EVALUATING INNOVATIONS IN INTEGRATING HEALTH AND SOCIAL CARE FOR ADULTS AND OLDER PEOPLE (REFERENCE: IHS 240)

CALL FOR PROPOSALS

1   Introduction

The National Institute for Health Research Service Delivery and Organisation Programme (NIHR SDO) wishes to commission research evaluating promising innovations in the integrated organisation and delivery of health and social care services for adults and older people, and developing and evaluating measures of health and social care integration. The intention of this call is:

- To explore the methods or mechanisms for promoting the integration of health and social care
- To develop ways of measuring or assessing the integration of health and social care

We have provisionally allocated a budget of up to £2 million for this call for proposals. At this stage we are seeking outline project proposals. Shortlisted proposals will be provided with feedback and full proposals will be sought. We anticipate that a number of projects will then be commissioned.

This brief sets out the context for this topic area and indicates issues that might fruitfully be investigated. For those interested in making an application the Outline Proposal Application form and associated guidance notes are available from the SDO website (**www.sdo.nihr.ac.uk/ecashome.html**) and should be read in conjunction with this Research Brief.

Section 2 of this call for proposals provides some background information on the SDO Programme's objectives. Section 3 outlines the NHS need for research in this area, summarises the existing relevant research literature, and highlights other relevant research which is currently underway or has been commissioned by SDO or other funders. Section 4 sets out the main themes or areas for this call for proposals, and defines them in some detail. Section 5 explains the process and criteria by which outline and full proposals will be assessed. Section 6 provides some general guidance for applicants to the SDO programme. Section 7 sets out the timetable for applications to this call for proposals.

2   The SDO programme objectives

The Service Delivery and Organisation programme (SDO) is one of the national research programmes of the NHS in England and is a constituent programme of the National Institute for Health Research (NIHR). The NIHR SDO Programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and
- Building research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for the research which the SDO programme commissions is decision makers in the NHS in England – particularly managers and leaders in NHS organisations. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of healthcare to patients.

Further information on the SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website (http://www.sdo.nihr.ac.uk).

3   NHS need, existing research literature, and research already underway

NHS need
Integrating health and social care has been an important policy theme for many years and there is a substantial literature that examines problems of partnerships between health and social care at policy, organisational and professional practice levels and the impact of integration on the service experience of users. Since the late 1970s a variety of initiatives have been taken to integrate health and social care but since 1998 a number of specific mechanisms have been put in place, including an emphasis on innovation in health and social care; the Care Quality Commission; flexibility in funding and commissioning across health and social care organisations, the development of integrated delivery organisations; a duty of partnership for strategic planners in health and social care; and joint strategic needs assessment (Department of Health 1999; 2000; 2006; 2007; Roll 2007). Recent developments bolster this emphasis on integrating services. For example, independent living is a policy priority. This is a feature of the National Service Frameworks, for instance for those with long-term conditions (Department of Health 2005a; 2005b; Department of Health 2006; HM Government 2007; Roll 2007). Independent living supports the integration of health and social care as it underlines the importance of users experiencing a seamless service from health and social care services.

Existing research literature
Services can be integrated in a variety of ways. Formal integration involves the organisational or structural merger of different units or service providers. Alternatively, services may be co-ordinated, which means that different entities work closely together but retain their separate identities (Ovretveit 2008). Along this continuum of integration, the relationship between three sets of stakeholders is critical. These are the patients or

users; managers in organisations delivering and commissioning care; and the health and social care professionals delivering care.

The aim of this call is to add to our knowledge of the impact of integrated services by specifically examining their impact on adults and older people. The outcomes produced for the service user will be a central part of this. Lavender (2005) provides an example of this in a case study of adult health and social care integration in Torbay County Council. The SDO programme is particularly interested in research that evaluates innovative developments that are occurring within the delivery of health and social care services for adults and older people. A key principle of integration is that it will improve patient and user outcomes and increase satisfaction as care will be more co-ordinated and related to the needs of the individual. These are key themes within current proposals for developments in health and social care with recent policy highlighting the need for greater personalisation of services, needs led services, more managed care (Department of Health 2006; Darzi 2008). The focus of the research should not be on users with mental health issues, as this is already covered in SDO programmes and in research elsewhere (Robb and Gilbert 2007).

Research already underway
In addition to the SDO themes concerning studying health care organisations, this programme of research is also closely related to other SDO themes on continuity of care, access to health services, health care organisations, and self care. Applicants should familiarise themselves with research commissioned under all of these research themes (see http://www.sdo.nihr.ac.uk/projbytheme.html). Of particular relevance are projects on organisational relationships and performance (SDO/55/2003, SDO/55/2003) as well as projects on continuity of care (SDO/8/2001, SDO/9/2001, SDO/13a/2001, SDO/31c/2001). SDO is also concurrently commissioning research on primary and community health services that includes calls for research on integrated services and direct payments and is currently commissioning research on health care commissioning that will include projects on commissioning for long term care. In October 2008, the Department of Health also announced plans to commission pilots on integrated care organisations.

Applicants should also familiarise themselves with relevant research already commissioned by other NHS R&D programmes (such as the DH Policy Research Programme (PRP) and the Health Technology Assessment Programme) and at the NPCRDC to ensure that they can demonstrate that their proposals do not duplicate other research. Furthermore, the Policy Research Programme Health Reforms Evaluation Programme has commissioned a number of projects examining the current health systems reform programme examining patient choice, diversity of providers, systems reform in local health economies and competition, in addition to the studies of commissioning mentioned earlier. In October 2008, the Department of Health has also commissioned pilots on integrated care organisations.

4.   Call for proposals: main topic areas identified

SDO invites applications that study the integration of health and social care services. We are specifically interested in research that examines inter-relationships between primary

and secondary health services on the one hand and social care services on the other (Ham, Glasby, Parker and Smith 2008). This will include NHS and local authority services but also the wide range of private and voluntary services funded by the NHS, local and national government, charitable funds and directly by service users. Applications should focus on innovative developments that are occurring within the delivery of health and social care services for adults and older people. We have identified two broad themes as follows:

Methods or mechanisms for integration
There is a wide range of methods or mechanisms for integrating health and social care (Heenan and Birrell 2006). These include (but are not limited to): the co-location of health and social care services; single assessment processes; the development of information systems and processes that support integration or co-ordination; the creation or establishment of multidisciplinary teams; the creation of new working roles and changes to jobs' scope and content; the use of meetings or other forums for information exchange; the development of guidelines, pathways or protocols to support integration or co-ordination; or the development of new structures or ownership arrangements that facilitate integration or co-ordination.   These mechanisms or methods might be deployed singly or in combination, and this list is intended to be illustrative and not exclusive.

In evaluating these innovations, research could study the process of their development and implementation as well as their impact on patients/users, carers and families, the health and social care workforce, and on health and social care organisations. It should explore their effectiveness, costs, acceptability and other characteristics. The aim should be to develop generic or transferable knowledge and learning which would be of benefit to others involved in similar service provision. Examples of the questions to be addressed include:

- What are the innovative examples of integration or co-ordination of health and social care?
- What mechanisms need to be in place and fully functioning to allow the delivery of integrated health and social care? What are the impediments to such implementation?
- How can information systems be developed to support integration or co-ordination?
- What types of ownership support integration or co-ordination?
- What are the different ways that commissioning can be used to integrate health and social care?

Measuring or assessing integration
It is also important to be able to assess the integration of health and social care, and to provide measurement or assessment tools and methods which could be used both by researchers and by practitioners. The availability of such measures or metrics is likely to support initiatives aimed at promoting integration and "seamless" service delivery. Assessment requires the development of metrics that measure the structure, process and outcomes of integration or co-ordination (see for example SDO/138/2006).   The integration or co-ordination of health and social care will involve a series of outcomes, which include outcomes for users as well as those for services. Different methods of co-ordination may also be appropriate for different care groups. Workers may have particular

ways of working to ensure that users face a seamless service as they move between health and social care.

Research into measurement and assessment could study the development, testing and validation of appropriate measures or sets of measures, or the utility of existing data sets for the purposes of measurement and assessment. The application/use of new or existing measures or assessment tools and their impact could also be an important focus for research.

References
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5 Criteria and process for proposal selection

The SDO Programme is now seeking outline applications in the areas outlined above. We have provisionally allocated £2 million to this call. Projects may be of up to three years duration and may be funded to a maximum of £475,000 per project. Applicants should note that this is an absolute upper limit, not a target, and that we anticipate funding a range of projects in both size and duration. For larger projects, value for money will be an important consideration and project costs will be carefully scrutinised and must always be well justified.

The application process will be in two stages. At the first stage, short outline proposals will be sought. All outline proposals will be reviewed by an SDO Advisory Panel, and a number will be shortlisted. We normally shortlist around 2 to 3 times as many projects as we expect to be able to fund, taking into account the budget for the call and the typical cost of proposals. No individual feedback will be offered on outline proposals which are not shortlisted, but all applicants will receive general feedback notes on the response to the call for proposals.

Researchers whose proposals are shortlisted will be given the opportunity to develop a full proposal, and may be given feedback on their outline proposal to help inform that development. All full proposals will be subject to external peer review, and will then be reviewed by the SDO Research Commissioning Board which will then make recommendations to the director of the NIHR SDO programme on whether to fund each proposal. All proposals which are not funded will receive feedback from peer reviewers and the commissioning group.

The SDO Advisory Panel which reviews outline proposals and chooses which ones to shortlist is predominantly made up of practising managers working in the NHS and service users/lay representatives, though it includes some academics with relevant research expertise,. The primary criterion against which the Advisory Panel assesses outline proposals is that of **NHS need – in other words, whether the proposed research will be useful to research users in the NHS, and is likely to contribute to improving decision making**. It will use four main criteria to make this judgement:

- Relevance of the proposed research to the main areas or themes set out in this call for proposals.

- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.

- Likelihood that the proposed research will produce findings which are useful to and capable of application by the management community in the NHS.

- Likelihood that the proposed research will promote the greater engagement of the academic community of researchers and the practice community of healthcare managers, and the development of links between academic institutions and NHS organisations in this area.

Shortlisted applicants will be invited to develop a full proposal, which will be subject to external academic peer review and will then be presented to the SDO Research Commissioning Board. This Board is primarily made up of academics with relevant research expertise, but also contains some practicing managers and service users/lay representatives. Its main concern is the **quality of the proposed research**. It uses two main criteria to make this judgement:

- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.

- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved

The SDO Research Commissioning Board will also draw upon the assessment of NHS need for a project made by the SDO Advisory Panel, where appropriate.

6   General guidance for applicants

Our main concern is to commission research which is well designed, will be effectively carried out by the research team, and will provide findings which meet the needs of the SDO programme and the NHS management and leadership community it serves. We do not require or expect any particular methodological approach, disciplinary background or expertise, research team structure or other constraints on applicants. However, experience of reviewing applications over a number of years leads us to make the following general points which we urge applicants to take into account:

- **Theoretical framing and empirical methods.** In addressing issues in a way likely to lead to the wide applicability of findings, we encourage applicants to demonstrate the sound theoretical and conceptual underpinnings of their proposals, and to show the theoretical and conceptual connections between their proposed research questions and empirical work. Empirical projects are likely to use a wide diversity of methods, including both qualitative and quantitative approaches, carefully matched to study questions and with clear understandings as to how findings from different empirical approaches will be integrated. Atheoretical, unfocused and poorly justified empirical investigations are unlikely to be funded.

- **Research team makeup and expertise**. Substantial empirical projects are likely to utilise broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. However, applicants should bear in mind the difficulties of managing large and diffuse project teams across multiple institutions, and the need to show that applicants will commit an appropriate amount of time and effort to the project. The principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take de facto responsibility for its implementation. The SDO programme will look favourably on proposals which include an element of research capacity-building.

- **Stakeholder involvement**. Applicants should demonstrate clear involvement of all relevant stakeholders (including where relevant, local communities, lay people, service users, carers and minority ethnic communities as well as health care practitioners and managers) during the design, execution and communication of the research.

- **Linkage and exchange**. Given the core mission of the SDO Programme and our focus on knowledge mobilisation successful projects are most likely to involve partnership working between experienced academic teams and those more closely involved in the design and delivery of services.

- **User involvement**. It is a core concern of the SDO Programme that all commissioned projects should pay appropriate attention to the needs and experiences of services users and their carers. Proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

- **Location of research**. SDO funds research that is primarily of relevance to the NHS in England. However, there is no restriction on where researchers are based, or as to where empirical studies are undertaken. Research that addresses broader questions of international interest is particularly valuable. For example applicants may be able to show how learning from the NHS can inform debates about internationally important topics such as improving the quality or efficiency of care.

- **Research governance**. Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required.

- **Costs and value for money.** The proposed costs of the project should not exceed the limits stated in this call for proposals. Applicants should note that this is an absolute upper limit, not a target, and that we fund a range of projects in both size and duration. For larger projects, value for money will be an important consideration and project costs will be carefully scrutinised and must always be well justified. NHS R&D Programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants where appropriate.

7   Dissemination and knowledge mobilisation

In outlining their research plans, the applicants should make clear how findings will be communicated effectively to a wide variety of academic, policy and service audiences. Researchers should bear in mind the two main objectives of the SDO programme (see section 2), and recognise that the SDO programme seeks to fund projects which show a creative and proactive approach to engaging with the NHS management and leadership community.

Researchers will be expected to deliver the following written outputs from any proposed research: an executive summary (500 words) and research summary (5000 words) with clearly identified policy, managerial and practice implications; a full report detailing all the work undertaken; supporting technical appendices (up to a maximum of 80,000 words).

In addition, on completion of projects, successful applicants should be prepared to work with the SDO to develop summaries of their work for wider audiences (for example, see the *Research Summaries* already developed from many completed SDO projects; http://www.sdo.nihr.ac.uk).

Applicants should outline plans for conference, seminar and other forms of dissemination to go alongside written communications. Where appropriate, the proposed work should be designed and delivered in a way that is likely to lead to significant high-quality peer-reviewed publications. Projects lasting more than one year will be expected to deliver interim reports on progress and provisional findings (approximately annually).

8   Application process and timetable

Any questions, queries or requests for clarification in relation to this call for proposals should be sent my email to Martin.Waller@LSHTM.ac.uk **by 10 February 2009** with the reference number and title **'Evaluating Innovations in Integrating Health - IHS240'** for the call for proposals as the email header. Responses to all questions received by this deadline will be posted on the SDO website alongside the call for proposals **by 17 February 2009**.

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and Appraisal System (eCAS) by **1.00pm on Tuesday 24 February 2009.** No late proposals will be considered. No paper-based submissions will be considered. Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals. More information is available at http://www.sdo.nihr.ac.uk/ecashome.html. Applicants will be notified of the outcome of their outline application **in late April 2009.**

Shortlisted applicants will be invited to submit a full proposal via the SDO electronic Commissioning and Appraisal System (eCAS) **in June 2009**. Applicants will be notified of the outcome of their full proposal application **in August 2009.** Please note that these dates may be subject to change, and any changes will be notified to applicants and on the SDO website.