Experiments in Autonomy

Vanguards, Devos, and the Five Year Forward View

A nursing perspective

Background

The past few months have seen an extraordinary explosion of activity in health and social care[1] reform. This briefing describes the origins and provides analysis of two key aspects of that activity: NHS England's *Vanguard* programme, and the *Devo Manc* initiative in North West England. It further considers the challenges they present, individually and at the wider system level, for both nursing and the nursing workforce.

announced an in-year reduction of £200m to public health funding for 2015-16; in one fell swoop challenging both a key tenet of Simon Stevens' vision, and a central plank of the *Devo Manc plan*, i.e., that improving public health through spending on prevention has a vital part to play in reducing health and social care demand, and spend.

Splendid Isolation

It is also worth noting that these system-approved experiments are not taking place in isolation. Across England various organisations and localities are looking at ways to fuse together health and care services, and are bringing together funds that will enable joint or integrated commissioning and provision of health and care.

From *One Plymouth*[9], which is pooling and aligning NHS and local government budgets via section 75[10] arrangements, to Staffordshire and Stoke-on-Trent's Partnership Trust delivering integrated health and care services[11], the movement towards integration is providing a rationale for reshaping both NHS and local government services across the country.

The most recent addition to this wave is a proposal for a new settlement across the whole of

Programme fundamentals

The tables on pages 5-9 provide a brief overview of each of the plans/programmes.

The Five Year Forward View

The *Five Year Forward View* provides both a critical analysis and a blueprint for the NHS in England. It sets out a clear description of the challenges facing the NHS, whilst recognising that many of them stem from the successes it has achieved, for example, by ensuring that more people survive previously incurable or life-threatening conditions. It then provides a loose template for how the service can continue whilst addressing those challenges.

On the specifics, the report argues for:

- a radical upgrade in prevention and public health
- a focus on the major health risks of obesity, smoking and alcohol
- workplace incentives designed to promote better health, including in the NHS
- giving people more control of their health care, including through increased use of personalised health budgets and patients accessing their records
- shared budgets across health and social care
- more support for England's estimated 1.4m carers
- more partnering between the NHS and the voluntary health and care sector
- a breakdown of the barriers that currently exist in care provision, between:
    - family doctors and hospitals
    - physical and mental health
    - health and social care.

The report acknowledges the need to increase the support given to primary care, in its vital role as gatekeeper and sign poster to those needing NHS care. This position is augmented by a recognition that health care needs are different across the country, and across different societal groups. In recognition of this point it proposes that any changes to the way in which care is delivered must be undertaken in a structured but flexible manner, allowing local providers flexibility in how they organise their services and structures.

This structured flexibility is to be achieved through the adoption of seven different models across the

sustaining smaller local hospitals where viable, including via partnerships with others, including specialist hospitals

midwives taking charge of maternity services

concentrating specific services into specialist centres

providing more health and rehabilitation services in care homes.

It is worth noting that the proposal for urgent and emergency care (UEC) redesign sits alongside an England-wide review of UEC[13], which is scheduled to run until 2016.

Importantly, the plan also argues for a step-increase in funding for the period from 2015-21, of up to £8bn, to help address a potential funding gap of up to £30bn. It proposes that this be supported by continuing the current efficiency savings programme, to secure between two to three per cent per annum. However, it acknowledges that methods used during the 2010-15 period, such as wage restraint, will not be sustainable over the long term.

The Vanguard programme

The *Vanguard Programme* is the practical application of a key element of the report, i.e., the models of care. It was first announced in January 2015[14], and described as a mechanism to encourage uptake of the three of the seven models.

The first wave of the programme comprises 29 sites[15] spread across England (see figure 1), each site adopting one of the three of the models described in the report, i.e., multispecialty community providers, primary and acute care systems or enhanced care homes.

Figure 1 – List of the 29 first-wave Vanguard sites by category

[13] NHS England (2014) http://www.england.nhs.uk/2014/08/19/update-uec-review/

[14] NHS England (2015) www.england.nhs.uk/2015/01/26/models-of-care/

[15] NHS England (2015) www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/

In addition to the transformation funding, the six ALBs supporting the programme will also be providing support for individual vanguards. This support will be delivered against eight categories:

as representatives from those local authorities and CCGs that have participated in the programme's development, and from provider organisations operating in the region.

The devolution bug

While the Greater Manchester plan made the headlines, a number of other city-regions have also started along devolutionary paths that could lead to them having greater responsibility for health care spending in their areas:

Sheffield city-region, which includes public service reform in its agreement
Leeds city-region
Glasgow
Cambridge
Newcastle-Gateshead

Cornish Independence

The devolution debate was given an added twist in June, when an announcement by the Chancellor of the Exchequer in his Emergency Budget moved devolution beyond the city region. The Treasury's support for county-wide proposals for Cornwall was given governmental sign off in July, when the Prime Minister signed an official agreement[24], with the Leader of Cornwall Council, the Chairman of the Cornwall and Isles of Scilly Local Enterprise Partnership, and the Chair of NHS Kernow Clinical Commissioning Group.

The Cornish devolution deal spans range of key areas, including transport, employment and skills, EU funding, business support, energy, health and social care, public estate, heritage and culture. The health and social care element will involve the CCG, (NHS Kernow) Cornwall Council, the Council of the Isles of Scilly, and other local organisations working with NHS England on plans that will integrate the county's health and social care services.

What are the issues?

NHS solutions to non-NHS problems?

It is important to note that neither *Devo Manc* nor the

services, and that in essence the NHS is being asked to step-in to resolve problems that sit outside its traditional remit.

Integration as salvation

However, from a nursing perspective the drive to bring the two services closer together can be seen to have some clear benefits; not only for those receiving services but also for those working at either side, and across this often arbitrary divide. Many members responding to RCN work on social care[27] over the past decade have highlighted the challenges that nurses working in this area face, from overly burdensome bureaucracy to confusion over who or which agency is ultimately responsible for payment.

Further to this point, at a regional level those involved in advocating devolution argue that major financial and efficiency benefits will be realised through linking health and care 'at scale'. The argue that doing so will help to reduce the existing fragmentation of commissioning and regulatory arrangements, including the complexity resulting from having so many organisations involved in marshalling and regulating providers[28].

In addition to resolving the issue of the 'regulatory burden', any amalgamation of commissioning and delivery will need to be underpinned by strong and enforceable principles of co-operation and collaboration. There will also need to be an agreed focus on delivering services that are anchored to people/place, through a strong community and person-centred approach. Any arrangements will also need to involve estates (local and NHS property services), Health Education England to deliver workforce transformation, and Public Health England to support delivery on health promotion and disease prevention ambitions.

which were originally set up to bring health and social care services together, and are funded through the *Better Care Fund*[30], a combined NHS and social care arrangement (see figure 3).

That aside, it is encouraging that many of the sites have a history of trying to provide integrated care, either across primary and acute, or health and social care. It is also good to see that many of the sites have identified nursing as being key to achieving their objectives. However, these aspirations do need to be considered in light of research the RCN conducted into the *Integration Pioneers* in late 2014[31], which highlighted a worrying lack of awareness of the status and objectives of sites by many of the nurses working in them. A concern must be that the additional overlay created by the Vanguards may reinforce and complicate this situation, although this may be offset by them being taken under the direction of the Vanguards' programme[32].

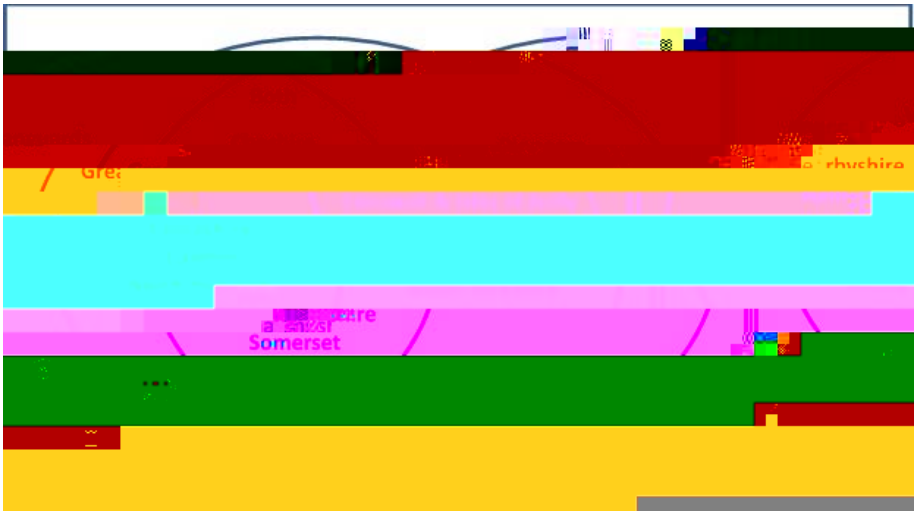

Figure 3: Counties in England that have either *Pioneers, Vanguards* or both

It is to be hoped that NHS England is able to provide a clearer oversight for the twenty-nine sites, which can ensure that staff working in *Vanguards* sites are fully engaged with the programme, and are therefore able to fully contribute with their skills, knowledge and experience.

Manchester exceptionalism?

In many ways, *Devo Manc* can be seen as the logical extension of the *Vanguard* approach, since it essentially creates an opportunity for the delivery of health and social care to be re-imagined but on a much greater scale. The plan is also somewhat greater in ambition, as it will be the first time a 'city-region' will be given control over its NHS budget in this case £6bn, in addition to powers over infrastructure and transport. This will take it beyond the London, which has only has powers over infrastructure and transport.

A key point of note however, is that as the plans currently stand there is no intention for Manchester to formally separate from the NHS. NHS England has said that it will seek assurances

[30] NHS England http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
[31] RCN (2015) 'Update on England's 14 integrated health and social care pioneer programmes: viewpoints of RCN members' www.rcn.org.uk/__data/assets/pdf_file/0009/603891/24.14_Update_on_Englands_14_intregrated_health_and_social_care_pioneer_programmes_viewpoints_of_RCN_members.pdf
[32] Sam Jones gave this detail at a meeting with senior nurses that took place in August 2015.

The fact that many nurses work at the interface between health and care organisations makes them all the more vital to the development of integrated care. Nurses working at these intersections, importantly between free health care and means-tested social care, gives them a unique perspective on how the two systems work and interact, and where things fall down.

Many nurses working with patients living with long-term conditions also fulfil the navigator/co-ordinator role, which is being seen a key component to the delivery of integrated services. Nurses' experiences and insights will be invaluable in the development of the new models and approaches, and to their success in providing services that are truly person-centred, clinically effective, and financially sustainable.

It is a positive step that the *Five Year Forward View* makes specific and detailed mention of midwifery. The plan includes a proposal to commission a review of future models of care, and to re-structure maternity provision through funding arrangements that support maternal choice and facilitate new ways for midwives to work and provide care.

Five Year Forward View

While the plan itself contains few mentions of nursing, it is arguable that all of the objectives it outlines as being critical to success will demand nursing's contribution, albeit with different skill sets to match the aspiration. This is perhaps most acutely illustrated in two areas; specialist nursing for long-term conditions and care homes.

Long-term conditions have long been an area of concern for the health service, not least because an estimated 15m people living in England have one or more condition, and approximately 70 per cent of the NHS budget is spent on their management[35]. Much of that care is provided by specialist or condition-specific nurses[36], and yet over the past decade increasing numbers of these nurses have been lost, as posts are cut or reduced in hours, or have their scope widened so that they are no longer able to provide a condition-specific service.

This is not only bad for those needing their services, it also has damaging and costly knock-on effects, for example forcing some people to seek emergency care when things go wrong and they find themselves unable to manage[37]. Ensuring that these trends are reversed will be vital to the success on the commitment to empower people to better manage their health, as it will be with making progress on the community-based models.

Although the vast majority of the nursing workforce is employed in the acute and community sectors, a sizable minority are employed in the social care sector, most specifically in the care home sector, where they already face serious challenges in delivering high quality care[38]. This is an issue which will have to be addressed if the enhanced care homes model is to be made viable.

[35] DH England

Primary and community care provision are also identified as key components of the larger vision, and these feature in the three models of care. This is to be welcomed, and reflects an increasing awareness of the need to reconcile the desire to do more out of hospital (the so-called acute to community shift) with the need to invest in both of these workforces.
Recent RCN work[39,40] has highlighted problems in both areas. For the community and district nursing workforce the biggest issue is the decline in their overall numbers, with those remaining increasingly being older (most are over 50). These two factors together mean that the NHS in England runs the risk of a complete loss of district nursing capacity by 2025[41], unless more effort is made to recruit and retain new entrants.

The challenge for primary care is somewhat similar. The overall size of the workforce needs to be increased, but investment also needs to be made into the pre- and post-registration education for those wishing to enter this field, as well as in the training made available for existing practice nurses. A unique issue for primary care is the need to create a coherent and stable workforce model to provide new entrants with the ability to develop their career in this area of health care.

Fundamentally, and across all of these differing aspects of need, nursing has to be seen first and foremost as being linked to people rather than establishments, so that the provision of care becomes the paramount aspect of the relationship between those giving care and those receiving it, rather than the location from where it is delivered.

Vanguard programme

Early analysis of the successful *Vanguard* applications has shown a welcome level of commitment to the role that nursing can play to achieving their aims. So far only three models have been selected (multispecialty community providers, primary and acute care systems, and enhanced care homes), and so the impact of the wider programme on nursing will depend on how the applicants to the remaining four models engage their nursing workforces in developing their plans.

One of the standout omissions from the report, and one that was raised at an event held jointly by the RCN and NHS England, in January 2015, is its lack of profile for nursing leadership. Indeed little mention is made of nursing over and above their role in delivering services ‘on the ground’.

It is therefore welcome that both of the two *Vanguard* programme managers have direct experience of being leaders: Samantha Jones[42] has a nursing background and has been a Director of Nursing, and Sir Sam Everington is an acclaimed GP leader[43].

It is hoped that their experience and knowledge of the importance of having good service-level leadership, as has been demonstrated through nursing representative on clinical commissioning

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[39] RCN, NNRU (2014) Survey of district and community nurses in 2013: report to the Royal College of Nursing. Ball J, Philippou J, Pike G, Sethi G London
www.rcn.org.uk/__data/assets/pdf_file/0010/580744/14.14_Survey_of_district_and_community_nurses_in_2013_Report_to_the_Royal_College_of_Nursing.pdf
[40] RCN (2015) Primary Care Workforce Commission - call for evidence
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What next?

RCN activity

The RCN is actively monitoring all of the various integration schemes across the country, and providing commentary and analysis where practical and possible.

Our policy team are working closely with the RCN North West region, to look at the RCN can do to promote the interests of nursing and nurse leadership, as *Devo Manc* is further developed and implemented. As other devolution arrangements are announced we will look to extend this work.

Over the coming months we will be publishing a series of briefing and reports, including some guides for