

Report to Cabinet

Title:	Buckinghamshire Accountable Care System
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Local members affected:	All
Portfolio areas affected:	Health and Wellbeing

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Summary

In June 2017, Buckinghamshire was announced as being one of the first wave of Accountable Care Systems (ACS) s. ACSs aim to deliver improvements to local health and care through joining up services in place of what has often been a fragmented system.

Following this announcement new governance has been established for the ACS based on previous partnership groups to oversee and drive the work across the system based on a Memorandum of Understanding (MoU) with NHS England and a local system compact agreement. These will allow the ACS to be formally established by 1st April 2018. These documents and the ACS Partnership Board terms of reference are available as links at the end of this report.

The Accountable Care System is not an organisation or body in its own right. Forming an Accountable Care System will not affect the existing statutory roles or governance requirements of the partners involved.

Some elements of the ACS relate purely to NHS organisations and not the Council. In entering the ACS there is, for example, no requirement for the Council to enter into any financial commitments or risk sharing agreements with the NHS. This position is reflected in the MoU and local system compact agreement.

Background

Across the country health and social care are seeking to become more integrated in order to deliver better, more joined up services. Whilst our current health and social care system has made improvements, it has failed to keep pace with the population's needs and expectations and is unsustainable. We face unprecedented pressure on funding and growing demand, in particular from an ageing population. Integration offers an opportunity to redesign services around the needs of individuals, not organisations, and to make the best use of collective resources to manage demand more effectively

In March 2017, the Health and Wellbeing Board formerly agreed a Health and Social Care Integration Roadmap to 2020 for Buckinghamshire. This set out the opportunities and case for change for Buckinghamshire County Council and the NHS to have more integrated working between commissioners and providers of health, public health and social care services to improve the health and wellbeing of our residents and better manage demand on our services.

The Integration Roadmap was agreed against the background of the NHS Five Year Forward View (FYFV) which outlined why and how the NHS should change. It called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with local authority partners. The FYFV led to the creation of Sustainability and Transformation Partnerships (STP's). STPs were announced in December 2015 as part of NHS Planning Guidance. There are 44 'footprint' areas for England with each required to have a 'place based' plan for better integration. STPs set out at a high level how services should evolve and contribute to the national FYFV vision of better health, better patient care and improved NHS efficiency. Buckinghamshire, Oxfordshire and Berkshire West (BOB) have come together and developed an STP to reduce the gaps in health and wellbeing, care and quality and finance.

Accountable Care Systems (ACS)

In order to accelerate integrated ways of working, NHS England encouraged well developed STPs to submit an expression of interest to progress into Accountable Care Systems (ACS). ACSs are 'evolved' versions of STPs working as locally integrated health system, in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for the cost and quality of care for a defined population with an agreed budget. The ASC's aim is to provide joined up, better coordinated care and to keep people healthier for longer and out of hospital. In return NHS organisations will be given more local control and freedom over how the health system in their area operates.

Buckinghamshire applied for ACS Status in May 2017 and was announced as one of eight first wave designated ACSs on 15 June 2017. The partners involved in the Buckinghamshire ACS are NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups, Buckinghamshire Healthcare NHS Trust, Buckinghamshire County Council, Oxford Health NHS Foundation Trust, FedBucks (which represents over 80% of Bucks GPs) and South Central Ambulance Service.

As partners we are already making great progress in joining up GP, community, mental health, hospital and social care services and in helping our communities live healthier and more independent lives. Leading the way as one of the first Accountable Care Systems should allow the local NHS greater control, freedom and added pace to our shared work: for example by

- providing more care closer to home to reduce length of stay in hospital,
- enabling GPs and mental health teams to work alongside hospital teams in A&E, and
- streamlining care for people with long term conditions such as diabetes.

Forming an Accountable Care System will however not affect the existing statutory roles or governance requirements of the partners involved.

Areas of focus

The initial areas of focus for the Buckinghamshire ACS are:

- Creating a plan for engaging with the public and partners
- Committing to making faster improvements
- Creating a decision making and governance structure
- Demonstrating how local GP practices formed into clinical hubs will operate
- Developing the integrated system between the NHS and Buckinghamshire County Council as set out in the 2020 Roadmap.

The ACS is also required to focus on the key priority areas from the NHS Five Year Forward View: Urgent and Emergency Care, Primary Care, Cancer and Mental Health. The ACS Partnership Board is in the process of agreeing subgroups, workstreams and metrics to monitor progress.

Governance of the ACS

The ACS Partnership Board is made up of Chief Officers from partner organisations. It will oversee the work of the ACS and provide its strategic direction. The Board will report into the Health and Wellbeing Board and provide regular updates to the STP Board. Its members remain accountable to their constituent organisations.

The Board has agreed a system compact agreement which sets out the shared ambitions for the ACS in taking forward integration and how partners will commit to working together. It is not a formal binding agreement and has no legal status.

In addition NHS England requires each ACS to agree with them a MoU in a prescribed form with some limited scope for local variations. This is primarily a document governing the arrangements between the local NHS and NHS England, although as a partner in the ACS the Council is asked to support it. The MoU is signed by the CCG on behalf of all ACS leaders. It has no legal force. The MoU sets out the objectives of the ACS in terms of the FYFV priority areas set out above and the requirements of NHS England that will need to be met by the local system in order to gain greater local freedom and flexibility. These freedoms will include some delegated decision-making on commissioning, streamlined regulation and access to some transformation funding. A key element of the ACS will be the creation of a shared financial control total or system control total within which partners must operate and manage their collective resources to deliver services and improve population health. The MoU is explicit in stating that this control total will be made up from the aggregation of individual CCG and NHS provider control totals as agreed through the 2017-19 planning process. This means the Council is and will remain outside this system financial control total and is not committed in any way to financial risk sharing with the NHS.

Recommendation

Cabinet is asked to:

Agree to the Council's participation in the Buckinghamshire Accountable Care System and to support the ACS's agreement to the Memorandum of Understanding with NHS England.

A. Narrative setting out the reasons for the decision

As above

B. Other options available, and their pros and cons

N/A

C. Resource implications

The County Council is fully involved in the development of the ACS but BCC budgets are not part of the spend control totals. The MoU is explicit in stating that the control total will be made up from the aggregation of individual CCG and NHS provider control totals as agreed through the 2017-19 planning process. This means the Council is and will remain outside the system financial control total and is not committed to or participated in any way to financial risk sharing with the NHS.

BCC involvement with the ACS will ensure that we understand the impact on BCC of any of the work streams.

D. Value for Money (VfM) Self Assessment

N/A

E. Legal implications

N/A

The Accountable Care System is not an organisation or body in its own right. Forming an Accountable Care System will not affect the existing statutory roles or governance requirements of the partners involved.

F. Property implications

There are no property implications

G. Other implications/issues

N/A

H. Feedback from consultation, Local Area Forums and Local Member views

The Leader of the Council and Cabinet members for Children and Young People and Health and Wellbeing are members of the Health and Wellbeing Board and continue to have oversight of integration plans in Buckinghamshire.

I. Communication issues

Regular updates on health and care integration, the Sustainability and Transformation Partnership and Accountable Care System will continue to be reported through the Health and Wellbeing Board and the Health and Adult Social Care Select Committee. Cabinet will also receive regular progress reports.

All partners involved in the Buckinghamshire Accountable Care System are represented on the Bucks Accountable Care System (ACS) Communications and Engagement Group. This group has been set up to ensure a coordinated, consistent and integrated approach to Bucks Accountable Care System communications and engagement across the six ACS partners.

J. Progress Monitoring

The Health and Wellbeing Board will have oversight of progress, monitor key deliverables and system wide projects under the ACS.

K. Review

N/A

Background Papers

Buckinghamshire Health and Social Care Integration: Road Map to 2020

<https://democracy.bucksgov.uk/documents/s94866/Health%20and%20Social%20Care%20Integration%20report%20for%209%20March%20HWB.pdf>

Aylesbury Vale and Chiltern Clinical Commissioning Group Governing Body papers from Thursday 14 September (See pages 88 – 129):

<https://www.aylesburyvaleccg.nhs.uk/wp-content/uploads/2013/04/GB-public-14.09.17-FINAL.pdf>

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by 5.00pm Friday 22 September 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@bucksgov.uk