



Llywodraeth Cymru
Welsh Government

Health and Social Care Regional Integration Fund

REVENUE GUIDANCE 2022–27

Foreword for the Health and Social Care Regional Integration Fund (RIF) Guidance

The ground-breaking Social Services and Wellbeing (Wales) Act and A Healthier Wales, our 10 year plan set out our ambition for delivering preventative, integrated health and social care in Wales. Both aim to ensure that services are designed and delivered around the needs and preferences of individuals, and with a much greater emphasis on keeping people healthy and well as close to home as possible.

Good progress has been made in taking forward the vision set in A Healthier Wales but we are keen that we now focus our efforts and accelerate our progress to move further and faster to secure the best care, support and outcomes for the people of Wales.

In realising the ambitions set out in A Healthier Wales, the continued progress towards integrating health and social care is vital to ensure seamless services for the people who need care and support. Over the last few years through the Integrated Care Fund (ICF) and the Transformation Fund (TF), Regional Partnership Boards (RPBs) have tested and developed key models of integrated care that are now providing essential services as part of our health and social care system in Wales.

It is important to recognise the indispensable work of the RPBs against the backdrop of the Covid-19 pandemic. Whilst the RPBs were not created to respond to emergency situations, they have continued to plan, develop and deliver joined up health and social care interventions that have supported many people and their carers through a very difficult time. We are still very much fighting this pandemic, and we expect RPBs to continue to provide strategic support within their region to deliver seamless services that support our ongoing response.

With the commencement of the new £144.7 million Health and Social Care Regional Intergration Fund we are now in a position to further embed these models of care into core services whilst maintaining some scope for the continued development of new ones.

Whilst it is clear that while the Health and Social Care Regional Integration Fund will build from the excellent work undertaken though the Integrated Care Fund and the Transformation fund, it is not a continuation of those schemes. It is a new programme with distinctly different architecture and objectives. This fund brings together several existing funding streams to provide a renewed focus on community based care, emotional health and well-being, supporting families to stay together safely, care experienced children, home from hospital services and accommodation based solutions

We have amalgamated previously separate funding streams to create greater alignment of resources in order to maximise impact and reduce administrative burden. We have co-designed a new funding architecture that hardwires in the sustainability planning and investment for these new models of care relying on

partners to bring forward match funds and a firm commitment to long term mainstreaming of effective new models of care.

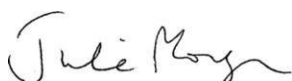
We have also focused our investment priorities around the development of six new models of care, which have been drawn from the experiences and learning of the previous Integrated care Fund and the Transformation Fund.

We have been impressed with the co-productive approach that RPBs and other key partners have taken this year working with officials to develop the guidance for this fund. We are aware of the commitment shown, and we believe it has been an investment well made as the joint approach to design continues into the first year of delivery. We fully recognise that the move to introduce match funding to secure investment of core resources in new models of care will pose its challenges, but we are clear that unless we invest in transforming our core system we will not get the transformation we are seeking.


We must not forget that the purpose of the ICF and TF was to introduce successful new models of care, rather than fund existing services and we have learnt useful lessons from the previous funds, all of which have been taken into account during the development of this new fund. We therefore expect the Regional Integration Fund to generate a true partnership approach to investing in integrated services for the long term. To achieve this, integrated health and social care should not be seen as something additional to our current services, but should be seen as a core feature of our health and social care system for the future. We must actively transform some of the outdated, siloed working and replace it with new, integrated models of care that will deliver better outcomes for the people of Wales.



Eluned Morgan, Minister for Health and Social Services



Julie Morgan, Deputy Minister for Social Services



Lynne Neagle, Deputy Minister for Mental Health and Wellbeing

Overview and Strategic Context

The Health and Social Care Regional Integration Fund (the RIF) is a 5 year fund to deliver a programme of change from April 2022 to March 2027.

The RIF builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and will seek to create sustainable system change through the integration of health and social care services.

Key features and values of the Fund include;

- A strong focus on prevention and early intervention
- Developing and embedding national models of integrated care (also referred to as models of care in this document)
- Actively sharing learning across Wales through Communities of Practice
- Sustainable long term resourcing to embed and mainstream new models of care
- Creation of long term pooled fund arrangements
- Consistent investment in regional planning and partnership infrastructure

The RIF is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation. The following section is intended to describe the policy and legislative landscape in which it will be invested and Regional Partnership Boards (RPBs) must consider how they will deploy their collective resources (both from the RIF and other core resources) to deliver these important and interconnected agendas.

Our aim is that by the end of the five year programme we will have established and mainstreamed at least six new national models of integrated care so that citizens of Wales, where ever they live, can be assured of an effective and seamless service experience in relation to;

- Community based care – *prevention and community coordination*
- Community based care – *complex care closer to home*
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

Communities of Practice will be established to share learning and actively support the development and embedding of these integrated models of care.

The Social Services and Well-being (Wales) Act 2014 (SSWBA)

The Social Services and Wellbeing (Wales) Act (SSWBA) has given the Welsh Ministers powers to work with Local Health Boards (LHBs) and Local Authorities (LAs) to take part in partnership arrangements to carry out health and social services functions. The Partnership Regulations also make provision, amongst other things, for the operation and management of the partnership arrangements (including data sharing), the establishment of Regional Partnership Boards (RPBs) and the establishment and maintenance of pooled funds.

RPBs facilitate the partnership arrangements made between a Local Health Board and one or more Local Authorities. The objectives of a RPB are set out in Regulation 10 of the Partnership Regulations and are to ensure that the partnership bodies work effectively and to ensure that the partnership bodies provide sufficient resources for the partnership arrangements.

In addition to health and social care partners RPB membership includes representatives from housing, education, the third sector, providers, citizens and carer reps 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 carers who need support. RPBs work as a partnership to strategically plan, manage and develop effective care and support services required to best meet the needs of their respective populations.

Under the White Paper on Rebalancing Care and Support a programme of work has been established to further strengthen these partnership arrangements which will include strengthening connections across to other key partners including the Welsh Ambulance Service Trusts and Primary Care.

Part 9 of the SSWBA focuses on co-operation and partnership. It places a duty on relevant partners to co-operate with, and provide information to local authorities for the purpose of their social services functions. This includes joint assessments of the care and support needs of their population.

These Population Needs Assessments (PNAs) must identify; the extent to which needs are not met, the range and level of services (including preventative services) required; and, how such services will be delivered through the medium of Welsh. They are a key instrument in the integrated planning and delivery of health and care services for the region, and alongside the evidence gathered through their Market Stability Reports (MSRs), they will help RPBs shape their Joint Areas Plans. RPBs are expected to use the conclusions of their PNAs and MSRs to develop a cohesive investment proposal to support the models of care and outcome framework for the Regional Integration Fund (RIF).

Well-being of Future Generations Act (WBFG Act)

The RIF will put into practice the ways of working that are set out in The Well-being of Future Generations (Wales) Act 2015 (WBFG). These are; **long term**,

prevention, integration, collaboration and involvement to help public bodies undertake better planning for the **well-being** of our population and future generations.

The WBFG Act also provided for the establishment of Public Service Boards (PSBs) to bring together a range of partners that plan for the well-being of their area. While RPBs focus on the joint planning and delivery of services to support the well-being of individuals with health and care needs, PSBs have a broader remit focusing on improving the economic, social and cultural and environmental well-being of an area on a 'whole population' scale. PSBs also operate on a more local footprint than RPBs, although over time some PSBs have combined to mirror their regional area.

With both PSBs and RPBs having a remit to promote the well-being of the population it is essential that they are aligned, sharing intelligence, planning priorities and resources where appropriate.

In the spirit of both the WBFG Act and the Social Services and Well-being (Wales) Act RPBs and partner organisations should continue to facilitate ongoing engagement and co-production in their strategic planning, services design and delivery and scrutiny arrangements.

A Healthier Wales

A Healthier Wales (AHW) is Welsh Government's long term plan for Health and Social Care. It sets out a future vision of a whole system approach to health and social care, which is focussed on health and well-being and on preventing illness, with access to a wide range of seamless community based services. It recognises RPBs as key drivers of integration, able to pool resources and expertise to deliver seamless, preventive models of care at a local, regional and national level. The RPBs must drive this transformation, and through the RIF support the delivery of models of care to achieve the vision in A Healthier Wales.

The [Quadruple Aim of AHW](#) is the interlocking of four key themes to drive coproduction and achieve the goals as defined in the Well-being of Future Generations Act. The four themes are:

- Improved population health and well-being;
- 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.

In order to ensure the Quadruple Aim can be practically delivered, there are ten 'design principles' to help align the many programmes required to deliver an integrated health and social care system in Wales. The ten design principles, and examples of application are:

- Prevention and early intervention
- Safety

- Independence
- Voice
- Personalised
- Seamless
- Higher value
- Evidence
- Scalable

These principles should form the basis of delivery for future models of care within the RIF.

Programme for Government

The 2021 - 2025 Programme for Government outlines ten well-being objectives which all RIF funded activity should be mindful of and seek to contribute to. The 10 well-being objectives are:

- Provide effective, high quality and sustainable healthcare
- Continue our long-term programme of education reform, and ensure educational inequalities narrow and standards rise
- Protect, re-build and develop our services for vulnerable people
- Celebrate diversity and move to eliminate inequality in all of its forms
- Build an economy based on the principles of fair work, sustainability and the industries and services of the future
- Push towards a million Welsh speakers, and enable our tourism, sports and arts industries to thrive
- Build a stronger, greener economy as we make maximum progress towards decarbonisation
- Make our cities, towns and villages even better places in which to live and work
- Embed our response to the climate and nature emergency in everything we do
- Lead Wales in a national civic conversation about our constitutional future, and give our country the strongest possible presence on the world stage

The Regional Integration Fund will support several of these objectives and the models of care developed under the RIF should consider all of these objectives and how they can contribute to their delivery. For example models of care must actively support and promote the welsh language, minimise their carbon footprint and consider how delivery of services closer to peoples communities can also support regeneration of town centres.

The RIF will also directly and in some cases indirectly support delivery of a number of the current Programme for Government commitments including;

- Deliver better access to doctors, nurses, dentists and other health professionals
- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector.
- Prioritise investment in mental health
- Prioritise service redesign to improve prevention, tackle stigma and promote a 'no wrong door' approach to mental health support.

- Introduce an all-Wales framework to roll out social prescribing to tackle isolation
- Introduce an autism statutory code of practice on the delivery of autism services
- Support innovative housing development to meet care needs.
- Provide additional specialist support for children with complex needs who may be on the edge of care.
- Fund regional residential services to bring children with complex needs ensuring their needs are met as close to home as possible and in Wales wherever practicable.
- Legislate to deliver better integrated care and health, paying attention to the responses to our white paper on Rebalancing Care and Support
- Develop more than 50 local community hubs to co-locate front-line health and social care and other services

Accelerated Cluster Development Programme

In planning and delivering the RIF and developing the national models of integrated care there will need to be increasing levels of alignment and engagement between RPBs and clusters which bring together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000.

RPBs must ensure that there is clear alignment between their RIF investment plans and national models of care developed through the three National Health Programmes: Planned Care, Urgent and Emergency Care and Primary Care. In particular they should align with the Strategic Programme for Primary Care Accelerated Cluster Development Programme which will strengthen local collaboration in both the planning and delivery of services to meet the specific health and wellbeing needs of individuals and In turn, Pan- Cluster Planning Groups will need to consider how they can align with RPB plans and activity.

The Integrated Care Fund (ICF) and Transformation Fund (TF)

To date the ICF and the TF have been the key mechanisms for driving integration via RPBs. They have resulted in the development and establishment of some key models of integrated care that are now essential parts of our health and social care system.

In order to further embed these models of care into core services, and give opportunity to create new ones, the new combined fund (the RIF) builds on the good progress already made and ensures that these models of care become fully embedded in our health and social care system.

The 2019 [Audit Wales review](#) of the Integrated Care Fund identified six key recommendations to improve the delivery of that fund during 2020-21.

- Timeliness of guidance and decision making to ensure the Welsh Government continues to review earlier issuing of guidance

- To consider the alignment of multiple short-term funds available for health, social care and housing, minimising duplication
- To further strengthen governance arrangements by reviewing project board arrangements
- To ensure that appropriate scrutiny arrangements are in place for decisions made by the RPBs on behalf of those [partner] bodies.
- To work with RPBs to agree key outcome measures, be clear about the purpose of information gathering and streamlining reporting requirements.
- To increase support for shared learning across the RPBs with a particular focus on managing funding and overcoming challenges to mainstreaming successful projects.

All of these recommendations were considered and actioned during the development of the RIF and the learning from the Audit Wales report and other evaluations have directly shaped the new RIF.

An evaluation of the ICF is due to be published in January 2022. It assess the impact of the ICF in creating system change to improve capacity to meet people's health and social care needs. Welsh Government officials have worked with the independent evaluators to ensure the learning from the evaluation has directly shaped this guidance. The evaluation report recommendations are likely to focus on:

- The need to maintain a form of ring-fenced funding for integration
- The need for funding to be underpinned by the principle of sustainable improvement and change
- To achieve the right balance between national prescription and local/regional discretion
- Using data to drive service and quality improvements
- Ensuring outcomes from funding lead to learning and the spread of good practice

The Welsh Government also commissioned an evaluation of the Transformation Fund in 2020, with an [annual update published in July 2021](#) highlighting the following recommendations:

1. TF projects need to refocus on citizen engagement activities, and to look to include this as part of their ongoing review and evaluation activities.
2. RPBs need to capture evidence and calculate the return on investment or financial savings achieved
3. Programmes need to prioritise their exit planning for funded projects and programmes.
4. RPBs should continue with implementing the streamlined and effective governance arrangements which have been introduced in response to Covid-19.






In addition to these four recommendations, the evaluation put forward longer term, strategic recommendations:

5. Recognition that transformation is a long-term progress, and consideration to seamless transition arrangements post 2022, with any future funding adopting the principle of tapered funding to reinforce importance of greater self-sustainability.
6. Amalgamation of health and social care funding streams, particularly TF and ICF, into a single longer-term strategic fund to drive transformation across the sector.
7. Implementation of a clear theory of change and evaluation framework from the outset, and clearly defined high level outcomes, underpinned by measures or indicators that can be monitored to track impact.
8. New funding should provide clear overarching priority themes, developed in collaboration with RPBs.

The nature of the RIF, with a five year lifespan, clear outcome framework and evaluation plans will deliver against these strategic recommendations and enable partners to deliver and demonstrate a long-term impact.

Discharge to Recover then Assess (D2RA)

The Welsh [Discharge to Recover then Assess \(D2RA\)](#) model, which has been supported by the ICF and the TF, has developed into a key framework to enable integrated planning and delivery of community and hospital services across Wales. It was designed with stakeholders and RPBs to be adaptable, and as such it has been implemented by all RPBs across Wales. The pathways 0-4 set out in the model below range from community prevention activity through to integrated assessments and support to ensure people can return home as quickly and safely as possible.

Pathway 0	Pathway 1	Pathway 2	Pathway 4	Pathway 3
 <p>Discharge or admission avoidance through short-term third sector support</p>	 <p>Is this person fit to admit?</p>	 <p>Why not home? Why not today?</p>	 <p>Home first when your home is a care home</p>	 <p>Support to recover in a bedded intermediate care facility</p>
<p>Preventative services delivered in collaboration with third and voluntary sector organisations.</p> <p>Aim to avoid further referral and admission.</p>	<p>Multidisciplinary Team assessment within hospital 'front door' units to avoid full admission.</p> <p>Arrange treatment and supported recovery at home, whenever it is clinically safe to do so.</p>	<p>Initiated as soon as treatment, which can only be delivered within an acute hospital environment, is completed.</p> <p>Supports people to recover at home before being assessed for any ongoing need.</p>	<p>Similar to Pathway 2, but acknowledges specific considerations to be addressed in the existing care home environment.</p> <p>Individuals should be allowed a period of recovery, followed by assessment in their usual environment.</p>	<p>Should only be considered where the needs of the individual rule out recovery & assessment at home.</p> <p>Review and transfer to Pathway 2 wherever, and as soon as, possible.</p>

Reference: [Delivering Home First \(gov.wales\)](https://gov.wales/delivering-home-first)

The D2RA framework has helped to shape the design of the RIF and its models of care which will support delivery and embedding of the five D2RA Pathways.

Wider infrastructure to support integrated delivery

The RIF is underpinned by key principles to empower RPBs to develop innovative, integrated and transformative models of care. Key to this is being aware of wider infrastructure available within the health and social care system that RPBs can align to or directly benefit from in developing and delivering their integrated models of care. Key partnership alignment opportunities include:

WCCIS - The Welsh Community Care Information System (WCCIS) is a major and ambitious programme delivered by Digital Health and Care Wales (DH&CW) under shared NHS and Local Authority governance with funding provided by Welsh Government.

The WCCIS programme is a key element of the strategic ambition to provide safe, effective, local, integrated care across social services and community health by introducing a single system and a shared electronic record across Local Authorities and Health Boards in Wales. This is a significant shift from a position of multiple systems at different stages of development and the use of paper records.

Where RPBs are considering the digital enablers of new models of care, they should engage with both local WCCIS teams and the National Programme Team to understand how the WCCIS platform is able to effectively support the sharing of information and seamless experience for service users.

RIIC Hubs - The need to better co-ordinate research, innovation and improvement was a key action outlined by AHW, and to help deliver this, each region / NHS Trust across Wales was given a two-year grant to build joint health and care research, innovation and improvement capacity. Each Research, Innovation, Improvement and Communication (RIIC) Hub is expected to deliver:

- Better co-ordination and alignment of a cluttered landscape
- Evidence about integration, new way of working and quality led approaches to research, innovation and improvement (RII)
- Strengthened RII infrastructure
- Better quality and higher value RII

Each Hub is expected to do this through:

- Providing a comprehensive and current overview of all research, innovation and improvement activity across the RPB area
- Developing a coherent strategic analysis of this activity
- Ensuring that leaders, partners and stakeholders are informed and engaged
- Working with other regional hubs as a national network, with an emphasis on driving the adoption and spread of activity
- Working with national bodies such as the Life Sciences Hub, Health Technology Wales and Improvement Cymru.

RIIC Hub funding for 2022/23 has now been confirmed to enable the continuation of this activity.

DPIF – The Digital Priorities Investment Fund has contributed to the development of a range of innovative collaborative programmes/projects over the last few years in the digital transformation of the health service. Digital usage will increase in the future and become more significant within health and social care settings. RPBs should consider potential DPIF bids when developing new integrated models of care within the RIF.

Capital Funding

While the RIF is a revenue fund, capital resources are also available and separate guidance for them is currently under development.

It is important however that investment of both revenue and capital funds can be planned for strategically and aligned where possible to ensure maximum impact.

Further capital guidance will follow but RPBs should be mindful of opportunities to align capital and revenue resources in the following priority areas;

- Development of community health and social care centres and hubs
- Development of accommodation that is able to meet the needs of those requiring care and support
- Rebalancing the residential care sector.

Welsh Language and Equalities

For many people in Wales access to services through the medium of Welsh is critical. In developing models of care for the RIF, RPBs must ensure that they can support the Welsh Government's framework for Welsh language in health and social care 'Mwy na Geiriau', ensuring that the language needs of Welsh speakers are met, and understanding that language plays an important part in the quality of care. In particular partners should look to utilise the RIF to increase their capacity to provide an active offer of integrated health and care services available through the Welsh language.

Regions will also need to be mindful of their duties in relation to the protected characteristics as provided for under the Equality Act 2010 and the specific provisions in SSWBWA in respect of individuals' characteristics, culture and beliefs (including, for example, language). The Welsh Government's Race Equality Action Plan will be published in 2022 and will be circulated in due course.

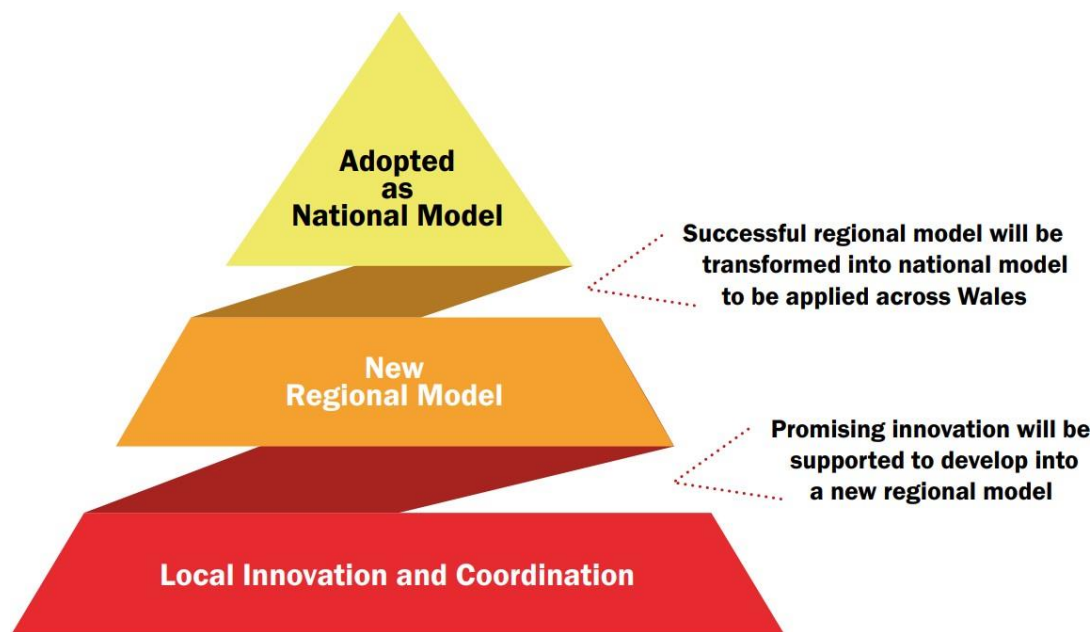
National models of integrated care and priorities framework

Aims and key principles of the fund

As stated in the introduction section, the RIF is a key lever to drive change and transformation across the health and social care system. Our aim is that by the end of the five year programme we will have established and mainstreamed at least six new national models of integrated care so that citizens of Wales, where ever they live, can be assured of an effective and seamless service experience.

As set out in A Healthier Wales, our vision of a whole system approach to health and social care will require a whole system effort. The previous Integrated Care Fund and Transformation Fund have supported the development of local and regional services and models of care. Our challenge now is to move those successful models towards national adoption and embedding.

The RIF is a significant and substantial investment, and funding must be targeted to new, seamless models of health and social care that will deliver significantly enhanced value, with the aim of speeding up their development and demonstrating their value. At the end of the five year programme we expect to see these national models of care embedded across Wales.



All activity funded by the RIF must directly support the development and delivery of the six national models of integrated care which are;

- Community based care – *prevention and community coordination*
- Community based care – *complex care closer to home*
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

(See blue boxes in fig.1 below).

Six Communities of Practice will be established to share learning and actively support the development and embedding of these integrated models of care.

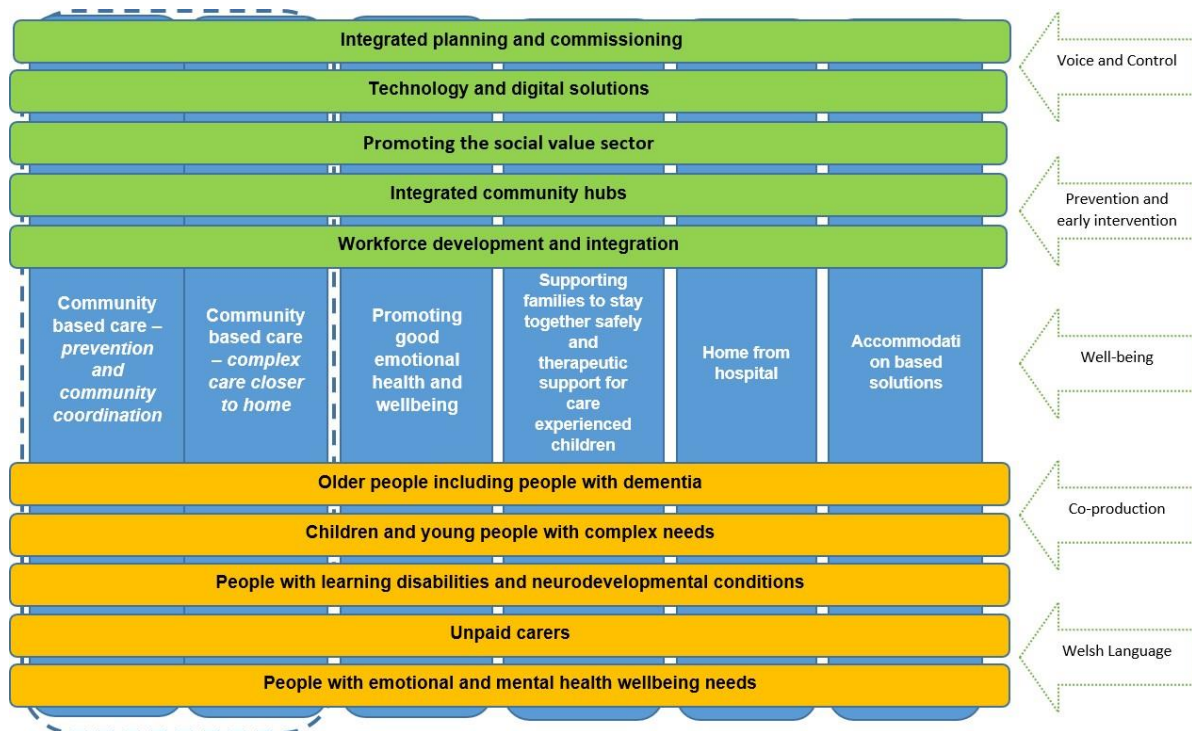
Regional Partnership Boards will have some flexibility to determine which projects and services align to which model of care but essentially all RPBs will need to ensure that:

- They invest in the development and embedding of the six priority models of care (see the blue boxes in fig 1).
- That they are able to demonstrate that projects and services are evolving to meet the needs of the relevant population groups (see the yellow boxes in fig 1) within each of the models of care (noting some priority groups will be more relevant than others for each model of care).
- That they are maximising the use of key enablers (see the green boxes in fig 1) to ensure their models of care are innovative, integrated and transformative.

- Across all population groups every opportunity is seized to increase the 'active offer' of integrated services through the medium of Welsh. Partners are able to 'shift' core resources to invest as match funding to ensure sustainable long term delivery of new models of care.

While the RIF will provide opportunity to support the further creation of new models of care, it will also enable the RPBs to mainstream and embed effective models of delivery tried and tested under the ICF/TF and will also support the strategic alignment and integration of existing services.

Fig. 1 – National models of care for the RIF



These six models of care have been identified and prioritised for investment based on experiences and learning from the ICF and TF and through extensive engagement and co-design work with RPBs and key partners.

Following on from the investment made by the ICF and the TF these six models of care are in various degrees of development, with some now at the stage of being ready for mainstreaming with others still in early stages of development. The RIF will support the further progress and mainstreaming of these models of care by:

- Helping regions to share learning through Communities of Practice
- Designing 'blueprints' for these national models of care
- Measuring impacts against a nationally agreed outcomes framework and using data to shape and improve delivery

- Securing mainstream ‘match funds’ alongside a tapering of WG funds to ensure mainstreaming of these integrated models of care
- Leave a longer term ‘pooled fund’ legacy to continue sustainable delivery of these models of care

Delivery of the national models of integrated care must be underpinned by the four fundamental principles within the SSWBA:

Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.

Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.

Well-being – supporting people to achieve their own well-being and measuring the success of care and support.

Co-production – encouraging individuals to become more involved in the design and delivery of services.

And in addition:

Welsh Language – ensuring that people are actively offered the opportunity to receive a service through the medium of Welsh and that the language needs of Welsh speakers are met, ensuring language plays an important part in the quality of care

The following sections provide greater detail on the priorities matrix in fig 1 covering:

- The National Models of Care
- Key Enablers
- Priority population groups

National Models of Integrated Care



Community based care – prevention and community coordination

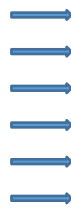
People should be supported to live their lives to the fullest. By focusing on prevention and early intervention we can enhance people's well-being and make the public services that people need more sustainable. Section 15 of the SSWBA places statutory duties on local authorities to provide and arrange the provision of services to prevent or delay 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.

The RIF will support organisations to help build the resilience of people and communities, moderating demand for acute health and social care needs, and thereby ensuring when more complex needs arise they can be met. The RIF will enable the Welsh health and social care system to invest in preventative community services and supporting citizens. This model of care will directly support implementation of pathway 0 of the Discharge to Recover an Assess pathway (D2RA).

In particular the RIF will support the shift to model of relational care on the right hand side of the following chart. This model of care enables people to remain independent for as long as possible by maintaining and growing people's social networks and through growing the sometimes untapped sources of support in the community around them.

Providing services

Fixing the problem
Managing need
Transactional culture
Counting inputs
Containing risk
Closed



Building wellbeing

Grown the good life
Develop capability
Above all 'relationships'
Connect multiple resources
Create possibility
Open

Based on: Hilary Cottam (2018) Radical Help.

To achieve this it is vital that people are able to connect including through access the right information, advice and support they need, as quickly as possible and in the right place at the right time. Examples of support under this model of care can include:

- Models of care that help people connect with services and well-being opportunities in their community that help them stay well and help prevent the need for higher level health and social care services including admission to hospital. For example this could include:
 - social prescribing services,

- community level well-being and self-care opportunities,
- re-connecting people to their own social networks
- befriending,
- information and advice,
- community connector/navigator services.
- Community hubs that can support access to the above range of services from a single point in the community.
- Falls prevention services
- Rapid response services to prevent conveyance to hospital
- Community wrap- around services that prevent admission when someone has presented at the hospital 'front door'. (e.g. Emergency Department/ Medical Assessment Unit)

Community based care – complex care closer to home

Similarly to the above model of care, the 'Complex care closer to home' model should support implementation of the D2RA Pathways, helping people to have their health and social care needs met as close to home as possible in a seamless and integrated way. This may include the following:

- Models of care that maximise recovery following a period of ill health or other life events, and reduce reliance on long term care, through reablement and community rehabilitation, to maximise independence, reduce admission and long term care dependence.
- Models of care that provide integrated coordinated care and support at home for individuals with more complex care and support needs for examples integrated Community Response Teams.
- Models of care that provide effect support multiple health conditions/frailty within the community.

Promoting good emotional health and well-being (EH&WB)

Regional Partnership Boards should consider their population needs assessments and determine the level of EH&WB services that they invest in across all ages of their population. Flexibility is assumed so regions can identify new or integrated models of care to support this priority.

Complementing but not replacing Welsh Government investment in acute mental health services including the child and adolescent mental health service, the RIF aims to support models of care that may include:

- support individuals to take more responsibility for their own EH&WB
- allow organisations to support individuals or groups with EH&WB needs
- support communications and engagement around good EH&WB
- support the implementation of the NYTH/NEST framework for children and young people

Supporting families to stay together safely, and therapeutic support for care experienced children

In keeping with the principle of prevention and early intervention the Regional Integration Fund should be utilised to work with families to help them stay together safely and prevent the need for children to become looked after. RPBs will be required to work within a shared strategic context which comprises of and works to achieve local authorities' children's services priorities. Models of care should be clearly integrated across partner organisations to provide a cooperative response for the families and children.

Successful examples may include:

- Models of care that work positively with families to help them stay safely together and prevent the need for children to enter care. This may include circumstances when children have complex health, behaviour or care needs.
- Models of care that provide an integrated health, care and educational response for care experienced children with more complex emotional and behavioural needs.

Home from Hospital

Where possible care and support should be offered to help people stay well at home, and our national models of **Community based care** are designed to provide preventative care and where needed a rapid response to prevent the need for people to be conveyed to hospital. However, recognising that some people will always require acute assessment/ treatment in a hospital environment, it is vital that we create a national model of care that helps people be discharged to recover at home as quickly and safely as possible. This will also support the generation of capacity within health and care settings, ensuring that those who do need acute care can access it in a safe and timely manner.

In order to build on the services funded through the ICF and the TF, the Regional Integration Fund will enable RPBs to explore new models of care to support with Home from Hospital planning and delivery and implementation of the D2RA framework. This refers to care and support offered to patients to leave hospital for ongoing recovery then assessment with an aim of limiting unnecessary time in hospital settings, and improving outcomes.

This may include the following:

- Models of care that provide integrated responses and pathways to allow people to return home from hospital swiftly and safely and avoid readmission.
- Models of care that maximise recovery following a hospital admission, and reduce reliance on long term care, through reablement and community rehabilitation, to reduce admission and long term care dependence.

Accommodation based solutions

Developing accommodation that can support people's independent living and meet their care and support needs in a domestic or residential environment is an important part of our health and care system. Linking with housing, registered social landlords, residential care providers and other key partners, including those who can support home adaptations will be vital to delivering this model of care.

RPBs should be considering capital opportunities alongside the RIF to ensure revenue and capital plans are aligned and that investment can be maximised.

Examples of services to be supported under this model of care may include:

- Developing independent living facilities with wrap around integrated care and support i.e. extra care/ supported living,
- Facilities for short term intermediate care and therapeutic support
- Accommodation solutions for children with high end complex needs behavioural and emotional needs to provide integrated care and support closer to home
- Home adaptations

Enabling Tools



To effectively deliver the national models of care that will be developed by the RIF, RPBs must consider and make good use these key enabling tools (shown below). By maximising effective use of the identified key enablers, RPBs can ensure they strategically align resources and capabilities in order to create integrated systems and services that will support better outcomes for priority population groups. The following enablers should be considered and included in the design of each model of care.

Integrated planning and commissioning

To successfully develop and then mainstream our national models of integrated care, effective whole system planning and/or commissioning across health, social care, housing and wider delivery partners will be critical.

In designing the models of care RPBs should follow the well know commissioning cycle ensuring they follow each of the four steps;

- **Analyse** – ensure there is a deep understanding of population/community need and of the resources and assets available to support those needs. Also benchmarking both within and outside Wales to support learning and understand what has worked elsewhere.
- **Plan** – ensure that where possible, evidence based approaches are adopted with fidelity to plan and design the best responses to meet needs. Use ‘end to end’ thinking when designing the model of care maximising opportunities for coproduction with service users and providers.
- **Do** – ensure a good range of delivery options are considered to secure the best way to deliver services. Deploy effective project management principles to ensure effective and timely delivery.
- **Review** – Using the Results Based Accountability methodology ensure that ongoing monitoring and review is undertaken to understand impact on people’s well-being and service transformation and inform service improvements.



RPBs will want to think about the best mechanism for securing and managing match funds and resources as they develop and deliver the national models of care. RPBs should consider the role pooled funds can play in helping to manage the collective commissioning of the models and the investment of the RIF alongside partners match funds. While this guidance does not prescribe pooled fund arrangements from the outset, the Welsh Government commitment to a legacy fund at year five will be based

on the principles of a pooled fund arrangement with the Welsh Government being a key contributing partner.

Further advice on developing pooled funds can be found in the [ADSS toolkit](#).

Technology and digital solutions

Technology has an increasing role to play in helping people to self-care, stay well and live independently. This became increasingly evident during the Covid 19 pandemic which forced individuals, communities and service providers to think differently about how they supported people's individual well-being. RPBs should consider the role technology can play in developing and delivering the six national models of integrated care including:

- Self-care apps
- Digital reporting solutions
- Home technology and SMART homes
- Virtual information, advice and consultation

Promoting the social value sector

Social value models of delivery have a key role to play in enabling locality/community-based, preventative care and support services. Social value approaches promote respect, collaboration and collective endeavour towards securing well-being outcomes for individuals and communities, and involves proactively working in a way that provides voice and control and that improves well-being for citizens.

Local Authorities and RPBs have a statutory duty to promote the Social Value Sector (as defined in the SSWBA). They are key partners in our health and social care system and this became ever more evident during the Covid 19 pandemic.

RPBs will be expected to invest a **minimum of 20%** of their RIF allocation in delivery through social value sector organisations. RPBs should be connecting closely with their social value forums to ensure the wider sector can be engaged in the planning, design and delivery of these models of care.

Integrated community hubs

In designing the national models of integrated care it is important that RPBs consider how people can access the information, advice and care and support they need. For many, accessing support in their own home will be critical but for others, including carers, local hubs, centres or community spaces that offer a wider range of integrated support could be a good solution.

A separate capital programme is under development to support the physical development of integrated health and social care centres and community hubs and further guidance will follow. However, as with the accommodation based solutions

model above, RPBs should consider how their revenue and capital investment can be aligned to maximise resources and provide local integrated solutions for people and communities.

Workforce development and integration

A resilient, skilled and integrated health and social care workforce is critical to the successful delivery of the national models of integrated care. RPBs need to actively develop and deliver plans that will support the creation of a skilled and integrated workforce that is adaptable, flexible and resilient.

They will need to create plans and conditions that will promote the necessary system, process, practice and cultural change needed to ensure we can provide truly seamless, integrated services for the people of Wales.

Priority Population Groups



In designing each of the national models of integrated care, RPBs must consider how they will meet the specific needs of the above population groups. Some models of care will inevitably support some population groups more than others but most of the model should be developed to meet the needs of all of these population groups,

These population groups were identified as priority groups for integrated service under the SS&WBA. However the final population group, people with emotional and mental health well-being needs, has been added to the list based on our experiences of delivering the ICF and TF and the growing need in this area for an integrated response for care and support.

While these are our priority groups for ensuring we offer integrated care and support services it is recognised that there are other vulnerable population groups who may also benefit from these models of care. For example homeless people may benefit from support available through community hubs. These priority groups have not been listed in order to exclude others in need who may also benefit from these models of care but they are the primary beneficiaries for whom models of care should be designed and delivered.

Across all these population groups, every opportunity must be seized to increase the 'active offer' of integrated services through the medium of Welsh.

The following section of guidance provides further details on each priority population group.

Older people including people with dementia

Older people with complex needs and long term conditions, including dementia, should be supported to maintain their independence and remain at home, avoiding unnecessary hospital admissions.

There should be a strong focus on preventative and home from hospital services 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. Access to enablement and rehabilitation services are essential to maintaining skills and abilities and to avoid too early reliance on disabling models of care.

Activity could also support the realisation of our vision to create an age friendly Wales that upholds older people's rights and promotes intergenerational solidarity, as set out in [*Age Friendly Wales: Our Strategy for an Ageing Society*](#),

The Dementia Action Plan (DAP) for Wales 2018-2022 was published on 14 February 2018. Following the launch, RPBs were asked to develop services which addressed any gaps identified, in line with the dementia plan. Building on this, RPBs should consider how older people including people with dementia can be supported by the six new RIF models of care.

In recognition that the pandemic and the required response has had an impact on both people living with dementia and their carers a [*companion document*](#) to the DAP was published in September 2021 which outlines the current priorities for action.

Whilst the DAP is due to conclude in 2022, ongoing evaluation will be undertaken to inform the content of any future action plans and subsequent outcomes. Therefore, any programmes developed should be flexible to respond to any relevant changes.

Children and young people with complex needs

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 / looked after children
- children who in need of care and support
- children who are at risk of being looked after
- children with emotional and behavioural needs

Helping families receive seamless care and support that helps them achieve what is important to them and their child is an important aspect to build into the design of the models of care.

We recognise that children are children first, but they may also have additional needs which may mean they are also part of the other 'all age' population priority

groups, for example people with learning disabilities, people with emotional and mental health needs and young carers.

RPBs are expected to ensure that the national models of integrated care are designed to meet the specific needs of children and young people including those listed above. A £20m national minimum spend will be expected towards children at the edge of care/care experienced children.

Regions must utilise the NYTH/NEST Framework to develop comprehensive support for children and young people with emotional and mental health and well-being needs and the progress made in each region of Wales will be monitored closely.

The RIF should also supporting families with support related to neurodevelopmental assessment, treatment and rehabilitation services and supporting children and young people transitioning to adulthood.

People with learning disabilities, neurodiverse and neurodevelopmental conditions

The fund should build on the principles and priorities of the Learning Disability Improving Lives programme (2018-21); the reduction of health inequalities, increasing community integration and improving planning and funding systems. Covid 19 has had a recognised impact on people with learning disabilities. The funding should support people with learning disabilities who were affected during the pandemic, with new, innovative and integrated services being commissioned to support this demographic in line with the Improving Lives programme objectives.

Unpaid carers

The Social Services and Well-being (Wales) Act 2014, defines a carer as someone of any age, child or adult, who provides unpaid care to an adult or disabled child. The cared for person may be a family member or a friend who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

Unpaid carers play a vital role in our health and social care system caring for some of our most vulnerable citizens helping them to stay well at home. However an unpaid carer's role can be demanding and exhausting and it is essential they are supported to have good health and well-being outcomes themselves.

While unpaid carers can benefit 'indirectly' from support given to those they care for, it is their right under the SS&WBA to have their own needs assessed and met. For that reason it is vital that the RIF is invested to ensure unpaid carers are able to received direct support that will meet their own needs in addition to any indirect benefits they may get from support given to those they care for.

Activity funded through the RIF should directly support unpaid carers and the delivery of the [Strategy for Unpaid Carers](#), published in March 2021. The strategy sets out four refreshed national priorities for unpaid carers:

1. Identifying and valuing unpaid carers
2. Providing information, advice and assistance
3. Supporting life alongside caring
4. Supporting unpaid carers in education and the workplace

RPBs will be expected to invest a minimum of 5% of the RIF into direct support for unpaid carers in 2021/22. This does not replace the statutory requirements placed on the LAs to support carers, rather should focus on integrated delivery of services to meet the health and well-being needs of unpaid carers.

In addition to the direct support identified for unpaid carers, £1m of direct support to carers will be ring-fenced to specifically fund activity to improve involvement of unpaid carers in hospital discharge processes.

People with emotional health and mental well-being needs

Now more than ever, supporting people's emotional health and well-being is paramount to keeping society healthy and preventing the escalation of health and social care needs. With the impacts of the Covid-19 pandemic this is further realised with an increasing number of people of all ages, including children and young people, being identified as having emotional health and well-being support needs. The RIF should be used to develop community based models of care that will provide early intervention and prevent the escalation of poor emotional and mental health and well-being.

For children and young people the RIF should be used to support implementation of the NYTH/NEST framework which will provide a sound structure on which to plan models of care to promote good emotional and mental health and well-being.

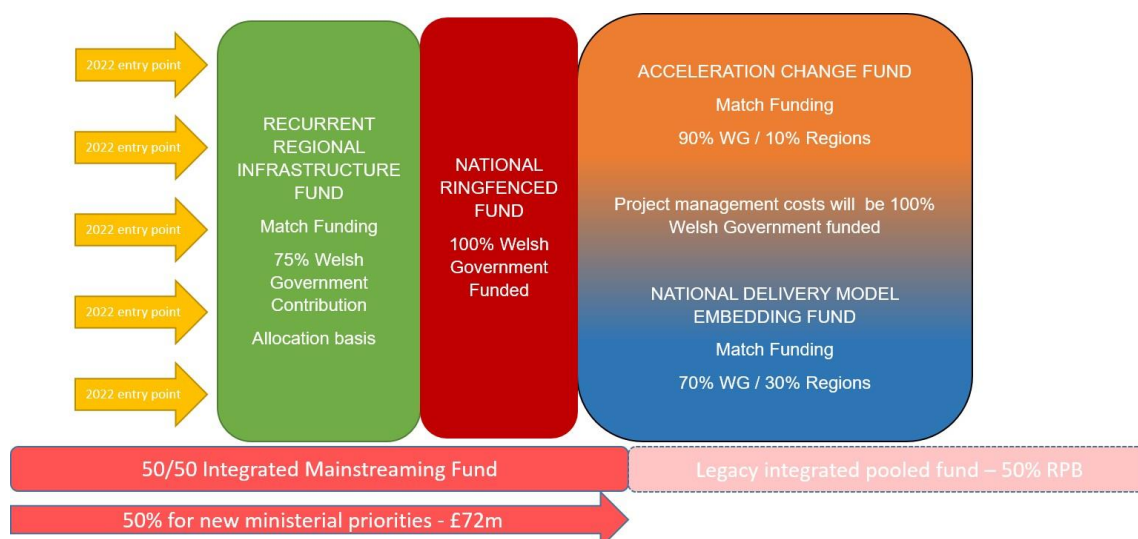
LHBs are already funded to deliver mental health services and so the RIF should not replace this but instead should be invested in integrated models of care that will compliment mental health services both by preventing poor mental health developing and by supporting people with lower level emotional needs in the community.

Funding arrangements

The new fund aims to demonstrate from the outset a more balanced approach to investment in integration and transformation from partners. To ensure regions, including statutory partners and the third sector, can quickly respond to and deliver against priorities, funding allocations will be issued at the beginning of each financial year rather than being retrospectively claimed.

Critically, the RIF is a five-year funding programme. This clear statement removes any concern or perception that funding will be withdrawn at short notice.

Fig 2 – Regional Integration Fund architecture



The fund architecture (see fig 2 above) for the RIF has been co-designed with Regional Partnership Boards to further encourage the testing, embedding and mainstreaming of national integrated models of care. Partner match funding is expected from year one with 10% expected for accelerating change and 30% for embedding models.

Alongside long-term funding, this tapered support is a key feature of the new RIF. Its purpose is to ensure national models of care are embedded and mainstreamed into core service delivery by attracting support from the core budgets of statutory organisations. The Welsh Government's recent budget announcement for the next three years has provided for significant budgetary uplift to the statutory bodies.

LHBs will hold the RIF funding on behalf of the RPB but will not make decisions on behalf of the RPB. There must be a partnership approach to decision making across the region, and we expect all partners to work together in a cohesive and collaborative manner when planning financial investments in projects. RPBs must develop and agree a **memorandum of understanding** to clearly set out the governance and accountability arrangements for decision making and managing investment of the RIF.

The planning and investment of the RIF must be viewed within the wider context of the £9bn + Health and Social Care budget in Wales. The RIF can and should be a lever to align with and drawn in other funds, core or grant, to mainstream system change. While WG grants cannot be used as match funding for projects funded under the RIF they can and should be aligned to support growth and provide added value.

National allocations for 2022-23 are as follows:

RPB	WG Investment	National Ringfenced Fund					Regional Infrastructure Fund (75% up to £750,000)	NEW MODEL DEVELOPMENT 90% WG FUNDING	NATIONAL EMBEDDING FUND 70% WG FUNDING
		IAS	Dementia	Memory Assessment Services	Unpaid Carers Hospital Discharge Engagement	National priorities total			
Total	£144,657,000.00	£ 2,977,000	£ 8,999,000	£ 3,001,000	£ 1,000,000	£ 15,977,000	£ 5,250,000	£ 37,029,000.00	£ 86,401,000.00

Funding Architecture and eligible investment

The RIF funding model has four distinct areas (see fig 2 above), each with its own eligibility and match funding expectations. This next section will provide further detail on eligibility for each.

Regional Infrastructure Fund

It is essential that all RPBs have adequate resources and infrastructure arrangements to support delivery against the collective duties and expectations placed on them under the Part 9 duties of the SS&WBA. This section sets out a minimum investment expectation for core RPB infrastructure arrangements which must be match funded by statutory partners (LAs and LHBS have a statutory duty to ensure there are sufficient resources to support their regional working).

Under this guidance the RIF can fund up to £750,000 (at a maximum of 75% intervention rate) towards the costs of the RPB infrastructure with statutory partners needing to match this by investing £250,000 (at a minimum of 25% intervention rate.)

If a region does not require the full allocation of £750,000 the remainder will be put towards acceleration and national embedding projects.

These infrastructure costs do not include programme management or delivery costs associated with the RIF or other funds. These programme costs should be drawn proportionately from the acceleration or embedding fund.

As a minimum RPBs are expected to ensure their regional infrastructure arrangements include the following core resources and roles:

- Enabling the RPB to meet Part 9 duties - (RPB development and support, scrutiny and performance management, thematic programme development and oversight, Population Needs Assessments, Area Plans and Market Stability Reports)
- Integrated business intelligence and performance management

- Communications and Engagement (including dedicated support for carer, citizen, third sector and provider engagement in the work of the RPB)
- Pooled Budget development and oversight,
- Facilitating joint commissioning/ planning of services
- Promoting the social value sector and facilitating the social value forum
- Financial management (non-programme related)
- Integrated Workforce Development in support of integrated care models

Some regions may identify that a much larger core team is required in order for it to run effectively. The purpose of this is to ensure that RPBs are as a minimum consistently resourced across Wales, and it builds on a previous allocation to Local Authorities which has become the Revenue Support Grant.

National Ring-Fenced Fund

Under this section of the fund RPBs will be allocated 100% funding to deliver against national ministerial commitments with no match funding required. Allocations are based on the LHB formula and will not be subject to tapering. The allocations will be issued in year on receipt of, and subsequent approval of, investment proposals.

These are minimum levels of investment in these Ministerial priorities and so additional RIF funds can be added to further grow these models of care. However any additional funds transferred from other parts of the RIF to increase investment in this area would be subject to tapering and match funding as per the guidance.

Projects that fall within the scope of this section of the fund which are to be fully funded for the duration of the fund, include:

- Integrated Autism Service (IAS) - The IAS will be supported through the RIF with funding ring-fenced. Funding allocated for the IAS cannot be used for other purposes. Regions can transfer additional money to this allocation to invest more in the IAS, subject to the agreement of the Autistic Spectrum Disorder (ASD) National Lead and Welsh Government.
- Dementia projects and supporting the DAP and its companion document. Projects should also support the implementation of the Dementia Care Standards. Funding allocated for the DAP cannot be used for other purposes
- £1m direct funding to support carers, specifically allocated to fund activity to improve the involvement of unpaid carers in hospital discharge processes.

Accelerating Change Fund

The acceleration revenue funding is to develop and test new models of care. It should be used for a new idea or a project that has not moved beyond initial concept phase, which needs further development and testing of proof of concept. This part of the fund is not intended for any models that have been developed and tested previously under the ICF, TF or any other funding stream. However, it is recognised that some projects may have started under previous funding streams and have not

yet concluded their testing phase. The Welsh Government will consider these scenarios as justification is provided within the investment proposal.

These projects can be piloted/tested at a local, sub-regional or regional level with ambition to be embedded on a wider scale.

As a guide no more than 30% of the RPBs overall allocation for the RIF should be allocated to models of care in this area. However flexibility can be discussed on a case by case basis with each region as required where there is a clear justification.

Projects funded under this part of the fund will receive a 90% intervention rate from Welsh Government with statutory partners being expected to match the remaining 10%.

Projects funded under this part of the fund can expect to receive a maximum of 2 years funding and clear governance must be in place to measure impact and provide assurance to the RPB. Following robust evaluation and clear evidence of impact and success, these models of care can be considered to move into the embedding change fund. Those that are not deemed successful or appropriate for onward investment from the RIF should be managed to safely exit the fund at this stage (de-commissioned, mainstreamed, funded from elsewhere).

Proportionate programme management costs associated with projects funded through the Acceleration Fund can be 100% funded from this allocation.

National Delivery Model Embedding Fund

This section of the fund is for projects that have been tested and evaluated as having had good impact and are agreed by all partners as meeting regional needs and ready for embedding as key a service to support embedding the national models of care.

All projects moving into this fund will be expected to have a clear business case for sustainability with clear benefits and performance measures identified from the outset and evaluation arrangements in place to evidence impact. It is anticipated that several evaluated projects or services developed under the ICF and the TF will move directly into this fund from April 2022.

Projects under this fund can receive funding for up to 3 years before moving to be fully mainstreamed. Those projects that are not deemed successful or appropriate for mainstreaming should be managed to safely exit the fund (de-commissioned, mainstreamed, or funded from elsewhere). However it is expected that the ongoing evaluation and review processes and the advance planning for sustainability should ensure that most projects under this fund do move on to become mainstreamed. Following robust evaluation and clear evidence of impact and success, these models of care can be considered to move into the Integrated Mainstreaming Fund.

Projects funded under this section will be adopted across the whole region or beyond. (Sub regional embedding may occur in exceptional circumstances to respond to local need)

As a guide 70% of the RPBs overall allocation for the RIF should be allocated to models of care in this area. However flexibility can be discussed on a case by case basis with each region as required where there is a clear justification.

Projects funded under this part of the fund will receive a 70% intervention rate from Welsh Government with statutory partners being expected to match the remaining 30%.

Proportionate programme management costs associated with projects funded through the Embedding Fund can be 100% funded from this allocation.

50/50 Integrated Mainstreaming Fund

After a project has concluded its three years funding under the embedding fund it should now be ready to be mainstreamed. However projects can be fast tracked and enter this stage within any year of the fund if partners agree that the circumstances are right to support mainstreaming at an earlier stage.

Under this fund projects should now be well established models of care that have been adopted across the whole region or wider.

Partners must agree and commit resources to ensure that the project or model of care will be sustained long term.

This fund will take the shape of a recurrent pooled fund with partners contributing 50% and Welsh Government contributing the remaining 50%.

If partners are still using non-monetary match resources at this stage they must be separately ring-fenced and accounted for to support sustainable delivery and ensure regional tapering has been realised.

Match resources

Match resources are a key principle of the Regional Integration Fund (RIF) and are intended to assist with leveraging sustainable change across our health and social care system. Taking learning from previous change funds, in most cases change activity has been invested in as an additional layer 'on top of' the current system rather than as a replacement for less effective systems and services.

In order to make sustainable change and embed new integrated systems and services, core resources should support this. It may mean in some cases stopping one way of working in order to replace it with a new way of working.

Whilst it is recognised that resources are constrained, the recent Welsh Government budget has provided a significant uplift to health and social care organisations. Match resourcing is therefore being established as a key aspect of the RIF. Some

flexibility will however be offered across the lifetime of the programme (see further details below).

Match resources can be made up of two key elements, monetary and wider resources. Monetary match funding consists of direct financial contributions from core funds or other non-Welsh Government grant sources. The wider resource contribution consists of staff time, volunteer time, and use of premises and / or facilities.

The match resources that are brought alongside this programme will be aligned with and directly support the delivery of these national models of integrated care. To ensure we collectively achieve our end goal of delivering change and embedding new ways of working, match funding must be obtained proportionately from all statutory partners.

The match resources will be sustainable investment from core funds or wider resources that can be used to replace the Welsh Government funding as it tapers over the course of the programme, i.e. 10% in years one or two of a new programme or model of care, and 30% in years three to five of a test model ready for embedding. RPBs need to provide clear plans to identify the commitment to the funding model through the course of the programme to realise the sustainability element.

The RIF's key principle is for all partners to commit to growing their replacement match to 50%, with the aim being a 50/50 intervention rate from Welsh Government and RPBs by the end of the five year fund. Subject to the views of the new government at that point, this approach will allow for a pooled fund to be created at that point to support the sustainability of these services.

This must be a collective commitment and endeavour. All partners will be encouraged to find match resources to help grow and embed integrated models of delivery across the system. There will be variation in relation the extent and purpose of the match resources across different sectors:

Local Authorities and LHBs

The tapering element of the RIF will only be applied to projects run by LHBs and LAs. These partners should contribute replacement match as their RIF Welsh Government funds taper off. For third sector led projects, statutory partners should work in collaboration with those providers to develop longer term sustainability and mainstreaming plans as described in the section below. This could include the allocation of match funds from statutory partners.

Where there is a case for an existing model of care to be further integrated and scaled up through the RIF, RPBs can identify opportunities to align resources from partners if this will assist with the longer term embedding of a new system or service. If existing resources and services are drawn in as match, RPBs must be satisfied that a clear exit strategy has been identified and the service can be sustained as Welsh Government investment tapers.

Third sector and other providers

In recognition of the different funding position of the third sector and a potential for limited access to core funding, the expectation of match resources and tapering will not be applied in the same way. Partners and providers from this sector should be encouraged to make other contributions, for example volunteer time, contribution of community facilities and access to charitable funds and grants.

However statutory partners should also be mindful of the potential sustainability risk for third sector provided services at year 5 if core funds have not been brought in to match fund and create a longer term more sustainable position. If RPBs feel these services are vital to their models of care they should seek to identify match funds from their own resources to support mainstreaming of these services.

The contributions that can be made by the third sector and community organisations will greatly assist with building community capability and growth and assisting third sector and provider organisations with their equal status as partners in the RPB. However this form of contribution should not be a pre-requisite of them being able to access funds

RPBs will be expected to invest a minimum of 20% of the RIF into social value in 2022/23.

Examples of match funding and resources

The table below aims to provide some examples of monetary and resource match. The table should be used as a guide and does not encompass all aspects of match given the variation and complexities of each region.

Type of Match funding and description

Monetary

- Statutory partner core finances
- 3rd Sector grants
- Income generation

Staff time

- People's time as a direct contribution to programme management and delivery
- Research and/or professional activity for example expertise in procurement, finance, digital, analytics etc

Volunteer time

- Evidenced volunteered time (non- cash)

Facilities and Building

- Buildings and facilities that support the front line delivery of services and projects to the public, for example treatment/ care and support space, social and well-being space and co-location of services and delivery staff.
- Equipment and materials

Ineligible match resources

- Other sources of Welsh Government grants (Welsh Government grants can be aligned to support programme delivery, but cannot be counted as match funding or resources)
- RPB members' time to attend meetings

What happens if RPBs don't find match resources?

Investment plans will be submitted by RPBs, reviewed by Welsh Government and returned with feedback. Monitoring reports will be reviewed and meetings will be held between Welsh Government and RPBs to discuss progress against the outcome framework and match resources. The Welsh Government will be introducing account management roles to work alongside and support RPBs for the duration of the RIF.

If there is inadequate or insufficient commitment to the long term goal of investing match funding to support the embedding of new systems and services, officials will work closely with RPBs to develop an improvement plan. If however this does not produce satisfactory commitment and investment the case will be escalated further and could ultimately result in the suspension or withdrawal of Welsh Government funds until the matter is resolved.

Governance

Notwithstanding the programme of work underway to strengthen regional integration, all RIF funding decisions must be determined collaboratively by the Regional Partnership Board. RPBs are expected to put in place a memorandum of understanding that sets out the agreed governance, accountability and decision making processes including appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies.

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 that schemes successfully achieve identified outcomes on time and on budget, including assurances of match funding and resources where necessary.

The Welsh Government has a duty to protect public funds, ensuring they are handled with probity and in the public interest. It is important that people in Wales are able to have confidence in the Welsh Government and the organisations it funds. Welsh Government officials require assurance that reasonable and adequate governance and counter fraud procedures exist in the organisations funded by the Welsh Government.

Regions will be asked to identify the personnel responsible for financial management of the RIF and to declare a full understanding of duties and responsibilities to carry out governance roles, and properly scrutinise the work of those who are responsible for financial management in relation to the RIF

GDPR

In delivering the RIF, regions may process personal data on behalf of the Welsh Government. The Welsh Government will be the Data Controller and regions will be provided with further requirements of the GDPR within the award of funding letter.

Monitoring and Audit

Strategic Plan and investment proposals

Using co-produced documents, RPBs will need to complete a Strategic Plan accompanied by Revenue Investment Proposals for the RIF, setting out the programme and services/projects to be funded from 2022 onwards. Guidance for the completion of the strategic plan and RIF investment proposal will follow in supplementary guidance following co-production with the RPBs.

For the financial year 2022/23, investment proposals must be submitted no later than 4th March 2022 with final RPB sign off being provided no later than 31st March 2022.

In respect to national priority funding linked to the Dementia Action Plan a formal submission of the investment plan for 2022-23 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. RPBs are encouraged to submit investment plans as early as possible. It should be noted that release of the Dementia Action Plan funding for 2022-23 is subject to the receipt of appropriate activity and outcome monitoring for projects that have received previous approval.

The National Autism Team oversee the monitoring and managing of the Integrated Autism Service. RPBs should continue to send updates, monitoring data forms and changes to the National Autism Team alongside their RIF returns to Welsh Government.

RPBs will be expected to invest a minimum of 5% of the RIF into direct support for unpaid carers in 2021/22. This does not replace the statutory requirements placed on the LAs to support carers, rather should focus on integrated delivery of services to meet the health and well-being needs of unpaid carers.

In addition to the direct support identified for unpaid carers, £1m of direct support to carers will be ring-fenced to fund activity to improve involvement of unpaid carers in hospital discharge processes.

Monitoring and reporting schedule

To ensure that data collected is consistent across all regions, a co-produced status report will be used to collate a set of agreed data each quarter, provided cumulatively and maintaining the integrity of the reporting and support a successful audit and evaluation process.

Welsh Government will meet with RPBs on a quarterly basis to undertake progress meetings, covering finances, key activities, progress and risks. This will also be an opportunity for RPBs to discuss any concerns that have arisen.

For the financial year 2022/23, the timetable of reporting is as follows:

- Quarter 1 report (finance and project status) must be provided no later than the end of July 2022, with the reporting period being April – June inclusive
- Quarter 2 report (finance and impact reporting) must be provided no later than the end of October 2022 with the reporting period being April – September inclusive
- Quarter 3 report (finance and project status) must be provided no later than the end of January 2023 with the reporting period being April – December inclusive
- Quarter 4 report (finance and impact reporting) must be provided no later than the end of April 2023 with the reporting period being April – March inclusive

A formal reporting schedule will be implemented including:

Financial Reporting

RPBs must provide finance reports on a quarterly basis consisting of forecasts, spend to date against budget and an overall delivery status for the projects using a BRAG tool. Risk analysis will be required at each quarter (Q1, Q2, Q3 and Q4).

Impact Reporting

RPBs must provide 6 monthly reports to demonstrate the progress made to date, highlight any issues or risks to the programme, outcomes and learning from the projects in line with the agreed outcome framework and in line with the evaluation framework. A Results Based Accountability methodology will be used to gather evidence of impact. Risk analysis will be required at both milestones (Q2 and Q4).

Monitoring and reporting process including channels

Monitoring reports and tools will be co-designed with RPBs in preparation for the start of the fund in April 2022. Further information, reports, templates and tools will be included in supplementary guidance, developed in co-production with RPBs.

Audit

Periodic audits will be carried out over the lifetime of the RIF. The aim of the audits is to assess the perceived and/or potential impact of the RIF in long term prevention, integration, collaboration and involvement to help public bodies undertake better planning for the well-being of our population and future generations.

It is therefore vital that regions:

- Maintain complete, accurate and valid accounting records identifying all income and expenditure in relation to the Purposes outlined in the funding letter.
- Maintain a complete and accurate record of all match resources that have been invested from partners to support delivery of the models of care with clear audit trails to evidence sources of match funding.
- Submit complete, accurate and valid monitoring reports providing a summary of progress, overall progress against outcomes delivered and Active Management Conditions (AMCS), risks and issues, change requests and evaluation.
- Permit any officer or officers of the Welsh Government or Audit Wales any reasonable time and on reasonable notice (in exceptional circumstances, such as the prevention or detection of fraud, it may not be practicable to provide notice) being given to regions to visit premises and/or to inspect any of activities and/or to examine and take copies of books of account and such other documents or records howsoever stored as in such officer's reasonable view may relate in any way to the use of the Funding. This undertaking is without prejudice and subject to any other statutory rights and powers exercisable by the Welsh Government, Audit Wales or any officer, servant or agent of any of the above.
- Retain the funding letter and all original documents relating to the Funding until Welsh Government inform regions in writing that it is safe to destroy them.

Outcomes and Evaluation

Outcomes Framework

Learning from the ICF and TF, the RIF required a clear outcomes framework that clearly identifies key outcomes and measures. We will continue to work with RPBs and delivery partners to shape our outcomes framework, which will have continual review through our Communities of Practice. Outcomes Framework guidance will set out the intended outcomes of the RIF in context of the national models of integrated care and show how they relate to the key enablers. We will establish a

recommended set of indicators and measures for the Fund. Our High Level Summary Table (See Annexe 2: Summary Table: Outcomes for the Regional Investment Fund) provides a summary of the overarching outcomes for the fund, and also links to the National Outcomes Framework, which is currently in development. The outcomes have been developed, in consideration of the SSWBA and A Healthier Wales.

National models of integrated care meet the needs of the population groups and relate to the key enablers

The Summary Table identifies intermediate outcomes that are person-centred. Each of the national models of integrated care have two specific person-centred intended outcomes, and the table provides examples of what is expected from the national models of integrated care, through utilisation of the key enablers.

Results Based Accountability (RBA) will be the established methodology used to understand and report the role that the national models of integrated care have played in supporting people (i.e. whether they have worked, what has been changed, and what has been learned). This reporting methodology will also capture people's experiences of the national models of integrated care, to show what worked, for whom, and in which contexts/circumstances. This will provide a richer understanding of the impact and benefits of an outcome in improving people's well-being needs.

It is expected that there will be consistency in the use of valid tools (measures) for the funded national models of integrated care and support services. This will include tools that indicate/measure distance travelled by individuals as a result of the support they have received. Regions are encouraged to use tools that will be set out in the Outcomes Framework guidance such as Most Significant Change where the stories of people's experiences are captured and assimilated, Outcome Stars, and measures such as the Warwick Edinburgh Mental Well-being Scale (WEMWBS) and the EQ-5D, for example. However, regions may also continue use tools already being used successfully.

Evaluation

Welsh Government will commission an evaluation partner at a National level who will work alongside projects, RPBs and Welsh Government officials to provide ongoing review and phased evaluation of the impacts of the Regional Integration Fund. The national evaluation will require RPBs and projects to provide information and evidence to support its activity. The evaluation will also help to identify the key success factors in developing and embedding the national models of integrated care leading to a national blueprint for each model by the end of year 5.

Communities of Practice

Communities of Practice will play an essential role in sharing learning and supporting projects and RPBs with the development of the national models of integrated care.

It is intended that each of the national integrated models of care will have its own community of practice:

- Community based care – *prevention and community coordination*
- Community based care – *complex care closer to home*
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

Additional cross cutting Communities of Practice (CoP) will also be established, for example a community of practice to explore the role of technology enabled care.

These CoPs will meet, beginning in January 2022. The CoPs will be the vehicle to share examples of good practice, compare learning and experiences, shape the topics and create and test out resources and materials that can be shared widely across Wales. The workshops will be led by a commissioned facilitator who will manage the networking arrangements supported by a Welsh Government team.

Branding and communications

To enable stakeholders and citizens to understand how the RIF is making a difference, Regional Partnership Boards will be asked to share their communication plans for the RIF in context to wider regional planning. The plan should communicate how the RIF 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.

RPBs 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 Government will publish an annual report to showcase the activity undertaken by regions and the impacts the RIF has had. RPBs will be required to provide additional detailed information to include in the annual report.

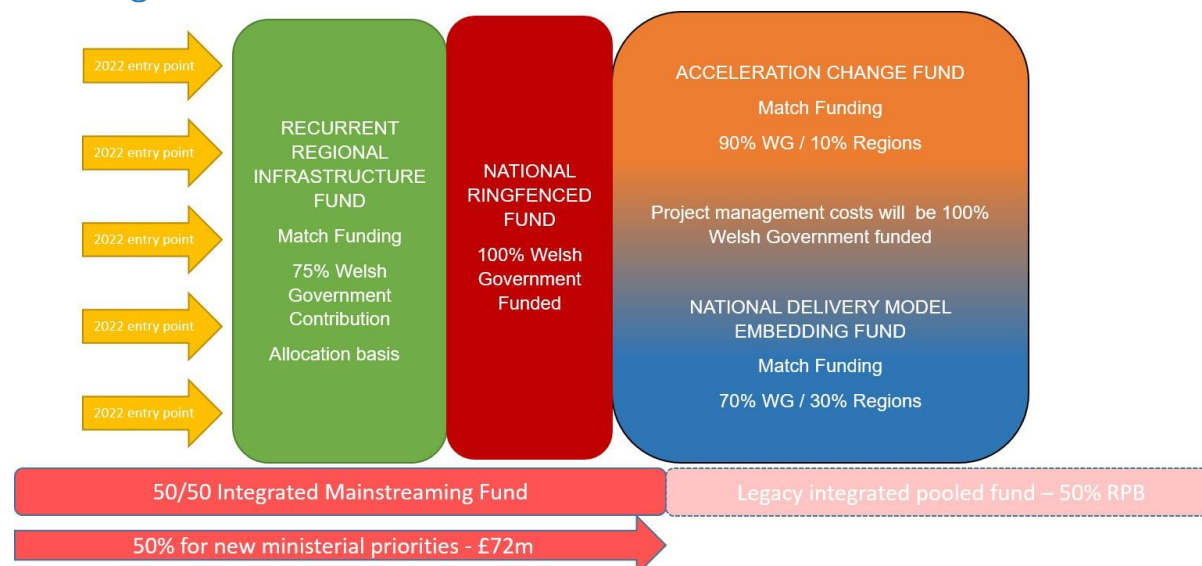
A toolkit to support RPBs with communications will be provided to maintain a level of national consistency with the visual identity of the RIF. The toolkit will include key lines to take about the RIF for RPBs to share with stakeholders, information on typography and colour scheme alongside templates for case studies and other documentation.

The toolkit will be made available from April 2022 to support RPBs. This will expand on the previous Transformation Fund Toolkit, and may be used in harmony with RPB identities and existing branding guidance on a regional level.

Supporting docs and Annexes

Annex 1

Funding architecture and allocations



RPB	WG Investment	National Ringfenced Fund					Regional Infrastructure Fund (75% up to £750,000)	NEW MODEL DEVELOPMENT 90% WG FUNDING	NATIONAL EMBEDDING FUND 70% WG FUNDING
		IAS	Dementia	Memory Assessment Services	Unpaid Carers Hospital Discharge Engagement	National priorities total			
Cardiff & Vale	£ 19,159,940.00	£ 367,000	£ 1,101,000	£ 399,000	£ 144,000	£ 2,011,000	£ 750,000	£ 4,919,682.00	£ 11,479,258.00
Cwm Taf	£ 22,008,720.00	£ 367,000	£ 1,242,000	£ 461,000	£ 161,000	£ 2,231,000	£ 750,000	£ 5,708,316.00	£ 13,319,404.00
Gwent	£ 26,858,840.00	£ 458,000	£ 1,611,000	£ 565,000	£ 191,000	£ 2,825,000	£ 750,000	£ 6,985,152.00	£ 16,298,688.00
North Wales	£ 32,486,680.00	£ 652,000	£ 2,153,000	£ 678,000	£ 213,000	£ 3,696,000	£ 750,000	£ 8,412,204.00	£ 19,628,476.00
Powys	£ 6,986,920.00	£ 337,000	£ 468,000	£ 133,000	£ 41,000	£ 979,000	£ 750,000	£ 1,577,376.00	£ 3,680,544.00
West Glamorgan	£ 18,480,860.00	£ 398,000	£ 1,175,000	£ 381,000	£ 129,000	£ 2,083,000	£ 750,000	£ 4,694,358.00	£ 10,953,502.00
West Wales	£ 18,675,040.00	£ 398,000	£ 1,249,000	£ 384,000	£ 121,000	£ 2,152,000	£ 750,000	£ 4,731,912.00	£ 11,041,128.00
Total	£144,657,000.00	£ 2,977,000	£ 8,999,000	£ 3,001,000	£ 1,000,000	£ 15,977,000	£ 5,250,000	£ 37,029,000.00	£ 86,401,000.00

Annex 2

Outcomes Framework

Health and Social Care Regional Integration Fund

NATIONAL OUTCOMES FRAMEWORK (15 indicators)

Outcome: All people in Wales enjoy good health and well-being

REGIONAL INTEGRATION FUND OUTCOMES FRAMEWORK - HIGH LEVEL SUMMARY

Overarching outcome for the Models of Care:

Models of Care meet the needs of the population groups and relate to the key enablers



Wider system outcomes and principles

Outcomes:

- People are healthier and happier
- Health and care service are better and easier to access
- Health and care services are innovative and uses the latest technology
- Staff in health and care are looked after and motivated

Principles:

- Principles of co-production are embedded in the design, delivery and evaluation of Models of Care
- Models of Care are preventative and provide early intervention solutions
- Care pathways are clear, equitable and accessible across the population groups
- Models of Care demonstrate the impact and benefits that they bring



Overall person-centred outcomes

- People feel more able to make their own decisions about what is important to and for them
- People have more voice in and control over their care and support needs
- People have greater awareness of what care and support services are available and local to them
- People have improved access to care and support at home or close to home



Community based care: prevention and community co-ordination

Person-centred intended outcomes (per Model of Care):

- People's well-being needs are improved through accessing co-ordinated community-based solutions
- Local prevention and early intervention solutions support people to avoid escalation and crisis interventions

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models provide an appropriate range of opportunities to ensure they connect with their target population groups
- Models utilise the social capital in communities and draw upon social value organisations locally
- Models provide a choice of activities to support well-being both digitally and face-to-face through a '*single door*' (e.g. integrated community hubs)

Community based care: complex care close to home

Person-centred intended outcomes (per Model of Care):

- People are more involved in deciding where they live while receiving care and support,
- Complex care and support packages are better at meeting the needs of people and delivered at home or close to home.

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models are designed through integrated planning to develop a flexible range of options to meet the people's needs,
- Use of technology enabled support is maximised within models of care at home or close to home to promote independence,
- Move towards not-for-profit provision.

Promoting good emotional health and well-being

Person-centred intended outcomes (per Model of Care):

- People are better supported to take control over their own lives and well-being,
- People have improved skills, knowledge and confidence to be independent in recognising their own well-being needs.

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models communicate with and engage with individuals and communities to enable access to a range of support
- Models work with people to help them become independent and self-sustaining

Supporting families to stay together and therapeutic support for care experienced children

Person-centred intended outcomes (per Model of Care):

- Families get better support to help them stay together
- Therapeutic support improves and enhances the well-being of care experienced children

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models are integrated across health, social care, education and the third sector
- Models provide a cohesive, coordinated and co-operative approach using the NEST² framework to deliver therapeutic support

Home from hospital

Person-centred intended outcomes (per Model of Care):

- People go home from hospital in a more timely manner with the necessary support in place at discharge
- People have a better understanding of the discharge process and are more involved in pre and post discharge planning.

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models are integrated with key stakeholders and delivery partners utilising local community assets and co-ordination to support '*Home First*'
- Discharge process and the D2RA pathways take into account pre-admission planning where appropriate

Accommodation based solutions

Person-centred intended outcomes (per Model of Care):

- People are more involved in the design of accommodation to meet their needs
- People have more choice about where they live and with whom

Examples of what is expected from each Model of Care (utilising the key enablers):

- Models provide safe accommodation across the key population groups with integrated care and support systems in place
- Models of accommodation based solutions are person-centred and offer a '*support for a good life*' approach³

² NEST framework: <https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/the-nest-framework/>

³ WLGA (2019) Guidance : Commissioning accommodation and support for a good life for people with a learning disability: Developing improved and progressive practice