A panoramic view of the Manchester city skyline at dusk. The sky is a deep purple and blue, with city lights beginning to glow. A prominent skyscraper, the Beetham Tower, is visible on the left. The city is densely packed with buildings, and the lights from the streets and buildings create a warm, golden glow. A yellow horizontal bar is positioned below the cityscape image.

Understanding 'scale and spread' of new models of care: learning from the Vanguard programme

Dr Julie MacInnes
Prof Kath Checkland

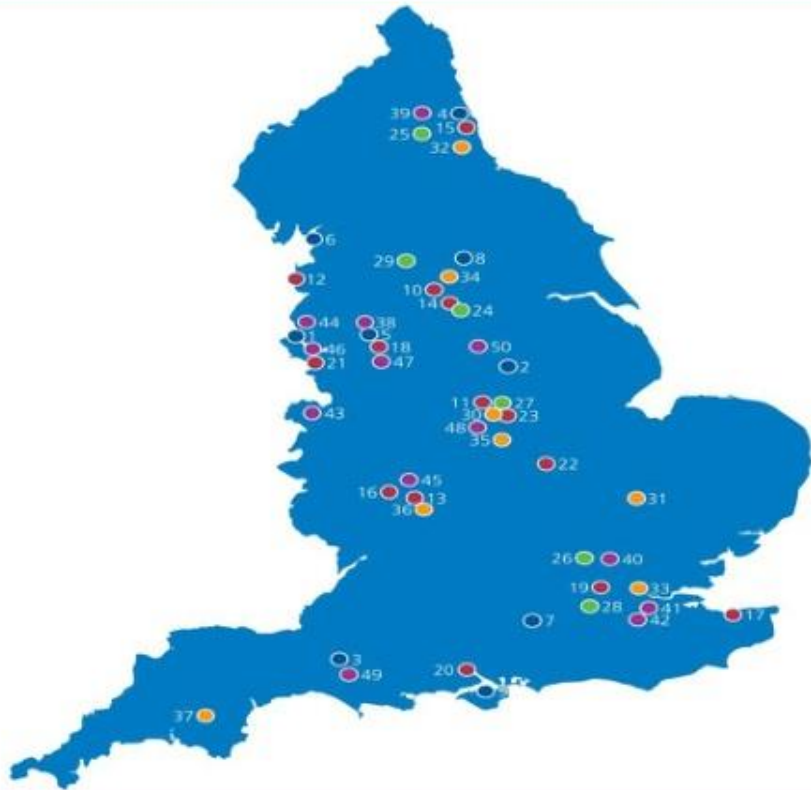
Disclaimer

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The Vanguard Programme

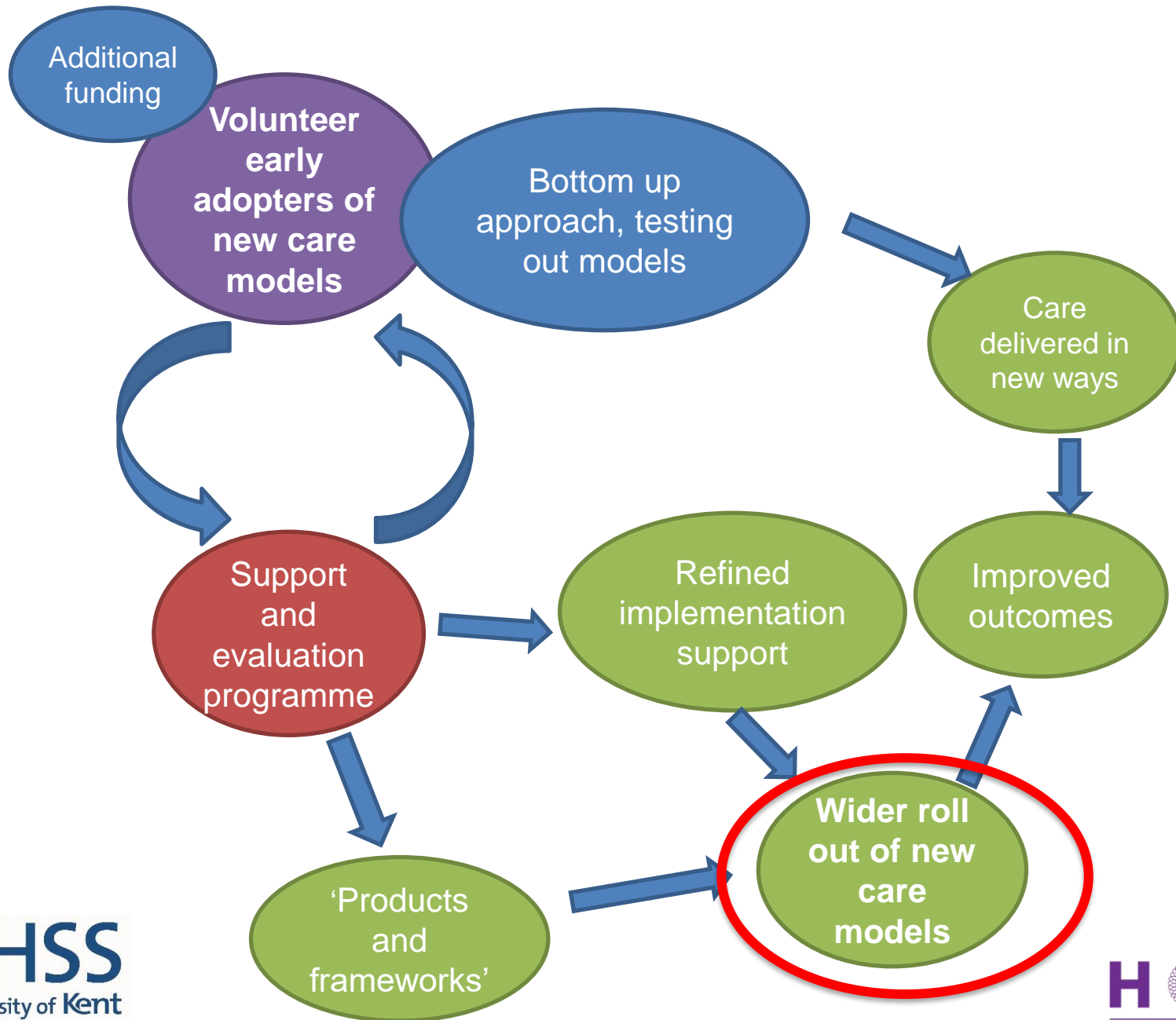
- Outlined in National Health Service in England (NHSE) '*Five Year Forward View*' (2014)
- 5 'new models of care' were identified, with 50 areas designated as 'Vanguard pilots', 3 models focused on community-based integrated care (Multi-speciality Community Providers, Primary and Acute Care Systems and Enhanced Health in Care Homes)
- Investment of £357 million, plus £60 million for support & evaluation
- Intended to develop 'replicable' 'new care models' which could easily be scaled and replicated elsewhere
- Intended to link together primary, secondary, community and other services AND to develop new contractual models
- In practice all sites implemented a mix of standard integration approaches (multidisciplinary teams, social prescribing, single point of access)

50 vanguards developing their visions locally



Acute care collaboration (ACC) vanguards	
38	Salford and Wigan Foundation Chain
39	Northumbria Foundation Group
40	Royal Free London
41	Dartford and Gravesham
42	Moorfields
43	National Orthopaedic Alliance
44	The Neuro Network (The Walton Centre, Liverpool)
45	MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
46	Cheshire and Merseyside Women's and Children Services
47	Accountable Clinical Network for Cancer (ACNC)
48	East Midlands Radiology Consortium (EMRAD)
49	Developing One NHS in Dorset
50	Working Together Partnership (South Yorkshire, Mid Yorkshire and North Derbyshire)

Integrated primary and acute care systems (PACS) vanguards	
1	Wirral Partners
2	Mid Nottinghamshire Better Together
3	South Somerset Symphony Programme
4	Northumberland Accountable Care Organisation
5	Salford Together
6	Better Care Together (Morecambe Bay Health Community)
7	North East Hampshire and Farnham
8	Harrogate and Rural District Clinical Commissioning Group
9	My Life a Full Life (Isle of Wight)
Multispecialty community providers (MCPs) vanguards	
10	Calderdale Health and Social Care Economy
11	Erewash Multispecialty Community Provider
12	Fylde Coast Local Health Economy
13	Vitality (Birmingham and Sandwell)
14	West Wakefield Health and Wellbeing Ltd
15	Better Health and Care for Sunderland
16	Dudley Multispecialty Community Provider
17	Whitstable Medical Practice
18	Stockport Together
19	Tower Hamlets Integrated Provider Partnership
20	Better Local Care (Southern Hampshire)
21	West Cheshire Way
22	Lakeside Surgeries (Northamptonshire)
23	Principia Partners in Health (Southern Nottinghamshire)
Enhanced health in care home vanguards	
24	Connecting Care – Wakefield District
25	Gateshead Care Home Project
26	East and North Hertfordshire Clinical Commissioning Group
27	Nottingham City Clinical Commissioning Group
28	Sutton Homes of Care
29	Airedale and partners
Urgent and emergency care (UEC) vanguards	
30	Greater Nottingham Strategic Resilience Group
31	Cambridgeshire and Peterborough Clinical Commissioning Group
32	North East Urgent Care Network
33	Barking & Dagenham, Havering & Redbridge System Resilience Group
34	West Yorkshire Urgent and Emergency Care Network
35	Leicester, Leicestershire & Rutland System Resilience Group
36	Solihull Together for Better Lives
37	South Devon and Torbay System Resilience Group



Headline findings from our evaluation

- Significant implementation activity took place, with considerable local enthusiasm
- Extensive support & evaluation programme established
- Much local enthusiasm and engagement
- No development of 'products and frameworks' beyond the Enhanced Health in Care Homes (EHCH) framework
- Some evidence of small impact on slowing the rise in emergency hospital activity, with benefit concentrated in Care Home sites towards the end of the programme
- Limited evidence of wider learning from the programme, with no evidence that Current health and social care policy builds upon Vanguards
- Limited evidence of desired 'wider roll out'

Scale and Spread

This presentation aims to illustrate:

- Why the Vanguard programme overall failed to develop scalable and spreadable models of care
- What can be learned from the roll out of the 'Enhanced Health in Care Homes' framework via Primary Care/Family Doctor networks
- What this tells us more generally about scaling and spreading local innovations

Scale and Spread

Scale:

The deliberate and systematic approach of rolling-out a local programme more widely by meso- or national-level co-ordinated actions – so-called ‘vertical diffusion’

Spread:

Replication of innovations in other geographical areas, commonly by informal or de-centralised actions - so-called ‘horizontal diffusion’

(Eaton et al, 2011; Rogers, 2019)

Conceptual Model

We use Nolte's framework to explore the factors which influenced the scale and spread of the
Vanguards (Nolte, 2018)



Factors influencing scale and spread of healthcare service innovation (Nolte)

Factor	Key Components
Organisational structure	Adaptive and flexible structures that support devolved decision-making
Leadership and management	Supportive and committed to change including the articulation of a clear and compelling vision
Stakeholder involvement	Early and widespread, including staff and service users
Dedicated and ongoing resources	Funding, staff, infrastructure and time
Effective communication	Across and between organisations
Adaptation	To the local context and integration with existing programmes and policies
Ongoing monitoring and feedback	About processes, occurring in a timely manner
Evaluation	Demonstration of effectiveness, including cost-effectiveness and health benefits

Factor: Organisational structure

The key difference between the Vanguard programme and the EHCH roll-out was that the organisational structure by which the EHCH was to be implemented was specified, namely Primary Care Networks (PCNs) In contrast there was no defined organisational structure or mechanisms to enable scale and spread of the Vanguards

Vanguards - Limited evidence of any explicit impact of Vanguard activity on integration across wider regional structures as few mechanisms by which activity at local level in Vanguards and a developing system architecture at regional level could be linked

Where there was evidence of an explicit link between Integrated Care Systems (ICS) plans and previous Vanguard activity, this was generally mediated by serendipitous factors such as the employment of a particular individual with Vanguard experience in an ICS role.

Factor: Leadership and management

The Vanguard programme and the EHCH roll-out differed in that there was no formal leadership or management devoted to scaling and spreading the other Vanguard initiatives, whilst the EHCH roll-out was the clear responsibility of PCNs. In the Vanguards, it was only in cases where local leaders happened to move from Vanguards to ICSs that they were able to do this

- Leadership at a national level was also lacking, in that the national guidance or frameworks envisaged by NHS England was not ultimately produced. This lack of national direction at the end of the Vanguard programme and the failure to produce any 'blueprints' for scale and spread arguably limited their potential
- The EHCH policy specified the mechanisms by which scale and spread was to be achieved. Leadership was assigned to PCNs operating at neighbourhood level, with support and co-ordination provided by service commissioners

Factor: Effective communication

For the Vanguard, communication was rather 'ad hoc' and reliant on key individuals. For the EHCH roll-out, occurring during the Covid-19 pandemic, effective communication between care homes and other agencies became a necessity.

Vanguards - communication and information sharing to other, often neighbouring, areas enabled a degree of spread. This was dependent on the actions of highly skilled individuals who championed the successes of the Vanguard

In terms of scale, the movement of individuals with Vanguard roles to other organisations such as ICSs was key

EHCH - the pandemic heightened the need for clear communication to ensure accurate understanding of the evolving situation, allowed clear planning and aimed to give unambiguous, timely guidance

Factor: Effective communication

- NHS England facilitated sharing of information between the Vanguards (webinars, events and visits). Despite this cross-fertilisation, there are relatively few examples where initiatives in one Vanguard were picked up and implemented elsewhere. The notable exception to this was an initiative known as the 'red bag', developed by one EHCH Vanguard and implemented widely (Adaptation).



Factor: Adaptation

Vanguard initiatives were adapted to their local context from the start in that the Multi-Speciality Community Providers and Primary and Community Acute Care Systems Vanguard were a disparate collection of a wide range of initiatives that were highly context dependent and thus difficult to codify

- The EHCH Vanguard were more easily codified into a specific framework (NHS England, 2016). We found evidence that some EHCH initiatives had spread 'on the ground' before national policy caught up. However, these met with limited success due to lack of adaptation to the local context
- The lessons around the importance of adaptation were not learnt in the roll-out of the EHCH policy which was seen as too prescriptive

Factor: Adaptation

The Hospital Transfer Pathway (the 'Red Bag'), was seen as a great success. Developed in one Vanguard, it was, adopted across the country. It seems likely that the reason the initiative was spread was its simplicity and the fact that it had a readily identifiable symbol – the 'Red Bag' itself. However, the initiative failed to be adapted to the context of the new settings and met with more limited success



“The red bag, for us, just didn’t work... and we spend a fortune on all those red bags, and so much time and effort. But it’s the other variables isn’t it? It’s the fact that actually we’ve got a massive acute trust that just wasn’t on board. You know, we’ve got an ambulance service that covers five counties, that, you know, there’s a whole load of reasons why” (P3S5R05)

Conclusion: The 'scale and spread paradox'

- The Vanguard programme was predicated on the idea that promising new ways of providing services would be essentially prototyped and codified, allowing others to easily adopt them
- ...but the very factors that supported successful local implementation of the prototypes – e.g a permissive approach allowing local innovation and strong, long-term trusting relationships – mitigate against successful top-down scaling and spreading, where such factors are unlikely to be present

Conclusion

- Health system management which supports ongoing, local collaborative activity is important so when significant service changes need to be made the required trust will be present, fostered by long term engagement of individuals over time
- Investment in relationship building between organisations and the provision of high-quality human resource management to encourage long-term staff retention is needed
- Adequate resource provision is clearly important, and appropriate incentivisation alongside clarity around desired outcomes supports implementation and can facilitate improved performance
- For the EHCH policy, a helpful approach might have been to clearly identify desired outcomes, such as reductions in admissions to hospital or improvements in clients' experiences, but to leave the mechanisms by which these are achieved to be locally determined, perhaps supported by a 'menu' of potential approaches

Selected outputs from the study:

MacInnes J, Billings J, Coleman A, et al (2023) "Scale and spread of innovation in health and social care: Insights from the evaluation of the New Care Model/Vanguard programme in England" Journal of Health Services Research & Policy, 28(2):128-137.

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