

**Cover Sheet
Strategic Planning Group
4 September 2017**

Agenda Item: 6

6: Development of Accountable Care in SEL

Lead Director

Mark Easton, Programme Director

Summary and Comment

1. Background

While the concept of accountable care has been around for a while, the term has resonance currently because NHS England has recently outlined ambitions for some sustainability and transformation partnerships (STPs) to evolve into 'accountable care systems' (ACSs). Eight areas of England have now been identified to lead their development, none of them in London.

While the ACS term is relatively new, it is built on the concept of integrated health and social care systems, which the NHS has been trying to introduce for a number of years. They come in a variety of forms, ranging from closely integrated systems to looser alliances and networks.

In the case of the NHS, the Kings Fund describes ACOs and ACSs (terms often used interchangeably to describe very similar set ups) as comprising three core elements.

- First, they involve a provider or, more usually, an alliance of providers that collaborate to meet the needs of a defined population.
- Second, these providers take responsibility for a budget allocated by a commissioner or alliance of commissioners to deliver a range of services to that population.
- Third, ACOs work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years.

Variations on these core elements centre on the involvement of general practitioners in the network of providers delivering care and of local authorities as providers and commissioners of services.

The most ambitious plans for ACOs in England extend well beyond health and social care services to encompass public health and other services. In Greater Manchester, for example, the aim is to use all public resources to improve the population's health ,

including tackling the wider determinants of health.

2. Public Concerns

Some campaigners have raised concerns that ACSs are based on the American private system and would be a conduit for privatization. The introduction of the Affordable Care Act (Obama Care) in the United States has led to the introduction of accountable care systems in the USA, but in the NHS ACSs are groupings of NHS providers and commissioners working together to reduce barriers to care, and focus on using pooled resources to produce the best outcomes for a given population which is funded through general taxation. It is worth noting that the ACS concept has become contentious with some stakeholders (because of comparison with the US versions) and a better phrase might be “integrated care”.

3. Position in South East London

Some constituent parts of the STP have made significant progress in the development of their local approach to accountable care. This needs to be valued and built upon rather than a centralized solution imposed. Further work needs to enable progress and not stall local endeavours. We also need to recognize that a system such as ours, with multiple interdependencies and providers that serve multiple boroughs, will need to work with coherence.

We have been considering the development of ACSs and ACOs through a series of workshops which culminated in an event with NHS England colleagues in April.

Subsequently, the output of those discussions was taken to the STP Executive Group and the June meeting of the SPG, where it was agreed we should commission some external support to continue to develop our approach.

We have asked for the following support:

Design Phase

1. ***An agreed set of aims and objectives for the development of accountable care systems , covering:***
 - The rationale for accountable care in South East London
 - An articulation of the intended benefits of accountable care
 - How accountable care will support the delivery of STP priorities
 - How accountable care can be used to support the extension of community-based care for our local population
 - How to incentivise the involvement of primary care practitioners in accountable care arrangements

2. Options for the implementation of accountable care systems, addressing:

- The preferred service model, including:
 - Services in scope (across both health and social care)
 - Potential Service delivery models
- Potential geographical bases or population cohorts for accountable care
- Taking forward ACS- like arrangements that already exist in some areas e.g. Bexley

3. A timetable and high-level plan for the implementation of accountable care in South East London, including:

- A proposed starting point for the implementation of accountable care identifying ACSs that are 'ready to go', those that could become 'fast followers'; and those that are 'not ready yet'
- A high-level view of how accountable care could develop over the next four financial years, accommodating variations in form, content and pace
- Development of support packages for ACSs at various stages of development including but not limited to:
 - Organisational development needs
 - Contracting and financial models
 - Approach to risk
 - Governance issues
- Identification of key milestones
- Advice on key next steps for commissioners and providers
- Communications and engagement plan
- Workforce and OD plan

4. An assessment of how accountable care would align with the developing STP context:

Accountable care arrangements need to fit with a series of other developments in SEL including:

- the output of the CCG function review which will identify the level at which

commissioning are best organised including:

- those undertaken at South East London level,
- those undertaken at multi-borough, borough and sub borough level
- those functions that could (depending on the ACS model(s) adopted):
 - Transfer to local authorities;
 - Transfer to providers as part of accountable care models
- Provider organisation, including:
 - The development of a provider federation across South East London
 - Organisational form
 - Contract forms
- Managing risk across the STP
- Governance structures within the STP programme including the strategic planning group as a forum for accountable officers for NHS.

TIMETABLE FOR DELIVERY AND REPORTING

A procurement panel comprising of Amanda Pritchard (SRO), Dr Andrew Parson (clinical lead), Andrew Bland (commissioning lead), Simon Pearce (local authority lead) and John King (patient representative) met on 11 August and appointed Credo Consulting to help us with this work. Credo are experienced strategy consultants who have worked in south east London before.

Credo has set out an eleven week programme plan attached to this briefing.

Credo will start their work in September and present the final deliverables of the design phase to the STP Executive Group meeting in November 2017.

Progress will reported to the STP Quartet on a fortnightly basis and reported to the STP Executive monthly.

Implementation Support

In a subsequent phase implementation support may be provided on a call-off basis from October 2017 for a period of up to 12 months.

Action Required

The Strategic Planning Group is asked to:

1. Note the progress of work to develop accountable care in south east London and the appointment of Credo to support this work.

2. Note the three stages of the work set out by Credo.

Date Report submitted: 29 August 2017