**Integrated Care & Support Programme Longer Term Evaluation**

**Summary of Pioneer Evaluation Workshop 2**

**Background**

The longer term evaluation of the Integration Care and Support Pioneers programme is being undertaken by an evaluation team led Professor Nicholas Mays of the Policy Innovation Research Unit (PIRU) at the London School of Hygiene and Tropical Medicine (see <http://www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html> . The evaluation, which is funded by the Department of Health’s Policy Research Programme has been designed with a strong interactive and reflective component, which includes six-monthly workshops with the Pioneers and related stakeholders. These workshops are led by Professor Judith Smith and Dr Robin Miller from the Health Services Management Centre at the University of Birmingham and are intended to:

* test the emerging findings of the research against the experiences and views of the Pioneers;
* gain Pioneers’ perspectives on key issues to be explored in later elements of the evaluation;
* distil the practical lessons and implications of the evaluation findings for the Pioneers, and for wider health and social care policy; and
* provide an opportunity for informal discussions between Pioneers and the national evaluation team.

The second evaluation workshop was held at the London School of Tropical Medicine & Hygiene on the 15th September 2016 and was attended by 45 participants drawn from 13 Pioneer sites, NHS England and the national evaluation team. Pioneer representatives included those working in local authorities, clinical commissioning groups, NHS providers, patient and public involvement representatives and local evaluators.

**Focus of Workshop 2**

At Workshop 1 held in March 2016 (<http://www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html#pane6>) a key topic of interest highlighted by Pioneers was how best to undertake local evaluations of their work and this was therefore selected as the focus for the second evaluation workshop. Prior to the day the Pioneers were contacted by HSMC to gather details of what local evaluation activity had been completed or was under way, and to find out the issues that participants would find most helpful during the workshop.

**Content of Workshop**

**Evaluating Integrated Care: learning from international experience**

Professor Bert Vrijhoef of the National University Singapore and Maastricht University Medical Center in the Netherlandsdrew on his extensive research work in Europe and Singapore to present an overview of the key challenges in evaluating integrated care. His key messages were:

1. it is common for there to be a mismatch between why we believe integrated care is the right thing to do and how we then pursue it as well as what we do in practice *and*
2. this suggests that researchers should step up this challenge by providing evidence that will support informed decision making about how to develop, test, evaluate and implement integrated care. Bert believes that this will mean that using mixed methods within evaluation studies (e.g. a combination of surveys, interviews, analysis of cost and activity data, providing regular formative feedback to sites) will generally be the most productive and that these should be clearly linked to the ‘context’, ‘mechanisms’ and ‘outcomes’ of an integrated care initiative (see <http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/news/viewpoint/2016/10/integrated-care-unlocking-the-mysteries.aspx> for a blog by Bert Vrijhoef expanding on these points).

Bert Vrijhoef’s presentation is available here:



**Longer term evaluation of the Pioneer programme**

Bob Erens, Eilis Keeble and Dr Mary Alison Durand provided an update on recent progress with the longer term evaluation of the integrated care Pioneers.

Mary Alison confirmed that the initial focus of Work Package 2 (Economic Evaluation) will be community-based integrated health and social care multi-disciplinary teams (MDTs). The evaluation will seek to estimate and explain long-term care experience and health outcomes, service use and costs of MDTs in comparison with alternative service strategies (including ‘usual care’). Patients accessing MDTs in three Pioneer sites will be investigated and compared with patients within the same Pioneer site who do not receive community-based MDT care (see presentation below). Recruitment of the three MDT evaluation sites is being undertaken at present and interested Pioneers are encouraged to contact Mary Alison (Mary-Alison.Durand@lshtm.ac.uk).

Mary Alison’s presentation is available here:



As part of Work Package 1 (process and limited impact evaluation) the evaluation will be looking for high level changes over time across the whole system of each Pioneer. In order to do this the Nuffield Trust (one of the evaluation team partners) is building sets of indicators that draw on routinely available data for successive years. Eilis Keeble explained to workshop participants they way in which an initial set of high level indicators relevant to integrated care has been identified, and organised into site-specific spreadsheets that allow Pioneers to look at change for their own area, select regional or national comparators, and examine summary changes (see <http://www.piru.ac.uk/projects/current-projects/integrated-care-pioneers-evaluation.html#pane5> )

Bob Erens shared an early analysis of the recent ‘panel’ survey of stakeholders within each Pioneer site. The aim of this survey is to collect regular data that capture the development of each Pioneer, and enable a longitudinal picture to be painted of each site (and the wider Pioneer programme) over the five years of the study. Pioneers were encouraged to contact Bob if they had suggestions about who should be involved in future panel surveys ([Bob.Erens@lshtm.ac.uk](mailto:Bob.Erens@lshtm.ac.uk)).

**Local evaluation approaches**

In the afternoon, three Pioneer sites presented their local approaches to evaluation – South Somerset, Waltham Forest and East London, and Kent.

South Somerset

Debbie Neal outlined that in South Somerset the focus has been on developing two new care models – a complex care hub and enhanced primary care, which are now evolving into a continuum single new model of care. Other emerging work streams include a redesign of day case surgical services. A ‘logic model’ has been developed that connects the planned activities of the care models with the outputs, outcomes and impact, together with a common data set produced across health and care organisations regarding people with multiple long-term conditions. Various evaluations of specific elements of the programme have been undertaken, including keyworker training and role, and the complex care hub. The area is also involved in a NHS England funded evaluation of its Vanguard project (<http://www.symphonyhealthcare.co.uk.gridhosted.co.uk/about-symphony/> ) and an EU funded Horizon 2020 project exploring integrated care models (see <http://www.selfie2020.eu/> ). Debbie Neal reported that what had proved particularly helpful with their evaluation process were the shared data set, a clear vision, agreed outcomes framework and common metrics. Evaluation challenges have related to differing timescales and agenda within the various evaluation streams and the funding and procurement of evaluation partner.

Debbie Neal’s presentation is available here:



Waltham Forest and East London

Professor Martin Marshall from UCL began by introducing the concept of the ‘in-residence research model’ and talked through examples of how this is being used by UCL Partners to undertake formative research in various healthcare settings. The Waltham Forest and East London Pioneer have had a social scientist and policy analyst-in-residence to evaluate their Pioneer project. This was felt to reflect the expectation of the Pioneers that there would be an embedded and process-orientated evaluation that focused ‘less on if the programme ‘works’ and more on how to use research evidence to optimise effectiveness’ of the programme. This local evaluation will run over three years and has already involved interviews, observations and documentary analysis. The learning to date is that the model seems attractive to many commissioners and providers and also to many academics and in particular early career researchers. There are a number of key issues that have to addressed including ensuring that both the organisational and academic interests are resolved, gaining ethical approval, and deciding how to share (or not) sensitive information collected as part of the study. The skill-set of the participatory researcher needs to include a high level of emotional intelligence in addition to the more traditional ones based around research methods and practice.

Martin Marshall’s presentation is available here:



Kent

Esther de Weger talked about the evaluation of the Kent Pioneer being led by Professor Jenny Billings of the Centre of Health Services Studies (CHSS) at the University of Kent. CHSS are taking a pragmatic approach to this evaluation that involves developing realistic outcomes, a menu of indicators for specific projects, a co-designed roll out with the stakeholders, and participatory methods with speedy results. There have also been ‘light touch’ evaluations of local projects which support continuous improvement and develop in-house evaluation skills. These include monitoring frameworks based on best-practice evidence and including validated questionnaires. CHSS are also part of the EU Horizon 2020 funded SUSTAIN project which is researching integrated care for older people living at home with multiple needs (see <https://www.kent.ac.uk/chss/research/docs/current/2015_07_08_sustain.html> ).

Esther de Weger’s presentation is available here:

****

**Themes emerging from workshop discussions**

During the day there were regular opportunities for participants to reflect on presentations and related issues. They were also asked to share their views through completing a written feedback form at the end of the day.

**Local evaluation**

Participants appreciated the opportunity to explore the realities of evaluating integrated care, and were reassured to learn that even experienced national and international researchers and well-funded projects can find it difficult to address issues such as attribution of cause and effect and what would have happened without the project being introduced (also known as the ‘counterfactual’).

The challenges of sharing data across health and care organisations and systems were raised on numerous occasions, including those related to information governance. Other issues highlighted included the diverse and changing nature of local initiatives, and the tendency for the context of programmes to be lost due to changes in key players.

Whilst ideally participants would have liked to leave the day with answers to all (as opposed to some) of many questions regarding how best to complete an evaluation, they valued highly the opportunity to spend time learning about the approaches being taken by others. Table discussions provided a good opportunity to use peers and the longer term evaluation team to test out ideas for local studies and monitoring of Pioneer progress, and understand the complexity of carrying out research in this area of health and care.

**Longer term evaluation**

Participants who completed the feedback described themselves as very clear regarding the aims and approach of the longer term evaluation. Some sites expressed an interest in being part of the MDT economic evaluation, and others were keen for the methods and results to be shared to enable local replication outside the main study.

Most people saw engaging with the longer term evaluation as important to their Pioneers. Key benefits included benchmarking with other organisations and areas, providing supporting information to help sustain local integration activities, and getting fresh ideas and other good practices. It was noted that it would be helpful for the national evaluation team to be clearer about what, if any, other opportunities there will be for Pioneers to engage beyond attending the six monthly workshops and participating in the data gathering exercises. This will be discussed by the evaluation team with further engagement opportunities being communicated to Pioneers.

**Future evaluation workshops**

Participants provided a number of suggestions regarding the focus of future evaluation workshops which are summarised below. They were keen also that the workshops include opportunities to talk openly and honestly with peers about what is working or not within and across Pioneers, and that there are in-depth presentations and exploration of local Pioneer experience as well as input from ‘experts’ – something that was very much appreciated at this second workshop. Topics suggested for future consideration included:

* Replicability and sustainability of pilots and programmes
* Developing common outcome frameworks across partner organisations
* Data sharing across organisations and sectors
* Analysis of mixed data sets and then how to present accessibly
* Different models within Pioneers of MDTs, care plans and other approaches.

**Robin Miller and Judith Smith**

**Birmingham, 19th October 2016**

**The third workshop of the longer term evaluation will take place on Wednesday 29th March 2017 at the Health Services Management Centre at the University of Birmingham. This workshop will include a focus on information governance across organisations and sectors.**

*For any queries regarding the evaluation please contact:*

*Mary Alison Durand (study co-ordinator) –* [*Mary-Alison.Durand@lshtm.ac.uk*](mailto:Mary-Alison.Durand@lshtm.ac.uk)