

# LEARNING FROM THE VANGUARDS:

## SPREADING AND SCALING UP CHANGE



This briefing looks at what can be learned from the vanguards' efforts to design, test and deliver a variety of scalable and replicable new care models. It shares the lessons that other organisations and partnerships can take from the vanguards' experiences.

## WHAT WERE THE VANGUARDS' AMBITIONS?

The national new care models programme was established to develop and test new ways of delivering care in line with the vision for the health and care system set out in the *Five year forward view*<sup>1</sup> (the *Forward view*). Across England, 50 vanguard sites were selected to lead the development of new care models. The vanguards have been working to improve the care they provide to people and their families by exploring innovative ways of delivering health and care and improving the way services work together.

The vanguards set out to design, test and deliver a variety of scalable and replicable new care models for the whole country, with the expectation that success would be replicated elsewhere. The *Forward view* made clear that care models would vary across the country, depending on local needs. It committed to backing "diverse solutions and local leadership", supported by the national bodies acting coherently and providing meaningful local flexibility in the way payment rules and regulatory requirements are applied. Mirroring the vanguards' work on the ground have been efforts at the national level to shape the policy environment and support vanguard teams.

The vanguards have benefited from a comprehensive programme of support led by NHS England's new care models team and the explicit permission from the national bodies to try new things, make mistakes, and learn from them.

The relatively small scale of the vanguard sites, the temporary nature of the national programme, and the focus for many vanguards on defined populations, has presented a challenge for spreading and scaling change. Consequently, the new care models programme has drawn on the international evidence on spreading innovation and ideas across healthcare systems and sought the guidance of quality improvement experts. The vanguards' experiences reinforce and build on our understanding of how to deliver and sustain large-scale change. From their experiences, the vanguards have identified 10 key factors that are needed to encourage the spread of initiatives, which this briefing explores in more detail.

## HOW CAN WE ENCOURAGE SPREAD?

The vanguard sites have shared their views on the 10 key factors needed to encourage the spread of initiatives:

- + **clear and consistent messaging from the national bodies**
- + **using public and patient demand to support the spread of the new care models**
- + **getting clinicians more involved in the change**
- + **investing heavily in different ways of sharing learning**
- + **describing the local case for change**
- + **building shared goals in the local health and care system**
- + **generating hope that the new care models can be successfully delivered**
- + **aligning the national arm's length bodies as a driver for new care models**
- + **a can-do approach to information governance and technology solutions**
- + **creating the time, space and resources for change of this scale.**

## CLEAR AND CONSISTENT MESSAGING FROM THE NATIONAL BODIES

- + The *Forward view* was a partnership between NHS England, the Care Quality Commission (CQC), Health Education England, NHS Improvement, Public Health England and the National Institute for Health and Care Excellence. The national partners each set out how they would seek to support the vanguards, for example, CQC identified a named person for each vanguard area to respond to queries about CQC regulation in relation to the new care model. NHS England and NHS Improvement are collaborating on the joint assurance process for awarding multispecialty community providers (MCPs) and integrated primary and acute care systems (PACS) contracts to vanguards that have made the most progress.
- + The national bodies recognised that vanguard sites were faced with a huge amount of national guidance and regulatory requirements and the need to simplify these to allow the vanguards to focus on their change programmes. NHS England's enhanced health in care homes national team made a commitment that they would not develop any new policy documents for the vanguards, and instead focused on de-cluttering the policy landscape by synthesising the policy documents and resources already out there to make them more accessible to the sites.



## USING PUBLIC AND PATIENT DEMAND TO SUPPORT THE SPREAD OF THE NEW CARE MODELS

✦ Involving people who use services is essential to the design, implementation and sustainability of services that really meet the needs of people who use them. The vanguards have adopted a range of techniques to understand the views of the public and involve them in the work. The Barking and Dagenham, Havering and Redbridge system resilience group vanguard commissioned a telephone survey of 3,000 residents to provide evidence of residents' knowledge and use of urgent and emergency care services, and the drivers for their choices. Local Healthwatch organisations teamed up to carry out the survey, over 900 face-to-face interviews and 10 focus groups. The insight gathered challenged a lot of assumptions about people who attend emergency departments and shaped the model of care, including a project looking at improving the streaming and triage process at the front door of local A&E departments.

- ✦ The Happy, Healthy, at Home vanguard in north east Hampshire and Farnham has engaged members of the public living in local communities through its community ambassador programme. Community ambassadors act as 'eyes and ears' for the vanguard and have met with the vanguard programme team regularly to help shape its thinking and input the views of local people and organisations in its plans.
- ✦ The *Forward view* suggested that by shifting power to patients and citizens and strengthening communities, the new care models have the potential to help to bring about social movements that improve health and care outcomes. The Airedale and partners enhanced health in care homes vanguard has aimed to mobilise businesses, organisations, voluntary groups and individuals of all ages to commit and act to improve the lives of people affected by dementia living in care homes in the area.



## GETTING CLINICIANS MORE INVOLVED IN THE CHANGE

- ✦ The importance of relationships cannot be underestimated when it comes to leading and implementing change. Clinicians involved in the vanguard programmes have particularly valued opportunities to meet clinicians in other organisations with whom they would not normally interact, for example, GPs and acute care clinicians. Engaging clinical staff in change can reveal untapped resources within the existing workforce. In Better Care Together Morecambe Bay, community physiotherapists and optometrists with advanced training were identified, and their skills were utilised within the planned care workstreams.
- ✦ The vanguards have recognised that to maintain the energy and momentum behind large scale change they have needed to attract new and active supporters who can act as ambassadors for the work and vision. As part of East and North Hertfordshire CCG enhanced health in care homes vanguard, staff champions were nominated in each of the vanguard care homes and received training in a specialist area and in mentoring. This allowed them to spread their learning to other staff, and many reported feeling more confident in their day-to-day interaction with patients and other professionals. Sutton Homes of Care vanguard team believe the success of their 'red bag' hospital transfer pathway initiative was a result of a tremendous amount of energy put into communications and training for staff.

## INVESTING HEAVILY IN DIFFERENT WAYS OF SHARING LEARNING

- ✦ The vanguards have been encouraged to 'steal with pride' and make use of learning and evidence from other areas. However they have also found that it is not always possible to simply replicate an initiative from elsewhere; teams need to consider how their local context – such as the availability of resources, culture and the staff mix – may affect implementation of the initiative, and adapt their approach accordingly. The enhanced health in care homes vanguards have found learning guides to be a useful way to see how a problem has been tackled in a range of ways across different areas.
- ✦ The vanguards have found that investing in different ways of sharing learning is important for reaching and involving as many people as possible, and for sharing different types of information. The national new care models programme team established an online community with a wealth of information including case studies, chat forums, videos, links to resources, templates and tools, and details of organisations with expertise in a range of areas such as quality improvement and evaluation. Online communities are particularly helpful when teams and networks are geographically dispersed but the value of bringing people together face-to-face to build relationships, especially early on in change programmes, is unparalleled. There is a vast range of methods to share learning and the approaches teams take will depend on the specific issue, local context, resources and budget.

- + Bringing people together also enables them to solve problems collectively and provide peer support. This approach has led to the production of resources that are shaped by practical experience – rather than traditional top-down policy documents. For example, the acute care collaborative vanguard led by Moorfields Eye Hospital NHS Foundation Trust has launched a toolkit<sup>2</sup> as a way of sharing its experience of delivering networked care across 32 NHS sites. The toolkit offers practical advice to other organisations considering whether this care model is appropriate in their area, alongside practical tools to enable them to set up a networked model of care more quickly.
- + The opportunity to network with other vanguard sites from across the country has also led to innovative collaborations, including between two of the acute care collaborative vanguards. The National Orthopaedic Alliance (NOA) vanguard is supporting Moorfields to create the UK Ophthalmology Alliance, an alliance of providers in collaboration with national bodies and stakeholders. This partnership builds on the NOA's experience of developing a quality standards membership model that provides standardised care for patients and aims to improve the quality of care in orthopaedic services nationwide.

## DESCRIBING THE LOCAL CASE FOR CHANGE

- + The vanguards have put in place extensive communication plans to connect to staff and local communities, making use of organisation-wide newsletters, social media and local and national press. A successful case for change sets out how local transformation will help to solve current problems and not just promise change in several years' time. It also makes the case relevant to local people by focusing on the real-life change for patients, staff and communities, rather than systems.
- + To spread initiatives, teams need to be able to communicate the human story behind the initiative, and the difference it is making to people, as well as provide robust evidence demonstrating improvement. The vanguards have discovered that it is rarely sufficient to be able to offer just one of these things. Sutton Homes of Care vanguard's success at telling the human story, and backing it up with outcomes data, has led to its red bag scheme being adopted in other areas of the country.

## STEALING — AND ADAPTING — WITH PRIDE

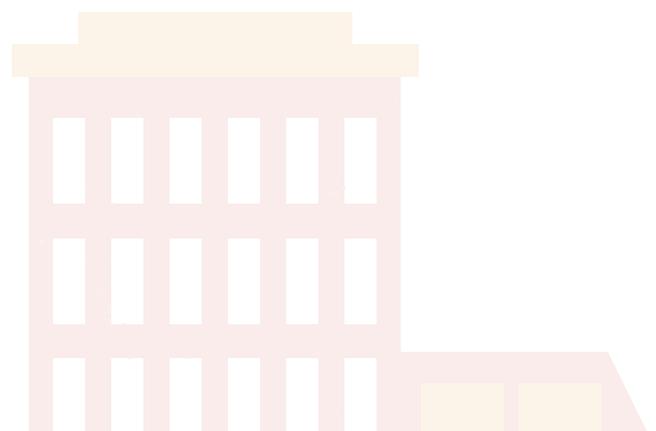
The enhanced health in care homes vanguards felt that case studies weren't the most helpful way to share learning between teams because isolated examples tend to be context dependent; people often resist the suggestion that they can learn from, or adopt, initiatives that have taken place in a very different context to their own. Instead, the national vanguard support team at NHS England produced a series of learning guides which set out a particular problem or set of problems common to many vanguard sites accompanied by six case study examples of how areas had tackled the problem, and a summary of the learning about the actions and approaches that have been shown to work. Through these learning guides, vanguards have been able to draw on a range of techniques and lessons and adopt a mix that works for their local context.

## SPREADING THE 'RED BAG' HOSPITAL TRANSFER PATHWAY

Sutton Homes of Care vanguard has been highly praised for developing and implementing a new 'red bag' hospital transfer pathway. If a care home resident becomes acutely unwell and needs to be taken to hospital, the pathway ensures they are transferred with a set of standardised paperwork which details all necessary health and social care information staff need to provide the right care. This is contained in a red bag along with the resident's medicines and personal belongings. The red bag stays with the resident throughout their hospital stay and discharge from hospital. The introduction of the red bag has helped to resolve many of the problems residents previously encountered, such as delays for ambulance crews while care home staff put together paperwork and personal belongings being lost in hospital.

The simplicity of the scheme, the relative speed with which it can be introduced, and the evidence of its positive results has led to the initiative being taken up across other parts of the country. Working with the Health Innovation Network South London, the vanguard has developed an implementation guide to help other areas understand the process involved in implementing the pathway.<sup>3</sup> Other vanguards including Connecting Care Wakefield and East and North Hertfordshire CCG have launched similar schemes. Nonetheless, these vanguards have found it necessary to adapt it to their local needs and circumstances. In east and north Hertfordshire they struggled to pilot the scheme because only 10 care homes were involved; this wasn't a big enough cohort to achieve culture change among hospital staff. They also decided to streamline some of the forms in the red bag.

Sutton Homes of Care vanguard team believe the success of the initiative was thanks to a tremendous amount of energy put into communication and training. Local change agents ran engagement events in the hospital, and engaged ambulance staff and trained care home staff. They also promoted the scheme through hospital screensavers and incorporated it into safeguarding training and training for new starters.



## BUILDING SHARED GOALS IN THE LOCAL HEALTH AND CARE SYSTEM

- + Bringing together organisations with different histories, different ways of working, and different priorities has been a huge challenge for many vanguard sites. Creating clear objectives across organisations is a significant, difficult, element of implementing change across traditional boundaries.
- + The Developing One NHS in Dorset vanguard leaders deliberately sought to improve their understanding of each of the organisations contributing to the vanguard programme. Many vanguards have brought staff, patients and stakeholders together to work through the problems that need to be solved and discuss and agree objectives. For the Better Care Together vanguard in Morecambe Bay, taking this approach has led local government managers to report improved communication with the health services, as staff now know who they can talk to at the hospital, resulting in more flexible working to fix local problems.
- + For Mid Nottinghamshire Better Together vanguard, achieving their aims of reducing people's length of stay and supporting people to stay independent at home meant overcoming a number of cultural barriers and frustrations between different organisations across the region. The Better Together health and social care partners signed up to a set of principles and behaviours which have helped them to work together more effectively and address some of the cultural and professional barriers they had historically faced.<sup>4</sup>

## CELEBRATING PARTNERS IN DORSET

Organisational self-interest is often considered a barrier to successful partnership working and the spread of innovation. Staff and the public understandably feel a lot of loyalty to existing organisational forms. In the Developing One NHS in Dorset vanguard, the leaders of the partner organisations have recognised that the individual organisations people work for are part of their identity and that they couldn't simply ask people to forget about their organisations or history. Rather, they have undertaken training in the Arbinger method to help them walk in each others shoes' and understand how to see issues from a range of perspectives, which has helped to build stronger relationships between the partner organisations.

## GENERATING HOPE THAT THE NEW CARE MODELS CAN BE SUCCESSFULLY DELIVERED

- + Many vanguards feel they have benefited from open leadership cultures at the national level from the arm's length bodies, and locally, which have encouraged change and innovation and allowed staff to try new ways of working. The national bodies have sought to encourage the vanguard teams to have a go, be prepared and willing to make mistakes, and supported to learn from them. Sharing learning across sites about initiatives that go wrong as well as those that go well can help to encourage others to have a go.
- + Effective leadership is a critical enabler for change. Leaders across vanguard sites have challenged themselves to share leadership and responsibility, as well as to prioritise talking, and listening, to staff. The Provider Alliance in Connecting Care Wakefield enhanced health in care homes vanguard has brought together leaders of all the local organisations that play a part in health and wellbeing. Each chief executive has taken on a system leadership role, many in areas that they may not consider themselves to be experts in. By stepping outside of their comfort zone they are modelling this behaviour for frontline staff who are also being asked to work in different ways.

## ALIGNING THE NATIONAL ARM'S LENGTH BODIES AS A DRIVER FOR NEW CARE MODELS

- + NHS England recognised that “many of the local issues that the vanguards have faced stem from the adverse and often unintended consequences of the national rules, systems and behaviours” within which local organisations operate.<sup>5</sup> Consequently, the national bodies sought to reverse the traditional hierarchy by allowing the vanguards to commission the national bodies to support them, and to hold the national bodies to account for how well they delivered for them.
- + From the very beginning, the national bodies encouraged the vanguards to study, adapt, try out and refine interventions, and a fundamental principle of the programme was that the vanguards could expect to encounter failure along the way. Indeed, one of the programme's mantras became ‘fail fast and learn faster’. Having the explicit backing from the national bodies to try new ways of working – and the permission to make mistakes and learn from them – has been invaluable for allowing vanguard leaders to take risks and try things they wouldn't usually have been able to.

## NHS ENGLAND SUPPORT TO THE VANGUARDS HAS INCLUDED:

- + bringing vanguards together through communities of practice, providing opportunities for network learning such as calls and webinars with local and national NHS England teams, and connecting sites to other arms length bodies
- + providing access to materials, tools and resources to help deliver the work
- + national policy support on issues that impact delivery of the model of care. The national bodies have sought to declutter the policy landscape and over time, develop a national suite of frameworks which describe the core elements for each of the models of care and how they can be commissioned to deliver joined-up services
- + site-specific support, such as providing a named contact in the national team for each vanguard team and signposting to national and regional expertise
- + bespoke local support including quarterly progress reviews and solutions-focused coaching, as well as dedicated support from account managers within the new care models team.

## A CAN-DO APPROACH TO INFORMATION GOVERNANCE AND TECHNOLOGY SOLUTIONS

- + The *Forward view* recognised that technology has the potential to revolutionise the way health and care is delivered. A number of vanguards have implemented innovative digital solutions at the heart of a new approach to care. They have discovered that when introducing new technologies, even the most straightforward tasks can take longer than expected – therefore planning and flexibility, and regular communication with staff, are essential to keeping the programme moving and keeping staff on board.
- + It is important for information management and technology (IM&T) teams to understand how clinical teams work and how the new technologies will help them do their jobs. As part of Salford Together vanguard, 450 adult social care staff transferred across from Salford City Council to the health team, which required the introduction of a new shared integrated record. To help staff understand the ‘art of the possible’ and participate in building the vision for the new record, the IM&T team held an open day where staff could find out about what the new integrated record could do and deliver, and asked staff about the processes they used and wanted to use in future. Another important factor for many vanguards has been the active involvement of a strong information governance lead.
- + The vanguards have put considerable effort into engaging staff in the move to new ways of working. Many have found that bringing on board senior clinicians who are keen to be early adopters of new technology can help to generate interest in the technology among others. They have also put communications plans in place to ensure regular communication with staff involved in the projects.

## CREATING THE TIME, SPACE AND RESOURCES FOR CHANGE OF THIS SCALE

- + People tend to underestimate how long it takes for programmes to get going and to start showing tangible changes and results. Programme teams need space to be able to implement change and time to be able to evaluate the impact. This is especially the case where people are taking on improvement project roles alongside their existing work, or where teams are transforming care while also delivering services as usual.
- + Staff have benefited from secondments into vanguard project teams and the opportunities these roles have provided to develop new knowledge and skills. However, given the short-term nature of employment contracts in vanguard project teams, some of the vanguards have struggled with the problem of staff attrition. In some cases this has impacted on staff morale and cohesion, especially where members of staff who stay in post are required to take on extra responsibilities and tasks. Staff on secondments returning to their substantive posts have taken their newly acquired knowledge, skills and contacts with them and are able to then apply the learning in a new environment.
- + While having robust planning and programme management processes is essential, teams have to be flexible and adaptable, and be prepared to accept that initiatives may not work out as planned.

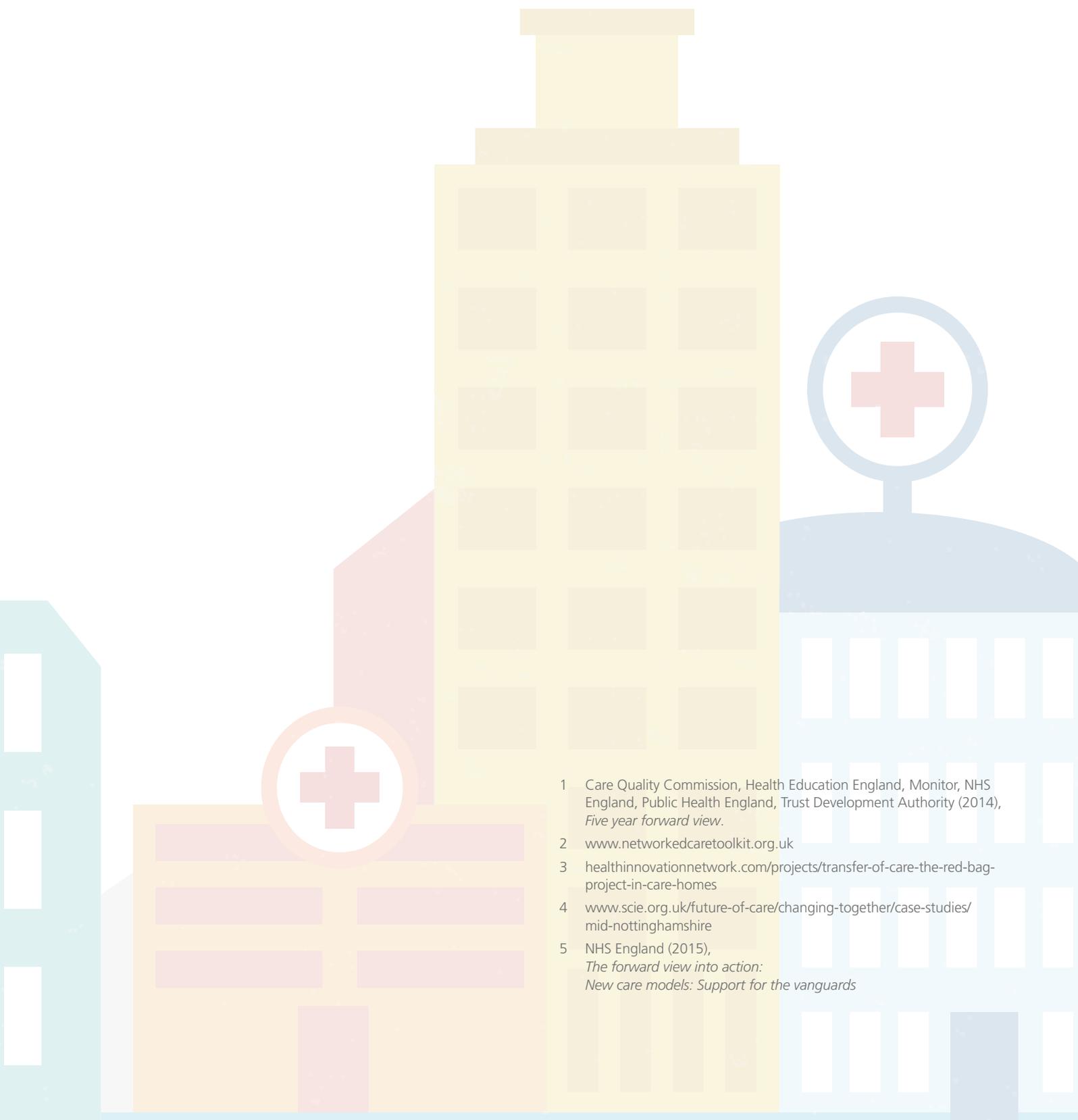
## NEXT STEPS

The new care models programme set out to design, test and deliver a variety of scalable and replicable new care models for the whole country. Sustainability and transformation partnerships (STPs), accountable care systems (ACS) and accountable care organisations (ACOs) will be key vehicles for scaling up and spreading the models. In some areas, vanguards have evolved into one of these new models, or form a crucial component of it. The Fylde Coast local health economy vanguard – a multispecialty community provider (MCP) – is being developed into an ACS before spreading across the rest of Lancashire and South Cumbria STP. One of the objectives for Frimley Health and Care STP is to replicate effective vanguard interventions across the STP footprint, such as north east Hampshire and Farnham vanguard’s self-care initiatives and the safe haven model for mental health.

Meanwhile, Northumberland, Tyne and Wear and North Durham STP is capitalising on the work of the five vanguard sites in its footprint. The Northumberland integrated primary and acute care system (PACS) vanguard has redesigned the emergency care model and enhanced primary and community care to ensure care is delivered as close to home as possible. It intends to continue to transform the way health services are delivered through the creation of an ACO based on the PACS model. The ACO will be hosted by Northumbria Healthcare NHS Foundation Trust and will be responsible for commissioning and delivering services to the population, supported by a new commissioning arrangement between the NHS and local authority. At the same time, partners in Sunderland, South Tyneside and North Durham – one of the three health economies within the STP – are continuing to develop and test the Sunderland MCP vanguard to ensure the

benefits are realised and lessons are learned, and to have in place a viable alternative to a PACS model for other areas to adopt.

Many elements of the vanguards’ achievements, from co-producing services with patients and the public and engaging staff in change, to testing innovative technological solutions and building relationships and shared goals across whole systems, has laid the groundwork for change on a larger scale. There is an opportunity for STPs and ACOs to build on the vanguards’ leadership and momentum, the expertise and energy of staff and local communities, and their understanding of what has – and hasn’t – worked. They can also benefit from the work by the vanguards and national bodies to share information and build communities of practice, evaluate change and understand how national policy can help the scale and spread of initiatives.



- 1 Care Quality Commission, Health Education England, Monitor, NHS England, Public Health England, Trust Development Authority (2014), *Five year forward view*.
- 2 [www.networkedcaretoolkit.org.uk](http://www.networkedcaretoolkit.org.uk)
- 3 [healthinnovationnetwork.com/projects/transfer-of-care-the-red-bag-project-in-care-homes](http://healthinnovationnetwork.com/projects/transfer-of-care-the-red-bag-project-in-care-homes)
- 4 [www.scie.org.uk/future-of-care/changing-together/case-studies/mid-nottinghamshire](http://www.scie.org.uk/future-of-care/changing-together/case-studies/mid-nottinghamshire)
- 5 NHS England (2015), *The forward view into action: New care models: Support for the vanguards*