

Paper PB150326/06

BOARD PAPER - NHS ENGLAND

Title: *New Care Models Programme: Overview*

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Purpose of Paper:

- To update the Board on progress

The Board is invited to:

- Note the update

The New Care Models Programme: Overview

1. The New Care Models Programme is now up and running. At the second meeting of New Care Model Board, 29 Vanguard systems and sites were selected as aspirant multispecialty community providers (MCP); primary and acute care systems (PACS); and achievers of enhanced health in care homes.

Principles

2. Led by the commitment to patients and populations made in the Five Year Forward View, the New Care Models programme and its partners have defined some key principles for the programme. These are:



- i. The programme will be developed with a co-design approach – built with patients, and local health and care systems
- ii. It will seek to identify clear replicable models, tools, and methods, to enable subsequent scaling. It is about the Vanguard choosing to do things in common to solve their common issues, rather than developing unique solutions that are then hard to replicate elsewhere – in line with the guidance on expressions of interest issued in January 2015
- iii. It will use the transformation fund to maximise progress and pace through centralised support, especially in technical areas as well as leadership support and development for those local health and social care systems
- iv. The national package of support will be commissioned by the Vanguard rather than developed top-down
- v. It will include an evaluation process to support testing and rapid learning
- vi. There will be an agreed Memorandum of Understanding and mutual commitment to delivery on the ground, and a commitment to value for local people
- vii. The development programme will be rigorous. Moving from being an “aspirant MCP” or “aspirant PACS” to an actual MCP or PACS, will be difficult, because it will mean that major changes have been made. Not all the Vanguard may succeed at the same pace, and it is reasonable assume that some may choose to drop out of the programme
- viii. The programme will share early and continuous learning with the whole national health and care system through a wider community of support. The tools and products developing and used by the Vanguard will be made available for others at the same time they are available for the Vanguard

3. In the next year, the New Care Models Programme through a number of local vanguard systems will prototype new approaches for care design and delivery that have been developed to meet the needs of local populations.
4. All of these models aim to make health, care and support services more accessible, more responsive and more effective for patients, improving both their experiences and their outcomes. This could mean fewer trips to hospitals as more specialists hold clinics local surgeries, one point of call for family doctors, pharmacists and other primary care professionals, community nurses, social and mental health services, or access to blood tests, dialysis or services such as renal dialysis or chemotherapy closer to home.
5. The New Care Models Programme will work through coordinated national and regional support to help accelerate the implementation of these locally owned and community focused models. This support will facilitate clinical innovation and more coordinated person-centred care, as well as learning and benefiting from greater and more responsive citizen and community engagement.

Selecting prototype systems - the Vanguard

6. In undertaking the selection process, it was important to adhere to the early principles of the programme and to the standards of the new partnership across agencies and with patients to which we had committed. The following principles for the selection process were agreed across the programme's lead partners and by the New Care Models Board:
 - i. The process would be as transparent as possible;
 - ii. Patients and clinicians would be engaged throughout;
 - iii. Regional teams would be invited to provide local insights;
 - iv. Additional insight will be sought from a wide range of partners, including the national NHS bodies, NHS IQ, and think tanks ;
 - v. Final decisions would be based on a judgement that incorporated fit with the published selection criteria, and took into account all evidence received throughout the process.
7. In January-February 2015 there was an open and well-publicised application process for expressions of interest in joining the programme, which resulted in 269 local teams of doctors, nurses, social care, voluntary sector and other health professionals putting forward their plans as to how care could be transformed for the better in their area, from Cornwall to Northumberland. The volume of interest exceeded our expectations.
8. Every submission was thoroughly reviewed, with reviewers including clinicians, patients and representatives from the community, and colleagues from local government. Following this review, 63 local systems were invited to workshops with fellow applicants and invested observers to work through their plans, provide peer challenge and consider their areas for support and development. Also invited were patient and voluntary sector colleagues, think tanks, improvement specialists and national bodies. Following a period of online voting and reviewing in-depth feedback from expert observers, 29 sites were selected by the New Care Models Board of national partners for the initial vanguard cohort. These systems and a map of their locations are shown in Annex 1.
9. The national workshops held in March 2015 were not just an opportunity to assess proposals from local systems. They were also about starting the development of the programme, with four workshops focusing on the building blocks of achieving sustained transformational change:
 - i. capability for change;
 - ii. engaging communities;
 - iii. creating the right incentives;
 - iv. Successful measurement.

10. At these workshops each participant system was asked to give their view of what support would be most beneficial for the programme, beginning to identify those key blocks that we often hear from our frontline teams are their barriers to improvement, whether it be the financial flows, legal contracts, competition requirements or challenges of real-time evaluation and getting the evidence for what works – learning from these sessions will form a core part of the programme in 2015/16 and support the principle of local ownership with a co designed programme.

Choosing the cohort

11. The success of the New Care Models programme will not just be shown by delivery of new prototype systems in 29 initial locations, but only through a nation-wide commitment to learn from the transformational and transactional challenges these systems will test and overcome for the benefit of patients and population; delivering measurably better outcomes, experience and value. Each vanguard system was given the opportunity of casting their vote for the system that they felt had the best chance of success in delivering the new care models with the final initial cohort of vanguards generated using this significant input and insight from local health and social care leaders, clinicians, patients and third sector colleagues, as well as local government, NHS England, NHS Trust Development Authority, Monitor and other national agencies.

Enabling Local Delivery – Support beyond the “Vanguard”

12. The majority of applications received through the New Care Models Vanguard application process were strong and well-developed, demonstrating a high level of ambition, a good understanding of population needs, a clear vision for improvement, effective partnership working and an emerging plan of how to achieve their local vision.
13. At this point the programme is taking forward a very focused group of sites that have the specific criteria to be tested within each new care model. There is no doubt that some of the other sites and systems that do not form the Vanguard will be just as successful. We strongly encourage applicants to progress with their vision and plans, and make use of the learning and products developed nationally with the Vanguard – to form an “unofficial Vanguard” running in parallel at the same pace.
14. The national bodies will have limited capability to help every part of the country at the same time. Nonetheless, we will seek to provide advice and support across as many local health economies committed to change as possible, and to encourage sustained transformation for improved outcomes and experience at a population level through an emerging programme of wider support, facilitated by colleagues at the Kings Fund and Health Foundation.

Next Steps for the programme

15. Over coming weeks, the programme team will be carrying out an intensive 360 degree review of every vanguard, understanding their plans in more detail, challenges and need for help, with a view to agreeing a bespoke package for each site, agreed through a memorandum of understanding. This will be supported by also bringing systems together to develop the different national cohorts and develop national support offers. We will also aim to build communities of support across the NHS, sharing good practice and accelerating the scale of change more broadly, whilst not diluting the focus and thus the impact for patients, through the vanguard programme itself

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Annex 1 – Map of 29 Vanguard Systems



Care model	Applicant	Care model	Applicant
PACS	Wirral University Teaching Hospital NHS Foundation Trust	Care Homes	NHS Wakefield CCG
PACS	Mansfield and Ashfield and Newark and Sherwood CCGs	Care Homes	Newcastle Gateshead Alliance
PACS	Yeovil Hospital	Care Homes	East and North Hertfordshire CCG
PACS	Northumbria Healthcare NHS Trust	Care Homes	Nottingham City CCG
PACS	Salford Royal Foundation Trust	Care Homes	Sutton CCG
PACS	Lancashire North	Care Homes	Airedale NHS FT
PACs	Hampshire & Farnham CCG		
PACS	Harrogate & Rural District CCG		
PACS	Isle of Wight		
Care model	Applicant		
MCP	Calderdale Health & Social Care Economy		
MCP	Derbyshire Community Health Services NHS Foundation Trust		
MCP	Fylde Coast Local Health Economy		
MCP	Vitality		
MCP	West Wakefield Health and Wellbeing Ltd (new GP Federation)		
MCP	NHS Sunderland CCG and Sunderland City Council		
MCP	NHS Dudley Clinical Commissioning Group		
MCP	Whitstable Medical Practice		
MCP	Stockport Together		
MCP	Tower Hamlets Integrated Provider Partnership		
MCP	Southern Hampshire		
MCP	Primary Care Cheshire		
MCP	Lakeside Surgeries		
MCP	Principia Partners in Health		