

# Berkshire West Accountable Care System

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An Update on the Berkshire West Accountable Care System

June 2017

# History of partnership working

- 2013 CCGs and Health and Well Being Boards established
  - new opportunities and appetite for joint working as a health and social care system
- Health and social care partners apply together to be Integration Pioneers and are in the final 14 nationally
- Undertake a joint development programme – System Vision, Local Leadership
- Establish the BW10 Integration Programme, alongside local integration work with each LA, overseen by 3 HWBs
- Elements of this programme supported by the Better Care Fund

# History of partnership working

- LAs identify the opportunity to develop a joint commissioning function
- Health partners identify the opportunity to explore new models of delivery based on a single budget for the whole health system
- Agreement to pursue sector based objectives for one year and start to bring both programmes together in year 2
- 87 • Ultimate aim to have a single programme for the whole health and care system delivering new care models and new business models
- BW10 Integration Programme and local integration programmes continue
- Reporting mechanism for the ACS and LA joint commissioning programme to be via the BW10 governance and through to HWBs
- 2016 local NHS partners apply to NHSE for a system control total
- January 2017 CCG present their comprehensive 2 year plan to HWB, including the ACS arrangements and fit with the wider BW10 integration agenda and the STP
- June 2017 BW ACS selected as of only 8 systems nationally to operate as an ACS in shadow form for 2017/18

# Why an Accountable Care System?

- A high performing system but increasingly financially challenged. All parts of the system under huge demand pressure
- Different parts of the health system funded differently: PbR, block contract, GMS, PMS and APMS
- Commissioner/provider split creates unhelpful consequences for jointly planning patient care and managing the Berkshire West £
- Primary care under particular pressure: rising demand and expectations, extended access, workforce crisis and lack of financial investment

# What is an Accountable Care System?

- A more collaborative approach to the planning and delivery of services with collective responsibility for resources and population health
- Operates on a single budget for the whole health care system
- Funds follow the patient to support pathway and service redesign
- Underpinned by a system financial model – manages risk and aligns incentives
- Organisations working more closely in partnership with system wide governance arrangements – signed a MoU June 2016
- Joined up, better coordinated services with more control and freedom over the total operations of the health and social care system in the area

# The development of collaborative commissioning

## Strong Commissioner / Provider Split:

- Less opportunity for collaboration
- Organisationally focussed leadership
- Limited integration with local authority services
- Price & volume based payment mechanism



## The move to CCGs

- More evidence of collaboration
- Strong clinical leadership
- Joint working with LAs
- Still based on price & volume

## ACS - New Ways of Working

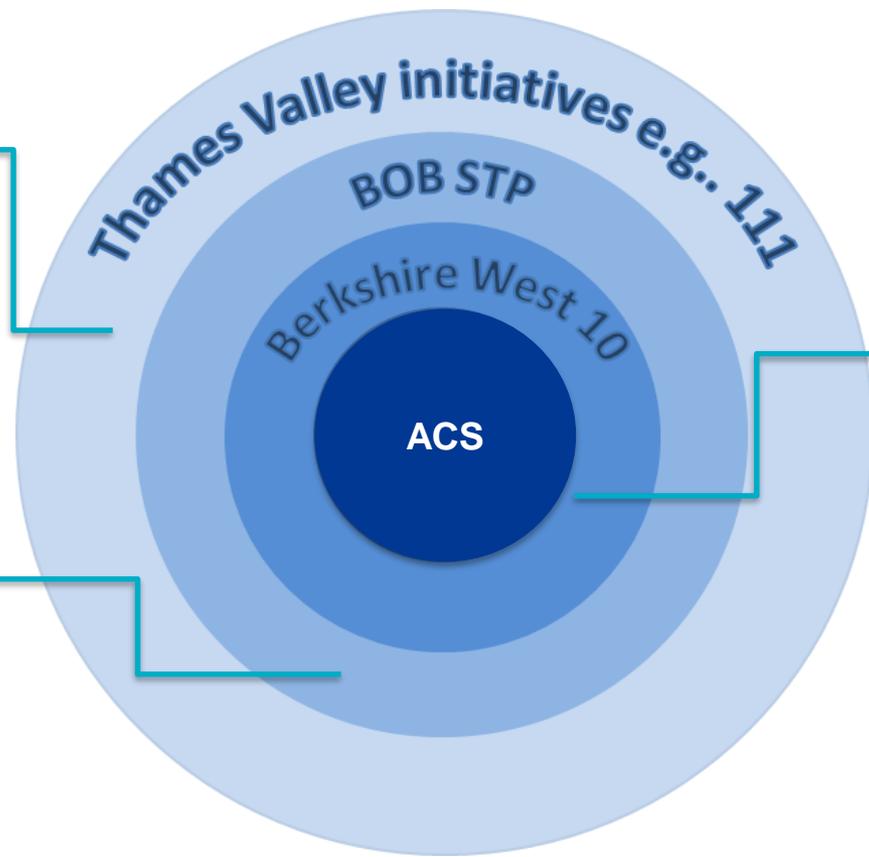
- Shared, non statutory governance
- Joint clinical improvement projects
- System Control Total for Financial Mgt.
- Cost recovery model rather than volume
- Stronger voice for Primary Care
- Enable further social care integration

# The ACS programmes fit with other initiatives in our region

We will continue our work with partner organisations to plan for and deliver services effectively at larger scales

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Our individual ACS members are an engaged and active part of the Buckinghamshire, Oxfordshire and Berkshire West STP



The ACS compliments the well established health and social care integration programmes which oversees joint investments and improved system working

# Progress to date....

- Established new governance arrangements - signed MoU June 2016
- For 17/18 introduced a marginal rate with RBFT to share risk
- Awarded 'Exemplar' status June 2017
- Undertook 5YFV stocktake: A&E, MH, Ca, Primary Care
- The work of the ACS overlaps with the joint BW10 programme and the two together form a health and social care transformation continuum
- Commenced the ACS Transformation Programme:
  - New care models: *High intensity users, MSK transformation, Respiratory Care, Outpatients transformation, Meds. management and joint prescribing, bed modelling*
  - New business models: *Back office / support functions, Estates, contractual / financial models*

# Next Steps

- Agree a performance contract with NHSE/I – MUST move faster on 5YFV key deliverables – a system benefit
- Get Transformational Funding for the ACS
- Manage to a system £ control total – away from PbR and annual contractual / tactical negotiations
- Collective decisions making and governance
- Work with emerging primary care providers
- In year 2 start to bring BW10 and ACS together – Nick Carter, Chair of BW10 Integration Board will join ACS leadership Group

# Implications for the way we work

- Partnerships within the ACS **and** horizontal networks with other health providers
- New approach to independent sector
- Integrated health and local govt. system wide strategy: clinical, digital, estates, workforce
- Combined teams/shared leadership - agnostic about “who” and “where”
- Single system view of performance and quality
- Fundamental change in the commissioner/provider relationship.
- Collective, clinically led decision making on optimal care models/pathways and allocation of the BW £

# What will be different as a result?

*By moving to an ACS Model, we will:*

- Work more collaboratively to transform services e.g. Outpatients
- Cover the challenge of lower real-terms allocations
- Ensure each organisation has a stake in the system financial position rather than each constituent standing alone
- Better position the local NHS for wider integration opportunities with local government
- Provide Primary Care a greater platform in the design and evolution of service models
- Flow resource to the parts of the system where it is needed e.g. primary and social care

# Berkshire West ACS Governance Framework

