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Scoping interviews report

Conceptualisation of the Regional Integration Fund

Supporting Evidence Report 4 for the National Evaluation of the Regional Integration Fund

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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This is the Scoping Interviews Report which is one of four documents providing supporting evidence for the Conceptualisation Report of the National Evaluation of the Regional Integration Fund. The Conceptualisation Report synthesises findings from this report, and three others providing supporting evidence – the Framework for Change (Verity and Llewellyn, 2023): the Rapid Realist Review of the literature (Tetlow et al., 2024); and the Group Concept Mapping report (Wallace and Wallace, 2024).

National Evaluation of the Regional Integration Fund

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Executive Summary

The Welsh Government has commissioned a partnership led by the Welsh Institute for Health and Social Care, University of South Wales to evaluate the Regional Integration Fund (RIF). The review is being undertaken in three stages – conceptualisation, implementation, and realisation. This first phase of the evaluation (conceptualisation) aims to consider the extent to which meaningful and evaluable principles of the RIF have been articulated and understood.

This is one of four reports providing supporting evidence for the Conceptualisation Report for the study (Llewellyn and Verity, 2024)[2] and should be read in conjunction with these. This report draws on in-depth scoping interviews with 24 key stakeholders held between October and November 2023.

The key findings of the scoping interviews are:

- RIF is an ambitious programme which has adopted many lessons from previous schemes such as the Integrated Care Fund (ICF) and the Transformation Fund (TF)
- RIF has many positive design elements including a long-term funding period, it provides funding via a single investment fund to RPBs, and adopts a tapered funding model
- RIF is neither 100 per cent prescriptive nor affords 100 per cent flexibility to those funded. It sits in the middle ground which results in its guidance being perceived by regional contributors as ambiguous and open to interpretation
- RIF operates in a very complex and evolving policy context. It is not clear what role is expected of RIF within emerging national policies and what their implications will be upon funded activities
- RIF accounts for a very small proportion of the overall funding landscape for health and social care provision in Wales and is often a small contributor to large services and projects. This has bearing upon the level of priority afforded to the investment and makes it difficult to assess the difference being made

[2] Llewellyn, M. and Verity, F. (2024) From theory to practice: conceptualising the guiding principles within the Regional Integration Fund. Cardiff. Welsh Government, GSR report number 01/2025.

- the challenging fiscal environment within which RIF is being delivered threatens to undermine some of its fundamental design principles, notably the application of tapered funding
- its implementation is proving challenging, not least because the programme requires a significant transition on the part of Regional Partnership Boards (RPBs). RIF follows on from previous funding programmes such as TF and ICF, and as such most of its funded provision consists of legacy projects and statutory services
- there is a lack of clarity about the purpose of Models of Care (MoC), and their underlying rationale. MoCs are currently perceived by regional contributors as an inhibitor for implementing RIF as they cut across RPBs way of working, which focus on population cohorts rather than service delivery models
- RPBs have, to different degrees and with varying success, tried to retrospectively fit their regional priorities and projects into the MoCs, but MoCs have mainly been used for administration and reporting purposes rather than shaping and informing delivery
- RPBs have used the first year of RIF to test the alignment of funded projects with the broader objectives of RIF, although there is little evidence of unaligned projects being withdrawn
- the five key enablers and priority population groups are considered appropriate. The enablers form cornerstones of service delivery, but it is challenging for the regions to demonstrate how they are adopting the key enablers to achieve RIF objectives
- the Communities of Practice (CoPs) are sharing learning and making important linkages with relevant national programmes. There is a lack of representation from regional RIF leads and projects and it is unclear whether CoPs should, or how they could, fulfil their role in contributing to the development of agreed national approaches and MoCs.

1. Introduction

1.1 The Welsh Government has commissioned a partnership led by the Welsh Institute for Health and Social Care, University of South Wales to evaluate the Regional Integration Fund (RIF). The evaluation is intended to assess the aims, implementation, and impact of the RIF. The aim of the review is to assess the extent to which six new national models of integrated care have successfully been developed, embedded and 'scaled up', with their core components clearly identified and the extent to which the RIF's high-level person-centred outcomes have been met.

1.2 The review is being undertaken in three stages – conceptualisation, implementation, and realisation. This first phase of the evaluation (conceptualisation) aims to consider the extent to which meaningful and evaluable principles of the RIF have been articulated and understood.

1.3 This is one of four reports providing supporting evidence for the Conceptualisation Report for the study (Llewellyn and Verity, 2024).[3] The Conceptualisation Report draws together and synthesises findings from this report and three others: the Framework for Change (Verity and Llewellyn, 2023) which sets out an overview of the values, ideas and aspirations for change set out in the RIF, including the programme design and the wider context within which it is being implemented;[4] the Rapid Realist Review of the literature (Tetlow et al., 2024) which sets out components of successful integrated care programmes and the barriers to their success;[5] and the Group Concept Mapping report (Wallace and Wallace, 2024) which explores the underlying principles and concepts associated with the RIF.[6]

1.4 The Conceptualisation Report (Llewellyn and Verity, 2024) addresses the first of the central questions in our study ('To what extent have meaningful and evaluable principles been articulated as part of RIF?') and in answering the question provides a synthesis of the findings from evaluation data collected over the course of Year 1 of the RIF evaluation. The Conceptualisation Report is therefore an

[3] Llewellyn, M. and Verity, F. (2024) From theory to practice: conceptualising the guiding principles within the Regional Integration Fund. Cardiff. Welsh Government, GSR report number 01/2025.
[4] Verity, F and Llewellyn, M (2023) Framework for Change: Guiding directions, principles and aims of the Health and Social Care Regional Integration Fund. Supporting Evidence Document 1.
[5] Tetlow, S., Wallace, C., Wallace, S., Llewellyn, M. and Verity F. (2024) National Evaluation of the Regional Integration Fund: Rapid Realist Literature Review. Supporting Evidence Document 2.
[6] Wallace, C. and Wallace, S. (2024) National Evaluation of the Regional Integration Fund: Group Concept Mapping Study – Conceptualisation. Supporting Evidence Document 3.

'overview' of the evidence gathered here and elsewhere, and also provides an account of the changing and shifting context that has affected RIF.

1.5 It is not our intention in this report to repeat the wider context within which the RIF operates or to set out the scheme's aims and objectives, although references are made as appropriate to the relevant report which would provide this for the reader.

1.6 Qualitative research in the form of in-depth scoping interviews with key stakeholders forms one aspect of the conceptualisation phase evaluation and this report sets out the findings of those discussions. Interviews were led by OB3 Research, and a total of 24 contributors were interviewed between October and November 2023, as set out at Table 1.1. Interviews were conducted and recorded (with permission) via Microsoft Teams and on average were one hour in duration. A note of the interview was prepared by researchers, drawing as appropriate upon the Microsoft Teams recording.

Table 1.1: Profile of qualitative research contributors

Type of contributor	**Number**
Regional Partnership Board leads	7
Regional Partnership Board members	5
Welsh Government officials	5
Communities of Practice National Sponsors	5
Communities of Practice contract holder facilitators	2
Total	24

1.7 We discuss the data gathered in the way that it was presented to us via these scoping interviews. This means on occasion using outdated terminology which was adopted by interviewees. For example, reference was made to the term 'pillars' by some interviewees as this was the informal, verbal term used prior to adopting the term 'Models of Care'.

1.8 The method adopted for the qualitative research involved:

- developing three discussion guides to inform our interviews with (a) Regional Partnership Board (RPB) leads and members, (b) Welsh Government

officials, and (c) Communities of Practice (CoP) National Sponsors and the CoPs contract holder (set out at Annex A)

- preparing and distributing an information sheet, consent form and privacy notice to the contributors
- requesting contact data from the Welsh Government for all seven RPB leads; key Welsh Government officials who had been involved in designing and developing RIF, all CoP National Sponsors and the CoPs contract holder
- approaching each of the seven RPB leads and securing interviews with six of these. In one region, two representatives of the RPB were interviewed
- requesting contact data from the RPB lead for a RPB member to approach for an interview. RPB leads were each asked to identify one RPB member who had been involved in the design of RIF and the sample provided was monitored to ensure that it offered a cross-section in terms of roles and organisations. Information was supplied in six regions, and interviews were held with five RPB members. A cross-section of RPB members were interviewed including RPB Chairs, Vice-Chairs, Directors of Services and third sector representatives
- receiving contact data and approaching 10 Welsh Government officials who had either been involved in the design of RIF or were involved in its implementation and undertaking interviews with five of them
- receiving contact data and approaching eight individuals with a CoPs National Sponsor role and interviewing five of them, as well as two representatives from the Welsh Government contract holder appointed to facilitate the CoPs
- analysing the findings of the fieldwork and preparing this report. Interview write ups were analysed thematically using the discussion guide questions.

Structure of this report

1.9 This report is structured as follows.

- Chapter 2 explores the design and architecture of RIF.
- Chapter 3 considers the RIF Models of Care (MoC).

- Chapter 4 sets out the findings of the interviews in relation to the development of regional strategic plans and their fit with RIF objectives.
- Chapter 5 explores the implementation of RIF to date.
- Chapter 6 discusses engagement with the CoPs.
- Chapter 7 summarises our key findings.
- Annex A sets out the research instruments used.

2. Design and architecture of RIF

Introduction

2.1 Contributors were broadly supportive of the overall design and architecture of RIF which was seen as an ambitious programme which had taken on board many lessons from previous schemes such as the Integrated Care Fund (ICF) and the Transformation Fund (TF).

2.2 There was broad support from all contributors for the ambitions set out for RIF and it was thought that there is a strong underpinning logic to what it is trying to achieve:

> 'There are lots of really positive things about the design. Moving away from a population groups specific grant to [a] whole population approach[7] … and focusing on the six pillars makes a lot of sense.' [RPB Member]

2.3 Whilst RIF design was considered broadly logical by all types of contributors, RPB leads and members consider that its application in the real world is proving more challenging. The challenges associated with implementing the RIF to date are considered at Chapter 5 of this report.

Design strengths and issues

2.4 The key strengths of the RIF programme design were identified as:

- **its long-term funding period**: regional contributors welcomed the fact that funding has been made available for a five-year period from April 2021 to March 2027, with previous funds operating within much shorter funding timeframes. The longer-term funding arrangement was considered to provide greater security for this cohort, and more time to test and refine new approaches
- **a single investment fund**: regional contributors and Welsh Government officials were supportive of the decision to amalgamate various funding streams such as the ICF and the TF into a single funding stream to support the delivery of integrated health and care provision, as it was thought that having a

[7] Accepting of course that the RIF is focused on five priority populations, as set out in the Framework for Change (Verity and Llewellyn, 2023)

single fund would make it easier to plan provision at a regional level and streamline administration and reporting processes

- **its flexibility**: in that RPBs are not restricted by the need to invest specific proportions of funding on specific provisions or population groups, other than in the case of three ring-fenced funds[8]
- **the introduction of a tapered funding model**: this was welcomed in principle. Regional contributors consider tapered funding to be a helpful lever to encourage RPB partners to plan projects' exit strategies. Whilst supportive of this design principle, it is proving very challenging for RPBs to implement the concept within the current financial circumstances facing the health and care sector. This has resulted in some unintended consequences, such as partners taking decisions about what to include within RIF on the basis of match funding availability:

  'One of the weaknesses of the programme is that everybody signs up to the idea of tapering … allowing RIF [funding] to be recycled and redeployed [for other projects]. Because of the circumstances that we're in organisations are…simply saying 'we can't step into that space. There is no money.' [RPB Member]

2.5 The **key design issues** highlighted by contributors about the architecture of RIF were:

- **it adopts a middle-ground prescriptive approach**: it sits halfway between being an entirely prescriptive hypothecated funding model (with some elements in ring-fenced funding) and a more flexible core funding model (where there are no specific conditions to the way funding can be used). Despite regional contributors and Welsh Government officials having both been involved in the discussions to shape RIF, regional contributors, Welsh Government officials and CoP National Sponsors alike described it as a very complex funding programme, which is open to interpretation, and creates challenges for partnerships who are trying to resolve competing priorities. Regional contributors and Welsh Government officials held strong, but divided,

[8] The three ring-fenced funds are the Integrated Autism Service; Dementia projects supporting the Dementia Action Plan and the implementation of the Dementia Care Standards; and direct funding to support unpaid carers/hospital discharge

views about whether RIF would have been better designed with more or less prescription. Some argued that the Welsh Government ought to have been more prescriptive from the outset whilst others (notably regional contributors) were of the view that the funds should have been incorporated into core funding arrangements. The approach is described as very different to England, where specifications commissioned by regions for models they wish to test, are more closely aligned to both policy direction and best practice

- **incorporating MoCs is proving challenging**: contributors expressed confusion and frustration about adopting and implementing the MoCs. RPB leads and members frequently spoke of the tensions between the MoCs and regional priorities and population needs and the difficulty of integrating the MoCs concept to projects already in existence:

  'we are not starting with a clean slate.' [RPB Member]

  'it is quite difficult to sometimes align the policies with the models …. we looked at all of the health and social care policies and tried to align them and it was a bit of a nightmare because … nearly every policy aligned [with] nearly every model of care.' [RPB Lead]

  'it [RIF] doesn't take into account [of] the wider existing strategic priorities for our services … we've tried to retrofit that … that's where we very quickly hit challenges' [RPB Lead]

- **it often accounts for a small proportion of the funding allocated** to individual projects and services being delivered. Assessing the difference being made by RIF funding within broader programmes of work is therefore challenging

- **there are tensions around reporting and performance measurements**: despite having been involved in the design discussions, there is a strong regional view that Welsh Government reporting requirements for RIF are onerous, and of little value to RPBs in helping to form a view about RIF performance or the impact of funded interventions. Welsh Government officials, meanwhile, stated that they don't receive good quality evidence about the impact and successes of funded interventions, despite many RIF projects having been in place for several years prior to the design and implementation of the RIF.

Policy fit

2.6 Despite being designed as a strategic approach, RIF is finding it difficult to maintain its strategic focus due to the additional requests being placed upon RPBs to adopt more urgent and short-term policies, which are driving regional priorities over longer-term RIF ambitions. There was a strong suggestion from both regional contributors and Welsh Government officials that RIF now sat within a very crowded policy world characterised by new policy announcements and initiatives such as 'Further Faster' (now known as the Building Capacity Through Community Care – Further Faster' and the Six Goals Programme[9]. Both parties felt that such demands proved distracting in terms of their capacity to focus on the RIF:

> 'I think it could be quite influential if we don't get sidetracked by other so-called initiatives that come out of nowhere and then we have to deal with them in the context of what we're trying to achieve'. [Welsh Government official]

2.7 There was a view conveyed by regional contributors that the "Lane 1" priorities set out in Further Faster,[10] which focus on shifting resources towards preventative, community services, could usefully have served as the 'glue' to bring all the policy elements together, but that there had been a missed opportunity here with a policy landscape that currently feels as though it is pulling against integration rather than supporting it.

2.8 There was much ambiguity - amongst regional contributors in the main - about what the implications of new initiatives would be for RIF, and RPBs' response to new policies and their impact on RIF are unclear. Welsh Government officials have sought to demonstrate how RIF priorities and new policies slot together by delivering presentations at CoPs, to help improve regional practitioners' understanding about their alignment, but regional contributors believe there is still a need for further work around this.

2.9 There is also a view that improved governance is required within the transformation policy field in general with a lack of interaction and communication

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[9] Further details about these policy announcements and initiatives are set out in the Framework for Change (Verity and Llewellyn, 2023). The 'Further Faster' initiative aims to accelerate implementation of integrated health and social care. See Written Statement: Building Capacity through Community Care – Further Faster (6 June 2023) | GOV.WALESThe Six Goals Programme sets out the Welsh Government priorities for urgent and emergency care. See Six goals for urgent and emergency care: policy handbook for 2021 to 2026 | GOV.WALES

[10] The Lane 1 priorities of Further Faster are immediate priorities, expected to be delivered within the first year whilst Lane 2 priorities are future priorities.

between the Welsh Government, NHS Executive and other key players, resulting in a lot of duplication of effort and RIF projects not always aligned with national programmes. Similarly, governance can sometimes be disjointed at a regional level where RPBs are tasked to develop RIF projects, but responsibility for the policy and strategy that should be driving such projects sitting elsewhere:

> 'Where is the system leadership to knit everything together? RIF at the end of the day is a small part of a bigger system.' [CoP National Sponsor / Contract Holder]

2.10 Feedback gathered over the course of the fieldwork from regional contributors, Welsh Government officials and some national CoP sponsors also suggests that recent Welsh Government policy developments have led to an increasing focus on health provision, and on reducing pressures on hospitals in particular. Winter planning has now become 'a 365-days-a-year problem', and regional contributors and Welsh Government officials acknowledged that the RIF is increasingly being used to help resolve such issues, despite the programme having a much broader aim. Regional interviewees noted that they were being encouraged to use any RIF funding slippage to support the flow out from hospital. There was a view from regional contributors that as a result, RPBs have become increasingly focused on discussions about how to alleviate the pressure on the NHS, which has led to fewer strategic discussions about using RIF for preventative care purposes.

Allocation to the social value sector

2.11 RPBs are required to allocate a minimum of 20 per cent of their RIF allocation to social value sector organisations.[11] It was commonly accepted that previous funding models had demonstrated that unless such a proportion is specified within the funding guidance, it would not consistently happen. Feedback suggests that some regions consider this a reasonable requirement and are achieving the target without too much difficulty. Others are finding it more challenging, and the requirement is a source of tension across the region. In these cases, there was a suggestion that allocating a fifth of the funding through social value sector organisations was difficult as a large proportion of RIF was committed to well-established services, including statutory services. One region also suggested that

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[11] The RIF guidance stipulates that RPBs are expected to invest a minimum of 20 per cent of their RIF allocation to social value sector organisations, as they have a statutory duty to promote the Social Value Sector, as defined in the Social Services and Well-being (Wales) Act 2014, see [Health and Social Care Regional Integration Fund: revenue guidance | GOV.WALES] p.22

the third sector itself was finding it increasingly difficult to deliver services due to staff and capacity issues.

2.12 Whilst perhaps a wider issue than for the RIF programme, the fieldwork also revealed some tension around the definition of the term 'social value' and whether this is restricted to 'third sector' organisations or is broader than that. It was argued that the term has been open to interpretation at a regional level and as such its achievement depends on the definition adopted. Third sector representatives argued that the definition ought to be restricted to services delivered by third sector partners, and exclude statutory services commissioned by local authorities which are delivered by third sector contractors. On the other hand, local authority contributors believed that it should include local authority work around social value.

2.13 There is evidence that the unpaid carers' allocation of 5 per cent has been broadly covered, with RPBs reporting that this was relatively straightforward as they already had well-established programmes to cover this.

National ring-fenced funds

2.14 Those who agree with the concept of adopting ring-fenced funds[12] within RIF suggested that they work well because the approach has been more prescriptive than the other RIF elements, and the activities funded, such as the Integrated Autism Service, are well established and well-integrated, having been supported via previous grant funding schemes. A small number of regional contributors disagreed with the principle of applying ring-fenced funding within RIF, arguing that it added further complexity to the programme. This was particularly the case with funding for supporting unpaid carers, and some regional contributors thought the guidelines were too restrictive as they could only support funded respite care.

2.15 When considering the individual ring-fenced funds, the Integrated Autism Service and the projects funded under the Dementia Action Plan were perceived as being straightforward and working well. In terms of the direct support for unpaid carers, regions have approached this element differently. Some have top sliced the overall budget and commissioned dedicated services whilst others have looked at incorporating support for unpaid carers into existing RIF projects.

[12] For Integrated Autism Service, Dementia projects which support the Dementia Action Plan and the implementation of the Dementia Care Standards, and direct funding to support unpaid carers/hospital discharge.

3. Models of Care

Introduction

3.1 Despite a key feature of the RIF programme being to develop and embed national models of integrated care, there was much ambiguity amongst regional contributors, Welsh Government officials and CoP national sponsors alike when trying to define a MoC in the context of RIF and what it should look like. Some struggled to define a MoC:

> 'It's mad isn't it but my gut reaction is to say I don't know. And if I don't, who does?' [Welsh Government official]

3.2 Others had different interpretations of what it should be. Some contributors suggested that it was a strategic level framework, a guidance, or a blueprint describing what a citizen should expect in terms of their healthcare and wellbeing support. Others had a more specific interpretation of what a MoC should be i.e., a very prescriptive pathway which users of health or care services are expected to take, based on best practice:

> 'I struggle with what the model of care is, but in simple terms, it's a set of principles that enable or a set of way of doing things, that collectively achieve consistency [across services and areas].' [RPB Lead]

3.3 There was some suggestion from contributors that RIF terminology around the MoCs had morphed abruptly from 'pillars' to 'Models of Care' in the absence of a valid explanation or clear rationale, with one Welsh Government official also suggesting that it was not clear:

> 'why we were doing it this way [i.e. with a focus on high level outcomes]' as there was a risk of repeating the issues faced with ICF and the Transformation Fund, and ending with the same types of interventions. Elucidating a Theory of Change for RIF at the outset might have tackled some of these issues from the outset.' [Welsh Government official]

3.4 Despite some regional contributors being supportive of the concept of MoCs, it was clear that they had become obstacles rather than enablers of regional delivery, due to the need to retrospectively fit and report upon funded activities in this way. There was more acceptance of MoCs being overarching frameworks rather than prescriptive models.

3.5 At a broader level, all types of contributors were satisfied with the MoCs' remit, in that these were considered priority areas of work for the RIF programme. There was a fairly common expectation that the MoCs would become better defined over time and a strong suggestion that MoCs would be fully formed by the end of the RIF programme period. There was some uncertainty amongst both regional contributors and Welsh Government officials as to whether the Welsh Government would lead on their development or the extent to which the CoPs would play a vital role in developing the MoCs.

3.6 A clear message from the fieldwork with regional contributors, Welsh Government officials and CoP sponsors, relates to the need for greater clarity about Welsh Government's ambitions for the MoCs, and whether it is intended for them to be prescriptive pathways or a collective set of good practice components. If the latter, then there may be a case for clarifying and defining the terminology used, so that it better reflects the concept being pursued. Overall, the fieldwork revealed that there was more support for them being 'frameworks' or 'pillars', rather than prescriptive models of delivery, which would set out the core components of an integrated service:

> 'By the end of the 5-year programme we should be able to demonstrate that all regions across Wales are now working to these blueprints [i.e. the MoC].' [Welsh Government official]

3.7 Various suggestions were made by Welsh Government officials, CoP sponsors and regional contributors who thought that there may be a case for reflecting upon the challenges which MoCs pose for the delivery of RIF and seeking to resolve these. This could involve:

- pausing the focus upon the MoCs
- reviewing them
- merging, or reducing the number of MoCs
- taking a lighter-touch approach to them
- offering greater flexibility in their implementation so that regions can better accommodate them in their delivery, or
- changing to cohort based MoCs, with the current six becoming pillars within them.

Informing and driving regional Strategic Plans

3.8 The fieldwork found very little evidence to suggest that the MoCs had initially informed planning and decisions on how RIF funding would be used across the regions, despite RPB leads having been given the opportunity to contribute towards the development of the RIF guidance. Regional plans and priorities have had a greater bearing upon current RIF funded activities than the RIF guidance, and MoCs in particular. It was more common for RPBs to have retrospectively fitted their regional priorities into the most appropriate MoC, often driven by the requirement to report in this way.

> 'We make things fit. Truthfully, they [the MoCs] are just arbitrary headings which projects fitted under.' [RPB Lead]

3.9 It was noted by both regional contributors and Welsh Government officials that whilst RIF might be perceived as a new programme of funding, most of the funding has been allocated to support existing projects and statutory services. As one such regional contributor observed, RIF is very much 're-badging' what RPBs were previously delivering via the ICF and TF funds. The RIF programme inherited a lot of legacy projects and regions found themselves unable to simply stop delivering those projects when RIF became available, because they could not be funded from elsewhere. Feedback from regional leads suggests that projects which have been developed as new ones since the introduction of RIF are more likely to be 100 per cent funded by RIF and are designed to fill gaps across the MoCs. These projects are also ones which are still in the process of being established and piloted in many cases.

3.10 A couple of regions have attempted to organise themselves in line with the MoCs and have appointed programme leads for each of the six MoCs. But at service delivery level, there is a suggestion that the MoCs are not having much impact – for instance one director of services observed that they hadn't given the MoCs much thought when planning or delivering their services. The fieldwork found some evidence that the provisions being funded were reviewed and consolidated to ensure a better alignment with programme ambitions over the course of the first year of delivery. One regional lead reported over the course of the fieldwork that some RIF projects had already been mainstreamed. In this case it was reported that projects to the value of £3.5 million had been mainstreamed and taken out of

the RIF during the initial development period and that the region was in the process of trying to mainstream another set of projects to the value of £1 million at the time of fieldwork.

3.11 The MoCs are perceived to cut across RPBs' priority population groups, and this creates implementation challenges:

> 'I think there's a bit of tension because most of the policies are written, and the funding comes to us, for certain population groups and certain age groups. It is quite difficult sometimes to align the policies with the models of care.' [RPB Lead]

3.12 A number of RPBs felt that MoCs based on priority population groups would be more appropriate and in line with their wider approach to planning and delivery within the regions:

> 'I think we are looking at it from the wrong end of the telescope.' [RPB Lead]

3.13 Another major challenge for RPBs is that their RIF projects often contribute to more than one MoC (as they take a population-based approach), so aligning them to a single MoC was not felt to be a particularly meaningful exercise. Regional representatives reported that some projects could contribute to several MoCs. Regions have also allocated the same type of projects into different MoCs, so there is no consistency in how they are being interpreted:

> 'about half a dozen projects in [name of region] could sit under any of the five of the six models of care. We had to arbitrarily put it in one because that's how the reporting structure is set up.' [RPB Lead]

3.14 Regional representatives reported that it is proving easier to align their regional priorities and programmes of work to some MoCs than others. Aligning to the Hospital to Home MoC and the Supporting Families MoC was proving easier. A few regional representatives suggested that the Accommodation Based Solutions MoC was proving more problematic and was more akin to an enabler[13] as all population groups require appropriate accommodation.

3.15 In the absence of RIF support, feedback from regional representatives suggests that most projects would continue anyway, not least because RIF accounts for a

[13] RIF adopts five key enablers: Integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; workforce development and integration. These are set out in the RIF Revenue Guidance 2022-27: [Health and Social Care Regional Integration Fund: revenue guidance | GOV.WALES]

small proportion of the overall funding in place for supported projects. Regional representatives also suggested that RIF funded activities would be prioritised by the lead partner organisation over other non-RIF funded ones in the absence of programme funding, because RIF projects were in fact priority projects, and often statutory services, which local authorities and health boards had to deliver. In other words, regional partners would stop delivering non-RIF projects to ensure that RIF projects could continue. There was less certainty amongst contributors about what would happen to those RIF projects which receive 100 per cent funding in the absence of programme support, as there would be a need for partners to self-fund interventions in their entirety at the expense of other services.

Key enablers

3.16 The five key enablers are considered appropriate and are commonly accepted across the sector as important ways of working that would be expected within an integrated model of care. Regional contributors often reflected that the key enablers were already embedded into regional delivery approaches and formed important cornerstones of their service provision. Regions find it difficult to demonstrate what additional work they are undertaking around the key enablers in order to achieve the objectives of RIF, not least because their work across these is much wider. This point was reinforced by Welsh Government officials who observed that the key enablers were not afforded much attention within regional reports. By way of example, one region explained that they have workforce development programmes in place across the region, which help contribute towards the workforce development and integration enabler yet have a much wider scope than RIF projects. As a result, it is very difficult to determine what contribution can be attributed specifically to RIF funded activities.

3.17 Regional contributors thought that one of the key enablers, Technology and Digital Solutions, was less developed than the others across their region and because of this, warranted a greater focus as an enabler within the RIF programme in the future. One such regional contributor observed that their region was not exploiting technology enabled care to the extent that they could and that there was significant scope to better use technology to achieve the objectives of the RIF in the future.

Priority Population Groups

3.18 As was the case with the key enablers, all types of contributors (regional contributors, Welsh Government officials and CoP sponsors) thought that the five priority population groups[14] were relevant and appropriate. Their broad coverage means that there are no target groups not covered, other perhaps than disabled people of working age.

3.19 Feedback from regional contributors suggests that RIF provision has focused upon the older people population group to date. Several regional contributors also observed that this focus is appropriate considering Wales's demographics, and increasingly elderly population.

3.20 Regional and national sponsor contributors felt that specific action targeted at children and young people was also needed, particularly with the focus on Future Generations within Wales, and that there is a need to ensure that funded projects focus on their needs. There was felt to be some tension and an element of risk between the quite specific and limiting focus of RIF around edge of care/care experienced children, and the wider NEST framework which covers wider children's issues. This was described as the opposite of the issues that some of the other CoPs were currently grappling with, where remits were too broad.

[14] The five population priority groups are set out in the Social Services and Wellbeing (Wales) Act and are: older people including people with dementia; children and young people with complex needs; people with learning disabilities and neurodevelopmental conditions; unpaid carers; people with emotional and mental health wellbeing needs.

4. Development of regional strategic plans

Introduction

4.1 The process of developing RIF investment proposals was considered challenging by regional representatives as it involved a significant amount of work on their part. The task was led by RPB leads and was mostly informed by regional priorities and needs as well as a review of existing ICF and TF funding commitments. Where plans had been worked 'top down' with a clear vision they were deemed to have been more successful.

4.2 In terms of timing, RIF investment proposals were not prepared in advance of the programme start date in April 2022, despite the Welsh Government having made draft guidance available to the regions in autumn 2021, but rather were prepared over the course of spring and summer of that year. This meant that the Welsh Government and regions had no window of opportunity to discuss and amend their proposals to ensure that they met RIF funding criteria. It was also highlighted by Welsh Government officials that they did not have a decision-making role to approve any RIF investment proposals to ensure that they satisfied funding criteria.

4.3 A broad view emerged from the fieldwork, amongst regional contributors and Welsh Government officials, that regional investment proposals were not of great quality. Despite RPBs having attempted to follow the funding guidance to different degrees, contributors believed that regions had ended up with unwieldy, non-strategic and poor-quality plans. They were not considered particularly valuable to the RPBs themselves, and indeed in some cases had not been shared in full with members of the RPB. Neither were they considered useful by Welsh Government officials as a way of understanding regional intentions and priorities. Despite the investment proposals being intended to provide a strategic overview as well as a detailed insight into proposed projects, Welsh Government officials observed that they were more akin to a list of projects rather than a strategic plan. Regional representatives suggested that they had found the process challenging whilst Welsh Government officials thought that the regions had 'shoehorned' their proposals into the Welsh Government stencil.

> 'I don't think we're alone, but the quality of the work we produce is not where it needs to be. The quality of the business cases that came for the RIF funding

were not what I would sign off in my health board or indeed what I would expect other statutory partners to sign off.' [RPB Member]

'We started reading them [the investment plans] and my heart was sinking. They shoehorn stuff in from their own documentation, which to be honest, had little relevance to the RIF. It was almost like it was a smokescreen. You just want things to be concise and snappy and clear. It's like trying to find a needle in a haystack sometimes, trying to get down to the actual detail of what is going on.' [Welsh Government official]

4.4 In terms of reporting, it was observed by regional leads that very detailed reports are being prepared and submitted to the Welsh Government, although questions were raised by regional leads about their usefulness to all parties. A key challenge for RPBs is interpreting RIF data for such a large number of projects in their region. There was a strong suggestion from regional contributors that the detailed reporting requirements are not commensurate with the level of investment being made via RIF, when compared to mainstream funding, and should focus on strategic issues:

'whilst I appreciate that Welsh Government are putting this money in and they need to know how well it's being spent, I would argue that what they're asking for is not what they need to be asking for ... what we're reporting on is minutiae of projects and I think that distracts the thinking' [RPB Lead]

4.5 Despite this, the quality of reporting to RPBs was considered to be improving in some areas with RPB members becoming better informed about the difference funded projects are making.

4.6 CoP national sponsors also suggested that they were not well sighted about what is being delivered or achieved across each MoC which is of interest to them and suggested that this could be improved over the remaining period of delivery.

Fit with broader objectives of RIF

Focus on prevention and early intervention

4.7 Broadly, RIF projects were thought by regional contributors and some Welsh Government officials to have been designed with a strong focus on prevention and early intervention although sometimes with a bias towards provisions such as preventing hospital admissions, as opposed to earlier intervention services more

broadly. It was also suggested that increasing priority was being given to activities which focused on getting service users out of hospital due to the national policy drivers around this agenda. The exception to this is the work around children and families, which was thought to be adopting an earlier intervention approach.

4.8 It is worth noting that RPBs are prioritising different areas of work which fall under the remit of the six MoCs, and that their approach within RIF does not necessarily reflect the overall level of priority and funding afforded to these areas of work at a regional level. For instance, one region might be allocating a small proportion of its RIF funding to the promoting good emotional health and wellbeing MoC but might be investing a large proportion of its non-RIF mainstream funds to activities which fall under this MoC. It is also the case that some funded projects contribute to several MoCs, but only get reported against one of them. This is particularly true for projects which work with children and families, which get allocated to the 'Supporting Families' MoC by default, despite often contributing to other MoCs.

Innovative and transformative

4.9 There was very little evidence that RIF projects are innovative and transformational, not least because of the carry-over of legacy projects into the current funding stream. RPB Leads were also keen for this principle to be interpreted in its widest sense – in that learning from other places in and outside Wales, implemented in another region, should be regarded as innovative and transformative for the area in question.

4.10 Regional contributors commonly appreciated that RIF should be supporting such projects:

> 'The point of RIF is to give us a bit of headroom to develop transformational change, and in particular to work towards pooled budgets. That is what it should be doing. I'm not sure it is, but that's what it should be doing.' [RPB Member]

Individuals and their needs at the centre of care

4.11 In terms of putting the individual and their needs at the centre of care, there was broad agreement amongst regional contributors that RIF was doing this, primarily because of the way RPBs had been using population needs assessments, which drew upon service user voice, to inform their RIF regional plans.

4.12 Regional contributors also pointed to good practice in terms of a co-productive approach. In one region, service user representatives were highly involved, inputting their ideas and opinions and their voices being heard.

Adopt the active offer of integrated services through the medium of Welsh

4.13 Given that it was not intended to be a major focus for this study, the fieldwork did not capture much evidence around the extent to which funded activities adopt the active offer to provide integrated services through the medium of Welsh.[15] However, at a broad level this was thought to happen more in some areas than others. This reflected broader approaches taken by RPB partners, in response to the More than Just Words strategy, and the work of Welsh language officers within the health boards in particular, rather than anything specific which was adopted as part of the RIF programme.

Greater integration between health and social care

4.14 There was much discussion over the course of the fieldwork about whether the activities funded would help to lead to greater integration between health and social care. It was also deemed to be challenging within the current legislative environment and culture to enable health and social care to work as one “team”. It was accepted by regional contributors and Welsh Government officials alike that there was still more work to be done to identify and remove projects which are not in keeping with the RIF objective of improving integration between health and social care and to develop a more collaborative approach more generally between key partners.

Sustainable system change in health and social care provision

4.15 Regional contributors and Welsh Government officials alike felt that RIF funding was driving this objective, with work on Hospital to Home projects helping to enable this even when relationships between health boards and local authorities were strained during difficult financial periods.

[15] The RIF guidance stipulates that every opportunity should be seized to increase the ‘active offer’ of integrated services through the medium of Welsh.

5. Implementation to date

Changes to regional approaches since submission of Strategic Plans

5.1 Some regions reported that they had made, or were in the process of making, changes to their regional plans to move closer towards the ambitions of the RIF programme. However, it was widely acknowledged that because RIF supported so much legacy provision and the financial climate was currently so tight, it would be challenging for them to achieve this goal.

5.2 Over the first year of delivery some regional contributors thought that they had made a real effort to consolidate funded activities into fewer projects. This had often involved amalgamating small, local authority level projects into a single regional project for RIF reporting purposes.

5.3 Some regions are currently reviewing the alignment of funded projects with the ambitions of the RIF programme, to try and ensure a better strategic fit for the remaining duration of delivery. Encouragement from Welsh Government officials was thought to be driving this change but, in some cases, other drivers also accounted for the reviews, including a need to secure better value for money, to withdraw projects which were not working effectively, and difficulties recruiting staff to new projects.

5.4 Contributors were mindful that some of the RIF projects were now coming to the end of their acceleration phase, and difficult conversations were being held about the future of these projects. Challenging financial operating conditions meant that some projects were being scaled back due to increasing costs.

Regional RIF resource and infrastructure arrangements

5.5 The £750,000 funding allocation per annum towards RIF staffing and infrastructure costs was considered appropriate and is used by regions to either employ staff within core RPB teams or to support wider project management costs across the region. The number of posts supported via the infrastructure funding was reported to vary from one region to another.

5.6 Regional contributors reported having used some of the RIF infrastructure investment to fill specific skills gaps which existed previously. These include appointing postholders with analytical skills to support data analysis and reporting, and postholders with communication skills to support with promotional work. All

RPBs have also utilised the infrastructure fund to build capacity for NEST implementation.

5.7 Regional contributors reported that they had made an effort to utilise other funding sources, such as the Regional Innovation Coordination (RIC) Hub Network and the Welsh Community Care Information System (WCCIS) programme funding, in a joined-up manner to complement RIF resources. Whilst it is clear which posts are funded by which funding stream, a whole-team approach is often adopted across core RPB teams to deliver their priorities. For instance, one region explained that RIC funded resources are used to help support the monitoring and evaluation of the RIF programme. Some RPB leads were concerned about the possibility of RIC funding discontinuing, given that it was awarded by the Welsh Government on an annual basis. One such regional lead noted that they were 'worried that they're going to pull it [the RIC]'. It was felt that such a decision would have a negative impact upon their overall core RPB delivery team capacity, and consequently any added value gained by RIF from current arrangements.

5.8 One lesson observed by regional contributors for future approaches is the need for the infrastructure investment to increase on an annual basis to account for inflationary increases.

Progress achieved across regions

5.9 Given that the majority of RIF projects were already in existence prior to the programme funding being available, most funded services were able to hit the ground running immediately. These projects were considered to be delivering well and considered by regional contributors as 'business as usual' as they had been in place for a while.

5.10 Newer projects being established under RIF were reported to take time to get underway, in terms of appointing staff and supporting service users. A common delivery challenge faced by many projects was the recruitment of staff, although this was perceived to be a much broader issue across the health and social care sector and not restricted to RIF-only projects.

5.11 Other key challenges for RPBs included identifying what is being achieved via the RIF, not least because the funding accounts for a small proportion of overall funds and progressing projects into the 50:50 tapered funding model, due to the lack of match funding available.

6. Engagement with the Communities of Practice

Purpose of the Communities of Practice (CoPs)

6.1 Contributors described the two-fold purpose and role of the CoPs. Firstly, to provide a forum for regional staff working on RIF projects to share learning and spread good practice, although the CoPs are also open to anyone with relevant interest, experience and expertise in the area. Most of those attending the CoPs felt that this was done well and that they were encouraging learning and promoting action learning:

> 'It is a good engagement function and sounding board.' [CoP National Sponsor/Contract Holder]

6.2 Secondly, and ultimately, the CoPs are there to contribute to the development of models of integrated care for each of the six areas in the guidance: 'A mechanism to drive thinking of the MoCs.' [CoP National Sponsor/Contract Holder]. Some regional contributors questioned whether the CoPs were the best vehicles to achieve this second purpose or whether the responsibility for MoC development should sit elsewhere. To achieve this, it was suggested that specialist expert working groups would need to be established which met more intensively and had decision makers on board with a broader sense of the health and social care system than the current membership of the CoPs. CoPs could then function as forums to which MoCs could be presented for comment and refinement or for the identification of elements of good practice for inclusion in MoCs.

6.3 A third important role was increasingly being identified for the CoPs. They have become a crucial mechanism to link with key national policy priorities and programmes. Contributors described how they have helped national programme leads to see the links that need to be made with the models of integrated care. National leads also see the CoPs as a source of good advice and a space to test ideas which in turn encourages them into expanding their thinking and lessen duplication. Some felt that the policy updates and discussions within the CoPs needed to be higher up the agenda and provided with more time for discussion.

Structure and membership

6.4 Contributors who attend or work with the CoPs described their facilitation as effective, positive and values-led, with a culture of openness and a strong ethos of

nurturing and empowerment. They are perceived as safe spaces to talk about things, where attendees listen and there is an acceptance and welcoming of alternative voices. Most contributors who frequently attended the CoPs felt that the groups had been allowed to develop organically and that most were gaining momentum.

6.5 The open access approach to membership was considered a positive attribute and attendance remains strong. Some contributors believe the CoPs have a good balance between regular and first-time attendees and a good mix of frontline staff, middle tier, and policy leads and different professionals, levels, and sectors. Welsh Government staff and national sponsors are more regular attendees and see greater value in the CoPs.

6.6 The biggest perceived weakness of the CoPs is that RIF project delivery staff have not contributed as much as was hoped. Some regional contributors were more critical of the CoPs, suggesting their coverage is too broad, contain too many presentations, and are too long in duration. Attendance from those interviewed across the regions is low - RPB leads had not attended recently, were unsighted on who attended from their regions, and questioned the value of attending them as they are considered peripheral and burdensome. Some regional contributors also queried whether there was scope to reduce the number of CoPs by merging them.

> 'I went for the first couple of times and I was like, this isn't telling me anything I need to know. I'm invited to all of them but I've got to be honest it is not top of my priorities' [Regional Lead]

6.7 Those regions with no MoC programme lead find it most difficult to source the right representation at meetings whilst those with a MoC programme lead find it easier to identify who needs to attend.

6.8 Regional contributors did not feel that there was a process in place to ensure regions learn from each other to help move projects from a local level to regional to national levels. Currently they felt that there was not much evidence that the learning shared within CoPs was being brought back and disseminated within the regions. Neither did they believe that representatives from the regions were canvassing views prior to attending CoPs.

6.9 Welsh Government and national sponsor contributors argued that if CoPs are the right conduit to develop MoCs then membership should include RIF project staff

and RPB leads and that the current lack of senior RPB representation limits the ability of the CoPs to influence the models. These contributors also considered it crucial that more focus should be afforded within the CoPs on the challenges and lessons learnt by people leading RIF projects specifically and that they be given the opportunity to present to counterparts across Wales.

6.10 National sponsor and regional contributors were also unclear as to whether or how the learning was disseminated to a wider audience i.e., to all practitioners operating within the CoP remit and not just those who are RIF funded.

7. Conclusions

7.1 This chapter sets out our key conclusions based on the findings of the qualitative research undertaken during the conceptualisation phase.

- RIF is a **well-intentioned and ambitious** programme with many **positive design elements**. It is a **funding programme** which is neither 100 per cent prescriptive nor affords 100 per cent flexibility to those funded. It sits in the **middle ground** which results in its **guidance being perceived by regional contributors as ambiguous and open to interpretation**.

- RIF operates in a **very complex and evolving policy context**. It is not clear what role is expected of RIF within emerging national policies and what their implications will be upon funded activities.

- RIF accounts for a very **small proportion of the overall funding landscape** for health and social care provision in Wales and is often a small contributor to large services and projects. This has bearing upon the **level of priority afforded to the investment** and makes it **difficult to assess the difference being made**.

- The **challenging fiscal environment** within which RIF is being delivered threatens to **undermine some of its fundamental design principles**, notably the application of tapered funding.

- Its **implementation is proving challenging**, not least because the programme requires a significant transition on the part of RPBs. RIF follows on from previous funding programmes such as TF and ICF, and as such most of its funded provision consists of legacy projects and statutory services.

- There is a **lack of clarity about the purpose of MoCs**, and their underlying rationale. MoCs are currently perceived by regional contributors as an inhibitor for implementing RIF as they cut across RPBs way of working, which focus on population cohorts rather than service delivery models.

- RPBs have, to different degrees and with varying success, tried to **retrospectively fit their regional priorities and projects into the MoCs**, but

MoCs have mainly been used for administration and reporting purposes rather than shaping and informing delivery.

- RPBs have used the **first year of RIF to test the alignment of funded projects** with the broader objectives of RIF, although there is little evidence of unaligned projects being withdrawn.

- The **five key enablers and priority population groups are considered appropriate**. The enablers form cornerstones of service delivery, but it is challenging for the regions to demonstrate how they are adopting the key enablers to achieve RIF objectives.

- The CoPs are **sharing learning and making important linkages with relevant national programmes**. There is a **lack of representation from regional RIF leads and projects** and it is unclear whether CoPs should, or how they could, fulfil their role in contributing to the development of agreed national approaches and MoCs.

Annex A: Research instruments

Discussion Guide: Interviews with RPB Leads/Chairs

Introduction

1. Tell me about:
   - Your role
   - Your organisation
   - Your involvement in any planning discussions with WG officers about RIF design or the RIF outcomes framework
     (probe re: involvement in drafting and submission of the business plan; involvement in specific RIF projects, prior involvement in ICF or TF)

Design of RIF

2. What are your views on the overall design and architecture of the RIF?
   - To what extent does the RIF allow you to deliver on key priorities in your region and the localities across the region?
   - What are your views on the design of the RIF compared to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
     - Who (populations / sectors) do you think the design and architecture benefits, in comparison to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
   - How have you translated the national key policy priorities into practical projects or services?
   - How does the RIF allow you to deliver on key priorities?
   - How else might you have approached this? (i.e. the design of the fund)

3. What are your views on the RIF six Models of Care[16]?
   - How would you describe a Model of Care and its purpose?
   - How would you expect the Models of Care to work?
   - To what extent do the six Models of Care work?

[16] Community based care: prevention and community coordination; Community based care: complex care closer to home; Promoting good emotional health and well-being; Supporting families to stay together and therapeutic support for care experienced children; Home from hospital; Accommodation based solutions.

- Why do you think the concept of the six Models of Care work or not?
    - When do they work?
- Which of the Models of Care are the biggest priorities for your region and why?
- What are your views on the use of key enablers[17]? And why did you form this view?
    - How do you think the key enablers work?
    - Why do you think they work, or not?
- What are your views on the priority population groups[18]? And why did you form this view?
    - Who do the six Models of Care benefit, or not?
    - Are there any missing populations?
- How have you ensured that
    - a minimum 20% of the RIF allocation at your RPB is delivered through social value sector organisations?
    - there is a minimum overall investment of 5% of the RIF into direct support for unpaid carers?
- How have you utilised the three national ring-fenced funds? (Integrated Autism Service, Dementia projects supporting the Dementia Action Plan and the implementation of the Dementia Care Standards, and direct funding to support unpaid carers/hospital discharge)

4. What process did you undertake within the RPB to develop your submitted Strategic Plan and Revenue Investment Proposals for the RIF?
    - What support did you have to translate the RIF requirements into your Strategic Plan and Revenue Investment Proposals? Who supported you?
    - How useful was the guidance in supporting you to develop the Strategic Plan for your region?
    - Have you considered the costs and benefits of your integrated programme?
        - How did you do this? With whom? What support did you receive?

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[17] Integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; workforce development and integration.

[18] Older people including people with dementia; children and young people with complex needs; people with learning disabilities and neurodevelopmental conditions; unpaid carers; people with emotional and mental health wellbeing needs.

5. To what extent are the six Models of Care informing and driving your regional Strategic Plan?
    - How are you doing this? With whom?
    - Are the six Models of Care clearly identified within your Strategic Plan?
    - To what extent is your activity across the region already aligned with one of the six Models of Care?
    - How is work in your region informing the development of any of the six Models of Care?
    - Would you have delivered the projects set out in your Strategic Plan in the absence of RIF funding? If so, how would you have implemented these projects?

6. To what extent will the activities funded by your Strategic Plan help you achieve the broader objectives of RIF? Ask about whether funded activities:
    - are focused on prevention and early intervention, and how?
    - are innovative and transformative, and how?
    - put the individual and their needs at the centre of care, and encourage individuals to become involved in the design of services, and how?
    - adopt the active offer, in terms of the opportunity to receive a service through the medium of Welsh, and how?
    - are likely to lead to greater integration between health and social care provision, and how?
    - are likely to lead to a sustainable, system change in how health and social care provision is provided across the region, and how?

Implementation to date *[RIF Leads only]*

7. Have there been any changes to your approach since submitting the Strategic Plan and why?
    - What are these changes and what accounts for this?

8. What resource and infrastructure arrangements have been put in place at your RPB to deliver the RIF?
    - How have you utilised the up to £750k infrastructure support available towards RIF infrastructure costs? Why did you utilise the support in this way?
    - How do the regional infrastructure arrangements help you to:

    - undertake communication and engagement with carers, citizens, third sector and providers?
    - integrate business intelligence and performance management?
    - facilitate the joint planning and commissioning of services?

9. What progress has been achieved to date in your region?
    - What progress is being achieved in the development of each Model of Care and for whom?
    - What projects are up and running?
        - Why have some projects started before others?
        - Were they already in operation?
    - Are there any delays to date. If so, why?

10. How has your region engaged with the Communities of Practice?
    - Who typically from your region attends each Communities of Practice?
        - Why do they attend rather than others?
        - Is it the same people attending?
    - How does any Community of Practice engagement feed back into the work of the region?
    - How do the Communities of Practice feed into the development of the Models of Care?

Discussion Guide: Interviews with Welsh Government Key Individuals

Introduction

1. Tell me about:
    - Your role
    - Your involvement in any planning discussions about RIF design or the RIF outcomes framework
      (probe re: involvement in reviewing business plans; prior involvement in ICF or TF)

Design of RIF

2. What are your views on the overall design and architecture of the RIF?
    - To what extent does the RIF allow RPBs to deliver on key priorities in their region and the localities across the region and how?
    - What are your views on the design of the RIF compared to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
        - Who (populations / sectors) do you think the design and architecture benefits, in comparison to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
    - How does the RIF contribute to or relate to key national policy priorities?
        - How have RPBs translated these policy priorities into practical projects or services through RIF?
    - How else might you have approached this (i.e. the design of the fund)?

3. What are your views on the RIF six Models of Care[19]?
    - How would you describe a model of care and its purpose?
    - How would you expect the Models of Care to work?
    - To what extent do the six Models of Care work?
        - Why do you think the concept of the six Models of Care work, or not?
        - When do they work?
    - Which of the Models of Care are the biggest priorities for you and why?

[19] Community based care: prevention and community coordination; Community based care: complex care closer to home; Promoting good emotional health and well-being; Supporting families to stay together and therapeutic support for care experienced children; Home from hospital; Accommodation based solutions.

- What are your views on the use of key enablers[20]?
  - How do you think the key enablers work?
  - Why do you think they work, or not?
- What are your views on the priority population groups[21]?
  - For whom do you think the Models of Care will work, or not?
- How have the RPBs ensured
  - a minimum 20% of the RIF allocation at your RPB is delivered through social value sector organisations?
  - there is a minimum overall investment of 5% of the RIF into direct support for unpaid carers?
- How have the RPBs utilised the three national ring-fenced funds? (Integrated Autism Service, Dementia projects supporting the Dementia Action Plan and the implementation of the Dementia Care Standards, and direct funding to support unpaid carers/hospital discharge)

4. What are your views on the process undertaken by the RPBs to develop their Strategic Plans and Revenue Investment Proposals for the RIF?
   - To what extent did RPBs make use of the guidance for developing their Strategic Plans? And why do you think so?
   - Do you think that RPBs have considered the costs and benefits of their integrated programme?
     - How did RPBs do this? What support did they receive, and from who?

5. To what extent are the six Models of Care informing and driving the regional Strategic Plans in your opinion?
   - How are they doing this?
   - Are the six Models of Care clearly identified within Strategic Plans?
   - To what extent is activity across the regions clearly aligned with one of the six Models of Care?

[20] Integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; workforce development and integration.

[21] Older people including people with dementia; children and young people with complex needs; people with learning disabilities and neurodevelopmental conditions; unpaid carers; people with emotional and mental health wellbeing needs.

- How is the work of the RPB regions informing the development of any of the six Models of Care?

6. To what extent will the activities funded by the RPBs help achieve the broader objectives of RIF? Ask about whether funded activities:
    - are focused on prevention and early intervention, and how?
    - are innovative and transformative, and how?
    - put the individual and their needs at the centre of care, and encourage individuals to become involved in the design of services, and how?
    - adopt the active offer, in terms of the opportunity to receive a service through the medium of Welsh, and how?
    - are likely to lead to greater integration between health and social care provision, and how?
    - are likely to lead to a sustainable, system change in how health and social care provision is provided across the region, and how?

Implementation to date

7. Has the approach to the RIF changed at all since the Strategic Plans were first submitted?
    - What are these changes and what accounts for this?

8. To what extent have RPBs put in place adequate resources and infrastructure arrangements to deliver the RIF?
    - How have they utilised the up to £750k infrastructure support available towards RIF infrastructure costs?

9. What progress has been achieved to date in the regions?
    - What progress is being achieved in the development of each Model of Care and for whom?

10. What are your views on the development of and engagement with the Communities of Practice to date?
    - Who attends each Communities of Practice?
        - Why do they attend rather than others?
        - Is it the same people attending?

- How does any Community of Practice engagement feed back into the work of the region?
- How do the Communities of Practice feed into the development of the Models of Care?

Discussion Guide: Interviews with RIF Community of Practice National Sponsors and Key Individuals

Introduction

1. Tell me about:
    - Your role
    - Your involvement in any planning discussions about RIF design
      (probe re: involvement with other national models of care or national policy priority, with Community of Practice; prior involvement in ICF/ TF)

Design of RIF

2. What are your views on the overall design and architecture of the RIF?
    - What are your views on the design of the RIF compared to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
        - Who (populations / sectors) do you think the design and architecture benefits, in comparison to the Integrated Care Fund (ICF) and the Transformation Fund (TF)?
    - How does the RIF contribute to or relate to key national policy priorities or programmes?
        - How have RPBs translated these policy priorities into practical projects or services through RIF?
        - How does the RIF contribute to or align with other national programmes (probe re: relevant one for the interviewee)
    - How else might you have approached this (i.e. the design of the fund)?

3. What are your views on the RIF six Models of Care[22]?
    - How would you describe a model of care and its purpose?
    - How would you expect the Models of Care to work?
        - Why do you think the concept of the six Models of Care works, or not?
        - When do they work?
    - Which of the Models of Care are the biggest priorities for you and why?

[22] Community based care: prevention and community coordination; Community based care: complex care closer to home; Promoting good emotional health and well-being; Supporting families to stay together and therapeutic support for care experienced children; Home from hospital; Accommodation based solutions.

- What are your views on the use of key enablers[23]?
    - How do you think the key enablers work?
    - Why do you think they work, or not?
- What are your views on the priority population groups[24]?
    - For whom do you think the Models of Care will work, or not?

Communities of Practice

4. What are your views on the design of the Communities of Practice? (Prompt: ask about those relevant to the interviewee)
    - What do you expect the CoP to achieve? What is their purpose?
    - To what extent are the five MoC related Communities of Practice and the one cross cutting Community of Practice (technology enabled care) required and appropriate?
        - Why were these decided upon?
    - How should the Communities of Practice feed into the development and embedding of the Models of Care?
    - How do you expect the Communities of Practice to work?
        - Why do you think the Communities of Practice work, or not?
        - When do they work? (i.e. what are the conditions that enable the CoP to work)
    - How should any Community of Practice engagement
        - share the learning across Wales?
        - feed back into the work of the regions?

5. What are your views on the development of the Communities of Practice to date?
    - Are they developing in a way which will allow them to achieve their purpose?
    - Who attends each Communities of Practice?
        - Why do they attend rather than others?
        - Are the right people attending?
        - For whom does it work or not?

[23] Integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; workforce development and integration.

[24] Older people including people with dementia; children and young people with complex needs; people with learning disabilities and neurodevelopmental conditions; unpaid carers; people with emotional and mental health wellbeing needs.

- How are the Communities of Practice interacting with and supporting existing national programmes or models of care?
    - Who is attending from the sponsor organisations?
    - How are they interacting with the CoP and why?
- How are the Communities of Practice informing and supporting the development of each RIF Model of Care to date?