

BOARD PAPER - NHS ENGLAND

Title: New Care Models Programme: update

From: Ian Dodge, National Director, Commissioning Strategy

Purpose of Paper:

- To update the Board on progress on the work led by the New Care Models group.

The Board is invited to:

- Consider the progress and plans set out in the paper.

The New Care Models Programme

Introduction

1. This paper updates the Board on the work led by Samantha Jones' New Care Models (NCM) group. Many individual Board members have been directly involved through events, visits or committee discussions.
2. The programme method has to reflect its purpose. The national programme is about developing and implementing new models of care that spring from and suit, yet must also transcend, their specific local contexts. Its essence is not the unique characteristics and qualities and approaches of each of the Vanguard sites; but what they choose to design and implement in common.
3. The 14 multi-speciality community provider (MCP) Vanguards are not just improving the health, quality and value for their own local communities. They are also, with national partners, inventing and defining a new framework of what it means to be an MCP, so that other communities have something clear they can choose to follow.
4. Thus the programme is also an alternative way of approaching national policy and strategy to the "*invent in the centre*" then "*roll out local implementation*" approach. It is illustrative of what we meant in the *Five Year Forward View* (FYFV) by creating a different kind of national-local dialogue. We will encourage the Vanguard to work together and challenge existing national rules, systems that hold them back, perpetuate silos, and do not appear to make sense for patients and taxpayers.
5. The Vanguard sites were announced in March 2015. The initial phase of the programme involves:
 - i. understanding the ambitions of each of the different sites, the opportunities and barriers – and beginning to explore common potential approaches and solutions;
 - ii. building common purpose and relationships (a) within the three different groups of MCPs, primary and acute care systems (PACS) and care homes; (b) across the groups; and (c) with the national team.

Kick-off event

6. On the 22 April 2015, representatives from the Vanguard sites, national partners and citizens came together with the team for the first time to kick-off the NCM programme. The event was designed with the Vanguards. Key messages from the event included strong encouragement from Simon Stevens to the Vanguards to become more ambitious in their plans, and also to see their work on care re-design as a critical and urgent part of helping to solve today's operational issues, not something separate and disconnected.
7. The Chief Executives from the six arm's length bodies (ALB) that authored the FYFV also made a personal commitment to support the Vanguards, including to provide sponsorship to the care model cohorts and also to individual Vanguards.

Initial visits

8. During April and May 2015, the NCM team have been carrying out two-day visits of each of the Vanguard. With the Vanguard and their stakeholders, they have been working in partnership to reach collective agreement on what is required to deliver the care model and in particular develop an in-depth understanding of:
- the aims, objectives and expected clinical and non-clinical outcomes for the new care model;
 - the progress to date and current position against the objectives;
 - the support required to enable the Vanguard to overcome identified barriers and accelerate delivery of the care models outline in the FYFV.
9. The NCM programme is committed to demonstrating system leadership across the ALBs' national and regional teams. For each visit, the NCM visiting team comprises a:
- clinical representative;
 - patient representative from the Vanguard's local population;
 - peer Vanguard representative;
 - regional tripartite representative;
 - subject matter experts for national bodies; and
 - members of the NCM team.

Lead Organisation	Date of visit	Care Model
Northumbria Healthcare NHS Trust	13 & 14 April	PACS
Tower Hamlets Integrated Provider Partnership	13 & 14 April	MCP
East and North Hertfordshire CCG	15 & 16 April	Care Homes
Calderdale Health & Social Care Economy	15 & 16 April	MCP
Derbyshire Community Health Services NHS Foundation Trust	20 & 21 April	MCP
Nottingham City CCG	20 & 21 April	Care Homes
NHS Sunderland CCG and Sunderland City Council	23 & 24 April	MCP
North East Hampshire & Farnham CCG	27 & 28 April	PACS
Airedale NHS FT	27 & 28 April	Care Homes
Fylde Coast Local Health Economy	28 & 29 April	MCP
Yeovil Hospital	30 April & 1 May	PACS
Principia Partners in Health	30 April & 1 May	MCP
Wirral University Teaching Hospital NHS Foundation Trust	5 & 6 May	PACS
Newcastle Gateshead Alliance	5 & 6 May	Care Homes
Whitstable Medical Practice	5 & 6 May	MCP
Lakeside Surgeries	7 & 8 May	MCP
Southern Hampshire	7 & 8 May	MCP
Mid Nottinghamshire	11 & 12 May	PACS
Primary Care Cheshire	11 & 12 May	MCP
NHS Wakefield CCG	13 & 14 May	Care Homes
West Wakefield Health and Wellbeing Ltd	14 & 15 May	MCP

Isle of Wight	18 & 19 May	PACS
Stockport Together	18 & 19 May	MCP
NHS Dudley Clinical Commissioning Group	20 & 21 May	MCP
Morecambe Bay	21 & 22 May	PACS
Vitality	26 & 27 May	MCP
Sutton CCG	26 & 27 May	Care Homes
Salford Together	26 & 27 May	PACS
Harrogate FT	28 & 29 May	PACS

Measurement and evaluation

10. These are core components of the Vanguard programme. As part of the site visits we are beginning to understand the logic model underpinning each Vanguard's new care model and work that has undertaken to date. Specifically, we have been covering the following themes:
- defining the outcomes that the Vanguard is aiming to achieve, and the activities that will produce these;
 - developing metrics for outcomes;
 - developing the monitoring and evaluation framework;
 - monitoring and evaluation for learning and improvement.

Memoranda of Understanding and national support programme

11. In June and July 2015, when the initial visit programme is complete, the NCM team will be developing:
- an agreement with each site that clearly articulates the areas we will be working on together to ensure the maximum opportunity of delivering and replicating the new care models across England. This memorandum of understanding (MOU) will be based on the vanguard's emerging delivery plan, will evolve over time and dovetail with the national support programme
 - the national support programme with the Vanguard cohorts. This will provide a comprehensive account of the different strands of work being taken forward on behalf of the vanguard, with clear outputs and deliverables. It will be a public document. It will be the main way of: (i) articulating what the care model programme does in 2015/16 and 2016/17; (ii) the vanguard sites holding NHS England and its national partners to account for helping to solve problems. The NHS England business plan committed us to producing the national support programme by July and we remain on track to achieve that deadline.
12. During the visits, the Vanguards are identifying the types of challenges they face in the delivery of the NCM, including:
- workforce issues: planning, modelling, recruitment and training & employment contracts, as well as developing new roles and approaches to skill mix, and cultural change across professional groups;
 - taking full advantage of digital technology to rethink entirely the way services could be delivered;

- c) achieving meaningful population and citizen involvement, and unlocking the potential of much greater patient empowerment, “activation”, and control;
- d) contracting and payments models to enable and incentivise change, including need for multi-year capitated contracts that blend existing funding streams into one flexible pot;
- e) developing and making better use of the local NHS estate to support new models;
- f) information sharing. (Practical solutions to this, within the context of the existing legislative framework, are being developed through the integration pioneer programme, for both the new care models programme and the IPC programme, following a national summit held in April of the pioneers and the national bodies);
- g) building relationships across health and social care;
- h) leadership development and capacity, and management capacity including to develop and implement robust delivery plans, alongside existing operational business;
- i) learning from other sites trying to do similar things, and other systems;
- j) achieving alignment and rapid support from national bodies who’s remit tasks them to look at specific institutions rather than whole systems;
- k) leadership support to develop and support sustainable cultural change across professional groups.

Transformation Fund

13. The £200m transformation fund was created to support transformation programmes set out in the FYFV – centred around the NCM programme, but not limited to it. For example, including:
- a) The NCM – current Vanguard and next waves
 - b) the national diabetes prevention programme;
 - c) the linked work on transforming models of care for learning disabilities;
 - d) approaches to healthy new towns and neighbourhoods,
 - e) test beds for combinatorial innovation.
- 14 In line with the FYFV assumption, Vanguard sites in aggregate will not be required to show an additional efficiency requirement before the middle of 2017–18 and 2018-19 because we anticipate that it will take time for all Vanguard sites to deliver the additional efficiencies required. However we expect early implementing individual Vanguard sites may be able to begin to contribute additional efficiency savings as their NCM are implemented during 2015-16 and 2016-17 - 2017-18.
- 15 The method involves splitting the available funds into three elements:
- a) Nationally coordinated approaches;
 - b) Care Model Cohort coordinated approaches;
 - c) Locally determined initiatives approaches.

Fast Followers

- 16 Those systems that submitted an expression of interest and were shortlisted to the workshop stage of the review process, but were not made a Vanguard (34 systems) will be invited to be part of a Fast Follower cohort. Using interviews and a questionnaire based approach, this

group will identify the nature of support they need, work with their local system partners, for example their Academic Health Science Network (AHSNs), and align with the Vanguard support programme where appropriate.

17 The Board is asked to note the above progress with the NCM programme:

- a) working at pace to deliver the models of care outlined in the FYFV;
- b) supporting the principles underpinning the programme of clinical engagement, patient involvement, local ownership, national support;
- c) ensuring a new type of partnership between national bodies and local leaders.

Viable smaller hospitals as part of a wider approach

18 Reflecting on the submissions received in March 2015, the national NCM Board decided that there needed to be more clarity about the scope and focus on this type of new care model.

19 Following engagement of stakeholders, revised proposals will be sought for the new models of acute care, recognising the drivers of change. These include, amongst other areas:

- a) financial pressures;
- b) workforce pressures;
- c) the need to adapt services to meet the changing needs of an ageing population and the increasing numbers of people with long-term conditions;
- d) the opportunity to realise quality and efficiency benefits from standardisation of processes, and scale and concentration in some services and across multiple sites.

20 One way in which providers are responding to this changing landscape is by exploring ways of integrating acute, community and in some cases primary care provision. This is an approach being developed by all of the PACS Vanguard sites, as well as a number of MCPs.

21 Alongside these examples of 'vertical' integration, providers of acute services are increasingly exploring the benefits of different forms of 'horizontal' collaboration between different acute providers. These can range from collaboration on single or groups of acute services to collaboration across whole institutions. These new models or organisational forms can include greater use of networking, sharing clinical workforce across nearby sites, joint ventures, delivery of specialist single services across a number of different providers right the way through to exploring the idea of provider chains. The aims of such arrangements are typically to:

- a) help maintain the clinical and financial viability of acute services – in particular for services with low volumes of patients or where there are national or local staff shortages; and/or
- b) support the spread of best practice and reduce avoidable variations in the cost and quality of care delivered to patients.

- 22 The Dalton Review set out a number of options, and the NCM programme will now be the main vehicle for developing models – with a continued clear focus on smaller hospitals, but not limited to them.
- 23 Recognising the challenges above and feedback from extensive discussions with stakeholders, the NCM Board will be launching the beginning of a process of inviting expressions of interest in the next few weeks to become Vanguard sites for new models of acute care. This deliberately broadens the focus of this care model into how to create sustainable models of acute care, incorporating the original focus on creating smaller viable hospitals.

Conclusion

- 24 The Board is invited to consider the progress and plans set out in the paper.

Ian Dodge
National Director, Commissioning Strategy