessment. The Home First Support Package included help with personal care and preparation for light meals as well as emotional support. Another package called the 'Western Vale Good Neighbour Scheme' project provided them with transport and assistance with their shopping. The Welfare Rights Officer visited and helped to fill in Attendance Allowance forms for Margaret and Craig who were awarded £130 per week.

Performance Outcomes:

6,959

referrals were dealt with.



11,793

referrals were resolved without the need for onward referral.



455

hospital discharges were facilitated by the triage team.

79%

of all Vale of Glamorgan adult services were being resolved without the need for further referral.

Quote:

Without the various packages of support, Margaret would have been re-admitted to hospital and Craig's health and well-being would have deteriorated.



Cwm Taf – Increased Capacity within Intermediate Care, Reablement and Initial Response Services

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£468,898

Description:

The project supports people to regain or maintain skills and remain living well, as independently as possible at home. It is an integrated (Health and Social Care) Short Term service which includes a specialist Reablement Service for people with cognitive impairment or memory problems. This case study is for the Memory Reablement work and this element of the service is supported by various qualified staff.

Performance Outcomes:

By Quarter 4; 5,095 direct hours of staff support provided to 215 service users (60 service users provided with specialised Memory Reablement service totalling 1,227 direct hours of support).



Total of 275 people benefited from the service with a total of 6,322 hours of direct support in Quarter 4. By year end: 19,393 hours of staff support was provided.

95.5%

of service users felt the service enabled them to live independently in their own home.



89.5%

of service users who felt they had achieved their goals.



118

referrals made to the memory project.



99

bed days saved in relation to memory project.

Quote:

Excellent service given, helped my husband to regain his confidence being back home and helping to maintain his care and independence. I hope that with his family support things will improve more. A wonderful and caring staff. Many, many thanks to you all.



Cwm Taf – Stay Well @Home Service

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£1,830,269

Description:

The service prevents hospital admission and facilitating hospital discharge by integration of health and social care services at the critical interface during presentation at A&E. The multi-disciplinary team operates 365 days a year from 8am to 8pm based in both Royal Glamorgan Hospital and Prince Charles Hospital.

Performance Outcomes:

777

referrals up by 2% last quarter (end of Quarter 3).



353

referrals (up by 7% from same quarter in 17–18) responded to in less than 1 hour.

170

social care packages of support (up by 8% from same quarter in 17–18).

455

hospital discharges were facilitated by the triage team.



333

were discharged to home (up by 6% from same quarter in 17–18).

584

Community based services commissioned to support discharge.

Quote:

“Commencing the evening 7th August, my carer plan began from then until 14th September. The attention, respect and friendly attitude has been exemplary. I was very blessed to be attended by such an amazing team. Thank you.”



Cwm Taf – Health and Social Care Discharge Coordinators

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£97,014

Description:

The project involves a partnership arrangement between Cwm Taf University Health Board, Rhondda Cynon Taf County Borough Council and Merthyr County Borough Council to support hospital discharge arrangements at four hospital sites, to improve health/social care communication for complex cases.

Performance Outcomes:



601

referrals processed via Coordinators based at three hospital sites

125

referrals required further information



601

discharges facilitated via Hospital based Coordinators

Quote:

The staff were very good and friendly, they understood my needs. I would like to say a big thank you to all involved. I have nothing but praise for the team.



Gwent - My Mates

People with learning disabilities

ICF Budget Allocation:

£160,000

Description:

The 'My Mates' team who are C-Card registered with the NHS Wales and are able to offer advice, guidance and support to My Mates Members in partnership with Monmouthshire County Council, Blaenau Gwent, Torfaen, People's First, Learning Disability Wales, Public Health Wales, NHS and the LGBTQ Community. Through 'My Mates', people with a learning disability have access to a variety of social events and if they request, they can be supported to develop a relationship whilst being offered advice and information. 'My Mates' will ensure people will have friends and an active social life, people will have greater opportunities to form deeper, more exclusive relationships and people will find networks of support which are more natural and sit outside of services.

Performance Outcomes:

172

total number of members (as of 1st April 2019).



100%

members reporting more friendships since joining 'My Mates'.

92%

of member's satisfied with 'My Mates' events (8% would prefer to be offered more within their community).



Quote:

The Ball was amazing! I danced with my friends all evening. I was so happy!



Gwent – Developing a Community Neurological Rehabilitation Service

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£701,991

Description:

Once people are medically stable they do not need to be in hospital to participate in rehabilitation. The National Stroke Strategy (Department of Health, 2007) estimates that up to 50% of stroke patients may benefit from early support discharge. The project aims to establish a multidisciplinary resource which can provide support, rehabilitation and community integration to people with a mild to moderate stroke by working with existing providers in health, social and third sector services with aim of maximising independence and supporting people to live well after a stroke.

Performance Outcomes:

7

patient referrals per week to Community Neurological Rehabilitation Service Early Supported Discharge.

63%

of patients were fully able to complete essential daily living activities following the rehabilitation service.



51%

of stroke discharges were enabled by the Community Neurological Rehabilitation Service.



64%

of patients achieved an increase in their level of independence.



Gwent – Falls Response Service

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£391,348

Description:

A collaborative project between the Welsh Ambulance Service NHS Trust and Aneurin Bevan University Health Board where a multidisciplinary approach for 999 falls consisting of a team of paramedics and physiotherapists.

The service provides a full medical, functional and social assessment at the point of need to signpost to the most appropriate care pathway. This is an integrated timely response service to patients who have fallen and would have accessed unscheduled care. The care can be closer to home or at the scene following a fall and reduce unnecessary admissions to the emergency department and also improve patient experience following a fall.

Performance Outcomes:

2,575

patients were supported by the service up to March 2019.



44%

in reduction to referrals to Welsh Ambulance Service.

Reduced delays for patients categorised as 'lower clinical priority'.

79%

off fall patients cared for which means providing an estimate cost avoidance of £1 million per annum.



Improved patient experience by being able to access the appropriate services – community and hospital rather than admission to emergency department.



North Wales – Advanced Paramedic – Môn Enhanced Care (MEC) Project and Night Owls Ynys Môn

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£152,636

Description:

The Môn Enhanced Care Team is a hospital at home team that manages acutely unwell elderly patients in their own homes rather than at hospital. They have access to imaging, point of care testing to review blood results, along with working closely with other agencies including Social Services/ District Nursing Teams/ Community hospitals / GP's and care homes. The team support and autonomously follow up the patient at appropriate times. This service runs in standard daytime hours of 09:00 – 17:00 and only on weekdays. The Night Owls Ynys Môn enables Social Care workers to support people who have been assessed as requiring care needs during the night from 22:00 to 08:00, 7 nights a week. The service involves visits to people's home for planned care or to respond to crisis situations e.g. falls or breakdown in informal carer networks. The Night Owls service aims to enable people to live in their own homes for longer and prevent unnecessary admission to hospital, or to a residential care home. The project also works with Wales Ambulance Service NHS Trust, to respond to non-injured fallers so ambulance crews can deal with more life saving emergencies. The project also increases the care service available in the community, enable safe hospital discharges and provide an emergency response to people using the alarm system monitored by Galw Gofal.

Performance Outcomes:

(Advanced Paramedic - Môn Enhanced Care Project)

294

patients referred to Môn Enhanced Care.



89%

of people reporting improved wellbeing outcomes.

252

number of hospital admissions avoided and ambulance conveyance reduction.



2,533.5
Bed days saved.

Quote:

(Night Owls Ynys Môn)

“Thanks to the Night Owls service my brother would most definitely have needed residential care, service enabled him to live at home as long as possible.”



North Wales – Conwy Care Home Project

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£178,629

Description:

The programme of work has been developed collaboratively with unscheduled care and community health colleagues with the aim of creating a stable, safe and sustainable care home sector and improving experience for our residents and avoiding inappropriate A&E attendance and/or hospital admissions. The current aim is to focus on access to expertise and continue to provide a timely response to patients in Care Homes, collaborating with the Bevan Exemplar project. The scheme aims to ensure safe, effective evidence based care is provided for our patients residing in care homes. This will include multidisplinary support, advice, and education clinical skills to care homes in the Conwy area.

Outputs:

632

hospital beds within the programme.



Quote:

Advanced Nurse Practitioner is always there to support us and always rings you back if we leave a message... is so thorough when here and kind and considerate with our residents



North Wales – Wrexham Community Agents

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£142,294

Description:

A local service for the over 50's; Community Agents are employed by Community Councils to connect older people in their area to the information, services and support that they need to help them to access their local community and live independently.

Performance Outcomes:

Large increase in numbers of people supported – Target 77 but an actual 265.



Increasing referrals from GP Surgeries-working with Social Prescribers.



Increase in volunteering activity across communities.

Number of new community groups established e.g. 'Men's Sheds', walking groups.



High satisfaction levels for service users – 76% less isolated / 83% reporting a positive difference.



Powys – Befriending Service, Community Connectors and Home Support Service

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£130,000 (Befriending Service)
£355,000 (Community Connectors)
£105,000 (Home Support Service)

Description:

Three distinct projects that have a collective aim of providing support closer to home through a collaborative and early intervention and preventative approach leading to better outcomes for Powys residents by allowing them to live and age well within their communities.

Befriending Service improves the independence of people aged 50+ to maintain their social networks and remain in their homes for as long as possible. The service provides much-needed companionship and support, help to promote personal choice and increase self respect and supports a person's existing skills to improve independence. It also helps people to explore new opportunities and reduces the burden on others, e.g. carers.

The **Community Connectors** supports adults to access the right community services at the right time, working with health and social care and third sector for prevention, and early intervention. The project provides support with services such as transportation, shopping, prescription collection, cleaning and gardening. They also signpost or refer to third sector services, loneliness or social isolation and can have regular drop in sessions at local markets and libraries and have access to local community groups and events.

The **Home Support Service** offers low level assistance for people later in life who need a little extra help to enable them to live life the way they want to in their own home.

Performance Outcomes:

Befriending Service

891

people have been supported.



100%

of people feel less lonely and isolated.



70

groups are supported.



Performance Outcomes:

Befriending Service



100%

of people enabled to do things that make them happy.



420

number of hours that directly relieved carers.

Community Connectors

1,519

people have been supported.



89%

we helped to deliver what matters to them.

84%

maintained their independence and day to day living skills.

Home Support Service

448

Members of the service.



93%

of people felt they were able to live in their own home.



Emergency call outs as first responders via Careline.

17,507

support interventions.

Quote:

I was in a really difficult position and a Connector helped me to access so many local things that I wouldn't have managed to find myself.



Powys – Technology Enabled Care (TEC)

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£100,000

Description:

TEC is about providing technology to keep people safe in their own homes. These solutions can trigger an automatic call for assistance and support unpaid carers to keep a remote eye on their loved ones. The service provides lots of reassurance to individuals and their families and enables people to remain in their own homes including those with dementia. An example of this is the Canary Monitoring System where it was used by a family for their 90 year old mother to keep a remote eye on their mother without having to go over to her house. Sadly their mother passed away 19 months after the project was put in place but the family are reassured that they granted her wish where she never had to be admitted into a care home.

Performance Outcomes:

563

prescribed with Technology Enabled Care.



1,237

items of technology were prescribed.



£358k

projected cost avoidance to Social Care.



Quote:

We now realise how much we rely on [the technology]... who would have thought? It makes a difference.



West Wales – Carmarthenshire Intermediate Care Pathway

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£800,000

Description:

ICF investment during 2018–19 has funded a Consultant Geriatrician to implement the first phase of a virtual ward model within Transfer of Care and Liaison Services (TOCALs). Phase one focusses on Care Homes with high admission rates into hospital. A pilot at Hafan y Coed Care Home in Llanelli, which is an Independent Care Home, running since August 2018 has demonstrated significant reduction in attendance and admission to hospital and improved outcomes for individuals in being able to be treated at their home.

Performance Outcomes:

Reduced number of individuals requiring reablement domiciliary care.



30%

decrease in the number of individuals in the community waiting for assessments for care and support.



89%

reduction for the number of care and support reviews.



An average of **52%** of all patients assessed by TOCALs at the 'front door' are discharged within the same day of presentation.

Patient flow in secondary care is improved resulting in more beds available.



ICF funding for 3.4 WTE has strengthened the service. An extra registered nurse during the day has saved an extra 700 bed days in the last financial year.

Performance Outcomes:

£722,485

savings on IV antibiotic provision alone.



The pilot to current date is releasing **£22,000** per month in savings on bed days.

3,085

bed days were saved last year on IV antibiotic provision.



Quote:

The girls were lovely and really helped me, I did not want any help as I felt it would take away my independence but these girls helped me to stay independent.



West Wales – Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT)

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£160,000

(Part of Pembrokeshire Association of Voluntary Services Prevention)

Description:

The Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) scheme works collaboratively with Multi-Agency Support Team (MAST) and other community schemes such as care and repair and lunch clubs, to deliver “wrap around” support for those wanting to remain independent in or repatriated to their own communities. PIVOT adds value to a number of schemes by filling gaps in more formal provision depending on the needs of each client, e.g. providing transport out of hours for those being repatriated, ensuring they have basic groceries, fully functioning utilities and relevant minor repairs addressed on return home, liaising with families and following up with befriending and other services that address isolation where appropriate.

Performance Outcomes:

761

referrals to the service.



96

supported discharges at front door of acute services.



462

admissions prevented.



4,716

bed days saved.

Quote:

“PIVOT are amazing and due to the support Mum was able to stay at home and Dad didn't worry too much about not being there for his wife.”



West Wales – 3rd Sector Community Resource Team

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£268,292

Description:

This project is a creation of a collaborative working partnership between key 3rd Sector partners in Ceredigion which provides blended, timely and appropriate support to address the cause of issues faced by those who are frail and elderly by testing an alternative delivery concept.

Performance Outcomes:

53

new
Clients.



623

interventions.

2,536

hours of
support.



97%

users reported an increase in being able to do the things that are important to them due to receiving the service.



100%

of service users felt actively involved in decisions about their care and support.

Quote:

Thank you so much for your care and support after I came out of hospital. You made a huge difference at a time when I was really anxious and very ill, I don't think I could have coped without your support. Now my finances are improved I feel much more able to manage the changed circumstances.



Western Bay – Optimal Model

Older people with complex needs and long term conditions, including dementia

ICF Budget Allocation:

£5,706,000

Description:

The Optimal Model is a community based service for over 65 year olds to support them at home when they are unwell; getting them home from hospital as quickly as possible to have support in their own home after a hospital admission to help them stay independent. The service is made up of various components. The first one is the Common access point where it is a single contact point for referrals to adult social care to ensure residents speak to the right people in the Acute Clinical Team and provides rapid medical and nursing assessments and interventions. Reablement is where short term support is provided to people, and skills are introduced to manage daily living tasks and continue to live independently. The third sector/voluntary sector link person offers advice and assistance about community services; local charitable organisations also support people to get home after being in hospital.

Performance Outcomes:

39,473
is the number of bed days saved.



£5,328,855
in bed days saved.

1778

discharges facilitated from various elements (includes the Acute Clinical Team and Reablement services supporting individuals in terms of hospital discharge and in the community to prevent admission to hospital).

Quote:

The staff have been polite, brilliant, everyone has been so lovely, amazing, feels like having a party with my friends – they don't get enough thanks and would definitely recommend the service, it is a fair better world with them and they did a miracle for me.



Western Bay – Swansea Parent Carer Hospital Project

Carers, including young carers

ICF Budget Allocation:

£15,000

Description:

The project aimed to improve the outcomes and well-being of 200+ parent carers and their families by identifying hidden parent carers and offering them 1-1 and group support, signposting, advice and guidance in Hafan-y-Mor, Singleton and paediatric services in Morriston hospital. They want to identify more and provide better, proactive support to parent carers in Swansea. They provide quality, timely support services for families of children and young people 0-25 with disabilities/additional needs.

Performance Outcomes:

Over
200
parent carers and families were support by this project.



70+
1-1 sessions were delivered to parent carers.

3
volunteers were recruited to support the project.



Quote:

It's hard being a parent, it's really hard being a parent carer, it's awful that everything you try to get help with/access/get support with becomes yet another battle and yet another drain on your already depleted energy levels! It should not be that hard!



Western Bay – Commissioning for Complex Needs

People with learning disabilities

ICF Budget Allocation:

£493,215

Description:

The Commissioning for Complex Needs Programme is transforming the lives of people with learning disabilities and mental health issues receiving care services. The programme encourages progression, which empowers people to support themselves and become less reliant on services in the longer term. Outcomes are identified which are then reviewed to ensure individuals are meeting their full potential. These include promoting independence and progression, identifying personal and wellbeing goals, value for money, ensuring the conversation with individuals is around “What matters to me” and outcome focused care plans for all individuals.

Performance Outcomes:

127

New outcome focused care plans for individuals completed between 2018–19.



Numerous case studies developed showing individuals' progression pathways.

£1,965,038

saved between 2018–19.



Quote:

Effective joint – working is an absolute must in this business, and the process is a good means of facilitating this. It's a structured and supportive way of managing a person's progression and helping them take steps to build their confidence and live more independently.



Cardiff and Vale – Young On-set Dementia (YOD) Centre

ICF Budget Allocation:

£472,704

Description:

The project involved the upgrade of an 18 year old ward at Barry Hospital and surrounding day hospital space. The redevelopment provides a more appropriate environment for patients diagnosed with dementia under the age of 65 who present with challenging behaviours and psychiatric symptoms such that they could not be managed at home or in care home placements. It also involved the creation of a suitable team base for the multi-disciplinary Young Onset Dementia (YOD) Team to be located near to the inpatient ward. Refurbishment of the day unit, ward and garden areas created new and appropriate space to improve the patient experience and facilitate therapeutic activities for service users and carers in a suitable and safe environment. More space to support very active patients was a key requirement of this project.

Outputs:

An age-appropriate, safe environment for inpatients, families and community groups and appropriate space to work with third sector and Local Authorities to improve services to meet the needs of the YOD team caseload (average **142** patients at any one time for the Cardiff and Vale population).

Enabled a new pathway for patients so they can access acute assessment and respite on the unit, rather than coming in to unfamiliar elderly wards in Llandough (unless risk assessment indicates otherwise). Continuity of care and appropriate respite care in the YOD centre will reduce patient and carer stress and the need for urgent inpatient admissions.

More space for inpatients who are more active will maximise quality of life and improve physical and mental health and well-being.

Quote:

“It is nice to see people with dementia being given somewhere nice to stay, even if that stay is sadly in hospital.”



Cwm Taf – Transition Accommodation for Young People with Complex Care

ICF Budget Allocation:

£320,000

Description:

The project was developed to address the need for immediate residential placements and crisis intervention, offering single occupancy and short term assessment, to ensure adequate assessment and planning is undertaken, which would enable young people to step-down to suitable alternative accommodation provision. The project provides a model of transitional accommodation for young people whose needs are best met through a specified model of care. The review of residential care undertaken by Cordis Bright in 2018 highlighted that whilst no specific model of care had sufficient evidence for wholesale support, key features should be adopted. This project has adopted a trauma informed approach to offer a positive intervention and stability to the lives of children and young people.

Next Steps:

The application to register the home with the Care Inspectorate Wales (CIW) has been submitted and is in the process to meet the requirements of the Care Homes Regulation National Minimum Standards and Regulation and Inspection of Social Care (Wales) Act 2016.

The process of recruiting a staff group for the home has begun with the aim of becoming fully operational within the next 3 months.

The project meets the requirements of the Cwm Taf Regional Strategy for supporting children, young people and families through providing more children and young people to be supported to live with their families safely and improving the wellbeing opportunities for the children and young people who become looked after.



Gwent – Oakland's Children's Accommodation and Respite

ICF Budget Allocation:

£505,000

Description:

Oakland's is the only disabled children's residential respite provision in Gwent and was officially opened in July 2019. The project is a five bedded children's home which provides planned overnight short breaks for children with a range of disabilities in a safe, nurturing and stimulating environment as well as day service. The service benefits from an integrated approach. Staff from the children's community nursing team often work alongside Oakland's staff in providing respite for children with the most complex health needs. This enables children with significant health needs to access a homely, sociable environment for regular respite breaks. The focus of the service is very much preventative. Children assessing Oakland's have very complex needs and all live within their family home, with either their parents or guardians as their main carers. The purpose of this refurbishment project is to maximise the number of children and their families who will benefit from this service and to provide an environment that provides for the enjoyment and independence of the children accessing it.

Performance Indicators:

Measurement of outcomes will be evidenced through increased capacity; a greater number of beds utilised per month.

The impact to children and their carers will be measured by review of their care and support plans.

Quality assurance questionnaires will assess whether carers acknowledge that they could not continue with their caring duties without access to this service.

Quote:

The feedback from the families following the reopening has been extremely positive. Parents and carers are amazing but do sometimes need a short break from those caring responsibilities. It is important that the children have an enjoyable experience when they visit or stay in Oakland House and these improvements will help to make those experiences even more special.



North Wales – Hwb Cyfle – the “Opportunity Hub”

ICF Budget Allocation:

£845,538

Description:

A construction of a new, purpose built Adult Day Centre and community centre for people with profound and multiple Learning Disabilities. Hwb Cyfle replaces a previous centre which is no longer fit for purpose, with an optimum space and facilities for the provision of high quality support to meet the needs and defined outcomes of those who use the centre to develop new skills, build confidence and independence and create and maintain positive personal relationships. The development has provided the local authority and partners, including the Health Board with an environment to provide a more integrated service and opportunities for wider community use outside of service hours for day.

Outputs:

After construction was completed in July 2019, services are now running from the new and enhanced premises through a partnership with the service provider.

The new building and service design has required a change in culture and expectations, a greater focus on independence and focus on achieving what matters to the service user.

Feedback from service users has been overwhelmingly positive.

Development opportunities to find supported work placements at the local Rugby Club.

The development has received a positive response from the wider community.

The number of people who are choosing to use the service (compared to those offered in the original building) is increasing.

The design and construction process has been fully inclusive with citizens, family groups, staff and wider stakeholders being continuously engaged in all stages.

Quote:

Staff said: It's made a big difference to the people we support, it's about validity – making them know they are valued with a new building to attend. Nice to see everyone settled and happy". A parent of an individual who uses the centre has said: I have visited the building several times recently and it is all that we could have wished for the benefit of the users.



Powys – Llanwrtyd Wells Refurbishment

ICF Budget Allocation:

£12,000

Description:

Funding was utilised to refurbish the kitchen at the Llanwrtyd Wells Day Care/Community Centre. Llanwrtyd Community Transport (LCT) are a social enterprise who have over 16 years of experience supporting the local community via its community transport scheme. The organisation provides a diverse range of transport services, wherever possible linking with existing bus and rail routes. 1 in 4 people in the catchment area are unable to drive or do not have access to a car. They endeavour to increase social inclusion and improve quality of life for their customers. The centre is used regularly each Tuesday and Thursday as a coffee club for people of all age groups to encourage interaction and combat isolation which is often prevalent in rural communities.

Outputs:

An increase in number of people within community utilised the community centre by ensuring a wider offer of support / services are available from the centre.

A reduction in isolation and loneliness from vulnerable groups within the community; and a sustainable and self-sufficient service delivery model.

Quote:

Staff said: **The hub, the community centre and the newly refurbished kitchen is such a wonderful resource. When I am out meeting people who are socially isolated in the community, it gives me something to connect to. It's a place where they can come and meet other people - with the added benefit of transport which enables everyone not just in the actual town but the surrounding areas to be able to access a wonderful resource.**

A member said: **This is fabulous and the new kitchen extension, it gives new life to this side of town. People also come here from Beulah. We have a coffee morning twice a week, it's just great. I was talking to a 98 year old lady who comes here, who wouldn't get out otherwise, and a hub for younger people with learning disabilities. People can come have a coffee, a sit down, and you'll know you've seen someone. It breaks the circle of isolation.**



West Wales – Disability Ski Project

ICF Budget Allocation:

£31,787

Description:

The disability ski and cycle project is based at Pembrey Country Park and enables individuals with physical disabilities, brain injury and learning disabilities to access the sports with specialised ski equipment and adaptive cycles. The Ski and Cycle centre at Pembrey has undergone a restructure and refurbishment with a dedicated changing room for disability use. The changing room includes an electrically operated height adjustable changing and shower bed and H frame ceiling tracking hoist. The grant also obtained a new sit ski with two different seat sizes. The Cycle for All project benefited from additional cycles and equipment. The Ski & Cycle centre changing room will benefit all users and visitors to Pembrey Country Park.

Outputs:

To enable individuals that would have usually been excluded from participating in the Ski and Cycle projects.

To increase the participants health, wellbeing and quality of life.

Quote:

So nice to see a disabled toilet with a hoist and bed. Shower and shower bed are a bonus.

Congratulations to everyone at the ski centre for this. It will make such a difference to families visiting that area of the park.



Western Bay – Supported Living Accommodation for Complex Needs Project – NPT

ICF Budget Allocation:

£272,500

Description:

The development of two bespoke supported living schemes for adults with complex needs that are currently residing in care homes, who have been identified as having the potential to be enabled to progress into supported living schemes and have indicated that they would like to move into their own homes.

Performance Outcomes:

Preparation of project specific brief – November 2018.

Identification of suitable property – December 2018.

Negotiate property purchase (RSL) – January 2019.

Completion of purchase of property – March 2019.

Tender in process for identifying provider to deliver support.

Two people confirmed to move in and third in progress of assessment.

Transition planning implemented to support people with their move.