



Royal College  
of Physicians

Coleg Brenhinol  
y Meddygon (Cymru)

# Under pressure

## Collaboration, innovation and new models of integrated care in Wales

Findings from a workshop with  
regional partnership boards,  
royal colleges and health and  
care professional bodies

April 2023



# Introduction

In January 2022, the Royal College of Physicians (RCP) published *No place like home: using virtual wards and 'hospital at home' services to tackle the pressures on urgent and emergency care* which called for more specialist medical care to be delivered in the community. Virtual wards and hospital at home services can help to reduce hospital admissions, get people home more quickly, and improve the lived experience of patients and carers. The RCP wrote to every regional partnership board (RPB) with a copy of the report, asking them about their plans to invest in these services in their local area.

In July 2022, the Chartered Society of Physiotherapy (CSP), the Royal College of Occupational Therapists (RCOT) and the RCP met with RPB lead officers to discuss how health and care professionals could engage more effectively with RPBs and the regional integration fund (RIF).

On 18 October 2022, we held a multidisciplinary workshop with RPBs, royal colleges, specialist societies and professional (RCAP) bodies from across Wales. This document shares the key findings and recommendations from that meeting.

'We need to prevent people going into hospital in the first place which means looking at what we can do in the community to keep people at home for longer.'

– RPB representative



# Adding value to the work of RPBs

As a group of RCAP bodies, we know that RPBs are central to delivering various health and social care policies, and we want to support them to do this well, rather than adding pressure. We asked RPBs about where we could add most value and be most helpful. They told us that their top three asks of RCAP bodies would be:

- > **Information:** Communicating with our membership and raising awareness of RPBs.
- > **Influence:** Helping to drive change at a national level and among our membership.
- > **Intelligence:** Sharing best practice and spreading innovation.

## Recommendations and next steps

RCAP bodies will work with RPBs to:

- > communicate with health and social care professionals across Wales.
- > develop shared messages at a national level.
- > identify good practice and new ways of community working.

The Welsh government should:

- > ensure that regional partnership boards, royal colleges, professional bodies and the third sector are all involved in developing a national approach to workforce planning.
- > ensure that health boards and local authorities taper and match-fund staff costs, where appropriate, to help RPBs reinvest funding into further service innovation and transformation.
- > support RPBs to work more closely with primary care clusters in the future, especially on the prevention of ill health, hospital admissions and adverse childhood experiences.
- > support RPBs to evaluate success and measure performance more effectively, especially through patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).

### What does the future hold for RPBs?

- > RPBs are working towards wider, **inclusive engagement** with their local populations, and they told us they want to develop collaborative working with the health and care professions.
- > RPBs are keen to develop stronger **partnership working** and build relationships outside of their usual stakeholder groups.
- > RPBs recognise the need for **strong leadership** to drive change, and in turn, they know that change requires effective communication and consistent messaging for local populations.
- > RPBs would like **national communications** to be clear, consistent and honest about the purpose and objectives of RPBs and the wider challenges facing the health and care sector.

# Key findings

Delegates welcomed the multidisciplinary approach of the workshop and the opportunity to share learning and lay the foundations of closer partnership working. During our discussions, we identified three key priorities for RPBs:

- > **Workforce:** recruitment and retention of health and care staff.
- > **Funding:** sustainability of finance.
- > **Innovation:** spreading best practice and reducing variation.

We heard that the role of the RPBs is currently being considered as part of the Welsh government's review of the codes of practice that underpin the [Social Services and Well-being \(Wales\) Act 2014](#). RPBs do not currently have executive powers and they can be described as a partnership by consensus. We also learned that the integrated structure of RPBs was extremely helpful during the height of the COVID-19 pandemic, with closer working relationships between health boards and local authorities at the heart of the response.

## Workforce: 'The shortage of staff is a major issue'

The biggest pressure facing health and social care is staffing shortages. While we recognise that we need to think about how existing health and care staff can work differently, we must acknowledge that recruitment into social care is extremely challenging in some parts of Wales. NHS pay, terms and conditions are often seen as preferable to those in the local authority sector.

'The shortage of staff is a major issue in rural Wales – it is really very difficult to recruit. Since the pandemic, so many people have left the NHS and social care workforce; we have an ageing population and fewer younger people living locally who understand the implications of health and care transformation.'

– RPB representative

Moving staff from the acute sector into preventative community-based roles will be key, but this is happening too slowly, and without a more strategic national approach to how we train, recruit and deploy staff, it will have limited success. National, regional and local workforce strategies have been developed, but the Welsh government should continue to ensure that regional partnership boards, royal colleges, professional bodies and the third sector are all involved in developing a national approach to workforce planning.

During the workshop we heard that RPBs are central to service transformation but must often compete with short-term pressures. The RIF is increasingly being used to support winter planning. Staff are stretched, both on the ground and at a senior level. We heard that senior managers are often very supportive of a project but have limited capacity for oversight, which affects the rate of progress.



**'Everybody is happy to discuss the process of transformation, but the day-to-day pressures are also important. Some staff and managers go to lots of different meetings, and they are spread across a variety of projects with limited resource. Health and social care staff capacity is very stretched across both local authorities and health boards. People are under a lot of pressure since the start of the pandemic.'**

– RPB representative

Ultimately, there aren't enough people working in health and care, so any extra money is spent on supporting and sustaining existing staff. Some posts are funded through RIF for transformation, but still some staff are worried about the risk of losing their job if the funding is stopped. The RIF process sets out the need for health boards and local authorities to taper and match-fund staff costs, which would help RPBs to reinvest funding into further service innovation and transformation.

### **Funding: 'We're in a really challenging financial position'**

Many RPBs struggle with ensuring the sustainability of existing programmes and the need to innovate and develop new models of care. The funding available is limited, and once a project is underway it is difficult to pull that money out when a service is being provided but there is no replacement funding from other statutory agencies. As the cost of living increases, health boards and local authorities are facing real-term budget cuts. RPBs often find themselves included in commissioning what could be perceived as core services, but needing to also fund innovative short-term projects, before transferring the responsibility for funding successful projects to other bodies (eg health boards/local authorities) and moving on to funding a new tranche of innovative projects on a short-term basis.

**'RIF money is not meant to fund core service delivery; it is intended to go towards innovation and new ways of working together. We need to focus on improving processes so that we can identify lessons learned and apply it in other settings.'**

– RPB representative

**'We're in a really challenging financial position. We need to move resources around the system, but the benefits might be felt in a different space. Everyone is committed to the principle of care closer to home, but we need to work out how to use the resources we have to think longer term.'**

– RPB representative

**'People start off with really good ideas. They employ staff to deliver a pilot, but the rest of the service often comes to depend on the temporary solution, so it almost becomes core, which makes it difficult to review and learn from the experience and implement longer-term service change. The RIF money funds transformation and innovation but given the huge system pressures it inevitably ends up paying for extra staff to help with the increase in patient demand, while trying to transform services at the same time.'**

– RPB representative

RPBs are central to testing out new ideas to show other delivery bodies what *could* or *should* be core services, but in practice, the financial and staffing cuts across all parts of the health and care sector mean that they can end up struggling to meet the original intent of the RIF. We talked about whether health boards or local authorities should be required to fund staff costs; we heard that short-term RIF funding has a big impact on recruitment and retention in highly skilled roles.

## **Innovation: ‘Having a collaborative space is really useful and interesting’**

Across the health and care sector, we face a huge challenge to spread good practice at scale and pace. We heard that RPBs see their role as leading on research and development and they are eager to move away from year-to-year firefighting, symptomatic of the current situation across the UK, to a more strategic longer-term planning approach. They are keen to look at what works and assess the evidence for what should be upscaled. Yet in reality many stakeholders see them as delivery bodies.

**‘Because RPBs generally work across a geographical range and with varied population groups, having a space like this where it’s more collective feels really useful and interesting.’**

– RPB representative

RPBs recognised that a key strategic priority running through all their work should be prevention: of ill health, of hospital admission, and of adverse childhood experiences. However, they acknowledged that it is very difficult to measure performance and success, especially with preventative work. We discussed whether RPBs could work more closely with primary care clusters in the future, perhaps becoming the strategic vehicle for change with clusters leading the delivery of new models of care.

**‘It takes a lot of work to evaluate properly. So much of the effort goes into service delivery and we end up missing the boat on measuring success as everyone is focused on delivery. We need to think differently about how we gather that evidence, and how we collate and disseminate it.’**

– RPB representative

Effective evaluation and continuous improvement will be key to bedding in the RPB model; we talked about whether funding for new projects should be fast-tracked if the evidence base already exists in other parts of Wales, and how that information is shared between different RPBs. Team leads pointed out that much of the evidence base does not yet exist, especially as projects are so small-scale, and they were keen to consider how best to incorporate patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) into their work.



# Frequently asked questions

## What are regional partnership boards?

Regional partnership boards (RPBs) were established in April 2016, following the [Social Services and Well-being \(Wales\) Act 2014](#). They are statutory partnership arrangements set up to drive the strategic regional delivery of social services in close collaboration with health.

## What is the regional integration fund?

The [health and social care regional integration fund](#) (RIF) is a 5-year fund that runs until March 2027. The RIF builds on the learning and progress made under the previous integrated care fund (ICF) and transformation fund (TF). Key features and values of the RIF include:

- > a strong focus on prevention and early intervention
- > developing and embedding national models of integrated care
- > actively sharing learning across Wales through communities of practice
- > sustainable long-term resourcing to embed and mainstream new models of care
- > creation of long-term pooled fund arrangements
- > consistent investment in regional planning and partnership infrastructure.

## What do RPBs have in common and what is different?

Every RPB must develop and publish:

- > a population needs assessment for their local area
- > a social care market stability report
- > a 5-year area strategic action plan that is reviewed annually.

These documents should be available on every RPB website (see contact details below).

Projects funded by RIF must be aligned to the regional priorities set out in the local population needs assessment and the area action plan. However, RPBs may be established and governed differently. Some will have a commissioning group while others may have citizen panels or regional groups, but they are all working towards meeting the [principles](#) of the [Social Services and Well-Being \(Wales\) Act 2014](#).

The main principles underpinning the Act are:

- > increased citizen engagement and ensuring **voice and control** for people and carers
- > **prevention** and early intervention
- > the promotion of **well-being**
- > **co-production** – citizens and professionals sharing power as equal partners
- > **multi agency working** and co-operation.



## How does the funding work?

There are more and more regional funds being channelled through the RIF, from carer support monies to social care for looked after children to workforce development grants. RPBs work to the financial year. RPB funding should be additional funding.

## What are RIC hubs?

The research innovation coordination (RIC) hub network is funded by the Welsh government to coordinate and support research and innovation activity across each RPB area. Hubs aim to develop understanding, improve the quality and value of research and innovation activity and contribute learning and ideas to the wider network of RIC hubs.

## What do royal colleges and professional bodies do?

Royal colleges and professional (RCAP) bodies represent their members on issues related to workforce and standards of care. RCAP bodies work nationally, looking at what is working well and what can be improved. We facilitate conversations between our members, the NHS and Welsh government, helping stakeholders to understand the operational reality for our membership in the context of policy set nationally by the Welsh government, and locally by NHS organisations.

We want to see a consistent standard of patient care for everybody in Wales, and we can help decision makers to understand the local picture alongside the national vision. We gather evidence through case studies and surveys. We support the policy aims of prevention of ill health and care closer to home, and we want to share learning on what works well, so that we cement a once-for-Wales approach into service planning.





## This paper is endorsed by:

- 1 Academy of Medical Royal Colleges in Wales
- 2 British Association of Social Workers
- 3 British Occupational Hygiene Society
- 4 British Psychological Society
- 5 College of Paramedics
- 6 Faculty of Intensive Care Medicine
- 7 Royal College of General Practitioners
- 8 Royal College of Nursing
- 9 Royal College of Occupational Therapists
- 10 Royal College of Pathologists
- 11 Royal College of Physicians
- 12 Royal College of Podiatry
- 13 Royal College of Psychiatrists
- 14 Royal College of Speech and Language Therapists
- 15 Royal College of Surgeons of Edinburgh
- 16 Royal College of Surgeons of England
- 17 Royal Pharmaceutical Society

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# Welsh royal colleges and professional bodies (RCAP) advisory group: Who are we?

In July 2022, royal colleges, faculties, specialist societies and professional bodies in Wales established a multidisciplinary external advisory group on workforce planning, service transformation and other shared priorities. Convened by the RCP, membership is made up of more than 30 membership organisations representing tens of thousands of doctors, nurses, allied health professionals, therapists, pharmacists, dentists, paramedics and social workers in Wales. The group aims to work collaboratively with the Welsh government, NHS Wales and local authorities to improve how we educate, attract, retain and redesign the health and care workforce while valuing, motivating and supporting staff to deliver high-quality patient care.

[Find out more.](#)



# Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. Over 1,600 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

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[@RCPWales](https://www.instagram.com/RCPWales)

## Regional partnership board contact details

### Cardiff and Vale Regional Partnership Board

- > <https://cavrp.org/>
- > [hsc.integration@wales.nhs.uk](mailto:hsc.integration@wales.nhs.uk)

### Cwm Taf Morgannwg Regional Partnership Board

- > <https://www.ctmregionalpartnershipboard.co.uk/>
- > [hello@ctmregionalpartnershipboard.co.uk](mailto:hello@ctmregionalpartnershipboard.co.uk)

### Gwent Regional Partnership Board

- > <https://www.gwentrpb.wales/home>
- > [gwentregionalpartnershipboard@torfaen.gov.uk](mailto:gwentregionalpartnershipboard@torfaen.gov.uk)

### North Wales Regional Partnership Board

- > <https://www.northwalescollaborative.wales/regional-partnership-board/>
- > [Catrin.Roberts@denbighshire.gov.uk](mailto:Catrin.Roberts@denbighshire.gov.uk)

### Powys Regional Partnership Board

- > <https://www.powysrpb.org/>
- > [prpb@powys.gov.uk](mailto:prpb@powys.gov.uk)

### West Glamorgan Regional Partnership Board

- > <https://sbuhb.nhs.wales/about-us/partnerships/the-west-glamorgan-regional-partnership/>
- > [west.glamorgan@swansea.gov.uk](mailto:west.glamorgan@swansea.gov.uk)

### West Wales Regional Partnership Board

- > <https://www.wwcp.org.uk/>
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