
# 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.

## How did we get here?

In October 2014, when Simon Stevens unveiled a plan for re-imagining how people in England should receive health and care in England, it was in many ways a logical step on from the existing *Integration Pioneers* programme[2,3]

The plan, the *Five Year Forward View*[4], was actually not Steven's, nor NHS England's alone, having been co-produced by NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority, (known as Arm's Length Bodies, or 'ALBs'), and with contributions from patient groups, clinicians and independent experts.

The document outlined the challenges, financial, structural and demographic, facing the country, and then in light detail proposed an array of solutions, and while increased funding was top of the list, the more interesting and potentially radical proposals were the *seven models of care*, which ranged from super-charging primary care and creating integrated care networks (led from primary care or from acute hospitals) to the enhancement of care delivered in care homes.

Within two months of the plan being published a call had been made for health care actors across the country, providers and commissioners, to submit expressions of interest in becoming *'Vanguards',* localities that would be willing to adopt one of the models described in the report; and through an action-research approach also road test it. Following a selection process that involved both pre-qualification and peer assessment, in March 2015 29 sites were announced[5], covering three of the categories: integrated primary and acute care systems (PACS), multispecialty community providers (MCPs), and enhanced care homes.

One of the most obvious characteristics of the list of sites was the lack of any major hospital trusts, and the absence of anything large scale, not least since Simon Stevens had talked about the

[1] Now also being referred to as 'health and care'.
[2] RCN (2014) 'Integrated Health and Social Care in England: The 14 Pioneer Programmes - A guide for nursing staff' www.rcn.org.uk/__data/assets/pdf_file/0009/584217/18.14_Integrated_Health_and_Social_Care_in_England_The_14_Pioneer_Programmes_A_guide_for_nursing_staff.pdf
[3] 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
[4] NHS England www.england.nhs.uk/ourwork/futurenhs/
[5] NHS England www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/

possibilities of applications being submitted by cities or towns. The latter omission was soon addressed however, albeit not directly in relation to the official Vanguard programme.

On 24 February the Manchester local press published a story about a new settlement for the city that would mean it taking control of £6m of health and social care money, through a set of new structural arrangements, brokered in a deal between 10 of the city's local councils and the UK Treasury. Following this semi-authorised leak, further details of the agreement were quickly announced by the Chancellor and senior Manchester politicians. A *Memorandum of Understanding*[6] was subsequently published, which outlined the details of the agreement and gave a timeline for its implementation, running from April 2015 to April 2016.

It is interesting that the initial running on the plans for Devo Manc was made by local government and the UK Treasury and not the NHS. Simon Stevens did issue a welcoming statement, but it followed sometime after the news had broken, and after the Chancellor and Manchester politicians had spoken. The nature of the plan's origins may have a profound impact on how the project runs, not least in the ways it affects relationships between its principal architects, who are primarily from local government, and the NHS.

## Concentric motions

Both programmes are now underway. The first and second waves of vanguard sites are up and running (eight urgent and emergency care networks were launched this July[7]), and a further wave, encompassing acute care collaborations[8], is in recruitment. The structures to deliver Devo Manc have been agreed, and work is taking place to ensure everything is in place for the April 2016 start date.

It will be interesting to observe how the two approaches work, both independently and in relation to each other, since they are both trying to do similar things. The Vanguard Programme is working from the ground up (albeit within requirements set by NHS England), attempting to determine how to improve quality and outcomes while securing financial sustainability, and via an approach that brings together the experiences of a number of organisations, each with its own distinctive history and culture. Devo Manc is in reality a city-wide vanguard, attempting to improve care and financial sustainability, but as its jurisdiction will be bigger than any of the Vanguards it will face different challenges, and is likely to provide richer, if not different data.

The insights from both approaches, considered independently and combined, may also be invaluable in helping to answer some longstanding and difficult NHS problems. Are the best outcomes delivered from large or small scale change? Is bottom-up or top-down the best approach? Should our focus be system-wide or centred on recognisable communities?

The timeframe for the two programmes does mean that they are liable to be affected by unexpected external factors, such in in June this year, when the Chancellor of the Exchequer

[6] Association of Greater Manchester Authorities, NHS England & Greater Manchester Association of Clinical Commissioning Groups (2015) 'Greater Manchester Health & Social Care Devolution Memorandum of Understanding' www.agma.gov.uk/cms_media/files/mou.pdf
[7] NHS England (2015) http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/uec/
[8] NHS England (2015) http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/acute-care-collaboration/

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 Cornwall. However what is happening in the background is perhaps worthy of an equal amount of consideration since the deal is being sketched against the news that one of the county's main providers of community care has chosen not to re-tendering for its contract in 2016[12]; in no small measure because it feels the monies available are insufficient to meet the commissioners objectives.

## Going forward

This last point talks to a large issue, and one that will challenge most, if not all of the various and varied approaches that have been launched across England; without sufficient numbers of staff, who are suitably trained, well-resourced, and fairly remunerated, one of the biggest obstacles to improving outcomes and making our health and care system sustainable will remain.

***The rest of this briefing looks at the specifics of the Vanguard and Devo programmes, giving an update on their progress, some general analysis, and consideration from a nursing perspective.***

[9] Plymouth Council (2015) www.plymouth.gov.uk/homepage/socialcareandhealth/hscintegration.htm
[10] DH England National Archive (2015) http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/healthcare/integratedcare/healthact1999partnershiparrangements/index.htm
[11] Staffordshire & Stoke-on-Trent's Partnership Trust (2015) www.staffordshireandstokeontrent.nhs.uk/
[12] HSJ (July 2014): http://www.hsj.co.uk/hsj-local/ccgs/nhs-kernow-ccg/exclusive-social-enterprise-to-pull-out-of-cornish-community-services/5087387.article#.Vcx8zxtOVhE

## 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 health and care system:

- GP practices to collaborate as multispecialty community providers delivering a broader range of services covering health, social and preventative care
- primary and acute care systems integrating GP and hospital providers (similar to accountable care organisations)
- redesigned urgent care networks integrating accident and emergency care, general practice, out of hours care, urgent care centre, NHS 111 and ambulance services

- 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.

| Integrated Primary and Acute Care Systems | Multispecialty Community Providers | Enhanced health in care homes |
|---|---|---|
| 1.Wirral University Teaching Hospital NHS FT | 10.Calderdale Health and Social Care Economy | 24.NHS Wakefield CCG |
| 2.Mansfield & Ashfield & Newark & Sherwood CCGs | 11.Derbyshire Community Health Services NHS FT | 25.NHS Gateshead CGG |
| 3.Yeovil Hospital | 12.Fylde Coast Local Health Economy | 26.East & North Hertfordshire CCG |
| 4.Northumbria Healthcare NHS Trust | 13.Vitality | 27.Nottingham City CCG |
| 5.Salford Together | 14.West Wakefield Health and Wellbeing Ltd | 28.Sutton CCG |
| 6.Lancashire North | 15.NHS Sunderland CCG & Sunderland City Council | 29.Airedale NHS Foundation |
| 7.Hampshire and Farnham CCG | 16.NHS Dudley CCG | |
| 8.Harrogate and Rural District CCG | 17.Whitstable Medical Practice | |
| 9.Isle of Wight | 18.Stockport Together | |
| | 19.Tower Hamlets Integrated Provider Partnership | |
| | 20.Southern Hampshire | |
| | 21.Primary Care Cheshire | |
| | 22.Lakeside Surgeries | |
| | 23.Principia Partners in Health | |

**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/

These sites were chosen through a two stage selection process, comprising an open call for applications, and then following a shortlisting exercise, a closed star chamber exercise, in which each site was assessed by all of the other applicants along with representatives from NHS England. Two further waves were announced in May and June, covering acute care collaborations and urgent and emergency care (UEC) respectively.

| | | |
|---|---|---|
| 1. | South Nottingham System Resilience Group | • Nottingham University Hospitals NHS Trust,<br>• South Nottingham and Erewash CCGs<br>• Nottingham City and County Councils<br>• East Midlands Ambulance Service (EMAS)<br>• Nottingham CityCare Partnership,<br>• County Health Partnership,<br>• Nottinghamshire Healthcare NHS Foundation Trust,<br>• Derbyshire Health United Ltd (111 provider)<br>• Nottingham Emergency Services (GP out of hours)<br>• Health Watch Nottingham<br>• Health Watch Nottinghamshire |
| 2. | Cambridgeshire and Peterborough Clinical Commissioning Group | • Cambridgeshire CCG<br>• Peterborough CCG<br>(via membership of three System Resilience Groups) |
| 3. | North East Urgent Care Network | No Membership details are available but will cover:<br>• Northumberland<br>• Tees<br>• Esk and Wear Valley<br>• Newcastle<br>• Northumbria<br>• Gateshead<br>• Tyneside<br>• Sunderland<br>• County Durham<br>• Darlington<br>• Hartlepool |
| 4. | Barking and Dagenham, Havering and Redbridge System Resilience Group | No membership details are available but will cover:<br>• London Borough of Barking and Dagenham<br>• London Borough of Havering<br>• London Borough of Redbridge |
| 5. | West Yorkshire Urgent Emergency Care Network | Will cover<br>• Leeds<br>• Bradford<br>• Calderdale<br>• Kirklees<br>• Wakefield<br>• Harrogate<br>Will also work with five local System Resilience Groups and West Yorkshire Police |
| 6. | Leicester, Leicestershire & Rutland System Resilience Group | Will cover the<br>• City of Leicester<br>• Counties of Leicestershire and Rutland<br>• surrounding towns<br>Will work with University of Leicester Hospitals NHS Trust |
| 7. | Solihull Together for Better Lives | • Heart of England NHS Foundation Trust,<br>• Birmingham and Solihull Mental Health NHS FT Solihull Metropolitan Borough Council<br>• NHS Solihull CCG<br>• Primary Care<br>• Lay members representative of Solihull population |
| 8. | South Devon and Torbay System Resilience Group | • South Devon and Torbay CCG<br>• South Devon Healthcare Foundation Trust<br>• Torbay and Southern Devon Health and Care Trust,<br>They will be working on behalf of the local System Resilience Group, which also includes<br>• Torbay Council<br>• South Western Ambulance Services Foundation Trust Devon Doctors Ltd<br>...and community pharmacy. |

**Figure 2 – List and details of the eight urgent and emergency care vanguards**

Although being advertised last, the UEC Vanguards were announced in late July, and cover eight locations, combining a variety of arrangement that include acute providers, clinical commissioning

groups, local authorities and local Healthwatch groups. They are tasked with improving the co-ordination of services and reducing the pressure on local A&E departments. The acute care vanguards are likely to be announced in autumn 2015.

The Vanguard programme is supported by a £200m transformation fund, which is to be allocated to individual applicant based upon their submission of a 'value proposition' demonstrating how they match the three programme aims, as well as showing how they will achieve 'efficiencies' by the close of the 2017/18 financial year.

***Greater Manchester's Health and Social Care Devolution Programme***

The *Devo Manc* plan is an arrangement between the UK Treasury, NHS England, all 10 local authority members of the Association of Greater Manchester Authorities (AGMA), and the 13 Greater Manchester clinical commissioning groups.

The details outlined in a *Memorandum of Understanding*, were published on 24 February 2015, which states that the programme is designed to secure:

> *'…the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester'.*

The year-long programme, which commenced in April 2015, will see the creation of a new body charged with improving public health in the region, and fostering greater and more effective integration of health and social provision. It will see the creation of a directly-elected mayoral post, although the incumbent will have no direct financial responsibilities over the new body.

One of the key principles underpinning the whole arrangement is subsidiarity[16], a political concept where decision making is devolved to the most appropriate level of authority. It is unusual in UK legislation, but a key part of the European Union treaties. In this case it is clear that the intention is to ensure that in questions regarding spending it is the Manchester authorities that will have the final say.

These arrangements are scheduled to be in place by April 2016, by which time the new organisations, and their office holders, will be responsible for a health and care budget of approximately £6bn.

## Progress to date

### *Vanguards*

As reported in the first Vanguard programme update, issued by NHS England in July 2015[17], so far £60M of the transformation fund has been approved in principle, dependent upon clarification. The vanguard sites receiving transformation funding are: Sunderland (£6.5m); Northumberland (£8.3m); and south Somerset (£4.9m). A further £41m has been approved in principle for Morecambe Bay, southern Hampshire, the Isle of Wight, Salford and Wirral.

[16] Wikipedia (last checked: July 2015) https://en.wikipedia.org/wiki/Subsidiarity
[17] NHS England (2015) http://www.england.nhs.uk/wp-content/uploads/2015/07/ncm-support-package.pdf

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:

- designing new care models – including international examples
- evaluation and metrics – including development of logic models and core metrics
- integrated commissioning and provision – including capitation and quality payments
- empowering patients and communities – including work with voluntary organisations
- harnessing technology – including interoperability and procurement support
- workforce redesign – including new and extended roles, and ways of working
- local leadership and delivery, including international learning
- communications and engagement – including sharing of best practice.

Each category will be overseen by a 'sector expert', and supported by a local vanguard leader. It is expected that the NHS England new care models team will produce first draft standard MCPs and PACs contracts by December 2015.These will be accompanied by guidance on organisational form.

The team will also be responsible for publishing a suite of core metrics for each of the first three Vanguard models by October, to report on rates of emergency admission, bed days, and quality of life for people with long-term conditions. They will be supported by a dashboard to facilitate evaluation of their progress.

***Greater Manchester***

Work is ongoing on the Devo Manc arrangements following agreement with the Treasury[18], with the most visible aspect being the establishment of the Greater Manchester Health and Social Care Devolution Programme Board, and the creation of work stream programme[19].

The programme has five work streams, (strategy, governance, devolving responsibility and resources, early implementation priorities, partnership, engagement and communities) and is designed to provide focus to specific areas or issues, such as primary care provision, workforce training and development, and clinical and financial stability; and to address the acknowledged lack of workforce and public engagement.

Ian Williamson, Chief Officer of Central Manchester Clinical Commissioning Group, as well as being the Senior Officer for the *Healthier Together programme,* has been appointed as an Interim Officer[20], to oversee implementation of the programme's first stages, and reports directly to the board.

The board's members include Sir Howard Bernstein, Manchester City Council Chief Executive and Greater Manchester Combined Authority's Head of Paid Service, and Simon Stevens, as well

[18] HMT (2015) https://www.gov.uk/.../system/.../Greater_Manchester_Agreement_i.pdf
[19] GM Programme Board Briefing (2015) https://www.gmcvo.org.uk/system/files/greater_manchester_health_and_social_care_devolution_briefing.doc
[20] Local Government Chronical (10/4/2015) http://www.lgcplus.com/news/devolution/interim-chief-appointed-to-oversee-health-devolution-in-greater-manchester/5084087.article

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[21]

London is also seeking to address its growing health and social care challenges, and in March a joint announcement[22] was made by the capital's 30 clinical commissioning groups and NHS England's London area team, about joint plans to engage with the vision set out in the *Five Year Forward View* and the challenges highlighted by the London Health Commission[23], a body set up to advise the Major and the London boroughs on the city's health and social care needs.

Although not formally laid out in a *Devo Manc* style MOU, the CCGs have committed to pooling 0.15 per cent of their budgets to the establishments of a shared fund for the intention of making "improvements to health care across London"; bestowing it with around £20m. NHS England has also agreed to provide a contribution to the fund, although this was not specified when the announcement was made.

Despite the lack of detail regarding the exact amounts being considered, plans for spending it have already been outlined. It is envisaged that any funds would be used to support programmes of work, with seven work streams currently identified:

- the development of an urgent and emergency care network across the city
- addressing London's poorer health outcomes for children and young people compared to the UK
- securing improvement to life expectancy gap for people with severe and lasting mental health issues
- securing improvements to the early cancer detection rates
- increasing investment in primary care
- increasing CCGs control over specialised commissioning
- improving homeless health care services.

[21] RSA (2015) ' DEVO MET: CHARTING A PATH AHEAD' https://www.thersa.org/discover/publications-and-articles/reports/devo-met-charting-a-path-ahead/
[22] HSJ (25/3/2015) 'Exclusive: All London CCGs and NHS England join forces on city-wide vision' http://www.hsj.co.uk/news/exclusive-all-london-ccgs-and-nhs-england-join-forces-on-city-wide-vision/5083611.article#.VSU77BtOWUk
[23] London Health Commission http://www.londonhealthcommission.org.uk/

### *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 *Vanguard* sites are starting afresh or with clean slates; each have existing arrangements and agreements for delivering services, and in turn, their own 'wicked' problems[25].

The fundamental problem that both are attempting to address is how to bring NHS care and social care closer together, whilst ensuring that the many different needs they each serve are not left unmet in the process.

This challenge is made all the more complicated by the way in which the two services interact. Too many people end up in expensive hospital care as a consequence of receiving poor, little, or no social care, either as a consequence of not qualifying for it, or only qualifying for the most basic services. And often people in acute care are unable to be discharged because social care has neither the funding nor the capacity to take them.

This latter point has been acutely illustrated by way the services have felt the 'austerity', with changes to local government funding effectively undermining commitments to ring-fence NHS spending. The hard truth is that cuts to local government spending invariably impact on social care budgets, leading to an increase in demand for NHS services, especially with an ageing population[26].

However for many in the NHS this highlights a larger truth, that this challenge has much less to do with the provision of health care, and more to do with the provision of social care and its related

[24] Cornwall City Council https://www.cornwall.gov.uk/council-and-democracy/council-news-room/media-releases/news-from-2015/news-from-july-2015/cornwall-becomes-first-rural-authority-in-england-to-agree-devolution-deal/

[25] University of California, Berkeley (1973) 'Dilemmas in a General Theory of Planning' Horst Rittel and Melvin Webber www.uctc.net/mwebber/Rittel+Webber+Dilemmas+General_Theory_of_Planning.pdf

[26] The Health Foundation & The Nuffield Trust, 'Quality Watch Project' www.qualitywatch.org.uk/blog/human-cost-adult-social-care-cuts

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.

A final consideration is that this unbridled fervour for the new is not actually new. The NHS has a long history of revolutionary change, and in relation to models of care delivery we last saw it under the Labour government's push to improve the care for people living with long-term conditions, and in the *Transforming Community Services programme*[29]*,* which attempted to move services from the acute sectors into community settings. Both initiatives had failures, and arguably some successes, and it will interesting to see if the same experiences occur with *Vanguards* and *Devo Manc*; or if these new approaches can deliver real and lasting solutions to problems that have beset the health care system for more than two decades.

### *Spearheads or just more of the same?*

The *Vanguard programme* was announced as a new initiative, however many of its sites are in places where there are existing and/or similar initiatives, most notably the *Integration Pioneers,*

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[27] RCN (2014) 'Response to King's Fund Commission on the Future of Health and Social Care' www.rcn.org.uk/__data/assets/pdf_file/0009/577629/46.14_RCN_Response_Commission_on_the_Future_of_Health_and_Social_Care_in_England.pdf

[28] This point has already begun to be addressed, with the announcement in June 2015 of the 'combining' of Monitor and the Trust Development under one executive team. See: https://www.gov.uk/government/news/government-announces-monitor-and-trust-development-authority-move-to-single-leadership-to-deliver-increased-support-to-hospitals

[29] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101425

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].

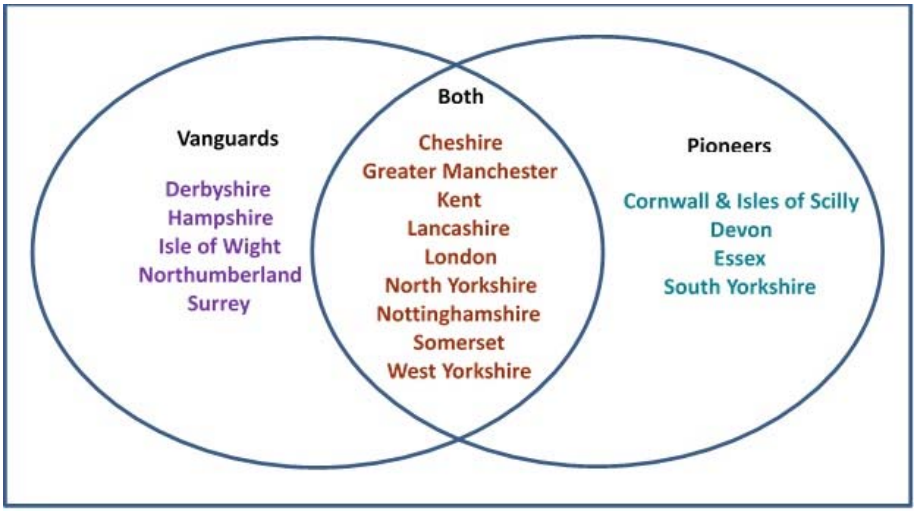


**Figure 3: Counties in England that have either *Pioneers, Vanguards* or both**

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.

regarding compliance to ensure that the authorities covered by the arrangement remain part of the English NHS system. The clear message from both sides is that however autonomous the region becomes, it will not be able to disconnect its health economy from national regulatory arrangements or imperatives.

Against that clear commitment to continued membership of a national system however, it is clear that the architects of the these new arrangements intend to push for much greater integration of health and social care across the region, ostensibly by giving those charged with delivering the plan (the arrangement of responsible bodies is still to be decided) powers over the commissioning of all NHS care; including mental health and community services.

The arrangement will also re-connect public health more closely with the NHS, from which it was separated by 2012 Health and Social Care Act. This recombining is intended to support a greater push on prevention, seen by the planners as being key to reducing demand for acute and emergency services.

One interesting aspect of the arrangement is that despite the Greater Manchester authorities having agreed to a directly elected mayor (a proposal that was rejected for Manchester City when offered to the public in 2012[33]), whomever is elected in 2017 will not have control of any health or care spend, as social care spend will remain the responsibility of the GMCA, and health of the CCGs.

***Double runnings?***

There is plenty of activity already taking place on the ground while Devo Manc is being prepared for implementation. Greater Manchester already has integration pioneer sites, which were joined in May by three *Vanguard* sites. It will be interesting to see how these existing and obviously ambitious local schemes are able to fit within a much larger systemic change programme.

The city also recently underwent a controversial service restructure programme, *Healthier Together Greater Manchester*[34], which in June 2015 decided to reduce the number of hospitals in the region delivering emergency and high risk general surgery, from ten to four. This was a fractious process, and may colour future processes and decisions about changes to services and providers, making it hard to generate clear and simple messages for other regions seeking to follow the devolution route.

## The nursing perspective

### *The broad picture*

Although there are very few direct mentions of nursing in the supporting reports and publications, it can be seen as a thread running conceptually through the *Five Year Forward View* and *Devo Manc* proposals. The clear challenge for both however, is to ensure that nursing, and nurse leadership, are valued; and seen as a key component in their planning and evaluation.

[33] Wikipedia (last checked 13/08/2015) https://en.wikipedia.org/wiki/English_mayoral_referendums,_2012
[34] Healthier Together GM (2014) https://healthiertogethergm.nhs.uk/

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.

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[35] DH England www.gov.uk/government/policies/improving-quality-of-life-for-people-with-long-term-conditions
[36] RCN (2014) www.rcn.org.uk/__data/assets/pdf_file/0018/501921/4.13_RCN_Factsheet_on_Specialist_nursing_in_UK_-_2013.pdf
[37] The Guardian (30/4/2011) www.theguardian.com/society/2011/apr/13/specialist-nursing-cuts-patients-hospital
[38] RCN (2011) Persistent challenges to providing quality care: An RCN report on the views and experiences of frontline nursing staff in care homes in England www.rcn.org.uk/__data/assets/pdf_file/0007/438667/Persistent_challenges_to_providing_quality_care_v5.pdf

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

[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
www.rcn.org.uk/support/consultations/responses/primary-care-workforce-commission-call-for-evidence
[41] RCN (17.6.2014) ‘District nurses face 'extinction' in 2025’
www.rcn.org.uk/newsevents/press_releases/uk/district_nurses_face_extinction_in_2025
[42] NHS England (2015) http://www.england.nhs.uk/2015/03/20/samantha-jones/
[43] Wikipedia http://en.wikipedia.org/wiki/Sam_Everington

group clinical cabinets and similar initiatives such as nursing cabinets, will inform how the *Vanguard* sites develop.

***Devo Manc***

One of the key challenges for nursing in the *Devo Manc* arrangements as they currently stand is the lack of any direct nursing presence or involvement. This omission also applies to those people for whom the proposals are supposedly designed to work, i.e., the people of the greater Manchester area; there has so far been no formal engagement or consultation.

This lack of reference to the nursing perspective is further compounded by the organisation of the leadership team who developed the MOU; they are all either medical or political leaders. The exclusion of any providers from the original planning process also adds to this disparity, as it means that not even senior nurses in the region's health care providers have had the opportunity to directly engage with its development.

These issues have now been recognised by the leadership team, following publication of the MOU, and acknowledgement has also been made of the importance of building workforce and public engagement into the implementation plans.

The focus on prevention in *Devo Manc* is most definitely to be welcomed, and it is something that the RCN has long championed as being important to achieving the lifestyle and behaviour changes necessary to reduce the demand for acute health care services. It is an obvious opportunity for public health and community nursing to grasp, but one that will also require much greater investment in those nursing workforces, at all levels, if it is to be successful. In this context it is therefore unfortunate that the Chancellor has seen fit to potentially undermine this objective by cutting public health budgets by such a considerable amount, and in year.

The existence of multiple parallel programmes in the Greater Manchester areas may also be challenging, for instance if arrangements that provide success for one cause difficulties for others. Identifying and managing such tensions will require careful monitoring, and it will be important for both the *Devo Manc* architects and any *Vanguard* and *Pioneer* sites to be able to clearly identify which initiative is causing problems, and which are generating improvements and successes.

Ultimately the most important task of this work will be to ensure that learning is effectively captured, turned into strategies that will support commissioners and providers to embed and extend it, and ultimately turn it into standard practice.

## 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 RCN representations. We'll be examining various aspects of the *Five Year Forward View,* and the Vanguard programme, including the Pioneers, focussing on the role that nursing does or can play, as well as considering how they stack up against similar approaches being adopted internationally.

### More Information

**Devo Manc**
Work on the Manchester proposals is being co-ordinated by the RCN North West Region. For more information contact Estephanie Dunn, Regional Director at:
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**Vanguards**
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**Pioneers**
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## Further resources

ResPublica *Devo Max – Devo Manc: Place-based public services* (2014) available at: www.respublica.org.uk/our-work/publications/devo-max-devo-manc-place-based-public-services/

Simon Stevens speech at the NHS Confederation conference 2015 available at: www.hsj.co.uk/home/commissioning/simon-stevens-full-nhs-confederation-speech/5071615.article#.VZQKDxtOWUk or www.youtube.com/watch?v=-yef3cvv21Q#t=17

Devo Manc session at NHS Confederation conference 2015 available at: www.youtube.com/watch?v=-yef3cvv21Q#t=17

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