



Llywodraeth Cymru
Welsh Government

INTEGRATED CARE FUND GUIDANCE

Effective: 1 April 2017

Integrated Care Fund Guidance

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CHAPTER 1: INTRODUCTION

1. The Intermediate Care Fund was originally established in 2014 to support initiatives which prevent unnecessary hospital admission, inappropriate admission to residential care, and delayed discharges from hospital. From 1 April 2017 it has been rebranded as the **Integrated Care Fund (ICF)** to better reflect an expanded scope.
2. The Social Services and Well-being (Wales) Act 2014 ('the Act') provides for regional partnership boards which bring together health, social services, 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. The ICF is a mechanism to support delivery of the requirements of the Act.
3. This document provides guidance for regional partnership boards in relation to the ICF's;
 - objectives;
 - conditions;
 - governance requirements; and
 - reporting arrangements to Welsh Government.
4. This guidance covers the period 1 April 2017 to 31 March 2018. Guidance is revisited on an annual basis to ensure it remains fit-for-purpose.
5. 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](#).

CHAPTER 2: OBJECTIVES

6. 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

Partnership working and co-operation

7. 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 regional partnership board priority areas for integration:
 - older people with complex needs and long term conditions, including dementia;
 - people with learning disabilities;
 - children with complex needs due to disability or illness; and

- carers, including young carers.
8. To aid longer term strategic planning, these priority areas have been agreed for a three year period including 2017-18, 2018-19 and 2019-20.
 9. In 2017-18 the ICF will continue to support the roll-out of the Welsh Community Care Information System (WCCIS). The integrated autism service will be supported throughout the duration of the programme. ICF revenue funding allocated to support these initiatives is 'ring-fenced'. In relation to the autism element however, regions can transfer additional money to this allocation, subject to the agreement of the Autistic Spectrum Disorder (ASD) National Lead and Welsh Government.
 10. Welsh Government may issue future updates relating to the use of ring-fenced allocations as appropriate.

Prevention

11. 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).
12. Regional partnership boards should consider how to 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 7](#).

Alternative Delivery Methods

13. Section 16 of the Act places a duty on local authorities to promote the development in their area of not-for-profit 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. Further guidance and detail on section 16 is set out within [Code of Practice in relation to Part 2 – General Functions](#).)
14. Regional partnership boards should similarly consider how the ICF can be used to contribute to discharging the duty to promote the development of alternative delivery methods in relation to the priority areas for partnership and cooperation set about above.

Population Assessment

15. 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](#).

16. The purpose of these assessments is to provide a clear and specific evidence base to inform a range of planning and operational decisions. **All schemes and activity that the ICF is utilised to support must address care and support needs identified in a region's combined population assessment report.**

General Principles

17. 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](#) for people who need care and support and carers who need support. This framework sets the national direction to promote the well-being of people who need care and support.
18. ICF also provides an opportunity to:
- i. focus resources and increase capacity of care coordination or rapid response schemes (such as community resource teams) and the pace at which they are developed, to better meet demand and improve equity of access to services;
 - ii. 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;
 - iii. establish preventative intervention to help avoid unnecessary hospital admissions or inappropriate admission to residential care as well as preventing delayed discharges from hospital;
 - iv. increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services);
 - v. encourage innovation and develop new models of delivering sustainable integrated services;
 - vi. promote and maximise independent living opportunities, including provision of timely home adaptations;
 - vii. help develop collaboration in needs assessment and service planning, organisation and delivery at primary care cluster level;
 - viii. utilise, though not substitute, other sources of funding, such as the primary care fund, to maximise opportunities; and
 - ix. identify local accommodation solutions for people who are accommodated out of area, individuals with complex needs and people with learning disabilities.

19. 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.
20. 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

Use of ICF

21. 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. 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.
22. 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.
23. ICF capital and 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.
24. 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 decision making on how it is used must reflect this.
25. Regions may wish to consider whether it is appropriate to collaborate more widely on the delivery of services across health board boundaries.

ICF revenue funding

26. ICF revenue allocations for 2017-18 are attached at Annex E.
27. 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.
28. 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.
29. [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.
30. 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. Forecast outturns must be provided as required by Welsh Government (see [Chapter 5](#) on monitoring and reporting arrangements).
31. 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 paragraph 9.

ICF Capital Funding

32. £10 million Capital funding has been allocated to support the ICF across Wales for 2017-18. Welsh Government will determine the final approval of regional consortia's submitted programme of schemes and how funding will be allocated to regional partnership boards. The schemes and activity to be funded will be assessed following submission of each region's completed Capital Proforma (Annex D of the ICF guidance) for their capital programme. The Annex D should be submitted by 1 June 2017.
33. To assist consortia's planning of their Capital Programme, an indicative budget based on 2016-17 capital funding can be used although this should not be taken as a

definitive allocation and could be subject to increase or decrease based on the approved Annex D programme.

34. The capital funding is designed 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 the Social Housing Grant and to revenue funding. The expectation is that developments which have been evaluated and shown to be effective due to this capital funding will continue to be supported and operated by local partners in successive years.
35. There are alternative and complementary funding streams available in the housing field to support adaptations, for example, Social Housing Grant, and collectively within the £4 million *Enable – Support for Independent Living* scheme, there are Physical Adaptations Grant, Disabled Facilities Grant, Rapid Response Adaptations Grant and individual local authority and registered social landlord schemes. The use of adaptations to people's homes, irrespective of where they live and whether they rent or own their own home, can make a significant contribution to helping people to remain living safely (avoiding falls etc) and independently in their own home. The scheme is geared to greater use by local health boards and Social Services Departments in referring cases to avoid hospital admission and prevent unnecessary admission to hospitals and residential care homes, and to prevent unnecessary delayed transfers of care.
36. It is recognised, however, that to meet the needs of some individuals e.g. those with serious health conditions or disabilities, people with complex needs, or people with learning disabilities, large adaptations such as extensions to homes or major conversions of buildings may be required. These can be supported by the ICF, particularly where the need is identified by a health or social care professional and where it is the result of joint working between organisations.
37. Developments might include options which enable people to have a little longer to recover from illness or injury before they return to their own home. Developments which over time save funding e.g. to the NHS by reducing the need for out of area placements, are a priority but any development which can reduce the demands on the NHS and Social Services is welcome.
38. Past examples have included local solutions to provide accommodation for people with learning disabilities who have been accommodated in other areas, usually some distance from their families. Also, pilot schemes with a clear "Invest-to-Save" dimension such as the provision of a number of 'convalescence' beds within a residential care setting. The beds operate within a reablement culture and focus upon helping move older people back to independence.
39. The Welsh Government's *Invest-to-Save Fund*, has previously supported initiatives relating to reablement, step-down models, rapid response services and maximising independent living opportunities. Further guidance on the Invest-to-Save Fund can be found at: <http://gov.wales/topics/improvingervices/invest-to-save/?lang=en>

40. Welsh Government is not prescriptive on the precise use of the funding or the nature of developments provided it is used for capital developments and accommodation-based solutions, and achieves one or more of the aims and objectives listed in [Chapter 2](#) of this guidance. 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 by the end of each financial year. All expenditure must be made within the financial year and no funding can be carried over into the next financial year.
41. In looking forward, longer term ICF capital funding arrangements will be put in place to facilitate the regional partnership boards in delivering a more strategic and planned delivery of activity in future years. Following engagement with relevant partners, including the Health, Housing and Social Care Group, additional information will be issued in due course to clarify arrangements for 2018-2019 onwards. In the meantime regional partnership boards should begin to plan potential schemes of a more strategic capacity and nature in line with ICF objectives, including schemes which may require funding above the ICF allocation and over several years.
42. It is a prerequisite, however, for schemes to demonstrate that the funding helps to achieve the ICF objectives.

CHAPTER 4: GOVERNANCE

43. ICF revenue and capital expenditure 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.
44. 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.
45. 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.
46. The ICF regional lead will manage the ICF quarterly reporting process, identifying the success of ICF schemes by measuring the difference they make and evidencing value for money. Further guidance can be found at Chapter 5.
47. 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.

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

48. As part of their governance arrangements regional partnership boards must approve and submit to Welsh Government a Written Agreement and an ICF Revenue Investment Plan. These should be submitted **by 1 June 2017**.

(i) Written Agreement

49. Regional partnership boards must put in place a Written Agreement to provide assurance that robust processes are in place to manage the effective delivery of ICF **capital and revenue funds**. The Written Agreement should, as a minimum, clarify the:

- governance arrangements in place to ensure funding is utilised in line with Welsh Government guidance;
- mechanism for reporting progress on ICF to the regional partnership board as part of the formal reporting structure;
- arrangements for resolving disagreement within the regional partnership board;
- due diligence arrangements for utilising ICF to third parties;
- Risk Management Strategy that will be utilised to provide robust assurance of the use of ICF funds, including arrangements to mitigate issues impacting on delivery and funding.

50. This is not an exhaustive list. The minimum information to be included in the Written Agreement is set out in more detail at Annex B. Written reports should be concise and no more than six pages in length.

51. The Written Agreement may span a three year period commencing 1 April 2017, however it should be regularly reviewed. Any revisions to the Agreement should be reported to Welsh Government as part of the quarterly reporting process.

52. 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 as a financial director) with the appropriate delegated authority.

53. The Written Agreement should be submitted to Welsh Government for information purposes. Welsh Government will acknowledge receipt of the Written Agreement and query any issues in relation to the levels of assurance within three weeks of being received.

(ii) ICF Revenue Investment Plan

54. An annual ICF Revenue Investment Plan setting out the schemes and activity to be funded for the relevant financial year is required.

55. The ICF Revenue Investment Plan should be:

- concise;
- structured across the priority areas for integration and include WCCIS and funding to support autism;
- no more than eight pages.

56. The Investment Plan should include the following information:

- planned expenditure;
- expected outcomes and impact;
- key milestones for delivery;
- any additional resources to be utilised.

57. The Plan should be strategic in nature outlining what is expected to be achieved with the funding, the impact on citizens, and how success will be measured. Small and similar schemes sharing a common objective should be linked together under an 'umbrella' theme. A detailed list of individual schemes is not required.

58. 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.

59. 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.

60. When agreeing the ICF Revenue Investment Plan, regional partnership boards should have due regard to [Chapter 3](#), Conditions, and be satisfied that proposed ICF allocations meet the criteria set out in that chapter.

61. While Welsh Government will not formally approve the ICF Revenue Investment Plan, the detail will be subject to scrutiny with a view to ensuring compliance with this guidance. Regional partnership boards must respond to any queries Welsh Government raise in relation to any aspect of the ICF Revenue Investment Plan in line with the deadline set.

62. The ICF Revenue Investment Plan will be the basis upon which success of delivery will be measured (see [Chapter 5](#) on monitoring and reporting requirements),

therefore any changes to the Plan must be reported to Welsh Government as part of the quarterly reporting process, or before.

ICF Capital funding

63. The capital funding for 2017-18 will be issued on a regional basis to individual health boards as lead organisations within regional partnerships on receipt and approval of a completed Annex D return. Annex D will help to frame proposals and provide the requisite information to justify capital funding. The return of the completed Annex D is requested before the end of the first quarter 2017-18. It is essential, nevertheless, that all partners are involved in the formulation and delivery of regional programmes. It is also important that other stakeholders such as Registered Social Landlords are appropriately involved.
64. It is recognised that needs vary within regions, so it will be for each regional partnership to develop proposals and determine the most appropriate model of delivery to best meet the specific needs and priorities within their area.
65. Capital funding will be allocated quarterly based on reported expenditure.

CHAPTER 5: REPORTING TO WELSH GOVERNMENT

66. 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.
67. 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.
68. Evaluation arrangements must also be established to identify and evidence the impact in line with the National Outcomes Framework, as well as the general appropriate use of funds.
69. Regional partnership boards must provide reports on a quarterly basis outlining what has been achieved to date utilising ICF revenue and capital funding. 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 and children with complex needs, and WCCIS. Separate reporting arrangements for the integrated autism service will be clarified and coordinated by the Welsh Local Government Association National ASD Lead. 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 and the Capital grant terms and conditions** since the start of the year. Progress should be evidence-based analysis (using the principles of Results Based Accountability)

to identify the difference ICF funding is making and whether anyone is better off;

- be shared with other ICF leads across Wales to promote good practice.

70. Case studies are welcome to clarify progress in delivering ICF, however examples should relate primarily to flagship or exemplar schemes, be relevant and underpinned by robust, factual evidence of outcomes.

Reporting timescales:

Deadline	Type of report	Period of report
No later than 29 July	1 st Quarterly Report	April - June inclusive
No later than 29 October	2 nd Quarterly Report	April - September inclusive
No later than 29 January	3 rd Quarterly Report	April - December inclusive
No later than 29 April	4 th Quarterly Report	April - March inclusive

71. 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 Project Board. Additional information may be required at any time in the financial year, including a projected outturn statement.

72. Each quarterly report must be signed off and approved in line with the process for Written Agreement in [Chapter 4](#).

FURTHER INFORMATION

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

ICF@wales.gsi.gov.uk

Annexes

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

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

Annex B – Information to be included in the Written Agreement

Annex C – Reporting Template

Annex D – Capital Grant Proforma

Annex E - Funding allocations 2017-18

Section 15(2) Social Services and Well-being (Wales) Act 2014

List of Purposes:

PREVENTION

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

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

**Regional Partnership Board
Written Agreement**

The Written Agreement supporting delivery of ICF must be approved by the regional partnership board and, as a minimum, include:

- clarification of the period of the Written Agreement and details of when it will be reviewed;
- names, individual roles and responsibilities within the regional partnership board;
- clarification of the governance arrangements in place to ensure funding is utilised in line with Welsh Government guidance;
- confirmation that appropriate systems are 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;
- reference to the Risk Management Strategy that will be utilised to provide the required level of assurance on the use of ICF funds;
- commitment to a proactive approach to exploring opportunities to share good practice and innovation;
- details of the process for evaluating the impact of ICF expenditure;
- formal regional partnership board arrangements to support delivery of ICF, including the frequency of meetings;
- commitment to meet published Welsh Government reporting deadlines and additional in-year information requests;
- details of escalation arrangements and dispute resolution – to include clarification of arrangements for resolving disagreement within the regional partnership board;
- the required signatories, as set out in ICF guidance Chapter 4.

EXAMPLE: FOR INFORMATION PURPOSESReporting to Welsh Government - **Revenue**

Regular reporting is essential to clarify progress, and to measure the impact on people's lives. It also provides assurance to Welsh Government that ICF funding allocations are on track to be fully and appropriately utilised in the relevant financial year.

In line with Chapter 5 of the Guidance, Annex C should be completed, signed off as an accurate and complete update, and returned to Welsh Government by the deadline. There is a requirement to meet the published deadlines for reporting, and regional partnership boards should put in place the appropriate mechanisms to ensure compliance.

Additional data and statistical information collected by regions as part of their own internal monitoring of projects is not required to be submitted to Welsh Government. Any Annex C supporting information should be high level and concise, focusing on key elements of delivery and outcomes/ impact for people.

Annex C Reports should:

- reflect all ICF revenue and capital funding allocated, clearly identifying any additional funding streams, with the exception of autism. Reporting arrangements for the Integrated Autism Service(IAS) will be clarified and co-ordinated by the Welsh Local Government Association National ASD Lead;
- Utilising the Investment Plan, provide a summary of schemes, projected outcomes, and the impact to date in a concise and self standing manner;
- demonstrate the principles of 'results based accountability' (RBA) reporting i.e what did we do/ how well did we do it/ is anyone better off – what was the impact for citizens? Evidence of expenditure and the difference ICF funding is making are key elements of Annex C Reports;
- be cumulative in nature and capture the impact made on progress against identified outcomes since the start of the year through evidence-based analysis (RBA);

EXAMPLE: FOR INFORMATION PURPOSES
Reporting to Welsh Government - **Revenue**

- columns 4 and 5 (outcomes and expenditure) require a RAG status based on the period of the report;
- reflect any budget reprofiling/ virements and clarify the reason(s) for the change;
- report on key issues impacting on delivery in the “additional information column”;

Case studies are welcome to clarify progress in delivering ICF, however examples should relate primarily to flagship or exemplar projects, be relevant and underpinned by robust, factual evidence of outcomes.

A completed example of Annex C is provided in blue font (for ease of reference) as a guide to the type and level of information required.

Reporting timescales:

Deadline	Type of report	Period of report
No later than 29 July	1st Quarterly Report	April - June inclusive
No later than 29 October	2 nd Quarterly Report	April - September inclusive
No later than 29 January	3rd Quarterly Report	April - December inclusive
No later than 29 April	4 th Quarterly Report	April - March inclusive

Signatories:

Reports must be signed in accordance with Chapter 5 of the ICF Guidance 2017-

Regional Partnership Board: **NAME**

Period: **Quarter: 2**

EXAMPLE: FOR INFORMATION PURPOSES
Reporting to Welsh Government - Revenue

FRAIL & OLDER PEOPLE Revenue (Priority area – ICF Guidance refers)

Financial Year:

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<p>Annual funding allocation for this priority area.</p> <p><i>ICF allocation letter for the relevant year refers</i></p>	<p>Identified services to support delivery of ICF objectives</p> <p><i>Details as set out in the Investment Plan</i></p>	<p>End of year projected Outcome(s) for each service identified in col 2</p> <p><i>'Outcomes' are defined as the difference being made and the impact on people (i.e not the process in place to deliver the service).</i></p>	<p>Actual Outcome(s) to date</p> <p><i>Reporting in Col 4 is cumulative throughout the year</i></p> <p><i>'Outcomes' are defined as the difference being made and the impact on people, (i.e not the process in place to deliver the service)</i></p>	<p>Expenditure to date</p> <p><i>Reporting in Col 5 is cumulative throughout the year</i></p>	<p>Additional Funding streams where applicable</p> <p>ICF Guidance Chapter 3 refers</p>	<p>Additional Information - where appropriate</p> <p><i>e.g clarification of any virements; case studies supporting high impact schemes; proposed actions to support/manage underachieving schemes</i></p>
£100,000	<p><u>Prevention</u> Programme to support minor adaptations to peoples' homes so that they can remain living independently</p>	<p>(a) 50 minor adaptations per quarter</p>	<p>(a) Of 200 people referred to or in contact with the programme in Q2, 40 received adaptations to their homes. However cumulatively (Q1 and Q2) 110 have received minor adaptation to date (exceeding the in year target).</p> <p>(b) 45 people helped</p>	£60,000	None	<p>(b) Achievements to date indicate the end of year 10% target will be met early and by Q3. Consideration is therefore being given to vireing into alternative under performing schemes and</p>

EXAMPLE: FOR INFORMATION PURPOSES
Reporting to Welsh Government - Revenue

		<p>(b) 10% reduction in preventable falls</p> <p>(c) 15% reduction in admission to hospital or residential care admissions avoided.</p> <p>(d) evidence of Improved independence of people</p>	<p>with works to prevent trips & falls in their home to date resulting in a cumulative achievement to date of 8%</p> <p>(c) 25 hospital or residential care admissions avoided to date, resulting in estimated 30 bed days saved at a saving of £XXX</p> <p>(d) of the 90 people who have responded to our satisfaction survey to date, 85% confirmed the service had improved their sense of independence & wellbeing</p>			<p>details will be clarified/ reported in Q3 return.</p> <p>(c) Statistics and information to date indicate the end of year 15% target will be met.</p>
Total: £100K				Total:£60K		

Integrated Care Fund - Capital Proforma

Scheme		Regional Partnership	
Total Cost of Scheme		ICF Contribution Requested for 2017/18	
Start Date on site		Completion Date	
Completed by:		Approved by:	

1. Please provide a description of the scheme (120 words)

2. Please detail how the scheme meets the ICF criteria? (120 words)

3. What are the outcomes/benefits for the service user? (100 words)

4. What are the outcomes/benefits to the service provider? (100 words)

5. Partners/Match Funding			
Please complete the following table detailing information on your partners and any match funding contributions			
Sector	Partner	Financial Contribution	Date Payable
Public			
Private			
ICF Contribution			

6. Does the scheme require any associated/complementary revenue funding? If yes please detail the amount needed and briefly explain the linkage

7. How will this be managed?

8. Details of Works to be Carried Out			
Please complete the following table detailing the works to be carried out and the timescale for their completion			
Work	Cost	Date for Completion	Additional Comments
e.g. Land purchase			

Revenue Allocations

Final Indicative Allocation Table									
(Revenue)									
	£	£	£	£	£	£	£		
	Cardiff & Vale	Cwm Taf	Gwent	North Wales	Powys	Western Bay	West Wales	Other	
								Total	
Frail and older people*	3,690,000.00	2,910,000.00	5,400,000.00	7,170,000.00	1,500,000.00	5,190,000.00	4,140,000.00		30,000,000.00
People with learning disabilities, children with complex needs, and carers**	2,014,295.74	1,580,056.45	2,922,087.28	3,429,906.17	629,970.36	2,578,976.36	1,844,707.64		15,000,000.00
Integrated Autism Service (IAS)***	367,000.00	367,000.00	458,400.00	508,800.00	336,800.00	318,200.00	318,200.00	WLGA 80,000 WG 245,600	2,674,400.00
Welsh Community Care Information System (WCCIS)*	201,429.57	158,005.65	292,208.73	342,990.62	62,997.04	257,897.64	184,470.76	NWIS 500,000	1,500,000.00
Total	6,272,725.31	5,015,062.10	9,072,696.01	11,451,696.79	2,529,767.40	8,345,074.00	6,487,378.41		50,000,000
Notes									
* This element is in the 2017/18 Health Board & PHW Trust Allocation HCW (2016) 055.									
** £4m of this element is in the 2017/18 Health Board & PHW Trust Allocation HCW (2016) 055.									
*** £1.834m of this is in the 2017/18 Health Board & PHW Trust Allocation HCW (2016) 055 (table B1 column 8). An allocation adjustment will be actioned in due course for the remaining balance. £245,000 retained by Welsh Government. Use to be determined in-year.									
The following funding streams have been updated according to the 16/17 HCHS prescribing discretionary allocation %: 'People with learning disabilities, children with complex needs and carers' and 'Welsh Community Care Information System'									