



Llywodraeth Cymru
Welsh Government



Integrated Care Fund

Revenue, Capital and Dementia Guidance

Effective 1 April 2019

Supporting A Healthier Wales: our Plan for Health and Social Care

Integrated Care Fund Guidance

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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 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 Integrated Care Fund (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 will remain in place for 2019-20 and 2020-21 (subject to confirmation of Welsh Government budgets in 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. Whilst this guidance covers the period 1 April 2019 to 31 March 2021 it is revisited on an annual basis to ensure it remains fit-for-purpose.
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. 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.

CHAPTER 2: OBJECTIVES AND PRIORITIES

11. 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

12. The Integrated Care Fund 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.

Priority Allocations

13. 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>

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:

<https://gov.wales/docs/dhss/publications/learning-disability-improving-lives-programme.pdf>

Children with complex needs due to disability or illness:

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.

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. Projects should support delivery of the three National Priorities for Carers:

- Supporting life alongside caring
- Identifying and recognising carers
- Providing information, advice and assistance

Further information on the three priorities can be accessed here:

<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.

14. 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 will remain in place until the end of 2020-21.
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 2019-21 the ICF will continue to support the roll-out of the Welsh Community Care Information System (WCCIS). Funding of £2million a year is available to support this work but has not been released to regional partnership boards. Previous ICF funds have been allocated to regions in 'general' support of ICF implementation. In 2019-21 proposals will be invited for projects that focus on benefit realisation and clearly demonstrate a commitment to using WCCIS to support regional integrated working across health and social care.
17. Regional partnership boards are invited to submit project proposals for the WCCIS Leadership Group to consider. Proposals should focus on benefit realisation and deploying WCCIS as a key tool to enable integration. Proposals must provide clear and measurable benefits and as a minimum will result in an increase in numbers of teams and staff using WCCIS across the region.
18. A template for proposals is provided at Annex F. Proposals will need to be submitted by **1st March 2019** along with the ICF Investment Plan.
19. WCCIS infrastructure, including systems, systems support or deployment and equipment cannot be supported using ICF capital funding.

Integrated Autism Service (IAS)

20. Integrated Autism Service (IAS) will be supported throughout the duration of the programme. 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.

Dementia Action Plan

21. 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.
22. 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.
23. 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.
 - Staff have the skills to help them identify people with dementia and to feel confident and competent in supporting individual's needs post-diagnosis.
24. Welsh Government may issue future updates relating to the use of ring-fenced allocations as appropriate.

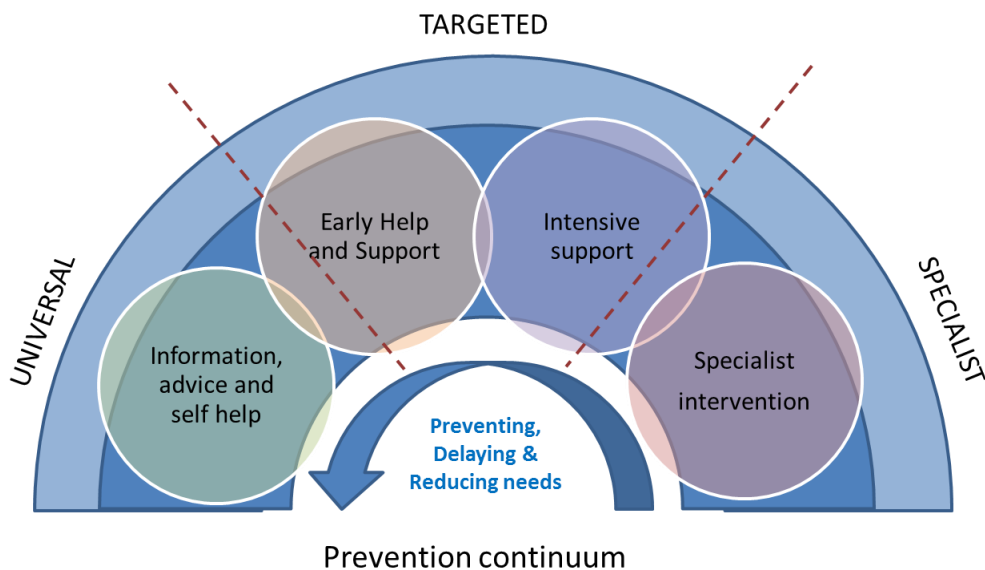
Social Value Organisations and third sector

25. 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.
26. 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.
27. 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.
28. 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](#).
29. 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.
30. '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.
31. 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 2019-21 at least 20% of the overall ICF revenue spend should support this sector.
32. 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.
33. 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

- 34. 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).
- 35. 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 13. 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.



- 36. 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

37. Loneliness and social isolation can have a detrimental effect on people's physical and mental well-being. The Programme for Government, *Taking Wales Forward*, includes a commitment to develop a nationwide and cross-government strategy to address these issues. The public consultation, published in October 2018, sets out our suggested approach - <https://beta.gov.wales/connected-communities-tackling-loneliness-and-social-isolation>

38. *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.'

39. 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 this to help improve people's wellbeing outcomes as well as reducing social isolation.

Population Assessment and Joint Area Plans

40. 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.

41. 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.

42. 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.
43. 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

44. 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.
45. 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.
46. 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

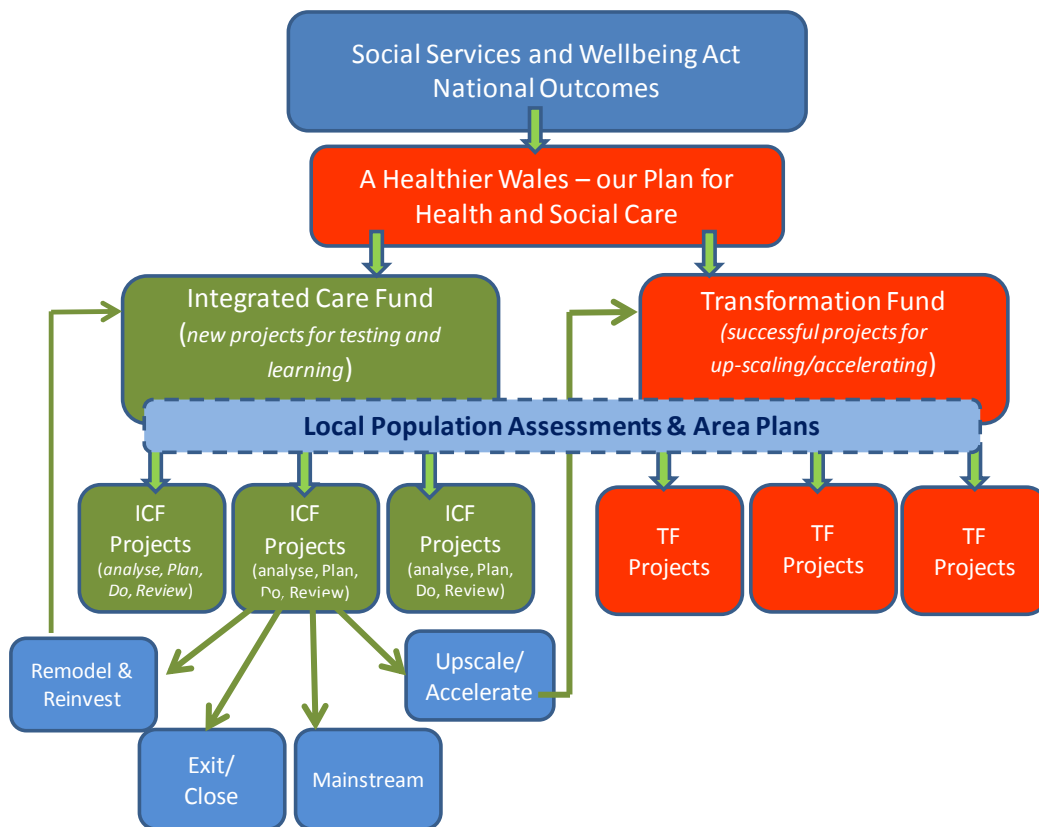
47. The ICF should support delivery of outcomes reflecting the national well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives as identified in the [National Outcomes Framework](#).
48. [A Healthier Wales: Our Plan for Health 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.
49. 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.

50. 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*”.

51. 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.

52. 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.*



53. *A Healthier Wales* also sets out 10 national design principles to inform the development of integrated services. 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.
54. 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.

Use of ICF

55. 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.
56. Regions should actively seek to ensure that projects and schemes supported are regional where possible.
57. ICF funding can be used to directly support effective regional working including the development, management and evaluation of the regional ICF programme.
58. 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 new approaches to prevent children from going into secure accommodation;
 - iv. utilise, though not substitute, other sources of funding, such as the primary care fund, to maximise opportunities;
 - v. 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;
 - vi. 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;
 - vii. 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;

- viii. 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;
- ix. increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services);
- x. 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;
- xi. 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;
- xii. help develop collaboration in needs assessment and service planning, organisation and delivery at primary care cluster level; and
- xiii. 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.

59. Regional partnership boards should use their ICF Capital Investment Plan (see Annex 3) for the three years 2018-19 / 2019-20 / 2020-21 to set out and prioritise their strategic priorities for ICF capital during that period.

60. 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;
- equipment which supports integration and innovations not supported by main stream equipment programmes in support of ICF objectives;
- 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.

61. 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.
62. 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

63. 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.
64. 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.

65. A timescale must be identified for considering whether the innovation provided for by ICF projects will be mainstreamed within core budgets.
66. In relation to the dementia action plan £9m, whilst the above principles remain extant we have previously made clear our requirement that RPBs 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.
67. 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.
68. 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.
69. Regions may wish to consider whether it is appropriate to collaborate more widely on the delivery of services across health board boundaries.
70. ICF revenue allocations for 2019-20 are attached at Annex D. These should also be considered as indicative allocations for 2020-21 (subject to budget confirmation)
71. 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.
72. 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.
73. [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.

74. 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).
75. 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 - 20.

Payment of ICF Revenue Funding

76. ICF revenue funding for 2019-20 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.
77. The Dementia funding within the ICF will be issued to Health Boards as an 'in-year' allocation uplift during 2019-20, subject to the approval of proposals by the Mental Health policy team in Welsh Government.

ICF Capital Funding

78. 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.
79. 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.
80. 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.

81. 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.
82. 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.
83. 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.
84. 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.
85. 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.
86. 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).
87. 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.
88. 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.

89. Indicative three year regional allocations have already been provided but will be updated under separate cover due the changes in arrangements in a number of regions.
90. 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.
91. 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.
92. 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)

93. 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.
94. Projects supported by the MCP may also be match 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.
95. 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

96. The MCP cannot be used for aids or adaptations or equipment projects.
97. 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 final costs (for example, costs supported by a fully tendered process) but to also evidence a robust procurement process has been 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.
98. 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.
99. 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.
100. 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)

101. 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).

102. 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 regions annual ICF capital allocation.
103. 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.
104. Regional partnership boards will be required to approve and present to Welsh Government a DCP Schedule (see Annex 1) 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

105. The relevant local health board of a region will be the recipient of the ICF capital funding. Arrangements secured within the Written Agreement 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).
106. 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.
107. ICF Capital will be paid quarterly in arrears.
108. 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.

109. 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 over the freehold or leasehold property that is the subject of their project. This will be a funding condition detailed within the grant award letter. With projects delivered by local authorities, the grant offer letter will contain a pre-funding condition that will require a restriction to be registered against the freehold or leasehold property prior to the grant funding being released. Such a restriction will prevent the disposal of the property without the consent of the Welsh Government.

Capital project costs and design

110. 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 final and confirmed 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.
111. 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.
112. 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

113. 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.
114. 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.
115. 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.

116. 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.

117. 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.

Written Agreement

118. In 2017-18 regional partnership boards were required to put in place a three year Written Agreement from 1 April 2017 to provide assurance that robust processes are in place to manage the effective delivery of ICF capital and revenue funds. As a minimum, the Written Agreement was expected to 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.

119. This is not an exhaustive list. The minimum information required to be included in the Written Agreement is set out in more detail at Annex B.

120. **From 2019-20 Written Agreements must also set out:**

- the process for effectively managing in year slippage. Redistribution of funding should be done efficiently and in a timely manner to ensure a full spend by the end of each financial year. This should include early engagement with the third sector;
- how projects will be managed, reviewed and evaluated and how and when decisions will be taken about next steps which could 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*
- how the regional partnership board makes links with Public Service Boards.

121. Written Agreements are expected to be concise and no more than six pages in length.

122. 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 delegate authority. Regional partnership boards are expected to annually review the Written Agreement reporting any revisions to Welsh Government. The issues set out at paragraph 117 above must be considered as part of the review process.

123. The governance requirements set out in this guidance are relevant to capital funding, including due diligence and Written Agreement arrangements.

124. 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.

125. 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 organisations to receive the ICF capital funding.

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

ICF Revenue Investment Plan

127. To assist long term planning and enable regional partnership boards to plan, develop, test and evaluate projects more effectively a two year ICF Revenue Investment Plan is required to be submitted to Welsh Government between **1st March – 31st March 2019**. Project proposal templates (as set out in Annex D and F) for **new** ICF projects should also be submitted at this time alongside the investment plan. However project proposal templates for existing projects entering a new phase of delivery in 2019 – 21 should be submitted by **30th June 2019**.

128. While Welsh Government will not formally approve the ICF Investment Plan, the detail will be subject to scrutiny with a view to ensuring compliance with this guidance. 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 in March to allow for feedback in time for a **1st April project commencement** date.

129. The Revenue Investment Plan will cover all the priority areas for integration as set out in paragraph 13 of this document. The 2 year Revenue Investment Plan should set out the projects and activities to be supported by the ICF in 2019-20 and 2020-21.

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.

130. To ensure a consistent approach, regional partnership boards are required to use the templates at Annex C, E and F to develop their individual project proposals and overarching investment plan. These new, more comprehensive templates will be used to 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.

These 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.

131. 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.
132. 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.
133. 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.
134. 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.
135. 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.
136. 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.
137. 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.
138. 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.

139. 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

140. 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).

141. 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.

142. A new, pre-populated version of the ICF Capital Investment Plan will be provided to each region in due course. 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.

143. 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.

144. 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.

145. 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.

146. 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

147. 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.
148. 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.***
149. The forms as required are:

- Annex 1 DCP**
- Annex 2 MCP project application**
- Annex 3 ICF Capital Investment Plan**

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 (i.e. 2019-20 & 2020-21) 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.

150. As we move towards the second and third years of this capital programme, we will work closely with regional partnership boards via ICF leads in regard of timescales and any associated deadlines to ensure approved robust plans are in place.
151. 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

152. To enable stakeholders and citizens to understand how ICF is being utilised across Wales, the Investment Plan should be published by **1 July 2019**. A link to the published plan should be 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 H to help us develop a consistent approach to planning communications. The communication plan should be shared with Welsh Government.
153. 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](#)).
154. Welsh Government will publish an annual ICF report by **July** 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.
155. 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

156. 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

157. 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.
158. 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.
159. 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

160. 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.
161. Regional partnership boards are required to provide 6 monthly reports to demonstrate the impacts, outcomes and learning from the projects funded.
162. 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.
163. 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

164. 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.

165. RPBs 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.
166. Evaluation arrangements must also be established to identify and evidence the impact as well as the general appropriate use of funds.
167. RPBs must provide reports on ICF capital activity on a quarterly basis. Annex 4 - Monitoring of ICF Capital Projects should be used and be accompanied with the ICF Claim Capital Form (Annex 5) when submitted to Welsh Government. Incomplete forms will not be accepted. Reporting must be cumulative and summarise the overall position at the specified point of the financial year.

Evaluation

168. 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.
169. Evaluation arrangements must be established to identify and evidence the impact in line with the National Outcomes Framework, as well as the general appropriate use of funds.
170. 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**.
171. 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?
172. 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**.

173. 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

174. Regions will be 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.

175. 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.

176. 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.

177. 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.

178. 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 I should be used to ensure a consistent approach.

ICF Revenue reporting timescales:

Deadline	Type of report	Period of report
No later than 31 July	1 st Quarterly Report (finance & project status)	April - June inclusive
No later than 31 October	2 nd Quarterly Report (finance & outcomes)	April - September inclusive
No later than 31 January	3 rd Quarterly Report (finance & project status)	April - December inclusive
No later than 30 April	4 th Quarterly Report (finance & outcomes)	April - March inclusive

179. 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. Failure to meet deadlines may result in remedial action by Welsh Government.

180. 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 - Information to be included in Regional Partnership Board's Written Agreement

Annex C - Revenue Investment Plan and Reporting Template

Annex D - Funding allocations 2019-20

Annex E - ICF project proposal form

Annex F - Template for WCCIS proposals

Annex G - List of deadlines

Annex H - Communication Plan template

Annex I – Case study template

Capital Annexes

Annex 1 –Discretionary Capital Programme – Schedule – ICF Capital

Annex 2 – Application Form – ICF Capital

Annex 3 – ICF Capital Investment Plan

Annex 4 – Monitoring Form – ICF Capital

Annex 5 – Claim Form – ICF Capital

ICF REVENUE AND DEMENTIA ANNEXES

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.

Annex B

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 process for effectively managing in year slippage. Redistribution of funding should be done efficiently and in a timely manner to ensure a full spend by the end of each financial year. This should include early engagement with the third sector;
- how projects will be managed, reviewed and evaluated and how and when decisions will be taken about next steps;
- how the regional partnership board makes links with Public Service Boards.
- the required signatories, as set out in ICF guidance Chapter 4.

Annex C – ICF Revenue Investment Plan and Reporting Template

Integrated Care Fund Allocations 2019-20							
	Older people with complex needs and long term conditions, including dementia	People with learning disabilities, children with complex needs and carers	Early intervention and support to children and their families	Integrated Autism Service	Welsh Community Care Information System (WCCIS) - To be held centrally in WG, Allocations to be confirmed.	Dementia**	Total
	£m	£m	£m	£m	£m	£m	£m
Swansea Bay Area*	5.224	2.590	1.942	0.398		1.175	11.329
Gwent	7.162	3.826	2.870	0.458		1.611	15.928
North Wales	9.567	4.251	3.189	0.652		2.153	19.812
Cardiff and Vale	4.895	2.879	2.159	0.367		1.101	11.402
Cwm Taf*	5.521	3.214	2.411	0.367		1.242	12.756
West Wales	5.550	2.426	1.819	0.398		1.249	11.442
Powys	2.080	0.814	0.610	0.337		0.468	4.309
Total	40.000	20.000	15.000	2.977	-	9.000	86.977
				77.977			
£77.977m will be issued through the main NHS Allocation letter.							
* Adjusted for Bridgend aside from the Integrated Autism Service allocation which remains with Swansea Bay until further notice.							
** Dementia funding is held centrally within Welsh Government and issued 'in-year'							

Integrated Care Fund Project Proposal Form - Revenue



Llywodraeth Cymru
Welsh Government

Project Overview

Region:	ICF Project name:	
Project start date:	WG ref:	Project completion date:
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

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

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

Self Help, Information and Advice	Early Help and support	Intensive Support	Specialist Intervention

Project Costs

YEAR ONE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs -					
Staffing					
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					
YEAR TWO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs -					
Staffing					
Overheads (heat, light, rent etc)					
Resources/activity costs					
Equipment/IT					

Project Delivery

Delivery partners <table border="1"> <tr><td>Local Authority</td><td></td></tr> <tr><td>Health Board</td><td></td></tr> <tr><td>Third Sector/Social Value sector</td><td></td></tr> <tr><td>Private/Independent sector</td><td></td></tr> <tr><td>Housing Association/RSL</td><td></td></tr> <tr><td>Other (pls specify below)</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Local Authority		Health Board		Third Sector/Social Value sector		Private/Independent sector		Housing Association/RSL		Other (pls specify below)				Project budget holder <table border="1"> <tr><td>Local Authority</td><td></td></tr> <tr><td>Health Board</td><td></td></tr> <tr><td>Third Sector/Social Value sector</td><td></td></tr> <tr><td>Private/Independent sector</td><td></td></tr> <tr><td>Housing Association/RSL</td><td></td></tr> <tr><td>Other (pls specify below)</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Local Authority		Health Board		Third Sector/Social Value sector		Private/Independent sector		Housing Association/RSL		Other (pls specify below)				Project geographical footprint <table border="1"> <tr><td>Regional</td><td></td></tr> <tr><td>Sub-regional</td><td></td></tr> <tr><td>Multiple regions</td><td></td></tr> <tr><td>Local Authority</td><td></td></tr> <tr><td>Local community</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Regional		Sub-regional		Multiple regions		Local Authority		Local community			
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Multiple regions																																										
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Local community																																										

Project Beneficiaries (pls check boxes as appropriate):

Primary beneficiaries <table border="1"> <tr><td>Older people</td><td></td></tr> <tr><td>People with learning disabilities</td><td></td></tr> <tr><td>Children with complex needs</td><td></td></tr> <tr><td>Children at risk of becoming looked after</td><td></td></tr> <tr><td>Care experienced children including adopted children</td><td></td></tr> <tr><td>Carers</td><td></td></tr> <tr><td>Young Carers</td><td></td></tr> <tr><td>People with dementia</td><td></td></tr> </table>	Older people		People with learning disabilities		Children with complex needs		Children at risk of becoming looked after		Care experienced children including adopted children		Carers		Young Carers		People with dementia		Secondary beneficiaries <table border="1"> <tr><td>Older people</td><td></td></tr> <tr><td>People with learning disabilities</td><td></td></tr> <tr><td>Children with complex needs</td><td></td></tr> <tr><td>Children at risk of becoming looked after</td><td></td></tr> <tr><td>Care experienced children including adopted children</td><td></td></tr> <tr><td>Carers</td><td></td></tr> <tr><td>Young Carers</td><td></td></tr> <tr><td>People with dementia</td><td></td></tr> </table>	Older people		People with learning disabilities		Children with complex needs		Children at risk of becoming looked after		Care experienced children including adopted children		Carers		Young Carers		People with dementia		Other beneficiaries <table border="1"> <tr><td>Older people</td><td></td></tr> <tr><td>People with learning disabilities</td><td></td></tr> <tr><td>Children with complex needs</td><td></td></tr> <tr><td>Children at risk of becoming looked after</td><td></td></tr> <tr><td>Care experienced children including adopted children</td><td></td></tr> <tr><td>Carers</td><td></td></tr> <tr><td>Young Carers</td><td></td></tr> <tr><td>People with dementia</td><td></td></tr> </table>	Older people		People with learning disabilities		Children with complex needs		Children at risk of becoming looked after		Care experienced children including adopted children		Carers		Young Carers		People with dementia	
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Project Design Principles (pls check boxes as appropriate):

Which of the 'A Healthier Wales' Quadruple aim/s does this project primarily address?

Improved health and wellbeing	<input type="checkbox"/>
Better quality and more accessible health and social care service	<input type="checkbox"/>
Higher value health and social care	<input type="checkbox"/>
A motivated and sustainable health and social care workforce	<input type="checkbox"/>

Which of the 'ten national design principles' from A Healthier Wales will the project address?

Prevention & Early Intervention	<input type="checkbox"/>
Safety	<input type="checkbox"/>
Independence	<input type="checkbox"/>
Voice	<input type="checkbox"/>
Personalised	<input type="checkbox"/>
Seamless	<input type="checkbox"/>
Higher Value	<input type="checkbox"/>
Evidence Driven	<input type="checkbox"/>
Scalable	<input type="checkbox"/>
Transformative	<input type="checkbox"/>

With voice and co-production as key principles, tell us who you have engaged with in the design of your projects

Service users (adults)	<input type="checkbox"/>
Service users (Children/young people)	<input type="checkbox"/>
Carers	<input type="checkbox"/>
Young carers	<input type="checkbox"/>
Workforce	<input type="checkbox"/>
Social Value/third sector	<input type="checkbox"/>
Community members	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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?

How Much? (outputs)	How Well? (quality)
----------------------------	----------------------------

Difference made? (impact)

ICF Guidance April 2019 – March 2020

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

Impact Evaluation (How will you measure/understand the outcomes that have been achieved by your project?)	
Process Evaluation (How will you evaluate the system & process changes delivered by your project e.g. integration, co-production, social value?)	
Economic Evaluation (How will you evaluate the cost benefits/cost avoidance delivered by your project?)	
Qualitative Evaluation (How will you capture the experiences of service users/staff/communities?)	

Exit Strategy

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

Project contact details

Project key contact (name):

Email address:

Telephone:

Integrated Care Fund Project Proposal Form - WCCIS



Llywodraeth Cymru
Welsh Government

Project Overview

Region:		
Project start date:	WG ref:	Project completion date:

What stage of WCCIS implementation is your **region** at?

Regional Partner	Current Implementation Status <i>*Fully / Partially/ Commenced /Getting Ready (pls add as appropriate)</i>	Planned completion date

Please note ICF funding in 2019-21 is for regional benefit realisation following the implementation of WCCIS in regions. It is not intended to be used for readiness and initial implementation activity

WCCIS ICF Project Description (what activity will you be undertaking to support service integration through WCCIS?):

Tell us what benefits your project intends to realise: (e.g. better service user experience, supported integrated planning and working, improved information for commissioning, recording and reporting service user outcomes etc.)

Project Costs

YEAR ONE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs					
Project management costs					
YEAR TWO	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Cost
Direct delivery costs					
Project management costs					

Project Design Principles

Which of the 'A Healthier Wales' Quadruple aim/s does this project primarily address?

Improved health and wellbeing	
Better quality and more accessible health and social care service	
Higher value health and social care	
A motivated and sustainable health and social care workforce	

Project geographical footprint

Regional	
Sub-regional	
Multiple regions	
Local Authority	
Local community	

Which of the 'ten national design principles' from A Healthier Wales will the project address?

Prevention & Early Intervention	
Safety	
Independence	
Voice	
Personalised	
Seamless	
Higher Value	
Evidence Driven	
Scalable	
Transformative	

Delivery partners

Local Authority (pls name authorities to be engaged)	
Health Board	
Third Sector/Social Value sector	
Other (pls specify below)	

Project Evaluation

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

How Much? (outputs)	How Well? (quality)
Difference made? (impact)	

Project contact details

Project key contact (name):

Email address:

Telephone:

DEADLINES TO BE MET BY REGIONAL PARTNERSHIP BOARDS

Deadline	ACTION
1 - 31 MARCH 2019	REVENUE INVESTMENT PLAN
1 - 31 MARCH 2019	BIDS FOR WCCIS FUNDING
1 JULY 2019	PUBLICATION OF REVENUE INVESTMENT PLAN AND LINK SENT TO WELSH GOVERNMENT
1 JULY 2019	COMMUNICATION PLAN TO BE SUBMITTED TO WELSH GOVERNMENT
31 JULY 2019*	1st QUARTERLY REPORT(FINANCE ONLY)
31 OCTOBER 2019*	2nd QUARTERLY REPORT (FINANCE AND OUTCOMES)
31 JANUARY 2020*	3rd QUARTERLY REPORT(FINANCE ONLY)
30 APRIL 2020*	4th QUARTERLY REPORT (FINANCE AND OUTCOMES)

Integrated Care Fund Communication Strategy Template (Please send copy to Welsh Government when completed) Annex H

Region:	Communications Lead & contact details:
---------	--

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)

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

ICF CAPITAL ANNEXES

ICF Guidance April 2019 – March 2020

Annex 1

Please submit schedule to icfcapital@gov.wales								
Region -								
ICF Allocation - £								
ICF Allocation for Discretionary Capital Fund - £								
 Llywodraeth Cymru Welsh Government								
Year 1 - 2018/2019								
Project Name	Project Theme	Delivery Organisation	ICF Objective	Project Type and Description	Total Project Cost	ICF Funding Allocated	Summary of Expected Outcomes	Project End Date
eg Springfield	Housing & Health/ Social Care	LA - Ceredigion	LD		45,000	35,000		
Total					****	35,000		
Percentage of Total Allocation								

Certification & Confirmation of RPB Approval	
Authorised Signatory 1	Name
	Position
	Organisation
	Date
Authorised Signatory 2	Name
	Position
	Organisation
	Date
Details of RPB Sign Off Process	

ICF Guidance April 2019 – March 2020

	2020/21							
	Total Cost	WG - ICF	WG Other	LHB	LA	RSL - Private Finance	Third Sector	Other with Details
Land Acquisition	0							
Pre Tender Works	0							
Build Costs/ Works	0							
Fees/ On-Costs	0							
Equipment and Installation Costs	0							
VAT	0							
Other, please specify	0							
Total Project Cost	0	0	0	0	0	0	0	0

Sources of Funding


	2018/19			2019/20		2020/21		Total	
	Funding Amount	% of Total Costs	Current Status	Funding Amount	% of Total Costs	Funding Amount	% of Total	Funding Amount	% of Total Costs
WG - ICF (Intervention Rate)	0			0		0		0	
WG Other	0			0		0		0	
LHB	0			0		0		0	
LA	0			0		0		0	
RSL - Private Finance	0			0		0		0	
Third Sector	0			0		0		0	
Other with Details	0			0		0		0	
Total Project Cost	0			0		0		0	

Declaration of Previous Funding Details

Sources of Funding			Year Funding
	Funding Amount	% of Total Costs	
ICF Capital (WG)			
Other WG Funding (Detail)			
Total Project Cost	0		

Annex 3 – ICF Capital Investment Plan

ICF Guidance April 2019 – March 2020

Grant Claim for Integrated Care Fund (ICF) - CAPITAL		Form : Annex 5	 Llywodraeth Cymru Welsh Government
Swyddfa Merthyr, Rhydycar, Merthyr Tudful Merthyr Office, Rhydycar, Merthyr Tydfil CF48 1UZ ICFCapital@gov.wales			
Regional Partnership Board Name:			
QTR/Claim Period and Funding Year:			
	MCP	DCP	Overall Total
ICF Capital Funding Awarded (including CRL)	£20,000.00	£1,500.00	£21,500.00
CRL Allocation	£2,000.00	£0.00	£2,000.00
Award Previously Claimed (Inc. CRL)	£1,000.00	£100.00	£1,100.00
ICF Capital Amount Now Claiming	£2,000.00	£300.00	£2,300.00
Remaining Balance	£17,000.00	£1,100.00	£18,100.00
		For Welsh Government :	
		Certifying Officer:	
A. By signing below you are confirming that due diligence processes are in place and that the claims are in accordance with the Health Boards due diligence and procurement procedures.			
		Name (Block Capitals)	
Authorised Signatories		Authorising Officer:	
Officer authorised to sign on behalf of the RPB		Name (Block Capitals)	
Name (Block Capitals)			
Authorised Signatories		please submit completed claim form, forecasting sheet (tab below) monitoring sheet and evidence of legal charge/ restriction to icfcapital@gov.wales	
Officer authorised to sign on behalf of the RPB			
Name (Block Capitals)			