

*Longer-term evaluation of the Integrated Care
and Support Pioneers Programme in England
(2015-2020): progress update*

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Pioneer Evaluation Workshop 2

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Main strands of the longer-term evaluation

Three work packages (WPs):

- WP1: Pioneer level process evaluation and (limited) impact evaluation
- WP2: Scheme/initiative level impact and economic evaluation
- 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

- **Aim 1:** Explore how Pioneers are pursuing/progressing towards integration-related service changes.
 - Progress:
 - Interviews with Leads and other key stakeholders at 24 Pioneers
 - First annual panel survey has been conducted
- **Aim 2:** Analyse key indicators of integrated care and its consequences, comparing Pioneers with non-Pioneer areas/populations.
 - Progress:
 - 12 indicators selected so far – interactive dashboard designed and data being collected

WP3: Reflective and shared learning through workshops

- **Aims include:**
 - Working with Pioneers to shape and refine our research approach to ensure that it remains relevant, supportive, yet challenging, while providing Pioneers with opportunities to gain early insight into emerging findings.
- **Methods:**
 - 6-monthly interactive workshops facilitated by team members Judith Smith and Robin Miller, Health Services Management Centre, Birmingham
- **Progress:**
 - Workshop 1 held in March in Birmingham. Representatives of 12/25 Pioneers attended.

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.

WP2: Economic evaluation 1 - integrated health and social care community based MDTs

- Why community based, integrated MDTs?
- Policy makers in Pioneers and other areas in England increasingly fund or support those teams/initiatives:
 - Erens et al., 2016: one of the most common approaches to health and social care service integration
 - That intervention — which promotes inter-organisational and inter-professional coordination — improved services use, health outcomes and care experience in some past studies (Nolte and Pitchforth, 2014)
- But evidence is still uncertain: no conclusions can be made that implementation of these teams leads to improvements over time and in specific situations.

Research questions include:

- What are the relative effects and costs of community-based MDTs on experiences and outcomes for patients/service users, informal carers and staff?
- What are the 'active ingredients' within MDTs that produce the health and social care experiences and outcomes observed?
- What factors — within the local health and care system and the wider context — facilitate or impede the delivery of integrated health and social care?
- How do the MDTs impact upon the experiences of staff providing integrated health and social care?
- How do the MDTs impact upon the wider local health and social care system in which they are located - both within and across Pioneer sites?

Aims

- To evaluate community based, integrated MDTs seeking to co-ordinate and improve the delivery of services to adults with health and social care needs.
- To estimate and explain long-term care experience and health outcomes, service use and costs of MDTs compared to alternative service strategies – including ‘usual care’.
- Interested in patients’ /service users’ views and experiences, those of staff delivering care through MDTs and other stakeholders in local health and care economy.
- Use a range of quantitative and qualitative methods to gather data on outcomes, experiences and costs.

How will we do it?

- Quasi-experimental, prospective, matched-pair comparison of patients receiving MDT care in three Pioneers with patients who receive their care in another part of the same Pioneer and who would qualify for but do not receive community based MDT care.
 - Matching based on observed characteristics predicting service use and outcomes
 - Population of interest - frail elderly
 - Collection of data on cases and controls for 18 months after their recruitment into the study: health and social care service use, quality of life and care experience
 - Difference-in-difference multivariate analysis
 - Results - explanation through qualitative methods (interviews patients, informal carers, staff and other stakeholders, team meeting observations and interviews with stakeholders)

Where we are at now and what are our next steps?

- Scoping report submitted to and approved by DH (August 2016)
- Site visits and selection
- Development of data collection instruments
- Application for ethical approval

Suitable sites

- There is a community-based MDT — i.e., an MDT initiative located in the community; includes personnel from both health and social care sectors; aims to improve coordination/delivery of services for adults with care and support needs.
- We can collect data on relevant outcomes (e.g., care experience, health outcomes, service use and costs).
- Sufficient numbers of patients/service users are being cared for by the MDT.
- We can recruit matched ‘controls’, i.e. patients/service users who are broadly similar but who are not receiving MDT care (perhaps because they live outside the MDT’s catchment area or are not referred to the MDT for some reason).
- We can get an overview of other interventions in the local health and care system so that we can understand and account for them in our analysis.
- System leaders support the evaluation and can commit staff time to facilitate access to key stakeholders and data.

The team

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