



National evaluation of the Vanguard new care models programme

[Link to publication record in Manchester Research Explorer](#)

Citation for published version (APA):

Checkland, K., Coleman, A., Billings, J., Macinnes, J., Mikelyte, R., Laverty, L., & Allen, P. (2019). *National evaluation of the Vanguard new care models programme: Interim report: understanding the national support programme: Executive Summary*.

Citing this paper

Please note that where the full-text provided on Manchester Research Explorer is the Author Accepted Manuscript or Proof version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version.

General rights

Copyright and moral rights for the publications made accessible in the Research Explorer are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Takedown policy

If you believe that this document breaches copyright please refer to the University of Manchester's Takedown Procedures [<http://man.ac.uk/04Y6Bo>] or contact uml.scholarlycommunications@manchester.ac.uk providing relevant details, so we can investigate your claim.





**National evaluation of the Vanguard new care models
programme**
Interim report: understanding the national support programme
Executive Summary

March 2019

Professor Kath Checkland (PI)¹
Dr Anna Coleman¹
Professor Jenny Billings²
Dr Julie Macinnes²
Dr Rasa Mikelyte²
Dr Louise Laverty¹
Professor Pauline Allen³

1 Division of Population Health, Health Services Research and Primary Care, School of Health Sciences, University of Manchester

2 Centre for Health Service Studies, University of Kent

3 Department of Health Services Research and Policy, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine

This report is based on independent research commissioned and funded by the NIHR Policy Research Programme "National evaluation of the Vanguard New Care Models Programme", PR-R16-0516-22001. The views expressed in the publication are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health and Social care, it's arm's length bodies or other government departments.

Acknowledgements

We are grateful to our participants, who were generous with their time and very helpful in signposting us to additional potential interviewees. The NHS England New Care Models evaluation team, led by Charles Tallack, were helpful at all stages, from study design to discussion of emerging findings, and we are very grateful. Their support in making contact with potential informants was particularly helpful. We are also grateful for the National Audit Office for allowing us to work with them on the survey of Vanguard leads. The wider study team (Paul Wilson, Matt Sutton and Stephen Peckham) have been supportive and helpful as a sounding board as we have developed the ideas in this report, and our advisory group have engaged very helpfully as the study has progressed. We are particularly grateful to Stephen Peckham, David Hunter and Bob Hudson who generously shared with us their work on Care Act implementation, and to David Hunter for his helpful and perceptive comments on an earlier draft.

Executive summary

Introduction and background

The Five Year Forward View (FYFV) (NHS England 2014a) described a vision for the future development of the NHS focussing upon new ways of working to improve care delivery rather than upon structures, and aimed to break down barriers between different organisations and care sectors. It was proposed that a number of 'Vanguard' sites would be established to test potential new ways of providing services and five types of New Care Model (NCM) were proposed: Primary and Acute Care Systems (PACs); Multispeciality Community Providers (MCPs); Enhanced Health in Care Homes (ECHs) Urgent and Emergency Care (UEC); Acute Care Collaboratives (ACCs). This report focuses largely on PACs, MCPs and ECHs, as these three types of Vanguard were established to address broadly similar issues, in particular extending care outside hospitals.

In order to support the implementation of and learning from these Vanguards, an extensive support programme was established, led by NHS England. This support included an evaluation programme, of which this study forms part. Commissioned by the NIHR Policy Research Programme, the study aims to investigate the effects of the Vanguard programme on the NHS, including its local organisations, wider partnerships and service users. There are three over-arching objectives:

- Determine the extent to which the Vanguard programme has resulted in the implementation of new models of service delivery in England;
- Identify factors that support or inhibit that implementation at the local (micro), meso (local health economy) and macro (national-level support and evaluation programmes, national regulatory context) levels;
- Ascertain the impact of the programme on relevant outcomes, including economic assessment of costs and cost-effectiveness.

Study aims, objectives and research questions

To meet the above objectives, the study addresses the following research questions:

- RQ1: To what extent are the new care models being successfully implemented? Are there commonalities in factors that may enable or inhibit local programme implementation?
- RQ2: How do Vanguards interact with other policy initiatives such as Integration Care Pioneers and Sustainability and Transformation Plans?
- RQ3: How are Vanguards responding to support from NHS England within their local operations, and how has this influenced Vanguard activity?
- RQ4: What does a comparative outcomes analysis tell us about costs and cost-effectiveness?
- RQ 5: What do the findings tell us about this approach to programme implementation?

This Interim Report focuses upon the macro level, exploring in depth the operation of the national support programme, in order to examine how it has worked, the enabling and inhibiting factors and any wider lessons for future policy implementation.

Theoretical framework

We identify three areas of academic literature relevant to the study:

- Models of policy development;
- Policy implementation;
- Piloting as a policy approach.

We have used Matland's (1995) classification of policy programmes to help aid the identification of appropriate approaches to implementation. He summarises both top down and bottom up models

of policy implementation and suggests a number of possible definitions of ‘implementation success’. He suggests that adjudicating between these different definitions depends upon an understanding of the goals of those developing policy, and that therefore approaches to implementation should be different depending upon the characteristics of the policies concerned. His resulting model classifies policies along two axes: the degree of conflict, and the degree of ambiguity. *Conflict*, as envisaged by Matland, refers to policy goals or means to achieving policy goals which are, in some way, incommensurate or incompatible. ‘Conflict’ does not necessarily mean conflict in its colloquial sense of overt opposition or political wrangles. *Ambiguity* refers to how far goals are clear.

In addition, we characterise Vanguards as forms of policy pilot¹ and use Ettelt et al’s (2014) definition of the purposes underlying policy piloting to explore the programme. These include:

- Piloting for experimentation
- Piloting for early implementation
- Piloting for demonstration
- Piloting for learning

Methods

In this report we address the following research questions:

- How has the national support and evaluation programme operated, and which aspects are perceived to have been particularly helpful or problematic?
- What type of pilot are Vanguards, and how do they fit with established typologies of policy implementation?
- What can we learn from this about approaches to policy programme implementation?

The project is being conducted in phases (work packages (WP)), with an initial scoping phase undertaken to understand different types of Vanguard, the support programme in greater depth and the developing national context. The second phase (running alongside) involved synthesising the findings from local evaluations. The third phase will consist of primary data collection using case study methods to explore in depth the experiences (qualitative) of a sample of Vanguards and outcomes (quantitative) between areas with and without Vanguard sites. A final phase will synthesise the findings. This report focuses upon phase 1.

Work package 1 methods

WP1a: establishing Vanguard scope and activities and preparation for study - This WP started the process of synthesising this information, and initiated the development of a database which has provided a dynamic resource for the study.

WP1b: understanding the national context (macro level)

Between October 2017 and March 2018 we carried out 29 national level interviews with a variety of respondents at the national level, leads, consisting of current and past NHSE employees (n=19), advisors (n=7) and Arms Length Bodies (n=3.) In addition, in spring 2018 we collaborated with the National Audit Office (2018) in carrying out a survey of Vanguard leads.

Findings

From our interview accounts we built an overarching narrative of how the programme was developed and operated, identifying the different elements such as enabling streams, logic modelling and evaluation. We then considered what has worked well (facilitators) and not so well

¹ Although the word ‘pilot’ is not formally used to describe Vanguards, their set up, declared purpose and implementation meets the characteristics usually associated with pilots, including identifying ‘early adopters’, testing out approaches and establishing ways to capture learning to inform future implementation

(obstacles) across the support programme. Finally we conducted an in-depth analysis (using Matland's (1995) framework) highlighting cross-cutting themes identified in the data gathered.

Programme goals

Using published policy documents we identified the following goals as underlying the programme:

- To test out approaches to integrating care across organisational boundaries;
- To test out approaches to implementing these new ways of working, including overcoming relevant barriers and exploring ways of supporting innovative activity;
- To use the learning derived from the development of the models to develop replicable care design frameworks and 'standard approaches and products' which could then be adopted by other areas;
- To use the learning from the implementation of the models to develop common approaches to implementation that could themselves be spread alongside the developed models.

In Matland's (1995) terms the programme was *high in ambiguity* – the proposed 'models of care' were not specified in detail – and *low in conflict*, in that the programme is presented as being the settled view of all of the relevant NHS organisations, with a clear road towards the development of defined models of care.

Careful reading of the policy documents suggests that the Vanguard programme was conceived of as a pilot supporting *early implementation* (as evidenced by the intention to establish Vanguards in areas which have 'already made good progress') and for *learning*, with an explicit intention that the Vanguard sites would test out approaches to change, which would then be spread more widely.

Considering the development of the programme over time, we highlight an initial intention for there to be subsequent waves of Vanguards, which was quickly superseded by the announcement of STPs and ACOs (later renamed Integrated Care Systems, ICS), which were positioned as 'scaling up' New Care Models to cover larger populations. By spring 2017 NHSE documents were making claims as to the success of the programme against a small number of metrics (emergency admission growth in particular). In 2016 'frameworks' for MCPs, PACS and ECHs were published. These are generally non-specific and process-dominated, although that for ECH is somewhat more specific. Intended standard business models and organisational forms have not been developed (National Audit office 2018 p32).

The support programme

Vanguards have been supported by an implementation programme consisting of the following elements (NHS England 2015d):

- Designated national lead for each model
- Support to develop logic models describing the local scheme
- 10 support streams, covering: model design; evaluation and metrics; integrated commissioning and provision; governance, accountability and provider regulation; empowering patients and communities; harnessing technology; workforce redesign; local leadership and delivery; and communications and engagement
- Local account managers
- A variety of learning and networking events and opportunities

It is difficult to establish clearly the exact costs of the NCM programme. Direct funding to the 50 Vanguards, the NHSE NCM team, evaluations (national and local) and funding from the Vanguards themselves, set against savings being generated would ideally be included. The recent NAO report (2018) suggests approximately £329m direct investment between 2015 and 2018 with an additional £60m on the Vanguard NCM programme, support and monitoring (including national and local

evaluation and staff costs). However, support costs are approximate, as there is no clear accounting for the time of staff seconded from other roles in NHSE to support the programme.

The evaluation programme

The programme was underpinned by an extensive evaluation programme, consisting of the following elements:

- Individual Vanguard evaluations, including locally commissioned evaluations and a quarterly ‘dashboard’ setting out performance against a number of headline metrics compared with baseline and with non-Vanguard sites
- Outcomes from the whole cohort of MCP and PACs Vanguards were compared with counterfactuals, using statistical techniques to establish whether or not any changes seen were statistically significant.
- Some individual interventions were subject to evaluation
- Interventions common across a number of Vanguards were subject to thematic studies in order to understand how different contexts affected these
- Independent national evaluation (our study)

In addition, an Improvement Analytics Unit was set up in partnership with the Health Foundation in order to provide advanced analytics support to NHSE. As of March 2019, the Unit has produced 4 detailed analyses of individual Vanguard performance. Others are reportedly still under way.

Enabling and inhibiting factors

We found some common features, mechanisms and ways of working which helped in achieving the programme’s goals and supporting its operation. These included:

- The development of relationships and alliances, incorporating learning and feedback, with local Account managers particularly valued;
- Robust and multi-modal means of communication;
- Strong local and national leadership;
- Availability of expert knowledge and skills (within and outside the programme);
- Flexibility within the programme, with the support team endeavouring to react to the needs of local sites;
- Good level of funding (across the programme elements).

We also identified a set of features, mechanisms and ways of working that were problematic. These included:

- Over-optimistic expectations from the national programme;
- Oversight and performance monitoring, with a narrowing over the course of the programme to focus upon a narrow range of metrics which did not necessarily reflect the aims of some Vanguards;
- Difficulties associated with the continuation of existing national processes for regulation and oversight which may not be flexible enough to accommodate local innovations;
- The availability of high quality data and information, and issues with data sharing between organisations
- Short timescales and a requirement for rapid progress, with guidance not always keeping pace with programme developments.

Assessment of programme success

Those we interviewed praised the support programme for being genuinely ‘bottom up’ and facilitative, with the generation of significant local engagement and enthusiasm frequently remarked upon. However, senior managers acknowledged that the aspiration to generate replicable ‘models’

of care which could straightforwardly be 'spread' more widely was not achieved. At the time of writing, no contracts have been let to new forms of provider organisation based upon new care models.

The impartial nature of the national elements of the evaluation (including the data dashboards and the IAU) were felt to be helpful, as was the rigorous approach to assessing outcomes. This impartial and rigorous approach to evaluation was somewhat in contrast to the active approach taken by the national support team to generating case studies and 'good news' about the Vanguards for dissemination. The purpose of this activity was to generate and maintain local enthusiasm, in keeping with the 'bottom up' approach to development, as well as to provide evidence of progress to ensure continuing national support for the programme and wider dissemination of the approach.

Cross-cutting themes

In addition to the specific issues relevant to the different aspects of the support programme, we also found a number of issues arising across the interviews:

- Being a pilot: licence to do things differently? Those involved valued the 'bottom up' and facilitative nature of the programme, whilst identifying a degree of tension between this approach and the increasing focus upon a narrow range of performance metrics
- Temporality, sequencing and timing: the programme was both 'long term' and 'too short', with a very real tension between a narrative that emphasised long term and meaningful 'bottom up' change and one which required the demonstration of results within a timetable, which satisfied the political needs associated with the programme. The rapid pace at which the programme was initiated meant that there was limited opportunity for the Vanguards to explore and take account of the existing evidence base underpinning proposed interventions.
- The nature of data and evidence: we identified a tension between a desire to promulgate local stories of success in order to encourage the spread of innovation, and the more cautious approach embodied in the evaluation programme, which was designed to carefully analyse outcomes against counter-factuals
- Legacy, scale and spread: we found some lack of clarity over what the appropriate relationship might or should be between an MCP or a PACS and an ICS covering a wider geographical area. The question identified by one of our interviewees as to whether the wider roll out of new models of care should mean replication of successful local initiatives (as implied by the initial programme goal of developing 'products' and frameworks to support wider roll out) or scaling up of successful initiatives to cover wider populations remains unanswered.

These tensions are inherent in the programme which was seen as both long and short, bottom up whilst meeting narrowly defined top down goals, and capable of both scaling up and spreading out. In addition, many of the elements of the programme were found to have multiple purposes. For example, local evaluations were intended to support local learning and feedback, and provide formative evidence for sites, but also provide context for the findings coming out of the broader analysis of data. The programme itself also appeared to have had multiple purposes. Piloting for demonstration, implementation and learning are all visible in the initial design and set up of the programme, whilst the evaluation team took an approach which constructed Vanguards as experiments which may or may not deliver better outcomes. This highlights the inherent contradiction in the programme between an underlying assumption that the new care models *would be* beneficial (evidenced by the initial intention to have waves of Vanguards and by the requirement for STPs to demonstrate that that were going to roll out MCPs, PACS and ECHs) and the commitment to robust evaluation designed to explore in depth *whether or not* new care models delivered better outcomes. This contradiction is made more acute by the narrowing of national focus on outcomes

down to a small number of measures of hospital use, as it is possible that Vanguard may have been delivering service improvements not captured by these metrics.

Discussion and conclusions

We have explored the elements of the national support programme, and highlighted the aspects of this regarded as important by those involved. The programme was seen as successful in developing local enthusiasm and drive for change, but the intended 'products' and 'replicable frameworks' to support wider roll out were not developed. The importance of facilitating and maintaining relationships was clear, with a particular emphasis on face to face meetings and on trusted individuals capable of bringing people together across boundaries. The generation of energy and enthusiasm was seen as vital, and was facilitated by the widespread dissemination of perceived successes. At the same time, the pace of the programme was an issue, as was the perceived pressure to perform and demonstrate success as quickly as possible against a narrow range of metrics. The evaluation programme overall was praised as rigorous and professional (National Audit Office 2018). The investment in evaluation seen with the Vanguard programme has potentially had a beneficial impact on the general approach to evaluation in the NHS, building local expertise in commissioning evaluations and supporting the development at national level of the Improvement Analytics Unit. The focus by the national evaluation team on establishing whether or not headline improvements in metrics are statistically significant is also important.

We suggest that the programme was conceived of and presented as a programme high in ambiguity – with an explicit commitment to allowing bottom up development of the new models of care, with minimal pre-specification of what these should look like - and low in conflict. However, in practice, it appears that the over-arching goal of allowing bottom up development of new care models was, in practice, incompatible with the goal of producing tangible/clearly defined 'products' and frameworks which could be rolled out more widely. Whilst there was little political conflict surrounding the programme, there was, at least over this relatively short timescale, a degree of incompatibility between the bottom up, low specificity approach which saw generating local buy in and enthusiasm as paramount, and the clearly stated intention of creating defined frameworks which could be spread.

We suggest that, as pilots, Vanguard could be said to be designed to fulfil three of the 'purposes' - implementation, demonstration and learning – as set out by Ettelt et al (2014), whilst the evaluation programme also embodied an approach based upon experimentation. This is potentially problematic, as each of the four purposes carries with it different underlying assumptions about what is known about the value of the pilot intervention, and implies different approaches to their wider roll out. Whilst many policy programmes embody a variety of different purposes in this way, the Vanguard programme is unusual in the extent to which resources were invested in supporting these potentially incompatible purposes. Thus, if Vanguard are seen as early adopters, then subsequent waves should follow quickly, as was initially attended. If, on the other hand, Vanguard were pilots for learning, then a longer timescale, with the associated architecture of learning events would be appropriate. 'Experimental' pilots, as suggested by the investment in an extensive evaluation programme, do not assume the superiority of the intervention, and require time to assess whether and how far new approaches are beneficial, before deciding whether or not to roll them out more widely. These tensions are particularly acute in a programme which set off with no established 'model' of intervention.

Published documents and public statements by senior NHSE officials highlight the importance of the programme in demonstrating that the NHS could implement and manage change. It could therefore be argued that the NCM Vanguard was a pilot with the additional purpose of 'performing' for an external audience – in this case, demonstrating to HM Treasury that the NHS would use any

additional investment wisely and that such investment would finance a change programme which would improve performance. This may also, in part at least, explain the strong emphasis in the programme on collecting and disseminating 'good news stories' of successful change, and the relative generosity of funding available both for investment and to support implementation.

Lessons for policy

The nature of the NCM Vanguard programme required the generation of enthusiasm for change at local levels and across multiple organisational and sector boundaries. Our study suggests a number of lessons for future policy implementation, as well as some issues which require following up at local level in order to understand in more depth how they were experienced. The following seem to have been important:

- **Active approaches to relationship building**, with local account manager support and opportunities for face to face meetings;
- **A permissive approach to change**, which encouraged local areas to develop their own approaches within a broad framework of support;
- **Celebration of small successes** to encourage ongoing engagement;
- **Access to expertise** and the opportunity to engage at national level with regulatory bodies to solve problems.

However, other issues were not always helpful such as:

- **Data availability** and sharing issues;
- The **rapid pace** of the programme overall;
- Undertaking **multiple local evaluations** was an expensive and time-consuming approach, which requires further assessment .

Significant investment was allocated to **the evaluation programme**, which was praised as rigorous and professional (National Audit Office 2018). The focus by the national evaluation team on establishing whether or not headline improvements in metrics are **statistically significant** is also important, and it is to be hoped that future innovations are subject to a similarly rigorous approach, although this may generate conflict with an approach designed to facilitate engagement by celebrating early successes. The provision of **additional resources as direct payments to local areas** as well as underpinning extensive support and evaluation programmes was important, and this will be explored further in our ongoing study.

In relation to policy implementation design, when implementing a programme in which the desired outcomes are unclear, a more **cautious approach**, with an **initial assessment of relevant evidence relating to proposed interventions**, and subsequent **careful assessment of how far particular service interventions have been beneficial in what ways** might be more likely to **yield products which could support wider roll out** as outputs. However, this approach would not be compatible with the desire to rapidly demonstrate progress.

In terms of future policy making and planning we suggest that the **multiple purposes** underpinning the NCM Vanguard programme **may have been problematic**. For example, there is a tension between the need for 'good news' from a programme and the need to really understand in depth whether and how particular changes to services are actually beneficial.

We have highlighted the **lack of clarity** over how the NCM Vanguard programme **was intended to be disseminated and spread** and shown a **tension between approaches to 'scaling up' and 'spreading out'**. It may be useful for those involved with the NCM Vanguard support and evaluation programme to work closely with the team now responsible for supporting developing ICSs, with the explicit intention of considering whether and how the different local NCM Vanguard service models might best be implemented over a wider population.

References

- ETTELT, S., MAYS, N. & ALLEN, P. 2014. The Multiple Purposes of Policy Piloting and Their Consequences: Three Examples from National Health and Social Care Policy in England. *Journal of Social Policy*, FirstView, 1-19.
- MATLAND, R. E. 1995. Synthesizing the Implementation Literature: The Ambiguity-Conflict Model of Policy Implementation. *Journal of Public Administration Research and Theory*, 5, 145-174.
- NATIONAL AUDIT OFFICE 2018. Developing new care models through NHS Vanguard. <https://www.nao.org.uk/report/developing-new-care-models-through-nhs-vanguards/>.
- NHS ENGLAND 2014. Five year forward view. Leeds: NHS England.
- NHS ENGLAND 2015. THE FORWARD VIEW INTO ACTION: New Care Models: support for the Vanguard. Leeds: NHS England.