

Evaluation of the integrated care and support pioneers programme in the context of new funding arrangements for integrated care in England (2015-2020) PR-R10-1014-25001: Final report to Department of Health and Social Care, and National Institute for Health Research, Policy Research programme

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Citation for published version (Harvard):

Miller, R, Smith, J, Durand, MA & Mays, N 2024, *Evaluation of the integrated care and support pioneers programme in the context of new funding arrangements for integrated care in England (2015- 2020) PR-R10-1014-25001: Final report to Department of Health and Social Care, and National Institute for Health Research, Policy Research programme: Work Package 3: Engagement with pioneers, policy makers and national partner/user organisations to derive and spread learning.*

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EVALUATION OF THE INTEGRATED CARE AND
SUPPORT PIONEERS PROGRAMME IN THE
CONTEXT OF NEW FUNDING ARRANGEMENTS FOR
INTEGRATED CARE IN ENGLAND (2015- 2020)

PR-R10-1014-25001

FINAL REPORT TO DEPARTMENT OF HEALTH AND
SOCIAL CARE, AND NATIONAL INSTITUTE FOR HEALTH
RESEARCH, POLICY RESEARCH PROGRAMME

WORK PACKAGE 3
ENGAGEMENT WITH PIONEERS, POLICY MAKERS AND
NATIONAL PARTNER/USER ORGANISATIONS TO DERIVE
AND SPREAD LEARNING

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NOVEMBER 2023

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Introduction

In this chapter, we set out the ways in which the Pioneer evaluation team sought to derive learning from the research, spread this in as close to real-time as possible, and in so doing to work in close partnership with the Pioneer sites, policy makers, user organisations and others with an interest in evidence-based learning about enabling better integrated care. This commitment to engagement and dissemination was central to the approach taken to our evaluation and specified from the outset in the proposal for the study.

We describe the original plans for engagement and spread of learning and explain how these were enacted by reporting on the different activities undertaken in terms of content and insights gained. Furthermore, we set out the key priorities for learning from the Pioneer programme as reported by a sample of policy makers and practitioners when interviewed in 2021 as the new Integrated Care Systems and Boards were being developed. The chapter ends with a consideration of the strengths and limitations of the approach taken to engagement and learning, drawing conclusions about how best such partnership and dissemination can work as part of a large and lengthy evaluation study.

Background

The original specification for the Pioneer evaluation issued by the Department of Health in 2014 [add ref] called for the inclusion in the study of ‘structured opportunities for dynamic evaluative feedback and reflexive learning’ for the Pioneers, and for policy makers. In our proposal to undertake the evaluation, we set out plans for a distinct work programme that would focus on this element of the project, drawing in specific expertise in applied learning and evidence-based development in health and social care. The team for this engagement and learning work were drawn from the Health Services Management Centre at the University of Birmingham, a centre with a long history of research, teaching and development about partnership working, coordinated care, and integration. Furthermore, it was considered that some critical distance would be afforded by having a team focused on deriving and spreading learning who were not involved in the empirical data collection and initial analysis, and hence able to draw out and interpret evaluation findings in the context of wider UK and international learning about integrated care, using these insights to work with Pioneers, policy makers, service users and others to inform the next stages of the evaluation and refine project outputs.

Aims and objectives for engagement and learning

There were two overall aims of the engagement and learning element of the Pioneer Evaluation. The first was to synthesise the findings from the two empirical work programmes: WP1, Pioneer level process evaluation and limited impact evaluation; and WP2, scheme or initiative level impact and cost-effectiveness evaluation with related qualitative analysis. The intention of this synthesis was to assess the extent to which the performance of integration initiatives (WP2) could be related to the approach taken at a higher level by the host Pioneer (WP1) and the contribution of individual initiatives to the overall performance of the Pioneer.

The second aim of the engagement and learning strand of the Pioneer Evaluation was to derive and spread practical insights from the two empirical research work programmes, and encourage reflection and learning among Pioneers, policy makers and others that could lead to better integrated care.

Objectives

The objectives of the engagement and learning work programme were to: synthesise the findings from WPs 1 and 2; and organise interactive workshops between the research team and a wide range of participants in integrated care analysis, policy and implementation designed to share insights from the research and contribute directly to improving integrated care initiatives in the future.

These objectives were to be met by holding workshops aimed at a mix of Pioneer stakeholders (including the WP1 panellists), policy makers, international and domestic experts, and patients/users. Other means of eliciting and sharing learning were to include blogs, podcasts, articles in the professional press and peer-reviewed journals and reports for individual Pioneers.

Overview of approach taken to engagement and learning

The evaluation team sought to embed formative and reflexive opportunities as a central component of the study. This was intended to test evaluation findings and derive and spread learning, while encouraging reflection on developing better integrated care and central to this was a plan to hold two one-day workshops each year, involving about 50 people. Evaluation panel surveys were to precede workshops and their findings feed into the focus and design of events.

Workshops were to be an opportunity for the research team to come together with colleagues from the Pioneer sites, policy makers, service users and carers, and UK or international experts in integrated care, to locate the learning from the Pioneers evaluation within wider national and international efforts to develop better coordinated care. The exact mix of participants was to depend on the focus of each workshop, for example IT and data governance, the design of care pathways, and the role of multidisciplinary teams.

The workshops were intended to help the evaluation team synthesise findings from the two main empirical programmes, provide opportunities to brief study participants and commissioners on the progress of the evaluation, engage them in refining research questions and measures for the next phase of the project and reflect on what was enabling or inhibiting progress towards local and national integration objectives. It was hoped that they would provide a forum for sharing latest Pioneer experience in relation to a theme (e.g. engaging staff in service change, working with capitated budgets, or using technology to enable better coordinated care).

The Early Evaluation (2014-15) of the Pioneers conducted by PIRU (Erens et al 2016) had indicated a high level of commitment by local sites to service change, which was felt to be promising for rich reflexive learning by practitioners, researchers and policy makers, in turn feeding into synthesis of study findings and informing project conclusions. It was hoped that some of the workshops would also involve local evaluators of Pioneers, presenting an opportunity to share and compare findings, emerging themes and perspectives about progress of the Pioneers at a local and national level. Finally, there was a plan to involve international experts in some of the workshop sessions, taking advantage of visits to the UK, or using video conferencing.

Evaluation workshops with Pioneers

The format of each workshop was a mixture of presentations, discussion, and informal networking opportunities between Pioneer attendees and with the research team. Where relevant, the research team arranged for an international expert on the delivery or research of integrated care to provide specialist input. Each workshop provided an update on progress with the research including emerging findings, recruitment to the various aspects, and what activities were planned in the short and medium term. There were also formal and informal opportunities for Pioneers to shape the research, for example the topics included in panel surveys and what integrated care interventions

would be evaluated. In addition to the research programme, each workshop had a particular focus based on feedback from the Pioneers on what they find beneficial.

The workshops were held in person and alternated between London and Birmingham to reflect the geographic spread of the Pioneers. To allow travel time, they began late morning and finished mid-afternoon. Each workshop was advertised through multiple routes, including the Pioneer newsletter organised by NHS England, site research leads informing their local contacts, and direct mailing to Pioneer representatives who had attended previous workshops and provided consent for subsequent communication.

Feedback was gained from participants through a simple response sheet and this, along with internal reflection by the research team on the workshop and related discussions, was used to improve the approach and plan for subsequent workshops. Following each workshop, a summary report with links to presentations was produced and circulated directly to participants and those who gave apologies, and through the Pioneer networks.

Workshop 1

The first workshop was held at the University of Birmingham in March 2016 and was attended by 32 participants drawn from Pioneer sites, patient and public involvement representatives, local evaluators, and members of the evaluation team. The focus of this workshop was informing Pioneers of the background to the research, outlining the Work Packages, and providing an opportunity for them to ask questions and engage directly with the research team.

The main topics covered in Workshop 1 were:

- An overview of the findings of the Early Evaluation (2014-15) of the fourteen first wave Pioneers. This explored the early development of the Pioneer programme from January 2014 to summer 2015. It covered how the Pioneers define themselves, their goals and activities, and the process of implementation of Pioneer plans.
- The overall aims and structure of the longer-term evaluation and the main work packages within the research. This included details of the regular survey of a 'panel' of stakeholders within each Pioneer site to provide a longitudinal picture of their progress and challenges, and the use of quantitative indicators (based on routine data sources) to examine change in measures of care and quality within and across the 25 Pioneer sites.
- An introduction to undertaking studies of cost-effectiveness in complex service settings such as integrated care, with subsequent discussion with participants of local service interventions being deployed by Pioneers that may be suitable for this part of the research.

Feedback from workshop participants highlighted that they were now clear of the aims of the longer-term evaluation and had a good grasp of the content and purpose of the three work packages. All saw engaging with the evaluation as being important and were clearer as to the opportunities to do so. The length of the national evaluation was seen as positive, although there were some concerns that five years may not be sufficient to achieve and demonstrate necessary behavioural and service change. The perceived potential benefits for Pioneers of the research included - refining the local focus and so understanding how to measure its impact; providing useful analysis of local impacts (including quantitative and economic) that can be used to support continuous improvement and maintain local enthusiasm; and, enabling comparison with other Pioneers to facilitate good practice in other areas to be identified. Pioneers raised the need for support in developing and undertaking local evaluations including studies of economic impact, something that is of higher priority now, given the wider financial context. The importance of

gathering evidence regarding patient and service user experience against the National Voices 'I' statements was emphasised as a core priority.

As well as providing an opportunity to learn about and comment on the emerging evaluation findings, it was suggested by Pioneers that future workshops could helpfully include: research methods to be used in local evaluation studies for when a Pioneer wants to assess its own progress; sharing local approaches to evaluation and distilling initial learning from these; and developing outcome frameworks and common measures across the national group of Pioneers.

Workshop 2

The second workshop was held at the London School of Tropical Medicine & Hygiene in September 2016. It was attended by 45 participants drawn from thirteen 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. At Workshop 1 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 Workshop 2. Prior to the day the Pioneers were contacted to gather details of what local evaluation activity was completed or underway, and the issues that they would find most helpful during the workshop.

The main topics covered in Workshop 2 were:

- An international research expert presented an overview of the key challenges in evaluating integrated care. 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.
- Update on progress with the longer-term evaluation and opportunities for Pioneers to engage with the different elements. Updates included: confirmation that the initial focus of Work Package 2 (Economic Evaluation) would be community based integrated health and social care multi-disciplinary teams, with patients accessing MDTs in three Pioneer sites being compared with patients within the Pioneer site who do receive community-based MDT care; development of an initial set of high level indicators relevant to integrated care which allow Pioneers to look at change for their own area, select regional or national comparators and present summary changes graphically; and, an early analysis of the recent 'panel' survey of stakeholders within each Pioneer site.
- Presentation by three local areas of their local approaches to evaluation. In South Somerset a 'logic model' had been developed that connected the planned activities with the outputs, outcomes and impact and a common data set produced across health and care organisations regarding people with multiple long-term conditions. The area was also involved in an NHS England funded evaluation of its Vanguard. Waltham Forest and East London Pioneer had a 'social scientist and policy analyst-in-residence' model. This was positively received by commissioners and providers but also raised difficult issues, including ensuring that both the organisational and academic interests are resolved, gaining ethical approval, and deciding how to share (or not) sensitive information. Local evaluation of the Kent Pioneer was being led by the University of Kent. This was taking a pragmatic approach that involved 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 been 'light touch' evaluations of local projects which support continuous improvement and develop in-house

evaluation skills. Kent (and South Somerset) were also participating in the EU Horizon 2020 funded SUSTAIN research project.

Feedback was that attendees were appreciative of the opportunity to explore the realities of evaluating integrated care, and Pioneers reassured to learn that even experienced researchers and well-funded projects can find it difficult to address issues such as attribution and 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 their 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 their many questions regarding how best to complete an evaluation, they highly valued the opportunity to spend time learning about the approaches taken by others. Table discussions provided a good opportunity to use peers and the longer-term evaluation team to test out ideas.

Participants 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 research 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 suggested that it would be helpful for the 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.

They were keen that future workshops included opportunities to talk openly and honestly with peers, and there were detailed presentations from Pioneers as well as input from international experts. Suggested topics for workshops were - 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; and different models within Pioneers of MDTs, care plans and other approaches to promote integrated care.

Workshop 3

The third workshop was held at the University of Birmingham in March 2017. It was attended by 38 participants drawn from thirteen 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. At Workshop 2 there was considerable discussion of the barriers presented by information governance to the implementation of local integration plans and the evaluation of their impact. Workshop 3 therefore had a particular focus on information governance issues with sharing of good practice from pioneers and learning from international integrated care examples. Workshop 3 also focused on hearing the findings from the national evaluation of the Integrated Care Pilots and the implications for the sustainability of the Integrated Care Pioneers.

The main topics covered in Workshop 3 were:

- Insights from the methodology and findings from the national evaluation of the Integrated Care Organisation Pilots. This two-year national programme between 2009 and 2011 sought to test out different approaches to achieving integrated care through 16 local pilots. It found

that over the pilots as a whole emergency admissions increased but elective admissions and outpatients reduced. The evaluation concluded that implementation of new approaches to integration required more management effort than was originally anticipated and this was heightened if previous relationships across organisations and sectors were not strong.

- Presentation by the International Foundation for Integrated Care on four international case examples in which local areas have been working to improve communication flows between health and social care. These were – Catalonia (Spain), Amadora (Portugal), Aragon (Spain) and Wales. Key learning from these projects included the potential for legislation to act as an enabler rather than a barrier through giving professionals confidence in their ability to share relevant information, and that engagement of people receiving care at an early point enables them to give approval for professionals to then communicate and share data as necessary.
- Reflections by two Pioneers on progress in their areas on better sharing of information across health and social care partners. Nottinghamshire shared the need for strong leadership to see the potential and provide momentum for necessary changes, to embed information governance throughout the development of integrated care programmes rather than leave to a later stage, and to use the privacy impact assessment framework to highlight important issues. Waltham Forest, Newham, and Tower Hamlets highlighted the benefits of engaging general practitioners through understanding the information that they would find most helpful as this enabled them to provide better patient care and secured their support for subsequent stages of the programme.
- Update and discussion on the longer-term evaluation. This included – confirmation that the results of the first panel survey were now available and suggestions from participants as to any changes in the content of the next survey; progress on recruitment of sites to the economic evaluation of MDTs and securing of ethical approval; opportunity for Pioneers to suggest other health and social care integration initiatives that they feel merit economic evaluation; and, latest developments in the indicator dashboard based on feedback from Pioneers. These included - addition of eight new indicators including social care indicators; contextual information about the pioneer populations including maps and population pyramids, and functions to compare the Pioneers to individual local authorities.

As several participants had to leave early, insufficient feedback was gained to comment meaningfully on the learning and experience of this workshop. However, in the discussions during the day, the following topics were highlighted for future workshops - more best practice examples of change being achieved on the ground despite the challenging and busy environment; impacts of community services on reducing inpatient activity and the mechanisms that are connected with such activity changes; and approaches to engaging patients at a personal, team and strategic level so that care is more personalised and integrated care initiatives are responding to the interests of local communities.

Workshop 4

The fourth workshop with Pioneers was due to be held in October 2017 in London. The focus was on people-centred practice including expert input from the Picker Institute and the University of Birmingham. Unfortunately, sign up for the workshop was extremely limited and the research team therefore decided not to proceed with the event. This reduced level of engagement was also reported by the Pioneer Assemblies at this time. Following the formal cessation of the Pioneer Programme in March 2018, and feedback from the local sites, it was

decided that workshops would not be appropriate means to engage with Pioneers and no further such events were arranged.

Wider engagement and dissemination activities

In addition to the Pioneer Workshops, and presentations to the Pioneer Assemblies organised by DHSC, the research team have actively sought opportunities to share emerging findings and methodological insights with national and international stakeholders. This has led to participation in over thirty such activities over the lifetime of the evaluation (Appendix ?). This includes - national policy and practice stakeholders (e.g. Local Government Association, Department of Health & Social Care, Monitor, Kings Fund, Nuffield Trust, NHS England), UK based academic networks (e.g. Health Services Research, Health Policy and Politics Network, Integrated Care Researchers' Network, Primary Health Care Research Group), and international practice and academic networks (e.g. International Foundation of Integrated Care, The Sax Institute, European Survey Research Association, European Health Policy Group).

The longer-term evaluation team have also organised three major events for external stakeholders – “Evaluating integration: realities and opportunities”, “What have we learned from pilots of new models of integrated care?” and the “National Voices ICS Conference”.

Evaluating integration: realities and opportunities

This half-day workshop built on the experiences of the researchers undertaking large scale evaluations of national programmes to reflect on current learning and major issues regarding such research. Held in London in September 2018, it brought together researchers, policy makers, funders, and wider research infrastructure bodies. Topics presented included – the quasi-experimental evaluation of community-based multi-disciplinary teams within the Pioneer longer-term evaluation; challenges in evaluating the New Care Models (NCM) Programme; and the role of rapid evaluations. Issues raised during the workshop included opportunities to improve gathering and access to relevant data, ensuring that national and local policy makers who introduce new integrated care programmes sufficiently engage with learning from existing research, evaluation tenders should recognise the realities of what is achievable or not by research within the timescales available; and debate about the ethics of evaluators approaching patients directly to participate in studies.

What have we learned from pilots of new models of integrated care?

This full-day event brought together researchers, policy makers, practice leads and national improvement bodies to reflect on learning from national pilots of integrated care in England. It was organised by the longer-term evaluation team in collaboration with the Journal of Integrated Care and the European Health Management Association. It was held at the University of Birmingham in January 2019 and included input by current and past research teams of national pilots, with opportunities for group reflection and discussion. Presentations included: impact on hospital activity, staff and patient views of the Integrated Care Pilots; development of the MCP model in Dudley; impact on admissions and learning from the Vanguard New Care Models programme. Presentations and insights from the event were subsequently published in the Journal of Integrated Care: [Special Issue: Integrated care initiatives in England: learning from the pilot programmes.](#)

National Voices ICS Conference

Two of the core expectations on the Pioneers were that they would use the 'I-Statements' developed by National Voices as guiding principles of their programmes and they would seek to engage with the Voluntary, Community and Social Enterprise (VCSE) sector. On that basis, the longer-term evaluation team decided that it would be important to hold an event which was focussed on the interests of people with lived experience of health and social care, and VCSEs. We choose to work with National Voices due to their historic link with integrated care and their continued role as a sector body. The National Voices ICS Conference was held in June 2022 – speakers included members of the longer-term evaluation team, the NHS Confederation, NHS England & Improvement, the Alzheimer's Society and the Stroke Association. Workshops covered topics ranging from MDTs (led by the longer-term evaluation team) and social prescribing to voluntary sector alliances and population health. Over five hundred people registered (and will receive links to presentations from the day) and around three hundred attended. Of these, 40% described themselves as representing VCSEs and 16% as having lived experience of health and care services.

Insights from interviews with Integrated Care System stakeholders

Method

In the summer of 2021, the WP3 team reflected on the fast-changing policy context for integrated care in England, and in particular the publication of draft legislation to enact new Integrated Care Systems, and Integrated Care Boards in July 2022. This made the synthesis of overall learning from the Pioneer evaluation of particular relevance to current policy and practice, in ways that could not have been foreseen when the evaluation study was commissioned in 2015. In the spirit of the original Department of Health commission to undertake research that offered dynamic and flexible learning for policy and practice, the WP3 team decided to undertake a series of scoping discussions with 14 national and regional policy makers and system leaders to share headline themes from the Pioneers evaluation and explore the following questions:

- What would interest you in particular from the Pioneer evaluation?
- Which stakeholders do you think most need to hear our findings?
- How best might our work support the development of Integrated Care Systems?

Informants were drawn from organisations including: the Royal College of GPs; Social Care Institute for Excellence; NHS England and Improvement; Local Government Association; Association of Directors of Adult Social Services; and National Voices. We also talked with Chairs of Integrated Care Systems and NHS Trust strategy Directors.

Each discussion took 30-45 minutes and contemporaneous notes were made by the interviewers (JS and RM). The headline themes from the Pioneer evaluation had been agreed with the evaluation team and shared with each interviewee as context for these stakeholder discussions. A synthesis was made by JS and RM of the content of the interviews, organised within the three questions set out above. A summary of the overall themes is set out here, which has formed the basis of broader work within the evaluation team about the ways in which evaluation findings and conclusions will be framed and disseminated to maximise relevance to policy makers and practitioners. Table 1 summarises the interests of ICS stakeholders alongside the issues which were raised by Pioneers through the engagement and learning events.

Box 1 Stakeholder interests in the evaluation (Based on Valentijn et al 2015)

Form of integration	Pioneers	ICS Stakeholders
Clinical	Methodologies to evaluate impacts on experience of individuals and families Making integrated care more personalised	Co-ordinating care effectively for individuals and families and which professionals are best placed to lead
Professional	Models of integration and their relative strengths & weaknesses	Most effective balance of professionals within MDTs for different populations & contexts. Impact of integrated care approaches on workload of professionals.
Organisational		Sustaining integrated care initiatives when there is considerable turnover of key personnel.
System	Methodologies to evaluate impacts on resources and activities Developing outcome frameworks for a local health & social care system Engaging people and communities in developing & implementing integrated care strategies.	Barriers and enablers of integrated care implementation within a local system. Risk stratification models including those for groups who are marginalised and/or experience significant health inequalities. Models to engage voluntary & community sector developing & implementing integrated care strategies. Balance between national and local direction, governance and accountability Commissioning and payment mechanisms of MDTs. Engagement of wider partners such as the acute sector, public health, and the voluntary sector.
Functional	Data sharing across organisational and sectorial boundaries. Analysis of performance and financial data sets from across health & social care	Workforce strategies to ensure there is succession planning of roles central to integrated care developments Data sharing across organisational and sectorial boundaries.

		Developing business cases for integrated care developments
Normative	Approaches to embedding the 'I statement' principles throughout an integrated care programme.	Approaches to embedding the 'I statement' principles throughout the activities of an integrated care system

Practical implementation of integrated care

Informants were all very interested to know what had worked, and as importantly what had not worked, in relation to the implementation of integrated care, including the main enablers of and barriers to progress towards achieving more integrated care. There was a desire to identify critical success factors for local integrated care schemes, and to understand these in the broader context of UK and international research evidence. Detail about how to bring about better *coordinated care* was also sought, with some respondents expressing frustration about 'integrated care' often failing to address the specific issues of providing well-coordinated care at the individual level and being too focused on broader organisation and governance issues. In other words, people wanted to know which of the evaluation findings were consistent with the overall evidence base, and what (if anything) appeared to be distinctive in the English NHS and local authority context of the Pioneers.

More specifically, informants were keen to understand if and how risk stratification models had been applied when planning for better integrated care in Pioneer sites and whether such approaches offered learning about connected or targeted interventions for certain population groups, including those who are marginalised and experience significant health inequalities.

There was also interest in workforce issues in integrated care, such as whether there had been additional workload burdens associated with multidisciplinary teams put in place to support care coordination and if so, who had experienced such pressures and how had they been resolved. On a related point, respondents were keen to know what mix of health and social care professionals seemed to work in different contexts and for specific services. Furthermore, there was interest in understanding ways in which the voluntary sector had been involved in developing and implementing new models of care within Pioneers.

Leadership and decision making

Building on the interest in practical implementation of Pioneer schemes at a local level, national and regional stakeholders expressed interest in understanding how integrated care has survived (or not) the inevitable changes in the key personnel leading local initiatives, given that the evaluation has taken place over seven years. Insights were sought about planning for continuity and succession of leadership roles, and some respondents raised profound concerns about whose (if anyone's) role it really is to coordinate care at the individual level. It was suggested that GPs are often considered to be central to care coordination, yet they often lack the information, resource or time to act as the integrator of care, not necessarily knowing for example that a patient is having (or needs) home care support, especially if this is self-funded.

The balance between local and national decision making for integrated care schemes was of particular interest to respondents, including the degree of flexibility that would be offered to local leaders within national parameters. Related to this was interest in how the progress of integrated care schemes would be monitored and evaluated at a local level, and beyond the ubiquitous avoided emergency admission, or other nationally focused targets.

There was a strong view that middle-tier clinical and managerial leaders need particular support in making and sustaining changes to services that are intended to improve care coordination and smooth the boundaries between health and social care. Evidence about how the Pioneers had done this was of interest, given how much was already known about the difficulty of implementing better integrated care. A further concern about resources was that primary care 'is on its knees' with extreme workload pressures and multiple staff vacancies, with similar challenges being experienced by social care. Ideas were sought about how new ways to do care coordination could improve experience for patients and front-line staff.

Multidisciplinary teams

As with the earlier theme of implementing integrated care, there was significant interest in the multidisciplinary team component of the Pioneer research, and specifically a set of issues focused on practical operation of this approach. Questions to which evidence-based answers are sought include:

- how MDTs have been funded, and whether new or different payment mechanisms have been used;
- how they have been commissioned and what the plans are for this now that CCGs have been disbanded and Integrated Systems established;
- the role of Primary Care Networks in developing and running MDTs;
- any insights about how they have tackled information sharing and governance issues;
- ways in which they are listening to and incorporating the user and carer voice in developing MDTs;
- the role of GPs, practices and primary care in the teams; and
- whether acute trusts are actively involved in MDT planning and delivery, in the context of Integrated Care Systems.

This illustrates the importance of the Pioneer in-depth case studies of MDTs and how the insights from this element of the research are eagerly awaited by policy makers and practitioners, likely reflecting the complexity of bringing about truly multidisciplinary team working, and especially in a context of constrained resources and workforce shortages.

Development of integrated care systems

Continuing the overarching theme of seeking insights about the implementation and sustaining of integrated care services, respondents highlighted the importance of having research evidence from the Pioneer experience that can inform the shaping of new Integrated Care Systems. There was a call for research-informed advice about how best to make the business case for integrated care, given that such approaches can be costly to scope and implement, and benefits may take time to be realised. The hunger for evidence included interest in how acute trusts are involved in or leading innovative integrated care schemes (for it was noted that this area of service development is typically considered the 'business of community and primary care' and risks excluding hospital and other sectors).

In a similar vein, questions were raised about whether and how public health teams were involved in shaping and informing Pioneer schemes, including in respect of population health needs assessment and management. Also on the public health theme was an interest in finding out how Pioneers have sought address health inequalities as well as implement new forms of integrated care, mirroring the priorities set at a national level for new Integrated Care Systems. The role of Health & Wellbeing

Boards, and how they can meaningfully contribute to the new integrated care landscape was also raised.

Respondents expressed interest in how the Pioneers have drawn on people's lived experience of multiple health conditions and/or frailty and/or complex social situations when designing new forms of care. Some noted that the Pioneer schemes were closely linked originally to National Voices' 'I' statements, and they wondered whether this approach continued to be a focus for the pioneers, and if so, how they were using a co-design approach at both the individual user/carer, and strategic level of planning, implementation and monitoring.

Framing research findings for maximum impact

In addition to setting out the areas where Pioneer evidence could inform local and national development of integrated care, respondents to our interviews also offered advice about how the research findings could be framed and shared in order to have maximum impact on this important area of health and social care policy and practice. A summary of this advice is set out here:

- Be mindful of how you offer evidence-based advice and solutions to a very pressured health and care system and seek to support (rather than criticise) their current work.
- There is a risk that the Pioneer research findings will not be heeded if the team is considered to be 'tone deaf' to this very tough context
- Attend to the acute and trust sector, as well as offering insights for community and primary health care, and think through how the evidence can support trusts' work in this area.
- Integrated care has something of a 'preachy' reputation among health and care managers and clinicians – the Pioneer research team has an opportunity to offer practical research-based insights at a time of vital importance in respect of the implementation of Integrated Care Systems and Boards.
- Thought should be given to how best to involve local authorities, Healthwatch, Primary Care Networks, Academic Health Science Networks, voluntary sector bodies and others to help land Pioneer evaluation messages with those who are engaged in and supporting the implementation of ICSs.
- There is also a real opportunity to share Pioneer evaluation findings with national primary care bodies, organisations such as the NHS Confederation, NHS Providers and Local Government Association, health research foundations and others to whom care providers look for evidence and advice.

Finally, there was a plea made for the Pioneer experience of 7 years of integrated care and MDT working to be used to set out ideas about how local areas might monitor and evaluate the progress of their integrated care developments.

Discussion

There was clear value in having a framework and plan for engagement and learning, and for this to be in place from the outset (Rodríguez-Campos 2012). Indeed, its forming part of the research proposal and plan ensured importance, resource, and attention. A dedicated work programme for engagement and learning was also powerful, for it kept these aspects of the research at the centre

of team discussions, with two senior academics dedicated to leading this strand of the study, checking regularly that we were following our plan, and proposing ways in which the wider project team could engage with sites to share learning, shape methods and explore emerging issues. This proved to be prescient on the part of DHSC when commissioning the evaluation in 2014 for it led to true embedding of what we often now term ‘pathways to engagement and impact’ when designing and undertaking research in the 2022 environment where researchers are exhorted via UKRI regulation and government accountability to attend ever more carefully to demonstrating the impact of research (NIHR, 2021; UKRI, 2022).

The plan for engagement and learning needed however to be flexible and on reflection we had specified the approach in too much detail at the outset, probably to justify resource for events and staff time. Whilst the framework for workshops and engagement events with sites and policy makers was helpful, there was a need for more pragmatism and flexibility, adapting plans to suit emerging circumstances including policy changes, new integrated care pilot programmes that overlapped with the Pioneers and a global pandemic. For example, whilst the planned six-monthly workshops made sense for the initial two to three years of the evaluation when the pilot programme was a stable and ‘live’ entity, as time went on it worked better to dovetail the shaping and dissemination of our findings with other organisations’ in-person and virtual events, including those of National Voices, the Department of Health and Social Care, and Health Services Research UK.

Structured engagement with study sites resulted in numerous benefits. One of these was assistance in recruiting case study sites within the evaluation (for example for the multidisciplinary team economic effectiveness analysis) and encouraging sustained participation in the annual panel survey with site leads. Workshops likewise enabled colleagues from Pioneer sites to comment on drafts of the Pioneer outcomes dashboard, suggesting additional indicators and questioning and refining others. They were able to influence questions for subsequent panel surveys and propose interventions for the cost-effectiveness studies, both these activities being aided by the role the workshops played in airing and debating current issues (both new and enduring) faced by Pioneer sites.

This interaction between the research team and Pioneer sites enabled strengthening of the relationship between different aspects of the evaluation. This was further enhanced by the presence at some workshops of UK and international experts in integrated care, policy makers and national Pioneer programme leads, and local evaluation teams. We observed the Pioneer sites sharing (both formally and informally) experience and ideas, offering to pass on materials and plans, thus building a greater sense of community as a set of pilot sites.

It was clear from evaluations of project workshops and webinars that participants greatly appreciate being given early sight of emerging evaluation findings and being able to comment on and challenge these. The research team was struck by the respectful manner in which such challenge was made and the fact that confidences were not broken where early findings had not yet been published and hence could not at times be shared beyond the seminar room. A further indication of the mature relationship between sites and researchers was that local leads provided helpful steer about topics for subsequent workshops and webinars, profiling for example information governance and how to undertake and use local evaluations. In this sense, the study took on aspects of action research (Meyer, 2000) and was intentionally formative in its approach, albeit some of this is more evident in retrospect than at the time.

Holding the research engagement workshops on university grounds enabled a more neutral setting for debate of the programme, its progress, enablers and inhibitors. We observed a greater degree of

sharing about frustrations and difficulties, and critical debate about a diversity of solutions than appeared to be the case in gatherings arranged by DHSC or NHS England (e.g. the Pioneer Assemblies). This is not surprising, given that when the sites were meeting with their policy sponsors they would likely be seeking to appear 'successful', in accordance with documented NHS culture for speaking up (Newdick, 2022).

For the research team, this difference in type of workshop was sometimes experienced as a challenge, for we had to negotiate carefully and doggedly to have even a minimal presence on the programme of the DHSC/NHS England meetings. This gave the impression that we may be regarded as the presenters of inconvenient truths about the implementation, progress and outcomes of integrated care, running somewhat counter to policy priorities (Lewis et al 2021). On reflection, it would have been helpful to embed our role within Pioneer Assemblies (and other such centrally organised events) into the research plan from the outset, negotiating this with our funder and policy leads. For the research team, this was frustrating, for our findings were reflecting the lived reality of the Pioneer schemes who clearly welcomed our input and we always framed messages in a constructive manner, designed to enable learning and support implementation. Without certainty and clarity about the evaluation team's role in such Assemblies, there was also a risk of duplication of material when we were able to take part in these events.

Working in collaboration with other organisations concerned with improving integrated care was a particularly fruitful experience for the research team. This proved to be very helpful as the study reached its conclusion and regional and national stakeholders looked to the evaluation findings to inform new policy on Integrated Care Systems in England. Invitations to share our analysis of Pioneer experience within events mounted by National Voices, the King's Fund, the Nuffield Trust, NHS England and Improvement, research networks and international events enabled the learning from the evaluation to be shared in wider fora and the study team was able to debate and refine its conclusions with a broad range of stakeholders.

Building on this prior point, the overall learning and engagement work stream of the evaluation served to help the empirical research team from LSHTM in distilling key messages, having HSMC colleagues who were less vested in fieldwork and inevitably had more critical distance from the core study to look across the range of outputs, explore these conclusions with policy makers, practitioners and service users and make suggestions for further framing of the findings.

There were of course aspects of the evaluation's approach to engagement and learning that did not work as well as anticipated and where we have reflected on how we would do things differently on a future occasion. As noted earlier, a more flexible and less pre-specified approach to engaging with Pioneer sites would have been advantageous, setting aside budget for shaping such opportunities as the study proceeded. In respect to being part of events arranged by DHSC and NHS England and Improvement, whilst the evaluation team was asked from time to time to present findings at Pioneer Assemblies or similar throughout the duration of the Pioneer programme, it would have been helpful to have a more robust engagement arrangement agreed and for this to be reviewed on a periodic basis. This would also have been true with the subsequent national programme leads such as NHS Vanguard schemes and Integrated Care systems. This would not have been straightforward to negotiate, given the relatively rapid changes to policy, and to the civil servants leading initiatives, but opportunities for evidence-based learning with likely missed or reduced and there are valuable insights here for both evaluators, policy makers and pilot schemes.

The changes to the programmes through which DHSC and NHS England and Improvement chose to enact policy in integrated care over the period of this evaluation study presented a particular

challenge to the research team in respect of how best to synthesise and disseminate learning (Miller et al 2021). On a practical note, it became all but impossible to hold workshops with Pioneer sites, as some shifted to become NHS Vanguards, others let go of the Pioneer 'label' or merged into other schemes, and some lost contact with the evaluation team altogether. Much credit is due to the Pioneer evaluation team for persisting with empirical fieldwork, staying in close touch with as many pilot site leads as possible, and sustaining the evaluation despite higher level policy changes, focusing on the ways in which local practitioners and managers were continuing to seek to integrate health and social care for users and carers. Without this, it would not have been possible to distil rich and deep learning for Integrated Care Systems and all those in health and social care who seek to better coordinate services at a local level. The overriding lesson for learning and engagement activity within large-scale evaluations is to have a flexible approach, grounded in a commitment to theory-informed learning and with sufficient resource to develop outputs and activities to maximise learning for policy and practice.

Challenges faced in our engagement and learning work included those relating to the COVID-19 pandemic which struck as we were entering the fourth year of the evaluation. This made in-person workshops and meetings impossible, both with Pioneer sites and policy makers, but also within and across the wider evaluation team. For a complex evaluation study of a five-year duration, in-person debate and analysis of study findings, and planning of dissemination is needed alongside some virtual engagement, to avoid divergence of the strands or teams of the study. On the other hand, virtual webinars and meetings also enabled more rapid sharing of findings with a broader range of audiences, saved on travel costs and time, and gave us more resource to use for other outputs and dissemination activities. This led us to conclude that planning a blend of on-line and in-person activities would be a core feature of a future evaluation of this nature, both in respect of engagement with pilot sites and study commissioners, research dissemination, and intra-research team communications and meetings. Such a blend may have facilitated greater participation of people with lived experience in the engagement and learning processes as this was limited in comparison to that of professionals and managers (Staniszewska, 2009).

It was not only policy programmes that changed over the five to seven years of this evaluation study. There were also various changes to the composition of the evaluation team itself, as some researchers left for new jobs or study, assumed new roles within their organisation, or otherwise had to shift their time commitment to the Pioneer evaluation. This presented some challenges to the engagement and learning (and indeed other) strand of the evaluation, not least to ensure that all colleagues' contributions were honoured and included, insights sustained across time and study work packages, and effective communication made with broader stakeholders about the status, progress and learning from the project. Related to this point, we did not make as much use as we had hoped of the expert group that we proposed in our original bid and plan for the Pioneer evaluation. Some of the colleagues cited in our proposal attended and presented at study workshops and brought important national and international insights to the research. Others however moved on in their own work and were not able to contribute, or we were not able to fund the right opportunities to enable this. On another occasion, we would reserve resource for engaging such expert inputs, but would specify it less tightly at the outset, and we could of course make greater use of virtual engagement, especially for international experts. There is learning here for the process of commissioning research, where academic teams understandably feel that they must specify in detail who they will work with for expert inputs, and how, and yet over 5 or more years, this will be almost impossible to adhere to in practice. As impact and engagement become ever more vital to research and evaluation work, commissioners and funders of research will need to be comfortable with more flexible and pragmatic approaches to learning and engagement activities and plans.

Conclusion

In conclusion, it has proved exciting, important, and valuable to have a dedicated programme of learning and engagement embedded within the Pioneer evaluation. It has not always been easy to work in this way, with many of the known tensions of research impact and engagement playing out within and beyond the evaluation team. If starting again, we would take a more fluid approach, specify activities less tightly, have a greater mix of in-person and virtual methods, and negotiate more firmly the evaluation team's involvement with policy and senior management's engagement with pilot sites. Finally, we have gained extensively from drawing on our collective networks with practitioners, policy makers and service user organisations concerned with integrated care and turning such connections into opportunities for sharing learning and insights. In studying integrated care, we have ourselves learnt valuable lessons about collaboration, partnership working and coordination of our work, something that is important to acknowledge and celebrate. In Box 1 below, we summarise our experience about how best to engage with stakeholders, distil and share learning from evaluation of integrated care, offering these points for others seeking to undertake similar work.

Box 1 – lessons about engagement and learning in large-scale policy evaluation

There is clear value in having a framework and plan for engagement and learning, and for this to be in place from the outset of the evaluation, underpinned by staffing and financial resource.

A dedicated work programme for engagement and learning led by senior academics helps keep these aspects at the centre of research team discussions throughout the study period.

Plans for engagement and learning needed to be lightly specified, flexible and able to adapt to policy and broader societal changes.

Structured engagement enables: the recruitment of sites for in-depth case study work, sustained participation in the longitudinal surveys, and input to outcomes indicators or similar.

Pilot sites greatly appreciate being trusted with early sight of emerging evaluation findings and being able to comment on these and will respect researchers' confidence.

Bringing the pilot sites together for workshops at a university can enable a more neutral setting for debate of evaluation progress, enablers and inhibitors.

It is important to negotiate with policy makers the involvement and role of the evaluation team within centrally organised policy events from the outset.

For a complex evaluation study, some in-person debate and analysis of study findings and planning of dissemination is needed, to avoid divergence of the strands or teams of the study.

Virtual webinars and meetings enable more rapid sharing of findings with a broader range of audiences, save on travel costs and time, and release resource for other outputs and dissemination activities.

A blend of on-line and in-person activities is ideal for an evaluation of this nature, both in respect of engagement with pilot sites and study commissioners, research dissemination, and intra-research team communications and meetings.

Working opportunistically with regional and national patient, policy and research organisations offers significant potential for sharing research to inform current and planned policy.

The overriding lesson for learning and engagement activity within large-scale evaluations is to have a flexible approach, grounded in a commitment to theory-informed learning and with sufficient resource to develop outputs and activities to maximise learning for policy and practice.

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Appendix: External presentations related to evaluation

DATE	FORUM	PRESENTER(S)	TITLE
2014	Pioneer Assembly	Mays	Evaluation of integrated care: how can we know we are making a difference?
2014	NSSCR and DH Policy Research Units showcase	Mays	The integrated care and support Pioneers' early evaluation, and related research
2015	16th International Conference on Integrated Care	Mays	Integrated care developments in England: interim findings from the early evaluation of the Integrated Care and Support Pioneers
2015	Kent Pioneer Steering Group	Mays & Douglas	Interim findings from the early evaluation of the Integrated Care and Support Pioneers (
2015	Monitor	Mays & Erens	Interim findings from the early evaluation of the Integrated Care and Support Pioneers
2015	Home & Community Health Association Conference	Mays	Evaluation of 14 integrated care Pioneer projects in the English NHS: progress report
2015	Home & Community Health Association Conference	Mays	How to plan for integrated care: learning from international models and experience.
2015	DH/NHSE Webinar	Mays et al	Evaluation of the Integrated Care and Support Pioneers Programme in the Context of New Funding Arrangements for Integrated Care in England - the longer term evaluation
2015	Hospital Alliance for Research Collaboration	Mays	Evaluation of integrated care initiatives: challenges, approaches and the evaluation of Integrated Care and Support Pioneers in England

2016	Health Policy and Politics Network	Mays et al	Early evaluation of the Integrated Care and Support Pioneers Programme
2016	NHSE	Mays & Durand	Findings of the early evaluation of the Integrated Care and Support Pioneers and outline of the longer term evaluation
2016	Pioneer Assembly	Durand et al	Longer term evaluation of the Integrated Care and Support Pioneers (2015-2020)
2016	ICPERG	Durand et al	Longer term evaluation of the Integrated Care and Support Pioneers: Progress (July 2015-Feb 2016) and planning the economic evaluation
2016	ICPERG	Durand et al	The Integrated Care and Support Pioneer Programme: Work package 2
2016	16th International Conference on Integrated Care	Mays	Early evaluation of England's integrated care Pioneers: challenges of implementation and evaluation
2016	Kings Fund Integrated Care Summit	Mays et al	Findings from the early evaluation and early findings from the longer term evaluation of the integrated care and support Pioneer Programme
2016	Nuffield Trust-Policy Innovation Research Unit breakfast seminar	Mays et al	Early findings from the longer term evaluation of the integrated care and support Pioneer Programme relevant to the New Models of Care (Vanguard) Programme
2017	17 th International Conference on Integrated Care	Durand et al	Evaluation of the Integrated Care and Support Pioneers Programme in the Context of New Funding Arrangements for Integrated Care in England: early findings from the longer-term evaluation

2017	European Survey Research Association Annual Conference	Mays et al	Using survey research for evaluating new models of integrated health and social care services in England
2017	17th International Conference on Integrated Care	Mays et al	Investing in community-based multi-disciplinary teams to integrate health and social care and improve service delivery: a mixed methods economic evaluation and its progress
2017	Integrated Care Researchers Network	Mays et al	Investing in community-based multi-disciplinary teams to integrate health and social care and improve service delivery: a mixed methods economic evaluation and its progress
2017	Pioneer Assembly	Durand et al	Evaluation of the Integrated Care and Support Pioneer Programme in England.
2017	Integrated Care Researchers Network		Longer-term evaluation of the Integrated Care and Support Pioneers: survey of key informants -results from the second survey
2018	Department of Health and Social Care (DHSC)	Durand et al	Evaluation of the Integrated Pioneers: Emerging findings from the 2017 Pioneer interviews
2018	UoB/DHSC workshop	Durand et al	Evaluation of the Integrated Care and Support Pioneers Programme – challenges in setting up a quasi-experimental evaluation of community-based multi-disciplinary teams
2018	European Health Policy Group	Durand et al	The Integrated Care and Support Pioneer Programme in England: progress, challenges and priorities
2018	Institute of Psychology, Health and Society, University of Liverpool	Mays et al	What can the evaluation of integrated care Pioneers tell us about health and social care integration in England?
2019	University of Birmingham, Edgehill University and the	Durand & Mays	Findings, implications and challenges- the evaluation of the Integrated Care and Support Pioneers

	Journal of Integrated Care Event		
2019	19th International Conference on Integrated Care	Durand et al	Findings, implications and challenges - the evaluation of the Integrated Care and Support Pioneers Programme in England
2019	Nuffield Trust Seminar	Mays et al	Challenges in implementing quasi-experimental evaluation of community-based MDTs'
2019	European Health Policy Group	Douglas et al	Reflections on Non-Participant Observations of Multidisciplinary Team Meetings in Health and Social Care
2020	University of Warwick	Erens et al	Experience of key informant surveys of integrated care and support Pioneers. Presentation at TRACE: TRacking health And Care partnerships in England project, scoping round table.
2020	HRSUK	Douglas et al	Aligning health and social care in practice: observing multi-disciplinary team meetings
2020	HRSUK	Thana et al	Multi-disciplinary teams for integrating health and social care: same names, different purposes?
2022	DHSC Integration Seminar	Checkland et al	Integration initiatives in England: evidence from the evaluations of the Pioneer and Vanguard Programmes
2022	Nuffield Trust Seminar	Mays & Durand	Learning from evaluations of national integrated care programmes in England and understanding the day-to-day work of care integration
2022	National Voices Integrated Care Conference	Pacho	Integrated care initiatives in England – key findings from qualitative analysis of community-based MDTs for people with long-term conditions in two Pioneers