Integrated Care Fund
Revenue, Capital and Dementia Guidance
Effective 1 April 2020

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

CONTENTS

CHAPTER 1: INTRODUCTION AND OVERVIEW ......................................................... 3
CHAPTER 2: OBJECTIVES AND PRIORITIES ...................................................... 5
Integration ........................................................................................................... 5
Priority Allocations ............................................................................................ 5
Wales Community Care Information System (WCCIS) ....................................... 7
Integrated Autism Service (IAS) ....................................................................... 8
Dementia Action Plan ......................................................................................... 8
Social Value Organisations and third sector ..................................................... 9
Prevention .......................................................................................................... 10
Loneliness and Social Isolation ....................................................................... 11
Population Assessment and Joint Area Plans .................................................. 11
Evidence of need for ICF capital projects ....................................................... 12
General Principles ............................................................................................ 12
Use of ICF .......................................................................................................... 14

CHAPTER 3: CONDITIONS .................................................................................. 16
ICF Revenue Funding ....................................................................................... 16
ICF Capital Funding .......................................................................................... 18
Main Capital Programme (MCP) ...................................................................... 20
Discretionary Capital Programme (DCP) .......................................................... 21

CHAPTER 4: GOVERNANCE .............................................................................. 23
Written Agreement ........................................................................................... 24
ICF Revenue Investment Plan .......................................................................... 25
ICF Capital Investment Plan ............................................................................ 27
Communications .............................................................................................. 28

CHAPTER 5: REPORTING TO WELSH GOVERNMENT ..................................... 29
ICF Revenue Reporting .................................................................................... 30
ICF Capital Reporting ....................................................................................... 30
Evaluation .......................................................................................................... 30
ICF Revenue reporting timescales ..................................................................... 32

FURTHER INFORMATION AND ANNEXES ..................................................... 33
CHAPTER 1: INTRODUCTION AND OVERVIEW

1. The Social Services and Well-being (Wales) Act 2014 (‘the Act’) provides for regional partnership boards which bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers. The boards must ensure the efficiency and effectiveness of service delivery.

2. The Wellbeing of Future Generations (Wales) Act 2015 promotes the principles of long term, prevention, integration, collaboration and involvement to help public bodies undertake better planning for the wellbeing of our population and future generations. The Integrated Care Fund (ICF) can therefore significantly to putting into practice the ways of working as set out in Wellbeing of Future Generations Act.

3. A Healthier Wales: Our Plan for Health and Social Care sets out the Welsh Governments long term future vision of a ‘whole system approach to health and social care,’ which is focussed on health and wellbeing, and on preventing illness. A Healthier Wales makes clear the expectation that regional partnership boards will drive this transformation. The ICF is a mechanism to support the delivery of various requirements of the Act and help regional partnership boards deliver on the vision contained in A Healthier Wales.

4. To aid longer term strategic planning and to align the ICF revenue with the duration of the Programme for Government and ICF Capital programme, the objectives and priorities for ICF first agreed in 2017-18 will remain in place until 2020-21.

5. This document provides guidance for regional partnership boards in relation to both the revenue and capital elements about the ICF’s objectives and priorities; conditions; governance requirements; and reporting arrangements to Welsh Government.

6. This guidance should be read in conjunction with the Part 9, section 169 Statutory Guidance (Partnership Arrangements) and the Code of Practice made under Part 2 section 9(1) (General Functions) of the Act.

7. The ICF aims to drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors. It is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention. Evaluation and learning lie at the core of the ICF and it is essential that any ICF programmes or projects are designed with this in mind.

8. Housing plays an important role in people’s health and well-being. When housing is properly considered and integrated with health and social care it can have significant benefits to people and the healthcare service, for example, by supporting reductions in delays of transfer of care. It is also important to recognise that housing is the platform to prevention and early intervention for social care to make services more sustainable. This is why there is a strong emphasis on the capital element of ICF being used to support accommodation led solutions to health and social care, such
as specialised accommodation for older people, or people with complex needs as well accommodation projects which are integrated with other health and social care services, such as primary care and community based services. This also provides an opportunity to use ICF capital alongside other sources of infrastructure investment.

9. Statutory Guidance identifies the following groups as priority areas of integration and all regional ICF programmes must address them proportionately, in line with their regional population assessments and area plans:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Children with complex needs; and
- Carers, including young carers.

10. Following changes made to the statutory guidance in relation to Part 9 of the Act the definition of children with complex needs has been amended and now comprises:

- children with disabilities and/or illness
- children who are care experienced
- children who in need of care and support
- children who are at risk of becoming looked after
- children with emotional and behavioural needs.

11. For these priority groups, the fund aims to find new integrated service delivery models and approaches that will:

- enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges;
- enable families to meet their children’s needs and help them to stay together;
- support carers in their caring role and enable them to maintain their own wellbeing;
- support the development of integrated care and support services for individuals with complex needs including people with learning disabilities, children with complex 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.
12. Regional partnership boards should consider how they can effectively utilise the ICF to achieve various principles and specific requirements contained within the Act including:

Integration

13. The ICF is intended to assist regional partnership boards in developing and testing new integrated models for delivering health and care. This will include:

- **Partnership working and co-operation** - regional partners are expected to take a collaborative and co-productive approach to planning, designing, testing and evaluating ICF projects across the region, with a view to enhancing and mainstreaming successful integrated models and practice.

- **Workforce** - projects should include a clear focus on developing the necessary skills, behaviours and cultures that will support change and develop effective integrated delivery teams and services. The learning taken from projects developing successful integrated teams should be used to inform and shape mainstream practices.

- **Infrastructure** - partners should consider how their wider collective resources such as accommodation, systems, IT infrastructure and equipment can be shared and contribute to the delivery of ICF projects. ICF funding can also be used to support: project and programme managements costs; regional partnership board support and development; regional commissioning activity; feasibility studies; research and evaluation as well as capacity to support the engagement of service users, carers and third sector work of regional partnership boards.

Priority Allocations

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

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

The ICF should support older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions. There should be a strong focus on Delayed Transfers of Care to ensure people are discharged in a safe and a timely manner and in preventing people from becoming lonely and socially isolated.

Dementia Action Plan:

[https://gov.wales/docs/dhss/publications/180214dementiaen.pdf](https://gov.wales/docs/dhss/publications/180214dementiaen.pdf)
People with learning disabilities:

The ICF should support the health and social care aspects of the Learning Disability Improving Lives programme, published in June 2018. The recommendations in this report are extensive and focus on three key priorities – the reduction of health inequalities, increasing community integration and improving planning and funding systems:


Children with complex needs due to disability or illness:

Paragraph 10 sets out the definition of children with complex needs.

Families with children with a complex range of needs should experience holistic, seamless care and support that helps them achieve what is important to them including physical, emotional and mental wellbeing.

Projects in this category can include support for children and families which are waiting for neurodevelopmental assessment services and for post diagnostic support where a diagnosis has been received.

Funding for this group of children should not be drawn from the allocations to children at risk of becoming looked after, in care or adopted. However it is expected that the two allocations for children will complement each other.

Carers, including young carers:

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

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

Further information on the three priorities can be accessed here: [https://gov.wales/about/cabinet/cabinetstatements/2017/carerfriendlywales/?lang=en](https://gov.wales/about/cabinet/cabinetstatements/2017/carerfriendlywales/?lang=en)
**Children at risk of becoming looked after, in care or who are adopted:**

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

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

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

Support for children with complex needs due to disability or illness should not be funded from this allocation.

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

**Wales Community Care Information System (WCCIS)**

16. In 2020-21 the ICF will continue to support the roll-out of the Welsh Community Care Information System (WCCIS). Based on the proposals that were approved by Welsh Government in 2019-20 all regions are expected to drive forward the implementation of WCCIS to support regional integrated working across health and social care. There must be a clear focus on benefits realisation. Indicative funding levels for 2020-21 are set out in Annex D.

17. WCCIS infrastructure, including systems, systems support or deployment and equipment cannot be supported using ICF capital funding.
Integrated Autism Service (IAS)

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

Dementia Action Plan

19. The Dementia Action Plan for Wales 2018-2022 was published on 14 February 2018. Following the launch, regional partnership boards were asked to take a fundamental look at the existing dementia services and care pathways in each area and develop services which addressed any gaps identified, in line with the dementia plan. The main themes of this plan include enabling people living with dementia to maintain their independence, in keeping with the focus of ICF.

20. Additional money has again been allocated to ICF to support new projects and services for people with dementia, or to add additionality to projects that are already existing. These projects should identify how they link with broader services for the elderly population and consideration should also be given to the role of both the housing and social value sectors in supporting this work.

21. Proposals must illustrate equitable access across the population with outcomes giving due consideration of all protected characteristics. Funding requests for any scheme/activity that has involved engagement with service users and carers, delivers measurable outcomes and directly correlates with the Dementia Actions listed in the Dementia Action Plan, will be considered on their own merit against the following outcomes:

- Individuals will understand the steps they can take to reduce their risk, or delay the onset, of dementia.
- The wider population understands the challenges faced by people living with dementia and are aware of the actions they can take to support them.
- People are aware of the early signs of dementia; the importance of a timely diagnosis; and know where to go to get help.
- More people are diagnosed earlier, enabling them to plan for the future and access early support and care if needed.
- Those diagnosed with dementia and their carers and families are able to receive person-centred care and support which is flexible.
- Research is supported to help us better understand the causes and management of dementia and enables people living with dementia, including families and carers, to be co-researchers.

1. Ministers have made a commitment to continue providing recurrent resources for the IAS (£3m annually) beyond 2021 to support services for people with autism. Further information will be provided in due course. The Integrated Autism Service provides services for adults and for parents and carers but not for children directly.
• Staff have the skills to help them identify people with dementia and to feel confident and competent in supporting individual’s needs post-diagnosis.

22. Welsh Government may issue future updates relating to the use of ring-fenced allocations as appropriate.

Social Value Organisations and third sector

23. The ICF is an important lever to bring about an improved culture in the way services are planned and delivered. The social value/third sector must be a key strategic partner in the development and delivery of ICF programmes and projects.

24. Section 16 of the Act places a duty on local authorities to promote the development in their area of social value organisations to provide care and support and preventative services. These alternative delivery models include social enterprises, co-operatives, user led services and the third sector.

25. Regional partnership boards should consider how the ICF can be used to contribute to discharging the duty to promote the development of alternative delivery models in relation to the priority areas for integration set out above.

26. The duty to promote social value organisations requires local authorities to take a pro-active approach in promoting the involvement of people in the design and delivery of services. Further guidance and detail on section 16 is set out within Code of Practice in relation to Part 2 – General Functions.

27. The Code of Practice in relation to Part 2 of the Act also places a duty on regional partnership boards to establish regional social value forums. In 2018 Welsh Government launched the Social Value Toolkit to assist with promoting social value in the delivery of care and support services and the development of Social Value Forums. These forums will have a key role to play in the strategic development and delivery of ICF programmes and projects. Regional partnerships boards are expected to engage with the social value forums to ensure social value and third sector stakeholders are able to influence and shape projects and services using co-production principles as set out in the Code of Practice.

28. ‘Social Value Sector’ is defined within the context of section 16 of the Social Services and Wellbeing Act which refers specifically to social enterprises, co-operatives, user led services and the third sector.

29. Welsh Government expects an increased ICF investment in social value/third sector projects and models of service delivery from previous financial years. By the end of 2021 at least 20% of the overall ICF revenue spend should support this sector.

30. The Code of Practice for Funding the Third Sector (Annex to the Third Sector Scheme) sets out the key principles the Welsh Government must comply with when funding third sector organisations. It is also expected that Welsh local authorities’ and where relevant local health boards’ adherence to these principles will be reflected in local Third Sector Compacts.
31. The Welsh Government’s Third Sector Scheme and code of practice can provide helpful information and guidance on what arrangements can be put in place to ensure the social value sector is able to play a full and active part in the planning, development and delivery of ICF projects. This should include considering how revenue funding can be effectively delivered so as not to disadvantage social value organisations, such as providing for advanced payments where evidence of need is clearly established.

**Prevention**

32. There is a need to focus on prevention and early intervention to make services sustainable into the future. Section 15 of the Act places statutory duties on local authorities to providing or arrange the provision of preventative services to achieve various purposes set out in subsection 15 (2) of the Act, including preventing or delaying the development of care and support needs. Local authorities and local health boards must when exercising their functions have regard to the importance of achieving these purposes in their areas. Further guidance and detail on section 15 is set out within the Code of Practice in relation to Part 2 - General Functions. Annex A of this guidance sets out the full list of purposes contained in section 15(2).

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

![Prevention Continuum Diagram](image)

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

Loneliness and Social Isolation

35. Loneliness and social isolation can have a detrimental effect on people’s physical and mental well-being. The Programme for Government, *Taking Wales Forward*, therefore includes a commitment to develop a nationwide and cross-government strategy to address these issues. The strategy will be published in early 2020 and will emphasise the importance of people’s social connections.

36. *A Healthier Wales* states:

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

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

Population Assessment and Joint Area Plans

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

39. Section 14A of the Act then requires local authorities and health boards to produce a joint area plan. These joint area plans must provide a description of the range and level of services proposed to be provided or arranged in response to the care and support needs, including the support needs of carers, identified in the population assessment reports. Joint area plans must focus on the integrated services planned in response to each core theme identified in the combined population assessment report.
40. Local authorities also have a general duty, under section 75 of the Act, to take steps to secure sufficient accommodation for looked after children. Where appropriate, local authorities may wish to consider regional approaches for specialist placements. Sufficiency assessments will help inform local and regional placement commissioning plans, which will in turn feed into the joint area plans.

41. All projects and activity that the ICF is utilised for must address care and support needs identified in a region’s combined population assessment report and support the delivery of joint area plan.

**Evidence of need for ICF capital projects**

42. In addition to the wider requirements for the production of combined population assessment reports at a regional level, the use of ICF capital in a region should be aligned to the housing needs for the appropriate groups of people identified in local housing market assessments carried out by local authorities. This will require ongoing dialogue between health boards and local authority social services and housing departments as well as housing providers and associations operating in the region.

43. It would also be appropriate for regional partnership boards to use any other specialist evidence of need (for example a region may have commissioned work to identify the requirements of adults with learning disabilities in a given area or have published a strategy for meeting the requirements of an ageing population in a local area) to support capital investment.

44. Despite the requirement to consider a range of evidence of need for ICF capital investment, it is for regional partnership boards to decide which projects take priority in line with their statutory requirements.

**General Principles**

45. The ICF should support delivery of outcomes reflecting the national well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives as identified in the [National Outcomes Framework](#).

46. A Healthier Wales: Our Plan for Health and Social Care sets out a clear vision to transform the health and social care system through the provision of integrated and seamless care services. Regional partnership boards have a central role in making this happen by bringing together health, social services, the third and independent sector to provide effective and efficient integrated care services. The Welsh Government has made a £100m Transformation Fund available over two years via regional partnership boards to support this agenda.

47. We also want to make it easier for people to remain active and independent in their homes and communities. The ICF capital programme of £105m over three years can play a significant role in providing infrastructure to support this objective.
48. Housing and Social Care are both priority areas in *Prosperity for All* which includes a specific action to “*Incentivise housing providers to build homes which respond to the challenges of an ageing population and which enable people to live independently and safely in their own homes for longer*”.

49. The ICF was established to test out innovative models of integrated care and can also help realise the ambition of *A Healthier Wales*. In this broader context regional partnership boards should deliver the ICF across Wales making links with the Transformation Fund to enhance, accelerate or scale up projects that are successful.

50. The diagram below provides a high level overview of the connections between the Social Services and Wellbeing (Wales) Act, A Healthier Wales, Local Area Plans, the ICF and the Transformation Fund. Investment plans and project proposals should be able to demonstrate a ‘gold thread’ linking projects back to Area plans, A Healthier Wales and the Act. ‘A Healthier Wales’ sets out its ‘quadruple aim’ as a central idea to help develop a shared understanding of how we want our system to develop and how we will prioritise change. The Quadruple aim will also provides a framework to report on progress towards achieving the future vision, the four themes being:

- Improved health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.
51. *A Healthier Wales* also sets out 10 national design principles to inform the development of integrated services; these are reflected in the published Transformation Fund guidance. The development and delivery of all ICF programmes and projects should have due regard to and be informed by the Quadruple Aim and the 10 design principles as listed below.

52. With prevention, collaboration, integration and citizen engagement at its core, the ICF can also contribute to achieving the goals of the [Well-being of Future Generations Act](#). Regional partnership boards should establish links with their Public Service Board to ensure there are no gaps or duplication in the delivery of integrated services to improve people’s well-being, including in relation to the ICF.

53. It is expected that regions looking for ICF support (capital or revenue) outline whether and how other sources of funding have been considered and contribute to an ICF-funded project or initiative, and how they link with existing health and social care initiatives.

### Use of ICF

54. The ICF must be used to support new projects and services or provide additionality to existing ones. It cannot be a replacement for other sources of funding.

55. Regions should actively seek to ensure that projects and schemes supported are regional where possible.

56. ICF funding can be used to directly support effective regional working including the development, management and evaluation of the regional ICF programme.

57. ICF provides an opportunity to:

   i. encourage innovation and develop new models of delivering sustainable integrated services;

   ii. establish preventative intervention to help avoid unnecessary hospital admissions or inappropriate admission to residential care as well as preventing delayed discharges from hospital;

   iii. develop place-based, health and social care solutions focusing (although not exclusively) on integrated, seamless models of support in line with the Primary Care Model for Wales;

   iv. develop new approaches to prevent children from going into secure accommodation;

   v. utilise, though not substitute, other sources of funding, such as the primary care fund, to maximise opportunities;
vi. develop innovative projects that combine both ICF capital and revenue funds to develop and test new models of delivering health and social care and housing where appropriate;

vii. focus resources and increase capacity of care coordination or rapid response schemes (such as community resource and multi-disciplinary teams) and the pace at which they are developed, to better meet demand and improve equity of access to services;

viii. build on (not replace) the learning and innovation developed within key children and families early prevention programmes and develop a coherent model of prevention for children and young people across the whole continuum of need;

ix. establish a more proactive approach, seeking to identify those people at risk of becoming ‘stuck’ within secondary care with a resulting impact upon their ability to return to independent living;

x. increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services);

xi. promote and maximise independent living opportunities, including the delivery of new approaches to housing which supports peoples health and social care needs and the provision of timely home adaptations so that people can remain in their own home;

xii. help families stay together or, where children and young people do need to enter care, they can benefit from a stable and supportive care environment as close to home as possible;

xiii. help develop collaboration in needs assessment and service planning, organisation and delivery at primary care cluster level; and

xiv. identify and support accommodation solutions for people (particularly older people) with social care needs as well as people who are accommodated out of area, including individuals with complex needs and/or learning disabilities.

58. Regional partnership boards should use their ICF Capital Investment Plan for the three years 2018-19 / 2019-20 / 2020-21 to set out and prioritise their strategic priorities for ICF capital during that period.

59. The ICF capital programme can be used to fund:

- accommodation led solutions to health and social care provision;
- re-modelling of existing provision or new provision to support innovation and integration in the delivery of health and social care;
- specialised aids and adaptations not supported by main stream programmes e.g. rapid or immediate adaptations to support
immediate accident and emergency discharge (but only via the Discretionary Capital Programme);

- equipment which supports integration and innovations not supported by main stream equipment programmes in support of ICF objectives (but only via the Discretionary Capital Programme);

- expenditure to evidence or explore the feasibility of larger capital investment; and/or

- other capital projects which support the integration of health, social care and housing.

60. A number of care coordination and collaborative schemes already exist across Wales however provision is variable and not always available on a sufficient scale to meet demand. It is therefore important for regional partnership boards to actively seek opportunities to share examples of innovation and good practice.

61. The ICF is provided to support equity of access to the provision of high quality services through partnership working and collaborating across health, housing and social care. In developing proposals to be supported by the fund, regional partnership boards should be mindful of this requirement and other Welsh Government strategic policies to ensure the best use of resources.

CHAPTER 3: CONDITIONS

ICF Revenue Funding

62. In delivering the objectives of the fund as set out in Chapter 2, ICF funding:

i. must be used to support new or additional provision of services and ways of working including those run by organisations listed in section 16 of the Act. Schemes must clearly demonstrate the additionality that will be delivered, with the impact evidenced in the quarterly returns required as part of the governance of the fund;

ii. may be used to build on existing good practice and to increase the scale of provision of integrated services across Wales. It may also be used as pump-prime funding to assist transformation and change and to test out new models of delivery;

iii. may be used to fund a range of projects, both small and large scale, to meet the Fund’s objectives;

iv. can be used so revenue supports capital funded projects e.g. staffing for new build provision.
63. The ICF is **not** to be used:

   i. for proposals which are not related to the areas identified within this guidance document or separate Welsh Government updates;

   ii. to substitute existing funding streams;

   iii. to generate ongoing demand which cannot be met from within existing resources.

64. A timescale must be identified for considering whether the innovation provided for by ICF projects will be mainstreamed within core budgets.

65. In relation to the Dementia Action Plan £9m, whilst the above principles remain extant we have previously made clear our requirement that regional partnership boards would take a fundamental look at the existing dementia services and care pathways in each area and develop services which addressed any gaps identified in line with the plan. The nature of these proposals therefore can be considered longer term.

66. ICF revenue funding is available for the financial year in which it is allocated by Welsh Government. There is no capacity to overspend as there is no end of year flexibility and funds cannot be carried over into the next financial year. Whilst the same principles apply to ICF capital funding, there is an emphasis on regions to build up a pipeline of capital projects over multiple years to enable them to manage their capital allocations.

67. The funding will be allocated to health boards within regional partnerships, but spending decisions must be taken collaboratively by the wider regional partnership board. The board must have oversight and ensure the effective use and delivery of the ICF. The fund is designed to promote partnership and collaborative working and the decision making on how it is used must reflect this.

68. Regions may wish to consider whether it is appropriate to collaborate more widely on the delivery of services across health board boundaries.

69. Indicative ICF revenue allocations for 2020-21 are attached at Annex D and are subject to agreement of the final Budget by Assembly Members in March 2020.

70. Regional partnership boards should ensure partners effectively utilise the ICF, alongside a range of funding streams, including the primary care fund, the Efficiency Through Technology Fund, Invest to Save and **core funding** so that spending is coordinated to bring about maximum benefits for citizens. Where other funding streams have been combined these should be identified as part of the reporting process, with schemes managed in a joined-up way to maximise support through a coherent package of measures.
71. Regional partnership boards should involve primary care clusters in developing and agreeing spending plans where appropriate. This will avoid duplication and ensure investment from the ICF and the Primary Care Fund is complimentary.

72. The Partnership Arrangements (Wales) (Amendment) Regulations 2017 require partnership bodies to consider whether it is appropriate to establish pooled funds, whenever they do things jointly in response to the population assessment. ICF funding may be used as part of a pooled budget arrangement. However, the ICF element of such an arrangement must be clearly quantified, both in terms of expenditure and outcomes, as part of the reporting arrangements described at Chapter 5. This will ensure the difference ICF is making in people’s lives is clearly identified.

73. Every effort should be made to ensure value for money against funding allocations. Regional partnership boards must take timely and appropriate action to identify and mitigate any potential overspend / or underspend. This can include the reallocation of funding to other activity that meet the ICF criteria. Redistribution of funding in year must be done efficiently and in a timely manner to ensure a full spend by the end of the financial year. This should include early engagement with the third sector. Forecast outturns must be provided as required by Welsh Government (see Chapter 5 on monitoring and reporting arrangements).

74. Should the regional partnership board consider it absolutely necessary to transfer funds between revenue allocations to avoid an overall underspend at year end, any agreed virement should be reflected in the next quarterly return. Money allocated to support the integrated autism service for Wales and WCCIS remains ‘ring-fenced’ – see paragraphs 16 - 22.

Payment of ICF Revenue Funding

75. ICF revenue funding for 2020-21 is built into the main Health Board allocation as a ring fenced element. The Health Board will be given it’s resource limits at the beginning of the financial year will call down monthly funding requests against these limits to fund their monthly commitments including the ICF.

76. The Dementia funding within the ICF will be issued to Health Boards as an ‘in-year’ allocation uplift during 2020-21, subject to the approval of proposals by the Mental Health policy team in Welsh Government.

ICF Capital Funding

77. The ICF capital funding is to be used to support the objectives set out in Chapter 2. It should be used with additionality in mind. It is not designed to substitute, or replace, funding which is available through other programmes or developments, such as budget cuts. It can, however, be used to complement and add value to existing capital programmes, such as housing, health, regeneration, education or other capital programmes. The requirement and availability of ongoing revenue support demanded by capital investment should also be taken into consideration. The expectation is that developments which have been evaluated and shown to be
effective due to this capital funding will be promoted and used as best practice to further support ongoing and innovative integration across Wales.

78. The ICF capital programme should be used to support accommodation led solutions to social care alongside housing and health capital programmes as a result of a broader range of engagement and joint working across the health, social care and housing sectors. This should be supported by a shared understanding across sectors of the benefits of joint working and developments in areas such as disability, care leavers, supporting older people in their homes, providing specialist accommodation (including for learning disabilities) and providing step-down and re-ablement solutions to enable discharge from acute care.

79. It is essential that the development of this programme is routed in a health and care assessment of need and is based on Population Needs Assessments and embedded in Area Plans. It is however recognised that some regions may need to consider their strategic decision making arrangements to ensure the housing sector are fully engaged and also fully consider local and regional housing need identified by local housing market assessments or similar and associated local or regional housing strategies.

80. We also recognise that the ICF capital programme is an important vehicle to support the integration of health and social care where accommodation solutions are not involved. There are important requirements for investment in wider services and infrastructure to deliver innovation in the integration of health and social care and ICF capital is well placed to support this approach.

81. The effective and efficient deployment of the capital funding is a matter for regional partnerships to determine, ensuring robust delivery arrangements are put in place to utilise all funding. Regions should develop a pipeline of relevant capital projects and manage them as a multiple year programme.

82. The ICF capital programme should be used to improve service delivery and maximise the contribution housing interventions can make to the pressures on the NHS and the delivery of social care. The programme should support a much more strategic approach to capital investment by regions and they will play a key role in the effectiveness and impact this additional investment can make.

83. Regional partnership board will have to work collaboratively with all relevant stakeholders to deliver a programme of investment over multiple years. This will require close co-operation with health, social care, the third sector and housing. Long term planning is carried out in a number of these areas (for example housing capital investment by local housing authorities or local health boards) and how ICF capital is invested in any region should be considered alongside those plans.

84. The ICF capital programme continues to be deployed by way of a Main Capital Programme ("MCP") of a minimum of 80% in 2019/20 and 85% in 2020/21 of a regions allocation and a Discretionary Capital Programme ("DCP") of a maximum of 20% in 2019/20 and 15% in 2020/21 of a regions allocation. See below for further detail.
85. In the first instance regional partnership boards must process and endorse individual projects within their MCP and the DCP. Regional partnership boards should then forward those endorsed and approved projects to the Welsh Government for scrutiny and Ministerial approval (see application process section).

86. Regions may move funding from their DCP allowance to support their MCP projects but funding from their MCP allowance may not be moved to support their DCP projects.

87. The ICF capital programme is being deployed in this way to support a more strategic and scalable approach to investment but retaining the ability for regions to support smaller local or regional projects if they are strategically important.

Indicative three year regional allocations have already been provided.

88. Capital expenditure should be invested in assets which are intended to be used for a period of at least one year or more. These include items such as land, buildings and equipment.

89. Projects supported by ICF capital can be delivered by a local health board, a local authority, a third sector body or housing association or a combination of any of these. It is for regional partnership boards to agree who would be the lead organisation in any project.

90. Whilst Welsh Government does not want to be prescriptive on the precise use of the capital funding provided (or which of the ICF the objectives it meets), projects should aim to demonstrate a recognisable shift in the way services are delivered, or in the ways collaborating organisations will operate differently as a result of the capital investment, in order to deliver improved outcomes for citizens to secure approval by Welsh Government. ICF capital is to be used with additionality in mind.

**Main Capital Programme (MCP)**

91. The MCP is to be used for larger projects which require a significant level of investment (where project costs are over £100,000), including those which may require financial support over a number of years to support an extensive development process.

92. Projects supported by the MCP may also be matched funded by other capital programmes. Equally the MCP may be the only source of funding. There is an expectation that partner organisations will contribute to projects where appropriate and this can be via direct funding or assets. The overall rate of intervention will be demonstrated via the information requested in the MCP application. This will assist in ensuring the level of subsidy proposed is proportionate and appropriate which will form part of the scrutiny and approval at both a regional and Welsh Government level. Where total project costs are being requested this will require appropriate justification.

93. Projects supported by the MCP may include the provision of:
• accommodation-led solutions to health and social care;
• integrated facilities (such as a regional “hub” approach to an ICF led service provision) – both re-modelling and new provision;
• capital projects which support new and innovative integration of health, social care and/or housing;
• larger scale building re-modelling or adaptation (not supported by existing mainstream programmes); or
• expenditure to evidence or explore the feasibility of larger capital investment

94. The MCP cannot be used for aids or adaptations or equipment projects.

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

96. Any funding to support the accommodation element of a project itself (rather than the additional facilities which are part of these types of schemes) will be assessed with consideration to existing housing capital programmes such as the Social Housing Grant programme. The MCP application process has been designed to understand all sources of funding to consider this fully. Equally, any funding to support non-accommodation elements will be assessed with consideration to existing health and social care capital programmes.

97. The MCP application process has been designed to consider projects aligned with the Five Case Model, as with Public Sector Business Cases. This essentially means that projects are considered based on the Purpose, Strategic case, Economic case, Commercial case, Financial case and Management case. In some cases an application for ICF capital may be associated with a project also applying for Welsh Government health capital. If this is the case, it should be highlighted on the MCP application and the information provided as part of the health capital application process will be given due consideration.

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

**Discretionary Capital Programme (DCP)**

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

• aids and adaptations which are not supported by existing programmes and are in support of specific ICF objectives away from mainstream requirements (e.g. an enhanced Rapid Response need);
• equipment projects which support people to live independently in their own home and may reduce hospital admissions or speed up hospital discharge;
• other smaller scale projects in support of ICF objectives (e.g. community or third sector led); and
• expenditure to evidence or explore the feasibility of delivering a larger capital project (e.g. as a stand alone project).

100. The DCP is for smaller scale projects to a maximum value of £100,000 per project, and can only total up to a maximum of the relevant years percentage (see above) of a region’s annual ICF capital allocation.

101. Whilst there is a requirement for a DCP schedule to be sent to Welsh Government, the main focus is the endorsement of a project as a priority (within the ICF and DCP criteria) by the RPB, with a proportionate level of assessment and scrutiny provided by Welsh Government. There will be a monitoring and evaluation requirement in line with wider ICF requirements and detailed later in this guidance.

102. Regional partnership boards will be required to approve and present to Welsh Government a DCP Schedule to demonstrate that the expenditure is in line with the intended use of ICF. Partnership boards will need to ensure that there are appropriate mechanisms in place to ensure works associated with projects are aligned with strategic priorities and guiding principles and that there are robust internal processes for scrutiny and sign off. These will need to be demonstrated to Welsh Government.

Payment of ICF Capital Funding

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

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

• Local authorities towards expenditure incurred in connection with its social services functions under the Social Services and Well-being Act 2014;
• Housing Authorities towards expenditure incurred by it in connection with its functions in Part 2 of the Housing Act 1985; and
• Registered Social Landlords in connection with expenditure incurred in connection with the provision of housing accommodation.
105. ICF Capital will be paid quarterly in arrears.

106. The funding will be made by way of capital grant with the relevant terms and conditions included. We anticipate there being an award for the total of DCP in any one financial year and multiple awards for MCP projects.

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

108. This will be a funding condition detailed within the grant award letter.

**Capital project costs and design**

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

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

111. The MCP application also looks to identify, what particular approach to design and standards is being used for a project and the approximate cost per square metre when construction or refurbishment is involved. These will be considered as part of the scrutiny process. To develop projects that are to a high standard, applicants will be expected to demonstrate they have considered relevant good practice guidance produced by Welsh Government and from other sources.

---

**CHAPTER 4: GOVERNANCE**

112. All ICF funding decisions must be determined collaboratively by the regional partnership board. The fund is designed to develop more effective partnership working and decisions on how it is used must reflect this. However regional partnership boards are expected to put in place appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies.

113. Regional partnership boards must put in place mechanisms to ensure effective management of funding allocated, including to third sector partners and other alternative delivery models, to ensure schemes successfully achieve identified outcomes on time and on budget. Appropriate systems must be put in place to
undertake “due diligence” before utilising any part of the funding to provide a grant or procure any goods and services from third parties.

114. Regional partnership boards should identify a named individual to oversee and monitor the ICF in their region. If this role is separate to the regional implementation lead, that person should work alongside them in managing the fund in line with this guidance and in sharing good practice. Contact details of the ICF regional lead should be easily accessible and publicised so that all stakeholders including Welsh Government, third sector, other regions and members of public know who to contact for information about the fund.

115. The ICF regional lead will manage the ICF monitoring reporting process to Welsh Government identifying the success of ICF schemes by measuring the difference they make to people’s lives and evidencing value for money. Further guidance can be found at Chapter 5.

116. For the purposes of ICF, revenue and capital is defined as:

- **capital expenditure** is the purchase or creation of assets that are intended to be used for a period of at least one year or more. These include items such as land, buildings and equipment;

- **revenue expenditure** is expenditure incurred on day to day running costs which would include rent, utilities and salaries.

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

**Written Agreement**

118. Regional partnership boards are required to put in place robust arrangements to manage the effective delivery of ICF capital and revenue funds. The 3 year Written Agreement that partnership boards were required to put in place in 2017-18 must be reviewed and updated to ensure it is it for purpose and reflect any changes to local governance arrangements. The template at Annex B sets out the information that must be included in the Written Agreement. Regional partnership boards should submit their updated Written Agreement to Welsh Government by **31 July 2020**.

119. Written Agreements must be concise and not overly long.

120. The Written Agreement **must** be signed by the Chair of the regional partnership board and Chief Executive of the relevant health board and countersigned by the nominated financial lead (such a financial director) with the appropriate delegate authority. Regional partnership boards are expected to annually review the Written Agreement reporting any revisions to Welsh Government.

121. The governance requirements set out in this guidance are relevant to capital funding, including due diligence and Written Agreement arrangements.
122. As well as the regional partnership boards themselves, it is expected that any associated and relevant sub-structures (e.g. a Health, Social Care and Housing group) will play a role in the consideration and prioritising of proposed projects capital in the region. To ensure this is the case, it is important that representatives from across health, social care, third sector and housing are involved in those sub-structures.

123. It is recognised that projects supported with ICF capital may actually be delivered by one or a combination of a local health board, local authority, third sector body or housing association. Arrangements included in the Written Agreement should manage governance arrangements for any one of those bodies to lead on the delivery of a project, including the ability for any one of those organisation to be the ultimate recipient of the ICF capital funding.

124. Governance requirements are also provided for in detail by the terms and conditions set out in the grant award letter to the local health board.

**ICF Revenue Investment Plan**

125. To assist long term planning and enable regional partnership boards to plan, develop, test and evaluate projects more effectively in 2019-20 regions were required to develop a two year ICF Revenue Investment Plan setting out the projects and activities to be supported by the ICF in 2019-20 and 2020-21. Regional partnership boards should review their investment plans and advise Welsh Government of any changes including funding levels. In respect to the Dementia Action Plan funding only, a formal submission of the investment plan for 2020-21 will be required, alongside the submission of any new project proposals. As in previous years, new projects from the Dementia Action Plan funding will be subject to formal approval. Welsh Government will require up to 15 working days to consider investment plans and provide feedback. Regional partnership boards are encouraged to submit investment plans as early as possible. It should be noted that release of the Dementia Action Plan funding for 2020-21 is subject to the receipt of appropriate activity and outcome monitoring for projects that have received previous approval. In planning and implementing their ICF programme/projects, regions are asked to:

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

126. To ensure a consistent approach, regional partnership boards are required to use the Project Proposal Template at Annex E to develop any new projects. The template will support the monitoring and evaluation process as set out in chapter 5. It will also assist the Welsh Government in producing an annual report on the fund to demonstrate the impacts and learning from the programme across Wales. The new templates require a range of information to be provided on each proposed project including for example:

- planned expenditure;
- a project proposal form for each project (Annex E);
- the links to the Regional Area Plans and National Outcomes Framework;
- key delivery partners;
- stakeholder engagement;
- start and end date;
- BRAG status; and
- intended beneficiaries - primary and secondary.

127. The ICF Revenue Investment Plan should directly support the strategic priorities set out in the local area plan and it will outline what is expected to be achieved with the funding, the impact on citizens and how success will be measured.

128. Small and similar schemes sharing a common objective should be linked together under an ‘umbrella’ theme. Regional partnership boards are expected to adopt a regional or themed grouping approach to developing the Investment Plan.

129. Welsh Government is not prescriptive on the precise use of the revenue funding provided. Schemes should however demonstrate a recognisable shift in the way services are delivered, or in the ways collaborating organisations operate in order to deliver improved outcomes for citizens.

130. As stated in paragraph 63, ICF funding should not be used to support core business. Projects and services must be time limited and have a clear development, mainstreaming or exit strategy. Regional partnership boards must review and evaluate projects to determine what has worked and why. This information should be used to inform the ongoing development of the Investment Plan.

131. Regional partnership boards are required to ensure planned expenditure meets the objectives of the fund to achieve the various principles and specific requirements of the Act, as clarified in Chapter 2. High profile and priority schemes should be identified first in the Investment Plan.

132. When agreeing the ICF Revenue Investment Plan, regional partnership boards should have due regard to Chapter 3 and be satisfied that proposed ICF allocations meet the criteria set out in that chapter.
133. To ensure ministerial expectations are being met, Welsh Government officials will challenge any proposed projects that do not clearly fit with the ICF principles and the requirements set out in this guidance.

134. Regional partnership boards must respond to any queries Welsh Government raised in relation to any aspect of the ICF Revenue Investment Plan in line with the deadline set.

135. The Revenue Investment Plan must be signed off and approved in line with the process for the Written Agreement set in Chapter 4. Unsigned plans will not be accepted.

**ICF Capital Investment Plan**

136. The ICF Capital Investment Plan should set out the projects and activity to be funded for the financial years 2018-19 / 2019-20 / 2020-21. The Capital Investment Plan must be submitted to Welsh Government at least annually but will be used as an ongoing live document for planning and programme management purposes (arrangements to be confirmed).

137. The ICF Capital Investment Plan also includes the ability to include “reserve” and “potential” projects which are not as high a strategic priority as other projects, should support the ICF requirements and needs in the region and would be able to take up funding which has been identified for projects identified in years 1, 2 and 3 which become subject to delays or other reasons for inability to spend funding.

138. A new, pre-populated version of the ICF Capital Investment Plan has been provided to each region. To provide a consistent approach across Wales this version must be used. The new version will include requirements for all of the following information to be provided.

- the organisations involved;
- delivery organisation;
- the ICF objective priority area(s) for integration;
- type of capital project;
- key milestones for delivery;
- planned expenditure over three years; and
- any additional resources to be utilised.

139. When agreeing the ICF Capital Investment Plan, regional partnership boards should have due regard to the conditions detailed in this guidance and be satisfied that proposed ICF capital projects meet the criteria set out in those conditions.

140. The Capital Investment Plan should be developed and approved strategically by all regional partners and considered alongside the ICF Revenue Investment Plan and other relevant capital investment plans such as Housing PDPs and health board IMTPs.
141. Welsh Government will use the ICF Capital Investment Plan to ensure compliance with this guidance and demonstrating robust programme management of capital allocations which includes the ability to spend allocated funding.

142. It is expected that regional partnership boards will respond to any queries Welsh Government raise in relation to any aspect of the ICF Capital Investment Plan which must also be signed off and approved in line with the requirements requested.

**ICF Capital Application process**

143. The application forms for projects within the MCP and the DCP Schedule must be submitted by the regions via the regional partnership board representative (generally the ICF lead), but it is anticipated organisations leading the projects will also populate or assist in populating applications. This must be coordinated and managed by the region.

144. MCP applications, the DCP Schedule and the Capital Investment Plan will be considered and assessed by a scrutiny panel of officials from across relevant Welsh Government departments. As well as the considerations detailed in the DCP and MCP sections, there will also be consideration given to overall fit with ICF criteria, benefits and impacts for service users, value for money and project deliverability. The panel will only consider completed application forms when full project details are provided with the relevant signatories and will not consider any variation from those forms.

145. Detailed project applications should be in place to secure the relevant approvals in any current year of funding. However, applications and plans for future year’s projects and investment should begin to be developed well ahead of the commencement of those years to avoid delays to the deployment of funding. This may include “reserve” and “potential” schemes which can be approved in advance to ensure a programme of activity is in place and regional allocations can be managed over multiple years. It is also important to note, some projects may require and request funding across multiple years.

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

**Communications**

147. To enable stakeholders and citizens to understand how ICF is being utilised across Wales, the Investment Plan should be published and a link to the published plan submitted to Welsh Government. In addition regional partnership boards must develop a communication plan for the ICF programme (Capital and Revenue) so that it is clear how the ICF is managed locally and promote the benefits and impacts of the investment locally. The plan should, amongst other things communicate out how
ICF funding is being utilised; identify a range of communication channels you will use to promote the ICF and showcase successful projects; how funding can be accessed and how stakeholders can contribute to the process. A template is provided at Annex F to help us develop a consistent approach to planning communications. The communication plan should be shared with Welsh Government.

148. You must acknowledge Welsh Government support on all publicity, press releases and marketing material produced in relation to the funding and associated projects. Such acknowledgement must comply with the approved Welsh Government’s Branding guidelines (Welsh).

149. Welsh Government will publish an annual ICF report of each year to promote the activity undertaken by regions and the impacts the fund has had. Regional partnership boards will be required to provide additional detailed information to include in the annual report.

150. Work is underway to develop a communications strategy across A Healthier Wales, which will include the Integrated Care Fund and the Transformation Fund amongst others. More information will be provided on this strategy and the requirements on regional partnership boards.

**Dementia Action Plan**

151. The Investment Plan for each regional partnership will be expected to set out new schemes and activity or additionality to be funded in support of the Dementia Action Plan, detailing the baseline and measurable outcomes. The information provided in the Investment Plan specifically in relation to this additional money for dementia will be considered by Welsh Government prior to release of funds. Regions will be expected to demonstrate the well-being outcomes that they expect to be achieved.

**CHAPTER 5: REPORTING TO WELSH GOVERNMENT**

152. Effective monitoring and evaluation arrangements are important to provide Welsh Ministers with assurances that ICF allocations are being fully utilised in delivering effective integrated and preventative services. This will also help to inform future allocations.

153. Regional partnership boards must ensure that they have robust monitoring arrangements in place to ensure schemes funded via ICF deliver intended outcomes on time and within budget.

154. Regional partnership boards will work with Welsh Government and other regions to develop consistent monitoring and evaluation approaches which provide clear evidence and narrative on the benefits and learning achieved from the ICF.
ICF Revenue Reporting

155. Regional partnership boards must provide finance and progress reports on a quarterly basis outlining ICF revenue spend to date against budget and an overall delivery status for the project (using BRAG tool). A reporting template is provided in Annex C and regions must use this template without making any adaptations to the layout.

156. Regional partnership boards are required to provide 6 monthly reports to demonstrate the impacts, outcomes and learning from the projects funded.

157. Each report must be cumulative and summarise the overall position at the specified point of the financial year in relation to frail and older people, people with learning disabilities, children with complex needs, carers, children at risk of becoming looked after, in care or adopted and WCCIS. Quarterly updates on the integrated autism service should be sent direct to the Welsh Local Government Association National ASD Lead.

158. Regional partnership boards will also be required to provide information and evidence to contribute to a Welsh Government annual report on the ICF delivery and impact in Wales.

ICF Capital Reporting

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

160. Regional partnership boards must ensure that they have robust monitoring arrangements in place to ensure schemes funded via ICF capital deliver intended outcomes on time and within budget.

161. Evaluation arrangements must also be established to identify and evidence the impact as well as the general appropriate use of funds.

162. Regional partnership boards must provide reports on ICF capital activity on a quarterly basis. Incomplete forms will not be accepted. Reporting must be cumulative and summarise the overall position at the specified point of the financial year. Please contact your ICF capital lead to ensure you are using the most up to date forms.

Evaluation

163. The ICF was established as a fund to ‘pump prime’ and/or pilot new models of delivering health and care services that promote key principles of prevention, co-production and integration. Evaluation and learning are at the core of this fund to ensure effective models, systems and practice can be developed, and replicated/mainstreamed.
164. Welsh Government will be commissioning an independent evaluation of the ICF in spring 2020. The findings of the evaluation will help inform future funding arrangements post March 2021. Further details on the evaluation will be issued to regions at a later date.

165. Regional partnership boards must establish their own evaluation arrangements to identify and evidence the impact in line with the National Outcomes Framework, as well as the general appropriate use of funds.

166. Regions will be required to plan for and undertake thorough evaluation of projects to ensure that key lessons can be learned and shared and that successful models can be enhanced, accelerated and/or mainstreamed.

167. Regions will be asked to undertake evaluation that looks at four key areas:

- **Impact** – What outcomes have been achieved and what difference has the project made?
- **Process** – How has the project supported key principles such as integration, co-production, 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?

168. While Welsh Government acknowledges the challenges with mainstreaming effective projects in the current financial climate, it is important that regions consider how learning from ICF funded projects can influence, shape and even replace current core service delivery models and practices.

169. Following project evaluation regions are required to indicate next steps for the project which might include;

- Invest in new development phase of the project (ICF)
- Continue project with other grant funding
- Mainstream the delivery model (core fund)
- Enhance and upscale the model (Transformation Fund)
- Safely close and exit the project

170. Regions are required to provide information on exit strategies within their project proposals. Welsh Government would expect to see some projects which have been evaluated and had limited positive impact to be decommissioned and exited from the regional investment plan.

171. Impact and outcome reporting will be developed using a Results Based Accountability methodology and as such all projects will be required to develop both quantitative and qualitative data to indicate ‘How Much’ they have done, ‘How Well’ they have done it and ‘What difference’ it has made to service users.
172. Welsh Government Officials will discuss with regional partnership boards how best we can support regions in evaluating and measuring impacts of their projects and share the learning across Wales.

173. Monitoring reports should:

- **utilise Annex C**, reporting in a concise and self standing manner;
- be cumulative in nature and capture the progress being made against the outcomes identified in the Revenue Investment Plan since the start of the year;
- highlight match funding contributions from other programmes e.g. ETTF, I2S;
- be shared with other ICF leads across Wales to promote learning and good practice.

174. Case studies are welcome to clarify progress in delivering ICF specifically to showcase innovation and good practice. However examples should relate primarily to flagship or exemplar schemes, be relevant and underpinned by robust, factual evidence of outcomes. The template at Annex G should be used to ensure a consistent approach.

**ICF Revenue reporting timescales:**

<table>
<thead>
<tr>
<th>Deadline</th>
<th>Type of report</th>
<th>Period of report</th>
</tr>
</thead>
<tbody>
<tr>
<td>No later than 31 July</td>
<td>1st Quarterly Report</td>
<td>April - June inclusive</td>
</tr>
<tr>
<td></td>
<td>(finance &amp; project status)</td>
<td></td>
</tr>
<tr>
<td>No later than 31 October</td>
<td>2nd Quarterly Report</td>
<td>April - September inclusive</td>
</tr>
<tr>
<td></td>
<td>(finance &amp; outcomes)</td>
<td></td>
</tr>
<tr>
<td>No later than 31 January</td>
<td>3rd Quarterly Report</td>
<td>April - December inclusive</td>
</tr>
<tr>
<td></td>
<td>(finance &amp; project status)</td>
<td></td>
</tr>
<tr>
<td>No later than 30 April</td>
<td>4th Quarterly Report</td>
<td>April - March inclusive</td>
</tr>
<tr>
<td></td>
<td>(finance &amp; outcomes)</td>
<td></td>
</tr>
</tbody>
</table>

175. All deadlines are required to be met as the information provided in the returns is used to inform Ministers and the Welsh Government’s ICF Board. Additional information may be required at any time in the financial year, including a projected outturn statement. Failure to meet deadlines may result in remedial action by Welsh Government.

176. Each quarterly report must be signed off and approved in line with the process for the Written Agreement in Chapter 4. Unsigned reports will not be accepted.
FURTHER INFORMATION AND ANNEXES

All enquiries about this guidance should be sent to the ICF Mailbox: PartnershipandIntegration@gov.wales and for capital ICFCapital@gov.wales

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

Revenue and Dementia Annexes

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

Annex B – Template for 2020-21 Written Agreement

Annex C - Revenue Investment Plan Reporting Template

Annex D - Funding allocations 2020-21

Annex E – ICF Project Proposal Form

Annex F - Communication Plan template

Annex G – Case study template
ICF REVENUE AND DEMENTIA ANNEXES
Section 15 of the Social Services and Well-being (Wales Act) 2014 places a duty on local authorities to provide or arrange the provision of preventative services which they consider will achieve the following purposes:

a) Contributing towards preventing or delaying the development of people’s needs for care and support;

b) Reducing the needs for care and support of people who have such needs;

c) Promoting the upbringing of children by their families, where that is consistent with the well-being of children;

d) Minimising the effect on disabled people of their disabilities;

e) Contributing towards preventing people from suffering abuse or neglect;

f) Reducing the need for:
   i. proceedings for care or supervision orders under the Children Act 1989;
   ii. criminal proceedings against children;
   iii. any family or other proceedings in relation to children which might lead to them being placed in local authority care; or
   iv. proceedings under the inherent jurisdiction of the High Court in relation to children;

g) Encouraging children not to commit criminal offences;

h) Avoiding the need for children to be placed in secure accommodation; and

i) Enabling people to live their lives as independently as possible.
REGIONAL PARTNERSHIP BOARD WRITTEN AGREEMENT
(REVENUE AND CAPITAL)

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

PERIOD OF WRITTEN AGREEMENT AND REVIEW DATE

DETAILS OF PARTNERS AND LEAD PARTNER
Names, individual roles and responsibilities within the regional partnership board and specifically in relation to management of the ICF.

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

STATUS OF WRITTEN AGREEMENT
The requirement is to have a shared agreement amongst partners over the management and delivery of the ICF. Please state if the Written Agreement is binding/non binding.
GOVERNANCE ARRANGEMENTS
Set out the governance arrangements in place to support effective delivery of the ICF in line with the 2020-21 guidance. Describe the formal partnership arrangements including frequency of meetings and invitees. Please provide a structural diagram to illustrate the governance and decision making process for the ICF. This must include details of the scrutiny arrangements in place to ensure relevant sovereign bodies are able to scrutinise decisions of the regional partnership board in relation to planning, investment and delivery of the ICF programme.

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

DUE DILIGENCE ARRANGEMENTS
Set out that appropriate systems are in place to undertake “due diligence” checks before utilising any part of the funding to provide a grant or procure any goods and services from third parties.
**RISK MANAGEMENT STRATEGY**
Describe the arrangements that are in place to assess and manage risk within the ICF fund and how mitigating action will be taken to manage risk, including the process for effectively managing in year underspend.

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

**COMMUNICATION AND SHARED LEARNING**
Describe partners’ commitment to a proactive approach to exploring opportunities to share good practice and innovation. Tell us how you will communicate and provide real transparency for stakeholders about the investment and impacts of the ICF programme locally, regionally, nationally.
EVALUATION
Describe how projects will be monitored, reviewed and evaluated and how and when decisions will be taken about next steps eg mainstreaming/exit strategy).

SIGNATORIES
The Written Agreement must be signed in accordance with the requirements of the ICF Guidance 2020-21, Chapter 4.
Annex C – ICF Revenue Investment Plan Reporting Template – this is an excel spreadsheet provided separately to regional partnership boards
# Annex D

## ICF INDICATIVE ALLOCATIONS 2020-21

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integrated Care Fund (ICF) - Older People</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
<td><strong>£m</strong></td>
</tr>
<tr>
<td>Gwent</td>
<td>7.162</td>
<td>3.826</td>
<td>2.870</td>
<td>0.458</td>
<td>0.546</td>
<td>1.611</td>
<td>16.476</td>
</tr>
<tr>
<td>North Wales</td>
<td>9.567</td>
<td>4.251</td>
<td>3.189</td>
<td>0.652</td>
<td>0.340</td>
<td>2.153</td>
<td>20.152</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>4.895</td>
<td>2.879</td>
<td>2.159</td>
<td>0.367</td>
<td>0.200</td>
<td>1.101</td>
<td>11.602</td>
</tr>
<tr>
<td>Cwm Taf Morgannwg</td>
<td>5.521</td>
<td>3.214</td>
<td>2.411</td>
<td>0.367</td>
<td>0.211</td>
<td>1.242</td>
<td>12.966</td>
</tr>
<tr>
<td>West Wales</td>
<td>5.550</td>
<td>2.426</td>
<td>1.819</td>
<td>0.398</td>
<td>0.432</td>
<td>1.249</td>
<td>11.874</td>
</tr>
<tr>
<td>Powys HB</td>
<td>2.080</td>
<td>0.814</td>
<td>0.610</td>
<td>0.337</td>
<td>0.053</td>
<td>0.468</td>
<td>4.362</td>
</tr>
<tr>
<td>West Glamorgan</td>
<td>5.224</td>
<td>2.590</td>
<td>1.942</td>
<td>0.398</td>
<td>0.322</td>
<td>1.175</td>
<td>11.651</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40.000</td>
<td>20.000</td>
<td>15.000</td>
<td>2.977</td>
<td>2.106</td>
<td>9.000</td>
<td>89.083</td>
</tr>
</tbody>
</table>

£77.977m will be issued through the main NHS Allocation letter.

*Dementia and WCCIS funding is held centrally within Welsh Government and issued ‘in-year’*
### Project Overview

<table>
<thead>
<tr>
<th>Region:</th>
<th>ICF Project name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project start date:</td>
<td>WG ref:</td>
</tr>
</tbody>
</table>

**Is this project linked to an ICF capital project?**  Y/N *delete as appropriate

**Is this project linked to the Dementia Action Plan funding?**  Y/N *delete as appropriate

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

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

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

1. What is the problem you are trying to solve?
2. What long term outcome/change are you hoping to achieve?
3. Who is your key audience?
4. How will you reach them?
5. What resources are available to support?
6. What activities will bring about the change?
How does your project address your population needs assessment and area plan?

What level of ‘prevention/intervention’ (continuum) best describes your project? *please tick as appropriate

<table>
<thead>
<tr>
<th></th>
<th>Self Help, Information and Advice</th>
<th>Early Help and support</th>
<th>Intensive Support</th>
<th>Specialist Intervention</th>
</tr>
</thead>
</table>

**Project Costs**

<table>
<thead>
<tr>
<th></th>
<th>YEAR ONE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Quarter 3</td>
<td>Quarter 4</td>
</tr>
<tr>
<td>Direct delivery costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overheads (heat, light, rent etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources/activity costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/IT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YEAR TWO</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Quarter 3</td>
<td>Quarter 4</td>
</tr>
<tr>
<td>Direct delivery costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overheads (heat, light, rent etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources/activity costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/IT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Delivery**

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

**Project Beneficiaries** (pls check boxes as appropriate):

<table>
<thead>
<tr>
<th></th>
<th>Primary beneficiaries</th>
<th></th>
<th>Secondary beneficiaries</th>
<th></th>
<th>Other beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Older people</td>
<td></td>
<td>Older people</td>
<td></td>
<td>Older people</td>
</tr>
<tr>
<td></td>
<td>People with learning disabilities</td>
<td></td>
<td>People with learning disabilities</td>
<td></td>
<td>People with learning disabilities</td>
</tr>
<tr>
<td></td>
<td>Children with complex needs</td>
<td></td>
<td>Children with complex needs</td>
<td></td>
<td>Children with complex needs</td>
</tr>
<tr>
<td></td>
<td>Children at risk of becoming looked after</td>
<td></td>
<td>Children at risk of becoming looked after</td>
<td></td>
<td>Children at risk of becoming looked after</td>
</tr>
<tr>
<td></td>
<td>Care experienced children including adopted children</td>
<td></td>
<td>Care experienced children including adopted children</td>
<td></td>
<td>Care experienced children including adopted children</td>
</tr>
<tr>
<td></td>
<td>Carers</td>
<td></td>
<td>Carers</td>
<td></td>
<td>Carers</td>
</tr>
<tr>
<td></td>
<td>Young Carers</td>
<td></td>
<td>Young Carers</td>
<td></td>
<td>Young Carers</td>
</tr>
<tr>
<td></td>
<td>People with dementia</td>
<td></td>
<td>People with dementia</td>
<td></td>
<td>People with dementia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Project Design Principles

(please check boxes as appropriate):

<table>
<thead>
<tr>
<th>Which of the ‘A Healthier Wales’ Quadruple aim/s does this project <strong>primarily</strong> address?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved health and wellbeing</td>
</tr>
<tr>
<td>Better quality and more accessible health and social care service</td>
</tr>
<tr>
<td>Higher value health and social care</td>
</tr>
<tr>
<td>A motivated and sustainable health and social care workforce</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the ‘ten national design principles’ from A Healthier Wales will the project address?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention &amp; Early Intervention</td>
</tr>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>Independence</td>
</tr>
<tr>
<td>Voice</td>
</tr>
<tr>
<td>Personalised</td>
</tr>
<tr>
<td>Seamless</td>
</tr>
<tr>
<td>Higher Value</td>
</tr>
<tr>
<td>Evidence Driven</td>
</tr>
<tr>
<td>Scalable</td>
</tr>
<tr>
<td>Transformative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With voice and co-production as key principles, tell us who you have engaged with in the design of your projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users (adults)</td>
</tr>
<tr>
<td>Service users (Children/young people)</td>
</tr>
<tr>
<td>Carers</td>
</tr>
<tr>
<td>Young carers</td>
</tr>
<tr>
<td>Workforce</td>
</tr>
<tr>
<td>Social Value/third sector</td>
</tr>
<tr>
<td>Community members</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

### Project outcomes and impacts

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

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

<table>
<thead>
<tr>
<th>How Much? (outputs)</th>
<th>How Well? (quality)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th><strong>Impact Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(How will you measure/understand the outcomes that have been achieved by your project?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Process Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(How will you evaluate the system &amp; process changes delivered by your project e.g. integration, co-production, social value?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Economic Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(How will you evaluate the cost benefits/cost avoidance delivered by your project?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Qualitative Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(How will you capture the experiences of service users/staff/communities?)</td>
</tr>
</tbody>
</table>

**Exit Strategy**

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

**Project contact details**

*Project key contact (name):* 

*Email address:* 

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

| Region: | Communications Lead & contact details: |

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

2. **Strategic Context**: How does this communication strategy link into the business objectives or priorities of our partnership? Is there any previous communication work we can build on?
1. **Audience**: Who are our audiences? – this needs to be thought about in detail and not just broad definitions

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

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

4. **Resources**: What are the budget and the resources required to deliver this strategy?
TO BE COMPLETED POST STRATEGY/CAMPAIGN IMPLEMENTATION

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

   - **Inputs** – What we did to plan the strategy/campaign

   - **Outputs** – the communication we delivered and target audience reached.

   - **Outcomes** -- the effect of our activity on the target audience in relation to your communication objective
**INTEGRATED CARE FUND - CASE STUDY TEMPLATE**

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

<table>
<thead>
<tr>
<th>Project lead and contact details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Project /service name:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Brief overview/summary of the project:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>What was the problem the project was set up to solve?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>What was the long term outcome/change the project was hoping to achieve?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Who was intended to benefit from this project/service?</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Impact statement – specific case example**

<table>
<thead>
<tr>
<th>Who was the beneficiary in this particular example?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the specific issue/problem you were trying to solve in this case?</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>How did they become part of this project/service?</td>
</tr>
<tr>
<td>How did the project/service make a difference? What were the steps/activities that were undertaken?</td>
</tr>
<tr>
<td>What outcomes/changes were achieved? What was the outcome for the service user? What difference did the interventions make?</td>
</tr>
<tr>
<td>Quotes/Feedback Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them?</td>
</tr>
<tr>
<td>Next steps – how do you intend to develop this further?</td>
</tr>
</tbody>
</table>