

*Evaluation of the Integrated Care and Support  
Pioneers Programme :  
conclusions of the early evaluation and latest  
findings from the longer term evaluation*

Nicholas Mays  
on behalf of the evaluation team

*King's Fund Integrated Care Summit 2016, 11 October 2016*

---

# Funding acknowledgement and disclaimer

This presentation summarises independent research, commissioned and funded by the Department of Health Policy Research Programme (Policy Research Unit in Policy Innovation Research, PR 102/0001 and Evaluation of the Integrated Care and Support Pioneers Programme in the Context of New Funding Arrangements for Integrated Care in England, PR-R10-1014-25001). The views expressed are those of the authors and not necessarily those of the Department of Health.

# 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)
- 25 in 2 waves (14 from Nov 2013, 11 from Apr 2014)
- 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 of good care that does not prescribe *how* this result is to be achieved at local level
- Based on the National Voices ‘I statements’

## 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)’
- Identify barriers & enablers to integration
- Qualitatively analyse progress
- Set basis for longer term evaluation

# Methods

- In-depth semi-structured interviews with key staff in Pioneers (mostly face-to-face)
  - LAs, NHS commissioners, NHS providers, 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
<b>Total</b>	<b>140</b>	<b>57</b>



# 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 general practice, with forms of care 'navigation'
- *Improving patient experience*, e.g. single point of contact
- Moving *from reactive to proactive care*, e.g. stratifying patients at risk of admission and providing a care plan
- *Reducing hospital dependence*, e.g. shifting care to primary & community sector, reducing avoidable hospital admissions

## Target groups

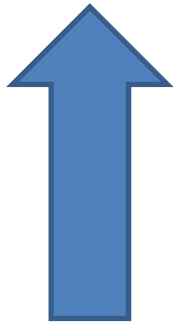
- Older people in nearly all Pioneers
- People with mental health problems/learning disabilities
- Long-term conditions, end of life care
- Carers, children, cancer
- Whole community

## Activities during 2014 and 2015 (1)

- Pioneer bids often included vision of whole system change including working upstream on determinants of health
- Little 'hard' evidence 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

## Activities during 2014 and 2015 (2)

- Tending to converge on interventions for older people with substantial needs via 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  
Financial targets

# 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

## Aims of the longer term evaluation, 2015-20

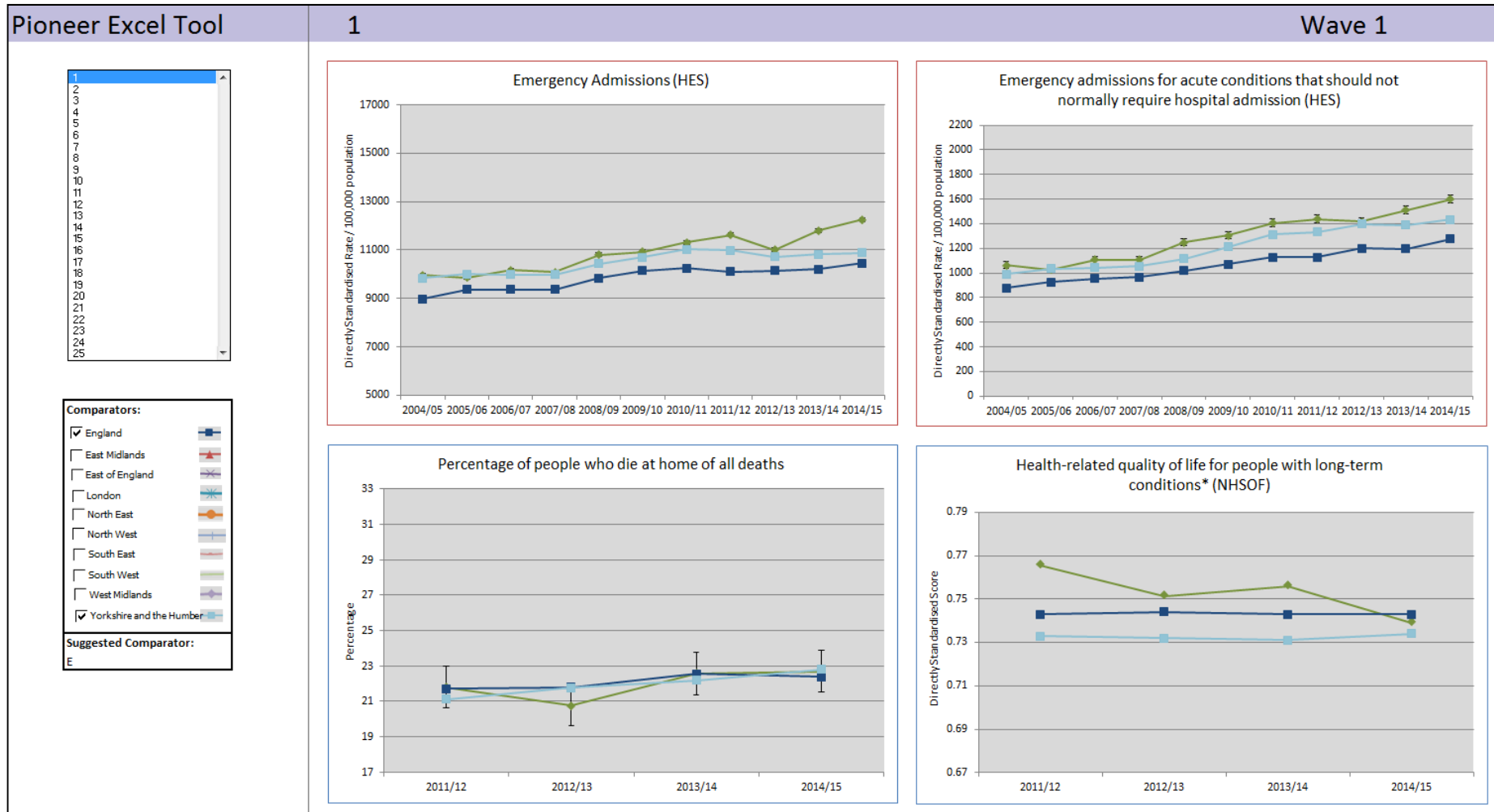
- Assess extent to which all 25 Pioneers are successful in providing 'person-centred coordinated care', including improved outcomes and quality of care, in a cost-effective way
- Help build the evidence on what works best in delivering quality integrated care in different contexts

# Longer-term evaluation work packages

- WP1: Pioneer level process evaluation and (limited) impact evaluation in all sites
  - interviews, online surveys, analysis of routine data (indicators)
- WP2: Scheme/initiative level impact and economic evaluations in selected sites
- WP3: Working with Pioneers, national policy makers and partners, patient/user organisations and experts to derive and spread learning
  - e.g. interactive package of indicators for Pioneers



# Screen shot of Pioneer indicators package in Excel



Anonymised for presentation purposes.

# Aims of panel surveys

- Understand experiences of Pioneers over time
- Identify facilitators and barriers to implementation and how barriers are being overcome
- Obtain views on the extent to which Pioneers' aims have been achieved
- Obtain views of staff in different parts of the system plus user representatives

# Data collection and response, first survey

- Data collected on line, mid-April to mid-June 2016
- Completed questionnaires: 98/360
- Response rate: 29.1%, 1-9 respondents per Pioneer
- Organisation of respondents:
  - CCG: 26
  - LA: 24
  - Other NHS: 23
  - Other (e.g. patient reps): 25

# Main findings

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

# Main findings

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

## 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

# Report of the early evaluation

- 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](http://piru.ac.uk/assets/files/Early_evaluation_of_IC_Pioneers_Final_Report.pdf)



# The longer term evaluation team

- LSHTM
  - Nicholas Mays, Mary Alison Durand, Nick Douglas, Bob Erens, Richard Grieve, Ties Hoomans, Tommaso Manacordia, Sandra Mounier-Jack
- PSSRU, LSE
  - Gerald Wistow
- Nuffield Trust
  - Martin Bardsley, Eilis Keeble
- HSMC, University of Birmingham
  - Judith Smith, Robin Miller
  
- [Mary-Alison.Durand@lshtm.ac.uk](mailto:Mary-Alison.Durand@lshtm.ac.uk) (lead researcher)
- [Nicholas.Mays@lshtm.ac.uk](mailto:Nicholas.Mays@lshtm.ac.uk) (principal investigator)
  
- <http://www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html>