

**BOARD PAPER - NHS ENGLAND**

<b>Title:</b> New Care Models Programme: Update on the National Support Package
<b>From:</b> Ian Dodge, National Director: Commissioning Strategy
<b>Purpose of Paper:</b> <ul style="list-style-type: none"><li>To update the Board on the national package of support for the New Care Models Vanguard.</li></ul>
<b>The Board is invited to:</b> <ul style="list-style-type: none"><li>Consider the progress and plans set out in the paper for publishing the work programme by the end of July 2015.</li></ul>

## The New Care Models Programme NHS England Board – 23 July 2015

### 1.0 INTRODUCTION

- 1.1 The New Care Models programme started at the beginning of March 2015. As promised in the NHS England Business Plan, we plan to publish the national support package for the NHS vanguards by 31 July 2015.
- 1.2 *New Care Models: Update and Initial Support* describes the thinking behind the new care models and the emerging work programme. It comes from what vanguards have told us they want, including from the two-day visits to all systems in April and May 2015 and subsequent thematic reviews. It is focussed on actionable opportunities.
- 1.3 During April and May, the New Care Models team undertook two day visits to each vanguard to understand their aims in more detail. Building on these visits, the team developed thematic reviews, which we then shared back with the vanguards. Following their support for these reviews, the key areas for transformation were summarised into eight enabling areas for support, forming the basis of the work programme over the next year.
- 1.4 The support package covers eight key enablers:
  - i. Designing new care models
  - ii. Evaluation and metrics
  - iii. Integrated commissioning and provision
  - iv. Empowering patients and communities
  - v. Harnessing technology
  - vi. Workforce redesign
  - vii. Local leadership and delivery
  - viii. Communications and engagement
- 1.5 Through the joint national/local work outlined in the document, we are making key commitments about what will be developed and achieved during the remainder of 2015/16. At the same time the programme will evolve and develop.
- 1.6 Each vanguard system is rooted in its local community. The national new care models programme draws together these individual local threads into explicit patterns, in order to exploit common opportunities for radical care redesign and remove barriers to change. Through the support package, our focus is on creating simple standard approaches and products, based on best practice and co-produced with vanguards, which are designed from the outset for national spread.
- 1.7 The document covers support for the first three types of new care models:
  - i. multi-specialty community providers (MCPs)
  - ii. primary and acute care systems (PACS), and
  - iii. enhanced health in care homes.
- 1.8 Further vanguard systems and sites will be chosen, to accelerate the implementation of the Urgent and Emergency Care review, and develop new models of acute care collaboration. Support for these two further vanguard types will be co-designed and published by November 2015. This will draw on and add to the activities described the document. Rather than launching several additional types of vanguard, the New Care Models Board and national bodies will focus on delivering useful, practical support for these first five vanguard groups

### 2.0 APPROACH TO DEVELOPING THE SUPPORT PACKAGE

- 2.1 Four core values underpin the New Care Models programme and the way we work. They are fundamental to the way that we have co-produced the support package and the way in which we will deliver it:

- i. Clinical engagement;
- ii. Patient involvement;
- iii. Local ownership; and
- iv. National support

2.2 Building on these core values, four design principles have emerged which frame the support package.

### **Design Principle 1 – we solve problems through joint national and local leadership**

- 2.3 Many of the local issues that the vanguards face stem from the adverse and often unintended consequences of the national rules, systems and behaviours within which the local NHS is forced to operate.
- 2.4 The programme is being organised through workstreams that are being jointly led by a vanguard leader and national subject matter expert. Together, they will decide how the work should be taken forward, including the experts they want, and ensuring strong input from a range of different vanguards. The document will serve as a signpost and starting point for their work.
- 2.5 Through their work, national bodies and vanguard sites will be jointly accountable for identifying and fixing specific problems, and taking advantage of common opportunities. In an inversion of hierarchy, the vanguards are commissioning the national bodies to support them. They will hold us to account for how well we deliver for them. The job of the national bodies is to help remove burdens, rather than add more through programme reporting that will not aid learning. In turn, the national bodies expect the vanguards to engage fully with the programme; to collaborate with each other; to be open to doing things in common wherever that makes sense; and to deliver demonstrable value for any national investment.

### **Design Principle 2 – we create simple replicable frameworks, built for spread**

- 2.6 In all that we do through the programme, we are trying to bake in the principle of replicability to the design of what all vanguards do locally, right from the start. The success of the programme and the value delivered for the taxpayer will not be defined by successful local delivery in the vanguard systems, but the extent to which they have made it easy to spread learning across the country.
- 2.7 This means the job of the joint leaders and supporting groups is to develop the simplest possible standard solutions wherever that makes sense – designed to meet the needs of multiple existing vanguards and future followers. E.g. model role definitions for new types of worker; common evaluation metrics; a single simple method for developing capitated pricing for a PACS and an MCP; a standard MCP contract perhaps with modular elements; new organisational forms; or “rights of return” for GP practices. The overall approach is for these simple solutions to be voluntary - and vanguards will be able to tailor them to suit their own local circumstances.
- 2.8 The NHS will own the intellectual capital for all the work of the vanguards. The programme will minimise duplication of wasted financial resource and avoid two or more local systems paying for what is in essence the same piece of work that can be developed once. This faces some cultural challenges to build trust in the national bodies, in particular to deliver at pace and to ensure local resonance. It also requires the Vanguards to sign up to the core principle of national replicability through all that we do.

### **Design Principle 3 – we encourage and support radical innovation**

- 2.9 Through the document, we want to encourage all vanguards to become more revolutionary in their thinking. It has not always been clear to local systems what is and is not “on the table”. Through the programme, we will allow and enable existing silos to be dissolved – for example through new approaches to commissioning, to contracting, to payment and provider forms.
- 2.10 These are all necessary enablers of transformation but there is no point in pursuing these changes in isolation. Therefore, the support package will work to support the vanguards in transferring power to patients and communities; to re-design the health and care workforce; and to re-think how care is

delivered by harnessing digital and other technology. It is these last three things that will make a difference to patients.

**Design Principle 4 – we work and learn at pace, demonstrating that change is real**

- 2.11 The NHS is looking to the vanguard programme to create a better and more sustainable future. At the same time, the vanguards and the national bodies know that achieving transformational change is very difficult. The vanguards are telling us that their work has to if change and improve the interaction between individual patients and care-givers. That is why, at this stage of the programme, we are focusing on the spread and depth of change within each of the vanguards, rather than wider spread into other systems.
- 2.12 At the same time the vanguards want to deliver improvements for patients as quickly as possible. Our collective task now is for the joint national and local leads work at the pace of the fastest vanguards, and to develop quick wins along the way. The state of implementation, and impact, will be measured and evaluated through using common approaches as set out described in the document.
- 2.13. We know that we need to work at pace. Unless we can see start to see demonstrable, quantified change occurring in 2016/17, it will become harder to justify significant national investment.

**3.0 SUMMARY OF THE SUPPORT PACKAGE**



3.1 The eight enabling areas to be outlined in the document are explained in more detail below.

**(a) Designing New Care Models**

3.2 Vanguards told us that they need support to develop a more tightly defined overarching model of care, and crucially that they want to understand key components which add the greatest impact and value for patients. In this way, the vanguards will help the national team to identify the active ingredients for each care model that can be replicated in other local health systems.

- 3.3 The document describes some of the common characteristics and differences between the different five vanguard types. The vanguards will be helping to create new national frameworks for what is a MCP, what is a PACS, and what creates enhanced health in care homes.
- 3.4 We will co-produce support for different phases of design and implementation, knowing that this will be an iterative process overtime involving continuous evaluation, refinement and improvement. Alongside this, vanguards have asked for support to clearly convey components of the care model to their staff, patients and citizens, and to engage them in helping to define local outcomes and determine factors for success.

**Key Elements of Support:**

1. Analytical support to identify the best way of segmenting the local population and matching targeted interventions to patient groups.
2. Expert advice from international systems and service transformation experts (in partnership with the pioneers).
3. Preferential access to NHS England's RightCare programme
4. Action research to evaluate the impact of new care model components, and identify what works well (or less well).
5. Clinical and programme expertise and advice from New Care Model clinical associates, and clinicians from NHS England's national directorates, including the medical directorate.

**(b) Evaluation and Metrics**

- 3.5 The new care models programme is complex in its breadth and depth. It also combines experimental discovery with standardisation. This calls for a sophisticated and multi-faceted approach to measurement and evaluation.

**Key Elements of Support:**

1. Development of logic models as a foundation for development
  - i. Draft logic models developed for every vanguard to form the basis for further development and refinement.
  - ii. Intensive one to one support on logic model development and refinement, from September 2015.
2. Evidence-based interventions
  - i. Evidence summaries are being produced for the interventions being implemented through each care model – made available to the rest of the NHS by December 2015.
3. The vanguard approach to evaluating new care models
  - i. Joint working groups will focus on areas posing common challenges or where there is benefit from standardisation by September 2015.
  - ii. Co-produce with vanguards and experts from the research community an evaluation strategy to be published by October 2015.
4. Core metrics across the care models
  - i. Publish a suite of core metrics for each care model, together with supplementary metrics to determine the drivers of change.
  - ii. Develop an approach to measuring patient experience will be developed, with a view to collecting comparable data by April 2016.
  - iii. Produce a standardised dashboard for each vanguard, to show its progress against the metrics – shared on a quarterly basis, and able to show the difference of the new care model against the counterfactual, by January 2016.

**(c) Integrated Commissioning and Provision**

- 3.6 Vanguards told us that they need support to break down the artificial divisions within local health systems which prevent properly integrated commissioning and provision designed around the whole needs of patients. The NHS currently commissions, contracts and organises the provision of care in different silos – primary care, community services, social care and hospital services. Mental health services are mainly separate from physical health, as is prevention from treatment. Providers will struggle to coordinate delivery as well as they could if their commissioners are thinking about, and paying for, services in isolation of each other. The new care models programme is creating new ways to dissolve these traditional boundaries. The vanguards have set out a clear requirement for the

national bodies to help them make much faster progress. The document identifies, amongst other areas, capitated payment; bundled contracts, integrated commissioning and fair procurement; and new provider forms.

### **Key Elements of Support:**

1. Capitated pricing
  - i. Co-produce a limited number of simple and standard new payment and incentive models that can be implemented and tested locally by the end of the year.
  - ii. Provide budgetary flexibility for merging separate provider funding streams into a single MPC or PACS pot.
2. Capitation for PACS providers
  - Co-produce direct support for sites to help implement a new capitation payment approach as soon as practicable.
  - National team and PACS vanguards to co-produce support to enable payments to providers outside the PACS, from August 2015.
3. Capitation for MCPs
  - Build new MCP payment structure
  - Work directly with MCP sites aiming to go live in April 2016 to reshape their existing cost and payment structures into a capitation type payment with appropriate incentives
4. Quality payments
  - Take learning from existing pay for performance schemes and academic research to develop new P4P schemes, e.g that combine CQUIN, QOF and rethink the quality premium
  - Co-design a limited menu of options.
5. Bundled contracts, integrated commissioning and procurement
  - Develop and publish the first draft of a new standard MCP contract and a new standard PACS contract by December 2015.
6. Model provider-to-provider sub-contract
  - Co-produce a new model sub-contract with vanguards.
  - Make available a non-mandatory model alliance agreement adaptable for local use as an alternative to a new single commissioning contract.
  - Access to legal advice provided for existing projects.
7. Integrated commissioning
  - Establish the new care models commissioning group, co-chaired by a vanguard and the national team by September 2015.
  - Co-produce practical support for vanguards to plan for and manage the changes to instigate integrated commissioning.
8. Options for new integrated organisational forms
  - Help the vanguards understand their options and the associated risks and benefits.
  - Co-produce guidance and publish by December 2015.
  - Centrally commission legal advice to cover relevant issues.
9. Procurement
  - Joint local and national working group to be responsible for developing and setting out the hands-on support to help vanguards navigate through and comply with existing rules around public procurement.

### **(d) Empowering Patients and Communities**

- 3.7 New care models and the priorities of the *NHS Forward View* are achievable only by fundamentally changing the relationship that the the NHS and social care have with people and communities. Vanguards want to deliver care that is personalised, coordinated, tackles inequalities and effectively provides for the whole population. They want to work in partnership with patients and their community, empowering patients and enabling choice through the use of personalised budgets, care planning and peer support. Fully harnessing the energy of patients and communities requires a new model of partnership. In order to support this new relationship, the Five Year Forward View People and Communities Board, working with patients, the voluntary sector and vanguard sites, has set out six commitments for new care models:
- i. Care and support is person-centred: personalised, coordinating and empowering
  - ii. Services are created in partnership with patients and communities
  - iii. There is a focus on narrowing health inequalities

- iv. Carers are supported
- v. Voluntary, community and social enterprise sectors are key enablers
- vi. Volunteering and social action are key enablers

3.8 The way in which vanguards implement these will vary. Working with vanguards, the People and Communities Board will co-produce and oversee this support.

**Key Elements of Support:**

1. Commission expert advisors to support the vanguards to undertake a baseline review of the way they are currently meeting the six commitments, identifying strengths and weaknesses
2. Access to tools and resources
  - i. The vanguards will have preferential access to all tools/resources being developed including: Realising the Value, integrated personal commissioning, carers programme, and volunteering.
  - ii. Vanguards to connect with sites who are implementing personal care budgets for targeted groups with complex needs as part of the IPC programme, from Oct 2015
  - iii. NHSE's contracting team to support how personalised budgets and innovative contracting approaches can improve patients choice and access to personalised services for target groups.
3. Directory of services
  - i. In November, we will publish a comprehensive directory of national and local services available to the vanguards.

**(e) Harnessing Technology**

3.9 Vanguards have asked for our support to completely rethink how care is delivered given the huge potential of digital technology to offer care in radically different ways. Vanguards will be provided with dedicated expert resource to put them at the forefront of digital delivery. We will align with upcoming digital test bed sites which, together with the work of the National Information Board, will accelerate adoption and spread of digital health care. They will be supported to develop a local digital strategy identifying how they can transform access and delivery of care through technology solutions.

**Key Elements of Support:**

1. Digital strategy
  - i. Diagnostic support to help map, understand and harness the potential of digital resource / capabilities in vanguards' local health systems, from October 2015.
  - ii. Professional expertise and step-by-step guide to help vanguards define their digital priorities identify gaps in the technology architecture and develop digital strategy.
  - iii. Expert advice to design and select the right digital solutions.
  - iv. Publish examples of digital successes to illustrate best practice.
2. Information governance
  - i. Vanguards will receive practical help from the national team to develop information sharing agreements and guidance on how to manage IG risks for different purposes including direct care, case finding, profiling, and stratification.
3. Interoperability
  - i. Diagnostic support and technical expertise to develop best practice solutions locally
  - ii. These solutions will be shared with the rest of NHS and social care, and vanguards will be provided with expertise to design and implement solutions to technical barriers.
4. Managing System vendors
  - i. Support from national team and national bodies to: collate technology requirements; create shared frameworks; and enable collective market engagement and procurement at scale.

**(f) Workforce Redesign**

3.10 Vanguards told us that they want support to build a modern, flexible workforce that enables networks of care organised around patients, rather than organisational boundaries. Working with the vanguards, we will co-produce the support to: develop the right local workforce strategy; enable new and extended roles; deliver the training that will build the skills needed for new care models; and create an engaged, satisfied and healthy workforce. Multi-disciplinary team working will be at the centre of this.

### **Key Elements of Support:**

- The new care models workforce group will co-produce the support for workforce redesign and will provide a strong voice for vanguards to national bodies.
  - Working with the vanguards to strengthen their understanding of how to design a workforce around population health needs and to support
  - Providing self-assessments tool to assess vanguard capacity and capability for workforce redesign, helping identify gaps in local expertise
1. Supporting the vanguards to develop new and extended roles, skills and training
    - i. Develop common skill descriptors and job descriptions for new and extended roles to facilitate local health systems in training and recruiting the needed resources.
    - ii. Support the vanguards that are developing specific roles to meet their local context so that learning can rapidly inform and enable national replication.
  2. New ways of working
    - i. NCM working group to co-produce a range of resources to support multi-disciplinary working, mental health crisis care transformation and person-centred community care by April 2016.
    - ii. Facilitated simulation exercises to better understand the challenges of multi-professional working and the cultural change required, from December 2015.
  3. Workforce engagement, satisfaction and wellbeing
    - i. Co-produce a support package to enable vanguards to look after the health and wellbeing of the workforce.

### **(g) Local Leadership and Delivery**

- 3.11 The vanguard approach will bring a new perspective on leadership – strengthening system leadership across all organisations, which need to come together, distributing and empowering leadership at the frontline of delivering care and creating clinical and professional leadership, which embraces integration and exemplifies behaviours needed to make this happen. Leadership development support will align to these.

### **Key Elements of Support:**

1. System leadership
  - i. Targeted leadership programmes for each cohort - “Community of Practice”.
  - ii. Learn from international partners to gain insight and knowledge from system leaders elsewhere, in December 2015.
2. Integrated and flexible leadership
  - i. Co-design a leadership programmes to support specific needs, in September 2015
  - ii. NAPC and NHS Alliance to develop a learning community for primary care and community professionals, from October 2015.
  - iii. Multi-disciplinary learning sets, from September 2015.
2. Leadership at all levels
  - i. Exploration of ways to access leadership schemes for clinical and non-clinical staff can be managed for each local area.
5. Use of local health and social care assets
  - i. With a lead vanguard, co-develop a best practice roadmap for estates management.
  - ii. Surgery sessions on estates modernisation, planning and financing.
  - iii. Set up a joint working group with vanguards to co-produce a framework on how to rationalise estate across partners to release resources and accommodate new ways of working,
  - iv. Advice and legal support to deal with financial legacy of Private Finance Initiative (PFI) deals.

### **(h) Communications and Engagement**

- 3.12 Vanguards want support to develop an effective local communications and engagement and improve their local expertise and capability for delivering this. Thus will enable vanguards to be exemplars, demonstrating best practice in the way they communicate and engage with their local communities and patients, so that services are designed in partnership and according to the needs of local people. We are also producing a national communications and engagement plan to facilitate learning and

sharing. This includes working with a wide range of bodies including the NHS Confederation, NHS Providers, NHS Clinical Commissioners, Local Government Association, Royal Colleges, and others.

#### **Key elements of support:**

1. Communications and engagement strategy
  - i. Support from independent experts to develop, review and provide feedback on their communication and engagement strategies.
  - ii. A new evaluation tool will enable vanguards to assess the impact of their strategy and compare results with peers.
2. Sharing best practice and methods
  - i. Range of tools to share the learning from the programme as part of a detailed collaboration plan, from September 2015
  - ii. Online tool to enable rapid dissemination of learning and information across the vanguards, plus real-time conversations between peers to aid problem-solving, from November 2015. This will build on the Better Care Fund Exchange
3. Professional development
  - i. Provide every vanguard with access to a range of learning programmes, e.g. buddying schemes, mentoring, coaching, expert sharing programmes, from September 2015
  - ii. Offer vanguards a place on a post-graduate qualification targeted at mid and senior communications and engagement staff

#### **4.0 NATIONAL BODY ALIGNMENT**

4.1 As part of the *Five Year Forward View*, all seven national bodies that oversee health and social care in England are committed to enabling the delivery of new care models locally and the replication of new care models nationally. The national support package will move that into action.

4.2 Working with vanguards, the work programme will need developed and delivered with NHS England's national partners. Consistent messaging from the national bodies and alignment across the system, as well as a concerted and combined effort to remove the national blocks and switch on the key enablers, is vital.

4.3 To build on the enthusiasm and the demonstrable commitment articulated by the Chief Executives of the national bodies, the New Care Models team has developed four key areas which will best support the national programme and accelerate delivery of the new care models:

- 4.4 **Participating in the vanguard site diagnostic visits** – the presence of the Chief Executives and their senior teams helped to demonstrate to the Vanguards the level of senior commitment to the programme and provided an opportunity for the Vanguards to highlight the key national barriers to implementation.
- 4.5 **Jointly sponsoring care model cohorts** – two Chief Executives are supporting each care model cohort. This will give them an opportunity to be actively involved in developing nationally replicable models that benefit the whole of the NHS, and will help unblock system-wide issues. They will meet 3-4 times per year facilitated by senior thought leaders from throughout the health and care system.
- 4.6 **Personally sponsoring individual sites** – whilst part of the national programme, will have its own individual issues and concerns. Each Chief Executive will personally sponsor a small number of individual Vanguards to understand how the national bodies can work together to develop the solutions required.
- 4.7 **Consistently communicating the key messages** – like any significant change programme, consistent messages and communications will be required at every available opportunity from the most senior leaders across the NHS organisations.

#### **5.0 TRANSFORMATION FUNDING**

5.1 The vanguards have access to the bulk of the £200 million Transformation Fund. Each vanguard has been given the opportunity to submit value propositions demonstrating delivery against the

triple aims of the programme. Efficiency requirements are core to this, and vanguards are demonstrating through these propositions how they will deliver the requirements of additional efficiencies by the end of 2017/18. Following consideration by NHS England's Finance and Investment Committee, approval has been given in principle to the initial £80m requests for funding, subject to some clarification, including of savings. For those vanguards that chose not to submit a value proposition at this time, they will be able to submit in September.

## **6.0 CONCLUSION**

6.1 The Board is invited to consider the progress and plans set out in the paper for publishing the work programme by the end of July 2015.

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