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

Survey of STP leads

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Introduction

The Vanguard new care models (NCM) programme was established following the publication of the Five Year Forward View (FYFV) (NHS England, 2014). It brought together all of the principal Arm's Length Bodies with responsibility for aspects of the NHS in England. The FYFV set out a vision for the future development of the NHS focussing on new ways of working to improve care delivery rather than on structures, aiming to develop more integrated ways of working between different organisations and care sectors.

Commissioned by the NIHR Policy Research Programme, the aim of our overarching research (ref to report) is 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.

Each Vanguard is situated within a complex local landscape of health and social care organisations and plans. The objective of one of our work packages (WP1c) was to establish the position of Vanguards within their local health economies, addressing the question:

> '*How do Vanguards interact with other policy initiatives such as Integration Pioneers and Sustainability and Transformation Partnerships / Plans?*'

This is important because Vanguards exist in a complex landscape of initiatives, including Integration Pioneers, primary care Federations, non-Vanguard new care models (e.g. Accountable Care Organisations, Integrated Care Systems) and Sustainability and Transformation partnerships / plans (STPs) (NHS England web ref). This short report sets out the results of one part of the research, a survey of Strategic Transformation Partnership

(STP) Leads, to examine how the Vanguard programme has been understood and managed at the meso level.

What we did

Between February – April 2018 we undertook a survey (by phone) of a sample of STP leads in senior management roles who had one or more Vanguard sites in their area to gauge how the Vanguards fitted into their local health economy and how they were perceived by those driving the developing STPs. This resulted in us speaking to 12 leaders, geographically spread across England, covering different Vanguard model types.

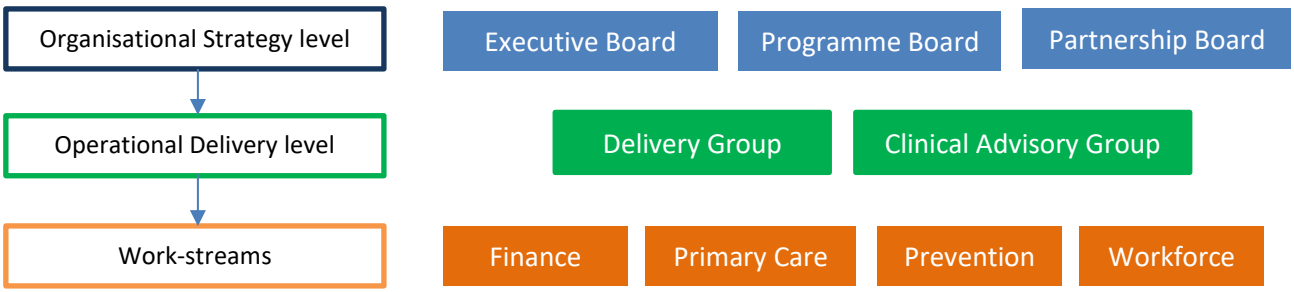
We have also linked up with the National Audit Office to gain the views of Vanguard leads across England (National Audit Office 2018) – this will be reported separately.

What we found

The role and governance of the STP and Vanguards

STPs have no formal statutory form, and no legal powers. Notwithstanding this, each STP has developed a governance structure in order to support its work. These structure largely followed the same template, which is illustrated in Figure 1. At the top tier are organisational and strategy boards, largely attended by the chief executives and leaders of all partner organisations, which focus on wider structural issues. Below this are delivery boards, often represented by senior clinical leads, focussing on operational issues and supporting these are work-streams focusing on particular services or topics areas.

Figure 1. STP Governance Structure



A number of leads suggested that the idea of STPs has become reified. They view STPs as partnerships, not as organisations, and as such, there is only informal governance that is dependent on the cooperation of partner organisations. For example, STP Lead H describes the partnership as '*the coalition of the willing*'.

Vanguards are represented in a variety of ways in the STP governance structure. In two STPs, particular individuals' roles meant that the Vanguards were represented at the organisational and strategy level on appropriate boards. In three STPs, Vanguard representatives attended boards at the operational delivery level, while in another three STP areas Vanguards were represented in appropriate work-streams. Four STP leads explicitly stated that Vanguards were not represented independently from other organisations and had been subsumed within wider STP strategies around population needs.

All of the STP leads anticipated undergoing change at the organisation level over the next 12 months with most citing significant system reform which would involve new structures and governance as existing organisations (e.g. Clinical Commissioning Groups (CCGs)) and partnerships merge. This was described as an '*evolving process'* (STP B) or '*moving beast'* (STP E). Some STP leads expressed concerns about taking on a more regulatory role within the current STP system in which providers are stakeholders. Part of the anticipated change also related to a move towards Integrated Care Organisations and Systems (ICO/Ss) and waiting for national guidance about regulatory and legal frameworks. The majority of STP leads were committed to (6 participants) or cautiously optimistic (4 participants) about a move to an Inegrated Care Organisation/Systems (ICO/S) in the future. Whilst some of these participants regarded ICO/S as inevitable, others expressed concerns about the semantics of these changes. A few STP leads expressed concerns about the political implications of having an ICO/S in their name.

How the Vanguards fit within the aims of the STP

The leads were asked to outline the main goals of their STP. All but one participant stated financial security as a key goal, followed by improving population health by better responding to local needs (9 participants) and more efficiency (5 participants) through collaborative working (4 participants). Two explicitly stated that their STP goals were aligned to national and FYFV priorities. The understanding of core Vanguard aims and objectives were seen as closely aligned to wider STP goals (4 participants stated this explicitly), with a focus on improving efficiency (through improving sustainability, reducing variation in quality of care), integrating care (6 participants), and improved patient outcomes through better responding to population needs (4 participants). Individual aims and objectives related to the particular model of Vanguard were also reported within the broad goals.

Within the local health economy, Vanguards were seen as initiating developments that were in the general future direction of travel for the STP. Vanguards were seen as able to demonstrate how things might work and identify components that work/don't work within an area and service. Four STP leads reported creating new initiatives based on Vanguard learning (from local or national sites) to implement change. A number of STP leads saw

Vanguards as starting out as pilots and gradually moving to exemplars as they improved and produced positive outcomes through the process. As such, over half of the participants saw the Vanguards' contribution to wider STP goals as integral (7 participants). A further 5 regarded Vanguards as contributors towards STP goals. Where participants did not see the Vanguards as integral or contributors this was down to systems having changed or the Vanguards focussing on specific limited services.

For STP areas with more than one type of Vanguard, leads were asked about the different levels of success and integration between them. On the whole, participants found it difficult to compare between different models due to different priorities and outcomes, and the different levels of complexities facing some Vanguards due to their diverse starting points (areas with pre-existing relationships compared to areas starting from scratch) and services they were engaged with. Success was relatively hard to discern with no one system seen as able to show definitive outcomes. Instead, it was components of a model rather than the model itself that was seen as a success or failure.

Five STPs were involved in the allocation of final year funding to the Vanguards, whilst two STP reported that the decision remained within the relevant CCG. Five participants reported that funding was decided by the national NCM team. For the STPs that were involved in funding decisions, hard and soft metrics were considered alongside efficiency and scale of delivery. NHS England and NHS Improvement provided oversight of the Vanguard programme at various levels, such as monitoring performance indicators. This support and oversight came primarily from the NHS England team. Participants were unanimous in stating that there was no change in oversight or inspections from the Care Quality Commission who remained focussed on individual organisations.

There were large amounts of variance in how different Vanguards were integrated into their STP. Whilst the majority of participants reported that the findings and learning would be used to inform the wider STP system, others thought that some but not all Vanguard models would be integrated into the STP going forward. In turn, there was uncertainty about the sustainability of the Vanguards within the STPs. Three STP leads reported that they were providing funding for the Vanguard to continue. A further three participants thought funding may be provided if senior management could be persuaded. In other areas, the learning and successful components of Vanguards were seen as likely to continue to be taken forward, whilst two STP leads stated that the Vanguards had been subsumed into the wider STP programme and would not continue to receive independent funding.

Facilitators and hindrances to Vanguard understanding and integration within the STP

The key facilitator described was individual relationships. Seven leads had direct involvement in a Vanguard through their multiple roles such as membership on the board or as the AO responsible for signing off funding, helping to facilitate communication and networks. Where a lack of engagement was identified, relationships were created. For example, STP lead B employed a member of the Vanguard staff within the STP in order to provide a direct link. This was limited, however, when there were multiple Vanguards within an area. Four STP leads described having a reporting and monitoring role of Vanguards whilst others referred to their involvement in more vague terms: as integrated into the daily work of the STP or using learning from the Vanguard.

The biggest hindrance to STPs' understanding of the Vanguards was the timing and sequencing of both programmes. Although both STPs and Vanguards were created to drive forward the priorities of the FYFV, the Vanguard selection process occurred in early 2015 whilst STPs came afterwards and plans were not formally submitted until September 2016. This created difficulty in matching aims and objectives. Two further related hindrances were the knock-on effect of Vanguards on existing initiatives and resentment as a result of Vanguard funding, branding and additional support. A small number of leads stated that the branding and focus on Vanguards was not helpful and led to other initiatives and projects being dropped or forgotten.

Finally, STP leads were asked to think about their overall view of the FYFV and the Vanguard programme in meeting the goals of the STP. The majority of participants found the FYFV and updated documents useful in providing a direction for the future and a way for the NHS to remain sustainable. How easy it is to implement, however, was not as certain. The majority of STP leads described the Vanguard programme as helpful (8 participants) or vital (6 participants) to help deliver FYFV goals. They were also seen as helpful to kick-start change, and provide the funding and resources to test out new ways of working.

What this means

It was seen that at this meso level (local health economy / STP) Vanguards were perceived in different ways dependant on local context, models of Vanguard and existing history (e.g. longer term relationships). Despite Vanguards and STPs both being established to help deliver the FYFV, due to the uncoordinated sequencing of their introduction, aligning developments has been a challenge in many areas.

Many of the STP leads saw Vanguards as helpful in testing new ways of working, adding additional funding to the local health economy, and kick starting change. Vanguards were represented at the different levels of the STPs evolving governance structures which helped

to facilitate coordinated developments going forward and build relationships between the different organisations and partnerships involved.

The focus nationally has moved away from Vanguards towards larger-scale Integrated Care Organisations/Systems. Our survey suggests that, in some areas, local relationships and structures will offer an opportunity for the learning gained from Vanguards to be incorporated into the new developments. However, it is by no means inevitable that this will happen, and there is a risk that the shift in focus to larger populations and changes in personnel will mean that learning from the Vanguards will be lost. .

There was some concern over future funding, integration and sustainability of Vanguard initiatives, with some lack of clarity as to whether Vanguards will continue to receive the additional funding that they need. We also found some apprehension about the potential monitoring roles of STPs in local health economies, and the potential for overlap with other regulatory mechanisms (NHS England, NHS Improvement, Care Quality Commission).

These findings resonate with the findings from the wider project where to date the views of national actors have been sought, alongside the analysis of the original policy.

References

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Disclaimer

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