

## **Evaluation of the Integrated Care and Support Pioneers Programme July 2015- June 2020**

### **Background**

Better coordination within and between the NHS, local government and other services should lead to more 'person-centred, coordinated care' and more efficient services, and improve individuals' experiences and outcomes. Building on its early evaluation of the first wave of 14 Integrated Care and Support Pioneers Programme (January 2014 to June 2015), the Policy Innovation Research Unit (PIRU) is now undertaking a longer-term evaluation of all 25 Pioneers in England, including the 11 second wave Pioneers initiated in 2015. The evaluation has been commissioned by the Department of Health on its own behalf and on behalf of NHS England and other national partners. While evaluations of various integrated care initiatives in previous decades have tended to be short term and, often for this reason, limited in terms of the conclusions they could draw about how those schemes worked over time, our evaluation will run for up to five years (from July 2015). It therefore affords a unique opportunity to examine not only whether the Pioneers result in better coordinated care, provided in a more cost-effective way, but also whether any benefits and savings continue over time. Our evaluation, which consists of the three inter-related work packages (described below), will both explore any changes happening at a Pioneer level in the coming years and examine specific schemes within the Pioneers which look promising in terms of providing cost-effective integrated care. The findings of the evaluation will help local and national partners deliver better integrated care.

### **Work Packages 1-3: Aims, objectives and methods**

#### ***WP1: Pioneer level process and (limited) impact evaluation***

WP1 aims to:

- 1) Understand how Pioneers are pursuing their aims, and their experiences of making integration-related service changes, including barriers and facilitators to integration. This will involve surveys and interviews with a panel of managerial and delivery staff from all 25 Pioneers, as well as other local stakeholders, such as service users and/or their representatives, on a regular basis throughout the life of the evaluation;
- 2) Develop a typology of Pioneers and their schemes/ initiatives;
- 3) Use the typology of Pioneers and their schemes / initiatives to inform the selection of interventions and schemes for the WP2 cost-effectiveness (C-E) evaluations;
- 4) Compare differences, at Pioneer level, between Pioneers and non-Pioneer areas in England in terms of changes in key indicators of the extent of care co-ordination and its consequences. We will do this using relevant, routine national and local data sources.

- 5) Identify similarities and differences between the approaches to system-level (macro) integration adopted by the Pioneers and those in the NHS's 'Five Year Forward View'.

**WP2: Scheme or initiative level impact and cost-effectiveness evaluation with qualitative component**

WP2 aims to:

- 1) Undertake a number of cost-effectiveness analyses of systemically important integration initiatives (within and across Pioneers, or, if necessary, between Pioneers and matched non-Pioneers), employing randomized controlled trials or quasi-experimental designs as appropriate and feasible. We will choose the initiatives and schemes to study in consultation with Pioneers themselves;
- 2) Understand how the evaluated schemes/ initiatives' impacts are affected by context, by undertaking qualitative interviews and focus groups with key stakeholders in the Pioneers participating in the cost-effectiveness analysis.

**WP3: Working with Pioneers, policy makers and patient/ user organisations to derive and spread learning**

WP3 aims to:

- 1) Synthesise findings from WPs 1 and 2, by assessing the extent to which integration initiatives' achievements (WP2) can be related to the higher level approach taken by Pioneers (WP1);
- 2) Derive and spread evidence-based insights from WPs 1 and 2 to improve integrated care, as well as feeding this information back into the research process to encourage reflexive learning. We will do this through six-monthly interactive workshops involving the research team, Pioneer and patient/ user representatives, and other key stakeholders.

**Outputs**

We will produce a series of outputs for the Pioneers, Department of Health, NHS England and other agencies. There will be a scoping report in Spring 2016 with detailed proposals for the first cost-effectiveness evaluation, plus early findings of WP1. Interim reports giving results from WP1 and WP2 as appropriate will be available each summer, and the final report of the full evaluation will be available in summer 2020. We anticipate that findings will be published following satisfactory peer review. We will also disseminate findings at Pioneer and other meetings and through our WP3 workshops and the PIRU website.

**Patient and public involvement**

We will ensure that there is public and user/patient involvement (PPI) at all stages of the evaluation. The PPI advisory group which participated in the early evaluation will be expanded for the longer-term evaluation. Local, targeted PPI groups will be instigated for each of the WP2 cost-effectiveness evaluations.

**The research team**

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