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Agenda Item 8

HEALTH & WELLBEING BOARD

Subject Heading:	**Devolution through an Accountable Care Organisation in Barking & Dagenham, Havering, and Redbridge**
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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☒ Priority 3: Earlier detection of cancer
- ☒ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Further to previous updates, this report summarises the current position with respect to the development of the business case to determine whether or not an Accountable Care Organisation is a viable form for future integrated health and social care delivery across Barking & Dagenham, Havering & Redbridge. This follows the announcement by the Chancellor on 15 December of a devolution pilot for Barking & Dagenham, Havering and Redbridge for health and social care.

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The approach to devolution through an Accountable Care Organisation would be a very significant change to how health and social care services are planned and delivered across Barking &Dagenham, Havering and Redbridge. The development of the business case on which these decisions can be made is a substantial programme, and through this and the planned on-going reporting to the Board, Board members are invited to contribute to shaping the developing business case. The update is provided for Board members' information and comment, and in particular to introduce the governance arrangements that will oversee the development of the business case.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are recommended to note the update provided with this report, and to provide comments on the proposed approach to governance.

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REPORT DETAIL

1. Background

1.1 On 15 December 2015, London Health and Care Collaboration Agreement was published by the London Partners (London's 32 Clinical Commissioning Groups, all 33 LA members of London Councils, the Greater London Authority, NHS England London Region and Public Health England London Region). It set out the overall commitment of the Partners to the transformation of health and social care through integration and devolution. Alongside it, five pilot projects were announced, one of which was for "*Barking & Dagenham, Havering and Redbridge [to] run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill.*"

1.2 The announcement follows the submission of a bid to NHS England London Region for the support to develop a business case, focused on whether the model of an Accountable Care Organisation could deliver the next stage of integrated service delivery across the three boroughs, with the aim of delivering the improvements that are needed in the health of the population, the quality of care they receive, and the efficiency with which it is delivered.

1.3 Accountable Care Organisations are forms of joint health and social care delivery that emerged in the United States in response to the need to improve preventive care, and reduce the costs associated with poorly planned care. They were referenced in the *NHS 5-Year Forward View* as one of the possible mechanisms for improving joint working across health and social care. In essence, they involve groups of providers taking responsibility for all healthcare for a defined population, under agreements with a commissioner about the sharing of financial risk. In the UK context, it is expected that there will be a softening of the commissioner/provider split at a local level, as the new organisation takes on a shared responsibility for population-level health outcomes. It is intended that the health of population, as well as the services that are provided for it, are improved through fully integrated service delivery and an ability to ensure that greater levels of preventive activity are better targeted, both of which should release savings and efficiencies.

1.4 The exact details of how the organisation would be structured, the services that would be in scope, and the financial commitment and risk involved are all to be determined through the process of developing the business case. It is to be stressed that, at this stage, there is no decision on whether to proceed with an Accountable Care Organisation. All participating organisations will take a decision on whether to proceed, through their established governance processes, based on the business case that is developed by summer 2016.

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2. General Approach to Developing the Business Case

2.1 Work on the business case, and the bid to NHS England, is being managed through the Integrated Care Coalition. The Coalition was formed in 2011 as a vehicle for bringing the three local authorities and three CCGs together with healthcare provider organisations, to jointly manage the transformation of health and social care services across Barking & Dagenham, Havering and Redbridge. It oversees a range of key transformation programmes, including the Urgent & Emergency Care Vanguard Programme and improvements to primary care and planned care.

2.2 The focus of the business case development is therefore on whether the model of an Accountable Care Organisation can provide the right mechanism to help the partners of the Integrated Care Coalition to deliver the vision that they are already shaping for the future of health and social care services.

Governance for the development of the ACO business case

2.3 A formal governance structure has been developed which puts statutory decision makers at the forefront through the Democratic and Clinical Oversight Group (proposed membership is set out in the Governance Structure attached). Clinicians/ professionals will lead the design through the Clinical Leadership and Strategic Planning Group which will be comprised of clinicians and professionals from across health and social care in BHR. The public, clinicians and professionals will be engaged throughout the process to enable co-design of the emerging proposed model.

2.4 Beneath this will set the Accountable Care Organisation Executive Group into which the ACO programme team will report. The Senior Responsible Officers for the programme are Conor Burke, Accountable Officer for BHR CCGs, and Cheryl Coppell, Chief Executive of London Borough of Havering, and they jointly chair the ACO Executive Group. The programme's governance structure is attached at Appendix 1.

2.5 The Clinical & Democratic Oversight Group is to be comprised of Elected Members from the three local authorities and non-executives and senior clinicians from across the health system. This membership (as proposed) is included at Appendix 1. However, the first meeting of this group is currently being arranged in late January, and details of how it intends to operate will be shaped by the members through that first meeting.

2.6 For Havering the representatives on these groups are:

- **Clinical & Democratic Oversight Group:** Cllr Roger Ramsey and Cllr Steven Kelly
- **ACO Executive Group:** Cheryl Coppell
- **ACO Steering Group:** Keith Cheesman

2.7 The Accountable Care Organisation Executive Group has developed a set of guiding principles for the programme. They are that the development of the ACO business case:

- Will be led by clinicians and professional groups;
- Will be owned by decision-making statutory bodies;
- Recognises that a radically new and innovative approach and commitment to working in different ways is required;
- Will include extensive engagement with staff, clinicians/professional groups and the public to shape proposals going forward;
- Will embed and adopt best academic practice;
- Has already brought together stakeholders form across Barking & Dagenham, Havering and Redbridge to shape the initial expression of interest and develop the business case; and
- Will learn from national and international best practice examples and guidance.

Programme Management Office

2.8 To undertake the work on the business case, a programme management office has been formed, led by Jane Gateley, Director of Strategic Planning for BHR CCGs, as Programme Director. All participating organisations are committing staff resources into the PMO, having committed to an equivalent of £100,000 per organisation to match a bid to NHS England for the additional resources needed to support the development of the bid. At the time of drafting this report, the detail of this bid is still subject to discussion with NHS England, but £750,000 of investment has been requested for the commissioning of external advice and support for the development of the business case, including a significant level of engagement with the public, staff and other stakeholders.

Programme structure

2.9 A programme structure is in the process of being developed, currently including workstreams around design of the model; communications and engagement; regulation; governance; financial modelling; estates; and workforce. Leads are being established, as well as contributors to the workstreams from across the participating organisations.

2.10 The programme is receiving substantial support from UCL Partners, the academic health sciences network which covers this area. They are providing policy and technical expertise, and playing a lead role in some areas, including discussions with regulators about the impact of the ACO development on the regulatory regime for health and social care.

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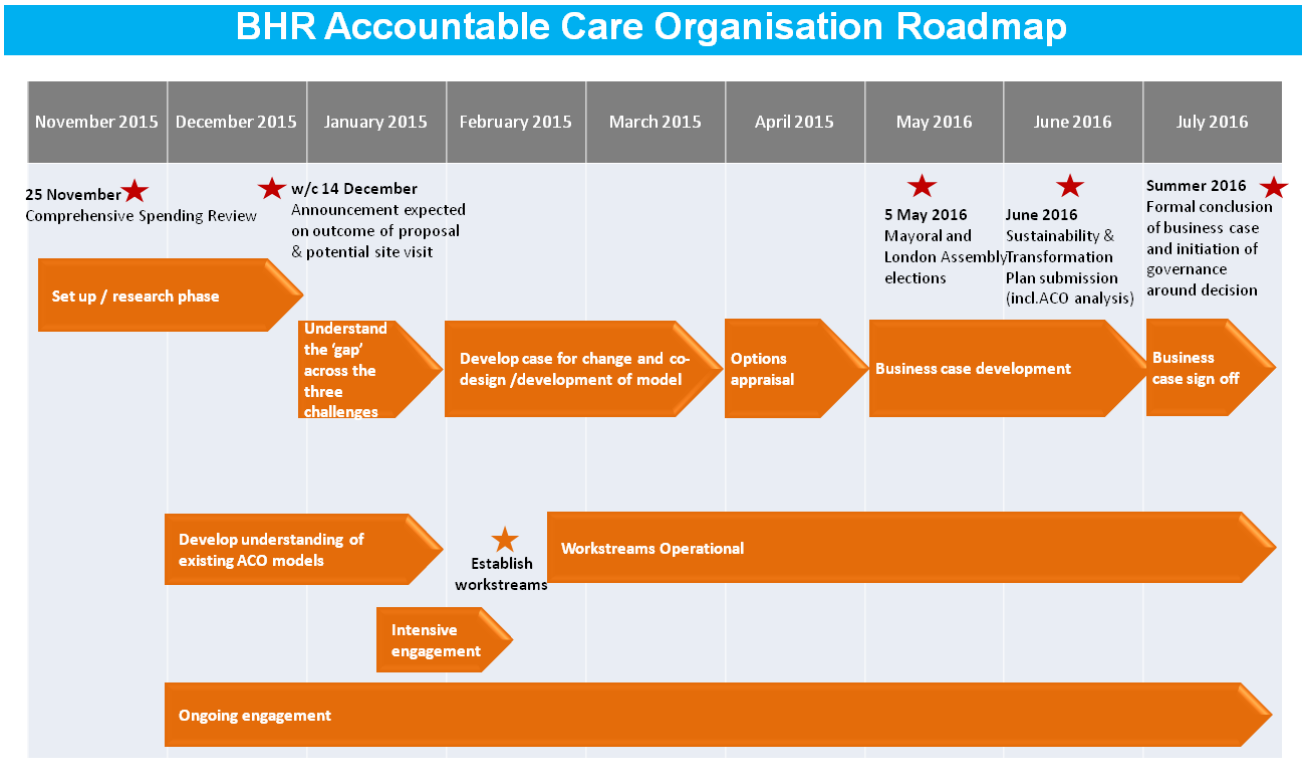
3. Communications and Engagement

3.1 It is vitally important that the business case is informed by the views of the users and staff of local health and social care services. The programme therefore includes substantial plans for engagement activities, commencing in January 2016. A baseline survey of service user and staff experience is planned, and officers from across the participating organisations are being invited to help shape the approach.

3.2 In order to ensure consistency in communications about the ACO business case development, both publicly and within organisations, a network of communications officers has been formed, co-ordinated by the Associate Director of Communications for NELFT.

4. Timeline and links to other programmes

4.1 An overview of the timeline for developing the business case is set out below, and further detail has been set out in programme documentation that has been reviewed by the ACO Executive Group.



4.2 It is recognised that the development of the business case will need to take account of a number of related programmes and begin to reflect their established ambitions. These include:

- The Urgent & Emergency Care Vanguard;
- Primary care transformation;
- Mental health service transformation and strategy;

- Wider local authority service transformation programmes, across adults' and children's social care in particular
- Programmes designed to redesign and improve planned/integrated and preventive care, including those in the three boroughs' Better Care Fund programmes and work to develop the various forms of integrated locality working across the three boroughs.

4.3 In the event that the business case does not evidence that the ACO model is a viable proposition for future devolution and integration of services, it is expected that the coming months will contribute strongly to future service planning across the three boroughs. This is consistent with the emphasis in the ACO programme being on testing whether this is a vehicle for delivering the combined ambition already scoped by the Integrated Care Coalition and its partners.

5. Next steps

5.1 The immediate priorities for the programme in the coming weeks are:

- To establish the Clinical and Democratic Oversight arrangements and to ensure that they have the support and buy-in of the clinicians and Elected Members;
- To commission and conduct the baseline survey of service user and staff experience and to understand perceptions of the opportunity for an ACO to improve population health and the delivery of care;
- To establish the programme workstreams and to clarify leads and participants from across the organisations;
- To develop a clear model for how the Accountable Care Organisation development relates to other transformation programmes in health and social care, for circulation to stakeholders.

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Appendix 1 – Governance Structure