



Llywodraeth Cymru
Welsh Government

INTERMEDIATE CARE FUND GUIDANCE 2016-17

Intermediate Care Fund Guidance 2016-17

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1. Introduction

Context

- 1.1 The aim of the 2016-17 intermediate care fund (ICF) is to drive and enable integrated working between social services, health and housing and the third and independent sectors. The focus of the intermediate care fund in 2014-15 and 2015-16 has been on integrated working to help avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital.

Aim

- 1.2 The 2016-17 funding will continue to support initiatives in relation to supporting older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges. However, we are now extending the scope of the integration agenda to look at the development of integrated care and support services for other groups of people.
- 1.3 The £50m million revenue funding set aside for this financial year should be used to support:
- older people to maintain their independence, avoiding unnecessary hospital admission and preventing delayed discharges.
 - integrated services for people with learning disabilities.
 - an integrated autism service in Wales; and,
 - integrated services for children with complex needs.
- 1.4 The ICF provides a real opportunity to drive a step change at both a strategic and operational level, to improve the planning and provision of integrated services and to develop sustainable models of delivery.

2. Purpose and objectives

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

2.2 The funding has the following objectives:

- improve care coordination between social services, health, housing, education and the third and independent sector through innovating and enhancing schemes which
 - a. support frail and older people;*
 - b. develop integrated services for people with learning disabilities and children with complex needs*
 - c. develop an integrated autism service, focussing on a multidisciplinary team to support autism in adults and enhancing existing children's neurodevelopmental services*
- strengthen the resilience of the unscheduled care system
- promote and maximise independent living opportunities (including ensuring increased provision of timely home adaptations) in response to referrals from health and care services;
- support recovery and recuperation by increasing the provision of reablement services (at home or through the provision of step-down / convalescence beds in the community setting).

2.3 There are a number of care coordination and collaborative schemes in Wales. Their provision is variable, however, and they are not always available on a sufficient scale to meet demand. Innovation and good practice also need to be shared and adopted more widely across Wales. We need to ensure equity of access to provision of high quality services and support.

2.4 The ICF provides an opportunity to:

- focus the resources and increase capacity of care coordination or rapid response schemes (such as community resource teams) and the pace at which they are being developed, to better meet demand and improve equity of access to services;
- 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;
- increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services);
- encourage innovation and develop new models of delivering sustainable integrated services; and,
- utilise, though not substitute, other sources of funding to maximise opportunities (*see Annex A*).

2.5 The £50m funding will in part deliver these initiatives. However it can also be used in conjunction with other sources of finance. In particular, capital funding has been made available to complement the 2016-17 provisions. This includes £10m in capital to support step-up/step-down and reablement facilities and a further £4m through the Enable enhanced adaptations scheme.

2.6 Further details of other funding initiatives, including the capital schemes listed above, are contained within the separate guidance in **Annex E**.

3 Funding

- 3.1 This funding is only available for, and throughout, the 2016-17 financial year. It can be used alongside other funding streams to maximise the benefits of the Fund and support ongoing costs beyond 2016-17. Where other funding streams have been combined, schemes should be managed in as joined-up a way as possible, to maximise the support through a coherent package of measures.
- 3.2 The majority of the £50m will be provided to health boards on behalf of the seven statutory regional partnerships at the beginning of April, along with notification of their sum. £15m will, however, be held for a delayed deployment pending approval of a new Welsh Government after May. Further details of how this funding will be utilised will be made available to all partnerships in due course. There are varying amounts apportioned to each region and the handling of funding is set out in Chapter 4, with specific allocations outlined in **Annex B**.
- 3.3 The ICF is not to be used:
- for proposals which are not related to the areas identified within this guidance document;
 - to substitute existing funding streams; or,
 - to generate ongoing demand which cannot be met from within existing resources.
- 3.4 The allocations represent the amounts available to each region but actual funding will be distributed on the basis of spend incurred on schemes.

4 Governance and Arrangements

- 4.1 Funding will be given to individual health boards as lead organisations within regional partnerships. However, it is essential that the planning and delivery of regional programmes has the involvement of social services, housing, and the third and independent sector. As the scope of the integration work extends, it will be important that other stakeholders are appropriately involved.
- 4.2 From April 2016, there is a requirement under Part 9 of the Social Services and Well-being (Wales) Act for the establishment of seven statutory regional partnership boards. These boards will lead on the planning and use of the funding, as well as ensuring delivery, to maximise outcomes for people and the effective and efficient use of resources.

Memorandum of Understanding

- 4.3 Welsh Government will need a confirmation from your region of your agreement to receive funding through a memorandum of understanding (MoU). This must be signed by the chief executive of each health board and countersigned by the nominated financial lead (such as a financial director) with the appropriate delegated authority and also approved and endorsed by the statutory regional partnership board.
- 4.4 It should also include details of the schemes you intend to take forward and any identified funding (including likely additional resources) no later than **31 May**.

Reporting

- 4.5 To measure the effectiveness and impact of the ICF, regions are required to provide quarterly reports and more substantive half yearly and annual reports, signed off in the same manner as the MoU in 4.3.
- 4.6 Your reports should also note the revenue you have been allocated as part of this funding and clearly identify additional resources including capital funding. Your reporting should be cumulative in nature and capture the impact made on progress since the start of the fund through evidence-based analysis. Regular reporting

ensures we are aware of progress and can identify and share good practice.

- 4.7 Timescales for reporting are at **Annex C**. A template will be provided in due course, although additional relevant information can also be provided. They can be sent the contacts below and also to ICF16-17@wales.gsi.gov.uk.
- 4.8 In line with the previous years of the ICF we also require you to provide Welsh Government officials with Board Papers, minutes and similar information on an ongoing basis specifically relating to any work under this funding.
- 4.9 You are separately required to undertake evaluation of the impact of your schemes (see section 7).

5 Developing initiatives

- 5.1 Schemes should be developed and delivered on a regional collaborative footprint basis, to ensure change is driven at a strategic level and to improve the consistency of service provision and uniformity of outcomes. Statutory regional partnership boards will develop proposals, working in close partnership with local health boards, local authority, housing and the third and independent sectors.
- 5.2 As the funding is for one year only, you will need to provide us at the earliest opportunity with information on how those schemes extending beyond 31 March 2017 will be sustained and funded. You should also indicate if there are plans to contribute funding from existing sources to the proposal and, if so, set out these plans.
- 5.3 We recognise that needs vary within regions, so it will be for each region, with their partners, to develop proposals and determine the most appropriate model of delivery to best meet the specific needs within their area. The expectation is that a wide range of partners will be involved in the delivery.
- 5.4 The proposals should clearly demonstrate how they will meet the objectives of the Fund set out in **Section 2** and should cover both revenue and capital costs. The proposals should also include how they will meet the following key criteria:
- **Integration** - The Fund aims to encourage integrated working, so schemes should clearly demonstrate the role and contribution of all relevant partners within the region.
 - **Transformational** - Schemes should demonstrate a recognisable shift in the way services are delivered or in the ways the collaborating organisations operate. The impact must be on the long-term and achieving sustainable integrated services.
 - **New/Additional** – The Fund 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 and how this will be measured, particularly within the context of population outcomes.

- **Deliver benefits** - You should clearly highlight the benefits and outcomes for individuals and social care needs, and also highlight how the provision of integrated services will be enhanced or developed within the region. This should include value for money, cost avoidance or savings as appropriate.
- **Strategic** – Your schemes should indicate alignment to the strategic aims of Ministers, including demonstrating sustainability, the wider integration agenda and well-being. They should, for example, demonstrate coherence with the Social Services and Well-being (Wales) Act the Well-being of Future Generations (Wales) Act 2015.
- **Fairness/Equality** - proposals should ensure people with get fair and equal access to good quality health and social care.

5.5 Learning disability schemes should also be based around the key areas set out in **Annex D**. Regions may also wish to utilise the expertise of bodies such as the Learning Disability Advisory Group to inform the development and delivery of their initiatives.

6 The Process

- 6.1 It is recommended that you discuss any new proposals with officials at Welsh Government – see contact details below. A number of regional events will also be organised by the Welsh Government to enable discussions and support the development of proposals.

Contact details

Neil Jones tel: 029 2082 5860
(main enquiries)
email: jones.neil@wales.gsi.gov.uk

Lisa Dunsford tel: 029 2082 6377
email: lisa.dunsford2@wales.gsi.gov.uk

Penny Hall tel: 029 2082 3095
(learning disabilities/complex care)
email: penny.hall@wales.gsi.gov.uk

Julie Annetts tel: 029 2082 6061
(autism)
email: Julie.annetts@wales.gsi.gov.uk

- 6.2 A Welsh Government panel will be convened to review progress of the fund and supported schemes.
- 6.3** Depending on the nature and cost of the schemes proposed by regions and their subsequent progress, further funding may be made available later in the year to ensure utilisation of the full £50 million revenue and £10 million capital funding for 2016-17.

7 Monitoring and evaluation

- 7.1 Evidence will need to be provided to demonstrate the effectiveness of schemes in relation to the Fund's objectives. You will therefore be required to monitor and evaluate these.
- 7.2 You will need to specify how progress towards objectives and the achievement of outcomes will be assessed. Whilst the precise approach will vary, depending on the specific proposals, the expectation is that all monitoring and evaluation proposals should:
- consider how outcomes will be identified and assessed and the types of evidence required to do so;
 - include some means of capturing how and why those outcomes came about and what can be learned from the way things happened (through some form of process evaluation);
 - set out the likely range of indicators, monitoring data and other forms of evidence (e.g. qualitative evidence gathered through interviews) that will be used to evaluate the proposals;
 - where appropriate describe how service users' perspectives will be incorporated into monitoring and evaluation; and
 - describe, as far as possible, a proposed model for carrying out the evaluation (be it externally commissioned, in-house or some other arrangement) and how it will be resourced.
- 7.3 Upon the award of funding, more detailed proposals and plans for monitoring and evaluation should be developed in conjunction with the Welsh Government researchers, who will offer bespoke support and quality assurance on the key aspects.
- 7.4 It is likely that the Welsh Government will prepare and publish a synthesis of evidence from the individual evaluations to identify overall lessons and implications for policy and practice.

Annex A OTHER FUNDING OPPORTUNITIES

CAPITAL FUNDING

i) £10m Capital Housing Support

- 1.1 £10m in capital funding has been made available to support housing initiatives which align and support schemes within the £50m intermediate care funding.
- 1.2 The funding will not support basic individual adaptations to people's homes but would focus on "step-down" and reablement facilities, and support for physical accommodation for people with particular complex needs. This would extend beyond older people to consider the needs of younger people with special accommodation needs e.g. as a result of a brain injury, particularly individual who currently have to be accommodated out of area. It would also include individuals with significant learning disabilities.
- 1.3 Although the main purpose of this capital funding is set out above, it also presents an opportunity to show how schemes will meet objectives such as tackling poverty and improving education standards.
- 1.4 Fuller guidance on this £10m capital provision is available in **Annex E**.

ii) £4m Enhanced adaptations scheme (Enable)

- 1.5 Support for adaptations is being made available separately through the £4m *Enable – Support for Independent Living* scheme. 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) and independently in their own home. They play a vital role in avoiding hospital admission and helping people to be discharged in a timely manner from hospital, thus avoiding unnecessary delayed transfers of care.

- 1.6 The £50m revenue funding made available here and the capital money available through the (EAS) can therefore be used to increase the direct referrals made by health and social care teams or care coordinators for adaptations and to ensure they are delivered as part of a wider, co-ordinated package of care and support to meet people's needs.

INVEST-TO-SAVE FUND

- 1.7 The Welsh Government's Invest-to-Save Fund, which has recently opened to new bids, 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://wales.gov.uk/topics/improvingervices/better/vfm/i2savefund/guidance/?lang=en>

EUROPEAN FUNDING

- 1.8 Other funding opportunities are available under **Priority 4 of the European Structural Fund Convergence Operational Programme**. The objective of the priority is to improve the effectiveness and efficiency of public services in the region. Further information is available from the Welsh European Funding Office's web site:
<http://www.wefo.wales.gov.uk/frameworks/MakingTheConnections>

EFFICIENCY THROUGH TECHNOLOGY FUND

- 1.9 £10m in revenue funding is being allocated to accelerate the demonstration, evaluation and adoption of new products and services into practice, increasing efficiency and providing patients with better outcomes, in accordance with the principles of Prudent Healthcare. Please contact Abi Phillips for more details:
abigail.phillips@wales.gsi.gov.uk

Annex B

Intermediate Care Fund 2016-17 Indicative allocation spend (per £k)

	Frail and Older People	Older Adults PSS (%)	Learning Disability and Complex Needs	New Govt. Allocation (post election)	Recurrent HCHS/ Prescribing Discretionary Allocation (%)	Autism	TOTAL	Capital	Capital (%)	TOTAL CAP AND REV
			<i>(Initial Allocation)</i>							
Cardiff and Vale	3,690	12.3	535	2,006	13.4	204	6,435	1,291	12.91	7,725
Cwm Taf	2,910	9.7	419	1,570	10.5	204	5,102	1,024	10.24	6,126
Gwent	5,400	18	776	2,911	19.4	249	9,336	1,873	18.73	11,209
Hywel Dda	4,140	13.8	493	1,850	12.3	0	6,484	1,301	13.01	7,785
North Wales	7,170	23.9	921	3,453	23.0	0	11,544	2,316	23.16	13,860
Powys	1,500	5	169	633	4.2	188	2,490	500	5.00	2,989
Western Bay	5,190	17.3	687	2,578	17.2	0	8,455	1,696	16.96	10,152
TOTAL	30,000	100	4,000	15,000	100	845	49,845	10,000	100.00	59,845

NOTES

- (1) Figures rounded to nearest £1,000.
- (2) £30m element uses Older Adults' PSS formula, in line with previous ICF schemes. Figs for Learning Disability based on recurrent HCHS and prescribing discretionary allocation. Figures for Autism apportioned based on first year of a phased rollout according to readiness, not by percentage. The autism allocation will be complemented by further £40k from central funding as part of overall programme.
- (3) Allocations will include costs for evaluation work incurred during the 2016/17 year on the Intermediate Care Fund.
- (4) These are provisional indicative figures only. Final amounts will vary depending on the work being taken forward. Further details to follow.

ANNEX C:

Reporting Deadlines

Deadlines	Documents
29 July – Documents which must accompany claim pro-forma	<ul style="list-style-type: none">• Quarterly Report• Any necessary documentation as requested
29 Oct – Documents which must accompany claim pro-forma	<ul style="list-style-type: none">• Half Yearly Report• Any necessary documentation as requested
29 Jan – Documents which must accompany claim pro-forma	<ul style="list-style-type: none">• Quarterly Report• Any necessary documentation as requested
29 April – Documents which must accompany claim pro-forma	<ul style="list-style-type: none">• Annual report• Any necessary documentation as requested

ANNEX D:

Additional criteria for schemes to address Learning Disabilities/ Complex Needs

Supported schemes should clearly:

- i. demonstrate an integrated approach to services in which the health, housing and social care needs of individuals with learning disabilities are addressed;
- ii. demonstrate an approach based on 'de-escalation' and 'normalisation' principles. Principally that investment leads to a reduction in care outside Wales, outside communities of origin and which better supports people with learning disabilities to live in non-institutional settings;
- iii. promote a 're-ablement' approach to services for people with learning disabilities seeking to reduce, for example, the need for people with learning disabilities to rely on continuing healthcare and the proportion of learning disability parents whose children are removed into local authority care;
- iv. be consistent with the principles of both prudent healthcare and the Social Services and Well-being (Wales) Act 2014. Principally by focusing on prevention and minimum necessary intervention services, investing in the conditions which create successful outcomes, rather than 'ambulance services', available only when everything has gone wrong; and,
- v. provide assurance that people with a learning disability get fair and equal access to good quality health and social care.

Intermediate Care Fund 2016-17

Guidance for the Use of Capital Funding

Introduction

1. This document explains the purpose of the £10 million of additional capital funding which has been provided for the Intermediate Care Fund for 2016-17. It describes the Welsh Government's expectations for the effective and efficient deployment of the Fund's capital resource.
2. The funding is designed to complement the revenue funding which has been allocated to the Fund, building on its first round in 2014-15, which left a number of legacy developments created by joint working between housing, the NHS and Social Services by statutory organisations and Third sector organisations working in partnership. The funding must be used i.e. expenditure incurred, during the 2016-17 financial year.

Background

3. The first programme for the Intermediate Care Fund in 2014-15 included £15 million of capital funding. It was used to fund individual adaptations to people's homes to allow them to continue living safely and as independently as possible. It also supported the joint developments by housing, health and social services to help reduce demands on the NHS and social care services, these developments, such as "step down" and reablement facilities, sought to prevent people from unnecessary admission to hospital or enabling them to leave hospital as soon as possible, thus avoid delays in the transfer of care.

Allocation

4. The capital funding is being allocated on a regional basis. This will be based on the standard approach for allocating funding to the Intermediate Care Fund. It uses the Older Adults PSS formula from the Local Government Revenue Settlement.
5. The funding will be allocated to health boards but spending decisions must be taken collaboratively at the Regional Partnership Boards. The Fund is designed to develop more integrated working and decision making on how it is used must reflect this.

Deployment and use of the 2016-17 funding

6. The aims and objectives for this second tranche of capital funding for the Intermediate Care Fund are:
 - (i) To reduce demands on the NHS and social care services.
 - (ii) To support more joint developments such as “step-down”, reablement or other accommodation-based solutions by Local Authority Housing and Social Services Departments, Local Health Boards, Registered Social Landlords and other Third Sector organisations.
 - (iii) To save money for the NHS and Social Services by finding local accommodation solutions for people who are accommodated out-of-area, individuals with complex needs and people with learning disabilities.
7. The Welsh Government is not prescriptive on the precise use of the funding or the nature of developments provided it is used for accommodation-based solutions and achieves one or more of the aims and objectives listed above. The effective and efficient deployment of the capital funding is a matter for Local Health Boards and their partners to determine, ensuring robust delivery arrangements are put in place to utilise all funding by 31 March 2017. All expenditure must be made by this date. No funding can be carried over into 2017-18. It is expected developments will be the result of close and effective co-operation.
8. Local Health Boards, Local Authorities (Social Services and Housing Departments) and Registered Social Landlords are best placed to identify local needs and priorities for people in their communities and, where complex needs are involved due to long-term health problems or serious health conditions as a result of an accident, for individuals and their families. Whilst this funding will be of particular relevance to meeting the needs of older people, the use of the funding is open to help groups of people or individuals of any age, provided the aims and objectives set out above are met.
9. The new funding is designed with additionality in mind. It is not designed to substitute for, or replace, funding which is available through the programmes or other 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 which has been allocated to the Fund for 2016-17. The expectation is that developments which have been possible because of this additional capital funding and which are shown to be effective will be supported by local partners to be able to continue operating into 2017-18 and beyond.

10. In considering the best possible use of the funding, you will need to decide whether the funding is designed to support a relatively large number of people with smaller capital sums, or a small number of people via large capital projects, or a combination of both. But common to all uses is the need to demonstrate that the funding helps to achieve the Fund's objectives and for expenditure to be incurred in 2016-17.
11. The first tranche of capital funding for the Intermediate Care Fund was targeted at the installation of individual, and largely small-scale, adaptations to people's homes to facilitate safe and independent living. Adaptations to people's homes per se are not covered by this allocation of funding. A separate allocation of £4 million has been allocated to the enhanced adaptations system "*Enable – Support for Independent Living*" which was announced on 15 March 2016 and which is being rolled out from 1 April 2016. The system is geared to greater use by Local Health Boards and Social Services Departments in referring cases to prevent falls and thus unnecessary admission to hospitals and residential care homes, and to facilitate earlier discharge home from hospital.
12. 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 Intermediate Care Fund, particularly where the need is identified by a health or social care professional and where it is the result of joint working between organisations.
13. 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.
14. 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.

15. The development of more integrated services based on effective joint-working is a core aim of the Intermediate Care Fund. It is expected that proposals will demonstrate effective local delivery arrangements, based on discussion with Local Authority Housing and Social Services Departments, Local Health Boards, Registered Social Landlords and other Third Sector organisations. Effective delivery arrangements will ensure efficient targeting and use of the resources. They should also utilise, and strengthen further wherever possible, the partnerships that already exist and create new ones.

Monitoring and evaluation

16. Evidence will be required to demonstrate what has been developed and by whom and the difference it makes i.e. the impact of the additional funding against the Fund's objectives. You must establish appropriate monitoring and evaluation mechanisms.

17. You will be required to collect and hold specified information for monitoring and evaluation purposes, and to provide this information to the Welsh Government. Such information will be required to support claims for grant payments. The following is an example of some of the information that will need to be collected.

Outputs and outcomes might include:

- Number, type (nature of the development) and value of works
- Number of people helped, by age, disability, ethnic origin
- Information on the number of persons prevented from having to enter hospital.
- Number of out-of-area placements reduced
- Number of persons for whom earlier discharge has been facilitated and the impact (benefits) to the hospital
- Quantified evidence of reduced demand on NHS and/or social services and/or cash savings from developments

Contact

18. The Project Manager for the Fund's capital funding is Judith Askew, Housing Policy Division, Welsh Government (judith.askew@wales.gsi.gov.uk) (0300 062 8627) or Stacey Lewis, Housing Policy Division, Welsh Government (stacey.lewis@wales.gsi.gov.uk) (0300 062 8173)