HARG
HEALTHY AGEING RESEARCH GROUP

SUMARRY REPORT: JULY 2017

UNIVERSITY OF LINCOLN

'Developing a Programme Theory of Integrated Care: The effectiveness of Lincolnshire's multidisciplinary Neighbourhood Teams in supporting older people with multi-morbidity' (ProTICare)

INTRODUCTION

This project was a one-year real-time service evaluation of NHS Lincolnshire's four, Phase Two Integrated Neighbourhood Team (NT) sites. The research was carried out between August 2016 and June 2017. It was informed by a realist methodology (Pawson and Tilley, 1997). Research was undertaken with participants who were involved in NT's in Gainsborough, Sleaford, Stamford and Welland, and Skegness and Coast. The main aim of the project was to assess the effectiveness (processes, mechanisms, experiences) of Lincolnshire's Integrated Neighbourhood Teams providing services for typically clinically frail, often elderly people, with co-existing, long-term conditions. The Neighbourhood Teams were conceived as a proactive, community based approach, which supports the needs of their locality, by bringing together various health, social care and third sector organisations with the aim of developing integrated – or joined up – care (See Figure 1).

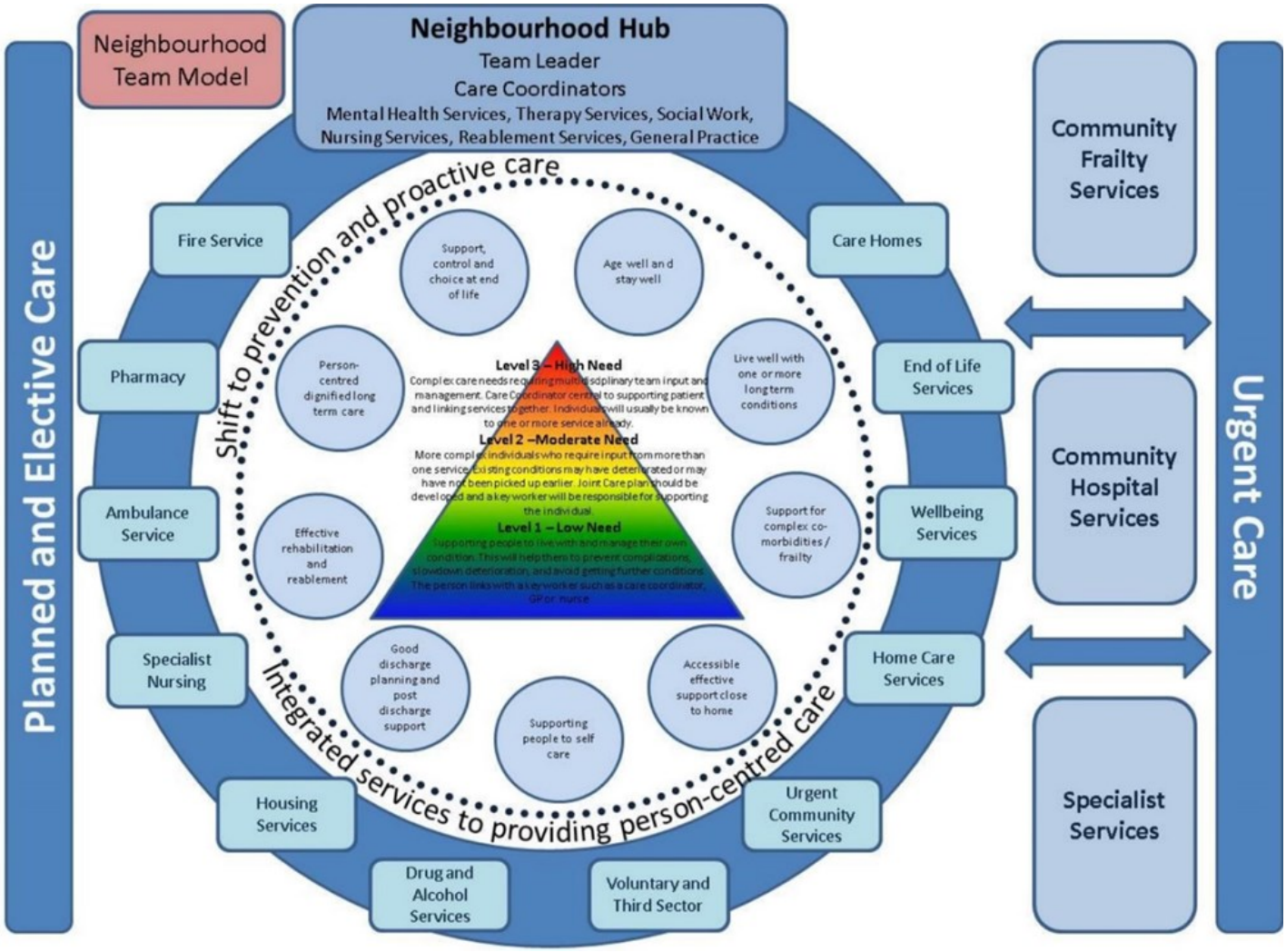

Figure 1: 'Neighbourhood Team' Model (Lincolnshire Health and Care, 2013)

KEY MESSAGES FROM THE LITERATURE

- 'Integrated care' is a widely used concept, referred to by many terms, often used uncritically and interchangeably. Integrated care is often used uncritically and interchangeably, for example, 'integration, 'partnership working', joined up working', coordinated care' and collaborative care' (Armitage et al., 2009; Shaw et al., 2011)
- 'Integrated Care' is an approach which aims to achieve improved care delivery for patients, service users and carers through seamless care pathways and better coordination of services.
- 'Integration' is a combination of appropriate methods, tools and processes to improve coordination of care for patients and users, and may contain many variations in its approach.
- Integrated care is deemed essential in meeting the challenges associated with: demographic change, disability free years of life, burden of disease and disabilities, risk factors such as inequalities across the life course, public and patient expectations and medical advances; unprecedented economic restraint (Ham et al., 2012; Roberts et al., 2012).
- Recent findings have suggested that the Better Care Fund has increased joint working and integrated service provisions. However, it has not achieved aims reflected in national policy. Namely, effective management of growing demand for healthcare, development of out-of-hospital care, consistent evidence of improved outcomes for patients and service users, financial savings in line with government targets (National Audit Office., 2017).

METHODS

Our overarching approach to the evaluation of Lincolnshire's NT's was to develop a realist methodology – a systematic approach aimed at assessing 'what works, for whom, and in which circumstances?' (Pawson and Tilley, 1997). The realist synthesis and evaluation comprised four workstreams:

Workstream One — A scoping review was undertaken to develop a testable theory of best practice for implementing integrated care which was subsequently compared with the findings from Lincolnshire. 403 Journal articles/ reports were identified: ten key UK based studies were recognised as highly important to the narrative of integrated care and realist methodology undertaken particularly as they focused on a multidisciplinary team (MDT) approach as a form and/ or means of integration. The remaining articles contributed to the construction and theoretical framework of integrated care and contextual background regarding the NHS and Adult Social Care. However we do not refer to all of these in this report due to the wealth of literature obtained.

Workstream Two – Qualitative interviews were conducted with 58 key stakeholders and contributed to mapping the processes, structures and outcomes associated with the NT model. Questions concerned the rationale, barriers and challenges, benefits and facilitators and value of the NTs. Key stakeholders included directors, commissioners, GPs, nurses, adult social care, occupational therapists and physiotherapists, community mental health teams and third sector organisations.

Workstream Three – Four process mapping events (focus groups) were carried out with participants representing each of the NTs. Similar questions to the qualitative interviews were discussed and referral pathways were mapped;

Workstream Four- Questionnaires aimed to evaluate the impact of NT's on older people's quality of life. The workstream did not succeed in obtaining a sufficient number of completed questionnaires and thus, it was not possible to draw any conclusions about the impact of NT's on patient/end user outcome or experience.

SUMMARY OF THE EVALUATION AND ITS FINDINGS

Participant narratives from the qualitative interviews, which were thematically coded, confirmed a key number of themes around the NTs. Themes reflected participants thoughts on individual, organisational and strategic factors as a rationale for integrated care; benefits and enablers to the development of integration; barriers and constraints experienced; and opportunities and challenges to the future development of the NTs.

Individual, organisational and strategic factors:

- 'Person focused' or 'person centred' care was a central goal of integrated care, particularly a focus on improving outcomes and quality of life for people using the services was expressed;
- There was a global assumption that people requiring integrated care were likely to have multiple complex needs (e.g. not just long-term co-existing conditions and/ or clinical frailty) requiring a range of support and interventions;
- Responsiveness to the needs of the whole person was also highlighted as an important goal;
- Participants believed that the NTs could bring about more effective collaborations between professionals and agencies which could address the challenges associated with traditional service models e.g. provide timely and easy access to navigate services, clarity in the process of seeking and getting help
- The importance of shared access to patient information, to avoid unnecessary repetition and duplication of assessment and patient stories;
- Proactive interventions were thought to be key to avoiding unnecessary admissions to hospital and prevent delayed discharge from hospital of individuals identified as being most at risk of deterioration or crisis;
- 'Self-management' by patients/ users with complex needs was an emerging theme, particularly with regards to one's responsibility for their health and taking an active role in condition management;
- The main rationale for developing integrated services reflected the well-rehearsed challenges associated with current practice e.g. duplication, fragmentation, growing frustrations, lack of communication between services and complex, unwieldly and overly bureaucratic services. It was acknowledged that such changes are desirable but require a significant cultural shift, systemic and structural change, and a change in attitudes across all services which must be underpinned by an appropriate strategy;

Benefits and enablers identified by participants:

- NT meetings were perceived as highly beneficial in bringing people together who may have traditionally been 'at the end of the telephone'. Such contact fostered mutual respect for one another and developed relationships which encouraged collaborative practice;
- NT meetings also provided opportunities for practitioners to become more familiar with the array of agencies and resources available in their community.
- Patient/end user benefit was identified as key in assessing the benefits of the NT model. Further improvements in outcome for people referred to the NT, were perceived;
- The NT model was perceived as providing an effective basis for timely discussions, informal liaison and faster referral processes to agencies;
- Reinforced commitment and buy in, at practitioner level, to the NT model was clearly enhanced by participation in the NT;
- There is currently no provision for systematic evaluation of patient/user outcomes and benefits. Thus, views about the impact on patients'/end users is based on perception and anecdotal evidence;

- Although at an early stage, the overriding experience of participants was that the NT model was beginning to impact, not just via the NT meetings, but crucially, in developing collaborations and relationships outside of the meeting;

Barriers and constraints experienced:

- Despite positive developments experienced within the NTs, emerging themes from participant narratives indicate low referral rates across all four NTs, a lack of buy in particularly amongst 'middle managers', continued low awareness amongst the wider practitioner community and some evidence of continued scepticism about the NT model;
- Other barriers focussed more on moving beyond Phase One achievements. For example, developing integrated practice beyond the weekly or fortnightly MDT model into 'business as usual' with clear strategic direction for deepening integration practice;
- Most participants agreed that the service, theoretically at least, was for all adults with complex needs, but there was less certainty about the age range. It was clear that older adults were perceived as the main beneficiaries of the NTs but aspirations to widen referrals was evident;
- Participants also identified uncertainty about the priorities for the NT's in the short, medium and long term, particularly reflecting uncertainty about the ways in which NTs should develop;
- While it is clear that significant progress has been made in raising awareness about the rationale for the NT model in Lincolnshire, a consistent theme was that awareness, participation and buy in, remained patchy;
- Some GP's were strongly committed to the NT model, and/or had colleagues from their surgery who were active participants in the NT model. However overall there was a lack of engagement and understanding from some GPs particularly evident in one area;
- Restructuring was experienced as a fast changing, unpredictable environment, characterised by poor communication and uncertainty which resulted in people experiencing frustration, anxiety and some cynicism about integration as the next 'big idea', staff change and staff shortages led staff to becoming more rooted in achieving their 'core' business. Subsequently, time pressures and staff shortages impacted on attendance at NT meetings, stakeholder workshops and events planned to publicise and talk about the NT model; particularly experiences of gaps in mental health services for adults were identified as a particular barrier across all sites;
- Financial investment to support integration was perceived as being limited and concern was expressed by for example, the often temporary nature of posts dedicated to developing the NT model e.g. CCGs inability to fund a Neighbourhood Team Liaison Officer, a role identified by participants as being essential to the NT model as currently expressed and its future development;
- IT systems and governance structures are a major barrier to developing a 360^0 view of patients/users and practitioners accessing records;
- Despite anecdotal evidence of improved patient/user outcomes, the lack of an established framework that relevant parties were signed up to and which assessed and evidenced impact, was identified as a significant weakness in operationalising the current strategy;
- Intractable barriers such as a lack of co-terminus boundaries caused frustration and challenged opportunities for integrated working;

- Participants expressed frustration and scepticism about the expected savings to be achieved by Integrated services, reinforced by evidence that expected savings were not being achieved at the levels expected in vanguard sites and in a national context (National Audit Office, 2017);

Opportunities and challenges in the future development of the Neighbourhood Teams:

- Overall, participants shared a similar vision of the purpose and potential benefits of NT's. However, questions about the potential to achieve some of the aspirations accompanying integration were raised by participants. The potential for integration to achieve government cost saving targets was an identified concern amongst a number of participants and points to the potentially divergent views about the core priorities for integration;
- Participants acknowledged the importance of NT's developing to meet the needs of their local community, and that responses which met the needs of one community, may not be relevant for or needed by a neighbouring community. Nevertheless, there was some disquiet about the potential for NT's to develop idiosyncratically and for the key purpose of NT's to become diluted or even lost;
- Going forward, there were divergent views concerning the extent to which integration brought about fundamental organisational change. For some, the idea of co-location and 'conversations around the water cooler' was perceived as a desirable development, especially in speeding up the process of integrated practice being seen as 'business as usual';
- For others, the notion of co-location was seen as a further and unnecessary distraction from the business of integration and moreover, that such a move could actually delimit integration by confining it within the boundaries of a co-located team;
- The value of multidisciplinary, coordinated care was highlighted as a realistic aspiration for integration and one that was an achievable and workable goal;
- Crucially, participants identified a need to be aware of the strategic priorities in order to move beyond the MDT model and towards the notion of 'business as usual'. This meant that coordinated and collaborative care became integral to practitioner roles and that responsibility widened to incorporate whole teams, rather than assuming that the representative nominated to attend the MDT, was somehow uniquely responsible for integration;
- Underlying future developments is the need for participants to be aware of the strategic priorities aimed at unlocking or removing some of the current barriers that they face on a daily basis. Participants could see that the Care Portal will begin to make a significant difference in addressing some of the current barriers experienced in information governance and access to shared information, however further work is needed to refine and develop systems so that they can be used by multi-professionals, track the whereabouts of patients/users and provide data which can provide the basis for ongoing evaluation of progress in the evolution of NT's.
- Despite some differences in the ways in which individual NT's were organised, there was a very high level of similarity and overlap in the narratives gathered at the process mapping meetings particularly in perceptions as to who the NTs were for in the present, how inclusion criteria should develop in the future and debate about risk stratification which was a more contentious issue. However despite such acknowledgments, the intention to focus on people with complex needs, or people with long-term, co-existing conditions, was uncontroversial. Furthermore despite the many challenges and barriers identified with the development of the NT model, the benefits accrued were and important factor in retaining motivation to continue to commit to the NT model.

CONCLUSION AND DISCUSSION

- Integrated care is complex and diverse;
- While Lincolnshire's Integrated Neighbourhood Teams have established excellent working relationships with various healthcare professionals, there is still a large piece of work around risk stratification of local populations and full GP engagement;
- As Leutz et al., (1999; 2005) have argued 'you can integrate some of the services for all of the people or all for the services for some of the people, but you can't integrate all the services for all of the people'; 'all integration is local'; 'integration costs before it pays', which is consistent with the findings here;
- It is too early to say whether the Neighbourhood Teams has had any significant impact on reducing unplanned hospital admissions;
- There was no evidence of achieving other core goals such as reduction in GP visits, avoidance of delayed discharge, and development of comprehensive community resources to avoid admission. At the time of writing, there is no clear evaluation framework in place to assess the impact or otherwise of NT's;
- Discussion appears to focus on 'Phase Two' of the NT's.

WHAT DO THE RESULTS MEAN FOR POLICY-MAKERS AND KEY STAKEHOLDERS?

- There is a need to develop the collaboration of patients/users and carers as a fundamental element in taking forward the NT model;
- Effective channels of communication need to be further developed to ensure that concerns, learning and experiences of operational staff are visible;
- An evaluation framework to assess and judge the impact of NT's as they develop is required. This must include patient/user benefit and evidence success as well as failures and what can be learned from both;
- Public engagement which explains the new 'Neighbourhood Team' approach and what will happen in integrating services is an important aspect of future strategy and operation development;
- Transparency regarding costs and cost savings/ cost effectiveness associated with 'Phase Two';
- Continued attempts to engage wider groups of practitioners, agencies and GP surgeries is an important element of future development;
- Making the case for integration with GP surgeries and practitioners is crucial.

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