



Llywodraeth Cymru
Welsh Government



Integrated Care Fund

Revenue, Capital and Dementia Guidance

2021-2022

Supporting A Healthier Wales: our long term plan for Health and Social Care

Integrated Care Fund Guidance

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CHAPTER 1: INTRODUCTION AND OVERVIEW

1. The Social Services and Well-being (Wales) Act 2014 ('the Act') provides for regional partnership boards which bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers. The boards must ensure the efficiency and effectiveness of service delivery.
2. The Wellbeing of Future Generations (Wales) Act 2015 promotes the principles of long term, prevention, integration, collaboration and involvement to help public bodies undertake better planning for the wellbeing of our population and future generations. The Integrated Care Fund (ICF) can therefore significantly to putting into practice the ways of working as set out in Wellbeing of Future Generations Act.
3. [A Healthier Wales: Our Plan for Health and Social Care](#) sets out the Welsh Government's long term future vision of a 'whole system approach to health and social care,' which is focussed on health and wellbeing, and on preventing illness. *A Healthier Wales* makes clear the expectation that regional partnership boards will drive this transformation. The ICF is a mechanism to support the delivery of various requirements of the Act and help regional partnership boards deliver on the vision contained in *A Healthier Wales*.
4. Although this Programme for Government initiative was due to come to an end in March 2021, Ministers have agreed a 12 month extension until March 2022. This will allow time for a new approach to regional resourcing to be developed in readiness for April 2022. The scope and scale of future regional resourcing is currently being developed and will need to be agreed by Ministers. Further information will follow in due course.
5. To provide continuity, the ICF objectives and priority areas for integration which have been in place since 2017-18 **will remain in place for the financial year 2021-22**. However, the £2million investment previously ring-fenced for delivery of the Wales Community Care Information System (WCCIS) will now be changed to support a new priority group. Separate arrangements are being put in place to support the continued role out of the WCCIS system across Wales and regional partnership boards will be separately notified about this change and alternative funding arrangements.
6. From April 2021 this £2million will be invested to support jointly commissioned projects which provide safe accommodation for children with complex high end emotional and behavioural needs. This is in direct response to the Children's Commissioner for Wales' report, *No Wrong Door* and in line with current Ministerial priorities. Further information on this new funding category is on page 7.
7. In this final year the ICF will continue to support the Integrated Autism Service (IAS).
8. This document provides guidance for regional partnership boards in relation to both the revenue and capital elements about the ICF's objectives and priorities; conditions; governance

requirements; and reporting arrangements to Welsh Government. It also sets out the key considerations and arrangements that need to be put in place to bring the current ICF programme to an effective end by March 2022. Further details are at paragraphs 157 -160.

9. This guidance should be read in conjunction with the [Part 9](#), section 169 [Statutory Guidance](#) (Partnership Arrangements) and the Code of Practice made under [Part 2](#) section 9(1) ([General Functions](#)) of the Act.
10. The ICF aims to drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors. It is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of **integration and prevention**. Evaluation and learning lie at the core of the ICF and it is essential that any ICF programmes or projects are designed with this in mind.
11. Housing plays an important role in people's health and well-being. When housing is properly considered and integrated with health and social care it can have significant benefits to people and the healthcare services. It is important to recognise that housing is the platform to prevention and early intervention for social care in order to make services more sustainable. This is the purpose for which the ICF Capital programme was established: to provide housing and accommodation to support models of care which enable vulnerable people to live independently, or regain independent living via intermediate care settings, and the provision of local accommodation for vulnerable people who might otherwise be placed in placements at a distance from family and friends, including out of county and out of country. Projects supported by ICF capital should reduce the need for hospital admissions, residential care and out of county/country placements, by providing specialised accommodation for older people, or people with complex needs as well as accommodation which is integrated with other health and social care services, such as primary care and community based services. There is an opportunity to use ICF capital alongside other sources of infrastructure investment.
12. Statutory Guidance identifies the following groups as priority areas of integration and all regional ICF programmes must address them proportionately, in line with their regional population assessments and area plans:
 - Older people with complex needs and long term conditions, including dementia;
 - People with learning disabilities;
 - Children with complex needs; and
 - Carers, including young carers.
13. Following changes made to the statutory guidance in relation to Part 9 of the Act the definition of children with complex needs now comprises:
 - children with disabilities and/or illness
 - children who are care experienced
 - children who in need of care and support
 - children who are on the edge of care/at risk of becoming looked after

- children with emotional and behavioural needs.
14. For these priority groups, the fund aims to find new integrated service delivery models and approaches that will:
- enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges;
 - enable families to meet their children's needs and help them to stay together;
 - support carers in their caring role and enable them to maintain their own wellbeing;
 - support the development of integrated care and support services for individuals with complex needs including people with learning disabilities, children with complex, 'high-end' emotional and behavioural needs and autism;
 - offer early support and prevent the escalation of needs; and
 - promote emotional health and wellbeing as well as prevent poor mental health.

CHAPTER 2: OBJECTIVES AND PRIORITIES

15. Regional partnership boards should consider how they can effectively utilise the ICF to achieve various principles and specific requirements contained within the Act including:

Integration

16. The ICF is intended to assist regional partnership boards in developing and testing new integrated models for delivering health and care. This will include:
- **Partnership working and co-operation** - regional partners are expected to take a collaborative and co-productive approach to planning, designing, testing and evaluating ICF projects across the region, with a view to enhancing and mainstreaming successful integrated models and practice.
 - **Workforce** - projects should include a clear focus on developing the necessary skills, behaviours and cultures that will support change and develop effective integrated delivery teams and services. The learning taken from projects developing successful integrated teams should be used to inform and shape mainstream practices.
 - **Infrastructure** - partners should consider how their wider collective resources such as accommodation, systems, IT infrastructure and equipment can be shared and contribute to the delivery of ICF projects. ICF funding can also be used to support: project and programme managements costs; regional partnership board support and development; regional commissioning activity; feasibility studies; research and evaluation as well as capacity to support the engagement of service users, carers and third sector work of regional partnership boards.

Priority Allocations

17. Regional partnership boards must utilise the ICF to support schemes and activities that provide an effective integrated and collaborative approach in relation to the following priority areas for integration:

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

The ICF should support older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions. There should be a strong focus on Delayed Transfers of Care to ensure people are discharged in a safe and a timely manner, protecting and upholding older people's rights and on preventing people from becoming lonely and socially isolated. ICF Capital can be used to fund new Extra Care and other housing schemes for older people, including people with dementia.

Dementia Action Plan:

[Dementia Action Plan 2018-2022](#)

Projects should also support the implementation of the Dementia Care Standards which have been communicated separately

People with learning disabilities: The ICF should support the health and social care aspects of the Learning Disability Improving Lives programme, published in June 2018. The recommendations in this report are extensive and focus on three key priorities – the reduction of health inequalities, increasing community integration and improving planning and funding systems. During the COVID-19 pandemic and recovery period, the ICF should also address the impacts of the pandemic on people with learning disabilities, taking account of the re-focussed actions under the Improving Lives Programme, which is due to be published soon. In addition, when commissioning independent living accommodation for people with learning disabilities and making use of ICF Capital, the *Guidance: Commissioning accommodation and support for a good life for people with a learning disability* issued by the National Commissioning Board in 2019 should be followed:

[Learning Disability Guidance - Commissioning Board 2019](#)

Children with complex needs due to disability or illness:

Paragraph 13 sets out the definition of children with complex needs.

Families with children with a complex range of needs should experience holistic, seamless care and support that helps them achieve what is important to them including physical, emotional and mental wellbeing in line with the *No Wrong Door [1]* recommendations of the Children's Commissioner for Wales and from her annual reports.

Projects in this category can include support for children and families related to neurodevelopmental assessment services and for post diagnostic support where a diagnosis has been received and for multidisciplinary therapeutic interventions which best meet the child's needs.

Funding for this group of children should not be drawn from the allocation to support children on the edge of care/at risk of becoming looked after, although it is expected that the two allocations for children will complement each other.

The discretionary element of ICF Capital funding can be used to support housing adaptations for children with complex needs where the cost of the adaptation is in excess of the £36,000 upper limit for a mandatory Disabled Facilities Grant.

Safe accommodation for children with complex, high end emotional and behavioural needs to prevent escalation to/facilitate de-escalation from secure or inpatient care

This is a new priority for 2021-22.

Families with children with a complex range of needs should experience holistic, seamless care and support that helps them achieve what is important to them including emotional and mental wellbeing. This is in line with the *No Wrong Door*¹ recommendations of the Children's Commissioner for Wales and from her annual reports.

RPBs estimate there are around 200 children across Wales that require residential and specialist care and support to meet high end need. 'High end' need is defined as severe emotional and behavioural needs that may or may not have a diagnosis that requires intensive therapeutic interventions. This type of residential provision would be designed to avoid escalation of need that could result in a secure welfare placement or tier 4 inpatient mental health placement. It could also be used as 'step down' provision to enable discharge from a secure or tier 4 setting and it could help with avoiding placements out of county or out of Wales.

This high end need is best met via jointly commissioned, integrated health and social care provision, therapeutic in its approach and with other disciplinary input as required to meet the child's needs.

£2million of ICF revenue is therefore available in 2021-22 to support an integrated, regional solution for this type of accommodation and will enable regions to develop and test out new models of delivery. The funding is intended to pump prime the regional development of this type of service and Expressions of Interest from regions will be invited in January. Expressions of Interest will need to set out plans for sustaining the service after one year including a commitment to retain the service in line with the original proposal.

In anticipation of expressions of interest being sought, regions should familiarise themselves with the guidance prepared by the National Commissioning Board on commissioning these services which can be found here:

[Guidance - Commissioning of services for families, children and young people with complex needs](#)

It is expected that ICF capital will play a key role in the provision of local accommodation for children with high end emotional and behavioural needs and that regions will be able to demonstrate how this has reduced the number and cost of out of county/out of country placements. Regions should prioritise capital funding to meet this specific need in their capital investment plans. Further guidance on the use of capital funding is at paragraph 67 and 91.

The £2m ring-fenced sum for safe accommodation projects does not preclude all RPBs from investing some of their allocation from the £15million for children who are on the edge of care or looked after from also investing in these types of accommodation services.

Carers, including young carers:

While it is recognised that carers can **indirectly** benefit from support provided to those they care for, ICF programmes should also include projects which provide **direct** support for carers, aiming to improve their own well-being. Other areas in which projects can provide help for individual carers, of any age, are identified by the three national priorities for carers. Projects should support delivery of these strategic objectives. The 3 priorities are:

- Supporting life alongside caring – all carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring;
- Identifying and recognising carers – the need to improve carers’ recognition of their role, and ensure they can access the necessary support; and
- Providing information, advice and assistance – ensure carers receive the appropriate information, advice and support when they need it.

Click [here](#) for further information on the three priorities.

Children on the edge of care/at risk of becoming looked after, in care or who are adopted:

The ICF should be utilised to work with families to help them stay together safely and prevent the need for children to become looked after. Regional partnership boards will be required to work within a shared strategic context which comprises of and works to achieve local authorities’ children’s services priorities. Creative and integrated approaches to implementing and delivering services which support families going through difficult times to help them stay together and which safely avert the need for care are to be prioritised. Priority should be given to developing regional approaches to supporting families, with local authorities including education and housing, health boards and the Social Value Sector all playing key roles.

Such approaches can build on existing models which have been shown to work well. For example, family re-unification services to support parents who have had children removed so they can have the chance to recover, rebuild and parent positively and responsibly. Preventative interventions such as Parental Advocacy and Family Group Conferences are successful in averting the need for children to enter care, providing families on the edge of care the opportunity to co-produce a plan for the care of their child (ren) to enable the family to remain together.

There should be a clear focus on providing therapeutic support for children on the edge of care and care experienced children including those who have been adopted, reducing the need for more intensive forms of support. For example, developing provision for children with complex needs / challenging behaviour who are at risk of going into secure accommodation.

18. Expenditure must be spread across all the priority areas for integration to ensure that all these vulnerable groups can benefit fully from the fund.

Integrated Autism Service (IAS)

19. The IAS will continue to be supported via the ICF in 2021-22.¹ ICF revenue funding allocated to support the IAS is 'ring-fenced'. Regions can transfer additional money to this allocation, subject to the agreement of the Autistic Spectrum Disorder (ASD) National Lead and Welsh Government. Funding allocated for the IAS cannot be used for other purposes. Regional partnership boards may wish to support projects for children with autism under the children with complex needs priority group as the IAS does not provide direct support for children.

Dementia Action Plan

20. The Dementia Action Plan for Wales 2018-2022 was published on 14 February 2018. Following the launch, regional partnership boards were asked to take a fundamental look at the existing dementia services and care pathways in each area and develop services which addressed any gaps identified, in line with the dementia plan. The main themes of this plan include enabling people living with dementia to maintain their independence, in keeping with the focus of ICF.
21. Additional money has again been allocated to ICF to support new projects and services for people with dementia, or to add additionality to projects that are already existing. These projects should identify how they link with broader services for the elderly population and consideration should also be given to the role of both the housing and social value sectors in supporting this work.
22. Proposals must illustrate equitable access across the population with outcomes giving due consideration of all protected characteristics. Funding requests for any scheme/activity that has involved engagement with service users and carers, delivers measurable outcomes and directly correlates with the Dementia Actions listed in the Dementia Action Plan, will be considered on their own merit against the following outcomes:
 - 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.

¹ Ministers have made a commitment to continue providing recurrent resources for the IAS (£3million annually) beyond 2021 to support services for people with autism following the completion of a demand and capacity review. The Integrated Autism Service provides services for adults and for parents and carers but not for children directly.

- 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.

Projects should also support the implementation of the Dementia Care Standards which have been communicated to RPBs separately.

23. The Dementia Action Plan will conclude in 2022 however the ongoing evaluation being undertaken will inform the content of future action plans and its subsequent outcomes. Projects that are envisaged to continue post 2022 will need to be flexible to respond to any relevant changes.
24. Capital programmes should prioritise expanding the stock of specialist accommodation (such as Extra Care and other dementia friendly schemes) to enable people with dementia to continue to live independently in their own home for as long as possible.
25. Welsh Government may issue future updates relating to the use of ring-fenced allocations as appropriate.

Social Value Organisations and third sector

26. The ICF is an important lever to bring about an improved culture in the way services are planned and delivered. The social value/third sector must be a key strategic partner in the development and delivery of ICF programmes and projects.
27. Section 16 of the Act places a duty on local authorities to promote the development in their area of social value organisations to provide care and support and preventative services. These alternative delivery models include social enterprises, co-operatives, user led services and the third sector.
28. Regional partnership boards should consider how the ICF can be used to contribute to discharging the duty to promote the development of alternative delivery models in relation to the priority areas for integration set out above.
29. The duty to promote social value organisations requires local authorities to take a pro-active approach in promoting the involvement of people in the design and delivery of services.

Further guidance and detail on section 16 is set out within the [Code of Practice in relation to Part 2 – General Functions](#).

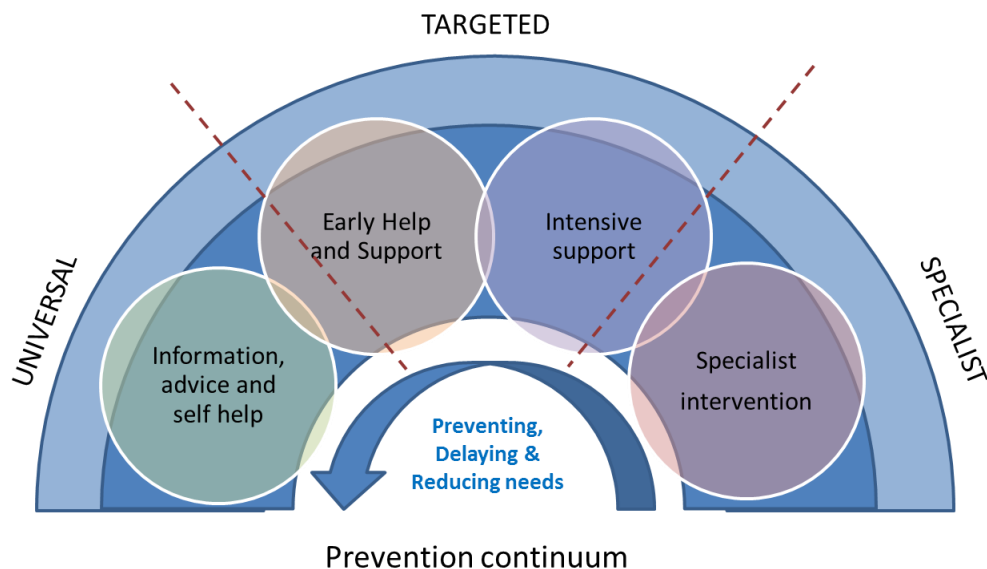
30. The Part 2 Code of Practice also places a duty on regional partnership boards to establish regional social value forums. In 2018 Welsh Government launched the [Social Value Toolkit](#) to assist with promoting social value in the delivery of care and support services and the development of Social Value Forums. These forums will have a key role to play in the strategic development and delivery of ICF programmes and projects. Regional partnerships boards are expected to engage with the social value forums to ensure social value and third sector stakeholders are able to influence and shape projects and services using co-production principles as set out in the Code of Practice.
31. ‘Social Value Sector’ is defined within the context of section 16 of the Social Services and Wellbeing Act which refers specifically to social enterprises, co-operatives, user led services and the third sector. Further useful information can be found in the Welsh Government sponsored report, ‘Supporting Care Commissioners and Procurers to Promote Social Value Models’, published by the Wales Co-operative Centre in December 2020: [Social Value Models](#).
32. Welsh Government recognises the increased ICF investment in social value/third sector projects and models of service delivery over the last two years. However, based on investment to date, across Wales only 12% of the ICF revenue funding is being used to support this important sector. This is short of the 20% that was hoped to be achieved by March 2021. Regional partnership boards are therefore expected to continue to develop ICF projects and services that support this sector ensuring that by the end of the programme, by March 2022, at least 20% of their revenue spend is on social value/third sector projects and services.
33. The Code of Practice for Funding the Third Sector (Annex to the Third Sector Scheme) sets out the key principles the Welsh Government must comply with when funding third sector organisations. It is also expected that Welsh local authorities’ and where relevant local health boards’ adherence to these principles will be reflected in local Third Sector Compacts.
34. The Welsh Government’s [Third Sector Scheme and code of practice](#) can provide helpful information and guidance on what arrangements can be put in place to ensure the social value sector is able to play a full and active part in the planning, development and delivery of ICF projects. This should include considering how revenue funding can be effectively delivered so as not to disadvantage social value organisations, such as providing for advanced payments where evidence of need is clearly established.

Prevention

35. There is a need to focus on prevention and early intervention to make services sustainable into the future. Section 15 of the Act places statutory duties on local authorities to providing or arrange the provision of preventative services to achieve various purposes set out in

subsection 15 (2) of the Act, including preventing or delaying the development of care and support needs. Local authorities and local health boards must when exercising their functions have regard to the importance of achieving these purposes in their areas. Further guidance and detail on section 15 is set out within the [Code of Practice in relation to Part 2 -General Functions](#). Annex A of this guidance sets out the full list of purposes contained in section 15(2).

36. Regional partnership boards should utilise the ICF to contribute to discharging the requirements to provide preventative services specifically in relation to the priority areas for integration set out in paragraphs 12-14. Prevention activity can occur across the continuum of need ranging from early help and advice through to de-escalation activity. ICF programmes should have a range of activity that is spread across the range of prevention with a view to moving increasingly towards ‘up-stream’ or early prevention projects. This includes the provision of specialised accommodation and intermediate care settings through the capital programme. The diagram below outlines the different levels of preventative activity that the ICF can be invested in.



37. Regional partnership boards should be innovative in their approach to preventative services, making best use of resources, achieving value for money and proactively engaging with citizens, the third sector, social value organisations and other providers to meet identified need.

Loneliness and Social Isolation

38. Increasingly we are aware of the detrimental effect of loneliness and social isolation can have on people’s physical and mental well-being. The publication of “Connected Communities” in February 2020, was an important first step for Wales in tackling loneliness and social isolation; setting out our four key priorities:

- increasing and promoting opportunities for people to connect
- a community infrastructure that supports connected communities
- cohesive and supportive communities
- building awareness and promoting positive attitudes.

39. Here is a link to the [Connected Communities](#) publication

40. *A Healthier Wales* states:

‘A holistic approach to supporting health and well-being will go beyond providing support services in the home or in residential care. For example, community activities and regular contact with friends and neighbours will help people to stay active, and reduce loneliness and isolation, supporting mental and physical health. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours as well as themselves. A whole system approach will enable all of these people and teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect.’

41. ICF schemes and activities should seek to support this important agenda where possible across all of the priority areas. Social prescribing will also have a vital role to play in helping to tackle these issues and improve people’s wellbeing outcomes.

Population Assessment and Joint Area Plans

42. All effective planning needs to be based on clear evidence. Local authorities and health boards are required by section 14 of the Act to jointly undertake an assessment of care and support needs, including an assessment of the level and range of services necessary to secure preventative actions. The partnership arrangements put in place under section 166 of the Act provide for the production of combined population assessment reports on the health board footprint. Further guidance and detail on section 14 is set out within the [Code of Practice in relation to Part 2 - General Functions](#). The purpose of these assessments is to provide a clear and specific evidence base to inform a range of planning and operational decisions.

43. The timings of each full assessment exercise are aligned to local government election cycles. The current assessments were completed in 2017, with the next scheduled for April 2022. For their new assessments regional partnership boards should work closely with Public Service Boards who will simultaneously be developing their own wellbeing assessments. The collective pooling of resources, and extensive external engagement, will create a greater understanding of the national landscape over a number of sectors and enhance evidence-based planning to address people’s needs. All regional partnership boards are nevertheless required to ensure their assessment findings are fit for purpose and should be reviewed at

least once during this cycle. In light of this and the need to fully understand the impact of Covid 19, regional partnership boards revisited their previous findings and were made publicly available in October 2020 as part of their annual reporting requirements,

44. Section 14A of the Act then requires local authorities and health boards to produce a joint area plan. These joint area plans must provide a description of the range and level of services proposed to be provided or arranged in response to the care and support needs, including the support needs of carers, identified in the population assessment reports. Joint area plans must focus on the integrated services planned in response to each core theme identified in the combined population assessment report.
45. Local authorities also have a general duty, under section 75 of the Act, to take steps to secure sufficient accommodation for looked after children. Where appropriate, local authorities may wish to consider regional approaches for specialist placements. Sufficiency assessments will help inform local and regional placement commissioning plans, which will in turn feed into the joint area plans.
46. All projects and activity that the ICF is utilised for must address care and support needs identified in a region's combined population assessment report and support the delivery of joint area plan. In particular regions should take account of their most recent assessment of need and reflect on the impact of those most affected groups and how services may need to change in order to meet needs in the new landscape following the recent Covid 19 pandemic.

ICF Capital - Strategic Context

47. The ICF capital programme is a housing-led programme. The aim of the ICF capital programme is to deliver more housing and accommodation for vulnerable people identified in the ICF priority areas for integration. It supports a model of care that promotes independent living in local and appropriately sized accommodation for older people, people with learning disabilities and children with complex needs.
48. If we are successful in achieving this, this would mean:
 - fewer or no out of county/out of country placements
 - older people and people with disabilities able to live independently for longer
 - a reduction in demand for hospital and residential care beds
 - more local facilities
49. The strategic context to this is important and regions will need to review how proposed projects meet the objective of promoting independent living in local and appropriately sized accommodation.
50. In this context, Welsh Government will require each region to develop an ICF capital Programme Plan and Objectives which sets out what their priorities are over the next 5 years.

This will assist and provide regional partnership boards with a basis for making decisions on which projects to support. This will be based on:

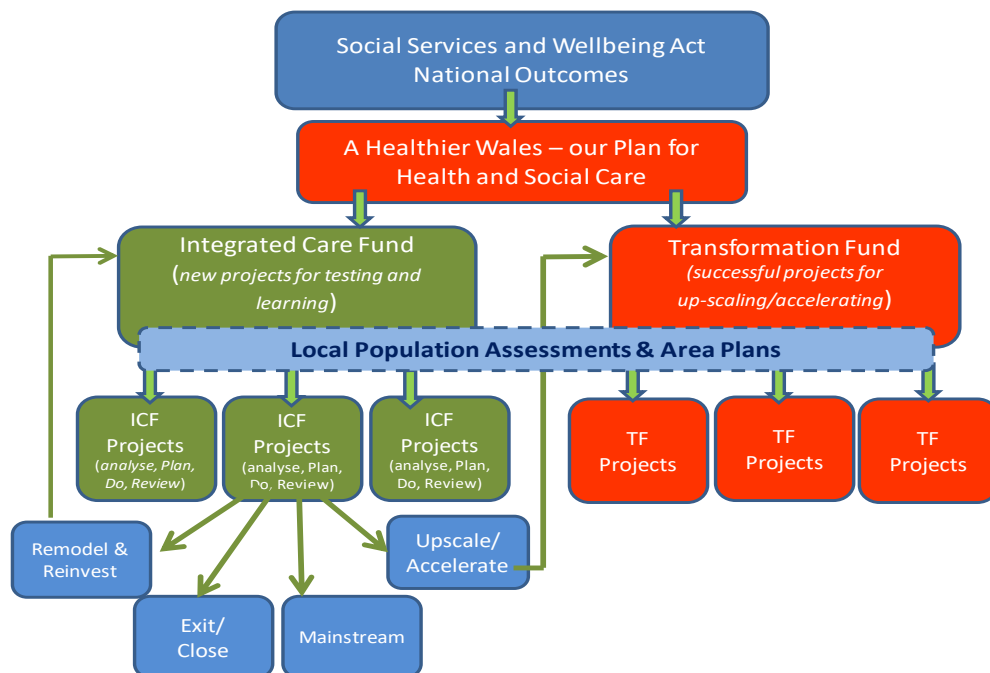
- the current supply (number of units of accommodation for each priority group and a short description)
- the unmet needs required (number of units for each priority group over the next 3-5 years, in order to respond to demographic pressures; changing population health profile; eliminating the need for
- out of county/country placements out of a person's local area within the home county, and other inappropriate placements; and changing models of care e.g. a shift from residential care to independent living);
- the projects planned over the following 3-5 years which will meet the unmet need.

51. The ICF Programme Plan and Objectives will need to take into account the wider requirements for the production of combined population assessment reports at a regional level, as well as Area Plans. A region's ICF capital allocation should be used to meet the housing needs of the groups of people identified in assessments carried out by local authorities. This will require ongoing dialogue between health boards and local authority social services and housing departments as well as housing providers and associations operating in the region.
52. Regions must provide their ICF Programme Plan and Objectives before the end of March 2021 to ensure it informs the proposals for funding available in 2021-22. No new ICF Capital projects will be approved until the ICF Programme Plan and Objectives has been assessed by the ICF Capital team and it is clear that new proposed projects respond to need. This does not affect projects in a region's Main Capital Plan which have already been approved.
53. It is for regional partnership boards to decide which projects take priority in line with their statutory duties. However, if a project proposal does not respond to an unmet accommodation need identified in the Programme Plan and Objectives, the Welsh Government may decide not to support the proposal through the ICF Capital programme.

General Principles

54. The ICF should support delivery of outcomes reflecting the national well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives as identified in the [National Outcomes Framework](#).
55. A Healthier Wales: Our Plan for Health and Social Care sets out a clear vision to transform the health and social care system through the provision of integrated and seamless care services. Regional partnership boards have a central role in making this happen by bringing together health, social services, the third and independent sector to provide effective and efficient integrated care services. The Welsh Government has made a £100million Transformation Fund available over two years via regional partnership boards to support this agenda.

56. We also want to make it easier for people to remain active and independent in their homes and communities. The ICF capital programme of £145million over four years can play a significant role in providing infrastructure to support this objective.
57. Housing and Social Care are both priority areas in *Prosperity for All* which includes a specific action to “*Incentivise housing providers to build homes which respond to the challenges of an ageing population and which enable people to live independently and safely in their own homes for longer*”.
58. The ICF was established to test out innovative models of integrated care and can also help realise the ambition of *A Healthier Wales*. In this broader context regional partnership boards should deliver the ICF across Wales making links with the Transformation Fund to enhance, accelerate or scale up projects that are successful.
59. The diagram below provides a high level overview of the connections between the Social Services and Wellbeing (Wales) Act, *A Healthier Wales*, Local Area Plans, the ICF and the Transformation Fund. Investment plans and project proposals should be able to demonstrate a ‘gold thread’ linking projects back to Area plans, *A Healthier Wales* and the Act. *A Healthier Wales* sets out its ‘quadruple aim’ as a central idea to help develop a shared understanding of how we want our system to develop and how we will prioritise change. The Quadruple aim will also provide a framework to report on progress towards achieving the future vision, the four themes being;
- Improved health and wellbeing;
 - Better quality and more accessible health and social care services;
 - Higher value health and social care; and
 - A motivated and sustainable health and social care workforce.



60. A *Healthier Wales* also sets out 10 national design principles to inform the development of integrated services; these are reflected in the published Transformation Fund guidance. The development and delivery of all ICF programmes and projects should have due regard to and be informed by the Quadruple Aim and the 10 design principles as listed below.
61. With prevention, collaboration, integration and citizen engagement at its core, the ICF can also contribute to achieving the goals of the [Well-being of Future Generations Act](#). Regional partnership boards should establish links with their Public Service Board to ensure there are no gaps or duplication in the delivery of integrated services to improve people's well-being, including in relation to the ICF.
62. It is expected that regions looking for ICF support (capital or revenue) outline whether and how other sources of funding have been considered and contribute to an ICF-funded project or initiative, and how they link with existing health and social care initiatives.

Use of ICF

63. The ICF must be used to support new projects and services or provide additionality to existing ones. It cannot be a replacement for other sources of funding.
64. Regions should actively seek to ensure that projects and schemes supported are regional where possible.
65. ICF funding can be used to directly support effective regional working including the development, management and evaluation of the regional ICF programme.
66. ICF provides an opportunity to:
 - i. encourage innovation and develop new models of delivering sustainable integrated services;
 - ii. establish preventative intervention to help avoid unnecessary hospital admissions or inappropriate admission to residential care as well as preventing delayed discharges from hospital;
 - iii. develop place-based, health and social care solutions focusing (although not exclusively) on integrated, seamless models of support in line with the Primary Care Model for Wales;
 - iv. develop new approaches to prevent children from going into secure accommodation;
 - v. utilise, though not substitute, other sources of funding, such as the primary care fund, to maximise opportunities;

- vi. develop innovative projects that combine both ICF capital and revenue funds to develop and test new models of delivering health and social care and housing where appropriate;
- vii. focus resources and increase capacity of care coordination or rapid response schemes (such as community resource and multi-disciplinary teams) and the pace at which they are developed, to better meet demand and improve equity of access to services;
- viii. build on (not replace) the learning and innovation developed within key children and families early prevention programmes and develop a coherent model of prevention for children and young people across the whole continuum of need;
- ix. establish a more proactive approach, seeking to identify those people at risk of becoming 'stuck' within secondary care with a resulting impact upon their ability to return to independent living;
- x. increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services);
- xi. promote and maximise independent living opportunities, including the delivery of new approaches to housing which supports people's health and social care needs;
- xii. help families stay together or, where children and young people do need to enter care, they can benefit from a stable and supportive care environment as close to home as possible;
- xiii. help develop collaboration in needs assessment and service planning, organisation and delivery at primary care cluster level; and
- xiv. identify and support housing and accommodation solutions for people (particularly older people) with social care needs as well as people who are accommodated out of area, including individuals with complex needs and/or learning disabilities.

Use of ICF Capital

- 67. Regional partnership boards should continue to use their ICF Capital Investment Plan to set out and prioritise their strategic priorities for ICF capital during 2021-22. The Capital Investment Plan must be based on meeting the accommodation needs identified in the Programme Plan and Objectives.
- 68. Projects supported by the Main Capital Programme (MCP) may include the provision of:
 - housing and accommodation for vulnerable people;

- capital projects which support new and innovative integration of health, social care and housing;
 - larger scale building re-modelling or adaptation for new housing and accommodation purposes;
 - intermediate care facilities;
 - expenditure to evidence or explore the feasibility of larger capital investment.
69. During the last three years of the programme, the variety of projects has been vast across the regions but housing and accommodation schemes have been under-represented in a housing-led capital fund. The Welsh Government is requiring regions to have a substantial majority of housing and accommodation projects going forward. We will be monitoring spend during 2021-22 in order to inform our thinking should funding for 2022-23 and future years become available.

CHAPTER 3: CONDITIONS

ICF Revenue Funding

70. In delivering the objectives of the fund as set out in [Chapter 2](#), ICF funding:
- i. must be used to support new or additional provision of services and ways of working including those run by organisations listed in section 16 of the Act. Schemes must clearly demonstrate the additionality that will be delivered, with the impact evidenced in the quarterly returns required as part of the governance of the fund;
 - ii. may be used to build on existing good practice and to increase the scale of provision of integrated services across Wales. It may also be used as pump-prime funding to assist transformation and change and to test out new models of delivery;
 - iii. may be used to fund a range of projects, both small and large scale, to meet the Fund's objectives;
 - iv. can be used so revenue supports capital funded projects e.g. staffing for new build provision.
71. The ICF is **not** to be used:
- i. for proposals which are not related to the areas identified within this guidance document or separate Welsh Government updates;
 - ii. to substitute existing funding streams;
 - iii. to generate ongoing demand which cannot be met from within existing resources.

72. In relation to the Dementia Action Plan £9million, whilst the above principles remain extant we have previously made clear our requirement that regional partnership boards would take a fundamental look at the existing dementia services and care pathways in each area and develop services which addressed any gaps identified in line with the plan. The nature of these proposals therefore can be considered longer term.
73. ICF revenue funding is available for the 2021-22 financial year only. Regional partnership boards must take steps to ensure a full spend by March 2022 as surplus funding cannot be held beyond this date. There is no capacity to overspend. Whilst the same principles apply to ICF capital funding, regions should build up a pipeline of capital projects over multiple years to enable then to manage their capital allocations should further funding become available.
74. The funding will be allocated to health boards within regional partnerships, but spending decisions must be taken collaboratively by the wider regional partnership board. The board must have oversight and ensure the effective use and delivery of the ICF. The fund is designed to promote partnership and collaborative working and the decision making on how it is used must reflect this.
75. Regions may wish to consider whether it is appropriate to collaborate more widely on the delivery of services across health board boundaries.
76. Indicative ICF revenue allocations for 2021-22 are attached at Annex D and are subject to agreement of the final Budget by Assembly Members in March 2021.
77. Regional partnership boards should ensure partners effectively utilise the ICF, alongside a range of funding streams, including the primary care fund, the Efficiency through Technology Fund, Invest to Save and **core funding** so that spending is coordinated to bring about maximum benefits for citizens. Where other funding streams have been combined these should be identified as part of the reporting process, with schemes managed in a joined-up way to maximise support through a coherent package of measures.
78. Regional partnership boards should involve clusters in developing and agreeing spending plans where appropriate. This will avoid duplication and ensure investment from the ICF aligns with and complements cluster priorities.
79. [The Partnership Arrangements \(Wales\) \(Amendment\) Regulations 2017](#) require partnership bodies to consider whether it is appropriate to establish pooled funds, whenever they do things jointly in response to the population assessment. ICF funding may be used as part of a pooled budget arrangement. However, the ICF element of such an arrangement must be clearly quantified, both in terms of expenditure and outcomes, as part of the reporting arrangements described at [Chapter 5](#). This will ensure the difference ICF is making in people's lives is clearly identified.

80. Every effort should be made to ensure value for money against funding allocations. Regional partnership boards must take timely and appropriate action to identify and mitigate any potential overspend / or underspend. This can include the reallocation of funding to other activity that meet the ICF criteria. Redistribution of funding in year must be done efficiently and in a timely manner to ensure a full spend by the end of the financial year. This should include **early** engagement with the third sector. Forecast outturns must be provided as required by Welsh Government (see [Chapter 5](#) on monitoring and reporting arrangements).
81. Should the regional partnership board consider it absolutely necessary to transfer funds between revenue allocations to avoid an overall underspend at year end, any agreed virement should be reflected in the next quarterly return. Money allocated to support the Integrated Autism Service for Wales remains 'ring-fenced' – see paragraph 19.

Payment of ICF Revenue Funding

82. ICF revenue funding for 2021-22 is built into the main Health Board allocation as a ring fenced element. The Health Board will be given it's resource limits at the beginning of the financial year will call down monthly funding requests against these limits to fund their monthly commitments including the ICF.
83. The Dementia funding within the ICF will be issued to Health Boards as an 'in-year' allocation uplift during 2021-22, subject to the approval of proposals by the Mental Health policy team in Welsh Government.

ICF Capital Funding

84. The ICF Capital programme is a housing-led fund and is to be used to support the objectives set out in Chapter 2.
85. Investment from the programme must provide additionality. It is not designed to substitute, or replace funding which is available from other sources. It can, however, be used to complement and add value to existing capital programmes, such as housing, health, regeneration, education or other capital programmes. The requirement and availability of ongoing revenue support demanded by capital investment should also be taken into consideration. The expectation is that developments which have been evaluated and shown to be effective due to this capital funding will be promoted and used as best practice to further support ongoing and innovative integration across Wales.
86. The ICF capital programme should be developed as a result of a broad range of engagement and joint working across the health, social care and housing sectors. This should be supported by a shared understanding across sectors of the benefits of joint working and developments in areas such as disability, care leavers, supporting older people in their homes, providing specialist accommodation (including for people with learning disabilities, children with

complex needs and children with high end emotional and behavioural needs) and providing step-down and reablement solutions to enable discharge from acute care.

87. It is essential that the development of this programme is rooted in a health and care assessment of housing and accommodation need set out in the Programme Plan and Objectives. Some regions may need to consider their strategic decision making and care commissioning arrangements to ensure the housing sector is fully engaged and also fully consider local and regional housing need identified by local authority assessments and local or regional housing strategies. These will all play an important role in determining the ICF capital Programme Plan and ensure it meets the regions strategic objectives.
88. We also recognise that the ICF capital programme is an important vehicle to support the integration of health and social care where accommodation is not involved. However, this is not the primary objective of a housing-led fund. ICF capital funding cannot support regional community hub/ library type services. There are important requirements for investment in wider services and infrastructure to deliver innovation in the integration of health and social care and ICF capital is able to provide limited support for this approach primarily through the Discretionary Capital Programme. This may be reviewed again should further funding become available.
89. The effective and efficient deployment of the capital funding is a matter for regional partnerships to determine (within the overall purposes of the ICF Capital programme), ensuring that robust delivery arrangements are put in place to utilise all the funding. Regions should develop a pipeline of capital projects and manage them as a multiple year programme. Welsh Government will only approve projects that meet the Healthier Wales objectives and are identified as a priority within their ICF capital Programme Plan.
90. Directors of Social Services and Housing, Commissioners, Registered Social Landlords as well as bodies that represent vulnerable groups must be consulted about the ICF capital Programme Plan and Objectives, as well as the proposed capital developments. Long term planning is carried out in a number of these areas (for example local housing authorities' Programme Development Plans for social housing, town centre regeneration plans and local health boards' capital investment plans). How ICF capital is invested in any region should be considered alongside those plans in order to maximise impact.
91. A new ICF objective to support jointly commissioned projects which provide safe accommodation for children with complex, high end emotional and behavioural needs has been established. This is in direct response to the Children's Commissioner for Wales' report, No Wrong Door. In response to the recommendations in the report, Welsh Ministers will expect to see projects developed to meet the needs of these children in each region and a reduction in the use of secure accommodation and out of county/country placements. Welsh Government will therefore be monitoring how the regions are prioritising capital projects such as integrated residential provision to provide timely joined-up help.

92. The ICF capital programme continues to be deployed by way of a **Main Capital Programme** (“MCP”) of a **minimum of 85% in 2021-22** of a region’s allocation, and a **Discretionary Capital Programme** (“DCP”) which **must not exceed 15%** of a region’s allocation. See below for further detail.
93. In the first instance regional partnership boards must process and endorse individual projects within their MCP and the DCP. Regional partnership boards should then forward those endorsed and approved projects to the Welsh Government for scrutiny and Ministerial approval (see application process section).
94. Regions may move funding from their DCP allowance to support their MCP projects but funding from their MCP allowance may not be moved to support their DCP projects.
95. The ICF capital programme is being deployed in this way to support a more strategic and scalable approach to investment but retaining the ability for regions to support smaller local or regional projects if they are strategically important. Welsh Government expects ICF Capital to be targeted towards the provision of housing and accommodation.
96. Projects supported by ICF capital can be delivered by a local health board, a local authority, a third sector body or housing association or a combination of any of these. It is for regional partnership boards to agree who is to be the lead organisation in any project, and assure itself that robust capital project governance and management processes are in place.
97. In order to secure approval by Welsh Government, projects should demonstrate a recognisable shift towards new models of care, or in the ways collaborating organisations will operate differently as a result of the capital investment, in order to deliver improved outcomes for citizens.

Main Capital Programme (MCP)

98. The MCP is to be used for larger projects which require a significant level of investment (where project costs are typically over £100,000, including those which may require financial support over a number of years to support extensive development and construction phases).
99. Projects supported by the MCP may also be funded by other capital programmes. There is an expectation that partner organisations will contribute to projects where appropriate and this can be via direct funding or assets. The overall rate of intervention will be demonstrated via the information requested in the MCP application. This will assist in ensuring the level of subsidy proposed is proportionate and appropriate and will form part of the scrutiny and approval at both a regional and Welsh Government level. Welsh Government will only consider requests for funding to cover the total costs of a project in exceptional circumstances and with compelling justification.
100. Projects supported by the MCP may include the provision of:

- housing and accommodation for vulnerable people;
- capital projects which support new and innovative integration of health, social care and housing;
- larger scale building re-modelling for new housing and accommodation purposes;
- intermediate care facilities;
- expenditure to evidence or explore the feasibility of larger capital investment.

101. The MCP cannot be used for aids, adaptations or equipment.

102. The MCP application process is a two part process. The first part sets out the principles and estimated costs of the project. The second part is designed primarily to set out the confirmed/planned costs (this may be once a project has been tendered, but this doesn't have to be the case) and to evidence that a robust procurement process is being adopted. It is perfectly acceptable for a project to be at a stage which can be described in parts 1 and 2 at the same time.

103. Any funding to support the accommodation element of a project itself (rather than the additional facilities which are part of these types of schemes) will be assessed with consideration to existing housing capital programmes such as the Social Housing Grant programme. In some cases an application for ICF capital may be associated with a project also applying for Welsh Government health capital. If this is the case, it should be highlighted on the MCP application and the information provided as part of the health capital application process will be given due consideration. The MCP application process has been designed to understand all sources of funding to consider this fully.

104. The MCP application process has been designed to consider projects aligned with the Five Case Model, as with Public Sector Business Cases. This essentially means that projects are considered based on the Purpose, Strategic case, Economic case, Commercial case, Financial case and Management case.

105. Regional partnership boards should have in place their own internal processes to appraise and approve projects before these are submitted to the Welsh Government for scrutiny and approval. Regional partnership board approval should be identified on the application form.

Discretionary Capital Programme (DCP)

106. The DCP will be available to the regional partnership boards for the following purposes:

- aids and adaptations which are not supported by existing programmes and are in support of **specific** ICF objectives e.g.housing adaptations for children

with complex needs where the cost of the adaptation is in excess of the £36,000 upper limit for a mandatory Disabled Facilities Grant or an enhanced Rapid Response need;

- equipment projects which support people to live independently in their own home and may reduce hospital admissions or speed up hospital discharge;
- other smaller scale projects in support of ICF objectives (e.g. community or third sector led); and
- expenditure to evidence or explore the feasibility of delivering a larger capital project (e.g. as a standalone project);
- digital assistive technology programmes.

107. Purchase of vehicles is not eligible investment under the ICF capital programme.

108. The DCP is for smaller scale projects to a maximum value of £100,000 per project, and can only total up to a maximum of 15% of a region's annual ICF capital allocation. It has been the intention of Welsh Government to decrease the DCP proportion of the ICF capital programme by 5% annually, starting at 25% in 2018-19 and reducing to 15% in 2020-21. In 2020-21 Covid-19 interrupted this direction of travel and additional flexibility was introduced, but the intention still remains. In 2021-22 a maximum of 15% of a region's allocation will be available to support DCP projects.

109. Regional partnership boards will be required to approve and present to Welsh Government a DCP Schedule to demonstrate that the expenditure is in line with the ICF priority areas and purposes. Regional partnership boards will need to ensure that there are appropriate mechanisms in place to ensure works associated with projects are aligned with their Programme Plan and Objectives and that there are robust internal processes for scrutiny and sign off. These will need to be demonstrated to Welsh Government who will exercise a proportionate level of assessment and scrutiny.

Payment of ICF Capital Funding

110. The relevant local health board of a region will be the recipient of the ICF capital funding. Arrangements secured within the region and supported by the grant award letter itself should ensure the required governance and due diligence arrangements are in place to support the flow of funding to or from the local health board to other project partners as required (including, but not exclusively, third sector bodies, local authorities and housing associations).

111. Local health boards have the power to pay ICF capital to local authorities and registered social landlords under section 194 of the National Health Service (Wales) Act 2006. Section 194 provides that a local health board may make payments to specified bodies in relation to expenditure for community services. This includes payments to:

- Local authorities towards expenditure incurred in connection with its social services functions under the Social Services and Well-being Act 2014;
- A housing authority towards expenditure incurred by it in connection with its functions in Part 2 of the Housing Act 1985; and
- Registered social landlords in connection with expenditure incurred in connection with the provision of housing accommodation.

112. ICF Capital will be paid quarterly in arrears.

113. The funding will be made available by way of capital grant with the relevant terms and conditions included.

114. Where appropriate, projects receiving grant funding for land or buildings over £100,000 in value will be required to provide the Welsh Government with a legal charge or restriction to protect the grant investment and prevent the disposal of the property without the consent of the Welsh Government. This funding condition is detailed within the grant award letter.

Capital project costs and design

115. The MCP application asks for relatively detailed information on the costs associated with a project and does so in two parts. The first part being estimated (to both the regional partnership board and then to Welsh Government), the second to be confirmed/planned once a project is approved and going ahead. It is important this information is provided to enable approval at the regional partnership board stage and at the Welsh Government scrutiny stage.

116. The MCP application also asks for a breakdown of sources of funding for projects with a view to demonstrating what proportion of funding is being provided and to ensure projects are being compensated at the appropriate level. Whilst this may differ depending on the type of project, this information must be provided to be considered for scrutiny and approval.

117. The MCP application also looks to identify the project's approach to design and standards and the approximate cost per square metre when construction or refurbishment is involved. These will be considered as part of the scrutiny process. In order to develop projects to a high standard, applicants will be expected to meet Welsh Government housing standards and consider relevant good practice guidance produced by Welsh Government and other sources. This should be evidenced within the MCP application.

118. For all housing and accommodation projects regions will need to provide project specific detail for the technical scrutiny process.

119. This includes a project brief as well as the following set of drawings:

- Site location plan identifying land ownership boundary and "North Point"

- Existing topography
- Site context analysis (constraints and opportunities) plan
- Site layout plan proposals
- Proposal plans of accommodation clearly indicating schedules of accommodation and floor areas
- Proposed elevations
- Proposed site sections
- If an existing building we will require “as existing drawings”
- One paper copy (in addition to submitted electronic copies for filing) to be provided, printed at a suitable scale to read text and with scale parameter bars on layout plans.

120. These should be provided as soon as they are available and ideally at Part 1 stage of the application process.
121. Where non accommodation projects are being submitted, Welsh Government officials will confirm what technical scrutiny process is applicable and if it is required.

CHAPTER 4: GOVERNANCE

122. All ICF funding decisions must be determined collaboratively by the regional partnership board. The fund is designed to develop more effective partnership working and decisions on how it is used must reflect this. However regional partnership boards are expected to put in place appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies.
123. Regional partnership boards must put in place mechanisms to ensure effective management of funding allocated, including to third sector partners and other alternative delivery models, to ensure schemes successfully achieve identified outcomes on time and on budget. Appropriate systems must be put in place to undertake “due diligence” before utilising any part of the funding to provide a grant or procure any goods and services from third parties.
124. Regional partnership boards should identify a named individual to oversee and monitor the ICF in their region. If this role is separate to the regional implementation lead, that person should work alongside them in managing the fund in line with this guidance and in sharing good practice. Contact details of the ICF regional lead should be easily accessible and publicised so that all stakeholders including Welsh Government, third sector, other regions and members of public know who to contact for information about the fund.
125. The ICF regional lead will manage the ICF monitoring reporting process to Welsh Government identifying the success of ICF schemes by measuring the difference they make to people’s lives and evidencing value for money. Further guidance can be found at Chapter 5.
126. For the purposes of ICF, revenue and capital is defined as:

- **capital expenditure** is the purchase or creation of assets that are intended to be used for a period of at least one year or more. These include items such as land, buildings and equipment;
- **revenue expenditure** is expenditure incurred on day to day running costs which would include rent, utilities and salaries.

127. Regional partnership boards should contact Welsh Government if further clarification is required.

Written Agreement

128. Regional partnership boards are required to put in place robust arrangements to manage the effective delivery of ICF capital and revenue funds. A Written Agreement between the partners must be in place and should reflect the requirements set out in Annex B. The regions should consider the skills set required for the project management of capital projects where different skills are needed to managing revenue services.
129. The Written Agreement **must** be signed by the Chair of the regional partnership board and Chief Executive of the relevant health board and countersigned by the nominated financial lead (such a financial director) with the appropriate delegate authority. Regional partnership boards are expected to annually review the Written Agreement, reporting any revisions to Welsh Government.
130. The governance requirements set out in this guidance are relevant to capital funding, including due diligence and Written Agreement arrangements.
131. As well as the regional partnership boards themselves, it is expected that any associated and relevant sub-structures (e.g. a Health, Social Care and Housing group) will play a role in the consideration and prioritising of proposed capital projects in the region. To ensure this is the case, it is important that representatives from across health, social care, third sector and housing can play a full role in the work of those groups.
132. It is recognised that projects supported with ICF capital may be delivered by a single body or a combination of a local health board, local authority, third sector body or housing association. Arrangements included in the Written Agreement should manage governance arrangements for any one of those bodies to lead on the delivery of a project, including the ability for any one of those organisation to be the ultimate recipient of the ICF capital funding.
133. Governance requirements are also provided for in detail by the terms and conditions set out in the grant award letter to the local health board.

ICF Revenue Investment Plan

134. Using the template at Annex C, regional partnership boards should develop a new Revenue Investment Plan setting out the projects and services to be funded in 2021-22. As this is the final year of the programme it is important that projects and services can be delivered by 31 March 2022. All projects must have an exit strategy. Projects which have been evaluated and had limited positive impact are expected to be decommissioned.
135. The plan should cover all the priority areas for integration as set out in paragraphs 12-14 except for the new funding category relating to safe accommodation for children with complex, high end emotional and behavioural needs. **The plan should be submitted to Welsh Government by 31 March.** The Project Proposal Form at Annex E should be prepared for any new projects to be supported in 2021-22 and should be submitted to Welsh Government with the Investment Plan. Welsh Government will consider the investment plans to ensure they are a fit with the ICF guidance and provide feedback within 15 working days of receipt.
136. In respect to the Dementia Action Plan funding only, a formal submission of the investment plan for 2021-22 will be required, alongside the submission of any new project proposals. **As in previous years, new projects from the Dementia Action Plan funding will be subject to formal approval.** Welsh Government will require up to 15 working days to consider investment plans and provide feedback. Regional partnership boards are encouraged to submit investment plans as early as possible. It should be noted that release of the Dementia Action Plan funding for 2021-22 is subject to the receipt of appropriate activity and outcome monitoring for projects that have received previous approval. The reports showing activity for 2020-21 projects will be required for sign off of projects that are proposed to continue into 2021-22. For the Dementia Action Plan funding these can be sent in as separate documents.
137. In planning and implementing their ICF programme/projects, regions are asked to:



- Follow a commissioning methodology – the four key steps of **Analyse, Plan, Do and Review** will ensure projects are addressing local identified needs, planned and implemented effectively and appropriate evidence of impact is gathered to support thorough evaluation.
- Consider **the 10 Design Principles set out in 'A Healthier Wales'** to help shape and develop their projects.
- Set out project life cycles which include anticipated **start and end dates** for all projects and evaluation activity.

138. The ICF Revenue Investment Plan should directly support the strategic priorities set out in the local area plan and it will outline what is expected to be achieved with the funding, the impact on citizens and how success will be measured.
139. Small and similar schemes sharing a common objective should be linked together under an 'umbrella' theme. Regional partnership boards are expected to adopt a regional or themed grouping approach to developing the Investment Plan.
140. Welsh Government is not prescriptive on the precise use of the revenue funding provided. Schemes should however demonstrate a recognisable shift in the way services are delivered, or in the ways collaborating organisations operate in order to deliver improved outcomes for citizens.
141. As stated in paragraph 71, ICF funding should not be used to support core business. Projects and services must be time limited and have a clear development, mainstreaming or exit strategy. Regional partnership boards must review and evaluate projects to determine what has worked and why. This information should be used to inform the ongoing development of the Investment Plan.
142. Regional partnership boards are required to ensure planned expenditure meets the objectives of the fund to achieve the various principles and specific requirements of the Act, as clarified in [Chapter 2](#). High profile and priority schemes should be identified first in the Investment Plan.
143. When agreeing the ICF Revenue Investment Plan, regional partnership boards should have due regard to [Chapter 3](#) and be satisfied that proposed ICF allocations meet the criteria set out in that chapter.
144. To ensure ministerial expectations are being met, Welsh Government officials will challenge any proposed projects that do not clearly fit with the ICF principles and the requirements set out in this guidance.
145. Regional partnership boards must respond to any queries Welsh Government raised in relation to any aspect of the ICF Revenue Investment Plan in line with the deadline set.
146. The Revenue Investment Plan must be signed off and approved in line with the process for the Written Agreement set in [Chapter 4](#). Unsigned plans will not be accepted.

ICF Capital Investment Plan

147. The ICF Capital Investment Plan should set out the projects and activity to be funded during 2021-22 which meet the region's Programme Plan and Objectives. The Capital Investment Plan

must be submitted to Welsh Government every time an MCP or DCP application is submitted for approval.

148. The ICF Capital Investment Plan also includes the ability to include a pipeline of “reserve” and “potential” projects which are not as high a strategic priority as other projects. The “reserve” and “potential” projects should support the ICF requirements and needs in the region and would be able to take up any funding which becomes available because of delays or other issues with priority projects.
149. When agreeing the ICF Capital Investment Plan, regional partnership boards should have due regard to the conditions detailed in this guidance and be satisfied that proposed ICF capital projects meet the criteria set out in those conditions.
150. The Capital Investment Plan should be developed and approved strategically by all regional partners and considered alongside the ICF Revenue Investment Plan and other relevant capital investment plans such as local authority housing PDPs and health board IMTPs.
151. Welsh Government will use the ICF Capital Investment Plan to monitor compliance with this guidance and demonstrate robust programme management of capital allocations which includes the ability to spend allocated funding.
152. It is expected that regional partnership boards will respond to any queries Welsh Government raise in relation to any aspect of the ICF Capital Investment Plan. Amendments to the ICF Capital Investment Plan must also be signed off and approved in line with the requirements above.

ICF Capital Application process

153. The application forms for MCP projects and the DCP Schedule, must be submitted to Welsh Government by the regions via the regional partnership board representative (generally the ICF lead), but it is anticipated that organisations leading the projects will also populate or assist in populating applications. This must be coordinated and managed by the region.
154. MCP applications, the DCP Schedule and the Capital Investment Plan will be considered and assessed by a scrutiny panel of officials from across relevant Welsh Government departments. As well as the considerations detailed in the DCP and MCP sections, consideration will also be given to the overall fit with ICF criteria, the benefits and impacts for service users, value for money and project deliverability. The panel will only consider completed application forms when full project details are provided with the relevant signatories and will not consider **any variation from those forms**.
155. Detailed project applications should be in place to secure the relevant approvals during the 2021-22 year. However, applications and plans for future years’ projects and investment should begin to be developed well ahead of the commencement of those years to avoid delays

to the deployment of funding. This may include a pipeline of “reserve” and “potential” schemes which can be approved in advance to ensure a programme of activity is in place and regional allocations can be managed over multiple years if funds become available.

156. The Welsh Government scrutiny panel will make recommendations to Welsh Ministers for their approval. Once DCP approval has been secured a grant award letter will be provided. Once MCP approval has been secured, an ‘in principle’ agreement or grant offer letter (depending on whether the project is at Part 1 or Part 2 stage) will be issued with the terms and conditions of the funding.

Transition and potential closure of the programme

157. 2021-22 is a transitional year. Until decisions have been made in relation to any potential successor programmes it is important that regional partnership boards use this transitional year to plan in advance for the potential closure or transition of the current ICF programme in March 2022. Ensuring legal and contractual obligations are addressed and that evidence is collated to support appropriate audit and evaluation will be critical. Projects should be reviewed and either mainstreamed or brought to a close to ensure the programme can, if necessary be successfully drawn to a close by 31 March 2022. Assets, files/records and legacy reports should all be put in good order to support an effective and timely closure if necessary.
158. In the event of closure regional partnership boards will need to work with local health boards, local authorities and the third sector to redeploy staff. Where it is not possible to do this, consideration will need to be given to whether it might be necessary for staff to be made redundant, ensuring compliance with employment law. If required, regional partnership boards should commission their own legal advice as this will not be provided by Welsh Government legal services. With regards to the funding of redundancy costs in relation to the ICF, Welsh Government will not support redundancy costs for local authority or health board public sector employers. However Welsh Government acknowledges the potential impact to third sector organisations and so will maintain the principle applied for Communities First of allowing funding to be used to meet the statutory redundancy costs of third sector organisations *which would be viable and sustainable if not for the impact of unforeseen redundancy costs*. Approval for using funding in this way will be on a case-by-case basis and the ICF project team will need to set out any steps that had been taken to source other replacement funding for this projects or service and outline the specific risks that the redundancy costs alone bring to the ongoing viability of this service or project. If required, regional partnership boards should commission their own legal advice as this will not be provided by Welsh Government legal services. Regions are encouraged to develop a closure plan to ensure all necessary elements are considered. The plan should include:
 - Project exit strategies
 - Asset transfer and/or disposal
 - Service user communication and engagement
 - Service users case closure or transfer

- GDPR compliance including personal records of clients
- Redundancy or staff transfer
- Legacy reports

159. This list is not exhaustive and regional partnership boards should consider other areas applicable to specific schemes where necessary. Further guidance will be issued early in the New Year to support the programme closure.
160. Although the Dementia Action Plan funding utilises the ICF mechanism to disseminate funding it is not part of the core ICF programme and therefore is not subject to the planned closure of the programme and is considered recurring funding. Individual projects funded through the Dementia Action Plan however should be scrutinised to ensure it still fits the aims and objectives of the plan and that the planned outcomes of the funding is still being achieved. As such, and as stated previously, all projects from the Dementia Action Plan funding is subject to approval on an annual basis.

Communications

161. To enable stakeholders and citizens to understand how ICF is being utilised across Wales, the Investment Plan should be published and a link to the published plan submitted to Welsh Government. In addition regional partnership boards must develop a communication plan for the ICF programme (Capital and Revenue) so that it is clear how the ICF is managed locally and promote the benefits and impacts of the investment locally. The plan should, amongst other things communicate out how ICF funding is being utilised; identify a range of communication channels you will use to promote the ICF-and showcase successful projects; how funding can be accessed and how stakeholders can contribute to the process. A template is provided at Annex F to help us develop a consistent approach to planning communications. The communication plan should be shared with Welsh Government.
162. You must acknowledge Welsh Government support on all publicity, press releases and marketing material produced in relation to the funding and associated projects. Such acknowledgement must comply with the approved Welsh Government's [Branding](#) guidelines ([Welsh](#)).
163. Welsh Government will publish an annual ICF report of each year to promote the activity undertaken by regions and the impacts the fund has had. Regional partnership boards will be required to provide additional detailed information to include in the annual report.

CHAPTER 5: REPORTING TO WELSH GOVERNMENT

164. Effective monitoring and evaluation arrangements are important to provide Welsh Ministers with assurances that ICF allocations are being fully utilised in delivering effective integrated and preventative services.

- 165. Regional partnership boards must ensure that they have robust monitoring arrangements in place to ensure schemes funded via ICF deliver intended outcomes on time and within budget.
- 166. Regional partnership boards will work with Welsh Government and other regions to develop consistent monitoring and evaluation approaches which provide clear evidence and narrative on the benefits and learning achieved from the ICF.

ICF Revenue Reporting

- 167. Regional partnership boards must provide finance and progress reports on a quarterly basis outlining ICF revenue spend to date against budget and an overall delivery status for the project (using BRAG tool). **A reporting template is provided in Annex C and regions must use this template WITHOUT making any adaptations to the layout.** A consistent approach to reporting across Wales enables analysis of spend to be undertaken by Welsh Government to inform Ministers and stakeholders on how the ICF is being used to support key population groups. It also supports the development of the ICF annual report. **An updated version of the current template will be issued ahead of the new financial year to take account of the change in relation to WCCIS and safe accommodation for children with complex, high end emotional and behavioural needs**
- 168. Regional partnership boards are required to provide 6 monthly reports to demonstrate the impacts, outcomes and learning from the projects funded.
- 169. Each report must be cumulative and summarise the overall position at the specified point of the financial year in relation to frail and older people, people with learning disabilities, children with complex needs, carers, children at risk of becoming looked after, in care or adopted.
- 170. Quarterly updates on the Integrated Autism Service should be sent direct to the Welsh Local Government Association National ASD Lead using the email address: autismwales@wlga.gov.uk. Regional partnership boards should confirm to Welsh Government that they have done this.
- 171. Regional partnership boards will also be required to provide information and evidence to contribute to a Welsh Government annual report on the ICF delivery and impact in Wales.

ICF Capital Reporting

- 172. Effective monitoring and evaluation arrangements are important to provide assurances that ICF capital funding is being fully utilised in the support of integrated and preventative housing and accommodation provision. This will also help to inform future ICF capital investment.

173. Regional partnership boards must ensure that they have robust monitoring arrangements in place to ensure schemes funded via ICF capital deliver their intended outcomes on time and within budget.
174. Evaluation arrangements must also be established to identify and evidence impact, as well as the appropriate and efficient use of public funding.
175. Regional partnership boards must provide a monitoring report on ICF capital activity on a quarterly basis. Incomplete forms will not be accepted. Reporting must be cumulative and summarise the overall position at the specified point of the financial year. Please contact your ICF capital lead to ensure you are using the most up to date forms.

Evaluation

176. The ICF was established as a fund to **'pump prime' and/or pilot** new models of delivering health and care services that promote key principles of prevention, co-production and integration. Evaluation and learning are at the core of this fund to ensure effective models, systems and practice can be developed, and replicated/mainstreamed.
177. Welsh Government has commissioned an independent evaluation of the ICF revenue programme, the findings of which are due to be available in the summer of 2021. The evaluation, in addition to the ongoing evaluation of the Transformation Fund, will help inform future funding regional arrangements post March 2022.
178. Regional partnership boards must establish their own evaluation arrangements to identify and evidence the impact in line with the National Outcomes Framework, as well as the general appropriate use of funds.
179. Regions will be required to plan for and undertake **thorough evaluation of projects** to ensure that key lessons can be learned and shared and that successful models can be **enhanced, accelerated and/or mainstreamed**.
180. Regions will be asked to undertake evaluation that looks at four key areas:
 - **Impact** – What outcomes have been achieved and what difference has the project made?
 - **Process** – How has the project supported key principles such as integration, co-production and social value?
 - **Economic** – What are the cost benefits of the projects and what costs have been avoided?
 - **Qualitative** – What are the experiences of service user, staff and communities from the project?

181. It is important that regions consider how learning from **ICF funded projects can influence, shape and even replace current core service delivery models and practices.**
182. Following project evaluation regions are required to indicate next steps for the project which might include;
- Invest in new development phase of the project (ICF)
 - Continue project with other grant funding
 - Mainstream the delivery model (core fund)
 - Enhance and upscale the model (Transformation Fund)
 - Safely close and exit the project
183. Impact and outcome reporting should be assessed using a **Results Based Accountability** methodology. As such all projects will be required to develop both quantitative and qualitative data to indicate '**How Much**' they have done, '**How Well**' they have done it and '**What difference**' it has made to service users.
184. Welsh Government Officials will discuss with regional partnership boards how best we can support regions in evaluating and measuring impacts of their projects and we will continue to use mechanisms such as Communities of Practice and Network Sessions to share the learning across Wales.
185. Monitoring reports should:
- **utilise Annex C**, reporting in a concise and self-standing manner;
 - be cumulative in nature and capture the progress being made against the outcomes identified in the Revenue Investment Plan since the start of the year;
 - highlight match funding contributions from other programmes e.g. ETTF, I2S;
 - be shared with other ICF leads across Wales to promote learning and good practice.
186. Case studies are welcome to clarify progress in delivering ICF specifically to showcase innovation and good practice. However examples should relate primarily to flagship or exemplar schemes, be relevant and underpinned by robust, factual evidence of outcomes. The template at Annex G should be used to ensure a consistent approach.

ICF Revenue reporting timescales:

Deadline	Type of report	Period of report
No later than 31 July 2021	1 st Quarterly Report (finance & project status)	April - June inclusive
No later than 31 October 2021	2 nd Quarterly Report (finance & outcomes)	April - September inclusive
No later than 31 January 2022	3 rd Quarterly Report (finance & project status)	April - December inclusive
No later than 30 April 2022	4 th Quarterly Report (finance & outcomes)	April - March inclusive

187. All deadlines are required to be met as the information provided in the returns is used to inform Ministers and the Welsh Government's ICF Board. Additional information may be required at any time in the financial year, including a projected outturn statement. Failure to meet deadlines may result in remedial action by Welsh Government.
188. Each quarterly report must be signed off and approved in line with the process for the Written Agreement in [Chapter 4](#). Unsigned reports will not be accepted.

FURTHER INFORMATION AND ANNEXES

All enquiries about this guidance should be sent to the ICF Mailbox:

PartnershipandIntegration@gov.wales and for capital ICFCapital@gov.wales

Information contained within the Annexes may be subject to change. Welsh Government will provide relevant updates as appropriate:

REVENUE AND DEMENTIA ANNEXES

Annex A - Section 15(2) Social Services & Well-being (Wales) Act 2014 – list of purposes

Annex B – Template for Written Agreements

Annex C - Revenue Investment Plan and Reporting Template

Annex D - Funding allocations 2021-22

Annex E – ICF Project Proposal Form

Annex F - Communication Plan template

Annex G – Case study template

ICF REVENUE AND DEMENTIA ANNEXES

ANNEX A

PREVENTION

Section 15 of the Social Services and Well-being (Wales Act) 2014 places a duty on local authorities to provide or arrange the provision of preventative services which they consider will achieve the following purposes:

- a) Contributing towards preventing or delaying the development of people's needs for care and support;
- b) Reducing the needs for care and support of people who have such needs;
- c) Promoting the upbringing of children by their families, where that is consistent with the well-being of children;
- d) Minimising the effect on disabled people of their disabilities;
- e) Contributing towards preventing people from suffering abuse or neglect;
- f) Reducing the need for:
 - i. proceedings for care or supervision orders under the Children Act 1989;
 - ii. criminal proceedings against children;
 - iii. any family or other proceedings in relation to children which might lead to them being placed in local authority care; or
 - iv. proceedings under the inherent jurisdiction of the High Court in relation to children;
- g) Encouraging children not to commit criminal offences;
- h) Avoiding the need for children to be placed in secure accommodation; and
- i) Enabling people to live their lives as independently as possible

ANNEX B

REGIONAL PARTNERSHIP BOARD WRITTEN AGREEMENT (REVENUE AND CAPITAL)

The Written Agreement must be approved by the regional partnership board.

PERIOD OF WRITTEN AGREEMENT AND REVIEW DATE

DETAILS OF PARTNERS AND LEAD PARTNER

Names, individual roles and responsibilities within the regional partnership board and specifically in relation to management of the ICF.

ROLES AND RESPONSIBILITIES OF PARTNERS

Set out the commitment of all partners to work collaboratively to effectively manage and deliver the ICF programme including a commitment to meet published Welsh Government reporting deadlines and additional in-year information requests, and how the partnership board will make links with other key partnership bodies such as Public Service Boards.

STATUS OF WRITTEN AGREEMENT

The requirement is to have a shared agreement amongst partners over the management and delivery of the ICF. Please state if the Written Agreement is binding/non-binding.

GOVERNANCE ARRANGEMENTS

Set out the governance arrangements in place to support effective delivery of the ICF in line with the 2020-21 guidance. Describe the formal partnership arrangements including frequency of meetings and invitees. Please provide a structural diagram to illustrate the governance and decision making process for the ICF. This **must** include details of the scrutiny arrangements in place to ensure relevant sovereign bodies are able to scrutinise decisions of the regional partnership board in relation to planning, investment and delivery of the ICF programme.

SOCIAL VALUE SECTOR

Set how the Social Value sector will be involved in the development and delivery of the ICF programme and how social value sector organisations can access ICF funding. Tell us how you will ensure the RPB is able to comply with the minimum 20% investment in the social value sector as set out in the guidance. Describe how the arrangements for funding the social value sector will adhere to the Welsh Government's [Third Sector Scheme and code of practice](#)

DUE DILIGENCE ARRANGEMENTS

Set out that appropriate systems are in place to undertake “due diligence” checks before utilising any part of the funding to provide a grant or procure any goods and services from third parties

RISK MANAGEMENT STRATEGY

Describe the arrangements that are in place to assess and manage risk within the ICF fund and how mitigating action will be taken to manage risk, including the process for effectively managing in year underspend.

DISPUTE RESOLUTION

Details of escalation arrangements and dispute resolution – to include clarification of arrangements for resolving disagreement within the regional partnership board.

ICF Guidance April 2021 – March 2022

COMMUNICATION AND SHARED LEARNING

Describe partners' commitment to a proactive approach to exploring opportunities to share good practice and innovation. Tell us how you will communicate and provide real transparency for stakeholders about the investment and impacts of the ICF programme locally, regionally, and nationally.

EVALUATION

Describe how projects will be monitored, reviewed and evaluated and how and when decisions will be taken about next steps e.g. mainstreaming/exit strategy).

SIGNATORIES

The Written Agreement must be signed in accordance with the requirements of the ICF Guidance 2020-21, Chapter 4.

ANNEX C

ICF REVENUE INVESTMENT PLAN REPORTING TEMPLATE - THIS IS AN EXCEL SPREADSHEET PROVIDED SEPARATELY TO REGIONAL PARTNERSHIP BOARDS.

ANNEX D

ICF INDICATIVE ALLOCATIONS 2021-22

0	1	2	3	4	5	6	7
	Integrated Care Fund (ICF) - Older People	ICF - Learning disabilities, children with complex needs, carers	ICF - Children at the edge of care / in care	Integrated Care Fund (Autism Allocations)	Safe accommodation for children with complex high end emotional and behavioural needs *	Dementia**	Total
	£m	£m	£m	£m	£m	£m	£m
Gwent	7.162	3.826	2.870	0.458		1.611	15.928
North Wales	9.567	4.251	3.189	0.652		2.153	19.812
Cardiff and Vale	4.895	2.879	2.159	0.367		1.101	11.402
Cwm Taf Morgannwg	5.521	3.214	2.411	0.367		1.242	12.756
West Wales	5.550	2.426	1.819	0.398		1.249	11.442
Powys HB	2.080	0.814	0.610	0.337		0.468	4.309
West Glamorgan	5.224	2.590	1.942	0.398		1.175	11.329
Total	40.000	20.000	15.000	2.977	2.000	9.000	88.977
				77.977			
£77.977m will be issued through the main NHS Allocation letter.							
* £2m will be held centrally and issued in year.							
**Dementia funding is held centrally within Welsh Government and issued 'in-year'							

Integrated Care Fund Project Proposal Form - Revenue



Llywodraeth Cymru
Welsh Government

Project Overview

Region:	ICF Project name:	
Project start date:	WG ref:	Project completion date:
Is this project linked to an ICF capital project? Y/N <i>*delete as appropriate</i>		
Is this project linked to the Dementia Action Plan funding? Y/N <i>*delete as appropriate</i>		

What is the primary focus (1) and secondary (2) focus of the project are you proposing? * please mark 1 and 2 as appropriate

Children's/young carers projects	Adults/Carers projects	Regional Capacity building/Infrastructure
Information/Advice/Awareness raising	Information/Advice/Awareness raising	Regional Partnership Board Development
Access to Services/single point of access/transport	Access to Services/single point of access	Regional Workforce development/training
Assessment and diagnosis	Assessment and diagnosis	Regional Programme management and evaluation
Social Prescribing	Social Prescribing	Regional/Integrated planning and commissioning
Early Help and Prevention	Early Help and Prevention	Regional Support for Social Value Sector Engagement
Emotional Health and Wellbeing	Emotional Health and Wellbeing/loneliness and isolation	Regional support for Citizen/carers engagement
Edge of Care support	Stay at home/return home	Other – (please specify below)
Family Group Conferencing approach	Integrated Community Teams	
Family re-unification	Step up/down from hospital	
Therapeutic intervention	Intermediate Care/ pathway	
New accommodation/residential solutions	New accommodation/Residential solutions	
Other (please Specify below)	Other (please Specify below)	

ICF Project Description (brief description using theory of change model):

- 1 - What is the problem you are trying to solve?
- 2 - What long term outcome/change are you hoping to achieve?
- 3 - Who is your key audience?
- 4 - How will you reach them?
- 5 - What resources are available to support?
- 6 - What activities will bring about the change?

How does your project address your population needs assessment and area plan?

What level of 'prevention/Intervention' (continuum) best describes your project? **please tick as appropriate*

Self Help, Information and Advice	Early Help and support	Intensive Support	Specialist Intervention

Project Costs

YEAR ONE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs -					
Staffing					
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					
YEAR TWO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs -					
Staffing					
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					

Project Delivery

Delivery partners	Project budget holder	Project geographical footprint
Local Authority	Local Authority	Regional
Health Board	Health Board	Sub-regional
Third Sector/Social Value sector	Third Sector/Social Value sector	Multiple regions
Private/Independent sector	Private/Independent sector	Local Authority
Housing Association/RSL	Housing Association/RSL	Local community
Other (pls specify below)	Other (pls specify below)	

Project Beneficiaries (pls check boxes as appropriate):

Primary beneficiaries	Secondary beneficiaries	Other beneficiaries
Older people	Older people	Older people
People with learning disabilities	People with learning disabilities	People with learning disabilities
Children with complex needs	Children with complex needs	Children with complex needs
Children at risk of becoming looked after	Children at risk of becoming looked after	Children at risk of becoming looked after
Care experienced children including adopted children	Care experienced children including adopted children	Care experienced children including adopted children
Carers	Carers	Carers
Young Carers	Young Carers	Young Carers
People with dementia	People with dementia	People with dementia

Project Design Principles (pls check boxes as appropriate):

Which of the 'A Healthier Wales' Quadruple aim/s does this project **primarily** address?

Improved health and wellbeing	
Better quality and more accessible health and social care service	
Higher value health and social care	
A motivated and sustainable health and social care workforce	

Which of the 'ten national design principles' from A Healthier Wales will the project address?

Prevention & Early Intervention	
Safety	
Independence	
Voice	
Personalised	
Seamless	
Higher Value	
Evidence Driven	
Scalable	
Transformative	

With voice and co-production as key principles, tell us who you have engaged with in the design of your projects

Service users (adults)	
Service users (Children/young people)	
Carers	
Young carers	
Workforce	
Social Value/third sector	
Community members	
Other:	

Project outcomes and impacts

What Population level indicators/measures is your project seeking to address? * *please select from national outcome/performance management framework*

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Tell us how you will measure/understand the impacts of your project?

How Much? (outputs)	How Well? (quality)
Difference made? (impact)	

Tell us how you intend to evaluate the following aspects of your project (*please refer to ICF guidance*)

Impact Evaluation <i>(How will you measure/understand the outcomes that have been achieved by your project?)</i>	
Process Evaluation <i>(How will you evaluate the system & process changes delivered by your project e.g. integration, co-production, social value?)</i>	
Economic Evaluation <i>(How will you evaluate the cost benefits/cost avoidance delivered by your project?)</i>	
Qualitative Evaluation <i>(How will you capture the experiences of service users/staff/communities?)</i>	

Exit Strategy

Tell us about your exit strategy for the project (post 2021):

Project contact details

Project key contact (name):

Email address:

Telephone:

Integrated Care Fund Communication Strategy Template (Please send copy to Welsh Government when completed)

Annex F

Region:	Communications Lead & contact details:
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This communication Strategy will provide a single overarching narrative to describe our communication direction and solutions to promoting the Integrated Care Fund in our region, and to our particular mix of audiences; the Welsh Government, staff, stakeholders and interested bodies and individuals, most importantly the citizens who will benefit from these projects and services. It should be completed in accordance with the ICF guidance, sections 145-148)

1. **Communication strategy aims and objectives:** What will the communication work achieve.? What does success look like? SMART objectives

2. **Strategic Context:** How does this communication strategy link into the business objectives or priorities of our partnership?
Is there any previous communication work we can build on?

1. **Audience: Who are our audiences?** – this needs to be thought about in detail and not just broad definitions

2. **Headline messages:** What are the key messages we wish to communicate about our partnership/projects?

3. **Implementation:** how will we deliver the communication campaign and what tactics/media will we use? Any branding and/or funder specific requirements i.e. WG Branding)?

4. **Resources:** What are the budget and the resources required to deliver this strategy?

TO BE COMPLETED POST STRATEGY/CAMPAIGN IMPLEMENTATION

1. **Evaluating our communications strategy/ campaign** : How will we understand impacts, measure success and inform future campaigns?

Inputs – What we did to plan the strategy/campaign

Outputs – the communication we delivered and target audience reached.

Outcomes -- the effect of our activity on the target audience in relation to your communication objective

ANNEX G

INTEGRATED CARE FUND CASE STUDY TEMPLATE

Project/Service overview (take from ICF project proposal form)

Project lead and contact details:	
Project /service name:	
Brief overview/summary of the project:	
What was the problem the project was set up to solve?	
What was the long term outcome/change the project was hoping to achieve?	

Who was intended to benefit from this project/service?	
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Impact statement – specific case example

Who was the beneficiary in this particular example?	
What was the specific issue/problem you were trying to solve in this case?	
How did they become part of this project/service?	
How did the project/service make a difference? <i>What were the steps/activities that were undertaken?</i>	
What outcomes/changes were achieved?	

<i>What was the outcome for the service user? What difference did the interventions make?</i>	
Quotes/Feedback <i>Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them?</i>	
Next steps – how do you intend to develop this further?	