

*Evaluation of the Integrated Care and
Support Pioneers Programme in the
Context of New Funding
Arrangements for Integrated Care in
England*

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On behalf of the Evaluation Team

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Evaluation of the Pioneer Programme

- **Early evaluation** of first wave Pioneers (n=14), Jan 14-June/July 15
 - Documentary analysis, indicators & interviews
- **Longer term evaluation** of both waves (n=25), July 15-June 20 (with colleagues from Birmingham, Nuffield Trust and LSE)
 1. Process and (limited) impact evaluation, monitoring (inc. panel surveys)
 2. Economic evaluation of specific integration initiatives
 3. Working with sites to test findings & conclusions, consolidate learning from the evaluation

Objectives of the early evaluation

- 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 Better Care Fund to implementation
- Qualitatively analyse progress
- Set basis for longer term evaluation

Early Evaluation - Methods

- In-depth semi-structured interviews with key staff in Pioneers (mostly face-to-face)
 - Apr 14-Nov 14 (n=140)
 - Mar 15-Jun 15 (n=57)
 - LAs, NHS commissioners, NHS providers, voluntary sector providers
- Analysis of Pioneer proposals, plans & other documents
- Attendance at local & national meetings where possible

Key findings of the early evaluation (1)

- Pioneer seen as:
 - *A badge; enabler; governance arrangement; discrete work streams; specific initiatives, services; an ethos.*
- Aspirations and activities:
 - *Focus on primary prevention and alternatives to statutory services; getting professionals to work together; improving patient experience; moving from reactive to proactive care; reducing hospital dependence. A*
- 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*

Key findings of the early evaluation (2)

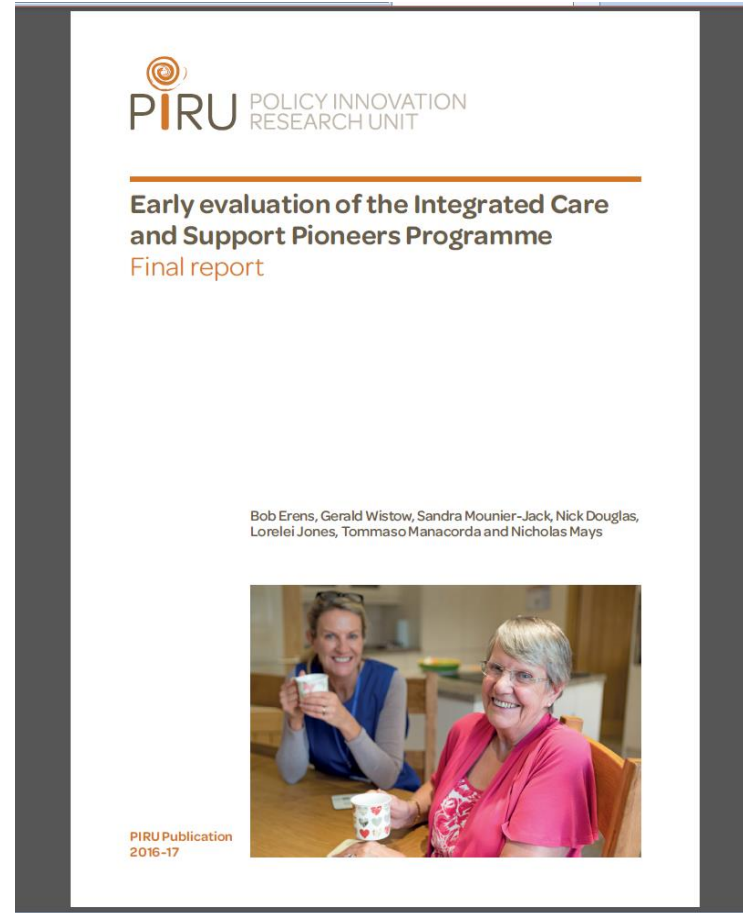
- Pioneer bids often included vision of whole system change but little ‘hard’ evidence of major service change likely to be visible to users and their informal carers
- Signs of initial ambitions being scaled back and activities increasingly focused on a narrower range of initiatives
- Tending to converge on interventions for older people with substantial needs via MDTs organised around primary care employing, e.g.
 - 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
 - deteriorating financial position impelling change

Findings – Early Evaluation

Published 2016:

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

Also forthcoming in *Journal of Integrated Care*



Longer term evaluation (2015-20) – Aims

- Assess extent to which all 25 Pioneers are successful in providing ‘person-centred coordinated care’, including improved outcomes and quality of care, in a cost-effective way
- Help build the evidence on what works best in delivering quality integrated care in different contexts

Main strands of longer-term evaluation

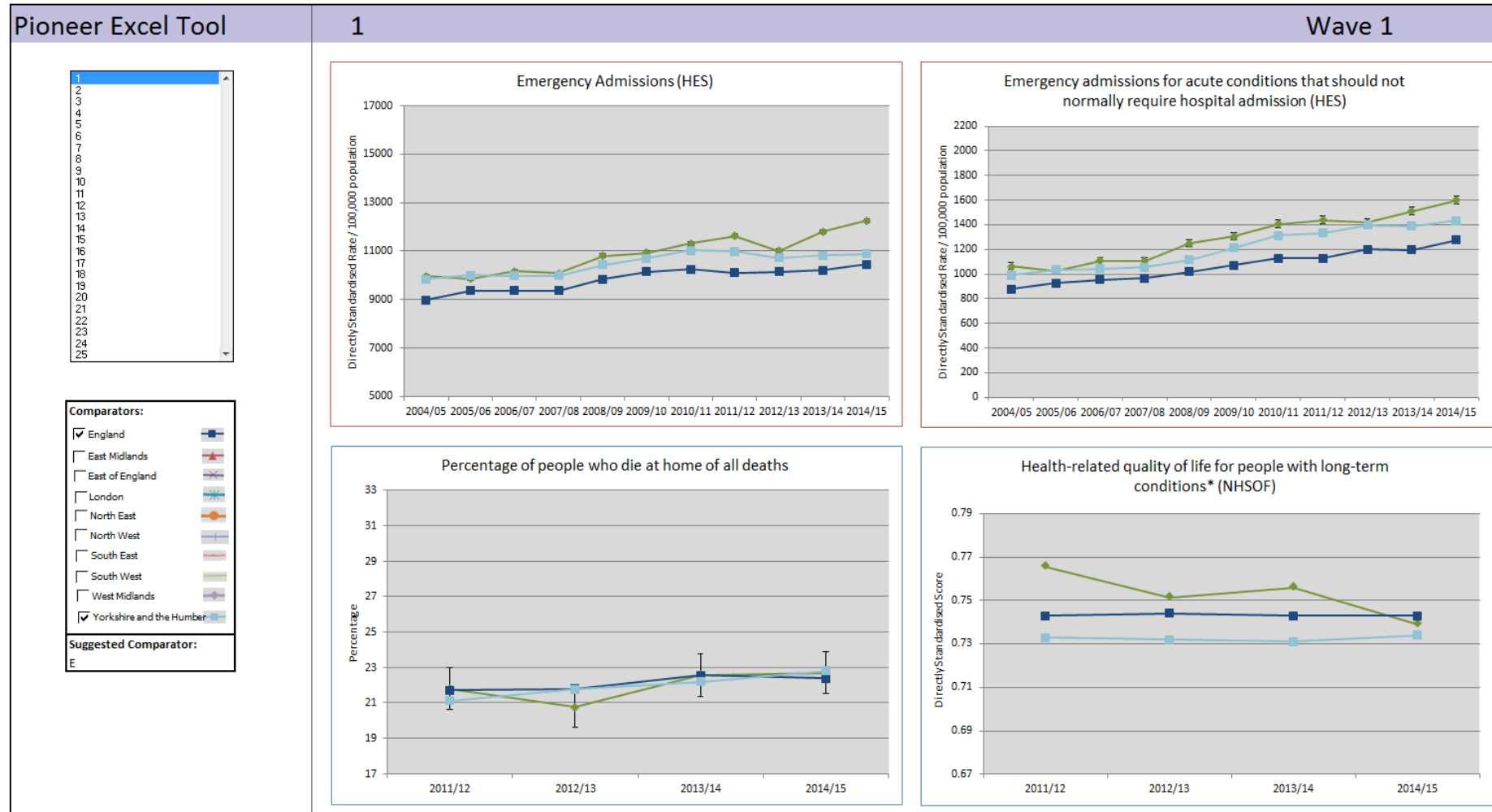
Three work packages (WPs):

- WP1: Pioneer level process evaluation and (limited) impact evaluation
 - Indicators
 - Annual surveys and interviews
- WP2: Scheme/initiative level impact and economic evaluation
 - Evaluation of community based integrated MDTs
- WP3: Working with Pioneers, national policy makers and other partners, patient/user organisations and experts to derive and spread learning

WP1: Pioneer level process (and impact) evaluation – Indicators

- **Aim:** To analyse key indicators of integrated care and its consequences, comparing Pioneers with non-Pioneer areas/populations.
- **Methods:** Analysis of routine national and local data (led by Nuffield Trust)
 - To produce a range of indicators (either at population level or covering relevant providers) for each of the Pioneer sites:
 - For each indicator test for
 - changes in trend over time (where possible) associated with Pioneer status
 - different rates of change in Pioneer sites compared to matched non-Pioneer sites
 - Initially using a generic set of indicators on 'integration' performance, drawn from routine sources before moving on to more site-specific local indicators
- **Progress:**
 - 12 indicators selected initially – interactive dashboard designed and data being collected

Screen shot of Pioneer indicators package in Excel



Anonymised for presentation purposes.

WP1: Annual interviews with Pioneer Leads and other key stakeholders

- Aim:
 - More in-depth perspective on integration initiatives, progress, successes, barriers/facilitators, planning for the future
 - Help explain survey findings
- First wave – Oct 15-May 2016
- Second wave – May 2017
 - telephone interviews (approx. 40 mins)

WP1: Key informants' panel surveys

- Participants' views & experiences over time
- First survey mid-April to mid-June 2016
- Completed questionnaires: 98/360
- Response rate: 29.1%, 1-9 respondents per Pioneer
- Respondents:
 - CCG: 26
 - LA: 24
 - Other NHS: 23
 - Other (e.g. patient reps): 25

Main findings of first panel survey I

- Pioneers very much CCG/LA led
 - <50% CCG respondents thought acute or community trusts or GPs were very involved
- Top 3 barriers to integrated care
 1. Financial constraints
 2. Incompatible IT/IG systems
 3. Conflicting central government/national policies and priorities

Main findings of first panel survey II

- New Care Models and BCF seen as very/fairly helpful by 74% & 61%, respectively
- Respondents much more likely to report progress subjectively than against routinely measurable indicators , e.g. unplanned admissions, savings
 - most important achievements reported tended to be in terms of planning & early implementation rather than measurable impacts
 - 'leads' more positive than most others

Progress of programme reported by Pioneer leads

	% reporting 'substantial' / 'some' progress
Patients/service users are now able to experience services that are more joined up.	91
The quality of care for patients/service users has improved.	91
Services are now more accessible to patients/service users.	91
The quality of life for patients/service users has improved.	86
Patients/service users are now able to continue living independently for longer.	82
The experience of carers has improved.	82
Patients/service users now have a greater say in the care they receive.	82
Patients/service users are now better able to manage their own care & health.	77
Patients/services users now have a greater awareness of the services available.	77
GPs are now at the centre of organising and co-ordinating patients'/service users' care.	77
Service providers are now able to respond more quickly to patients'/ service users' (changing) needs.	73
The number of readmissions to hospital have reduced.	68
Unplanned admissions have reduced.	64
Job satisfaction among frontline staff involved in the Pioneer programme has increased.	59
On average, per patient/service user health & social care costs have decreased.	27

Most important Pioneer achievements to date by organisation

	CCG (%)	LA (%)
Planned/agreed vision/strategy	31	33
Improved working relationships; provider alliance	23	19
Integrated teams; MDTs; joined-up services	19	29
Joint commissioning; joined-up budgets	19	8
Specific named programme	15	17
New roles introduced/piloted	15	4
Involved patients/service users/voluntary groups in co-design	15	0
New models of care/pathways implemented (unnamed)	12	17
Self-care; greater independence for patients/service users	12	4
Improved patient/user experience/quality of care	12	0
Promoting/championing new initiatives; engaging staff	12	0
Integrated IT; shared care records	8	17
GP involvement	8	13
Reduced hospital admissions/transfers of care	0	13
Obtaining feedback; evaluation plans developed	0	13

Biggest challenge in next 12 months by organisation

	CCG (%)	LA (%)
Getting/keeping all partners on board/working together	19	8
Workforce planning/recruitment; staff shortages	15	0
Budget pressures/reduced funding	8	42
Competing priorities/initiatives; focus on short-term targets	8	17
Integrated commissioning; budget pooling	8	0
Integrated IT; shared records	4	13
Changing staff culture; changing practice/mind-sets	4	4
Demonstrating value of initiatives	0	4
Other	15	0

Conclusions: 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
- Balance between barriers and facilitators appears to be becoming more difficult for Pioneers to manage
 - Will Sustainability and Transformation Plans help?

Conclusions (2)

- Difficult to make rapid progress
 - reported achievements still tend to relate to 'vision', plans, less tangible changes
 - difficult to involve clinicians, especially GPs
 - circumstances are decreasingly favourable
- Activities increasingly focused on narrower range of similar initiatives, especially community MDTs

WP2: Scheme level impact and economic evaluation

- Aim:

- Undertake economic evaluations of systemically important *integration initiatives* undertaken by Pioneers by relating the resources used to the benefits for patients/users in terms of user experience, and health and/or social care-related quality of life (using a range of designs depending on circumstances) and;
- Understand how and why these initiatives' impacts differ depending on different contexts and different modes of implementation employing an integral qualitative component designed to identify the facilitators and barriers encountered compared with the experience of similar initiatives provided by other Pioneers in different contexts.
- First economic evaluation is of community based health and social care MDTs.

WP3: Interactive component



- WP3: Working with Pioneers, national policy makers and other partners, patient/user organisations and experts to derive and spread learning through:
 - 6-monthly workshops, each with a theme relevant to the evaluation (3 to date)
 - Blogs/ reports on our website
- Opportunity for stakeholders to help shape the research and ensure that it remains relevant to them

Next steps

- 2017 panel survey about to commence
- 2017 annual interviews with Leads started recently
- MDT evaluation
- Some preliminary analysis of some of the indicators data
- Next Pioneers workshop being planned for autumn 2017

The longer term evaluation team

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- <http://www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html>



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