From theory to practice

Conceptualising the guiding principles within the Regional Integration Fund

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Conceptualising the guiding principles within the Regional Integration Fund

Mark Llewellyn and Fiona Verity

This is the Conceptualisation Report for the study, synthesising findings from four reports providing supporting evidence – the Framework for Change (Verity and Llewellyn, 2023); the Realist Review of the literature (Tetlow et al., 2024); the Group Concept Mapping report on conceptualising the Regional Integration Fund (Wallace and Wallace, 2024): and the in-depth Scoping Interviews report (Bryer and Bebb, 2024).

National Evaluation of the Regional Integration Fund

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Executive summary

This report 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. This report is an overview of four reports produced by the team which is providing supporting evidence for our conclusions. This report draws together and synthesises findings from those – 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;

- Rapid Realist Review of the literature (Tetlow et al., 2024) which describes the components of successful integrated care programmes and the barriers to their success;

- Group Concept Mapping report (Wallace and Wallace, 2024) which explores areas of consensus and agreement around the underlying principles and concepts associated with the RIF; and

- In-depth Scoping Interviews report (Bryer and Bebb, 2024) which provides insights from stakeholders on the underlying ideas, concepts and design principles that have informed the development of RIF to date.

Findings

These four supporting evidence papers offer a window into the ideas and values informing the RIF from a range of angles and perspectives. From analysis of the total data collected, the study team has identified five cross cutting themes:

1. Conceptualisation of the principles or guiding directions underpinning 'RIF';
2. Aspirations for Change;
3. Complexities of realising the expected change in practice;
4. Development of the Models of Care; and
5. Quality of data collection and reporting.

Broadly speaking there is support for the integrative and collaborative vision and ambition of RIF, for enacting the key principles of RIF, and there are signs of positive developments and progress towards the RIF goals. For instance, RIF funded work is

building on pre-existing integration projects and this has supported these projects to '…hit the ground running immediately' (Bryer and Bebb, 2024, p.20).

The architecture of RIF has incorporated lessons from previous Welsh Government funding schemes, such the Integrated Care Fund (ICF) and Transformation Fund (TF), which reinforced the importance of dedicated funds in supporting integration and the value of sharing good practice and evaluation insights. RIF has explicit principles to guide action, anchored in Welsh Government legislation and policies. There is also a clear focus on population groups and enablers.

As seen in the scoping interviews, there is a positive response to the intention and ambition of RIF. This assessment also is evident in the Group Concept mapping process with relatively positive-ratings being assigned to the 'strategic' concepts underpinning RIF ('Ambition to Change', 'Communication, Relationships and Networking', and 'Integration and Collaboration') (Wallace and Wallace, 2024).

The Welsh Government investment period of for 5 years for the RIF scheme is viewed favourably by some Scoping interview respondents, reflecting a theme in the Rapid Realist Review that a precondition for effective integration is investment over time. Nonetheless, the pressures on core service budgets and 'funding and demand management', as identified in both the Group Concept mapping exercise and the Scoping Interviews, is creating a challenging fiscal environment with potential to undermine some of the RIF intentions.

Scoping interview respondents note that the various Communities of Practice associated with the iterative development of the Models of Care, are beginning to use the insight and intelligence from practice as they move to being more evidenced-based in their work. Mentioned in this respect were the Community Based Care Community of Practice, Hospital to Home, and the Supporting Families / NEST CoP.

Pertinently, evidence from the Rapid Realist Review suggested that generalising successful local and regional integrated care models to a national level, as is the intention with RIF, could be one way of successfully implementing programmes, alongside the importance of standardising integrated care policy and innovation on national levels. However, some Scoping interview respondents noted ambiguity about the meaning, purpose and intentions of the Models of Care, and disquiet about a potential misalignment with the Regional Partnership Boards focus on population groups (Bryer and Bebb, 2024).

Despite the support for the vision of the RIF and the Welsh Government policy aspirations it is pursuing, the realities of implementation or its application, are being seen and experienced as more problematic. RIF operates in a fast-changing policy context. The implications of these developments are raised by qualitative interviewees as possibly 'pulling against integration' (Bryer and Bebb, 2024, p.7). Respondents discussed complexities in how the RIF is working in practice which relate to questions of clarity about key aspects of the RIF such as the Models of Care, scope for local responsiveness, issues around data collection and reporting, and the management and implications of RIF's funding design complexity. The themes and issues emerging from the findings are summarised below:

Rapid Realist review issues

- Autonomy and sustainability
- Co-location, collaboration, communication
- Common vision
- Barriers to integrated care
- Quality of evidence and data
- National, regional and local integrated care policy
- System integration and integrated care frameworks

GCM clusters

- Communication, relationships, and networking
- Integration and collaboration
- Ambition to change
- Impact, outcomes, and evaluation
- Funding and demand management
- Complexity and constraints
- Governance

Scoping interview themes

- Positive ambition, but tempered
- Ambiguity in design, especially in role and purpose of Models of Care
- Complexity, especially in evolving policy context
- Difficultly in being able to assess the difference made
- Challenging fiscal environment undermining design principles
- Alignment with regional priorities, or not
- Learning is shared, but sub-optimally

Therefore, the evidence collected to date raises questions about the best balance between prescribed RIF expectations and the capacity for regional and local autonomy and flexibility to plan and deliver integrated care in a changing environment.

Embedded narratives – concepts in tension within RIF

From this evidence, a complex picture emerges of the ways in which the principles associated with the integration of health and social care, and specifically with regard to the RIF, are conceptualised. Given the range and scope of principles currently being discussed and utilised in Welsh Government legislation, policies and practice, there are therefore perhaps opportunities, as evidenced by our work to date, for reconsideration of the underlying assumptions, ideas, and concepts of RIF.

Our synthesis of the data identified six 'pairs' of ideas, or concepts that were in some way competing with, or in tension with each other. These 'conceptual dyads' are to be found embedded in the narratives around RIF, drawn from the experiences described in the four key sources of evidence. The 'dyads' are our way of 'sense-making' the complexity of RIF. It is our way of understanding the interplay between the principles, values, concepts and constructs within RIF, with a view to evaluating these as the study moves forward:

These concepts are on a continuum, and are in tension with each other. Below we provide a series of descriptions of these concepts as we understand them in the context of RIF. These are neither formal definitions – to provide such a thing would be to over-simplify an inherently complex situation – nor are they 'fixed', as they will change as the context changes:

- **Alignment | Aspiration** – this dyad speaks to the nature of a Fund whose very purpose is to be aligned with and facilitate the implementation of policy objectives, but which has far loftier ambitions than just that given its stated intent to deliver on the promise of seamless services. These concepts often work against one another in the way people describe needing to deliver on the focused aims of the Fund, whilst being part of a whole-system, whole-sector transformation;

- **Control | Collaboration** – this pair of ideas is most closely connected to the power dynamics inherent within RIF, and the extent to which sharing power (through co-design, co-production and collaboration) fluxes over time. This is not to imply that this dyad only operates between national and regional partners, but

it is to recognise that it also operates within and between regions and the organisations they work with;

- **Fidelity | Flexibility** – our evaluation data highlights tensions around the issues of fidelity with the RIF guidance and the design principles (especially Models of Care), and the desire of those who are seeking to implement the Fund in practice to have additional levels of flexibility than currently offered, whether in respect of data collection, reporting requirements or other arrangements;

- **Accountability | Autonomy** – similar to the previous dyad, our data suggests there are tensions over the right balance between a proportionate approach to accountability, governance, and the spending of public money, alongside a greater sense of autonomy that is espoused and advocated. Again, these tensions operate at multiple levels, and between multiple partners – from national to regional, from regional to local, and back again;

- **Ownership | Partnership** – our data points to the ongoing challenge about where ownership for RIF sits, and the extent to which its programme of work truly involves a partnership approach, or something different. This speaks to the relationships of trust that (in stakeholder views and to a greater or lesser extent) exist across the Fund, again within and between regions, and between the regions and national government; and

- **Structure | Agency** – more generally, this final dyad recognises the nature of government time-limited funding like RIF and that it inherently sits within a certain paradigm. It recognises the challenge and tension within RIF of using 'agency' to undertake dynamic forms of transformation, within the context of pre-existing organisational structures. This is compounded when the transformation is actively trying to change the nature of the structures that is operating within.

Areas for further consideration

Following this analysis, we enumerate the following 11 cross-stakeholder 'areas for further consideration'. These are not formal recommendations, but we recognise that our work to date has identified a number of issues which could usefully be considered, grouped under a series of sub-headings as below:

Working together

1. How can we more effectively learn from each other within RIF, but also from others doing very similar work elsewhere, about common challenges and ways to overcome these?

2. How could the principles, instructions and requirements of RIF be more aligned with the population assessments of the regions?

3. How can the key stakeholders work together to co-design and agree a series of priorities for the coming years of RIF?

4. What can be learnt from what is working well with the Communities of Practice and where they may be re-purposed and re-energised in alignment with the key intentions of RIF?

5. How can we ensure that tensions as illustrated in the conceptual dyads do not inhibit progress or act as barriers in achieving the aims of RIF?

Data collection, reporting and resourcing

6. What is the scope to rethink how a more proportionate balance can be struck between the need to collect high-quality data, and an efficient use of staff resources across all stakeholders (both national and regional) within RIF?

7. How could the need to evidence and report compliance-based activities and outputs ('data to prove') shift to a more strategic and insights driven dataset ('data to improve') in line with the spirit of knowledge development for better integrated health and social care?

8. How might the moves towards an all-Wales dataset help to drive consistency without creating excessive reporting requirements, including new insights on being able to identify and shape learning opportunities one from another?

9. What are the implications of the current system, service and resource pressures – especially around financial sustainability – for the original goals of RIF?

Models of Care

10. How could we shift towards greater clarity and definition, and better understanding around the Models of Care?

11. How might re-thinking the ideas around the purpose of the Models of Care be used positively to connect areas of interesting and innovative practice without duplicating effort?

1.   Introduction

1.1   The Welsh Government (WG) has commissioned a partnership led by the Welsh Institute for Health and Social Care, University of South Wales to deliver the evaluation of the Regional Integration Fund.

1.2   The project will deliver an independent, rigorous, and comprehensive evaluation in order to assess the aims, implementation, and impact of the Health and Social Care Regional Integration Fund (RIF) 2022-2027. The evaluation will focus primarily on assessing 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. The evaluation will pay particular regard to demonstrating how and in which ways the RIF has had a positive impact for the fund's priority population groups, by clearly articulating the story of change brought about by its implementation. This includes a comprehensive understanding of why certain aspects have been successful or less successful.

Conceptual framework and methodological approach

1.3   The overall evaluation is framed by an approach called 'Principles-Focused Evaluation' P-FE (Patton, 2018), which sits in the broad family of developmental evaluations. It is an approach that was formed specifically in response to the inherent challenges of evaluating complex interventions that are applied or delivered in dynamic, diverse, and unpredictable contexts (Patton, 2018). These contexts have implications for both the delivery of an intervention, and as well establishing and understanding what happens because of the intervention. A PF-E is 'context sensitive' (Patton, 2018) and focuses on the ways principles guide the delivery and adaptation of an intervention in particular times, places and situations.

1.4   In a P-FE, the evaluative approach is framed around the principles of an intervention. P-FE was used by this same study team to evaluate the Social Services and Well-being (Wales) Act (2014) (the IMPACT study, see Llewellyn et al., 2023), and using it here provides continuity with that work.[2]

1.5   Three central questions are answered in a P-FE evaluation, of which the first is the focus of this report:

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[2] The Social Services and Well-being (Wales) Act (2014) will be referred to as the SSWB Act hereafter.

1. To what extent have meaningful and evaluable principles been articulated? ('Conceptualisation');

2. If principles have been articulated, to what extent and in what ways are they being adhered to in practice? ('Implementation'); and

3. If adhered to, to what extent and in what ways are the principles leading to the desired results? ('Realisation') (Patton, 2018, p.220).
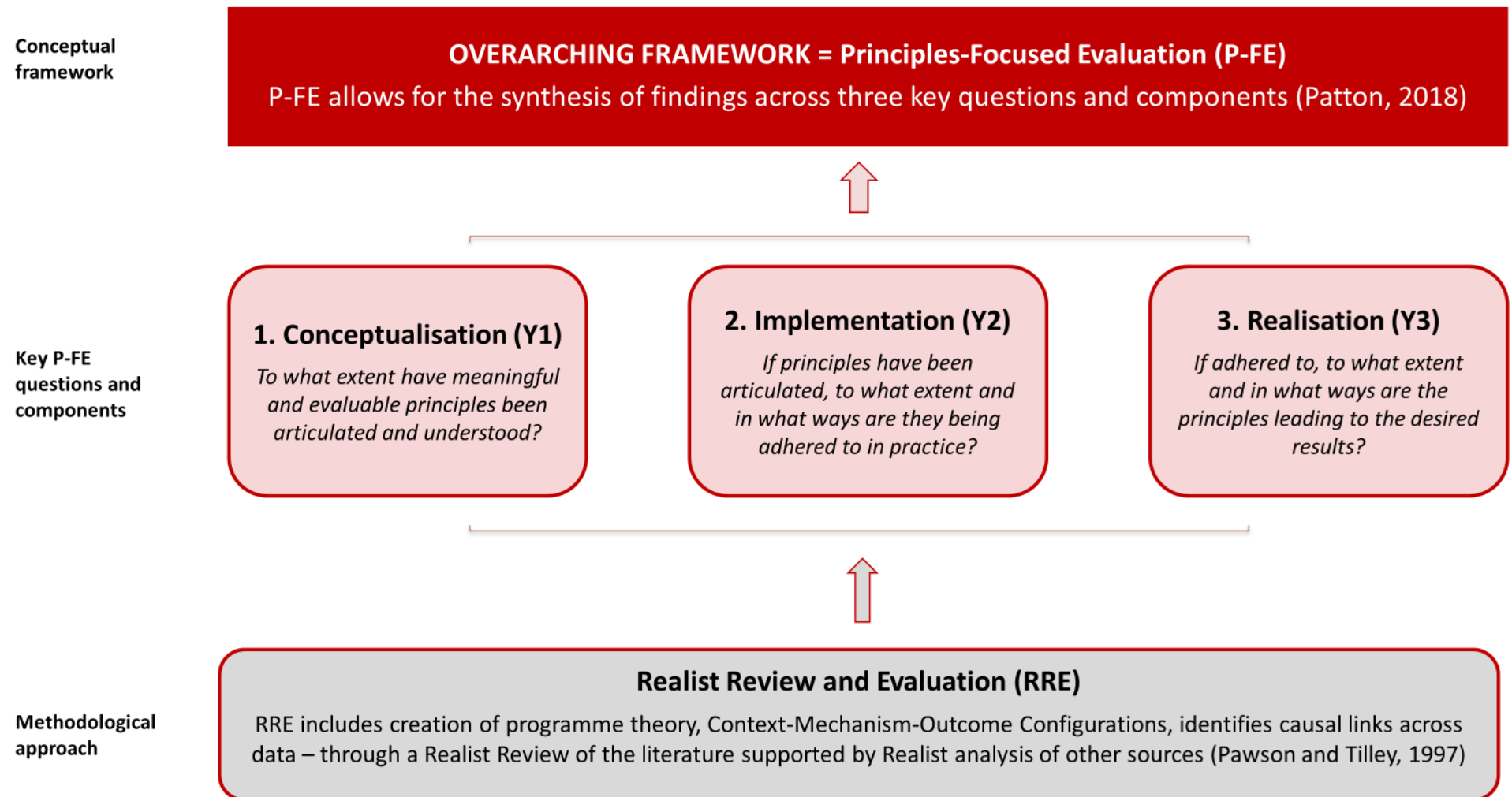
1.6 These three P-FE questions build on 21 objectives that the study team were asked to address in the original specification for this work from the Welsh Government.

1.7 The P-FE three questions are the organising structure for the study through which the objectives identified in the specification will be addressed. In designing the evaluation, a 'Framework for Change' has been developed which sets out the wider context, the intentions of the intervention and the underpinning principles and anticipated outcomes. A range of data collection methods will be employed, which include quantitative and qualitative data. The P-FE framework is used based on the inherent principles in the programme, the importance of being 'context sensitive' and the allowance for adaptability and flexibility in delivery. It will allow us to understand the effect of what Cabaj calls the 'Umbrella Strategy' (Cabaj, n.d.).

1.8 Against this broader understanding, and to explore more closely the 'detailed' work of the RIF we are using Realist Review and Evaluation (RRE) methodology. The team has significant experience of using RRE approaches, developing Programme Theory and Context-Mechanism-Outcome Configurations, and have published extensively using these methods. This study is an integrated RRE design with mixed methods (Pawson and Tilley, 1997) including cycles of data collection, analysis and translation/development of principles which will be transferrable to other projects. Integration will occur at data collection and at triangulation of data findings, detail of which can be seen in Figure 1.1 overleaf.

Scope of the evaluation study

1.9 Our task in this evaluation study is to focus on understanding RIF as a means of implementing policy aims, aligning regional partners, and impacting positively on people in communities and not to critique the way in which local services are delivered *per se* – that is the role of the inspectorate and regulators.[3]

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[3] It is important to note that while RIF is ostensibly a revenue fund, capital resources are also available. However, the capital resources are not within the scope and remit of this evaluation study.

Figure 1.1: Principles-Focused Evaluation, Realist Review and Evaluation and the Regional Integration Fund

Conceptual framework

OVERARCHING FRAMEWORK = Principles-Focused Evaluation (P-FE)

P-FE allows for the synthesis of findings across three key questions and components (Patton, 2018)

Key P-FE questions and components

1. Conceptualisation (Y1)

To what extent have meaningful and evaluable principles been articulated and understood?

2. Implementation (Y2)

If principles have been articulated, to what extent and in what ways are they being adhered to in practice?

3. Realisation (Y3)

If adhered to, to what extent and in what ways are the principles leading to the desired results?

Methodological approach

Realist Review and Evaluation (RRE)

RRE includes creation of programme theory, Context-Mechanism-Outcome Configurations, identifies causal links across data – through a Realist Review of the literature supported by Realist analysis of other sources (Pawson and Tilley, 1997)

1.10   These are subtle but important distinctions and to that end, Figure 1.2 provides a
        representation of the remit and limit of our study.

Figure 1.2: Remit and limit of the Regional Integration Fund evaluation study
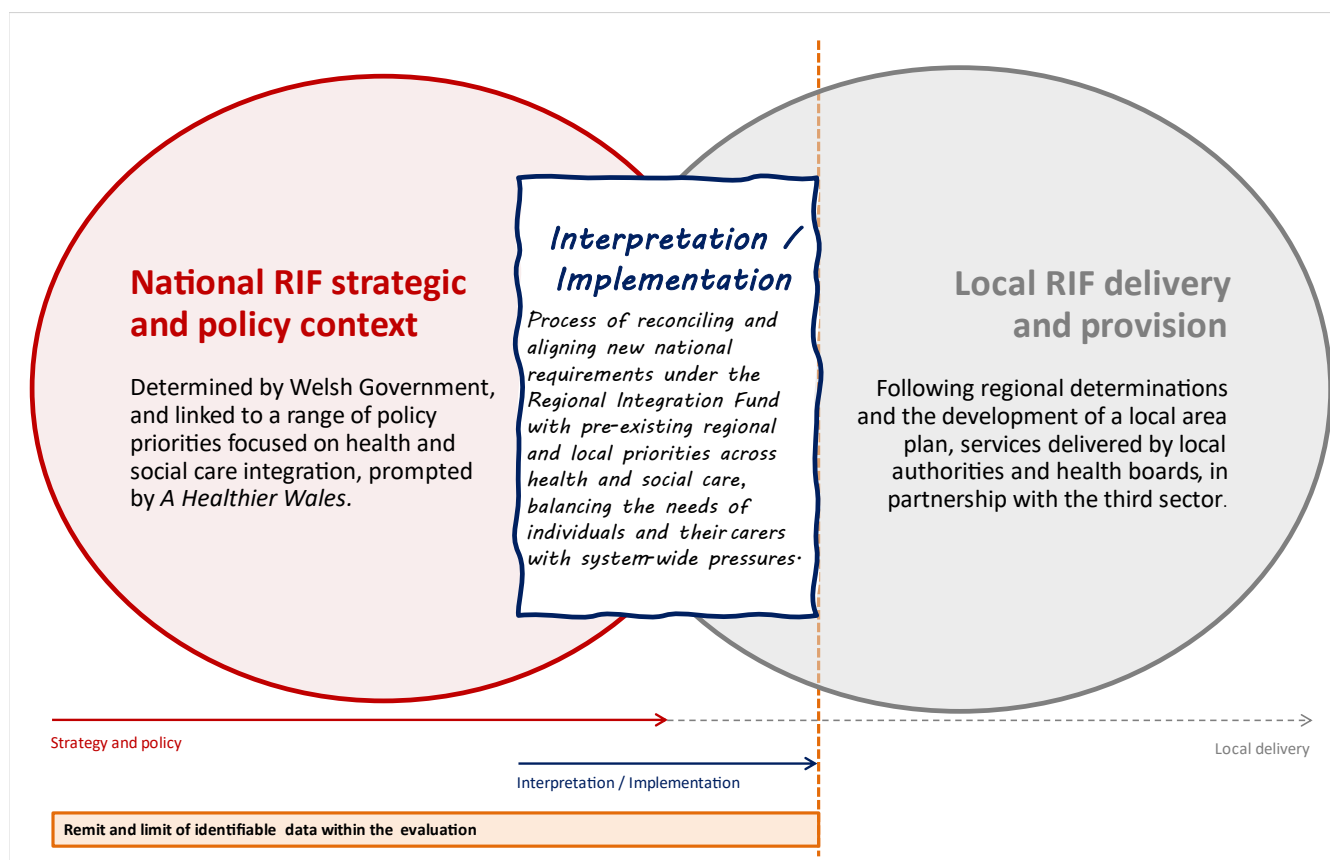
1.11   The vertical line represents the remit and limit of our work, highlighting the previous
        point – that this is not an 'inspection' of local delivery of services. That is a role for
        others. We do however seek to understand the 'local delivery and provision' field
        only insofar as it tells us something about the other two fields within Figure 1.2: the
        strategic and policy context, intersected by the 'fuzzy frontiers' of implementation.

1.12   The implementation field is consciously represented between strategy and delivery,
        with 'unsteady' and 'wobbly' lines and font reflecting its moving, fluctuating and
        changing shape. Implementation is a fluid process that does not remain static for
        long, and constantly forms and re-forms.

Structure and purpose of this report

1.13   This report is an overview of four reports produced by the team which is providing
        supporting evidence for our conclusions herein. This report draws together and

synthesises findings from those four: 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; the Rapid Realist Review of the literature (Tetlow et al., 2024) which describes the components of successful integrated care programmes and the barriers to their success; and the Group Concept Mapping report (Wallace and Wallace, 2024) which explores areas of consensus and agreement around the underlying principles and concepts associated with the RIF.

1.14   This report 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 report is therefore an 'overview' of the evidence gathered in those four supporting evidence reports, and also provides an account of the changing and shifting context that has affected RIF.

1.15   In Chapter 2, we describe the way in which RIF came into being, and the context within which it was placed at the time of its genesis alongside the changed context and emergent complexities that surrounds it at the time of writing, as originally outlined in the Framework for Change (Verity and Llewellyn, 2023).

1.16   Chapter 3 provides an overview of the methods used to gather data during Year 1, and a summary of the findings from each of the three components: the rapid Realist Review (Tetlow et al., 2024), the Group Concept Mapping study (Wallace and Wallace, 2024), and the in-depth Scoping Interviews (Bryer and Bebb, 2024). Following that, we address Patton's first question (Chapter 4), and in doing so, we synthesise data from all of the work of the study team over the last year, as described in Chapter 3.

1.17   In concluding this report (Chapter 5), we identify the key concepts and principles within RIF that need to be understood across all stakeholders. We also identify key considerations for how RIF can proceed.

2. Context and complexities for the Regional Integration Fund

Framework for Change

2.1 The Health and Social Care Regional Integration Fund (RIF) (2022-2027) is a £144.7 million Welsh Government national policy initiative designed and implemented to advance the government's health and social care integration agenda.

2.2 Drawing on a detailed analysis of Welsh Government policy material and the RIF Guidance, the RIF evaluation Framework for Change (Verity and Llewellyn, 2023) report summarises the ambition and architecture of the RIF fund, specifically describing its public policy location, the intersections between the underpinning principles, aims and objectives, specified funding arrangements, and intended outcomes. It sets out an overview of the values, ideas and aspirations for change described in the RIF guidance, against a background of the various contextual factors that may have a bearing on its implementation and effectiveness across Wales.

The importance of context

2.3 The context in which RIF is being implemented is a crucial consideration in this evaluation and is a central focus of a P-FE and Realist Evaluation. Llewellyn et al (2023) identified a set of contextual complexities that were implicated in the implementation of the SSWBA across Wales, which have relevance for evaluating the implementation of RIF. These are conceptual complexity, complexity of needs, policy complexity, and resource complexity (Llewellyn et al, 2023).

2.4 RIF is being implemented in an environment marked by high demands for health and social care, financial constrictions and fast paced change. In respect to the latter point, and for example, changes in political leadership in Wales, and the difficulties around public finances. The tight government 24-25 budget, 'in response to acute financial pressures' (Welsh Government, 2023, p.3) offers protections to core services but reduces expenditure elsewhere in order to achieve public sector cost savings.

Ambitions of the Regional Integration Fund

2.5 The RIF is a mechanism which supports the implementation of Welsh Government health and social care policy. As stated in the Guidance:

'The RIF is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation' (Welsh Government, 2022a, p.4).

2.6   These changes seek to achieve a sustained and strengthened integrated health and social care system, to better meet population needs, with an outcome that 'All people in Wales enjoy good health and well-being'.

Funding Streams

2.7   While the RIF is a revenue fund, capital resources are also available. However, the capital resources are not within the scope and remit of this evaluation study.

2.8   As detailed in the RIF Guidance document, and described in the Framework for Change (Verity and Llewellyn, 2023), there are four separate funding streams in RIF, each with prescribed conditions and expectations associated with accessing and using funds. These are the Recurrent Regional Infrastructure Fund, National Ringfenced Fund, Acceleration Change Fund, and the National Delivery Model Embedding Fund (Welsh Government 2022a, p.27). Local Health Boards are the fund holders, with the Regional Partnership Boards (RPBs) the bodies responsible for the planning, decision making and accountability for the use of the funds (Welsh Government 2022a, p.27).

2.9   There are prescriptions for the allocation of RIF funds to support certain population groups (i.e. carers and projects funded under the Dementia Action Plan) and to social value organisations.

Models of Care

2.10   The RIF funding programme sets out a broad prescription for the development of six national Models of Care (MoCs), and the scheme is informed by key or core principles that give broad directions or guide what is to be done. The six models of care are:

- 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 safely, and therapeutic support for care experienced children;

- Home from hospital services; and

- Accommodation based solutions (Welsh Government, 2022a: p.9).

2.11   The RIF also sets out five priority populations (orange bands) and five enablers (green bands) (Figure 2.1).

Figure 2.1: Structure of the Regional Integration Fund
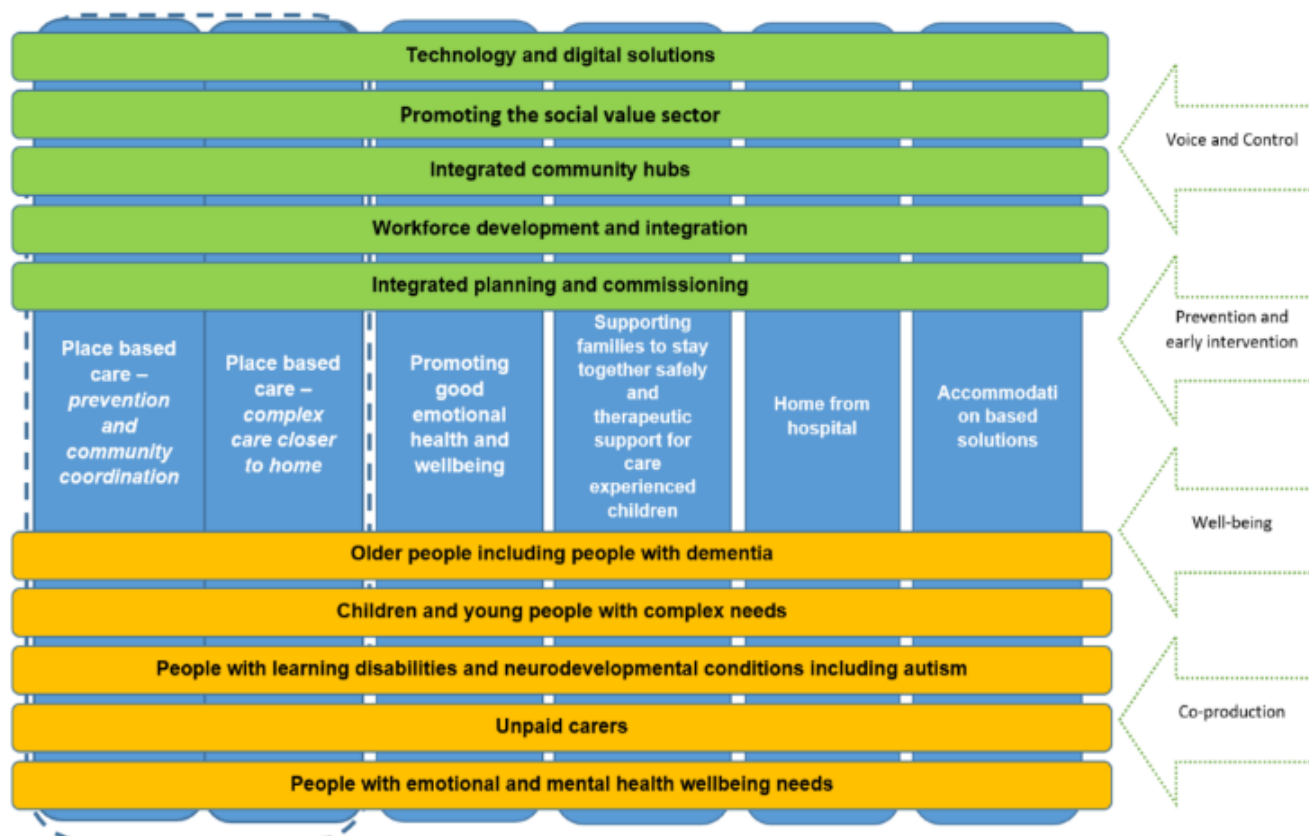
(Source: Welsh Government, 2022a, p.15)

Principles

2.12   As Patton writes, principles give direction to the actions that are undertaken. He states, 'Principles are prescriptive…they provide advice and guidance on what to do, how to think, what to value, and how to act to be effective' (2018, p.45). In the RIF Guidance there are explicit principles as pointers to the actions that can produce the desired longer-term results for integrated services and improved health and wellbeing.

2.13   Named principles are 'wellbeing', 'multi-agency working', 'integration', 'prevention and early intervention', 'shared intelligence', and 'sustainability' of initiatives, investments, and resource allocations. These principles are derived from key Welsh Government legislation such as the Social Services and Well-being Act (2014)

(SSWB) and the Well-being of Future Generations (Wales) Act (2015) (WBFG). In addition, there is cross reference to the design principles from the policy document A Healthier Wales (Welsh Government, 2018).

Lessons from history

2.14   In addition, the Framework for Change situates RIF in the history of Welsh Government policy initiatives to integrate health and social care. Lessons were learnt from the implementation and evaluation of Welsh Government schemes preceding RIF including the Welsh Government's Integrated Care Fund (ICF, which itself was preceded by the Intermediate Care Fund) and Transformation Fund (TF).

2.15   These lessons include the importance of funds in supporting integration, the need to manage the balance between prescriptive guidance in respect to integration and scope for regional discretion, the need for a set of agreed outcome measures for integrative initiatives, and the value of sharing good practice and evaluation insights. Moreover, these reports highlight the impact of contextual factors on the realities of what occurs in practice (Bryer et al, 2022).

Lessons from elsewhere

2.16   The Rapid Realist Review (Tetlow et al., 2024) provides international insights on a number of aspects relevant to RIF. Closer to home, it is worth noting that current policy and practice developments within England provide some useful comparative context for what is happening here in Wales. Two recently produced reports offer some insights that are relevant to consider at this stage in our evaluation.

2.17   The independent 'Hewitt Review' (Hewitt, 2023) of Integrated Care Systems (ICSs) considered how the oversight and governance of ICSs can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. Among a number of other conclusions and recommendations, the review identified six key 'principles', suggested so as to create the context within which ICSs can thrive and deliver:

- Collaboration within and between systems and national bodies;
- A limited number of shared priorities;
- Allowing local leaders the space and time to lead;
- Systems need the right support;

- Balancing freedom with accountability; and

- Enabling access to timely, transparent and high-quality data (Hewitt, 2023, p.7).

2.18   In addition, in moving towards the future vision for health and care, the Local Government Association and NHS Confederation (2023) have examined the common themes and key characteristics underlying effective Integrated Care Partnerships (ICPs) in England. Their report identifies that the top five qualities of effective ICPs where they work to:

- Ensure partnerships between NHS leaders and local authorities are equal, so that no partner becomes the 'de facto lead' or sole decision-maker (p.10);

- Enable local decision making, so that the ICP's actions 'do not stifle the actions' of local leaders (p.11);

- Embed accountability, so the responsibility of holding others to account does not fall to one individual which helps ICPs retain their role as a 'critical friend' to component organisations (p.11);

- Promote 'a trusting and transparent culture', in which the aim is not to avoid disagreements, but '…to develop a robust and sustainable culture' in which they are positively managed and overcome (p.12); and

- Facilitate wider '…participation from the voluntary, community and social enterprise (VCSE) sector, the public, and patients as well as partners in academic, local business and emergency services' (p.13) which helps to foster innovation and collaboration (Local Government Association and the NHS Confederation, 2023, pp. 10-13).

2.19   The key point to note here is that there are a range of similarities between the evidence we have recently generated within Wales and an approach to integration from England that needs to be considered.

3. Approach to determining the principles underpinning the Regional Integration Fund

Components and methods

3.1   The study design is an integrated evaluation. It includes a number of different evaluation and methodological components, each of which will be deployed in various ways in order to provide a contextually sensitive 'umbrella' and 'detailed' evidence-base on which to address the objectives for the study.

3.2   The first of these components – the Framework for Change (Verity and Llewellyn, 2023) – was described in Chapter 2. The approaches of the other three components are outlined below.

Rapid Realist Literature Review (Tetlow et al., 2024)

3.3   Rapid Realist Review offers a specific method for literature reviewing. As opposed to asking whether an intervention works, realist review asks of the published evidence, 'what works, for whom, under what circumstances, and how?' (Jagosh, 2019, 362).

3.4   The Rapid Realist Review approach utilises the development of Context, Mechanism, Outcome (CMOs) configurations to develop what is known as programme theory to try and understand the granular and causal detail of specific health and social care policy approaches, in this case that of integrated care programmes.

3.5   A protocol was written to guide the review, in which specific research questions were iterated as guidance for the realist review searches and the review as a whole. These questions were:

1. What are the core components of integrated health and social care models and innovations that become sustainable, how, and why, for whom, and to what extent?;

2. How and why do integrated health and social care models and innovations successfully become mainstreamed, for whom, and to what extent?; and

3. What are the core components for the implementation of national government policy and funding schemes for integration/integrated health and social care?

3.6   Three databases were made via Excel to track the results of the review, one for each specific research question. 870 papers were identified initially as relevant titles from 11 different literature databases. From this initial review, 58 titles were selected for inclusion on the basis of title alone, and then these 58 titles were analysed by abstract for relevance, which resulted in the inclusion of 34 titles across three different databases, one for each question.

3.7   These papers were then analysed through identifying CMO configurations. This meant reading the papers in depth and identifying instances where a Context triggered a Mechanism which then led to an Outcome. Jagosh outlines the usefulness of CMO configurations, stating that '…the CMO configuration is a useful heuristic, not only for unpacking generative causation but also for coming to a clearer delineation of intervention resources and contexts' (Jagosh, 2019, p.369).

3.8   From this stage, Initial Programme Theory (IPT) was developed based on the findings of the review and the CMO configurations. IPT themes were identified for each question, by consolidating discrete CMOs developed from the literature into overarching themes.[4]

Group Concept Mapping Study (Wallace and Wallace, 2024)

3.9   The second methodological component was to use an online consensus method, Group Concept Mapping (GCM) to explore the ideas and concepts behind the (RIF) with study participants (Kane and Trochim, 2007). GCM is a sophisticated, robust, participatory approach to engaging stakeholders in the research process. It integrates qualitative processes with multivariate statistical analysis to enable a diverse group of people to articulate their ideas and represent them visually through a series of related concept maps.

3.10   GCM has three sequential activities, which participants were asked to complete individually online: brainstorming, grouping/sorting, and rating. It is facilitator-led and uses GroupWisdom[TM] software for data collection, data integration, and analysis.

3.11   Brainstorming asks participants to generate statements in response to a focus prompt. 21 participants completed this part of the GCM exercise. In this study, the focus prompt *was 'When I think about the underlying principles and concepts that I associate within the Regional Integration Fund, I think about…'*. Once the

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[4] For more on this approach, see Davies et al. (2023).

statements were generated, 24 participants grouped and sorted all the statements into themed 'piles'. They then labelled each of these thematic 'piles'. Finally, participants were asked to rate each statement on a five-point Likert scale. In this study, the rating scales were focused on 'understanding' ('How well understood is the principle / concept within RIF?', with 27 participants undertook this rating exercise) and 'significance' ('How significant is the principle / concept currently in delivering the aims of RIF?', with 25 participants completing this).

3.12 In addition to the three activities, participants enrolled onto the software were asked three demographic questions.[5] The study was conducted bilingually in Welsh and English and took place between 21st November 2023 and 8th January 2024.

3.13 Email invitations with an accompanying information sheet, and link to an online consent form were circulated via gatekeepers (primarily RIF and RPB leads) to relevant organisations and professionals developing / managing / implementing / delivering RIF funded projects/programmes in their region. Following consent agreement, participants were provided a link to independently register onto the GroupWisdomTM software.

In-depth Scoping Interviews (Bryer and Bebb, 2024)

3.14 Qualitative research with key stakeholders forms the third component of the data gathering for this report (Bryer and Bebb, 2024). A total of 24 contributors were interviewed between October and November 2023.

3.15 The method adopted for the qualitative research involved:

- developing three discussion guides to inform interviews with (a) Regional Partnership Board (RPB) leads and members, (b) Welsh Government officials, and (c) Communities of Practice National Sponsors and the Communities of Practice contract holder;

- preparing and distributing an information sheet, consent form and privacy notice to the contributors;

- approaching each of the seven RPB leads and securing interviews with six of these. In one region, two representatives of the RPB were interviewed;

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[5] These questions were: 1.In which geographical area do you primarily work?; 2. Which of the types of organisations below do you primarily work for?; and 3. Which of the following most closely describes your role?

- requesting contact data from the RPB lead for a RPB member to approach for an interview. 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 Communities of Practice National Sponsor role and interviewing five of them, as well as two representatives from the Welsh Government contract holder appointed to facilitate the Communities of Practice; and

- undertaking a thematic analysis of the fieldwork.

Summary findings

3.16   Ahead of the synthesis of the data provided in Chapter 4, below is an excerpt from each of the three methodological components identifying and summarising the key findings.

Rapid Realist Review (Tetlow et al., 2024)

3.17   The review identified an 'Initial Programme Theory' (IPT), which is a series of the important components, understood from the literature as successful integrated care programmes, as well as some of the barriers to success.

3.18   The importance of autonomy, particularly fiscal autonomy of discrete elements of integrated care programmes, was seen as important in the IPT for the first research question. This speaks to RIF as an integration 'fund' rather than a core-funded health or social care integration programme. Other themes relevant to RIF are the importance of developing and sharing a common vision in integrated care programmes, both strategically and operationally, as a key part of what makes integrated care sustainable. Another key IPT component drawn from the second review question, is the use of integrated care data to lead and inform integrated care programmes.

3.19   Numerous barriers to integration became apparent, and these included a lack of robust evidence for integrated care and the implications of this for service providers' confidence in implementing an integration agenda. These also included the barriers

in situations where there was a lack of common vision across national, regional and local sites. An efficiency-efficacy gap was also highlighted, which was described as the difficulties in generalising findings in highly controlled settings to real world scenarios.

3.20 The IPT theme of national, regional, and local integrated care policy speaks to RIF pertinently, as it signals ways in which integrated care policy has been successfully implemented and formulated. The evidence suggested that generalising successful local and regional integrated care models to a national level could be one way of successfully implementing programmes, alongside the importance of standardising integrated care policy and innovation on national levels. Similarly, the positive impact of codifying complex interventions was an important component of successful integrated care policy formulation and delivery.

3.21 Overall, the review demonstrates that embedding integrated care principles on a national policy level takes time, strategy, and a common vision, and will only be successful when discrete parts of the system are given autonomy for their work. Taken together, it is clear that when considering the overlaps and commonalities between the emerging themes under each question, three clear cross-cutting issues emerge are central to the consolidated IPT (see Figure 3.1 below):

Figure 3.1: Relationship between components from Realist Review Questions 1-3 and Consolidated Initial Programme Theory (IPT)
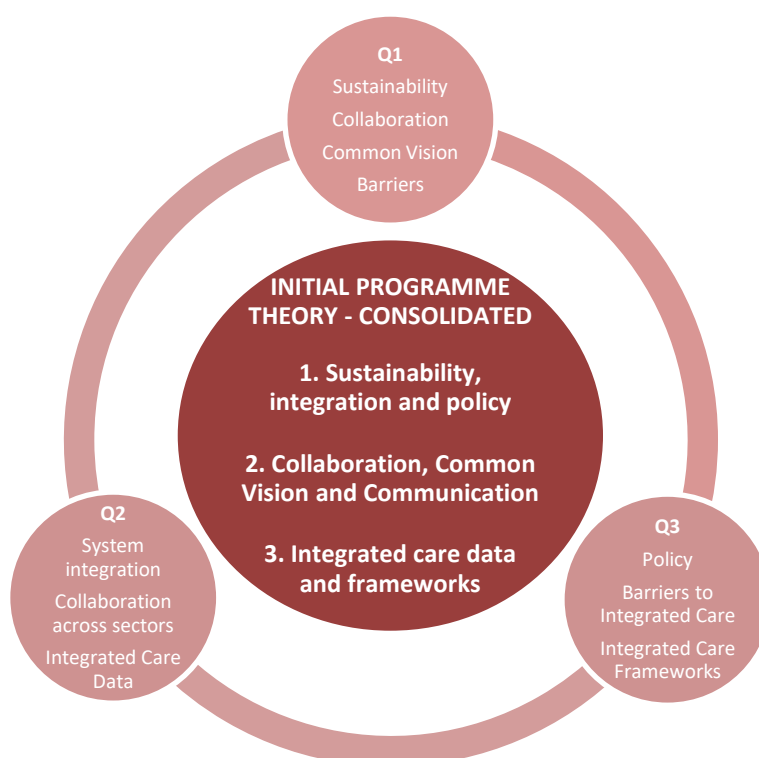
1. Sustainability, integration, and policy – this is structural in nature, looking at the ways in which integration and policy for integrated care can impact sustainability long term;

2. Collaboration, communication, and common vision – this centres broadly around multi-agency working and the importance of all elements of an integrated care programme or initiative sharing a common vision; and

3. Integrated care data and frameworks – this speaks to the importance of collecting and evaluating integrated care data in order to achieve effective integrated care practice and policy.

Group Concept Mapping Study

3.22   The GCM study explored with participants the underlying principles and concepts they associated with the RIF. Demographic data shows that participants represented all regions across Wales (including national), and a range of organisations. Most participants had senior roles within the RIF (n=29). Participants enrolled onto the GroupWisdom™ software took part in all, or some of the three activities, brainstorming, sorting, and rating.

3.23   Following the brainstorming activity, participants were asked to sort and rate 98 concepts and ideas (statements). Analysis of the sorted data enabled the development of a 7-cluster map of concepts and ideas associated with the RIF:

1. Communication, relationships, and networking;

2. Integration and collaboration;

3. Ambition to change;

4. Impact, outcomes, and evaluation;

5. Funding and demand management;

6. Complexity and constraints; and

7. Governance.

3.24   The cluster map (Figure 3.2) shows the conceptual relationship between clusters. Higher level aspirational and strategic concepts within RIF – 'Communication, relationships and networking', 'Integration and collaboration', and 'Ambition to change' – are clustered closer together. These are offset by the operational practicalities of developing/managing/delivering RIF represented by the clusters on 'Complexity and constraints', 'Funding and demand management', and

'Governance', which are also sorted together. The final cluster – 'Impact, outcomes and evaluation' – acts as a bridge between these two groupings of clusters.

3.25   Further analysis explored the differences in the ratings of these clusters and the statements (n=98) based on two Likert scales – understanding and significance. The 'Integration and collaboration' cluster was on average rated the most understood cluster ($\bar{x}$=3.26), and the 'Funding and demand management' cluster ($\bar{x}$ =3.93) was on average rated the most significant cluster. Cluster ratings for the understanding-significance scales were strongly correlated (0.77).

Figure 3.2: Cluster map with labels from the participant sorting exercise
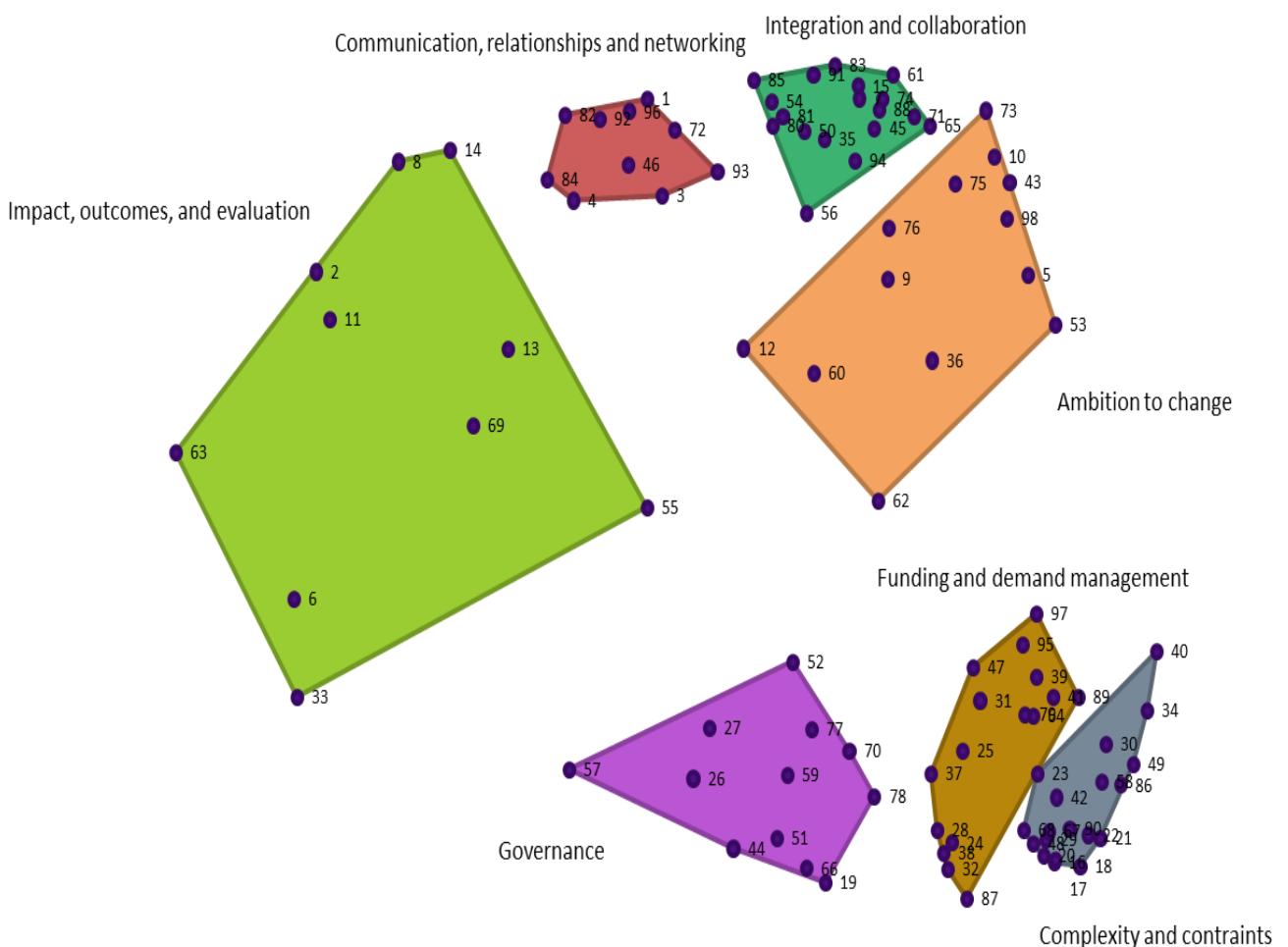
3.26   Relative pattern matching (Figure 3.3) showed that whilst some clusters had similar average ratings (e.g. 'Ambition to change', 'Governance'), there were also discrepancies. The 'Funding and demand management' cluster for example was rated as most significant, but much less understood in delivering the aims of RIF. Similarly, 'Integration and collaboration' was rated as most understood but less significant in RIF.

Figure 3.3: Relative pattern match report comparing cluster ratings for understanding and significance
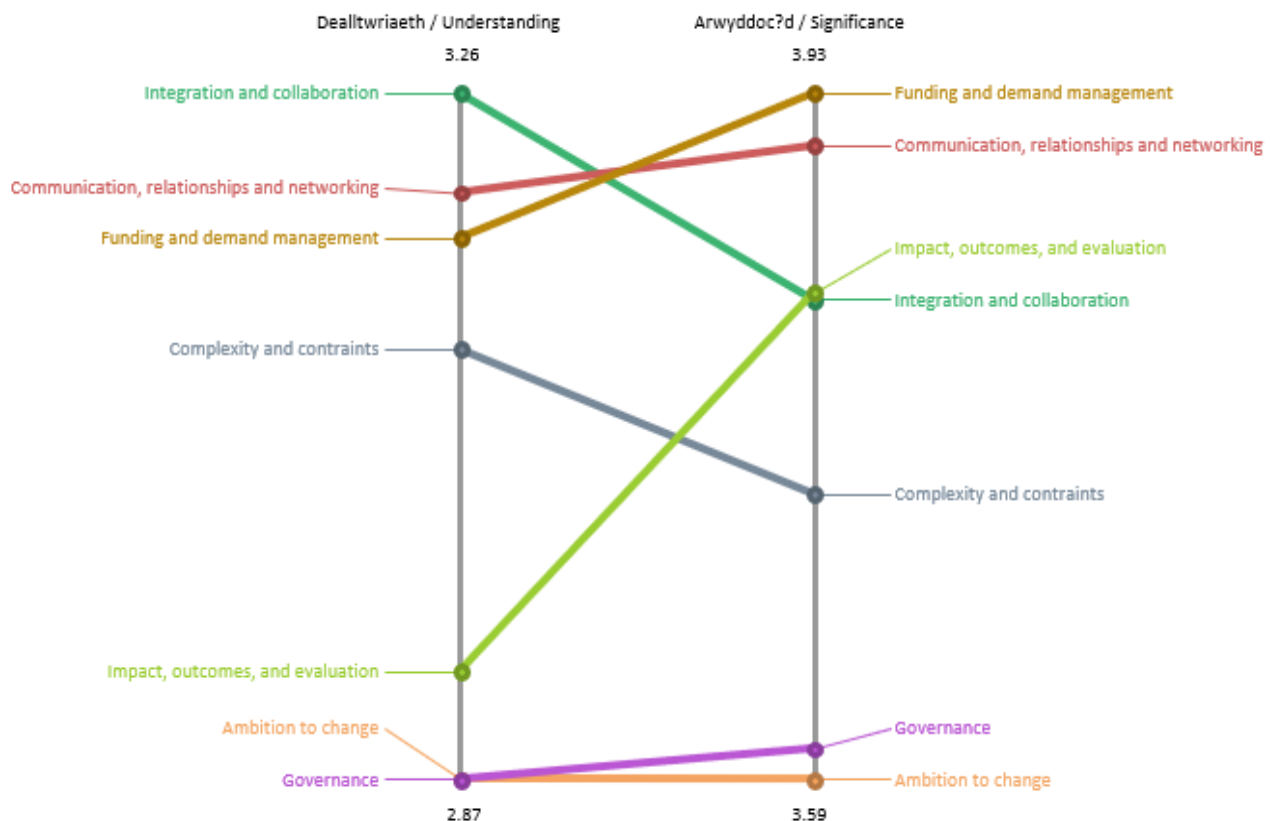
3.27   Hierarchical cluster analysis enabled the top ten most understood and most significant statements (by average rating) to be identified. Statement 64 – 'The constraints of the priorities and pressures on core service budgets' (n=3.83) – 'was the single statement rated as most understood. Statement 64 sits within the 'Funding and demand management' cluster, which contained four of the 'top ten' statements. In terms of how significant each statement was, Statement 49 – '[RIF]'s appearing to prop up core statutory services' – situated within the 'Complexity and constraints' cluster was rated as the most significant (n=4.71). The cluster 'Funding and demand management' was the most represented of all of the clusters with four statements in the 'top ten', followed by the 'Complexity and constraints' cluster with three statements.

3.28   Go-zone analysis – demonstrating the intersection between understanding and significance – showed which statements were above or below the mean (average) across the two ratings (Figure 3.4).

Figure 3.4: Go-Zone report displaying how each statement is rated in relation to understanding and significance
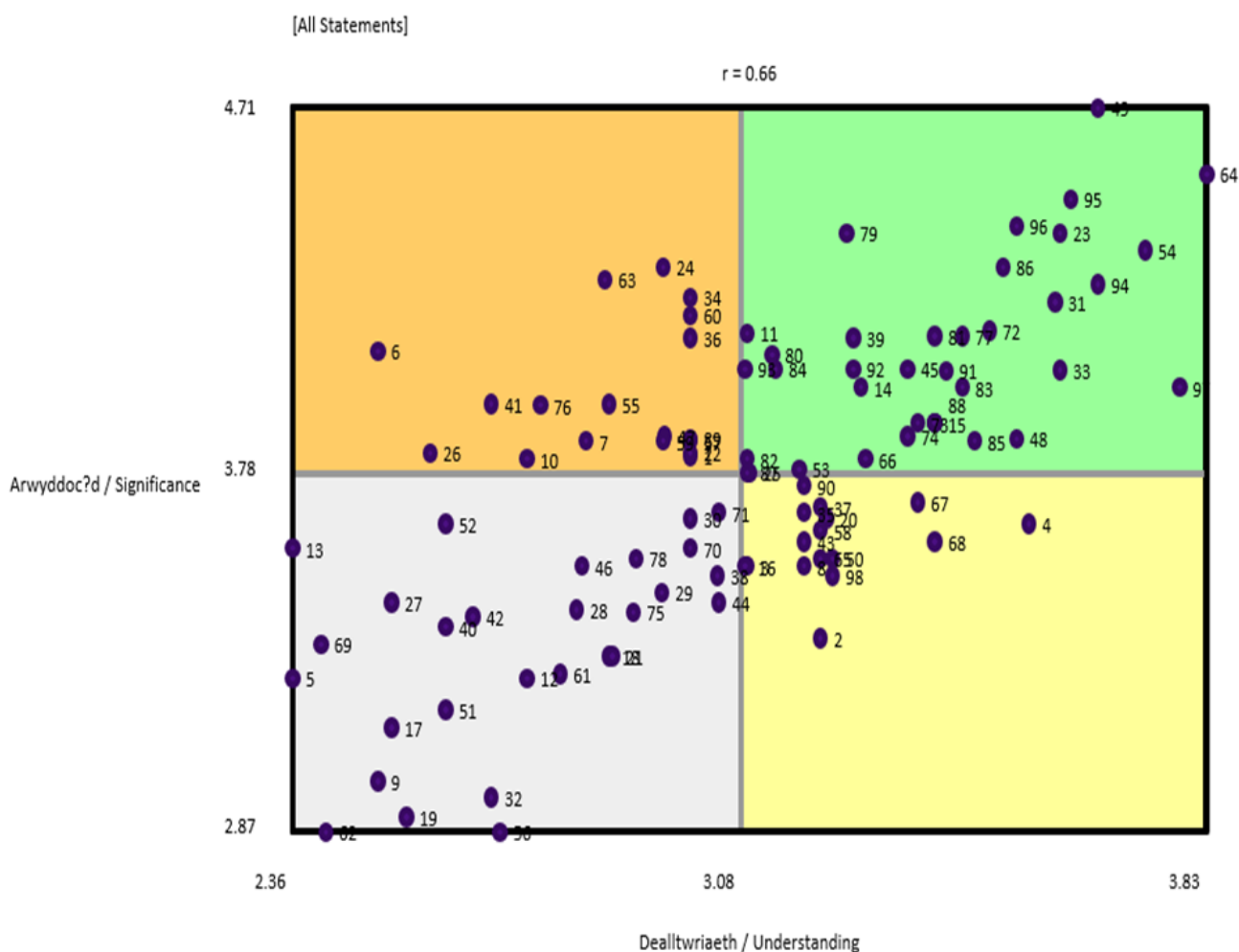
3.29 The go-zone enabled identification of sample statements indicating which quadrant they were in. Table 3.1 identifies a series of statements which are located in one of the four quadrants:

- Green quadrant = higher level of significance and higher level of understanding in delivering RIF's aims;

- Orange quadrant = higher level of significance but lower level of understanding in delivering RIF's aims;

- Yellow quadrant = higher level of understanding but lower level of significance in delivering RIF's aims; and

- Grey quadrant = lower level of understanding and lower level of significance in delivering RIF's aims.

Table 3.1: Example (and total number) of statements from each quadrant

No.	Wording
Green quadrant (n=36) - higher level of significance, higher level of understanding	
64	The constraints of the priorities and pressures on core service budgets
53	How RIF is part of the wider system of Healthier Wales
95	The challenge of moving projects from RIF to mainstreaming
Orange quadrant (n=18) - higher level of significance, lower level of understanding	
6	How to measure and evaluate the effectiveness of integrated care
36	How RIF should be a means to an end as part of a much wider systems change
76	How to positively challenge current cultural working practices and assumptions within organisations
Yellow quadrant (n=16) - lower level of significance, higher level of understanding	
3	The importance of co-location for integrated care
35	A principle of RIF was to enable an integrated cultural shift
98	How funding contributes to integrated partnership working
Grey quadrant (n=28) - lower level of significance, lower level of understanding	
9	Reconciliation of system and individual responsibilities
46	A chance to consolidate learning
62	The value of models of care

3.30   Put simply, statements in the green quadrant are 'positive' relative to the others in terms of how well understood they are and how significant they are in achieving RIF's aims. The opposite is true for statements in the grey quadrant – they are not felt to be well understood or significant, and therefore rated much more negatively than others. There is a spectrum within each quadrant, as represented by the rating scores for those statements in the 'top (and bottom) ten'.

3.31   To summarise, four key messages can be taken from the GCM study:

- There was participation from a very good cross-section of stakeholders. Participants represented all the regions in Wales and national perspectives, and a range of different organisations;

- The cluster map (Figure 3.2) shows two distinct groups of concepts emerging – the relatively positively-rated 'strategic' concepts underpinning RIF ('Ambition to change', 'Communication, relationships and networking', and 'Integration and collaboration') offset by the relatively negatively-rated 'operational' concepts underpinning RIF ('Complexity and constraints', 'Funding and demand management', and 'Governance');

- The ratings scales shown in the pattern match (Figure 3.3) show that whilst some clusters have similar average rating scores on the two scales (understanding and significance), there are also discrepancies between the two ratings for some concepts. This is most marked for 'Funding and demand management' which is rated as the most significant cluster in delivering the aims of RIF, but is less well understood. Similarly, 'Integration and collaboration' is most understood concept, but considered less significant in achieving the outcomes under RIF; and

- In the go-zone analysis, there are a series of statements rated in the green quadrant (i.e. above average rating from participants for significance and understanding within RIF) including ones on financial pressures, RIF being used to prop up services, and system pressures. Statements in the grey zone (i.e. rated by participants as being the least significant in delivering the aims of RIF and least understood) include concepts and ideas that are core to RIF itself like the models of care, the erosion of organisational boundaries, and autonomy in integrated care systems.

In-depth Scoping Interviews (Bryer and Bebb, 2024)

3.32 Ten key findings were identified following the thematic analysis of the in-depth Scoping Interviews 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 contributes to its guidance being 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 has not started from a blank canvas as most of its funded provision is legacy projects and statutory services;

- There is a lack of clarity about the purpose of Models of Care (MoCs), and their underlying rationale. MoCs are currently a major stumbling block 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 transition period 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 to demonstrate how RIF funding is being used to achieve them; and

- 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.

4. Synthesising the evidence – emergent findings

Introduction

4.1 As outlined in the previous chapter, four discrete pieces of evaluation work have been undertaken in Year 1 – the Framework for Change analysis,[6] the Realist Review of the literature,[7] the Group Concept Mapping study,[8] and the in-depth Scoping Interviews.[9]

4.2 These offer a window into the ideas and values informing the RIF from a range of angles and perspectives. From analysis of the total data collected, the study team has identified 5 cross cutting themes which are the focus of this section of the report. These five themes came from a data synthesis workshop using situational analysis, as suggested by the P-FE approach. This exercise involved all members of the evaluation study team meeting together and examining the data gathered in the four separate research exercises (as described in paragraph 4.1 above). The workshop sought to triangulate across the different datasets in order to identify the key common themes.

4.3 The five cross cutting themes emerging from the situational analysis are:

1. Conceptualisation of the principles or guiding directions underpinning 'RIF';

2. Aspirations for Change;

3. Complexities of realising the expected change in practice;

4. Development of the Models of Care; and

5. Quality of data collection and reporting.

Conceptualisation of principles underpinning the Regional Integration Fund

4.4 As described in the Framework for Change (Verity and Llewellyn, 2023), the RIF is informed by a set of principles: legislative principles, Welsh Government policy and programme design principles; and the RIF structure and administration specific principles outlined in the RIF Guidance document (Welsh Government, 2022a).

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[6] Verity and Llewellyn (2023)

[7] Tetlow et al. (2024)

[8] Wallace and Wallace (2024)

[9] Bryer and Bebb (2024)

4.5 In respect to legislative principles, RIF draws on principles stated in key Welsh Government legislation and their associated Codes of Practice. RIF as an instrument of public policy is following 'the spirit' of key legislation, namely the Social Services and Well-being Wales Act (2024) and the Well-being of Future Generations (Wales) Act 2015. The relevant legislative principles underpinning RIF are listed below:

Legislative principles informing the Regional Integration Fund

SSWB Act (2014
- Well-being
- Prevention and early intervention
- Co-production
- Multi-agency working

WBFG Act (2015)
- Well-being
- Prevention and early intervention
- Collaboration and involvement
- Long term

4.6 Additionally, the RIF draws upon the design principles of *A Healthier Wales*, namely: 'Prevention and Early Intervention', 'Safety', 'Independence', 'Voice', 'Personalised', 'Seamless', 'Higher value', 'Evidence' 'Scalable', which are to inform the design and delivery of integrated health and social care initiatives.

4.7 Principles of using evidence, knowledge exchange and mobilization are implicit in the requirements for the processes of the Communities of Practice, as they support the collaborative development of 'national' models of care.

4.8 The RIF Guidance (Welsh Government, 2022a) also sets out what we have called 'RIF structure and administration specific principles', describing how the fund should be implemented. These are listed below under nine headings.

4.9 The Rapid Realist Review (Tetlow et al., 2024) identifies principles linked to sustainable integrated health and social care innovations or models, together with lessons about what helps and hinders putting principle based integrated models, or national policies with these objectives, into practice.

Regional Integration Fund – Structural and Administrative principles

Funding conditions

- Partner match funding/resources and tapered support.

- 'A 50/50 intervention rate from Welsh Government and RPBs by the end of the five-year fund' ((Welsh Government, 2022a).

- Pooled funds.

- Use opportunities to align capital and revenue resources.

Population groups

- Support five population groups

Employ enabling tools

- RPBs to use the five enabling tools: integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; and workforce development and integration.

Integration continuity

- Build on the work of ICF and the TF developments

Collaboration and partnerships

- Collaborative evidence building.

- Work with the Regional Innovation Coordination Hubs.

- Develop partnerships across a wider infrastructure.

Measurement

- Measure Against the National Outcomes Framework

Cross programme linking

- Support and link with other government commitments and programmes of work.

- Align with Accelerated Cluster Development Programmes

- Digital Priorities Investment Fund bids

Legislative adherence

- In addition to the SSWB Act 2024, and the WFGA 2015, follow requirements under the Equality Act 2010.

Sustainability

- Develop, implement and mainstream national models of care.

- Pooled funds for sustainability of integration.

Invest a minimum of 20% of the RIF into social value in 2022/23.

(Source: Welsh Government, 2022a)

4.10   Consistent with the principles stated in the RIF guidance, the Rapid Realist Review identifies the principles of 'sustainability' (resources and sustained investment), 'collaboration', 'cooperation and partnerships', and the utilisation of quality evidence to underpin integrated care models (Tetlow et al., 2024). The value for integration of 'communities of practice' is also described in the Review.

4.11   An exception is the principle of autonomy which is identified in the Rapid Realist Review as related to success in sustaining integrated health and social care work. This concerns both professional autonomy and the autonomy to make decisions about how to use funds for integration, based on contextual relevance (Tetlow, et al, 2024). Autonomy is not a specifically named RIF principle, although there is flexibility built into the funding equations for each of the RIF funding streams.

4.12   In the in-depth scoping interviews, a range of stakeholders gave perspectives on the framing of the principles in the RIF and reflect on their use in practice. RIF is described in the qualitative report as a 'middle ground prescriptive approach' to funding allocations (Bryer and Bebb, 2024, p.6). Some interview respondents were positive about the presence of a degree of flexibility in how RIF funds can be invested by RPBs, but there were also comments about the complexity of the spending prescriptions in the various sub-funds and for certain population groups. Tensions between models of 'top down' policy prescription and 'bottom up' initiatives by heterogeneous local and regional actors are an issue raised in the previous evaluations of the Welsh Government health and social care integration funds (see Bryer et al., 2022; Bebb et al., 2021), and they are well known in a wider

and lengthy policy implementation literature (Sabatier, 1986; Matland, 1995; Bakkeli, 2023).

4.13   The Welsh Government investment period of five years for the RIF scheme is viewed positively by interview respondents, and this also reflects a theme in the Rapid Realist Review about investment over time as a precondition for effective integration. The legislative and Healthier Wales principles that are embedded in the RIF are part of the health and social care delivery landscape and this is evident in the findings of the qualitative study (Bryer and Bebb, 2024, p.17). Moreover, and as noted in the Framework for Change, the RIF fund points to the need for funding allocations to have continuity with integration initiatives developed under previous schemes.

4.14   The various Communities of Practice associated with the iterative development of the Models of Care are beginning to use the insight and intelligence from health, social care and third sector practice as they move to being more evidenced-based in their work. The qualitative study indicates where knowledge exchange and model development are taking place, most notably in the Community Based Care Community of Practice, Hospital to Home, and the Supporting Families / NEST CoP (Bryer and Bebb, 2014).

4.15   The Group Concept Mapping (GCM) study findings directly address the perceptions of the principles of the RIF, in respect to how they are understood and their significance. The process commenced with responses to the question, 'When I think about the underlying principles and concepts that I associate within the Regional Integration Fund, I think about…'. (Wallace and Wallace, 2024). There were stated understandings that the RIF fund is a tool for 'integration and collaboration', and 'communication, relationships, and networking'. This includes understandings about 'the importance of communication across professional networks', 'co-production', and 'collaboration across partners to address mutual headaches' and attaining seamless care. Some concept statements are explicit about RIF being a means for fostering integration across Health and Social Care, and that RIF is aligned with a Healthier Wales and the principles of key Welsh Government legislation (i.e., SSWB Act 2014, and WFGA, 2015).

4.16   There were however tensions between the ideals of those principles people identified with RIF, and the practical realities of their implementation. These were expressed as barriers rooted in institutional factors such as bureaucratic processes

and dominant service cultures, barriers arising from contemporary financial challenges and increasing service demands, and perspectives about barriers related to the ambition and design of the RIF. In respect to the latter point, there was a view that the RIF scheme was complicated, 'over engineered' and 'controlling', and that this necessitated time to meet requirements and make things work. As noted in the RIF Guidance, 'The RIF funding model has four distinct areas…each with its own eligibility and match funding expectations (Welsh Government 2022a, p.28).

4.17   Perspectives on this complexity are seen in the following examples of GCM statements (Wallace and Wallace, 2024) about RIF:

'The complexity of funding streams (different funding streams all being managed under one umbrella)'.

'The time required to manage the financial complexity of RIF'.

'The funding being very welcome, but the strings attached make it (almost) not worth it.'

4.18   In summary, there are many types of principles running through the RIF; principles about values and longer-term visions and directions, design, planning and process principles and those about the practical mechanics of running and accounting for a government funding scheme. In the main there is alignment between RIF principles and the reviewed literature, namely in respect to the principles of collaboration, communication, partnerships, and planning for sustainability in resources and investment. An exception to the findings of the Rapid Realist Review, is that the RIF Guidance does not specifically include a principle of regional or local autonomy in how the funds can be used.

4.19   The barriers to the realisation of the RIF principles in practice is a theme in the GCM and the qualitative interviews and this is taken up in a discussion below.

Aspirations for change

4.20   The Framework for Change tells the story of the aspirations for RIF as a fund to support accelerated integrated health and social care across six models of care and five key population groups (Verity and Llewellyn, 2023). Broadly speaking the aspirations are for integration and system transformation resulting in better ways to meet needs and improve health and wellbeing, enable national consistency,

together with the organic process of moving towards national models of care which are mainstreamed.

4.21   The Rapid Realist Review establishes that a common vision is a necessary aspect of a programme theory for sustainable integrated health and social care and that it is intrinsic to the effective mainstreaming of models of integrated care. The Initial Programme Theory (IPT) identifies that the elements of a common vision are 'assigning equal importance to service user needs', 'creating a holistic environment', sharing the strategy and vision, and being well engaged with a cross section of key players in the relevant area (Tetlow et al., 2024, p.6).

4.22   Support for the vision and ambition of RIF is evident from the stakeholders interviewed. As seen in the qualitative study report, there were positive comments about working for integration and system change, using a population based and holistic approach, and the principles set out in key Welsh Government legislation (Bryer and Bebb, 2024, p.5). Moreover, and as noted in the qualitative interviews report, in an academic or abstract sense there was a view expressed that the RIF is 'broadly logical' (Bryer and Bebb, 2024, p.5). The qualitative reflections on the CoPs indicate where common visions are being articulated in developing Models of Care, drawing on other policy and strategic agendas, such as the Together for Mental Health Strategy and work of Commissioning Boards (Bryer and Bebb, 2024).

4.23   The GCM process, which involved stakeholders from primarily senior leadership and management roles, conveys understandings of the RIF scheme's aspirations for integration as seen in some of the statements generated. The 'Integration and collaboration' cluster is the most understood cluster of statements, and comments about integration and ways of working describe a central intention of RIF. Conversely, the clusters of statements about the RIF's 'Ambition to change' ($\bar{x}$=2.87) were rated as one of the less understood, and these relate to reflections on the ambition for RIF to realise wider system change and mainstream national models of care (Wallace and Wallace, 2024, p.11 and p.18).

Complexities of realising change in practice

4.24   There are examples throughout the qualitative report of positive developments and progress towards the RIF goals. For instance, RIF funded work is building on pre-existing integration projects and this has supported these projects to '…hit the ground running immediately' (Bryer and Bebb, 2024, p.20). Nonetheless, and despite the support for the vision of the RIF and the Welsh Government policy

aspirations it is implementing, the realities of implementation or its application are being seen and experienced as more problematic.

4.25   The complexities of translation of the RIF into practice is a recurring theme in the data collected for the evaluation in Year 1. Across the scoping interviews, Group Concept Mapping and in the Rapid Realist Review, navigating the realities of practice is identified as a barrier for successful application of the health and social care integrative agenda. In some respects, this is not surprising as this is the challenge of implementing policy in shifting contexts where there are many variables (known and unknown) and multiple complexities.

4.26   The GCM results show a pattern in views about the 'Complexity and Constraints' involved in the implementation of the RIF fund. This includes views about the complexity of the social, economic and service delivery environment in which RIF is being implemented, complexity across the RIF funding scheme, about the use of RIF funds to 'prop up core services' and that demands on services are limiting the changes that can be made through RIF allocations. Furthermore, there were views that RIF is not yet impacting the 'siloed approach of services' (Wallace and Wallace, 2024, p.17). There was also a high level of expressed understanding about 'The challenge of moving projects from RIF to mainstreaming'. A view about the feasibility of RIF is captured in the statement 'The good intentions of RIF are unrealistic to achieve with pace and scale'.

4.27   The qualitative interviews set out many aspects of the practical challenges of implementing the RIF. Some pertain to the challenges in the current financial environment with tightened funding and difficulties in staff recruitment, and the ongoing issues of developing and transforming cultures to enable health and social care to come together. As noted in the qualitative Report '…the challenging fiscal environment …is threatening to undermine some of its [RIF's] fundamental design principles' (Bryer and Bebb, 2024, p.24). It is also having an impact on the priorities for funding allocations, in the context of crises and the compound pressures in the NHS and social care.

4.28   Another complex aspect of the implementation landscape is that the work of RIF is not being done on a clean or 'blank canvas' as described in the qualitative report (Bryer and Bebb, 2024, p.24). RPBs, NHS and local authorities have existing initiatives, projects, and plans. This is a theme across some of the GCM statements.

4.29   The Framework for Change (Verity and Llewellyn, 2023) too notes the fast-changing policy context in Wales with the introduction of new aligned policies in addition to the RIF, for example *Further Faster* (Welsh Government, 2023a; 2023b)*.* The implications of these developments are raised by qualitative interviewees as possibly 'pulling against integration' (Bryer and Bebb, 2024, p.7). Paradoxically, a perceived lack of policy integration is seen by some stakeholders interviewed to have consequences for the work of implementing integration in health and social practice, despite the public policy language of integration.

4.30   The design of the RIF itself was also seen to contribute to the complexity in practice, such as the necessities to have cross reference to the five population groups and five enablers. A further example is the Social Value aspect of the fund where there is a requirement to allocate 20% to the work of social value organisations. The qualitative report notes that for some regions this is being relatively smoothly achieved, whereas in other cases this is not so straightforward, in part due to the existing way services are funded and to the constraints on the third sector (Bryer and Bebb, 2024, p.8).

Models of Care (MoCs)

4.31   As noted in Section 2, MoCs are a key aspect within the RIF with the intention that lessons from the implementation of RIF funded projects inform a collective intelligence on national MoCs. Communities of Practice are one means for this knowledge exchange and transfer as the evidence base is built from local to regional to national practices. The importance of intelligence and evidence for integration is a theme in the Rapid Realist Review.

4.32   The Rapid Realist Review explored the question 'Q3. What are the core components for the implementation of national government policy and funding schemes for integration/integrated health and social care?' Components of the Initial Programme Theory include being able to generalise 'successful local and regional integrated care programmes to a national level', standardising innovations nationally, and using a range of expertise in policy development. In addition, communities of practice and frameworks for the uptake of integrated care are seen as core components.

4.33   There is little mention of the MoCs in the GCM findings, save three of the 98 statements showing different and contradictory viewpoints:

'The new models of care are fundamentally flawed. They aren't models of care, but are good practice component parts of a model of care'

'The value of models of care'

'The opportunity to test new models'. (Wallace and Wallace, 2024, p.25-26).

4.34   The qualitative data provides insights on how MoCs are being perceived by stakeholders, an area where it was seen that there was much conceptual ambiguity, and indeed stated lack of understanding. Although there was agreement with the 6 programmatic areas, there were very different ideas on what they meant and what they would look like.

4.35   As reported, the MoCs were seen variedly as the way in principles were enacted, a 'collective set of good practices', 'blueprints', 'a framework', 'arbitrary headings' (Bryer and Bebb, 2024, p.11), which indicates the diversity of view offered about them. Some stakeholder respondents were unclear just what MoC were supposed to be.

4.36   There were also expressed alignment challenges, due to how things have been organised by RPBs and providers, for instance the priority work set through population-based planning, and the requirements for the MoCs (Bryer and Bebb, 2024, p.12). The MoC may not align with existing priorities set through population planning, nor neatly link with work already underway. Some respondents felt that the MoCs "cut across" RPBs' priority population groups, Indeed the qualitative report identifies a view that the MoCs have '…become obstacles rather than enablers' (p.10) and a disquiet with the use of them as prescriptions for where work should be focused.

Regional Integration Fund reporting and data quality

4.37   As noted above one of the RIF implementation challenges, seen by stakeholders, relates to reporting expectations and data quality. The qualitative report identifies concerns from stakeholders about the time and resources involved in producing reports for Welsh Government and queried the utility of these reports (Bryer and Bebb, 2024, p.16). This was seen as not proportionate to the amount of RIF fund allocation.

4.38   The Rapid Realist Review identifies data quality and availability to be a theme in the IPT. Specifically, this is having the capacity to collect and evaluate integrated care data in order to move towards effective integrated care practice and policy.

4.39   The GCM process identifies issues to do with RIF governance and challenges from the compliance requirements. This is reflected in a GCM statement that 'How at times it does seem that there is an extra layer of bureaucracy'.

Conclusion

4.40   This chapter has explored five cross cutting themes which emerge from synthesis of the evaluation data. Broadly speaking there is support for the integrative and collaborative vision and ambition of RIF, for enacting the key principles of RIF, and signs of positive developments and progress towards the RIF goals.

4.41   However, respondents raise issues about how the RIF is working in practice which relate to questions of clarity about key aspects of the RIF such as the Models of Care, issues around data collection and reporting and the implications of what is viewed as RIF's funding design complexity. The evidence collected to date raises questions about the best balance between prescribed RIF expectations and the capacity for regional and local autonomy and flexibility to plan and deliver integrated care in a changing environment.

5. Towards a (re)conceptualisation of the Regional Integration Fund? Areas for further consideration

5.1 The preceding chapters have identified a number of the key issues that have played a part in the conceptualisation and development of the RIF. The evidence collected for the RIF evaluation to date suggests that, following a period of familiarisation, coupled with contextual change and challenge, there may be some merit in reconsidering the way in which RIF has been conceptualised to date. This may be a good opportunity to reflect on its current purpose, the understanding people have of RIF, and what this may mean for its future direction.

5.2 Patton (2018: p.3-4) notes that '…principles are derived from experience, expertise, values and research'. He distinguishes between natural principles about 'how the world works' and principles that 'guide how people live and what to do in certain circumstances' or human guidance principles. It is this latter form of principles that RIF incorporates, and these are at various levels. Following our P-FE approach, the purpose of this chapter is therefore to make an assessment of the extent to which the principles underpinning the RIF, and guiding the enactment of the Fund, have been clearly articulated as a precondition for them to be effective in guiding actions.

Three complexities

5.3 One way of beginning comprehending the shift from the principles of integration to the practice of integration is offered by Michgelsen et al. (2023). They note the need to understand and negotiate three 'complexities' in order to make sense of the principles of integrated care in real-world contexts.

5.4 Complexity 1 concerns identifying the different aspects of integrated care in order to assess its impact. They argue that exploring the impact of integrated care necessitates a review of the core principles and features of integration, and that interesting issues emerge when we consider the alignment (or otherwise) of integrated care's principles and features with the measurable objectives that can define impact.

5.5 The second 'complexity' – methodological challenges – recognises the issues that can arise once the principles to be measured in the real-world have been identified. Key to this is the challenge of developing a comprehensive tool or approach that captures the '…complex dynamics and multiple layers of integrated care

implementation, in a context that may change over time' (Michgelsen et al., 2023: p.2).

5.6   The final of the three complexities concerns the need to recognise and reconcile different people-stakeholder viewpoints, perspectives and values. Their key argument is that context-specific evaluation is key, rather than relying on adopting a 'one-size-fits-all' concept of integrated care. These conclusions were also drawn from the evaluation of the implementation of the SSWB Act, in respect to the implementation of the principle of multi-agency working.

5.7   Michgelsen et al., like us, are interested in exploring how to undertake effective evaluations given these varied viewpoints and values. This is where the P-FE approach from Patton (2018) is useful. Patton suggests that the answer is in making the identified principles at the heart of the study the 'evaluand', the concept that we measure. But which principles should we therefore focus on as the 'RIF' principles?

Regional Integration Fund principles

5.8   The Framework for Change (Verity and Llewellyn, 2023) identified a set of principles informing the intentions for change and delivery using the resources provided by the RIF. RIF, as an instrument of the implementation of policy, is aligned with the principles of both the SSWB Act and the WBFG Act.

5.9   Further to this, the RIF is guided by the eight delivery principles of *A Healthier Wales.* These set out the 'why', 'what' and 'how' of the use of the fund resources. Figure 5.1 maps out the principles that sit within each of these, aligning them where there are areas of commonality (grey shading).

5.10   In addition to these legislative and policy principles, there exists an extensive series of implementation and delivery principles, instructions and requirements describing how the RIF is to be delivered in respect to accountability, alignment with planning functions and measurement of results (Welsh Government, 2022a).

5.11   As discussed in Chapter 4, these are in the areas of funding conditions, population groups, enabling tools, integration continuity, collaboration and partnerships, measurement, cross programme linking, legislative adherence and sustainability

(Re)conceptualising the principles?

5.12   From the four sources of evidence generated as part of our work to date – the
        Framework for Change, the Rapid Realist Review, the GCM study, and the scoping
        interviews with stakeholders – a complex picture emerges of the ways in which the
        various order of principles associated with the integration of health and social care,
        and specifically with regard to the RIF, are conceptualised.

5.13   Given the range and scope of principles currently being discussed and utilised in
        health and social care legislation, policies and practice, there are therefore perhaps
        opportunities, as evidenced by our work to date, for RIF to reconsider some of its
        underlying assumptions, ideas, and concepts.

5.14   In order to engage with and begin the process of (re)conceptualisation, it is useful to
        start with a summary of the evidence gathered, to identify the higher levels ideas
        and concepts, and to see where they overlap and interact.[10]

5.15   Against the backdrop of the three complexities (Michgelsen et al., 2023), and
        Patton's (2018) first P-FE question (i.e. to what extent have meaningful and
        evaluable principles been articulated?), these three lists serve an important function
        in considering how the ideas underpinning RIF are being understood in order to
        guide the translation of public policy to support health and social care integration
        into practice.[11]

5.16   Furthermore, in considering the three 'complexities', we also need to recognise – as
        noted in the analysis of the scoping interviews – the contested nature and levels of
        the principles informing the RIF, acknowledging that there is no 'one-size fits-all'
        approach to 'accommodate' the diversity of the evidence-base that we have
        generated.

Conceptual dyads

5.17   Building on all of this complexity, and thinking about the way in which P-FE seeks to
   provide an explanatory narrative, we determined to try and find a way to make

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[10] For a summary of these sources see Chapter 3.

[11] These lists of themes, ideas and concepts were discussed as part of the synthesis meeting held by the
evaluation team, the details of which are outlined in the discussion of the emergent findings in Chapter 3.

sense of the information that we had gathered, recognising the importance of the key tensions at the heart of our data.

5.18   Our synthesis of the data identified a number of issues and concepts that were identified but which were often pairs of ideas that were in some way competing with each other as described in our evidence. These 'conceptual dyads' are all to be found embedded in the narratives around RIF, drawn from the experiences described in three key sources of evidence.

5.19   They are our way of describing and synthesising the evidence we have gathered, and 'sense-making' the complexity of RIF. It is our way of understanding the interplay between the principles, values, concepts and constructs within RIF, with a view to evaluating these as the study moves forward. These are our 'evaluands', the subjects of our evaluation – the things that sit within the RIF programmes of work and the system that we can explore as the study progresses (Patton, 2018).

5.20   Accordingly then, from our synthesis of the evidence presented in this report, there exist six dyads, six 'pairs' of RIF concepts, each of which have implications for the implementation and delivery of RIF, which are described in Figure 5.1.

Figure 5.1: Embedded narratives – conceptual dyads within the Regional Integration Fund
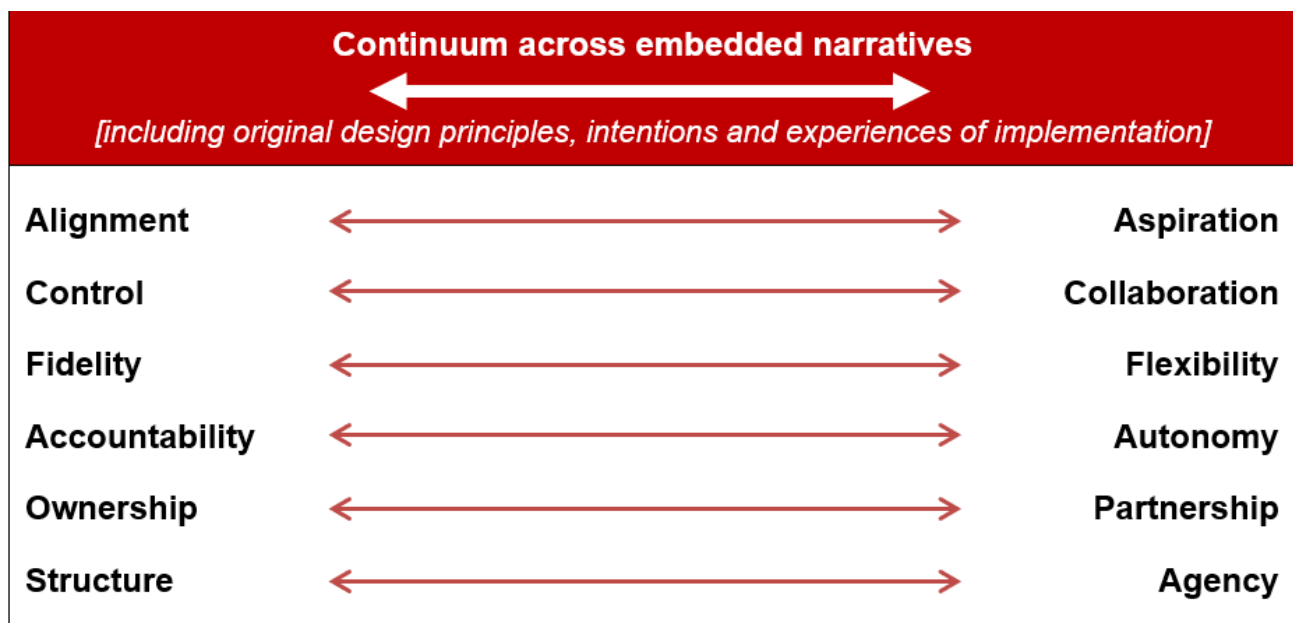
Describing the dyads

5.21 The concepts at the end of each of the six dyads are on a continuum, and are in tension with each other. Below we provide a series of descriptions of these concepts as we understand them in the context of RIF.

5.22 These are neither formal definitions – to provide such a thing would be to over-simplify an inherently complex situation – nor are they 'fixed', as they will change as the context changes. However, they provide an insight into the ways that we see them, and accordingly how we might be able to evaluate them as we move into the second year of the evaluation study:

- **Alignment | Aspiration** – this dyad speaks to the nature of a Fund whose very purpose is to be aligned with and facilitate the implementation of policy objectives, but which has far loftier ambitions than just that given its stated intent to deliver on the promise of seamless services. These concepts often work against one another in the way people describe needing to deliver on the focused aims of the Fund, whilst being part of a whole-system, whole-sector transformation;

- **Control | Collaboration** – this pair of ideas is most closely connected to the power dynamics inherent within RIF, and the extent to which sharing power (through co-design, co-production and collaboration) fluxes over time. This is not to imply that this dyad only operates between national and regional partners, but it is to recognise that it also operates within and between regions and the organisations they work with;

- **Fidelity | Flexibility** – there are obvious tensions throughout the narratives on RIF around the issues of fidelity with the guidance and the design principles at the heart of the Fund (especially around the Models of Care), and the desire of those who are seeking to implement the Fund in practice to have additional levels of flexibility than currently offered, whether in respect of data collection, reporting requirements or other arrangements;

- **Accountability | Autonomy** – similar to the previous dyad, there are tensions over the right balance between a proportionate approach to accountability, governance, and the spending of public money, alongside a greater sense of autonomy that is espoused and advocated. Again, these tensions operate at

multiple levels, and between multiple partners – from national to regional, from regional to local, and back again;

- **Ownership | Partnership** – there is an ongoing challenge about where ownership for RIF sits, and the extent to which this is truly about a partnership approach, or something different. These issues are in constant tension, and speaks to relationships of trust that (to a greater or lesser extent) exist across the Fund, again within and between regions, and between the regions and national government; and

- **Structure | Agency** – more generally perhaps, this final dyad recognises the nature of government time-limited funding like RIF and that it inherently sits within a certain paradigm. It recognises the challenge and tension within RIF of using agency to undertake dynamic forms of transformation, within the context of pre-existing organisational structures. This is compounded when the agency or transformation is actively trying to change the nature of the structures that is operating within.

Complexity and dynamism

5.23   The way the dyads are represented pre-supposes that the notional 'ideal' situation for each is that there would be a balance between the concepts – they would be held in perfect tension if such a situation existed, and the evidential 'fulcrum' that we could measure (see red triangles in diagram below) would sit in the middle of each continuum (Figure 5.2a). However, it is very difficult to imagine that many of these dyads exist in that state of balance across the continuum – indeed, as is evidenced by this report, many of the dyads are likely to exist in a state of imbalance. Figure 5.2b, for purely illustrative purposes, offers a representation as to how this might look in the 'real-world' of health and social care within the Fund.[12]

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[12] As noted, it is important to note that Figure 5.2b only offers a representation of where the fulcra could be placed, and not on any formal analysis undertaken by the study team to date.

Figure 5.2a: Representations of 'balance' across the conceptual dyads within the Regional Integration Fund
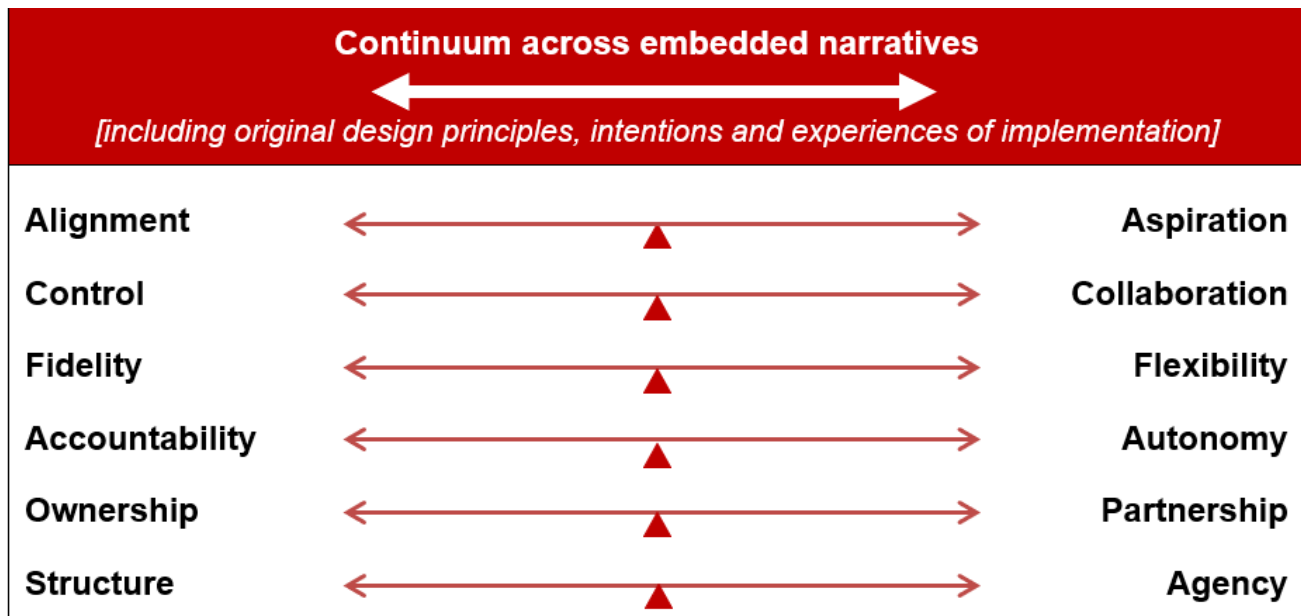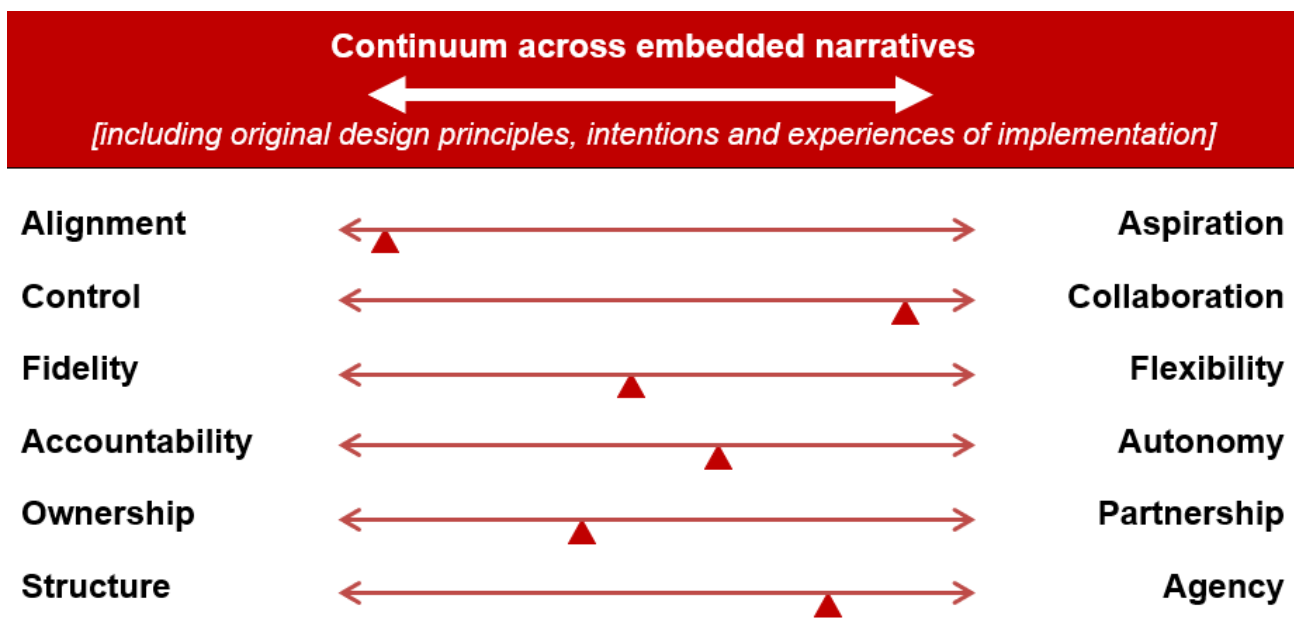

Figure 5.2b: Representations of 'imbalance' across the conceptual dyads within the Regional Integration Fund

5.24   Indeed, it is perhaps helpful to understand that there is a dynamism inherent in the current 'position' of the evidence on each continuum at any one place or time. Depending on the specific context – temporal and spatial – it is possible to imagine the fulcrum that sits under each of these dyads shifting dynamically.

5.25   Why does this matter? It helps us understand some of the inherent tensions in the narratives around RIF, and it offers us opportunities for shaping our evaluation work programme to further explore how these dyads are operating, and what impact they are having for the outcome of RIF.

Areas for further consideration

5.26   Following this analysis, we enumerate the following cross-stakeholder 'areas for further consideration'. These are not formal recommendations – having not formally collected or analysed any RIF programme-specific data, it is too early in our work to do that. However, we recognise that our work to date has identified a number of issues which could usefully be thought through by all key stakeholders, in the form of 11 questions, grouped under a series of sub-headings as below:

Working together

1. How can we more effectively learn from each other within RIF, but also from others doing very similar work elsewhere, about common challenges and ways to overcome these?

2. How could the principles, instructions and requirements of RIF be more aligned with the population assessments of the regions?

3. How can the key stakeholders work together to co-design and agree a series of priorities for the coming years of RIF?

4. What can be learnt about what is working well with the Communities of Practice and where they may be re-purposed and re-energised in alignment with the key intentions of RIF?

5. How can we ensure that tensions as illustrated in the conceptual dyads do not inhibit progress or act as barriers in achieving the aims of RIF?

Data collection, reporting and resourcing

6. What is the scope to rethink how a more proportionate balance can be struck between the need to collect high-quality data, and an efficient and effective use of staff resources across all stakeholders (both national and regional) within RIF?

7. How could the need to evidence and report compliance-based activities and outputs ('data to prove') shift to a more strategic and insights driven dataset

('data to improve') in line with the spirit of knowledge development for better integrated health and social care?

8. How might the moves towards an all-Wales dataset help to drive consistency without creating excessive reporting requirements, including new insights on being able to identify and shape learning opportunities one from another?

9. What are the implications of the current system, service and resource pressures – especially around financial sustainability – for the original goals of RIF?

Models of Care

10. How could we shift towards greater clarity and definition, and better understanding around the Models of Care?

11. How might re-thinking the ideas around the purpose of the Models of Care be used positively to connect areas of interesting and innovative practice without duplicating effort?

5.27 In giving due consideration to these questions, we recognise two important issues raised by Michgelsen et al. (2023). They suggest that shortfalls in methodological approach, and/or study length, can serve to minimise and marginalise the (actual) impact of the intervention. They especially critique the temporal constraints of evidence gathering programmes who do not allow for sufficient time, especially when considering the intricate nature of measuring impact in often rapidly changing integrated care contexts. This issue is enhanced, they argue, given that it often proves to be challenging to ascertain which activities or interventions have led to which type of impact.

5.28 They also note that 'integrated care' is a complex and contested term which rarely has a common definition, and within considerations of its use, different groups emphasise different facets. They draw from a recent study who noted that when it came to understanding the different values in integrated care: "service users and informal carers emphasised care experience values like respect and trust, while policy makers prioritised governance and organisational values such as coordination and accountability" (Zonneveld et al., 2022 cited in Michgelsen et al., 2023: p.3).

5.29   In closing, Patton's 'Illustrative principles of evaluative thinking" (Patton 2018: 300), is a useful way of underscoring all of the 'areas for further consideration' noted above. His 15 'illustrative principles of evaluative thinking' can be seen as an effective checklist against which any changes to the way RIF works could and should be seen.

5.30   These matters will need to be explored in some depth as RIF proceeds. There are lessons emerging and being learned about the process of moving from the theory of RIF as a series of ideas, principles and ways of running a fund, to the experienced reality and practice that has been operational since 2022.

References

Auditor General for Wales. (2019) Integrated Care Fund Report. Cardiff.

Bakkeli, V. (2023) Handling Tensions in Frontline Policy Implementation: Legitimating, Interpreting, and Shielding a Disruptive Intervention, International Journal of Public Administration, 46:9, 625-635,

Bryer, N. and Bebb, H. (2024) National Evaluation of the Regional Integration Fund: Conceptualisation Phase – findings from the in-depth scoping interviews with key stakeholders. Supporting Evidence Document 4.

Bryer, N., Bebb, H., Garthwaite, T and Llewellyn, M. (2022) Integrated Care Fund Evaluation, Welsh Government, Cardiff. Available at Integrated Care Fund evaluation (summary) [HTML] | GOV.WALES

Bebb, H., Bryer, N., and Burrowes, E. (2021) Annual Update - Evaluation of 'A Healthier Wales' Transformation Fund, OB3 Research. Cardiff. Health and social services transformation fund 2018 to 2021: evaluation | GOV.WALES

Best, S., Myers, J. (2019) 'Prudence or speed: Health and social care innovation in rural Wales', Journal of Rural Studies, 70: 198-206

Cabaj, M. (no date) The Strategy Continuum, Tamarack Institute

Davies M, Elliott M, Wallace S and Wallace C (2023) Enhancing Student Wellbeing Through Social Prescribing: A Rapid Realist Review. Public Health Rev 44:1605189.

Hewitt, P. (2023) The Hewitt Review: an independent review of Integrated Care Systems. Department of Health and Social Care: UK Government

Jagosh, J. (2019) 'Realist Synthesis for Public Health: Building an Ontologically Deep Understanding of How Programs Work, For Whom, and In Which Contexts,' Annual Review of Public Health, 40, pp. 361-72.

Lewis, M. (2015) 'Integrated care in Wales: a summary position'. London J Prim Care (Abingdon). 2015;7(3):49-54.

Llewellyn, M., Verity, F., Wallace, S. and Tetlow, S. (2022). Expectations and Experiences: Service User and Carer perspectives on the Social Services and Well-being (Wales) Act. Cardiff. Welsh Government, GSR report number 16/2022.

Llewellyn. M, Verity. F, Wallace. S, Calder. G, Garthwaite. T, Lyttleton-Smith. J, and Read, S. (2023). From Act to Impact? Final Report of the Evaluation of the Social Services and Wellbeing (Wales) Act 2014. Cardiff. Welsh Government, GSR report number 36/2023.

Matland, R. (1995). Synthesizing the Implementation Literature: The Ambiguity-Conflict Model of Policy Implementation Journal of Public Administration Research and Theory: J-PART, Vol. 5, No. 2 (Apr), pp. 145-174.

Michgelsen J, Zonneveld N, Tesfay E, Minkman M. Measuring the Impact of Integrated Care: from Principles to Real-World Impact. International Journal of Integrated Care, 2023; 23(4): 12, 1–4.

Patton, M. Q. (2018). Principles-Focused Evaluation – The GUIDE. New York: Guilford Press

Pawson, R and Tilley, N. (1997) Realistic Evaluation. Sage: London

Sabatier, P. A. (1986). Top-down and Bottom-up Approaches to Implementation Research: A Critical Analysis and Suggested Synthesis. Journal of Public Policy, 6(1), 21–48.

Skills for Care. (2019) Prevention in social care: where are we now? Leeds.

Social Care Wales. (2022) Social Care Workforce Report, Social Care Wales.

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.

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.

Wallace, C., Orrell, A., Garthwaite, T., Tetlow, S, and Wallace, S. (2022) 'Multi-agency literature review'. In Llewellyn, M., Verity, F. and Wallace, S (eds) (2022). Evaluation of the Social Services and Well-being (Wales) Act 2014: Literature Review. 2nd Edn. Cardiff. Welsh Government, GSR report number 42/2023.

Wallace, C. and Garthwaite, T. (2023). Multi-agency working: Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014. Cardiff. Welsh Government, GSR report number 39/2023.

Wallace, C. and Wallace, S. (2024) National Evaluation of the Regional Integration Fund: Group Concept Mapping Study – Conceptualisation. Supporting Evidence Document 3.

Welsh Assembly Government. (2004) *Making the Connections: Delivering Better Services for Wales,* 2004

Welsh Assembly Government. (2007) Fulfilled lives, supportive communities: A strategy for social services in Wales over the next decade. Cardiff. Welsh Assembly Government.

Welsh Assembly Government. (2011) *Sustainable social services for Wales: A framework for action.* Cardiff. Welsh Assembly Government.

Welsh Government. (2014) Social Services and Well-being (Wales) Act 2014 (legislation.gov.uk)

Welsh Government. (2015) Well-being of Future Generations (Wales) Act 2015 (legislation.gov.uk)

Welsh Government. (2018) A healthier Wales: long term plan for health and social care | GOV.WALES

Welsh Government. (2021a) An Anti-Racist Wales - Race Equality Action Plan for Wales

Welsh Government. (2021b) Programme for government 2021 to 2026: Well-being statement | GOV.WALES – accessed 13 July 2023.

Welsh Government. (2022a) Health and Social Care Regional Integration Fund | GOV.WALES

Welsh Government. (2022b) A Healthier Wales Communities of Practice Newsletter

Welsh Government. (2023a) Statement by the Minister for Health and Social Services: Building Capacity through Community Care—Further Faster

Welsh Government. (2023b) Building Capacity through Community Care – Further Faster.

Welsh NHS. (2022) Strategic Programme - Primary Care One

Zonneveld N, Glimmerveen L, Kenis P, Polanco NT, Johansen AS, Minkman MM. (2022). Values Underpinning Integrated, People-Centred Health Services: Similarities and Differences among Actor Groups Across Europe. International Journal of Integrated Care. 22.