



National Audit Office

NEWS RELEASE

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Report by the Comptroller and Auditor General

Developing new care models through NHS vanguards

The vanguard programme, one of NHS England's attempts to better meet patients' needs and deliver savings by developing new care models to integrate health and social care services, has not delivered the depth and scale of transformed services it aimed for at the beginning of the programme, says today's report by the National Audit Office (NAO).

Money originally intended to enable the initiative to transform services was instead spent on helping to relieve short-term financial pressures in the NHS by reducing trusts' financial deficits, weakening its chances of success.

A key objective of the programme was to design new care models that could be quickly replicated across England. NHS England selected 50 sites to act as 'vanguards' which might entail, for example, joining up GP, hospital and community and mental health services in an integrated network or single organisation in one area to improve healthcare for patients.

NHS England's early planning assumption was £2.2 billion of funding for new care models between 2016-17 and 2020-21, but it used much of the funding to reduce deficits faced by hospitals. Actual direct funding of vanguards was £329 million over three years from 2015-16, with another £60 million spent by NHS England on central support for vanguards. Consequently, with less funding for transformation, the original intention to expand the programme was not realised.

However, while NHS England coordinated the development of local vanguards it did not set clear national objectives or state how new care models would be spread. While this approach provided local, individual vanguards with more freedom to design system change, it makes it harder to assess the performance of the programme overall.

There are early signs of a positive impact on emergency admissions. NHS England's analysis indicates that in vanguard areas the number of emergency admissions to hospitals has grown significantly more slowly than non-vanguard areas, on average, compared with 2014-15. However, it is still too soon to be conclusive on the impact of vanguards on the demand for hospital services and patient outcomes overall.

Despite not meeting its original intention to expand the models across the country, vanguards have made progress in developing new care models. NHS England forecasts that vanguards will make net savings. As at April 2018, it estimated that vanguards would secure £324 million net savings annually by 2020-21, which is 90% of the £360 million that had been expected. However, it remains too early to confirm these expected longer-term savings and NHS England does not intend to continue measuring savings.

The Department expects NHS England to spread new care models, including those developed by vanguards, to 50% of the population by 2020-21. So far, NHS England estimates that the vanguards provide healthcare to 9% of the population, while 15% is covered by a care model developed outside the vanguard programme.

Almost all vanguards plan to continue with their new care models, but there are some risks to continued progress, including difficulties in recruiting and retaining the right staff, pressures on funding, and poorly-aligned financial incentives across different stakeholders - which are systemic issues and similar to those experienced in other integration initiatives in the NHS.

Before the vanguard programme, the NHS had introduced several other short-lived initiatives to build integrated health and social care services. The timeframe for the vanguard programme funding was three years, although many stakeholders consider that such a transformation often takes 10 years or longer to be delivered successfully. The NAO has seen a pattern of initiatives being continually folded into a successor initiative, sometimes before their objectives are fully achieved.

The NAO recommends that NHS England should strengthen its approach to transformation, by setting out what it has learned from the vanguard programme. The Department and NHS England should also consider setting out clear plans for transforming NHS services over the long term.

Amyas Morse, the head of the NAO, said today:

“The vanguard programme is one of a series of attempts to transform the NHS. Its progress has been mixed but there are some early signs of a positive impact. I am pleased that the Chief Executive of the NHS has confirmed to us his commitment to sustaining and spreading vanguard new care models through a long-term plan, and hope that NHS England can break out of previous cycles of missed opportunity.”

Key facts



50

vanguards selected to develop new care models between 2015 and 2018

£329m

direct investment by NHS England in 50 vanguards (by NHS England's new care models team), 2015-16 to 2017-18

£324m

net annual savings predicted by NHS England from these vanguards by 2020-21

23

vanguards selected to develop a 'population-based' healthcare model within a defined geographical area

94%

percentage of vanguards that responded to our survey, saying that they intended to carry on developing their care models after the programme ended in March 2018 (29 of out 31 vanguards)

9%

NHS England's estimate of the percentage of the population in England living in areas covered by one of the 'population-based' vanguards, December 2017

£60 million

amount spent by NHS England's national new care models team in supporting vanguards, 2015-16 to 2017-18

One-third

average progress reported by 'population-based' vanguards in implementing a new care model framework across their geographic footprint, by December 2017

- ENDS -

Notes for Editors

1. In 2014, the NHS in England published the [Five -Year Forward View](#), its vision and strategy for the future of the NHS. The strategy identified a £30 billion gap between patients' needs and the resources available to meet them by 2020-21. The strategy also highlighted the challenge of meeting the increasing ongoing care needs of patients with long-term health conditions, which take up 70% of the health service budget.
2. Part of the NHS's strategy to reduce these problems was to develop 'new care models'. These break down the barriers between family doctors and hospitals and between health and social care services in how they provide care. This is intended to result in better care for patients, particularly those with long-term or complex needs. It also aims to improve the efficiency and productivity of hospital services through closer collaboration between hospitals. The vanguard programme ended in March 2018.
3. Press notices and reports are available from the date of publication on the [NAO website](#). Hard copies can be obtained by using the relevant links on our website.
4. The National Audit Office scrutinises public spending for Parliament and is independent of government. The Comptroller and Auditor General (C&AG), Sir Amyas Morse KCB, is an Officer of the House of Commons and leads the NAO, which employs some 785 people. The C&AG certifies the accounts of all government departments and many other public sector bodies. He has statutory authority to examine and report to Parliament on whether departments and the bodies they fund have used their resources efficiently, effectively, and with economy. Our studies evaluate the value for money of public spending, nationally and locally. Our recommendations and reports on good practice help government improve public services. Our work led to audited savings of £741 million in 2017.

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