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Analysis for Policy



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Integrated Care Fund Evaluation

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This document is also available in Welsh.

Integrated Care Fund Evaluation

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Glossary

Acronym/Key word	Definition
AHW	A Healthier Wales
CAMHS	Child and Adolescent Mental Health Services
CBC	County Borough Council
CALDS	Children with Learning Disabilities and Complex Needs
CORE-OM	Clinical Outcomes in Routine Evaluation Outcome Measure
ICF	Integrated Care Fund
MAPPS	Multi Agency Placement Support Service
NHS	National Health Service
OECD	Organisation for Economic Co-operation and Development
PPE	Personal Protection and Equipment
PNA	Population Needs Assessment
PSB	Public Services Board
RPB	Regional Partnership Board
RBA	Results Based Accountability
SPoA	Single Point of Access
SDQ	Strengths and Difficulties Questionnaire
TF	Transformation Fund
WCCIS	Welsh Community Care Information System

1. Introduction

- 1.1 OB3 Research, in partnership with the Welsh Institute of Health and Social Care (WIHSC) at the University of South Wales, was appointed by the Welsh Government to undertake an evaluation of the Integrated Care Fund (ICF). The ICF is a preventative programme which aims to integrate health, social care, the third sector and housing to improve the lives of vulnerable people in Wales. It has been delivered since 2014 and has funding in place until the end of March 2022.
- 1.2 The aim of the evaluation was ‘to assess the perceived and/or potential impact of the ICF in creating system and behaviour change to improve capacity to meet people’s health and social care needs’¹.
- 1.3 The evaluation was expected to focus on the revenue funding made available via the scheme, but excluded provisions funded via the Welsh Community Care Information System (WCCIS), the Integrated Autism Service (IAS) and the Dementia Action Plan (DAP). The latter two provisions are subject to separate evaluations.
- 1.4 The evaluation was expected to assess:
 - the impact of the programme between 2016 and 2021 on individuals and the communities involved
 - the effect of the programme upon service delivery across the health and social care sector
 - the impact of preventative projects in reducing pressures upon the health and care system
 - the critical success factors and barriers which can inform future programmes and interventions
 - the extent to which models of delivery can be upscaled and spread for wider adoption across Wales.

¹ Research specification, p.8

1.5 The evaluation was undertaken between January and October 2021. This report sets out the key findings of a meta-analysis of ICF documentation and extensive fieldwork with stakeholders and funded projects.

1.6 This report is presented in eight chapters as follows:

- chapter one: this introduction to the report
- chapter two: outlines the study methodology
- chapter three: considers the policy and strategic context relating to the ICF
- chapter four: sets out an overview of the programme
- chapter five: presents the findings of the fieldwork with stakeholders
- chapters six: presents the findings of the evaluation in relation to project delivery, and the critical success factors and barriers experienced
- chapter seven: presents the findings of the evaluation in relation to the impact of the programme and its effects upon individuals and the health and social care sector
- chapter eight: offers conclusions and recommendations for the future.

2. Methodology

2.1 This chapter sets out the method adopted for undertaking the evaluation.

Method

2.2 The evaluation has involved the following elements of work:

- an inception stage, which included an inception meeting with Welsh Government officials and the preparation of a refined methodological approach and project plan
- reviewing relevant policy and legislative developments which have informed the design and implementation of the ICF programme
- reviewing previous evaluations and reviews relating to the ICF
- reviewing ICF programme level operational documentation for the four-year delivery period between 2016/17 and 2019/20
- developing bilingual Privacy Notices and undertaking a series of preliminary discussions with three Welsh Government officials, two stakeholders and representatives from all seven Regional Partnership Boards (RPBs)
- selecting a representative sample of projects and undertaking a meta-analysis of documentation for 77 of them using the analysis template set out at Annex A, including initial application forms, progress reports, annual reporting to the Welsh Government, project level evaluations or reviews, and qualitative case studies
- selecting a sub-set of 15 of these funded projects and undertaking fieldwork with 48 project delivery staff/managers from each of the projects and 26 project recipients from nine projects (including service users and staff who have been supported by projects²)

² Some projects have supported health and social care staff by delivering activities such as awareness raising and training.

- developing an online survey for RPBs to distribute to all current ICF project leads³, and analysing 68 responses
- gathering the views of 74 stakeholders from across all seven RPBs, including Chairs and Directors of services, primarily via one to one and joint interviews but also via small focus group discussions and a web survey
- synthesising the findings of the desk-review, meta-analysis, and fieldwork
- drafting this final evaluation report.

Methodological considerations

2.3 The following issues need to be considered in relation to the methodology adopted for this study:

- the outbreak and subsequent restrictions imposed due to the coronavirus (COVID-19) pandemic affected the approach adopted for undertaking this study i.e. all interviews were undertaken via Microsoft Teams or telephone. It also meant that some health and social care stakeholders and project staff who were under immense pressure over the study period could not contribute. Despite this, an excellent level of contribution was secured from a wide range of projects and regions which have informed the research findings
- Annex B sets out further detail on the approach and challenges associated with the desk based review and sampling of case study projects. A cross-section of projects was selected for the macro analysis and case study work, considering a number of factors such as geography and type of service. The sample was also designed to

³ A total of 410 ICF projects were funded during 2020/21 (including those outside the scope of this evaluation e.g. those relating to the Dementia Action Plan and the Integrated Autism Service). We cannot, however, be certain about the numbers of projects/individuals who were invited by RPBs to complete the evaluation survey in order to offer a response rate. It might be possible that the survey was completed by more than one representative for some projects if the survey was distributed to more than one contact. The no response from one RPB region would also suggest that the survey may not have been distributed to projects in that region.

include projects which also had some evaluation evidence in place and amended to reflect the views of RPBs. As a result there may be a possible bias towards the inclusion of more successful and better managed projects within the study

- the research team was reliant on case study projects to identify service users whom would be prepared and able to contribute towards the evaluation. As a result there may be some bias in the evidence captured from service users as part of the evaluation.

3. Policy review

3.1 This chapter sets out a review of key policies and legislative developments which have informed the design and implementation of the ICF programme.

Social Services and Well-being (Wales) Act 2014

3.2 The Social Services and Well-being (Wales) Act 2014⁴, (the Act) which came into force from April 2016, sets out a new legal framework for the social services sector by imposing a duty upon local authorities to work together with health boards to promote the wellbeing of individuals who need care and support, or carers who need support. The Act required the establishment of RPBs based upon the footprint of the seven health boards to achieve this.

3.3 The four fundamental principles of the Act are:

- **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.

3.4 The Act sets out how social services should be planned, commissioned, and delivered by adopting an increased focus on prevention and early intervention, multi-agency working and increased citizen engagement. It requires that assessments should be focused on meeting individuals' needs, with one body acting on behalf of other partners to simplify processes. It stresses that local authorities, health boards and NHS trusts should work closely to ensure better integration of health and social care and that partnership boards should prioritise the integration of services for particular groups including older people with complex needs, people with learning

⁴ Social Services and Wellbeing (Wales) Act 2014.

disabilities, carers and children with complex needs due to disability or illness. The Act also places an expectation upon local authorities to promote the role of social enterprises and co-operatives in helping to deliver preventative interventions.

Well-being of Future Generations (Wales) Act 2015

3.5 The Well-being of Future Generations (Wales) Act 2015⁵ introduced legislation which requires public bodies, including local health boards and local authorities, to adopt seven long-term wellbeing goals to secure:

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

3.6 The legislation puts sustainable development and transparency principles at the heart of public bodies' work. The Act also established Public Services Boards (PSBs) for each local authority area in Wales which would include membership from local authorities, local health boards and others.

The Organisation for Economic Co-operation and Development's (OECD's) Review of Health Care Quality

3.7 The OECD's Review of Health Care Quality across the United Kingdom (2016)⁶ concluded that Wales needed to improve the quality of health care available and increase accountability for this provision. The review found that the Welsh Government needed to become more prescriptive about what is expected from organisations such as Health Boards 'while encouraging and incentivising innovation'. In particular, the review suggested that 'clearer roadmaps for acting on the Prudent Healthcare agenda' and 'a stronger push to support shifting care towards primary care settings' were needed. The

⁵ [The Wellbeing of Future Generations \(Wales\) Act 2015](#).

⁶ [OECD Reviews of Health Care Quality: United Kingdom 2016: Raising Standards](#)

review concluded that ‘an action plan for improvement’ was now required to achieve Wales’s strategic ambitions for the health system and that this would include implementing ‘new models of care delivery and organisation for primary care’.

Parliamentary Review of Health and Social Care in Wales 2018

- 3.8 The Parliamentary Review of Health and Social Care in Wales⁷ found that the ‘current pattern of health and social care provision is not fit for the future’⁸. It called for ‘a different system of care’ with a vision based on a system of seamless health and care provision which ‘empowers individuals to take decisions, tailors care to the individual’s expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to peoples’ homes, is seamless, and is of the highest quality’⁹.
- 3.9 The review recommended that health and social care provision in Wales should work towards the Quadruple Aim:
- improve population health and wellbeing through a focus on prevention
 - improve the experience and quality of care for individuals and families
 - enrich the wellbeing, capability, and engagement of the health and social care workforce, and
 - increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.
- 3.10 Several other recommendations were made by the review, including the development of ‘bold new models of seamless care’ based on national good practice principles, strengthening community voice and control within the health and care system and maximising the benefits of technology and innovation to deliver more effective and efficient care.

⁷ [The Parliamentary Review of Health and Social Care in Wales. A Revolution from Within: Transforming Health and Care in Wales Final Report January 2018.](#)

⁸ Ibid.p.4.

⁹ Ibid.p.6.

A Healthier Wales: Our Plan for Health and Social Care

- 3.11 'A Healthier Wales: Our Plan for Health and Social Care' (AHW)¹⁰ was published in June 2018 and set out a long-term vision for a 'whole system approach to health and social care', which would focus on preventing illness. The plan was intended to address the issues set out in the Parliamentary Review into Health and Social Care in Wales and was based upon the philosophy of Prudent Healthcare. It set out the Welsh Government's objective of developing 'new models of seamless local health and social care' which would be delivered as close to home as possible and tailored to the needs and preferences of service users. Emphasis is placed upon 'prevention, early intervention and integrated pathways of care'.
- 3.12 AHW emphasises the importance of the Quadruple Aim set out within the Parliamentary Review as well as setting out ten Design Principles which would help achieve the Prudent Healthcare philosophy. These are set out at Figure 3.1. Since 2019/20 it has been expected that the ICF reflects the Quadruple Aim and the ten design principles.

Figure 3.1: A Healthier Wales Ten Design Principles

Prevention and early intervention	Seamless
Safety	Higher value
Independence	Evidence driven
Voice	Scalable
Personalised	Transformative

- 3.13 AHW sets out the Welsh Government's plans for a national Transformation Programme. It states that existing funding streams, including the Integrated Care Fund, would be aligned to support the plan's ambitions to deliver this Transformation Programme for the health and social care sector. In particular, the plan states that 'the capital element of the Integrated Care Fund' would be built up to support housing options consistent with the vision of care closer to home.

¹⁰ [Welsh Government \(2018\) A Healthier Wales: Our Plan for Health and Social Care](#)

Connected Communities

3.14 In February 2020, the Welsh Government published its strategy for tackling loneliness and social isolation¹¹, in recognition of its negative impact upon both physical and mental health. The strategy sets out four priorities for action to achieve its vision where ‘everybody has the opportunity to develop meaningful social relationships and where people are supported at those times in their lives when they are most vulnerable to loneliness and social isolation’¹²:

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

Programme for Government

3.15 In its previous Programme for Government covering 2016 to 2021¹³, the Welsh Government, under the objective of achieving a healthy and active nation, committed to retain the ICF. It expected the ICF to help achieve its ambitions of developing closer links between health and social services, strengthening community provision and delivering timely care and treatment to patients when required.

3.16 ICF is also expected to contribute towards two of the current (refreshed) Programme for Government for 2021 to 2026¹⁴ objectives. To achieve the first, to provide effective, high quality and sustainable healthcare, the Welsh Government commits to several priorities including delivering better access to doctors, nurses, dentists, and other health professionals; reform primary care; prioritise investment in mental health; and prioritise service redesign to improve prevention and promote a no wrong door approach to mental health support. To achieve the second, protect, re-build and develop services for

¹¹ [Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections](#)

¹² p.10

¹³ [Taking Wales Forward](#)

¹⁴ [Welsh Government Programme for Government: Update](#)

vulnerable people, the Welsh Government commits to deliver a number of priorities where ICF is already active such as funding advocacy services for parents whose children are at risk of coming into care; provide additional specialist support for children with complex needs who may be on the edge of care; and funding regional residential services for children with complex needs to ensure that their needs are met as close to home as possible.

4. The ICF programme

4.1 This chapter sets out an overview of the ICF programme, drawing upon programme level operational documents and relevant evaluations.

Introduction

4.2 The ICF is a preventative programme which aims to drive forward the integration of health, social care, and housing to improve the lives of the most vulnerable people in Wales. It aims to meet people's care and support needs through more joined up and seamless services. It was intended to make better use of resources through collaborative working and using alternative delivery models.

4.3 Current guidance (2020/21) sets out the aim of the ICF as 'to drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors'. It also states that it is intended to 'help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention'.

4.4 It was first established as a one-year fund for 2014/15 and originally known as the Intermediate Care Fund.¹⁵ The fund was intended to drive a step change in the way services worked collaboratively at a strategic and operational level. It was designed to support older people, particularly the frail and elderly, to maintain their independence and remain in their own home by avoiding unnecessary hospital admissions, inappropriate admissions to residential care, as well as preventing delayed discharges from hospital.

4.5 The Welsh Government has since continued to fund the ICF on an annual basis. Significant changes were introduced to the fund during 2017/18 to ensure that it aligned with the objectives and priority groups set out within the Social Services and Wellbeing Act. RPBs were expected to utilise ICF funding to fulfil their statutory obligations (as set out by section 15 of the Act)

¹⁵ The name was changed to the Integrated Care Fund in 2017 to better reflect the fund's purpose of integrated working.

by providing or arranging preventative services and by supporting alternative delivery models, such as via third sector delivery (as set out in section 16). The fund was rebranded as the Integrated Care Fund and its guidance placed an emphasis upon regional working and the need for provision to be informed by a Population Needs Assessment (PNA), which became a requirement under section 14 of the Act.

Funding

- 4.6 The ICF includes both annual capital and revenue allocations (except for during 2015/16 when only revenue funding was made available). Revenue funding is the responsibility of the Minister for Health and Social Services whilst capital funding responsibility resides with the Minister for Climate Change.
- 4.7 Table 4.1 sets out the total revenue funding made available to the ICF. The annual value of the fund has increased from its initial £30 million allocation in 2014/15 to £89 million in 2021/22.

Table 4.1: ICF annual revenue funding allocations

	Total fund (£million)
2014/15	£30m
2015/16	£20m
2016/17	£50m
2017/18	£50m
2018/19	£59m
2019/20	£89m
2020/21	£89m
2021/22	£89m

Source: Welsh Government

- 4.8 The funding is distributed to seven RPBs via an uplift, based on a formula which takes into account a range of funding principles, and is awarded to local health boards within each RPB. Spending decisions are taken collaboratively by the wider partnership board to ensure partnership and collaborative working. The total revenue regional allocations are set out at Table 4.2.

Table 4.2: Annual ICF allocations to RPBs

£million	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/2022
Cardiff and Vale of Glamorgan	3.697	2.460	6.435	6.273	6.273	11.603	11.602	11.402
Cwm Taf Morgannwg	2.918	1.940	5.102	5.015	5.015	12.968	12.966	12.756
Gwent	5.293	3.600	9.336	9.073	9.073	16.525	16.476	15.928
North Wales	7.159	4.780	11.544	11.452	11.595	20.152	20.152	19.812
Powys	n/a	n/a	2.490	2.530	2.530	4.362	4.362	4.309
West Glamorgan ¹⁶	5.203	3.460	8.455	8.345	8.424	11.583	11.651	11.329
West Wales ¹⁷	5.626	3.760	6.484	6.488	6.567	11.898	11.874	11.442
Total	29.896 ¹⁸	20.000	49.845	49.754 ¹⁹	50.000 ²⁰	89.090	89.083	88.977 ^{21,22}

Source: Welsh Government Annual ICF Guidance

- 4.9 Welsh Government guidance sets out how RPBs are expected to use the funds, with set allocations for each key population group – see Table 4.3.

¹⁶ Previously Western Bay

¹⁷ Included Powys allocation up until 2016/17

¹⁸ Total budget was £30m, £5m of which was allocated via the Regional Collaborative Board

¹⁹ Includes an additional £500,000 national fund for WCCIS and £80,000 national fund for the Integrated Autism Service

²⁰ Includes an additional £500,000 national fund for WCCIS and £23,000 national fund for the Integrated Autism Service

²¹ Includes an additional £2m held centrally for costs associated with providing safe accommodation for children with complex high end emotional and behavioural needs

²² In addition to the £89m, the Welsh Government allocated additional winter planning funding of £9.8m to RPBs within the 2021/22 financial year

Table 4.3: Annual ICF allocation by priority group

£million	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Older people	35.000	20.000	30.000	30.000	30.000	40.000	40.000	40.000
People with learning disabilities; Children with complex needs and carers	n/a	n/a	4.000 ²³	15.000	15.000	20.000	20.000	20.000
Children and families	n/a	n/a	n/a	n/a	n/a	15.000	15.000	15.000
IAS ²⁴	n/a	n/a	845	2.754	3.000	2.977	2.977 ²⁵	2.977
WCCIS ²⁶	n/a	n/a	n/a	2.000	2.000	2.113	2.106	n/a
Dementia	n/a	n/a	n/a	n/a	n/a	9.000	9.000	9.000
Safe accommodation ²⁷	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.000
Total	35.000	20.000	49.845 ²⁸	49.754	50.000	89.090	89.083	88.977

- 4.10 There have been annual changes to the guidance issued, to ensure that use of the fund reflects Ministerial priorities and takes on board feedback from partner organisations. Each RPB submits annual Revenue Investment Plans to the Welsh Government for review to ensure that they adhere with funding guidance.
- 4.11 During 2016/17, the Welsh Government committed to making the fund available on an annual basis up to 2021 and set out a three-year plan with objectives for its use to aid longer-term planning.
- 4.12 In addition to the fundamental changes made to the ICF to ensure that it aligns with the objectives of the Social Services and Wellbeing Act, other notable changes to Welsh Government guidance for the programme over time have included:

During 2016/17:

- broadening the focus of the fund to support additional distinct population groups (children with complex needs, children, and adults with learning disabilities)

²³ This funding also included service users with complex needs

²⁴ Integrated Autism Service

²⁵ Additional funds also issued through the main NHS allocation

²⁶ Welsh Community Care Information System

²⁷ For children with complex high end emotional and behavioural needs

²⁸ This total includes an additional £15m new government allocation made available post-election

- retaining an element of the fund to support the development and implementation of an Integrated Autism Service, overseen through national arrangements

During 2017/18:

- realigning the focus on older people to those with long-term or complex needs, including dementia
- extending the fund to include carers, including young carers
- retaining an element of the fund to support the roll-out of the WCCIS, although this is being funded from another funding stream from 2021/22 onwards

During 2019/20:

- extending the fund to include children at risk of becoming looked after, in care or adopted
- introduction of an expectation that RPBs invest at least 20 per cent of their allocation in delivery through the social value sector
- alignment with the quadruple aim and the 10 design principles of A Healthier Wales.

Current ICF guidance

4.13 The ICF is currently designed to focus on five key priority groups:

- older people with complex needs and long-term conditions
- people with learning disabilities
- children with complex needs
- carers, including young carers
- children on the edge of care.

4.14 In addition to meeting the priorities of the Social Services and Wellbeing Act, it is also expected that ICF funds ‘new integrated service delivery models and approaches’ including those which:

- enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges
- enable families to meet their children’s needs and help them to stay together

- support carers in their caring role and enable them to maintain their own wellbeing
- support the development of integrated care and support services for individuals with complex needs including people with learning disabilities, children with complex needs and autism
- offer early support and prevent the escalation of needs; and
- promote emotional health and wellbeing as well as prevent poor mental health.

4.15 The current guidance identifies third sector or social value²⁹ organisations as strategic partners in the development and delivery of ICF programmes and projects, reinforcing the expectations set out in Section 16 of the Act which places a duty on local authorities to promote the role of social value organisations as alternative delivery partners. The guidance states that by the end of 2021 at least 20 per cent of the fund should support third sector provision.

4.16 The guidance also emphasises the importance of focusing ICF resources on innovative preventative and early intervention services with a view to ensuring that early help and advice as well as de-escalation activities are supported. Furthermore, the guidance states that the ICF should be used to support the Welsh Government’s ambitions and strategy in relation to addressing loneliness and social isolation, by helping to improve people’s wellbeing.

4.17 The guidance clarifies that the fund be used to:

- ‘support new projects and services or provide additionality to existing ones’ and that it ‘cannot be a replacement for other sources of funding’
- build on existing good practice and to increase the scale of provision of integrated services
- test out new models of delivery
- fund both small- and large-scale projects

²⁹ Defined by the Social Services and Wellbeing Act as including social enterprises, co-operatives, user-led services and the third sector.

- support activities with a clear development, mainstreaming or exit strategy.’

4.18 In 2019/20, RPBs were required to develop a two-year ICF Revenue Investment Plan setting out the projects and activities which would be supported over the two-year period during 2019/20 and 2020/21.

4.19 All RPBs were also expected to adopt a common project proposal form for new projects, setting out detail such as expenditure, delivery partners, intended beneficiaries and expected outcomes and impact.

Governance arrangements

4.20 A formal management board, with representation from across Welsh Government’s social services, health, housing, and regeneration departments, meets on a quarterly basis to oversee the development and delivery of the ICF.

4.21 A small Welsh Government team takes responsibility for the operational management of the fund.

4.22 A lead network group has been in place since 2019 to facilitate dialogue between the Welsh Government team and ICF regional leads. In addition, four ICF Learning Events were held between 2016 and 2020 to help share experiences and learning. These events were aimed at RPB representatives including ICF regional leads as well as individuals involved in the delivery of ICF funded projects.

4.23 Each RPB is expected to put in place appropriate arrangements to manage the delivery of ICF. This includes a requirement to put in place three year written agreements which are reviewed and updated by partnership boards and shared with Welsh Government. Each RPB is also expected to identify a named individual to oversee and monitor the ICF within their region.

Reporting arrangements

4.24 The current ICF reporting arrangements were coproduced by the Welsh Government and RPBs. RPBs are expected to report to the Welsh Government on a quarterly basis outlining ICF spend against budget. They are also expected to report on progress using a Results Based

Accountability (RBA) approach and set out their delivery status using a common reporting RAG³⁰ tool template. RPBs are expected to report on how ICF funding is used across their region via their annual report to the Welsh Government. The Welsh Government also expects RPBs to use project level data at a regional level to better understand the difference being made by interventions and to inform future planning.

- 4.25 The Welsh Government prepares annual ICF reports (for 2018/19 and 2019/20) setting out the achievements of the scheme at a pan-Wales basis³¹.

Evaluation arrangements

- 4.26 RPBs are expected to undertake ‘thorough evaluation of projects’ to identify lessons and ensure that successful models can be ‘enhanced, accelerated and/or mainstreamed’³². RPBs are expected to adopt a RBA framework to report to the Welsh Government on how much, how well and what difference their provisions are making. In doing so, projects are required to consider four key areas:

- Impact – What outcomes have been achieved and what difference has the project made?
- Process – How has the project supported key principles such as integration, co-production, social value?
- Economic – What are the cost benefits of the projects and what costs have been avoided?
- Qualitative – What are the experiences of service user, staff, and communities from the project?

- 4.27 RPBs are expected to prepare and share qualitative case studies with the Welsh Government in order to present the experiences of service users, staff and communities who have engaged with projects.

³⁰ Red, Amber, and Green

³¹ [A Healthier Wales; Integrated Care Fund: Annual Report 2019-2020](#)

³² 2020/21 guidance p. 31

Relevant evaluations and reviews

4.28 This section sets out the key findings of three programme level reviews in relation to their impact. Two of these relate directly to the ICF programme whilst the third relates to the Transformation Fund programme. It has been included given its similarity with the ICF programme in terms of common objectives and implementation model.

Review of ICF: Projects and initiatives which demonstrate good practice by Prof Tony Garthwaite³³

4.29 This review considered the use of the fund over its initial two-year period of delivery (2014/15 and 2015/6 financial years) and focused on how the ICF was used successfully by 40 projects which represented best practice. It found that the programme funded a much wider range of preventative and integrated projects than implied by the programme title (Intermediate Care Fund). These included projects which focused on housing, strengthening community capacity, improving well-being, and improving care pathways. The key findings of the review in relation to the impact of the ICF were that some projects saved money and claimed a return on investment, albeit different estimates were used across RPBs to calculate savings achieved (e.g. different bed day saving costs). The review also found that some services would not have existed in the absence of ICF, suggesting that preventative services were not fully regarded as core service activities.

Audit Wales review of the ICF

4.30 The key findings from an Audit Wales review of the ICF (2019)³⁴ included:

- the fund had helped to bring regional partners together to plan and provide integrated services
- concerns about the short-term nature of the funding, lack of timeliness in issuing guidance, difficulties balancing local population needs with Welsh Government's indicative allocations for target groups and not all projects having a regional focus

³³ Unpublished

³⁴ [Integrated Care Fund \(Audit Wales\)](#)

- a need to strengthen governance arrangements, including within Welsh Government, in terms of central oversight and staffing capacity, and across RPBs
- the overall impact of the fund in improving outcomes for service users remained unclear, with little evidence that successful projects were being mainstreamed.

4.31 Of particular interest to this evaluation are the review’s key findings in relation to the impact of the fund given that ‘the Welsh Government has been unable to provide a national picture of the impact that the fund has had’³⁵. The report found that whilst many user experience case studies were being prepared, the outcome information submitted to the Welsh Government did not allow for any like-for-like comparison at a national level. The report also raised the issue that RPBs were unable to report reduced demand or savings elsewhere in the system as a result of ICF, due to a general increase in demand on existing core services. In response to the Audit Wales report, the Welsh Government introduced more consistent reporting mechanisms across ICF which required RPBs to adopt and report against RBA principles. Funded projects were able to select their own RBA indicators as the basis of these reports.

Evaluation of A Healthier Wales Transformation Fund (April 2020, 2021)

4.32 Many of the key findings offered within both the mid-point³⁶ and annual update³⁷ evaluation of ‘A Healthier Wales Transformation Fund’ are relevant to ICF given that the Transformation Fund (TF) is similarly a national fund made available to RPBs to deliver new, transformational models of seamless health and social care. These include:

- project proposals were designed via a ‘bottom-up’ approach by RPBs which meant that whilst projects did set out to address regional priorities it resulted in projects with similar aims and objectives being

³⁵ p.44

³⁶ [Mid-point Evaluation of a Healthier Wales Transformation Fund](#)

³⁷ [Health and social services transformation fund 2018 to 2021: Evaluation](#)

given different identities and operating models, posing challenges in terms of scaling up effective intervention in other regions

- the fund supported a much larger number of projects, at 30, than was proposed originally in AHW thereby raising the risk that funding a large number of smaller projects might not achieve the strategic level of change anticipated of the TF. This is particularly relevant to ICF given the large number of projects it has funded to date
- whilst most of the models were found to be new and potentially transformative, the overlap in terms of themes and approaches across RPBs coupled with some not being particularly well-defined, poses the risk that scaling up successful intervention from sub-regional to regional, or from regional to national will be minimal as a result
- early delivery challenges faced by TF projects included technical issues, governance arrangement issues and the negotiation of external contract specifications. In addition, the timescales for delivering real transformation were found to be very ambitious and were hampered by issues such as delays in approving applications, widespread recruitment issues and financial pressures facing the health and social care sector. The outbreak of the COVID-19 pandemic impacted upon projects in different ways, with some experiencing an increase in demand during this period
- as has been reported for ICF, the TF was found to be having a positive impact on getting partners to collaborate
- by 2021, the pace of change had accelerated for some projects whilst others had been impacted by staff availability and difficulties engaging with people during the period
- by 2021, progress made to implement evaluation frameworks was found to vary from one region to another, with any lack of progress accounted for in most part by the effects of the pandemic
- by 2021, regions were working on aligning their projects into a more cohesive model for the future and the evaluation found that there is a

strong case for exploring the need for a longer-term, single programme to fund the transformation of services in the future.

- 4.33 The evaluation offers several recommendations covering both the remaining period of programme delivery (which would address many of the key findings set out above) as well as longer-term recommendations. The key recommendation of relevance to the ICF programme is a recommendation that the Welsh Government should consider opportunities to amalgamate funding streams in the future and look at opportunities to integrate ICF and TF.

5. Findings of the fieldwork with stakeholders

- 5.1 This chapter presents the findings of the fieldwork with stakeholders and sets out their views on ICF to date, as well as what the future of ICF (or some alternative funding) should look like. It considers the views of 74 contributors: 40 of whom took part in individual or paired interviews, 31 via five group discussions and three who contributed to a stakeholder web-based survey. Each of the seven RPB regions was represented in the sample.
- 5.2 Seven key issues have been identified from the evidence provided and these represent areas of significance for Welsh Government (WG) and its partners to consider. For each issue, consideration is given to contributors' experience of ICF to date and their thoughts and suggestions for how the funding could be used in the post-April 2022 period.

A note on COVID-19

- 5.3 It should be noted that there is no specific section that mentions the effects of the pandemic as an issue in its own right. The reason behind this is that COVID-19 had implications for every aspect detailed below. Rather than repeat the same points in each of the sections, it is perhaps sufficient to note that the pandemic on the whole has two key impacts:
- the first was that it provided a more permissive environment within which discussions about integrated working could take place. Contributors consistently reported that the pandemic brought with it an environment and atmosphere of needing to think and work differently, removing bureaucratic processes and catalysing many of the effects that working on the ICF projects had instilled in multi-agency teams and across organisations.
 - secondly, and simultaneously, the pandemic inevitably inhibited progress that was being made at the project level in many instances. Contact with people and communities was at a premium and subject to strict protocols which meant that some ICF projects temporarily had to suspend their operation or be adjusted. Enhancing this is the fact that many health and social care staff were either absent or

redeployed in order to provide an emergency response, leading to deficits across the teams working to deliver on the ICF portfolio. Nevertheless, we were informed that 88 per cent of projects were still being delivered during the pandemic.

Issue 1: Improvements in partnership working between agencies and across regions have been enabled and catalysed by ICF

- 5.4 There were numerous positive comments expressed about how ICF had helped to improve partnership working not only between health and social care but with also with other sectors such as housing and the third sector. ICF was described as protected, partnership money which had brought people from different agencies around the table and led to positive changes in behaviour. As a result, there was now better mutual understanding, and joint agendas had been produced much quicker than would otherwise have been the case. Blame culture was reported to have reduced because of ICF and whole system working improved. Whilst challenges still existed for third sector organisations in terms of lead-in and exit times because of the short-term nature of the fund, these were now felt to be better understood by statutory partners. ICF was considered to have helped empower the third sector and demonstrate its value. It had acted as a deterrent to service provision being inappropriately retained by statutory partners. Nevertheless, there was still a tendency for the third sector to concentrate on smaller, stand-alone projects, often proposed by them, which were more susceptible to be lost in competition for funds.
- 5.5 Organisations were described as being less inward looking as a result of ICF and now following a new partnership ethos in respect of their approaches to service development. The project initiation documents required for ICF projects exemplified the need for multi-agency working as they needed to be signed off collectively. However, whilst good joint working had helped projects get off the ground more quickly, inevitable tensions still existed in respect of partnership working in general and the challenge of getting cross agency agreements should not be underestimated. Channelling ICF money through local health boards was

considered by some to have pros and cons as on the one hand it engendered trust and more open relationships through challenging discussions but on the other hand made co-ordination across numerous local authorities by a single source more difficult.

- 5.6 Two other aspects of partnership working emerged from the interviews. The first related to the degree to which ICF enhanced regional working. Overall, it was reported that although scaling up local projects to a regional level had been challenging, similar to the challenges of mainstreaming referred to later, ICF had helped to encourage and facilitate a more regional way of working. Different local authority approaches had been minimised in this regard and in some cases, regional projects had been prioritised. However, the uniqueness of individual authorities still needed to be recognised and this sometimes made whole regional approaches difficult and even inappropriate. In some cases, the tensions between local and regional agendas had inhibited the ICF programme being joined up across the region. Some of the main barriers and enablers of multi-agency, regional working cited were: different priorities, capacity, personalities, political considerations and regional characteristics such as geography.
- 5.7 The second aspect is the degree to which ICF has supported the integration of services. In this context, integration was interpreted as being over and above good partnership working and more akin to demonstrable longer term whole system approaches. There were mixed views expressed, some feeling that the integrated working agenda had been accelerated by ICF and others, whilst acknowledging some marginal gains, feeling it would be inaccurate to claim that ICF had radically shifted integration from a strategic point of view. This inconsistency may be partly attributable to different standards being applied when interpreting what true integration should look like in the absence of an agreed 'standard'.
- 5.8 Perhaps the overall view of how ICF was felt to have impacted on partnership working was summed up by one comment that despite all the trials and tribulations, having the resource to spend on people had solidified partnerships, had helped break down organisational barriers, and had been worth all of the challenges alluded to.

Implications

5.9 There are a number of issues that emerge from this as the implications of partnership working are considered as ICF moves into the next phase of its operation post-April 2022. These are our interpretations based on the evidence gathered but also drawing on broader issues of relevance for the future of ICF:

- trust has increased, but this does still vary within regions, between and within health boards and local authorities
- whilst power dynamics are still at play, where things work best, contributors reflected that it doesn't matter to which part of the system benefits accrue, but an overdue focus on getting a (narrow) 'fair share' has served to minimise the impact of ICF in places
- the additional resource represented by ICF (alongside the Transformation Fund) has been the only real money available to enable organisations to think about working differently and is hugely valued and respected for that. Concerns therefore exist about the extent to which it will be sustained post-April 2022
- whilst partnership working between local authorities, health boards, and the third sector has been a real positive, work remains to be done to ensure that relationships with primary care, the independent sector, service users and carers, and the Welsh Ambulance Services Trust are at the same level.

Issue 2: Challenges in being able to mainstream services have persisted due to a lack of budgetary headroom

5.10 The principle and need to upscale and mainstream services as a result of learning from successful ICF projects was important to those interviewed. It was widely understood that new pilot activities should be tested, and if proven effective, taken on board within core mainstream funding. However, whilst there were some examples of upscaling local projects to a regional level, mainstreaming was considered to be too challenging in an era of austerity. Budgetary pressures had meant that there was a constant need

to make savings and ICF related services had needed to compete with existing mainstream services for priority. In this context, some local authority councillors had found the notion of reducing mainstream service funding whilst spending more money via external funding like ICF difficult to reconcile. It was suggested that rising demand-side pressures has meant that budgets and any additional funds are always fully consumed and committed and that it would be inconceivable to even contemplate having to remove staff funded by ICF from what are fully embedded services.

5.11 There was general disappointment that more attention to mainstreaming successful ICF projects had not been possible other than in relatively small pockets. Conversations amongst agencies on mainstreaming appear to have been relatively few and far between but interviewees wanted to stress that this was largely down to the lack of funding rather than desire or design. Many felt that the difficulties and complexities of mainstreaming were underestimated in that it was not as simple as ending one service and replacing it with another. There needed to be dedicated funding to enable mainstreaming as it was usually necessary to run both existing and new services simultaneously for a period of time. In some cases, the disinvestment in a service had not produced usable additional funds as the efficiency benefits were received in another service area. Pressures and priorities change over time so disinvestment in a service affecting older people, for example, may lead to cost savings needing to be used to support services for a different population group.

5.12 Some felt that more mainstreaming could have been possible if it had been given priority over the creation of new projects but recognised the impact this may have had on the benefits accruing from those projects.

Implications

5.13 Emerging from these interviews are a number of implications, in respect of mainstreaming that should be considered ahead of April 2022:

- it is difficult to square the circle of having to cut 'core' services in the face of continuing funding under ICF for 'discretionary' projects. Constant pressure to make savings on 'core' services – especially

when they are subject to demand that exceeds supply – is in stark contrast to the certainty provided by external grant funding like ICF

- it is almost impossible to get projects ‘over the line’ without additional funding for projects that are not seen as statutory duties. It is not possible to mainstream without money that has been earmarked and dedicated for this purpose, especially in the current crisis
- investing and disinvesting in services is a complex issue, particularly when ICF does not always provide 100% of the funding for services.

Issue 3: ICF has conditions of funding that are not always conducive to maintaining the long-term benefits that could be achieved

- 5.14 There appear to be some misunderstandings and/or different interpretations of the conditions of ICF, and the reasoning underpinning them, when compared with the official explanation from Welsh Government officials. The Welsh Government position is that ICF is part of the Programme for Government, and its objectives are linked to the priorities for achieving integration set out in the SSWBA. These objectives were set for three years until 2021 and although not ideal, ICF funding arrangements are no different from other grant programmes in terms of annual budgets. Only a percentage of the fund was ringfenced for particular populations groups or functions and the emphasis was on supporting vulnerable groups of people who may otherwise have not been supported. In this context, using ICF to support people’s emotional health and well-being was appropriate even though it wasn’t a dedicated priority of the fund.
- 5.15 It was difficult to determine the correct balance of prescription and discretion for using the fund and it was appropriate to ensure that a proportion of the total health and social care expenditure was earmarked for particular purposes. For example, only approximately 2 per cent of the total health and social care expenditure was represented by ICF and it was not unreasonable to think such an amount should be available for experimental and innovative purposes. The limited prescription allowed RPBs to use ICF as they deemed necessary and based on their population

assessments. They could determine the range and number of projects and had flexibility to meet local need.

- 5.16 Overall, Welsh Government officials believed there should have been sufficient understanding by stakeholders of the intention to continue the funding to have alleviated fears of ICF disappearing without adequate notice.
- 5.17 Views expressed by those interviewed illustrated the different perspectives and/or misunderstandings referred to. There was widespread criticism about the short-term nature of ICF which was felt to cause numerous uncertainties. These related mainly to problems with recruiting and retaining staff who were either reluctant to join a project or keen to leave it to pursue more permanent positions. In one instance cited, a third sector provider was understood to have stopped recruiting new people after the third quarter in fear of there being no funding for the new financial year. Similarly, there were instances cited where recruitment of potential beneficiaries of services was also halted due to the uncertainty of a project being continued. Management of the staff recruitment dilemma had in some cases led to underspends which in turn had contributed to perverse behaviours about needing to spend money quickly without the necessary consideration of impact.
- 5.18 Managing a short, fixed-term fund like ICF was described as being akin to risk management. This led to the need to address difficult questions such as whether to offer permanency to staff and in some cases whether to remove services. On occasions, decisions had been made not to make some investments and these were regretted when it became clear the fund would continue. In other instances, people took the risk of continuation and consequently projects started to deliver more value.
- 5.19 Numerous stakeholders felt that the nature of ICF had made it much more difficult to take a strategic approach to planning health and social care provision. This related not only to the short-term factor but also to the timing of announcements about funding. This resulted in too many smaller projects and a tendency to adapt existing projects rather than concentrating

on long-term benefits, thereby restricting the amount of added value. It also meant a lack of time to recruit staff and undertake long-term tendering exercises within the commissioning process. The nature and structure of ICF also influenced the level of ambition and quality of thinking and had resulted in significant resources and time being spent on financial planning, financial reporting and progress reporting.

- 5.20 There was also criticism of the ICF requirement to allocate specific proportions of funds to population groups. The reasons for this stipulation were not clearly understood and the reason for the absence of funds for mental health was highlighted as an example. It was felt that whilst the targeting of particular groups was understandable when ICF began, it was no longer necessary or justifiable, not least because it did not take account of how existing spending was already allocated in different regions. The funding allocations and the lack of flexibility were considered to be adding to the silo mentality which the fund was designed to obviate.
- 5.21 The short-term funding and timing presented particular problems for the third sector which had, therefore, sometimes struggled to spend the money allocated. The third sector was described as having all the recruitment and retention challenges of the statutory sector and more. It was reported that bids for funding for third sector projects were hugely oversubscribed in some regions and the problem for smaller third sector bodies was exacerbated in some cases by the fact that much of the fund was allocated to the large national charities.
- 5.22 On occasions, time factors meant that ICF funds were only able to be used for part of a year. The characteristics of small third sector organisations meant that they were not in a strong enough financial position to take any of the risks referred to above and an example was cited of one organisation making people redundant because of uncertainty about funding and then needing to recruit again when funding was confirmed. The voluntary service councils were not in a position to be able to help manage the risks by underwriting projects.

- 5.23 There were mixed views about the prescription for 20 per cent of ICF monies to be allocated to social value projects. Whilst some welcomed it as a way of ensuring strong third sector involvement, others pointed to the fact that it was not always complied with and/or did not take into account funding that was already provided to the third sector in a particular region. Interestingly, a view was expressed that the need to prescribe a specific amount could be interpreted as reflecting a lack of confidence in statutory partners to properly respect and value the contribution of the third sector.
- 5.24 Third sector projects were felt to be generally more local than regional as well as more agile and flexible compared to statutory organisations, reflecting the strengths it could bring. Some concern was expressed about the third sector being too reactive in operating on an annual bidding process. That said, people commented positively on how ICF had enabled the third sector to support health and social care and in some cases to obtain additional match funding from other sources.

Implications

- 5.25 The following is a list of issues that emerged from considerations around the conditions attached to ICF funding that need to be considered post-April 2022. As above, these are our interpretations based on the evidence we gathered but also drawing on broader issues of relevance for the future of ICF:
- there is a minimum period of funding that is required – at least 3 years and ideally 5 years – as otherwise the ICF funding could act as an inhibitor of system-wide transformation, and limit the scope of thinking about the value that can be delivered
 - there are challenges over the lead-in and switch-off times to some ICF work for partners (especially the third sector) who sometimes have limitations on their capacity due to ways in which they are funded on a project-by-project basis
 - prescribing the balance of spend across different population groups needs to be reconsidered, and there should also be the opportunity to offer new areas of focus – like mental health

- other funding arrangements (including forms of pooling) could be part of the future of ICF, but clarity of the shape of the 'new' RPBs post-white paper³⁸ is needed, especially in relation to the financial and governance arrangements
- closing down projects without an adequate budget for paying redundancies would be seen as disrespecting the legacy of the work done under ICF and treating people insensitively and inappropriately
- it is essential that the conditions of fixed-term funds, and the reasoning underpinning them, are mutually understood and not open to misinterpretation.

Issue 4: Dependency on ICF funding has become a feature of how public services operate

- 5.26 The value of ICF in supporting the continuation of core services during a period of austerity was widely acknowledged. Additionally, many ICF programmes were described as having moved positively from transformative initiatives to becoming core business. There was significant praise for ICF in the context of enabling service developments and, in the words of stakeholders, 'propping up budgets' needed for important existing services, particularly those of local authorities. People were keen to stress that they were using the term, 'propping up', in a positive light given the difficult financial climate. To that end, some people acknowledged that they had been able to interpret ICF funding criteria sufficiently flexibly to enable them to respond to challenges within the wider system, and thereby relieve pressure on services and budgets. As such, projects had become a central component of achieving system-wide aims and objectives.
- 5.27 ICF was described as one of the few resources available to do things differently particularly in respect of supporting preventative initiatives. The fund had also provided invaluable additional capacity to drive forward service developments across health and social care. However, interviewees were keen to stress that despite this additional funding,

³⁸ [Improving social care arrangements and partnership working](#)

demand still outstripped supply in many cases. People summed up the importance of ICF funding by expressing the difficulties they would face without it. They commented that many funded posts were at the front line and that residual budgets could not pick up shortfalls in funding nor easily meet the costs involved in ending projects. The tap could not simply be turned off, especially in respect of the more programme-based initiatives, and the damage to long term transformation would be considerable in those cases. ICF was reported to now being part of the infrastructure of health and social care and to have raised expectations about what was achievable. This could be interpreted as a double-edged sword given the fixed term nature of the fund.

5.28 In terms of producing cost avoidance and savings, it was acknowledged that ICF had contributed to reducing pressures in costs and capacity through, for example, hospital discharge schemes, but that it was not accurate to attribute benefits in this context to ICF alone. Feedback from ICF projects on how they had helped to reduce pressure on health and social care services is considered further at Chapter 7. However, people were generally reluctant to claim that ICF had produced any significant cost avoidance for several reasons. First, the difficulties in measuring any savings, such as through releasing hospital bed capacity, in purely financial terms; second, pressures within the system meaning that any savings were quickly absorbed by additional demand; third, that the intention and emphasis in using ICF had been on improving outcomes rather than reducing costs; and fourth, that other projects may also have been responsible for reducing bed usage and this could lead to some double counting.

5.29 Overall, therefore, whilst ICF was regarded as helping to reduce the number of people accessing health and social care services, people did not believe it was correct to assume that this necessarily translated into actual cash savings. Moreover, some people pointed out that in respect of reducing pressures on services, it was acknowledged that ICF was not targeted at some of the major issues of the day, such as maintaining a strong workforce and achieving a sustainable care home market.

Implications

- 5.30 Identifying a way of funding that reduces dependency on ICF and incentivises sustainability should be at the heart of the post-April 2022 settlement – the following are considerations that need to be reviewed:
- allow regions greater control over decisions about project sustainability, and drive this by tapering or reducing funding over time, linked to the new proposals for RPBs
 - incorporate three elements into ICF post-2022: funding for innovation; funding for consolidation and transformation for projects moving towards mainstreaming that have been proven to work over several years; and funding for termination of projects as they close
 - driving sustainability would need to disincentivise certain behaviours – for example removing temporal cliff edges when organisations perceive that dealing with underspends by getting the money ‘off the books’ is a preferable option to spending it in other ways

Issue 5: Thinking differently about how data is used within ICF could lead to service and quality improvements

- 5.31 ICF reporting requirements are set out at paragraph 4.24 and should be read to contextualise the comments made by interviewees.
- 5.32 There was almost universal agreement amongst stakeholders that reporting on ICF was disproportionate to both the amount of spend and the value gained. Comments were made about the monitoring and reporting arrangements leading to an industry in themselves with consequent additional costs. It was pointed out that reporting also needed to take place at local and regional levels which added to the burden. Quarterly returns were also felt to be too frequent and onerous.
- 5.33 On the whole, regional stakeholders felt that the data and reporting requirements could be improved to help reduce time pressures on them given their capacity, and to provide a greater sense of purpose in the reporting. It was felt by some that considering the opportunity costs involved in data collection and analysis, not enough is done with the data

that is currently collected to justify its ongoing collection. People expressed a lack of clarity about what happened to the data after they were reported, and this added to a feeling of it not being particularly meaningful. Questions were asked about not just whether this was an effective spend at the regional and locality level (given that the resource could be allocated to project delivery instead), but also whether the Welsh Government has the time and resource to engage meaningfully with the data that is submitted, and to provide effective feedback.

5.34 Welsh Government Officials were concerned that projects did not seem to value the collection of data for their own purposes to help them understand efficacy and impact of what they were delivering. It was felt that if projects established good data collection and reporting for their own purposes, then the reporting up through RPBs to Welsh Government should be less onerous and more meaningful. Welsh Government officials also confirmed that the data and information they received was used purposefully in a variety of ways, e.g. the annual report, informing stakeholder groups, and responding to queries from citizens. Reports were also made to Ministers and used for governance and oversight purposes. Any suggestion that on the one hand ICF projects could not always demonstrate impact, but on the other that there is a desire to reduce the level of data used to demonstrate delivery, was considered to be contradictory.

5.35 Despite the RBA framework for reporting, the data requirements were generally felt to be wrongly focused with too much emphasis on financial data and not enough on qualitative aspects that related to impact. This translated into too much data being collected to demonstrate that money was being spent appropriately and not enough data captured to help improve services. The balance, therefore, was weighted too much on accountability rather than quality improvement. There was also a view expressed that the data collection was disproportionate. There was a call to move away from the 'one size fits all' approach to data monitoring to a situation where different models help to differentiate the evaluation 'ask' – it was suggested that a £30k project, for example, should not be expected to do as much evaluation as a £3m one.

- 5.36 The data monitoring systems in place were not considered to have effectively supported project evaluation and some people considered the use of different methods, such as case studies as a more useful way of demonstrating that ICF was making a difference. There was little confidence expressed that ICF outcomes were being measured consistently across regions and it was difficult in many cases to attribute outcomes to ICF because it was only one part of a multi-faceted funding jigsaw. A few people further questioned the value of these outcome measures and wondered whether they can provide an accurate assessment of the situation on the ground.
- 5.37 Welsh Government officials strongly disputed suggestions that requirements for data, as outline in paragraph 4.24, were disproportionate and too onerous. The high-level RBA framework facilitated the population of measures and indicators at local and regional levels. The intention was that a six month reporting cycle would allow adequate time and space for delivery, but regional and local additional arrangements may have impacted disproportionately on this. They commented that data requirements had been refreshed to take account of the views of stakeholders. There needed to be an element of accountability to reflect the fact that the fund amounted to £89 million of public expenditure but every effort had been made to reduce the burden of monitoring and reporting that had been in place when the fund commenced. It was also noted that different regions adopted different approaches to data collection and monitoring, and to the number of projects they initiated, which may have contributed to feelings of being overburdened.
- 5.38 Welsh Government officials acknowledged the difficulty of disentangling attributability of benefits to ICF from other funding streams and reflected the positive aspects of funding being pooled in this way. The challenge of increasing the emphasis on outcomes measurements was also acknowledged.

Implications

5.39 The list below provides the implications of these findings for rethinking and refocusing the requirement around data ahead of April 2022:

- move from compliance focused data collection and monitoring, to a more proportionate and streamlined approach of using data to drive local, regional, and inter-regional quality improvement using established quality improvement methodologies
- improve alignment and enhance the requirement to align across multiple data systems, and consider the implications of making the use of Welsh Community Care Information System mandatory
- move to an all-Wales outcome framework and become ruthlessly focused on the most important data and metrics, engaging key partners like the Bevan Commission, Social Care Wales, and Improvement Cymru in that process.

Issue 6: Working more efficiently across the ICF projects and enhancing leadership roles is key to the next phase

5.40 Building on the previous point, respondents suggested that reducing the opportunity costs associated with the administration of ICF could be achieved by reducing the number of projects and moving to fewer work streams and programmes. The approach of having a small number of work streams rather than multiple projects was suggested as a sensible way forward. Many respondents were worried that unless things were streamlined in this or a similar way, the resource within ICF would be used sub-optimally. Instead of funding additional support packages, the money would be spent inefficiently on the administration of the fund, which would not deliver best value for citizens. This accorded with the view of a few respondents that a key transformation opportunity is being missed. It was suggested that there is a need to be radical and to start to see everything from the citizen's perspective and allow that to drive change, rather than to keep delivering only what the organisations think is important.

5.41 In terms of greater leadership at both the national and regional scale, there was an expressed need to drive intra- and inter-regional learning more effectively and work to reduce unnecessary variation and duplication. It was suggested that having seven models (i.e. one per region) of the same or similar services is better than having 22 variants, and that whilst it may not be realistic to have one model, there is scope for reducing the variation to fewer than seven. Respondents felt that there was a need now to work harder to share evidence and experiences. There was a feeling that intra-regional learning needs to be addressed first, but that much more needs to be done on an all-Wales basis. In addition to this, it was suggested that there needs to be greater accountability at the regional level against agreed priorities. Tying the ICF funding more specifically to the Joint Area Plans³⁹ might be a key mechanism for achieving this.

Implications

5.42 Following on from this are the issues below which need to be considered in respect of working more efficiently and improving leadership around the 'all-Wales' aspects of these projects and programmes:

- facilitating a shift from project management to programme management would reduce associated costs, and help to build 'critical mass' around a team of people within regional structures to deliver ICF more efficiently
- standard indicators for Wales-wide projects under ICF – like Community Resource Teams, or Single Points of Access – could be developed and then performance measured across and between regions
- a peer-led community of practice could be developed to aid with the co-ordination of 'national' projects

³⁹ "Where a combined population assessment report has been produced, local authorities and health boards should produce a joint area plan. These joint area plans must provide a description of the range and level of services proposed to be provided or arranged in response to the care and support needs, including the support needs of carers, identified in the combined population assessment reports" [Welsh Government \(2017\) Statutory Guidance in Relation to Area Plans under Section 14A](#) .

- in order to maximise the learning across Wales, there are questions to consider as to whether inter-regional / all-Wales working be mandated in the new funding arrangement
- this is an important time for Welsh Government to think through and (re)consider the role that it plays within ICF.

Issue 7: Reconceptualising the concept of innovation at the heart of ICF could re-energise the fund

- 5.43 In respect of ICF's objective of generating innovation, the overriding response from interviewees was that ICF had encouraged and enabled new ways of working through its emphasis on regional, partnership working and the ability to pump prime money into testing new approaches through piloting new projects. ICF was claimed to have been a catalyst for agencies to look at new ways of working which might otherwise not have happened. It was considered to have been particularly useful in facilitating the creation of large, strategic programmes, such as step-up and step-down initiatives and the development of community resource centres. These had now become core services but that fact that they were still funded from ICF exposed their vulnerability if funding ended. There was less evidence provided of the learning from smaller ICF projects leading to widespread change, partly because of difficulties in evaluation processes and partly due to financial pressures inhibiting scaling up and mainstreaming.
- 5.44 Some reservations were also expressed about how successful ICF had been in supporting innovation. Comments were made that ongoing commitment to the continuation of existing projects had limited the space for new projects. The dilemma was that innovation was effectively being compromised by the need to fund projects which had become part of core services. This was compounded by the need to use ICF money to support other existing services. In this sense, ICF was described as being less of a grant and more of a collaborative core fund – the emphasis on innovation having reduced over the time of the fund. This was welcomed by some who felt the need was for consolidation rather than further innovation at this stage.

Implications

- 5.45 There are several issues that emerge from this and the implications of thinking differently about the concept of innovation as ICF moves into the next phase of its operation post-April 2022:
- there is a need to clarify expectations around what innovation really is. There is a concern that people are ‘innovated out’, being constantly asked to reinvent things, and a call to move past unnecessary or ‘synthetic’ innovation which purports to be new but actually isn’t
 - being more challenging to new projects as they develop, before they take root, is suggested as part of the way forward, ensuring that only the best and most innovative projects go forward. There may need to be a proper impact assessment before projects start, and robustly reviewed after around 12 to 18 months
 - there is an opportunity for regional priorities to be much more closely tied into decision making about the form of innovation that is required and how that should be sustained. Striking the right balance in the funding between resource for innovation and consolidation is key to this.

6. Project delivery: critical considerations, success factors and barriers

6.1 This chapter considers the effectiveness of ICF projects' delivery and draws upon findings of the macro-analysis of a sample of ICF project level documentation, the survey of project leads, fieldwork with project case studies and service users. It also considers the critical success factors and barriers to inform future intervention.

The ICF is highly valued as a funding stream

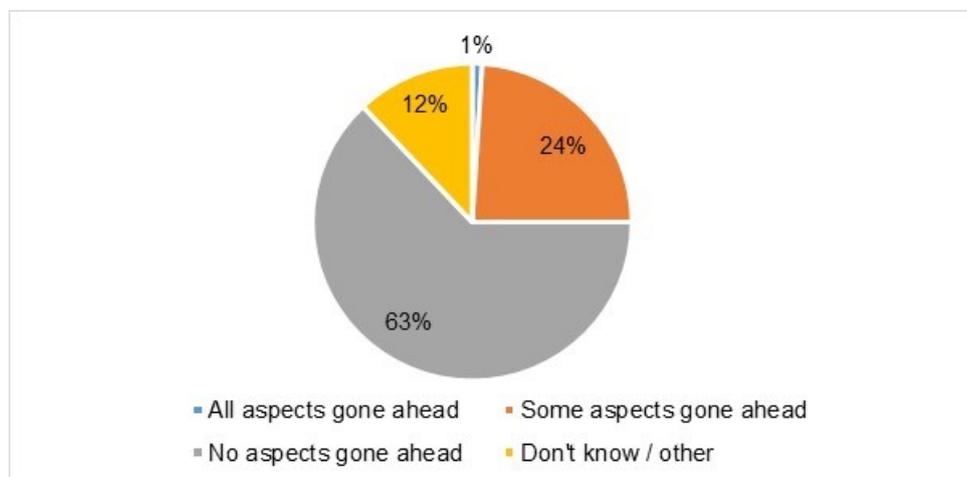
6.2 Surveyed and case study projects attached significant value to the ICF as a funding stream, frequently identifying it as a 'valuable fund'. The fund has allowed projects to pilot new and creative activities which have shed lessons on what does and doesn't work. ICF was also considered a crucial funding stream to realise long-standing plans and ideas which could not be supported via core funding. Amongst the comments made were:

'the ICF funding has been crucial for this project to go ahead'

'we are very grateful for the funding which had helped hundreds in need with their mental health and wellbeing' (all survey projects).

6.3 In the absence of ICF, most surveyed projects (63 per cent) thought that their services would not have existed at all whilst a quarter thought that aspects of their services would still have gone ahead.

Figure 6.1: What would have happened in the absence of ICF



Source: OB3 survey of project leads (68 responses)

- 6.4 ICF often accounted for a proportion of the funding available to case study projects (e.g. Closer to Home, Powys; Enfys, Cardiff and Vale of Glamorgan, Swansea Equipment Service, West Glamorgan). In other cases (e.g. Care at Home, West Wales; Community Hubs, Cwm Taf Morgannwg) the project was initially only funded by ICF but has since accessed other sources of funding. ICF funding is usually absorbed into the overall service, as opposed to funding discreet elements of that service and has allowed services to expand their remit and capacity. For projects which also access other sources of funding, it is impossible to disentangle the achievements funded by ICF alone, as projects tend to report overall service data.
- 6.5 The withdrawal of ICF funding was of major concern to funded projects, with many describing it as a ‘catastrophic’ change that would have a ‘dramatic impact’ upon health and social care provision, as the system would ‘collapse’ in the absence of supporting services. Some projects were concerned that well established services would be subsumed into core services, thereby losing their focus and expertise. By way of example, a notable strength of the North Wales Falls Prevention project was the existence of a single core team which can address patients’ needs as well as co-ordinate the input of other teams such as the community wellbeing team and third sector services. In the absence of further funding, ‘dissolving’ projects into core services could lead to a more ‘compromised’ and ‘lower standard’ service.

There is a genuine effort to operate at a regional level

- 6.6 All but one of the case study projects operate regionally and most of these operate as single teams working on a cross-boundary basis (e.g. Multi Agency Placement Support Service (MAPSS), West Glamorgan and Specialist Parenting Support project, Cwm Taf Morgannwg). This approach was considered by these projects to be advantageous as services are able to retain some independence from any single LA or health board. However it also presents delivery challenges e.g. one regional case study project is hosted by a local authority and can only access that local authority’s IT systems.

- 6.7 Other case study projects have looser regional arrangements. The Project Carers Officer Hospital, West Wales is a single regional project but delivered by three different third sector providers. Carers Officers meet on a regular basis but are employed by different organisations and operate slightly differently, largely to accommodate the preferences of each hospital setting. For instance, at one hospital setting officers can attend regular multi-disciplinary team meetings which results in a greater number of referrals to the project. Similarly, the Falls Prevention service in North Wales consists of three distinct projects operating across west, mid and east north Wales. As such the nature of provision and approach varies from one county to another. Project teams meet on a quarterly basis to improve consistency and to review tools and processes but report individually into the ICF programme.
- 6.8 Some case study projects have evolved into regional ones over time. The Repatriation and Prevention project in North Wales is one such example having started in Flintshire, then expanded into Wrexham and finally into other local authority areas across North Wales. Similarly, the Specialist Parental Support project in Cwm Taf Morgannwg has expanded from Rhondda Cynon Taf local authority to a more region-wide initiative. Their expansions has been aided as both projects are delivered by a single third sector provider, Action for Children and Halcyon Foundation respectively.
- 6.9 Some two-thirds of surveyed projects thought that there was scope for their approach to be scaled up either within their region (34 per cent) or across other regions (33 per cent). Very few (10 per cent) thought that there was no scope to do so at all, and these included projects which already operated at a regional level. Just under a quarter (24 per cent) did not know however and this is indicative of the lack of information projects have about similar interventions operating in other regions.

Citizen engagement has been used effectively by many case study projects to inform provision

- 6.10 Most case study projects reported that their services have been informed by citizen engagement. This is perhaps in contrast to the views of regional

stakeholders and should be interpreted with some caution given the small number of case study projects included within the evaluation. The level of engagement varied from citizen input to the strategic design stage to input at the individual service user level, with several projects (e.g. Community Connectors) citing the use of 'what matters' conversations with users. Examples of effective citizen engagement across case study projects are set out below:

The **My Mates** project (Gwent) supports individuals with learning disabilities to live independently by providing early intervention services in the community. It was launched in October 2016, initially across Monmouthshire local authority, in direct response to feedback from people with learning disabilities that they wanted a service which offered them an opportunity to develop friendships and relationships. Whilst people had access to traditional day service provision, it became evident that what they lacked were opportunities to engage with day-to-day activities such as visiting a pub, attending events, shopping, and eating out as well as develop meaningful friendships. The project has been established as a member led initiative, ensuring that its approach and activities continue to be informed by the interests and needs of individuals with learning disabilities.

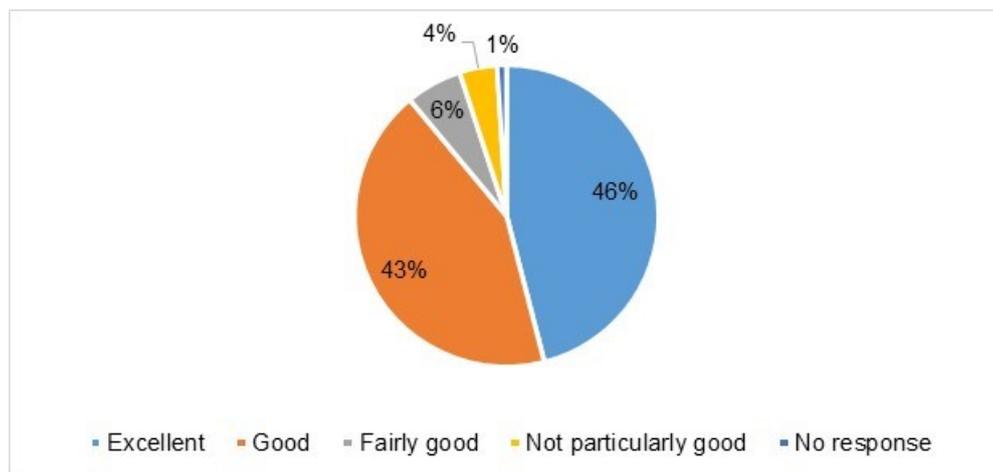
The Cardiff and Vale **Carers Gateway** project, run by Carers Trust, facilitate a Carers Expert Network Panel of unpaid carers. This panel helps ensure that the voices of carers are heard and used to evaluate and inform future services. The panel reflects on the impact of wider policy developments upon carers as well as gather views to help improve other services, such as social services. The panel meets monthly and is facilitated by a staff member of the project. Demand to attend the panel amongst unpaid carers is high with the 'waiting list ... in its hundreds' at the time of undertaking the fieldwork.

The **Closer to Home** project across Powys reviewed the circumstances for all 69 individuals with learning disabilities who were placed in out of county residency, with a view to identifying gaps across in-county infrastructure which could accommodate their needs. Following ‘what matters’ conversations, patients co-produced individual supported living accommodation and support plans and at the time of fieldwork 21 of these individuals had returned to suitable accommodation within the county.

Despite the challenges, funded projects have made good progress

6.11 All surveyed projects thought that they were achieving what they set out to achieve either to a large extent (78 per cent or 53 respondents) or to some extent (22 per cent or 15 respondents). Most surveyed and case study projects thought that they were making either good or excellent progress although a tenth of surveyed projects (7 respondents) did not believe this to be the case as shown at Figure 6.2. Case study fieldwork suggested that the main factor which accounted for any lack of recent progress related to the COVID-19 pandemic and the implications of this is explored further in this chapter.

Figure 6.2: Progress made by surveyed projects



Source: OB3 survey of project leads (68 responses)

6.12 Several case study projects had been established for a number of years, including some such as the Swansea Equipment Service in West Glamorgan prior to receiving ICF. These projects had been able to make

good progress in recent years, with some expanding their capacity and remit as a result of receiving ICF as a proportion of their funding:

The **Care at Home** project in West Wales is a Pembrokeshire based service providing integrated community resources to care for people closer to home. Set up in 2017 the project has expanded from a team of less than 10 people to a service employing 55 health care support workers. ICF accounts for a proportion of these. The service has extended from providing end of life care to patients in their own homes to services such as preventative care, acute intervention and functions as a bridge to social care and reablement services.

- 6.13 Some case study projects were established more recently and had been affected by the COVID-19 pandemic during their start-up phase. For instance, both carers projects (the Cardiff and Vale of Glamorgan Carers Gateway and West Wales Carers Officers projects) are relatively new projects having been awarded funding during 2019 and became operational in early 2020. Neither of these projects had been able to deliver in the way intended due to COVID-19: in the case of the Careers Gateway project it was intended that the service would work from community venues whilst the Carers Officers project intended to work from hospital sites. Similarly Community Hubs in Cwm Taf Morgannwg received funding immediately before the outbreak of storm Dennis and the pandemic, which meant that project staff were redeployed to the forefront of the emergency response, and the planned project did not materialise as expected.

The COVID-19 pandemic has had a profound impact on delivery since March 2021

- 6.14 The COVID-19 pandemic was reported to have had a significant impact upon projects during the final year of delivery considered by this evaluation (2020/21). ICF projects played a key role in supporting health and social care services to respond to the pandemic and many had to adjust their provisions to do so. Most projects were able to shift to online delivery whilst others had to pause some or all of their provision. Many case study projects reported that they had been unable to operate as planned during the

periods of restrictions and in some cases, projects had to reduce the number of appointments for service users. Some case study projects reported that they decided to focus their services on the most vulnerable service users during the pandemic and had to make difficult decisions on where to target their resources. Other projects reported that they had to operate with reduced capacity over the pandemic period, due to staff having to shield, isolate or becoming ill:

The **My Mates** project (Gwent RPB) stopped taking on new members following the outbreak of the pandemic and adopted digital methods of delivery for the first time. Whilst this did not provide the same level of interaction for people with learning disabilities it nonetheless offered some form of contact to help address issues of isolation. The project provided support for people to get online and delivered workshops on online safety. The project also played an important role in informing people about government restrictions to ensure compliance. The project is likely to retain some form of digital delivery for members post COVID-19, as it offers an additional method for people to maintain contact with each other.

- 6.15 The demand for provision during the pandemic also varied from one project to another. Some case study projects reported that demand for their provision increased, as a greater number of referrals were being received given that the pandemic was having a negative impact upon their service users. These projects made an important contribution to the front-line response to the COVID-19 pandemic and upscaled their activities. For instance, the Enfys project (Cardiff and Vale of Glamorgan) reported that it received an increase in the number of referrals to the project from social services during the pandemic, as well as these referrals being more complex in their nature. Others (e.g., Care at Home, West Wales and the Specialist Parenting Support, Cwm Taf Morgannwg) reported that demand for their service reduced due to factors such as their patients and relatives not wanting project staff visiting their home or because the service was getting fewer referrals from other services such as GPs, schools, and

hospitals due to patients' reluctance to visit these settings during the pandemic.

- 6.16 Projects frequently mentioned that they had to overcome the challenge of delivering provision which adhered to government regulations in terms of social distancing, staff safety and use of Personal Protection Equipment (PPE). Several case study projects found it more difficult to maintain contact with other professional staff e.g. social care workforce due to home-working. One carer discharge project also reported being unable to access hospital wards to identify carers in need of support and ward staff not having time to engage with the service.
- 6.17 Other projects were repurposed (e.g. Closer to Home and Community Connectors, Powys) and reported that their staff resources had to be redeployed, often to front line services such as around supporting PPE orders and supporting people in their community:

The **Community Connectors** project in Powys became heavily involved in supporting individuals across the county during COVID-19. Project staff became involved in providing shopping support, collecting prescriptions and medications, delivering emergency good parcels, advising on benefit and financial issues, and delivering support through befriending services. In all, over 1,800 requests for support were received by the project.

- 6.18 Many case study projects reported challenges associated with staff during the pandemic be those challenges around managing staff remotely, low team morale and difficulties associated with training and upskilling, particularly new staff who had been recently recruited prior to the outbreak who did not benefit from being able to shadow experienced team members. Others struggled in terms of staff capacity, not least because some ICF funded postholders found themselves assisting with statutory service provision because of recruitment and staffing capacity issues across other health and social care teams.

6.19 A couple of case study projects noted that shifting to digital methods of delivery generated time and cost efficiencies and they wanted to continue this more flexible approach as part of a more blended model in future provision (e.g. Skills for Living, Specialist Parenting Support). One project explained:

‘the positive is that virtual meetings are a more effective way of working for us – we find that we can see more families and remote suits a lot of the families, and it suits the professionals too, and its better in terms of child protection. It’s more efficient’ [case study project].

6.20 Other projects had implemented specific approaches which they planned on continuing post-pandemic. For instance, the Swansea Equipment Service in West Glamorgan established a rapid hospital discharge direct phone number which has since been maintained in light of its effectiveness.

A wide range of key delivery enablers were identified by projects

6.21 Surveyed and case study projects identified a wide range of critical success factors which accounted for good progress and effective delivery. These have been grouped at Table 6.1 into four key themes: working effectively with others, a strong delivery team, adopting a flexible and responsive model and enhancing knowledge of other practitioners.

Table 6.1: Key delivery enablers

Working effectively with others	<ul style="list-style-type: none"> • excellent communication and effective collaboration in place between staff from across different services, with well understood processes for contacting different services and drawing upon their input • adopting a single point of contact for a project so that all partner organisations can refer into it in a consistent manner • services becoming well established and well-known to colleagues over time • multi agency working with a shared commitment to achieving the same outcomes across services and effective implementation of cohesive pathways of care for service users
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A strong delivery team	<ul style="list-style-type: none"> • enthusiastic, passionate and committed staff who work well together, learn from each other and form a cohesive, team approach around the service user • staff who are experts in their field, highly experienced and specialists, who can effectively support services users with complex needs staff having the time and resources to support individuals in a tailored way according to their needs
Flexible and adaptable model	<ul style="list-style-type: none"> • creative and flexible approaches, which could be piloted and refined to meet the needs of individual service users • adequate resources to provide intensive and tailored support over a long period of time to individuals • being able to adapt effectively to the needs of service users and circumstances during the COVID-19 pandemic by offering blended provision, via a mix of online and face to face provision. Some projects were also able to adapt by dealing with an increase in referrals to their services during the pandemic whilst others were able to identify and fill gaps in provision by supporting vulnerable people at the front-line
Enhancing knowledge of other practitioners	<ul style="list-style-type: none"> • making available appropriate and effective training provision to intermediaries such as health professionals and school staff, which have been well received • developing resources, such as training materials, which could be used on a wider level post funding

Projects have faced three key delivery challenges: the pandemic; the annual nature of funding; and staff recruitment and retention

6.22 Survey and case study projects cited common delivery challenges and barriers, with the most frequently cited issues relating to the pandemic, the annual nature of the funding and staff recruitment and retention. The challenges, and opportunities, associated with the pandemic which have impacted projects over the last year of delivery during 2020/21 have already been considered above and are not reiterated here.

6.23 Despite the Welsh Government setting a three-year plan for the ICF, the annual funding cycle adopted by RPBs has created uncertainties for projects, and it was claimed that it restricted them from adopting a longer

term planning approach. Several projects argued that this resulted in an approach which was more responsive than strategic, and a few projects reported that it restricted them from delivering an ongoing service e.g. some stop taking on new service users towards the end of the annual funding period whilst others have gaps in provision due to staff moving on as a result of funding insecurity. Others reported that partner organisations and services are more reluctant to commit to working with ICF funded provisions given the uncertainty as to whether they will still be available from one year to the next.

6.24 Projects commonly reported staff recruitment and retention difficulties. The short-term nature of funding has made it challenging to recruit and retain high calibre, experienced practitioners who are reluctant to give up secure roles elsewhere for seconded and short term funded opportunities. Whilst some projects reported to have struggled to recruit service leads others have struggled to recruit front line delivery staff, such as carers. Very few examples were identified over the course of the fieldwork where staff were being employed on permanent contract, although the Children with Learning Disabilities and Complex Needs project in North Wales is perhaps an exception.

6.25 Examples of these issues include:

Skills for Living delivered by Action for Children across Gwent has found the rolling annual funding a challenge to recruit and retain psychologists, with individuals reluctant to apply for short term posts and leaving the project for more secure, longer-term positions elsewhere.

Carers Officer Hospital Project in the West Wales has found it difficult to appoint and retain staff. From a small team of four officers, two left and the project struggled to replace the postholder in one area. Short term funding is demoralising for staff.

6.26 A couple of case study projects identified the challenge of meeting a high level of demand for their services, which generally had increased further

during the pandemic. These projects had long waiting lists for their services and in some cases the high rate of referrals meant that the service had to stop taking on new clients periodically. Some case study projects spoke of being seen as a solution to other partner's issues 'people want [name of project] to do everything for everyone' given the pressure on partner services.

- 6.27 A couple of case study projects also highlighted the challenge of delivering projects which required regional and partnership working. It was observed that delivering provision via a partnership often required greater effort and accommodating different cultures and mindsets across different local authorities and health boards.

Most, but not all, ICF projects consider ICF reporting requirements to be acceptable

- 6.28 Most case study projects found the ICF reporting requirements expected of them by their RPB to be acceptable. These tended to be projects which were required to produce six monthly reports, which they considered:

'not an unreasonable expectation ICF is better than a lot of other funding streams. EU {European Union} funded programmes are much more onerous' [case study project].

- 6.29 Others were required to produce much more detailed quarterly reports for their RPB which were considered onerous for staff. Indeed one project, despite operating a CRM system, reported that it took up to five days to prepare an ICF report as their CRM system does not generate the information in the format required for ICF reporting requirements set by their RPB:

'the reports for ICF are horrific. We have around 33 pages per quarter to complete' [case study project].

Monitoring is overly focused on outputs, rather than outcomes and lessons learned

- 6.30 Feedback from case study projects suggests that they commonly record detailed information relating to project outputs (such as the number of

participants or number of activities). Several also capture and report on project outcomes (e.g. difference made to individuals, levels of satisfaction with project).

- 6.31 A key message from case study projects was around the difficulties of identifying and quantifying their output and outcome indicators prior to starting delivery, particularly given that many projects were new and innovative:

‘you need the project up and running in order to understand what meaningful measures look like for that service and how you can tell what good is for that service’ [case study project].

- 6.32 Another common message conveyed by surveyed and case study projects was that more work needed to be undertaken to define what their success looks like. Despite Welsh Government’s guidance for projects to adopt a RBA approach which set out how much, how well and what impact projects were having, projects often felt that their monitoring reporting was overly focused on ‘how much’ activity they were undertaking at the expense of ‘lessons learnt’ and ‘what difference’ their services were making, largely as this is how they interpreted what was required of them in terms of reporting requirements. Despite this, case study projects reported that they also regularly prepared and shared case studies of service user experiences with their RPB for reporting to the Welsh Government, as this was a requirement set out by the Welsh Government, and felt that these were valuable qualitative evidence to demonstrate the impact of interventions.

ICF projects capture less evidence about the difference they are making

- 6.33 Many case study projects, particularly those which supported smaller numbers of service users in a more intensive manner over a longer duration of time, did not think that the output statistics reported into ICF were helpful in demonstrating the difference which they made. Case study projects working with children and families argued that outcomes such as children staying in their placement for longer provided a good measure of the project’s impact yet were unable to capture and report upon these

within a short term period. Across these types of projects there was a broad consensus that ‘the outputs don’t really show much’.

- 6.34 In contrast, projects which are primarily about supporting larger number of service users in a less intensive manner did not consider this to be so much of an issue and were broadly satisfied with the output data being reported into ICF:

The **Swansea Equipment Service** (West Glamorgan) provides reablement and other equipment on free loan to people across Swansea and Neath Port Talbot to allow them to live independently at home. ICF has been used to increase staff resources by some 14 postholders across the service thereby allowing the service to increase the volume of equipment distributed and collected as well as reduce the waiting time for its delivery. In this case, the project has a well-developed management information system which captures output data, allowing it to easily report upon such indicators to ICF. In this case, output data was considered a good indicator for project success and the project has been able to demonstrate positive changes e.g. an improvement to average delivery waiting time from 4/5 days down to a current level of three days and an increase in the number of beds delivered per day from 40 in 2018 to around 120-130 currently.

The **Care at Home** project (West Wales) has a comprehensive monitoring system which captures service outputs such as number of patients, hours of care delivered, number of house calls made per day and average case load per FTE per day. The service prepares monthly reports for internal management purposes which are used to inform ICF reports. Whilst the service found it challenging and burdensome to meet the ICF reporting requirements initially over time and with greater experience of preparing returns, now finds the reporting relatively straightforward.

- 6.35 Of the projects reviewed as part of the desk-based analysis, three-fifths (46 of the 77) were considered to have some evaluation evidence in place in that documentation such as internal and external evaluations, end of project reports or data, or case study material was made available to the research team for review. This is not unexpected given that the sample of projects was skewed towards those with at least some evaluation evidence available. At the proposal stage, projects set out very good methods for evaluating their activities using Results Based Accountability (RBA) principles, but the evidence set out in project reporting and Welsh Government quarterly returns are less informed by such evidence.
- 6.36 In terms of the documented evidence made available to the research team covering the delivery and performance of projects, a fifth were considered to have a lot of evidence on project delivery, and coded 'green' at Table 6.3.

Table 6.3: Desk-analysis of ICF projects

Assessment of evidence available on project delivery and performance	Number of projects reviewed
Green (good evidence)	15
Amber (some evidence)	40
Red (no or weak evidence)	22
Total	77

- 6.37 Projects which have been classified as having good evidence of delivery and performance (coded green) typically have in place at least one of the following:
- a comprehensive and recent evaluation report, including independent external evaluations
 - a completed Project Status Review template, in response to the RPB's request for projects to complete this.
 - detailed progress reporting, using the Welsh Government's RBA scorecard and reporting via quarterly spreadsheet reports, outlining achievements against set targets.

- 6.38 Projects which have been classified as having some evidence (coded amber) typically have in place at least one of the following:
- detailed progress reporting using the Welsh Government RBA scorecard and reported via quarterly spreadsheet report, but no targets set to allow for a full assessment of performance
 - plans for evaluating the project, such as a budget allocated to an external evaluator, reference to techniques such as Most Significant Change, Theory of Change and Cost Benefit calculations, but no evidence that this had been undertaken
 - initial qualitative evidence on project pilot activity such as feedback from service users, which had been used to inform provision
 - good monitoring processes for capturing feedback from service users
 - useful service user case studies.

6.39 Projects which have been classified as having weak or no evidence (coded red) typically show:

- very little or no output and monitoring data to evidence what the project has delivered, often with a statement to the effect that targets are being met, and/or
- an assessment by the RPB that the evidence for outcomes being achieved by a project was poor.

There has been very little sharing of effective practice and experiences between similar ICF projects

6.40 Overall, case study projects suggested that there has been very little contact between them and similar projects operating in other regions, despite some interviewees being aware of similar interventions elsewhere. Only one example of a community of practice was captured over the course of the fieldwork and this was led by Bangor University and had a focus on service users with a learning disability. The development of communities of practice for projects focusing on similar interventions, would be welcomed in the future.

6.41 Many case study projects believed that learning about aspects of their provision would benefit other regions e.g. the training delivered by the Specialist Parental Support programme across Cwm Taf Morgannwg could be rolled out to other regions to improve understanding of neuro-developmental issues amongst providers of services. Similarly:

The approach adopted by **Closer to Home** to commission supported accommodation across Powys is considered innovative and there is a desire to replicate the approach if successful in other areas of Wales. The project has reviewed existing supported accommodation needs and increased the accommodation portfolio available across the county to increase the opportunities for people to return to Powys to live. A new model of supported accommodation has been recommissioned which is outcome focused and needs based. The service has been shortlisted for a 2021 UK Local Government Award for Health and Social Care⁴⁰.

The sustainability of most ICF projects is unlikely without some form of continued funding

6.42 The macro analysis of project level documentation showed that projects had started to consider their future sustainability post ICF. The analysis showed that:

- a small number of projects had concrete plans to sustain activity post ICF funding and it was reported that these had already been able to demonstrate their value and would be continued as mainstream provision from April 2022 onwards
- a quarter of projects (circa 21 projects) had intentions of continuing post ICF but lacked any specific detail on how the intervention would be funded. In most cases, it was acknowledged that the project would need funding from either mainstream funds or from another source and could not continue without some form of ongoing funding. A few projects planned to fund ongoing provision via cost-savings generated

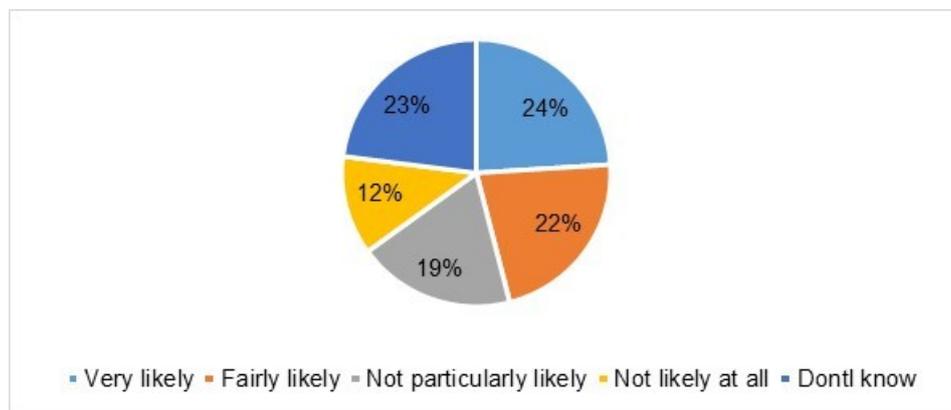
⁴⁰ [Local Government Chronicle Awards 2021](#)

elsewhere, but did not provide evidence for the savings being secured to form a strong argument for their continuation

- some of the third sector projects anticipated delivering some low cost or no cost future activities, using volunteers and/or incorporating their approach into existing provisions in some way
- there was a strong argument that the closure of projects in the absence of future funding would be detrimental, in that they were considered an integral part of mainstream provision which could not be terminated.

6.43 A mixed picture emerged about the possible sustainability of surveyed projects post ICF, as shown at Figure 6.3. Broadly, half of those surveyed thought it likely that their service would continue post ICF whilst the remaining half thought it either unlikely or did not know.

Figure 6.3: Project sustainability post ICF



Source: OB3 survey of project leads (68 responses)

6.44 Project case studies revealed a similar mixed picture about their future sustainability. Several well-established case study projects which were funded via several sources expected to continue in the absence of future ICF funding, albeit at a reduced scale. Others, primarily newer projects such as the Community Hubs project in Cwm Taf Morgannwg, were still in their piloting phase and because COVID-19 had impacted upon their delivery over the last 18 months they had less evidence in place to demonstrate their effectiveness to secure continued financial support.

- 6.45 The Swansea Equipment Service, West Glamorgan was in the process of writing a business case to continue funding their staff team and to secure the funding from core partner budgets who had in principle agreed to continue funding the service. The service is currently exploring moving to a seven day a week model, which would require additional funding. Similarly, the Closer to Home programme anticipated continuing post ICF using core funding to support provision. Some third sector projects were exploring more creative, alternative methods of funding provision in the future including via member subscription and the possibility of establishing a Community Interest Company.
- 6.46 Case study projects would welcome a longer-term period of funding in the future, as this would help to address issues of staff recruitment and retention as well as enable them to provide continuity of service. They would also welcome greater streamlining of funding in the future, particularly projects in receipt of more than one funding source.

7. Difference made

7.1 This chapter draws upon the macro analysis of project documentation as well as fieldwork with project case studies and service users. It considers the outputs and outcomes being achieved by ICF projects and the difference made by interventions.

Evidence from the macro-based analysis

7.2 Table 7.1 below sets out the most commonly reported outputs and activities across the sample of projects reviewed as part of the macro analysis. There is no consistency across projects in terms of how each activity or output is defined or for what period of time they cover. For instance, some projects report upon the average weekly or monthly outputs whilst others report aggregated quarterly or annual outputs. These issues make it impossible to aggregate the achievements of the ICF programme. It is also worth highlighting that the activities reported by projects were not always quantified in numerical terms, be that in terms of expected numerical targets or achieved outputs.

Table 7.1: Commonly reported outputs and activities

People	<ul style="list-style-type: none"> • Total number of service users engaged and participating • Number of new, additional service users recruited • Number of service users attending activities or being supported on a weekly, monthly, or quarterly basis • Number of service users and/or intermediary staff receiving training • Number of volunteers recruited and/or being used by the project • Number of carers engaged and participating • Number of carers supported • Number of service users supported in the community • Number of service users accessing information • Number of trainers trained • Number of service user referrals made • Number of service user referrals received
Activities	<ul style="list-style-type: none"> • Number of volunteer support hours provided • Number of short breaks nights provided

	<ul style="list-style-type: none"> • Number of consultations delivered • Number of assessments undertaken • Number of home visits made • Number of training sessions or courses delivered • Number of groups established • Number of group sessions/meetings held
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7.3 Table 7.2 sets out the outcomes reported by the sample of ICF projects included in the macro analysis. These outcomes are not always defined or quantified, and some projects set themselves a proportional target to meet, e.g., 60 per cent or 80 per cent of service users reporting a change.

Table 7.2: Commonly reported outcomes

Service users informing and influencing service	<ul style="list-style-type: none"> • Service users' voices being heard and listened to, and informing service provision • Service users having better understanding of support available and better informed • Service users accessing right information when required • Service users achieving what matters to them
Service user perception of outcomes	<ul style="list-style-type: none"> • Service users reporting improved wellbeing • Service users reporting improved health • Service users reporting improved quality of life • Service users reporting improved independence • Service users reporting greater confidence • Service users reporting increased socialisation • Service users reporting reduced loneliness and social isolation
Children and families outcomes	<ul style="list-style-type: none"> • Children achieving placement stability • Children stepped down from residential or independent foster care • Children remaining at home with families • Children returning home to their families • Reduction in children on the Child Protection Register • Reduction in number of children becoming looked after • Children returning to host local authority from out of county placement

Service level outcomes	<ul style="list-style-type: none"> • Proportion admitted to Step Up/Step Down from home • Proportion admitted to Step Up/Step Down from hospital • Proportion returned home from Step Up/Step Down Service users staying at home for longer • Number of hospital discharges (including reablement discharges) made (including those made within specific timeframe) • Number of hospital admissions avoided • Level of reduction in funded care packages • Reduction in service users accessing statutory support services, including primary health care provision • Number of bed days saved • Reduction in unscheduled hospital admissions • Reduction in length of hospital stays • Reduction in placements for residential and nursing homes • Financial savings incurred for Health Board (either saving per day or annual) • Financial savings made to Local Authority (saving per week per resident usually in care home)
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7.4 The macro analysis found that most projects had proposed very commendable plans to undertake an economic evaluation of their intervention as part of the application process, but they generally lacked any measurable targets which would make it possible to offer a conclusion as to whether they achieved their intended outcomes or not.

7.5 The macro analysis found that only a few projects set out both numerical targets and achievements in their documentation. A slightly greater number of projects report achievements against non-measurable targets. Whilst this is helpful, it is not possible to come to a view on the scale of these achievements and the extent to which projects have achieved their targets. It is, of course, accepted that such data only provides a partial picture of a project's performance and that evidence from the fieldwork, set out below, considers the extent to which ICF projects are achieving meaningful change.

7.6 A number of other observations are worth making about the performance data set out in project level documentation:

- the performance of projects which either set or reported on weekly or monthly targets or outputs varied, and it might be more appropriate to report quarterly or annual targets outputs which would be subject to less fluctuation over time
- achievements for 2020/21 are recognised as being different to those planned due to the effects of the pandemic upon recruitment and service delivery
- several projects gather service user satisfaction and evaluate the impact of the project over a specific time period with a sample of their service users. Whilst the sample sizes can be small, they do nonetheless provide some evidence that projects are achieving their targets
- a small number of projects, primarily those which focus on reducing admissions to, or support early discharge from, hospitals were found to capture and report upon cost savings achieved.

7.7 The macro analysis of 77 projects considered the evidence available on the benefits and impacts which projects had achieved for individuals and communities, service provision and models of working as well as improving integration of services. An assessment of the evidence available for these three aspects was undertaken using a RAG approach.

7.8 This assessment showed that overall, there was at least some evidence available to demonstrate the impact which projects were having upon individuals and communities in around three-fifths of cases (45 projects). There were numerous examples of service user experiences and satisfaction levels for projects, be that via case studies or survey questionnaires. Projects commonly set out plans for capturing user feedback but it was not always clear from the documentation if they had done so. It was also widely reported that COVID-19 had negatively impacted their ability to monitor the quality of provision over the last year.

7.9 The type of impacts which projects reported that they were having upon individuals and communities are set out at Table 7.3. By the very nature of these impacts, there is a degree of overlap with the outcomes set out at Table 7.2 above. For the sake of completeness, outcomes set out at Table 7.2 have also been included in the table below, where relevant.

Table 7.3: Impacts upon individuals and communities

<p>Access to services</p>	<ul style="list-style-type: none"> • Service users informing the design of service provision • Service users better informed about the support and opportunities available to them • Service users accessing the right information when required • Service users more actively involved in the decisions about their care and support • Service users accessing more appropriate and timely support • Service users obtaining earlier access to enabling and preventative services
<p>Benefits for service users</p>	<ul style="list-style-type: none"> • Reduced risk associated with falls and accidents • Improved physical health • Improved mental health and wellbeing • Improved quality of life • Improved independence • Increase in confidence • Increase in socialisation • Reduced loneliness and social isolation • Improved intergenerational understanding and community connections • Service users being able to do and achieve what matters to them
<p>Children and families outcomes</p>	<ul style="list-style-type: none"> • Children achieving placement stability • Children stepped down from residential or independent foster care • Children remaining at home with families • Children returning home to their families • Reduction in children on the Child Protection Register • Reduction in number of children becoming looked after

	<ul style="list-style-type: none"> • Children returning to host local authority from out of county placement • Reduction in looked after children being placed outside of their local authority area / increase in looked after children remaining in their local communities • Reduction in number of children experiencing exclusion from school • Children feeling safe and protected from abuse and neglect • Better understanding amongst families of the trauma faced by adopted children • Families/carers more confident to manage a child's behaviour
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7.10 Table 7.4 sets out the types of benefits and impacts upon changing service provision and models of working identified as part of the macro analysis:

Table 7.4: Impacts upon service provision and models of working

Improved understanding and access	<ul style="list-style-type: none"> • Improved awareness and understanding of the issues facing priority groups amongst intermediaries, partner organisations and professionals • Better working relationships between partners, including social work teams • Single point of access for community health professionals to access rapid responses to a range of services • Better planning of care and health provision, with a more holistic approach in place • Greater role for the third sector in the delivery of services
Demand for services	<ul style="list-style-type: none"> • Reduced demand on statutory social care and primary health care, so funds can be transferred to preventative and early intervention • Reduced demand for specialist interventions, as a result of early intervention • Reduced waiting lists for particular services e.g. Child and Adolescent Mental Health Services (CAMHS) • Reduced pressure upon care home provision • More timely hospital discharge • Reduction in Delayed Transfers of Care

	<ul style="list-style-type: none"> • Reduction in hospital admissions and outpatient appointments • Reduced pressure upon primary care, including GPs • Greater capacity in the domiciliary care market • Hospital or care home bed days saved
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7.11 A quarter of the projects reviewed as part of the macro-analysis (19 cases) presented at least some evidence to demonstrate that they were having a meaningful impact upon improving the integration of services. The type of examples identified across project level documentation are set out at Table 7.5:

Table 7.5: Examples of the impacts which ICF projects are having upon improving service integration

Partnerships and pathways	<ul style="list-style-type: none"> • Greater and stronger partnerships between health and social care, as well as projects being delivered in partnership with third sector • Greater involvement of the third sector in the delivery of preventative and early intervention • Creating more integrated referral pathways for particular groups, such as children and young people at risk of being looked after
Embedded and cross-disciplinary	<ul style="list-style-type: none"> • Some projects have been fully integrated from the outset into existing provision, i.e., the funding has been used to enhance the capacity of existing services. In some of these cases a more holistic service has been made available to service users as a result of an expanded team • Creation of multi-disciplinary teams and seamless support services
Mainstreamed and sustained	<ul style="list-style-type: none"> • Services being mainstreamed after ICF funding comes to an end, as the value of the project has been demonstrated

Evidence from case study projects and service users

7.12 Service users were overwhelmingly positive in their feedback about the services and support accessed via ICF projects. The main observations made by services users focused on:

- support having been made available by staff who genuinely care and take an interest in their circumstances and needs
- staff being well informed, knowledgeable, and approachable
- staff respecting their issues and wishes
- staff being available when required and with no restrictions on the time they can allocate to individuals e.g. 'he took time to build the trust up with my son, that's vital, no time limit. I feel that they are there to help ... they will always try to give you the help that you need' (Repatriation and Prevention service user).

7.13 Two examples of service user experiences are set out below. They are both examples of projects which offer intensive support to individuals:

Heather⁴¹ was supported by the **Children with Learning Disabilities and Complex Needs (CALDS) project** in North Wales, initially to deal with her daughter's sleeping issues but over time the provision extended to provide broader parental support, including attending meetings or hospital appointments and advising on ideas to enable her daughter to live at home for as long as possible. She added:

'I could phone up and ask them anything. If I was having problems with my daughter I would phone up and they would tell me a couple of things I could do to try to make that better and it would usually. [During the pandemic] we received lots of phone calls, lots of emails and if I ever needed anything urgently, they even offered to drop off food for me if I needed food or medicines ... they were very, very good. For over two years there was a lot of help going on, if it wouldn't have been for the CALDS team and complex needs and everyone, I wouldn't have got respite. The respite ... that's really helped me and my daughter to have a better relationship'.

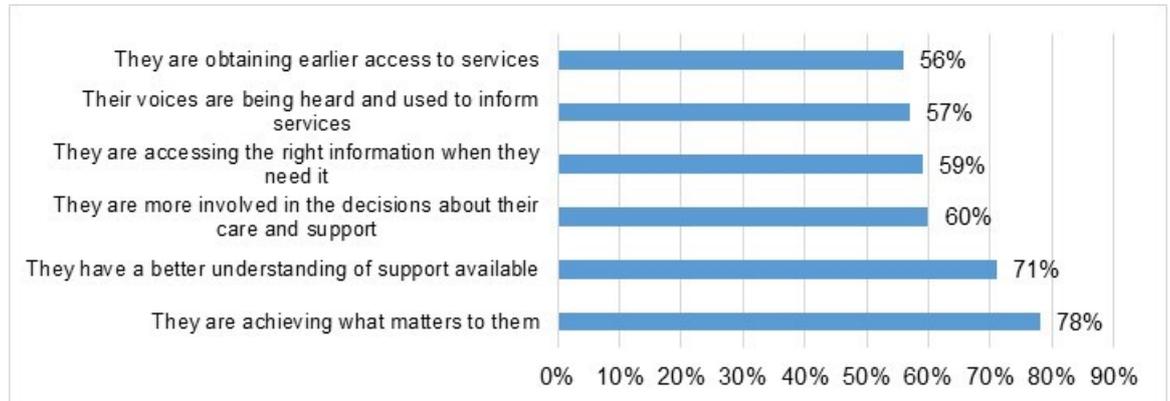
⁴¹ All service user names have been changed throughout this report

Skills for Living (Gwent) provides emotional wellbeing support to young care leavers aged 16 to 25 so that they are better equipped to manage their emotions, maintain healthier lifestyles and gain greater self-esteem. The project typically works with young people, via a dedicated psychologist, for up to a year. Young people access weekly one to one support sessions as well as group based therapy, using Dialectical Behavioural Therapy. The intensive nature of the support means that the project can support around 45 young people over a one year period.

Claire had been referred to Skills for Living by social services and had been supported by the project for some 15 months at the time of being interviewed. She had been supported by the project on a weekly basis and observed that she had never stayed so long with such a service previously. The support was proving invaluable in equipping her with the right tools to help address issues such as sleeping patterns, poor communication with family members, managing stressful flashbacks and everyday tasks such as catching a bus or answering the phone. She added 'I wouldn't be able to speak to you on the phone now if it wasn't for my Skills for Living councillor'.

- 7.14 The web survey of ICF project leads (shown at Figure 7.1) also suggests that ICF has had a positive impact upon the way service users access health and social care services, particularly in terms of enabling them to achieve what matters to them and ensuring that they have a better understanding of the support available to them. It is important to note that our analysis of project documentation and feedback from interviewed case study projects would suggest that ICF project leads survey responses were either informed by anecdotal evidence (e.g. case studies of service users) or perceptions of difference made.

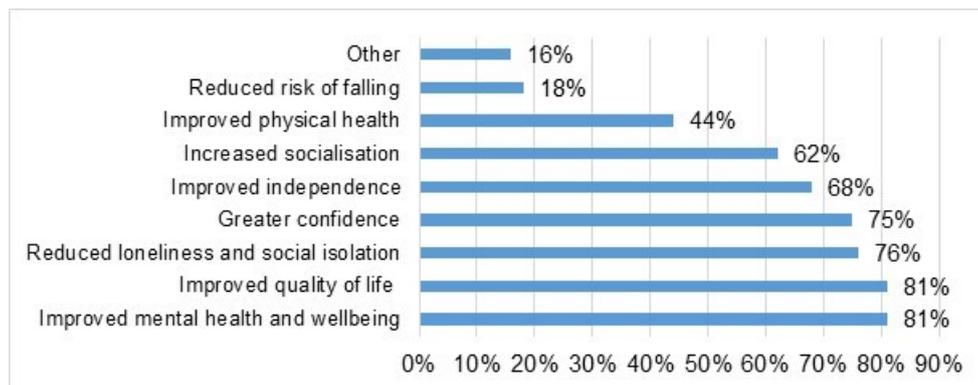
Figure 7.1: Difference made by ICF projects to how service users access health and social care service



Source: OB3 survey of ICF project leads (68 responses)

7.15 Feedback from surveyed ICF projects also suggests that their interventions are generating positive health and wellbeing benefits for service users, particularly in terms of improved mental health and quality of life. As shown at Figure 7.2, other improvements are also being generated albeit improved physical health and other more specialist changes, such as reduced risk of falling, are less common due to a lower number of projects focusing on these issues.

Figure 7.2: Difference made by ICF projects to health and wellbeing of service users

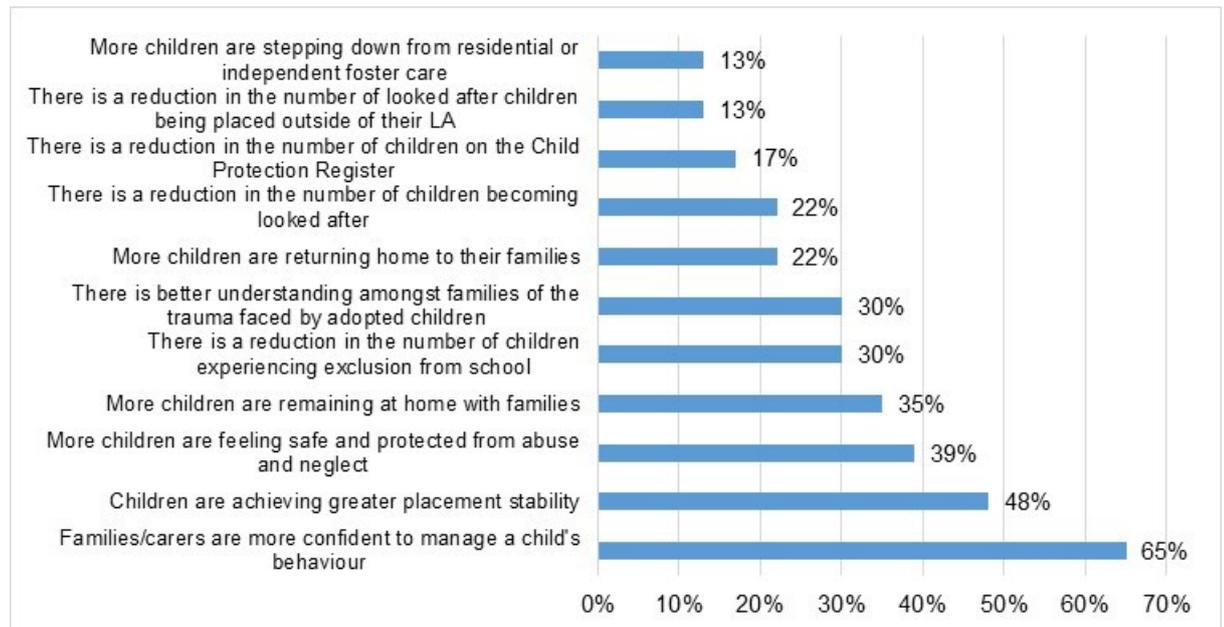


Source: OB3 survey of project leads (68 responses)

7.16 Of the 23 surveyed ICF projects which work with children and their families in some way, a range of positive impacts were perceived to have been generated by the interventions. The most commonly cited was that families/carers are more confident in managing a child's behaviour and that children are achieving greater placement stability (see Figure 7.3), as a

result of intervention. This was reinforced by the three case study projects which work specifically with children and their families. In these cases, psychological and emotional interventions provided in an intensive manner over a long period of time help to prevent care placement breakdown and better equip parents and foster carers to understand and support the issues faced by the child.

Figure 7.3: Difference made by ICF children and families projects



Source: OB3 survey of children and families project leads (23 responses)

7.17 Many examples were provided by surveyed and case study projects to illustrate how ICF interventions were changing the way individuals could access health and social care services. These included:

- many ICF projects are delivering more intensive and tailored support than would otherwise have been available via statutory services, often working with the most complex cases. Several projects cited that they had more experienced staff in place who were equipped to deal with complex cases. Projects working with children on the edge of care for instance, such as MAPSS, often reported that families were getting a more bespoke service, which was tailored to their complex needs. Others reported that the services accessed by individuals are more likely to be informed by conversations about

‘what matters to me’ and that users’ voices are heard and reflected upon within decision making

- projects argued that service users are getting access to a more flexible service which has been designed as wraparound support for individuals. Projects frequently described their approach as being ‘adaptable and not one size fits all’ approach. One such project argued that ‘tenacity is a big thing for us. With CAMHS its three strikes and you’re out ... we will just continue ... we don’t let missed appointments bother us’.
- many ICF projects argued that service users are getting access to services quicker and in a timelier manner. The Swansea Equipment Service project was one such example, whereby the consolidation of equipment hire across the two counties is proving a more efficient way of working and frees up hospital staff time who would previously have been involved with such provision
- projects commonly reported that service users are getting a more integrated and holistic service than would otherwise be the case, as projects work closely with other services to adopt a ‘team around the person approach’ e.g. CAMHS and children’s services in the case of projects which support looked after children
- more provision has been made available via digital provision over the last 18 months in response to the COVID-19 pandemic, which has not suited all projects, but has nonetheless enabled services to continue
- service users are more likely to access preventative support through ICF funded activities which projects thought was helping to reduce the need for more intensive forms of support at a later stage e.g. 24 hour callout services have resulted in avoidance of statutory services, services which work with families and children with additional support needs are supported before a crisis arises
- service users are more likely to access support which is delivered by third sector partners. The inclusion of the third sector as an ICF

delivery partner has helped to increase capacity across the health and social care sector and introduced creative solutions to help address existing problems.

- 7.18 A handful of case study projects reported that they had achieved additional unintended outcomes for individuals and communities, due to their service providing frontline emergency response during the pandemic. The Community Hubs project in Cwm Taf Morgannwg is one such an example, which has reported unintended achievements such as improved access to food, secure accommodation, and financial benefit entitlements.
- 7.19 Only two case study projects mentioned that they use standardised methods to capture the difference made to service users, often involving before and after tests to capture the distance travelled by individuals:
- Skills for Living (Gwent) uses the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM)⁴² during and after intervention to gather data on distance travelled and difference made
 - MAPSS (West Glamorgan) uses a tailored version of Outcomes Star to gather data at the outset and end of intervention. Up until the pandemic outbreak the project also deployed the Strengths and Difficulties Questionnaire (SDQ)⁴³.

Service users' personal experiences

- 7.20 Case study projects bring about a wide range of benefits to service users and all case study service users shared personal experiences to demonstrate that interventions had made a significant difference to their own lives. These benefits broadly reflect the outcomes set out at Table 7.3 of this report.
- 7.21 The six examples set out below provide a snapshot of the positive difference which ICF projects have made to individuals. Three are examples of projects which have supported children and families, two relate

⁴² This tool requires individuals to assess how they have been over the previous week against a standard list of 34 statements

⁴³ [The Strengths and Difficulties Questionnaire \(SDQ\)](#)

to carers and one relates to a project supporting individuals with learning disabilities:

A foster carer, Sue⁴⁴, who was engaged with the **Multi Agency Placement Support Service (MAPSS)** in West Glamorgan reported that she had had been fostering a 14 year old boy for some three years. During that time the child was very disengaged and had been unable to create any bond with his foster father. This placement was the child's third foster placement. Sue was introduced to the MAPSS service in spring 2021 when a new social worker suggested that the family would benefit from the intensive therapeutic support available. For the last six months, the family have been visited by the MAPSS officer and child social worker on a weekly basis. Both visit the house and spend up to two hours with the child and family. It is anticipated that these sessions will continue until the end of 2021.

The child has accessed trauma informed therapy to better understand his past history. Therapeutic sessions have explored his life history and experiences. He, and his foster parents, had very little knowledge of this previously and being able to access this information and discuss it with a professional worker has allowed the child to better understand his circumstances. He no longer blames himself for the family breakdown. The foster parents also better understand the child's past and now feel able to discuss this with him, without fear of saying the wrong things and escalating issues. 'Before I didn't know the whole history so I avoided raising it. I'm not frightened anymore of talking about it'.

As a result of the service, the child's life has been 'turned around'. The child has become more engaged with life and his foster family, has been able to establish a better relationship with his foster father and is doing better at school. The foster family plan on providing a placement to the child until he turns 18 and believed that MAPSS has helped to bring about stability to the placement. In the absence of the MAPSS service Sue 'would be concerned about what would come of him'.

⁴⁴ All names have been changed

During the first lockdown a family developed significant concerns for their son's mental health and schooling. Owain had totally disengaged with learning, was extremely anxious about COVID-19 and wasn't venturing out of the house. His sleep had also deteriorated, and the family was put into contact with the **Specialist Parenting Support project** in Cwm Taf Morgannwg, delivered by the Halcyon Foundation.

The first sessions were conducted online. Owain was very anxious to start with and tried to avoid the first session but on meeting the project officer soon began to open up and willingly took part in the sessions. The project helped him personally to develop confidence and self-esteem as well as supported him academically. Owain was supported with revision, preparation for mock examinations and received practical tips for coping and organising his life. The project also supported Owain to prepare a CV and encouraged him to think about his future, options, and strengths. Throughout this period, the project officer also worked closely with the school and provided them with more insight and information from her assessments and sessions.

Over the summer the family observed positive changes in their son and a marked improvement in his self-esteem:

'[The project] had such a dramatic and positive effect on Owain. We can honestly say that as a family we were lost, at breaking point and helpless with nowhere to go. We would not have the family unit we have today if it wasn't for Halcyon'.

The **Repatriation and Prevention project** in North Wales worked with a foster parent, Delyth, to help her cope with behavioural issues shown by a young child placed in her care. Delyth got involved with the project in August 2020 and was supported for around a year on an intensive basis to help understand the issues facing the child and how best to cope and respond to different situations. The project officer engaged with the family virtually as well as on a face-to-face basis, including visits to the child's

school. She also attended joint meetings with social services to advocate on behalf of the child and the support and resources he required. The feedback on the service was overwhelmingly positive, particularly in terms of continuity and being able to work with the same officer throughout.

Delyth noted: '[The child] is not the same person since finished with RAP. He now enjoys playing games ... he can cope with losing now. He is such a loving young man now unlike the angry one that was first seen. I've adapted my responses to him in different situations because I understand him better, if he lies to me, I understand there is a traumatic reason behind it. The service has transformed me and the young person in my care – it would have undoubtedly broken down without this intervention.'

Sarah, together with her father, are carers for her elderly mum. Her mum was admitted to hospital for a period of three months during the COVID-19 pandemic, some of which was spent in intensive care. During this time, communication with the hospital had been fairly non-existent, despite the patient being non-verbal. This left the family feeling frustrated and disempowered.

The **Carers Officer Hospital project** contacted Sarah to discuss the process of discharging her mum from hospital care. Sarah was concerned about how they as a family would cope with looking after her mum. The role undertaken by the Carers Officer was considered critical and helped the family:

- emotionally, by being available to listen to concerns and issues
- be better informed, by providing information and updates on the patient whilst in the hospital
- by having a consistent point of contact over time, by ensuring the Carers Officer was available as a single point of contact to raise issues and concerns
- communicate with hospital staff on their behalf by relaying concerns and questions to medical staff

- signpost to other services which they can access to ensure that the patient is supported by care services
- access financial support by making them aware of attendance allowance and helping them to apply for this
- post discharge, as the Carer Officer has been able to advocate on their behalf to ensure that the patient accesses appropriate social care provision

The main benefits of the service for the family has been reduced anxiety whilst the patient was in hospital, as they were able to gain better access to information on her condition and medical intervention. 'I was ringing every day for an update but wasn't getting any information. It was lovely to have somebody to listen to our concerns and follow things up for us'. The Carer Officer was considered to have helped them 'navigate the system' and the availability of a consistent person was very valuable.

One service user of the Cardiff and Vale **Carers Gateway** project, Carys, cares for her son who has Asperger's Syndrome. Carys got involved with the project during the COVID-19 pandemic on hearing that she could access financial support to help purchase an iPad and to access food vouchers. At this point she didn't have a device which allowed her to engage in any online groups. Whilst the offer of the financial assistance was the main reason for accessing the service, Carys was thereafter able to engage in online support groups which 'kept her in touch with other carers who I would normally see on a weekly basis. That was a great help to me.'

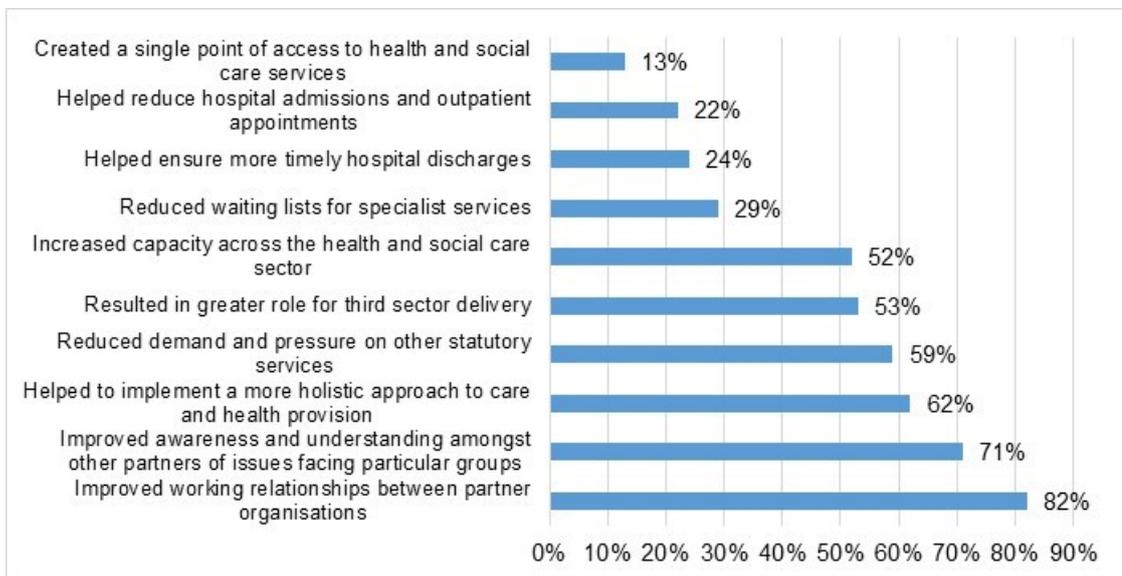
Feedback from **My Mates** members shows that they enjoy the opportunities to get together and focus group members were very familiar with each other and had close relationships with each other. Members had a strong voice in the activities which they had been involved with and

had enjoyed recent outings such as an evening out in Cardiff. Members naturally look to each other for support when issues arise in their lives.

Difference made to health and social care services

7.22 Surveyed projects perceived that they were having two key positive impacts upon other health and social care services, with projects generating better working relationships between partner organisations and helping to improve awareness and understanding amongst partner organisations.

Figure 7.4: Difference made by ICF projects to other health and social care services



Source: OB3 survey of project leads (23 responses)

7.23 Some of the key differences identified by surveyed projects at Figure 6.4 were considered further by case study projects and the evidence put forward by them is set out below:

ICF projects reported improved working relationships and integration between partner organisations

7.24 Case study projects identified several ways in which their service had helped to better integrate health, social care, and other services, including:

- services becoming more joined up and co-ordinated with project staff often functioning as part of wider multi-disciplinary teams. This has led to clinical pathway improvements and the delivery of joint

sessions to service users in some cases (e.g. joint support sessions to families) and working around the needs of the person. The Children with Learning Disabilities and Complex Needs project in North Wales is one such example where staff officers attend multi agency meetings on a regular basis and make joint decisions with social services about individual cases. In this case it was argued that ICF has allowed the team to employ more staff who can allocate the necessary time to these discussions

- multi agency working, with health and social care staff better informed about who to contact and for what purposes. The implementation of Single Point of Access (SPoA) provision had supported this and several projects reported better and quicker referrals procedures in place. Staff reported having a better understanding and appreciation of what is available from other services and several examples of multi-agency project groups which have a commitment from various partners to achieving ICF funded outcomes were identified
- the implementation of improved and simplified processes such as different partners and services working together to adopt a single standard assessment and improved sequencing of services. Projects also reported that they had been able to reduce the number of people working with children across services to improve continuity and trust.

7.25 Case study projects which have a focus on children on the edge of care argued that their models of delivery were particularly integrated across health and social services. These included Repatriation and Prevention, North Wales; Enfys, Cardiff and Vale of Glamorgan and MAPSS, West Glamorgan):

Enfys, operating across Cardiff and Vale of Glamorgan, is an NHS-based service based within Community Child Health and works alongside CAMHS. The multi-disciplinary team comprises clinical psychologist, mental health workers, occupational therapists and administrative

support. The project provides support to looked after children, their foster family and social workers to improve their understanding of the child.

The **Multi Agency Placement Support Service** (MAPSS) project (West Glamorgan) operates via a multi-disciplinary team to support looked after children with, or at risk of mental illness and emotional and behavioural difficulties. The dedicated team of social workers, play therapists and family workers support other social workers and carers when delivering support to children. The project adopts trauma and attachment informed practice to ensure that social workers and carers develop a detailed understanding of the experiences faced by the child. Described as 'the glue in the system', MAPSS provides tailored, wrap around intervention for children with complex backgrounds and needs. The provision helps to improve understanding of the trauma experienced by the child amongst social workers and carers in order to improve placement stability.

Some ICF projects are effectively improving awareness and understanding amongst partner organisations

- 7.26 At least three case study projects reported that they deliver awareness and training sessions to mainstream services and practitioners, with the objective of improving understanding about the needs of their target group. Examples of these approaches and the difference which they have had are set out below:

Cardiff and Vale of Glamorgan **Carers Gateway**, a third sector project, has delivered awareness raising sessions to health and social care staff as well as employers such as fire and rescue and police services. These training sessions help to improve understanding of the issues facing carers, support with the identification of non-paid carers and also help enhance employer carers policies.

The **Specialist Parenting Support** project, delivered by third sector provider Halcyon Foundation in Cwm Taf Morgannwg, delivers training to community groups, families, carers, statutory services including school practitioners, and businesses to raise awareness and understanding about autistic spectrum conditions and other neuro developmental conditions. The project has found that the delivery of training to staff across one local authority has resulted in a reduction of service user referrals to the project as practitioners have been able to adopt new techniques and practices into their own work. Practitioners have also shared their learning with others including with foster carers and social workers. The local authority has reshaped its model of provision for disabled people, in light of the training. The referrals now received by the project tend to be the most complex cases.

The North Wales **Falls Prevention project** is a regional service spanning health, social care and third sector to reduce the risk of falls amongst older people across the region. The project educates care homes about falls prevention management and improve their understanding of how medication can contribute towards incidences of falls to reduce the number of patients who have experienced a fall who are admitted to A and E services. Training was delivered on a face-to-face basis prior to COVID-19 and resorted to virtual methods during the pandemic. This proved challenging due to technology issues e.g., many staff did not have access to technology, and feedback suggested that care home staff were not getting as much out of sessions compared to face to face ones. It nonetheless offered greater flexibility to care homes i.e. they could arrange for 1-2 staff to attend virtual sessions rather than needing to release larger groups of staff to attend a session in person at the care home. Data from care homes is being captured by the project which shows that the vast majority of falls are now being dealt with by

care home staff, although there is no baseline data available to allow for comparison.

ICF has enabled the third sector to take on a greater delivery role

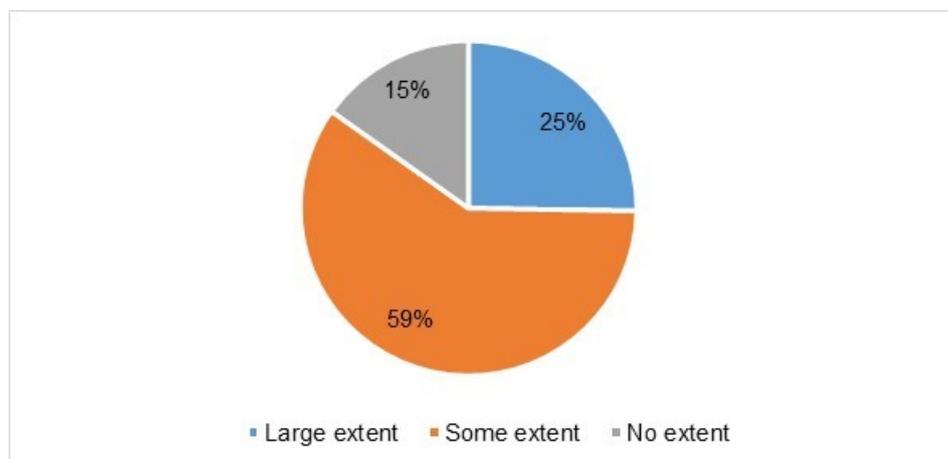
- 7.27 Feedback from third sector case study projects suggest that ICF has been instrumental in bringing them to the table and using their services to improve integration across health and social care services. In the absence of ICF, one third sector case study project argued that they would still be seen as the ‘outsiders’ and that ‘clinicians, paediatricians and social workers would not be as free and open in their discussions’ with them about service users.
- 7.28 One such third sector ICF project reported that it has played an important role in bridging statutory services and third sector provision. The Community Connectors service has, via its 15 local support networks, created links and facilitated collaborative working between statutory services and many third sector organisations working across Powys. Likewise, the Specialist Parenting Support Project in Cwm Taf Morgannwg was considered a fundamental player across health and social care provision across the region, with a view by partners that the ‘system would collapse’ in its absence.
- 7.29 Third sector projects have, however, faced their own challenges in their effort to deliver integrated provision not least because of difficulties delivering a single service across different local authority areas. One third sector led project, Repatriation and Prevention in North Wales, has had to tailor its approach across different local authority areas to accommodate different ways of working. In one county, the service is regarded as being very embedded with a genuine partnership in place with social workers and foster team staff: ‘we feel as one organisation and that makes a big difference’.
- 7.30 Another example of a third sector service that intended to be well integrated is the Carers Officer Hospital project in West Wales:

Hywel Dda University Health Board jointly commissioned three third sector organisations across Carmarthenshire, Pembrokeshire, and Ceredigion as part of the **Carers Officer Hospital project** to employ four carer officers to support carers. It was intended that these postholders would be based within each of the four hospital settings across West Wales to develop close working relationships with hospital staff and to actively identify carers in need of support. The restrictions in place as a result of the COVID-19 pandemic has meant that officers have had to work remotely and overcome the practical challenges of not being based in hospital settings. Referrals and recruitment to the service has been lower than expected as staff have been unable to build relationships with hospital staff, who have also been responding to other immediate priorities during the pandemic.

ICF projects believe that they are helping to reduce pressure on health and social care services

7.31 Most surveyed projects believed that they had helped to reduce pressures on health and social care services. Only a small proportion (15 per cent) did not think this was the case.

Figure 7.5: Extent to which ICF projects have reduced pressure on health and social care services



Source: OB3 survey of project leads (68 responses)

7.32 Project case studies provided examples of how their intervention helps to reduce pressures on mainstream health and social care services. These included:

- preventative support helps individuals become less reliant on statutory services. For instance, the My Mates project observed that people required less paid for care services and were making more decisions themselves about their care package as a result of intervention
- preventative support is helping to reduce the escalation of crisis. For instance, the My Mates project found that service users were more likely to turn to friendships established through the project to help discuss and resolve issues quickly, rather than let them escalate. One of their users no longer regularly called for ambulance services whereas this would have been the case previously
- specialist and tailored services are helping to reduce the number of inappropriate referrals to other statutory provision. For instance, projects working with looked after children thought that referrals of children with behavioural issues would have continued to be made to CAMHS despite that service being better geared to support children with mental health issues
- preventative services are helping to achieve cost savings for statutory services. Projects supporting looked after children reported that improvement to foster placement stability was helping prevent children going into residential care. The Repatriation and Prevention project in North Wales argued that they had managed to stop a small number of children from being placed in residential care outside of their country which incur financial savings for local authorities, given that the annual costs of a residential placement would be around £250,000
- some project services contribute towards quicker and more efficient discharge of patients from hospitals. For instance, the Swansea Equipment Service project argued that it can now distribute more

beds, more quickly than was the case previously without ICF allowing patients to be transferred home quicker

- new models of working are more efficient than previous traditional approaches, as illustrated by the example below:

The introduction of the **Care at Home project** across Pembrokeshire in West Wales, which has involved delivery via the public rather than private sector, was thought to have improved the planning and co-ordination of home visits. Service users benefit from closer collaboration between staff and district nursing teams and various therapy services. The new model means that different services no longer turn up at a service users' house at the same time. Service users also gain from accessing support from better trained inhouse staff, compared to when the service was delivered by the private sector. Its introduction has helped to reduce the pressure on the district nursing team, who were used previously to address any shortcomings in the service provided by the private sector

- 7.33 Much of this evidence however is anecdotal in nature and illustrated via individual service user case studies and project team's perception of changes. Very little evidence and feedback is gathered by projects from mainstream statutory services to support their perception. The work undertaken by the Falls Prevention project in North Wales is perhaps an exception:

The North Wales **Falls Prevention project** accesses quarterly reports prepared by the Welsh Ambulance Service Trust which allows the project to identify frequent service callers. The project uses this data to inform both its targeting of support as well as to monitor the impact of its intervention. The project also accesses data for individuals admitted to Emergency Departments to monitor the number of patients admitted due to falls over time. Data shows that provisions made available via the project, particularly home exercise programmes, have made a positive contribution to reducing the number of calls made for ambulance services

due to falls across care homes as well as amongst people living in their own homes.

This positive difference was reinforced by service user interviewees. One elderly couple, Gwyneth and Glyn, had first got involved with the project when a project officer delivered group exercise classes locally. The officer then visited the couple at home when COVID-19 restrictions eased to continue with the exercises. By this point, Glyn's frailty has worsened and was falling regularly. The project arranged for Glyn to have a Camel emergency lifting device at his home, designed to lift a frail individual from the floor in a safe manner with the help of one other person. The couple were already trained in the use of this equipment as this had been covered during their exercise classes but were further guided by the project officer on its use. The couple have since used this equipment three times, avoiding the need to call the ambulance service to help lift him from the floor:

'I could not cope lifting Glyn before the Camel, I had to call the ambulance service, I always asked for the little car but sometimes that wasn't available, they have all the equipment and can take over instead of taking up an ambulance, I think twice a big ambulance came, it's just a shame to use that resource when other people are desperate for them, ridiculous really when you know all the patient needs to do is to get off the floor'.

- 7.34 Several projects which played a role in the delivery of frontline services during the COVID-19 pandemic argued that they had helped to relieve pressure on health and social care services during this period. For instance, the Community Hubs project in Cwm Taf Morgannwg relieved pressure on statutory adult services by responding and dealing with referrals as well as actively visiting individuals who were shielding to check on their welfare and establish what support they needed. The project was hopeful that this positive contribution to easing pressure on statutory services could continue post COVID-19, as the project was well placed to

'take on some of the activities that used to have to be provided via social services'.

8. Conclusions and recommendations

- 8.1 This chapter sets out our conclusions, drawing upon our desk review and fieldwork, and sets out recommendations and key considerations for any future fund.
- 8.2 The ICF has supported the Welsh Government's ambitions to transform the health and social care sector in Wales as set out within its Programmes for Government. Having been established in 2014/15 it has evolved significantly over time to adopt the principles set out within the Social Services and Wellbeing (Wales) Act and to help realise the objectives set out in A Healthier Wales. Regional stakeholders considered that the aims and objectives of ICF have been achieved. It was widely considered that the ICF has funded appropriate preventative interventions which have helped to sustain core services at a time of significant pressure as well as being an instrumental fund which has stimulated integrated working across health, social care, housing and the third sector.
- 8.3 We turn to consider the five key objectives for the evaluation:
- the impact of the programme between 2016 and 2021 on individuals and the communities involved
 - the effect of the programme upon service delivery across the health and social care sector
 - the impact of preventative projects upon reducing pressures upon the health and care system
 - the critical success factors and barriers which can inform future programmes and intervention
 - the extent to which models of delivery could be upscaled and spread for wider adoption across Wales.

Impact on individuals and communities

- 8.4 There is good evidence that ICF projects are having a positive impact on individuals and communities – particularly in terms of how they are accessing services and how they are benefiting from being engaged. A

very wide-ranging set of service user outcomes are being achieved at the programme level not least because the range of interventions funded vary in terms of scope and priority target groups. It is impossible to aggregate these service user outcomes at a programme level as they have been set and defined differently by individual projects, rather than projects reporting their achievements against a set of consistent national, programme level outcome measures.

- 8.5 Feedback from service users gleaned over the course of this evaluation about the difference services have made to their lives is positive and, in many cases, transformational. Citizen engagement has been used effectively by many projects to inform provision. Project delivery staff and service users alike reported that services are generating positive health and wellbeing benefits for service users, particularly in terms of improved mental health and quality of life. These differences are best illustrated through individual case studies and distance travelled journeys. As a result, positive service user outcomes and changes are difficult to report on a routine basis to Welsh Government. Overall projects have concentrated their reporting on project outputs such as numbers engaged or activities delivered, despite taking the view that they don't necessarily reflect the difference that interventions are making – particularly intensive, longer-term interventions such as those working with children and families.

Effect of the programme upon service delivery across the health and social care sector

- 8.6 Feedback from stakeholders and project representatives shows that ICF has helped improve partnership work between organisations and across regions. The fund has also encouraged and facilitated a more regional way of working and supported a move towards integrating services. There are many examples where ICF has been used to establish multi-disciplinary teams, Single Points of Access, and improved pathways of care.
- 8.7 ICF has also been instrumental in enhancing the role of the third sector across health and social care services, who are well positioned to engage in the delivery of preventative services in an adaptable and flexible manner.

However, third sector projects tend to be less integrated than those led by statutory services and have faced unique delivery challenges because of this.

Impact of preventative projects upon reducing pressures upon the health and care system

- 8.8 Stakeholders and project representatives reported that ICF projects had contributed to a reduction in institutionalised care and had helped to reduce the use of hospital beds. The fund had made a particular difference in respect of shifting the balance towards preventative, closer to home services through the development of intermediate care pathways. Various schemes were cited as being effective interventions to prevent hospital admission and facilitate early discharge and as a result, more people were now able to remain safe and well at home. Early intervention and prevention were now much more achievable. In essence, ICF was claimed to have led to better and more effective services, particularly in respect of the more programme-based initiatives.
- 8.9 Strong positive views were expressed by some about the effect ICF had on transforming approaches via preventative initiatives. ICF was described as an enabler which had helped to change attitudes within organisations towards intervention and prevention. Preventative initiatives were also regarded as having generated benefits for children particularly in terms of improvement placement stability for looked after children and supporting them at home or closer to home.
- 8.10 However, people also stressed that positive changes should not be attributed to ICF alone in that it was one of several funding sources used to achieve change and service improvement. It was, therefore, impossible to disentangle the impact of ICF from these other sources when assessing the degree of attributability.

Critical success factors and barriers which can inform future programmes and intervention

- 8.11 The ICF is a highly valued funding stream, and its withdrawal is a major concern to regional stakeholders and funded projects alike. Without

continued funding, the sustainability of current services is precarious. ICF projects provide valuable services and support to service users and their communities, and their withdrawal would, therefore, be detrimental. Well-established projects which also access other sources of funds appear most likely to continue, albeit at a smaller scale, whilst newer projects and those entirely dependent on ICF as their funding source are the most vulnerable should future funding be withdrawn.

- 8.12 Overall, funded projects have made good progress albeit the evidence suggests that those established more recently (i.e. from 2020 onwards) have not had the same opportunity to pilot their models as intended. The COVID-19 pandemic has had a profound and contrasting impact on funded provisions in terms of level of demand, staffing capacity and mode of delivery. ICF projects have played a critical role in supporting front-line efforts during the pandemic.
- 8.13 A wide range of key delivery enablers were identified by projects which could be set out as critical success factors. These included effective arrangements for collaborating with others; having a strong delivery team; adopting a flexible and adaptable delivery model and provision which enhanced the knowledge of other practitioners through training or collaborative working.
- 8.14 Likewise, a small number of key barriers were identified by projects. These, as would be expected, included the COVID-19 pandemic which affected delivery in different ways over the last 18 months. They also included the impact of annual funding and the implications this has had upon staff recruitment and retention.
- 8.15 The sharing of good practice and lessons between similar projects has not been a strong feature of the current ICF programme. There is a strong desire to do so as part of any future funding model, in order to share experiences and refine delivery models. Interestingly however, a small number of ICF projects have helped to improve understanding about the needs of their specific target group amongst health and social care practitioners, by working jointly to support service users and delivering

awareness raising and training sessions to colleagues in partner organisations.

Recommendations

8.16 The breadth and depth of our research enables us to offer several recommendations for the Welsh Government to consider when establishing guidance for any future fund. The recommendations take into account the research findings and the conclusions outlined above. In putting forward these recommendations, we are conscious that having obtained such a wide range of opinions and perspectives on the relevant issues, it is inevitable that there is no single version of changes that stakeholders and Welsh Government officials would wish to be made. Moreover, the flexibility of ICF has allowed it to be used to meet multiple national, regional, and local priorities which in turn is bound to lead to some diversity of opinion about its usage and effectiveness. The recommendations, therefore, reflect our balanced opinion on the issues to be considered moving forward rather than any attempt to arrive at a consensus of what we heard.

8.17 The recommendations are presented in line with five key themes identified during the research and in doing so, we also briefly set out the rationale for each one. They should be read as five sets of recommendations presented in the spirit of offering ideas rather than a prescriptive list for change - although we have also summarised them as a checklist at Table 8.1. They are accompanied by some suggestions about the factors which could be considered when implementing each recommendation as well as some “test” questions that we believe would be useful to consider.

Theme 1: The need to maintain some form of ring-fenced funding in the future to support innovation and integration

8.18 The value of having a ring-fenced fund was possibly most clearly represented by the anxiety expressed by stakeholders when they considered the consequences of ICF being terminated. We recommend the Welsh Government continue to make available ring-fenced funding to support innovation and integrated and collaborative provisions across health and social care in Wales. There is a strong case for streamlining

existing funding available via ICF and the TF into a single fund from April 2022 onwards which supports the objectives set out in A Healthier Wales and the Social Services and Well-being (Wales) Act.

- 8.19 In respect of supporting innovation, we recommend greater clarity is provided on what true innovation means in practice to avoid any 'synthetic' innovation that purports to be new but actually is only a slight reinvention of the wheel. Future funding arrangements should ensure regions are not inadvertently encouraged to interpret the pursuit of innovation as increasing the number of projects. The potential impact of projects should be more clearly identified before they are agreed.
- 8.20 In respect of supporting integration, we recommend broadening the requirement for other stakeholders to be involved in the development of initiatives arising from the fund, in particular service users and carers, the independent sector, and the Welsh Ambulance Trust. We would also suggest future guidance makes it clear that it is acceptable for benefits from the fund to be accrued disproportionately by different partner agencies provided this has been collectively agreed.

Test Question:

Which partners (beyond Welsh Government, the regions, local authorities, health board and the third sector) need to be more integrated in the post-22 programme to help deliver additional benefits?

Theme 2: The need for the fund to support sustainable improvement and change

- 8.21 Whilst there are undoubtedly different opinions about whether ICF has in reality been an annual non-recurring fund, we discovered sufficient uncertainty to recommend that future funding needs to be made available for a longer-time period, of at least three years but ideally five years, in order to allow for transformative change and address delivery challenges. Even then, contingency arrangements need to be built into the fund to ensure exit strategies can be properly managed.
- 8.22 Regions have become dependent on ICF (and the TF), and it follows that they must be enabled to share ownership of the sustainability of projects,

programmes and initiatives that are generated by funds such as these. We recommend that Welsh Government engages with stakeholders to establish the most appropriate arrangements for ensuring that projects can begin and end without fear of having to face, in reality or not, temporal cliff edges.

8.23 The degree to which projects and programmes have been upscaled and/or mainstreamed appears to have been at best patchy and the difficulties of doing so frequently underestimated. We would recommend Welsh Government seek a clearer understanding with stakeholders of these difficulties and make provision within the new fund to overcome them.

8.24 Underpinning the pursuit of sustainable improvement is the need for clarity about objectives. ICF has been invaluable in helping to sustain core services which have been under pressure during a period of austerity, and we would support its flexible use in this regard. Similarly, we would support the continuation of pooling different funding streams to achieve objectives and would recommend that this be included within new fund guidance along with clarity about how this impacts on local and regional accountabilities in the light of any changes arising from the recent White Paper. However, using the ICF flexibly has arguably sometimes been at the expense of achieving greater innovation and change. We therefore recommend clarifying the extent to which this is acceptable in the guidance on the new fund. The objectives of the new fund should be both understood and, ideally, agreed by stakeholders; they should also wherever possible meet the principles of being “SMART” – specific, measurable, achievable, realistic, and anchored within a timeframe. We believe there is a correlation between the clarity of objectives and expectations of the fund and the avoidance of deviation from them and even possible derailment.

8.25 We would recommend consideration be given to establishing separate components of the new fund for innovation, consolidation and transformation, and termination.

Test Questions:

How can WG ensure a longer-term, more sustainable approach to the post-22 programme?

What proportion should be funding for innovation, for consolidation and transformation, and for termination in the post-22 programme?

Theme 3: Achieving the right balance between prescription and discretion

8.26 We found some tension between the degree to which the new fund should be accompanied by prescriptive guidance about its use. Examples provided during the research related to prescribed allocations for population groups, data collection arrangements and timescales for submission of project proposals. We believe some prescription is both inevitable and necessary to protect the integrity of the fund and achieve accountability. For example, we have made recommendations about ensuring better mainstreaming and learning which are bound to involve elements of protected funding. However, the extent of this prescription is dependent on a number of factors which include complex concepts of trust and control, and we think there is merit in favouring the maximisation of regional discretion when one considers that ICF was a very small proportion of the overall health and social care budget. There is no clear metric for achieving the right balance. We believe that this balance is best achieved through a process of effective engagement between Welsh Government and stakeholders and recommend this be undertaken at the earliest opportunity.

8.27 We would also recommend that Welsh Government ensures that engagement mechanisms go beyond direct liaison with nominated regional representatives and include representatives of all key stakeholders, e.g. ADSS Cymru, the Welsh NHS Confederation, WCVA, WLGA, and Care Forum Wales.

Test Questions:

How should WG work with the regions to co-design the priorities of the post-22 programme?

Following the formal consultation, how can the future shape of the RPBs positively influence the post-22 programme?

Theme 4: Using data to drive service and quality improvements

- 8.28 There is a need to reconsider how data and information are collected, monitored, and used. Greater clarity is needed about how data are used by different stakeholders with a view to ensuring that the methodology of data collection and monitoring of projects is mutually beneficial to them and Welsh Government. Funded interventions should be encouraged to adopt standardised methods of measuring the distance travelled by service users, with similar models of care ideally exploring the option of adopting common tools.
- 8.29 Notwithstanding the need to ensure accountability in the use of public funds, we recommend shifting the emphasis from compliance focused data collection and monitoring to driving local, regional, and inter-regional quality improvement. The use of results-based accountability methodology should remain as a means of achieving this but with greater clarity about expectations of how it is applied.
- 8.30 Whilst we understand the challenges of applying a national outcomes framework universally, we further recommend that any future fund should be informed by a well-defined set of national outcomes, which are grouped to reflect the expected outcomes for specific models of care or priority groups. In applying this, we recommend that the future focus should be on the most important data and metrics, engaging key partners like the Bevan Commission, Social Care Wales, and Improvement Cymru in that process.
- 8.31 Achieving more service and quality improvements would benefit from a shift in emphasis from a project approach to a programme approach to which projects could be aligned. We recommend the new fund encourages this and supports it through improving alignment across multiple data systems, including consideration of making use of the Welsh Community Care Information system mandatory.

Test Questions:

What role does data (and what data) need to play in the post-22 programme?

What mechanisms need to be put in place to monitor more meaningfully the impact that the post-22 programme has?

How can the requirements around data from WG help make the shift in a transition from (perceptions of) a compliance-led monitoring approach to an insight-led improvement approach?

Theme 5: The need to ensure that outcomes from the fund lead to learning and the spread of good practice

- 8.32 There is a need to increase the pace of successful projects being applied across Wales. Learning needs to be accelerated to a point where identification of what works well in one locality quickly leads to its adoption and application elsewhere. Annual learning events are valuable but insufficient. We recommend the creation of peer led communities of practice for project leads involved with similar models of care to share good practice and experiences, and to refine delivery models. We also recommend reconsidering how projects are piloted with a view to smaller multiples of regions piloting initiatives for subsequent learning and roll out rather than all seven regions initiating the same projects. Collective ownership of the new fund should be encouraged by guidance stressing it is an all-Wales fund aimed at demonstrating benefits beyond local and regional boundaries. Levers and incentives, such as access to further finance, should be used to encourage the cascading of learning.
- 8.33 We further recommend reviewing engagement processes between regions to ensure that cross boundary discussions occur, and that Welsh Government facilitate information gathering of successful initiatives beyond Wales, including site visits and briefings where appropriate.

Test Questions:

How could the principles for effective operation and associated learning opportunities be sharpened and improved?

To what extent can the post-22 programme provide firmer foundations for better intra- and inter-regional working?

Should some of the post-22 programme funding be reserved to adopt tested models from elsewhere?

Summary and Checklist

8.34 For ease of reference, and as a checklist, our suggestions and recommendations are set out at Table 8.1

Table 8.1: Summary of recommendations and suggestions

1. Continue to make available ring-fenced funding to support innovation and integrated and collaborative provisions across health and social care in Wales.
2. Consider streamlining existing funding available via ICF and the TF into a single fund from April 2022 onwards which supports the objectives set out in A Healthier Wales and the Social Services and Well-being (Wales) Act.
3. Provide greater clarity on what true innovation means in practice to avoid any 'synthetic' innovation that purports to be new but actually isn't.
4. Ensure regions are not inadvertently encouraged to interpret the pursuit of innovation as increasing the number of projects.
5. Clarify the potential impact of projects before they are agreed.
6. Broaden the requirement for other stakeholders to be involved in the development of initiatives arising from the fund, in particular service users and carers, the independent sector and the Welsh Ambulance Trust.
7. Clarify that it is acceptable for benefits from the fund to be accrued disproportionately by different partner agencies provided this has been collectively agreed.

8. Make future funding available for a longer-time period, of at least three years but ideally five years, in order to allow for transformative change and address delivery challenges.
9. Build contingency arrangements into the fund to ensure exit strategies can be properly managed.
10. Enable shared ownership of the sustainability of projects, programmes and initiatives that are generated by funds such as ICF.
11. Engage with stakeholders to establish the most appropriate arrangements for ensuring that projects can begin and end without fear of having to face, whether in reality or not, temporal cliff edges.
12. Seek a clearer understanding with stakeholders of the difficulties associated with mainstreaming and upscaling and make provision within the new fund to overcome them.
13. Support the flexible use of the fund and continuation of pooling different funding streams to achieve objectives in guidance for the new fund and clarify how this impacts on local and regional accountabilities in the light of any changes arising from the recent White Paper. Clarify the extent to which using the new fund flexibly is acceptable.
14. Ensure understanding and, ideally, agree with stakeholders, the objectives of the new fund. Ensure wherever possible the objectives meet the principles of being “SMART”.
15. Consider establishing separate components of the new fund for innovation, consolidation and transformation, and termination.
16. Favour the maximisation of regional discretion when considering the balance between prescription and discretion in the new fund. Establish this balance through a process of effective engagement between Welsh Government and stakeholders and undertake this at the earliest opportunity.

17. Ensure that engagement mechanisms go beyond direct liaison with nominated regional representatives and include representatives of all key stakeholders, e.g. ADSS Cymru, the Welsh NHS Confederation, WCVA, WLGA, Care Forum Wales.
18. Reconsider how data and information are collected, monitored, and used. Provide greater clarity about how data are used by different stakeholders with a view to ensuring that the methodology of data collection and monitoring of projects is mutually beneficial to them and Welsh Government.
19. Encourage the adoption of standardised methods of measuring the distance travelled by service users, with similar models of care, ideally exploring the option of adopting common tools.
20. Shift the emphasis from compliance focused data collection and monitoring to driving local, regional, and inter-regional quality improvement.
21. Retain the use of results-based accountability methodology but clarify expectations of how it is applied.
22. Ensure the new fund is informed by a well-defined set of national outcomes, which are grouped to reflect the expected outcomes for specific models of care or priority groups.
23. Ensure the future focus is on the most important data and metrics, engaging key partners like the Bevan Commission, Social Care Wales, and Improvement Cymru in that process.
24. Shift the emphasis from a project approach to a programme approach to which projects could be aligned. Support this through improving alignment across multiple data systems, including consideration of making use of the Welsh Community Care Information system mandatory.
25. Increase the pace of successful projects being applied across Wales by the creation of peer led communities of practice for

project leads involved with similar models of care to share good practice and experiences, and to refine delivery models.

26. Reconsider how projects are piloted with a view to smaller multiples of regions piloting initiatives for subsequent learning and roll out rather than all seven regions initiating the same projects.
27. Encourage collective ownership of the new fund by stressing it is an all-Wales fund aimed at demonstrating benefits beyond local and regional boundaries.
28. Consider the use of levers and incentives, such as access to further finance, to encourage the cascading of learning.

Annex A: Template for meta-analysis review of ICF projects

PART 1 – PROJECT DETAILS

Unique Project Reference Number		
Region		
Priority		
Types of service		
Thematic group		
Project name		
Primary beneficiary		
Secondary beneficiary		
Other beneficiaries		
Geographical delivery footprint		
Lead partner		
Other partners		

Annual ICF funding allocation	2016/17 – £ 2017/18 – £ 2018/19 – £ 2019/20 - £ 2020/21 - £	
Any notes on funding		

Brief description/overview of project (circa 100 words)	

Is there any evaluation evidence available for this project? (<i>is yes, note e.g. external evaluation, end of project report, case study material</i>)	Yes		
	No		

PART 2 – EVIDENCE ON DELIVERY AND PERFORMANCE

Assessment of evidence relating to delivery and performance : (<i>note any comments in the appropriate box too</i>)		
Red (<i>No evidence of delivery available</i>)	Amber (<i>Some evidence but not considered robust and not clear as to whether the project is being delivered as intended.</i>)	Green (<i>Clear evidence that the project is being delivered as intended. Robust evidence to support this.</i>)

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Factors which account for strong performance (i.e. in the 'green' category above)	Factors which account for weak performance (i.e. in the 'amber' category above)

What are the key learning points ?	
What has worked well ?	What hasn't worked as well ?

How has the project performed against quantifiable targets ?		
Quantifiable target set	Achieved (yes/no/unsure)?	Why/Why not?

PART 3 – IMPACT

What benefits and impacts have been achieved by project upon:	
Individuals and communities	
Service provision/models of working	
Integration of services	

Assessment of evidence relating to impact upon: (tick relevant box)			
	Red <i>(No evidence of project impacts)</i>	Amber <i>(Some evidence of impact but not considered robust and not clear as to whether the project is generating the expected/anticipated impacts.)</i>	Green <i>(Clear evidence that the project is delivering impacts. Robust evidence to support this with detail as to how the evidence has been gathered/validated).</i>
Service users/communities			
Service provision/models of working			
Better integration of services			

PART 4 – SCALABILITY AND SPREAD

What evidence is available that this project could be/is being scaled up for wider adoption?	

Possible case study?

Yes	
No	

Annex B: Methodology and profile of ICF projects reviewed

This annex sets out our method for undertaking the meta-analysis of ICF project documentation and the profile of projects considered for that exercise. It also sets out information on the profile of projects which responded to the web survey. Finally, it also sets out information on the sample of 15 ICF case study projects which were included in the fieldwork.

B1. Meta-analysis method

The approach adopted to undertake the meta-analysis of 77 ICF projects was as follows:

- a sample of projects was selected from a Welsh Government database of 442 projects funded during 2018/19, as these projects would have been in place for at least three years
- the sample was selected so as to offer a cross-section in terms of:
 - geographical location
 - type of service
 - target population group, and
 - value of funding.
- the sample was also designed so that it included all projects which were known to have at least some evaluation evidence (e.g. evaluation report) in place. This purposeful approach meant that the sample selected was possibly biased towards more successful and better managed projects and the findings of the evaluation need to consider this limitation
- the sample of projects was then shared with each RPB to allow them to consider its suitability and to identify any issues. Where possible, substitute projects were identified and included within the sample, selecting like for like projects where possible. All RPBs were asked to share project level documentation for the agreed sample with the research team. Doing so proved challenging for some RPBs as the request for information was made during March 2021, when the sector was still responding to the

impact of the COVID-19 pandemic and struggling with capacity to share the necessary information

- defining a ‘project’ in this way i.e. that it represented a specific funding line on the Welsh Government’s database as at 2018/19, raised some practical issues. In some regions these ‘projects’ have since merged to form a single larger regional project or programme, e.g. previously each local authority project would have been identified separately as a single project. As such the final sample reviewed included some multiple projects across some regions.
- the analysis considered a range of evidence made available to us by the Welsh Government (particularly regional annual spreadsheet reports) and RPBs (such as project proposal forms, case studies and evaluation reports).

B2. Profile of projects considered within the macro level analysis

The desk-based analysis was based on documentation received for a total of 77 projects, as set out in Table B.1.

Table B.1: Geographical profile of ICF projects reviewed

Region	Number of projects reviewed
Cardiff and Vale of Glamorgan	11
Cwm Taf	12
Gwent	5 ⁴⁵
North Wales	12 ⁴⁶
Powys	10
West Glamorgan	13
West Wales	14
Total	77

Tables B.2 to B.7 set out the profile of the projects analysed by priority group, types of service, thematic group, target beneficiaries, geographical footprint, and lead partner. Projects selected from the Welsh Government’s 2018/19 database already had this information coded, and the categories used across the Welsh Government’s

⁴⁵ There are particular reasons to explain the low number of returns from Gwent. The team of eight regional ICF staff members who supported the partnership portfolio were deployed to support other areas of the health boards’ work during the COVID-19 pandemic. There have also been issues of staff absence which inevitably curtailed their ability to support the evaluation.

⁴⁶ These 12 ‘regional’ projects represent 21 ‘local’ projects which are delivered across North Wales.

database have been used in the following tables. However, it was not always possible to retrospectively fit substitute projects into these classifications. As such, a number of projects have been coded as “other” in these tables.

Table B.2: Priority group of ICF projects reviewed

Priority group	Number of projects reviewed
Older people	34
People with learning disabilities	13
Children with complex needs, including those on edge of case	19
Carers, including young carers	10
Other	1
Total	77

Table B.3: Type of service of ICF projects reviewed

Type of service	Number of projects reviewed
Access to Services	12
Early Help and Prevention	18
Emotional Health and Wellbeing	10
Family support	3
Intermediate care / pathway	3
Social Prescribing	4
Stay at Home / Return Home	13
Step up/step down	5
Other ⁴⁷	9
Total	77

Table B.4: Thematic group of ICF projects reviewed

Thematic group	Number of projects reviewed
Children and families	4
Emotional and mental health services	13
Hospital to home services	20
Place based care	33
Other	7
Total	77

⁴⁷ Including accommodation solutions, assessment and diagnosis, integrated community teams

Table B.5: Beneficiaries of ICF projects reviewed⁴⁸

Priority groups	Primary beneficiary	Secondary beneficiary	Third beneficiary
Carers, including young carers	10	26	31
Children at risk of becoming looked after / at the edge of care	12	7	2
Children with complex needs	7	10	5
Older people	34	4	10
People with dementia	1	17	9
People with learning disability	12	7	7
Not classified	1	6	13
Total	77	77	77

Table B.6: Geographical footprint of ICF projects reviewed

Geographical footprint	Number of projects reviewed
Local authority	31
Regional	45
Not classified	1
Total	77

Table B.7: Lead partner of ICF projects reviewed

Lead partner	Number of projects reviewed
Local authority	31
Health Board	12
Third Sector	18
Joint lead partner (from the above)	16
Total	77

In terms of other partners involved with projects, the majority are reported as local authorities, health boards and third sector organisations. Other partners are also involved in the delivery of a smaller number of projects including those from education (schools and universities), housing (such as housing associations) as well as the private/independent sector.

It was intended that the analysis considered the level of funding made available to projects over the four-year period between 2016/17 and 2020/21. However, the difficulties in obtaining this data for this period has meant that comparisons are not

⁴⁸ Each project had to indicate which type of beneficiary would be their main target group (primary beneficiary) as well as other groups which would benefit from their intervention

possible. Rather, the profile of the projects analysed in terms of their 2020/21 funding levels is set out at Table 4.8⁴⁹.

Table B.8: Annual funding level of ICF projects reviewed

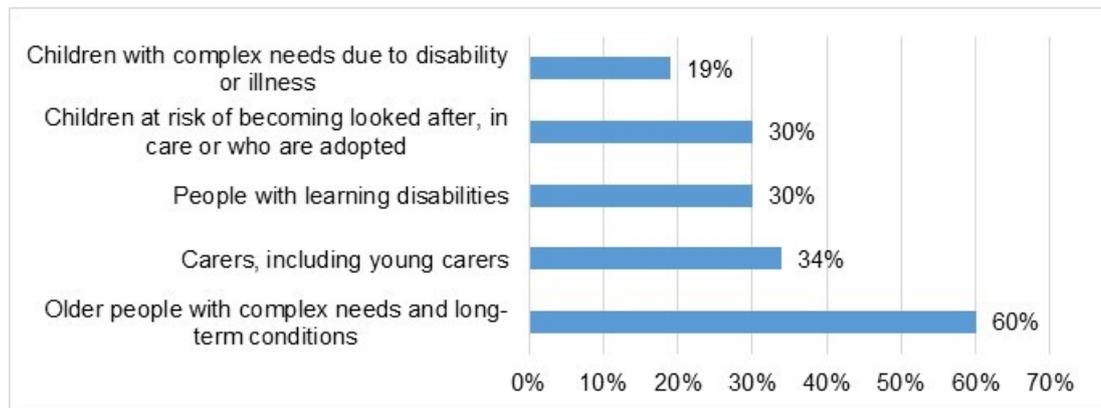
Scale of funding (2020/21)	Number of projects reviewed
< £20,000	6
£20,000 to £49,999	4
£50,000 to £99,999	11
£100,000 to £149,999	15
£150,000 to £199,999	8
£200,000 to £250,000	3
£250,000 to £299,999	5
£300,000 to £399,999	6
£400,000 to £499,999	1
£500,000 to £599,999	1
£600,000 to £699,999	3
£700,000 to £800,000	2
>£800,000	5
No data available	7
Total	77

B3. Profile of project leads web survey respondents

A web survey was completed by 68 project leads. Of these the vast majority (66) were completed in English and two in Welsh. The survey responses reflected a cross section of ICF priority groups as well as five of the seven RPB regions. The response from across two RPB regions (Cardiff and Value of Glamorgan and Gwent) was low.

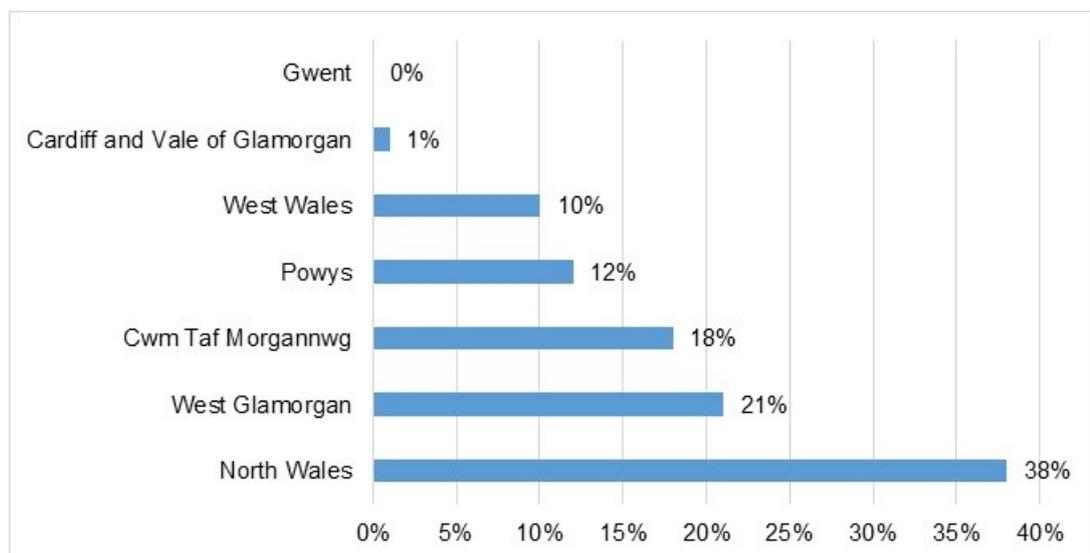
⁴⁹ For five projects, the value of the funding for 2019/20 is considered as data was not available for 2020/21 for three of them and two projects came to an end in 2019/20.

Figure B1: Priority group profile of survey projects



Source: OB3 web survey of project leads (68 responses)

Figure B2: Geographical profile of survey projects



B4. Profile of ICF case study projects

Interviews were completed with 48 staff from across 15 projects and 26 service users from across 9 of these projects. A summary of these 15 projects is set out at Table B9.

Of the case study projects:

- two were based in each RPB, and three from North Wales RPB
- four supported children and families, three focused on emotional and mental health, three were hospital to home projects and five were place based care projects

- five supported older people with complex needs and long-term conditions, two supported people with learning difficulties, six supported children with complex needs and two supported carers.

Table B9: ICF case study projects

Cardiff and Vale of Glamorgan Enfys	Enfys, previously known as the Developmental Trauma Service, is an NHS-based service within Child Psychology and sits within Community Child Health alongside CAMHS. Established in 2016, it works across the Cardiff and Vale of Glamorgan region and is a psychology led service for children who are looked after.
Cardiff and Vale of Glamorgan Carers Gateway	The Cardiff and Vale Carers Gateway provides information and support to unpaid carers in Cardiff and the Vale of Glamorgan. The service, developed in 2019, is delivered by the Carers Trust South West Wales in conjunction with other partner organisations across the region. The project works across the region to help carers and professionals to understand what support is available; provide support to access services; raise awareness of who carers are and the issues they face and provide training and development opportunities for carers.
Cwm Taf Morgannwg Community Hubs	In response to a number of strategic priorities, RCT CBC aimed to develop a number of Community Hubs to support and be at the centre of ten neighbourhood networks. These hubs will deliver better public services, efficient, coordinated and located close to the point of need. ICF funding was agreed from 2020 and the project was immediately hit by the need to respond to the flooding emergency, followed by the Covid-19 pandemic.
Cwm Taf Morgannwg Specialist Parenting Support	This project, delivered by Halcyon Training Foundation aims to support parents of children with neurodevelopmental conditions with training and improved child development knowledge so that they have the tools and knowledge to support their children with emotional and wellbeing needs. It has now expanded to work across the Cwm Taf Morgannwg region and is fully integrated service working closely with the Health Board and the local authority.
Gwent My Mates	My Mates supports individuals with learning disabilities to live independently with access to early intervention services in the community, and greater public awareness and understanding of their needs. It also supports

	<p>individuals to develop friendships and relationships. It launched in 2016 initially in Monmouthshire CBC but the ICF funding enabled the project to expand to all five local authority areas in the Gwent region. It is hosted by Monmouthshire County Council and fully funded by the ICF.</p>
Gwent Skills for Living	<p>Skills for Living is a specialist mental health team offered by Action for Children, a UK charity, committed to supporting vulnerable young people. It is an innovative project to improve the emotional wellbeing of young people leaving care across the Gwent region. It also provides training to develop the skills to support care leavers in a consistent manager. It is fully funded by the ICF</p>
North Wales Children's Learning Disabilities and Complex Needs	<p>A regional project which aims to support and enable children and young people who have Learning Disabilities and complex needs within their local communities. It also works on reducing the risk of family breakdown and placing children and young people out of county.</p>
North Wales Falls Prevention	<p>A falls prevention service delivered collaboratively between health, social care and third Sector colleagues. Three projects have been funded across the sub-regional footprints of Flintshire and Wrexham Conwy and Denbighshire; and Gwynedd and Anglesey, to ensure that the risk of falls for older people in the community and care homes is reduced through falls prevention risk assessment and training.</p>
North Wales Repatriation and Prevention Service	<p>This project, led by Action for Children and delivered in Gwynedd, aims to provide targeted support and therapeutic interventions to support colleagues in Children's Services and Education in working with children, young people, and their families/carers.</p> <p>There are three elements to the Repatriation and Prevention Service to support children and young people with complex needs (and their families) closer to home:</p> <ul style="list-style-type: none"> • Third sector rehabilitation and therapeutic support (RAP) • Third sector provision of solutions to prevent family breakdown and/or escalation of need leading to a risk in out of county placement • Increase in fostering capacity for RAP children to provide respite for families (often foster carers themselves).

Powys Community Connectors	This Community Health and Wellbeing Service employs Community Connectors to work with people and local agencies to facilitate quick, easy, and appropriate access to community-level services across Powys. Delivered by PAVO it aims to support people to maintain independent lives and prevent the need for higher level health or social care services and promote early discharge from hospital.
Powys Closer to Home	The Closer to Home service is run by Powys County Council and enables individuals who previously had to live out of county due to their support needs, to live closer to home, their families and their social networks. The project is focused on individual's desired outcomes and helps identify the resources needed. Powys did not have the facilities and infrastructure to support people with a very high level of need, and this project aims to create new opportunities to meet some of those needs within the county.
West Glamorgan Multi Agency Placement Support Service (MAPSS)	A regional project established in 2017 covering the two counties of Swansea and Neath Port Talbot, MAPSS is a multi-disciplinary model which supports looked after children with, or at risk of mental illness and emotional and behavioural difficulties. The service provides specialist placement support and aims to improve placement stability for looked after children. The project is led by Neath Port Talbot County Council and delivered in partnership with Swansea County Council.
West Glamorgan Swansea Community Equipment Service	A regional project covering the two counties of Swansea and Neath Port Talbot, the Community Equipment Service provides reablement and other equipment on loan to people to allow them to live independently at home. ICF has been used to allow the service to expand its resources and capacity thereby allowing people to be discharged quicker from hospital and to reduce hospital admissions.
West Wales Care at Home	A local authority project based in Pembrokeshire and led by the health board, Care at Home provides care for people closer to home via an integrated community resource team in order to prevent admission and facilitate early discharge from hospital. The project provides end of life care to people in their own homes as well as bridging services such as preventative care and acute intervention. The project was established in 2017 and has transformed the model of commissioning care at home from one delivered by the independent sector to an

	<p>inhouse team of some 55 health care support workers. ICF accounts for a proportion of its funding.</p>
<p>West Wales Carers Hospital Officer Project</p>	<p>A relatively new regional project established in 2020 and led by the health board, the Carers Hospital Officer project is delivered by three third sector organisations who employ four Carer Officers to support carers during the patient discharge process across hospital settings. The project also delivered awareness raising sessions to practitioners to improve their understanding of the issues facing carers.</p>