

*Early evaluation of England's Integrated Care and
Support Pioneers*

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The Pioneer programme

- DH on behalf of a consortium of national bodies called for the “most ambitious and visionary” local areas to become integration Pioneers to drive change “at scale and pace, from which the rest of the country can benefit” (DH, May 2013)
- 14 successful out of >100 Eols, November 2013
- Over 5 years, each given access to expertise, support and constructive challenge from a range of experts, and one-off £90k of support costs

Pioneer programme definition of integrated care

My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.”
(National Voices 2013)

- A user experience-focused definition that does not prescribe *how* this result is to be achieved at local level

Pioneers to focus on realising the National Voices 'I statements'

- I tell my story only once
- I am listened to about what works for me, in my life
- I am always kept informed about what the next steps will be
- The professionals involved with my care talk to each other. We all work as a team
- I always know who is coordinating my care
- I have one first point of contact. They understand both me and my condition(s). I can go to them with questions any time

Criteria for selection of Pioneers

1. Clear vision and innovative approaches to integrated care and support
2. Whole system integration
3. Integration across wide range of local interests
4. Capability and expertise to deliver public service transformation at scale and pace
5. Commitment to sharing lessons
6. Vision and approach based on evidence

Problems that the Pioneers were to address

- *Lack of coordination between NHS and social care, and between parts of NHS (hospital, CHS, general practice)*
- Separate funding and payment systems
- Separate governance and accountability
- Experience of fragmentation, duplication, overlap, gaps in service at user/patient level
- (Threats to financial sustainability of system)

Objectives of the early evaluation, Jan 2014- June/July 2015

- Describe & understand vision, scope, plans, priorities of 14 first wave Pioneers
- Identify mechanisms – ‘intervention logic(s)’
- Describe financial incentives, contractual forms, budgetary arrangements
- Identify barriers & enablers to integration
- Analyse contribution of BCF to implementation
- Qualitatively analyse progress
- Set basis for longer term evaluation

Methods

- In-depth semi-structured interviews with key staff in Pioneers (mostly face-to-face)
 - Local government, NHS commissioners, NHS providers (acute hospitals, mental health & community health), voluntary sector providers
- Analysis of Pioneer proposals, plans & other documents
- Attendance at local & national meetings where possible

First wave integrated care Pioneer	Number of individuals interviewed, Apr 14-Nov 14	Number of individuals interviewed, Mar 15-Jun 15
Barnsley	11	3
Cheshire	18	7
Cornwall	7	3
Greenwich	5	4
Islington	4	3
Kent	10	7
Leeds	15	6
NW London	13	8
South Devon and Torbay	16	2
South Tyneside	5	2
Southend	9	2
Staffordshire and Stoke	6	3
Waltham Forest, East London & City (WELC)	12	5
Worcestershire	9	2
Total	140	57

What is a Pioneer?

- A badge
- An enabler
- A governance arrangement
- Discrete work streams
- Specific initiatives, services
- An ethos

Multiple meanings make it difficult for researchers and sites to specify what is in and out of scope for Pioneer evaluation

What were their aspirations and activities?

- Focus on primary prevention and alternatives to statutory services, e.g. developing community assets and fostering self-care
- Getting professionals to work together, e.g. multi-disciplinary teams (MDTs), often based around GPs
- Improving patient experience, e.g. single point of contact, care navigators
- Moving from reactive to proactive model, e.g. risk stratifying patients at risk of admission and providing a care plan
- Moving provision from acute sector to primary care and community services, reducing avoidable hospital admissions

Target groups

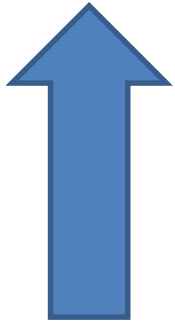
- Older people in nearly all Pioneers
- People with mental health problems/learning disabilities
- Long-term conditions, end of life care
- Carers, children, cancer
- Whole community

Implementation to date (1)

- Pioneer bids often included vision of whole system change including working upstream on determinants of health
- In practice little evidence so far of major service change at level of users and families
- Signs of initial ambitions being scaled back and activities becoming focused around primary care-focused model of integrated care

Implementation to date (2)

- Tending to converge on interventions for older people with substantial needs such as MDTs organised around primary care, care navigators and coordinators, risk stratification and single points of access
- Signs of more 'top-down' management of the programme since NHSE became responsible, perhaps leading to less innovation & risk-taking in future



2013

Person-centred co-ordinated care
'I-statements'

Local government

Bottom-up



2015

Top-down

NHS England

Reducing emergency admissions & hospital spending

Better Care Fund targets

Towards a typology of the Pioneers?

- *Heterogeneous* in population, numbers/complexity of organisations involved, geography, health system context
- *Homogeneous (or at least increasingly similar)* in type, breadth, degree & process of integration; i.e. similar initiatives and service developments
- Convergence around a narrower range of initiatives may reflect more established local NHS commissioner (CCG) role; influence of BCF conditions; poorer financial situation; New Care Models; stretched capacities of local authorities & advice of visiting international experts

Pioneer focus and governance

- Original call for applications can be seen as implying predominantly locally networked learning model with local freedoms and flexibilities
- No one best way, sites have different approaches across local systems, and share success *and* failings quickly and widely
- Evolving into a more hierarchically managed programme, aligned to implementation of New Models of Care set out in the *5YFV*
- NHS participant organisations embedded within mainstream NHS hierarchy, driven by same short-term financial and activity priorities as non-Pioneers

The 'integration paradox'

- Growing demand and declining budgets strengthen rationale and increase urgency for IC
- However, the same pressures could make integration more difficult if organisations:
 - become more protective of their budgets/staff
 - become less open to change
 - find their staff stretched too thinly covering internal agendas
- Twin pressures likely to continue throughout longer-term evaluation
- If anything the balance between barriers and facilitators appears to be becoming more difficult to manage

Erens B, Wistow G, Mounier-Jack S, Douglas N, Jones L, Manacorda T, Mays N. *Early evaluation of the Integrated Care and Support Pioneers programme: final report*. PIRU report 2016-17. London: Policy Innovation Research Unit, April 2016

http://piru.ac.uk/assets/files/Early_evaluation_of_IC_Pioneers_Final_Report.pdf