East London Health & Care Partnership

Meeting Paper Cover Sheet

Document	Inner East London Accountable Care Systems Update to Inner North East London (INEL) Joint Health Overview and Scrutiny Committee (JHOSC)
Version	1.0
Author(s)	The three ACS systems in East London
Presenter(s)	Members of the three ACS systems in East London
Meeting	INEL JHOSC
Date	26 June 2017
Purpose	To update the INEL JHOSC about the ACS systems in Inner East London
Background	The INEL JHOSC requested the East London Health and Care Partnership for an update on the development of the Accountable Care Systems in East London
Recommendations	The INEL JHOSC is asked to support the work of the ACS in East London
Outcome	[

East London Health & Care Partnership

Inner East London Accountable Care Systems
Update to INEL JHOSC
26 June 2017

Inner East London Accountable Care Systems (ACS)

- There are three systems in East London which are in different stages of development – City and Hackney ACS; Waltham Forest East London (WEL which includes Waltham Forest, Newham and Tower Hamlets) ACS; Barking and Dagenham, Havering and Redbridge (BHR) ACS
- For the purpose of this update to the INEL JHOSC, the East London Health and Care Partnership (ELHCP) is focusing on the City and Hackney ACS and the ACS across WEL (with emphasis on what Newham and Tower Hamlets are doing within this ACS)
- The ELHCP has also provided a brief view of the challenges and the vision for change for the BHR ACS

City and Hackney ACS

Background for the City and Hackney ACS

- ACS grew from the Devolution work

  - No appetite for a Accountable Care Organisation or Multispecialty Community Provider/Primary and acute care systems

  - Consensus about the “Hackney and City Pound”

  - Strong CEO Partnership development over 3 years (Office of Public Management facilitated)

- Integrated commissioning with 2 Local Authorities is a key lever to get providers to work together, think cost system and think integrated delivery
- Overarching care model to set frame for ACS

Objectives for City and Hackney ACS

- Improve the health and well-being with a focus on prevention and providing care closer to home, outside institutional settings, and meeting the strategies of the 2 Health and Well-being strategies
- Ensure we maintain financial balance as a system and can achieve our financial plans
- Deliver a shift in focus and resource to prevention and proactive community-based care
- Address health inequalities and improve outcomes, using the Marmot principles in relation to the wider determinants of health and focusing on social value
- Ensure that we deliver parity of esteem between physical and mental health
- Ensure that we have tailored offers to meet the different needs of our diverse communities, including the City
- Promote the integration of health and social care through our local integrated delivery system as a key component of public sector reform
- Build partnerships between health and social care for the benefit of the population
- Contribute to growth, in particular early years services
- Achieve and deliver the ambitions of the East London Sustainability and Transformation Plan (STP)

Service Model

- Enhanced primary care
- Integrated community and social care team in each of the 4 quadrants
- Quadrant based Voluntary and Community Sector Organisations linked to social prescribing and prevention
- Single point of co-ordination
- Empowered patients
- Strong and safe hospital services

Providers

- Homerton – acute (Payment by Results (PBR)) ; non-PBR and Community Health Services
- GP confederation – extended primary care
- City and Hackney Urgent Healthcare Social Enterprise – Out of Hours
- Local Authorities – social care
- East London NHS Foundation Trust
- Voluntary and Community Sector Services

Come together as:

- A Transformation Board
- Within the 4 workstreams

Transformation Board

- Key bit of governance
- All the providers (CEO/Medical Director) plus
  - Healthwatches
  - Local Authority Commissioning
  - Clinical Commissioning Group

  Chaired by Hackney Local Authority Chief Executive Officer
- Takes a place based approach to planning, service design etc. and oversees the work
- Introduces challenge
- Makes recommendations to the 2 Integrated Commissioning Boards (CCB GB members and Local Authority councillors)

Workstreams

4 Workstreams

- Planned care
- Unplanned care
- Prevention
- Children and Young People

    - Each of the above workstreams has a number of initiatives

Enablers

- Primary Care, Workforce, IT, Estates, Communications

Workstream Objectives

- Overseeing contractual performance and proposing changes to contractual arrangements
- Organising service delivery to achieve integration
- Developing and embedding innovative front line practice and delivery
- Implementing transformation initiatives
- Achieving local ambitions and those of the East London STP
- Delivering improvement in population health outcomes
- Delivering NHS Constitution and other standards and metrics
- Maintaining financial balance and delivering savings plans

Workstream construct

Each workstream has

- An Senior Responsible Officer (member of the Transformation Board)
- A dedicated Workstream Director
    - Aligned team
- Clinical pair (from 2 different organisations)
- Patient representative

Workstream has

- A ring-fenced budget made up of all current contracts held by the 3 commissioners (CCG, Social Care and Public health)
- A set of “asks”/transformation plans outlining what expected to take forward (CCG/Local Authority service development commissioning work) – e.g. outcomes, transformation, performance

Governance and assurance

CCGs and Local Authorities have developed a gateway process during 2017/18 for each workstream

- Maintaining momentum but ensuring robust delivery model
- Support gradual transfer of responsibilities/delegation

Key Milestones are

- Decision to change existing contracts – particularly if needed to manage PBR/other in- year spend
- Financial plan for 2018/19 which achieves Quality, Innovation, Productivity and Prevention programme (QIPP) and Local Authority savings target
- New integrated delivery model

Key Next Steps

- Move to transparency on costs – used Capped Expenditure process as building block
    - shadow system control total
- Provider response to local 111 model could be a building block for future - e.g. lead provider vs alliance
- How to contract for delivery in 2018/19
    - Mixed feelings about current alliance contracts
    - Define level of improvement ambition
    - PBR and how 2017/18 lands

ACS across WEL
(Waltham Forest, Newham and Tower Hamlets – only Newham and Tower Hamlets covered in this update)

10 principles to guide the development of systems of care in the NHS

(Taken from Kings Fund Place-based systems of Care)

1. Define the population group served and the boundaries of the system.
2. Identify the right partners and services that need to be involved, within each borough.
3. Develop a shared vision and objectives reflecting the local context and the needs and wants of the public.
   a) There needs to be a way to find a balance between a common vision across WEL with something that is meaningful at a local level.
4. Develop an appropriate governance structure for the system of care, which must meaningfully involve patients and the public in decision-making.
5. Identify the right leaders to be involved in managing the system and develop a new form of system leadership.
6. Agree how conflicts will be resolved and what will happen when people fail to play by the agreed rules of the system.
7. Develop a sustainable financing model for the system across three different levels:
   a) the combined resources available to achieve the aims of the system
   b) the way that these resources will flow down to providers
   c) how these resources are allocated between providers and the way that costs, risks and rewards will be shared. The resources may shift from provider to provider through the ACS or from the CCGs to the ACSes.
8. Create a dedicated team to manage the work of the system.
9. Develop ‘systems within systems’ to focus on different parts of the group’s objectives.
10. Develop a single set of measures to understand progress and use for improvement

Questions that the WEL ACS have asked themselves

1. What are we seeking to achieve for the people of WEL? I.e. our overarching vision.
   a) Is this the integrated care vision?
2. In order to achieve this vision/goals what changes do we need to make to the health and care system?
3. What changes do we need to make to the organisational functions/forms and relationships between organisations? (what's in scope?)
4. How will resources be allocated within the system?
5. How should we go about the move to an ACO/ACS (assuming we agree that we want to), what are steps/where will we start/what do we need to learn?
6. What does effective leadership look like and who should provide it?
7. Do we have the governance structures we need to ensure appropriate oversight, engagement and opportunities for conflict resolution?
8. How will we measure progress?
9. Do we have sufficient resources dedicated to bringing about the changes we wish to see?
10. What outcomes would be achieved that would show that our vision is being realised?
11. Will it be up to the providers to decide on a set outcomes to achieve?
    a) Will these outcomes to be used to measure progress?
12. What structures do we need to ensure ACS?
13. How do the current organisation functions and forms stop us from delivering this vision?
14. How will we develop accountability at a local level when providers work at scale?
15. Payment reforms and open book policies are a huge stumbling block. How will we manage this?

Ambition

What is the end point which each system is working towards, and how does this align across East London (EL)

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Question	Newham	Tower Hamlets
What is the model that is being pursued?	• Integrated structure accountable for delivery of health and well-being, with single outcome framework, pooled capitated budget, based on an integrated National Care Model	• Whole population (registered and resident) model based on Tower Hamlets Together (THT) Vanguard. • Community services and primary care first areas of focus. • Aligned to new London Borough of Tower Hamlets Health & Wellbeing Strategy
What is the current / planned scope of the programme?	• Ambition for whole population commissioning and accountability. • Some acute services need to sit at a wider footprint however clear accountability for delivery to sit at a local level.	• Final year of Vanguard Multispecialty Community Provider programme – embedding learning (inc to STP). • April 2017 new Community Health Services (CHS) alliance outcomes based contract implemented (GPCG, Barts Health NHS Trust (BH) and East London NHS Foundation Trust) (ELFT) • June 2017 joint Local Authority/CCG Director of Integrated Commissioning advertised.
What proportion of local budgets are planned to be included within the ACS, and what is the plan for any residual budget not included?	• Estimated to be about 50% of the overall CCG budget.	• Appraising options for full capitated budget for ACS, including local authority budgets. • Shadow budgets circa 60% • Recognise need to model with BH, ELFT and STP
What level of ambition is there currently around joint commissioning?	• Joint structure being recruited to now focusing on specific care groups • Further work is being developed on the commissioning of ACS and how it will be managed	• Significant ambition in HWB Board and Strategy. • Joint Commissioning Exec since Sept 2016 • Planned integrated joint commissioning team October 17

Model and reform

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To understand the stage that has been reached so far in detailing the model that will be implemented, the level of payment reform required to implement ACOs in development across East London and identify areas for sharing resources

Question	Newham	Tower Hamlets
How far are the functions of the model agreed?	Future model will have integration at multiple levels and methods: • Integrated teams • Co-located teams and services in Hubs • Integrated pathways with joint working protocols • Integration enablers- Shared care record, joint assessments, Multi-disciplinary teams care plans etc.	• CHS Alliance implemented to new model from April 2017 • Tower Hamlets together (THT) Vanguard programme refresh June 17 with implementation plan • THT Board taking on commissioning role Jul 17 • Joint commissioning model fully functional from October 2017
What form is the delivery model likely to take (if known)?	• Borough based alliance being developed with a shadow outcomes framework across the system. • Supported by joint commissioning with the borough.	• Borough based alliance of providers delivering to a common outcomes framework (expandable) • Joint commissioning aligned and THT Board lead role commissioning
Will reform of payments systems be required to support the new model, and if so what mechanisms are being explored?	• Yes. However an open book strategy needs to be developed across the system	• Yes Shadow testing capitation methodology • Deep dives on End of Life Care, Mental Health and Children to encourage provider development • Risk share potential via THT
If capitated budgets are being proposed, for what % of pop?	• Expect to employ capitated budgets and to have full population coverage	• Likely 100% but with some segmentation of outcomes

Aims and Objectives

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To understand whether local ACS programmes have defined a set of aims and objectives so far, and how these align across EL

Question	Newham	Tower Hamlets
Have the aims and objectives of your local programme been set?	So far aims have been agreed for the ACS: • improve patient experience and outcomes • get optimal value from every pound • clinical decision-making and service developments will drive proactive management of care and provision of care in the most effective settings • finances will flow around the system in a controlled way that rewards providers appropriately and helps all organisations achieve long term financial balance • develop and use long term contracts to promote financial stability of the providers • it will be governed by a unified leadership team comprising all commissioners and providers, organisations	• Service model and wider strategy adapted from Integration Pioneer – outcome based Alliance CHS contract since April 2017; primary care strategy refreshed Aug 2016 • A system wide outcome framework with partners in place, agreed by Health and Wellbeing Board: 1. Improve patient experience and outcomes so people in East London live the healthiest lives possible 2. Ensure the patients with long term conditions are able to access the health and social care services they need 3. Residents are satisfied with the health and care services they receive 4. The system exceeds the required national performance standards within available resources

Outcomes

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To understand whether a set of outcomes has been agreed to date, and how these align across EL

Question	Newham	Tower Hamlets
Have any outcomes been agreed to measure success?	• Draft borough wide outcomes framework in place and will form part of the conversations about the future. This will be finalised as part of the ACS board and structured conversations. • Shared incentive scheme being modelled with risk shares built in • MSK work being used as an example of system change.	• Alliance CHS contract is outcomes based, initially baselines collected but 5 year framework agreed for monitoring and payment. • Single Incentive Scheme based on outcomes – QoF replaced for 80% of general practice from April 2017 with network outcomes framework. • Draft borough wide Outcomes Framework has been developed. To be finalised following 2 month public engagement post purdah (led through London Borough of Tower Hamlets Health & Wellbeing Board)

Programme development

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To understand the current state of the programme and the timetable for implementation

Question	Newham	Tower Hamlets
What is the timetable for implementation?	• 2017-18: commence work on enablers; implement single point of access, agree transition plan • 2018-19: Implement new governance; implement new care models ahead of Accountable Care System (ACS) development; agree outcomes framework • 2019-20: ACS established; pooled budgets in place; delivery plan complete. New org if needed.	• April 17: Go live for outcomes based alliance CHS contract. • June 17: THT Board agreement of ACS development programme plan • 17/18-18/19: Begin implementation of new system values / culture; align workforce strategies; gather data required; begin to shift accountability and risk • 19/20-20/21: Transition to outcome based payments; formalise ACS governance and new org if needed
Is any procurement required?	• Not yet determined.	• CHS already procured, and now an alliance model – which can be added to relatively easily. Incremental additions planned
What phase is the programme currently in?	• Currently scoping the roadmap and implementation plan for the ACS, including scope and ambition • Phase 1 has been signed off and procurement route will be agreed on the 27th July.	• Moving from Vanguard to ACS, with implementation of Alliance outcome contract and new joint commissioning models.
How far is a programme structure confirmed / staffed?	• Deputy Chief Officer Senior Responsible Officer of programme • Some resources allocated in 17-18 but limited	• Apr 17: Combined CCG/THT Vanguard PMO functions. • Jul 17: THT Board takes on commissioning transformation

Governance and engagement

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To understand the stage of development of local governance structures and the level of wider engagement in local plans

Question	Newham	Tower Hamlets
How far is a governance structure in place?	• First board meeting held • Working group meeting structure in place • Work streams being developed • Part of Kings Fund ACN	• Vanguard governance for THT up to June 17, with Board awayday to sign up to new ACS programme plan. • THT board takes devolved responsibility for recommending annual commissioning intentions from July 2017 • Expansion of BCF and new joint commissioning teams from Oct 17
Have clinicians been involved in establishing the evidence base?	• We have clinical meetings once a month with the clinical lead and chair. There is also clinical representation at the board level.	• Vanguard has strong clinical engagement and led by GPCG • Engagement of BH and ELFT clinicians in workstreams • Primary care summit Apr 17 • Reviewing at Jun 17 THT Board
To what extent are wider partners engaged / signed up?	• Board members, key stakeholders and patients have been part of the initial conversations • Work has been commissioned to ensure there is an agreed vision	• Initially very primary care and ELFT led • Good sign up by all partners now, including Barts as well as local voluntary sector • Considerable staff engagement and OD through Vanguard programme and as new CHS model goes live.

Learning

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To understand the stage that has been reached so far in detailing the model that will be implemented, the level of payment reform required to implement ACOs in development across EL and identify areas for sharing resources

Question	Newham	Tower Hamlets
What are the key successes / challenges currently?	• Success– agreement and development of the outcomes framework • Open book policy • This requires a new way of working for all parties • Providers ability to allocate consistent resources	• Successes: Vanguard work, have outcome based community contract since Apr 17; agreement on ACS direction of travel. • Challenges: formal sign up to ACS programme; financial issues get in the way sometimes (e.g. Trust deficit, need to move away from PBR); population growth and HWB challenges.
What are the key insights / learning that you have gathered so far?	• Everyone is at a different stage • Commitment from partners fluctuates • It takes longer!	• Engagement of partners in case for change and vision for service model. • Procurement has been lengthy but significant provider development gains achieved. • Many strategic questions remain to be answered and need to be developed collaboration at appropriate level (may be STP or WEL – not always just TH)
What have you developed so far that can be shared?	• Draft Outcomes framework • Urgent Treatment Centre work • Community Pathway mapping	• Community service model with outcomes; case for system change; integrated governance arrangements planned across THT; shadow capitation methodology; strategic questions to be answered; BI approach (system integrator)

Dependencies

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To understand the relationship between our plans to develop accountable care systems and other programmes that will enable or support delivery?

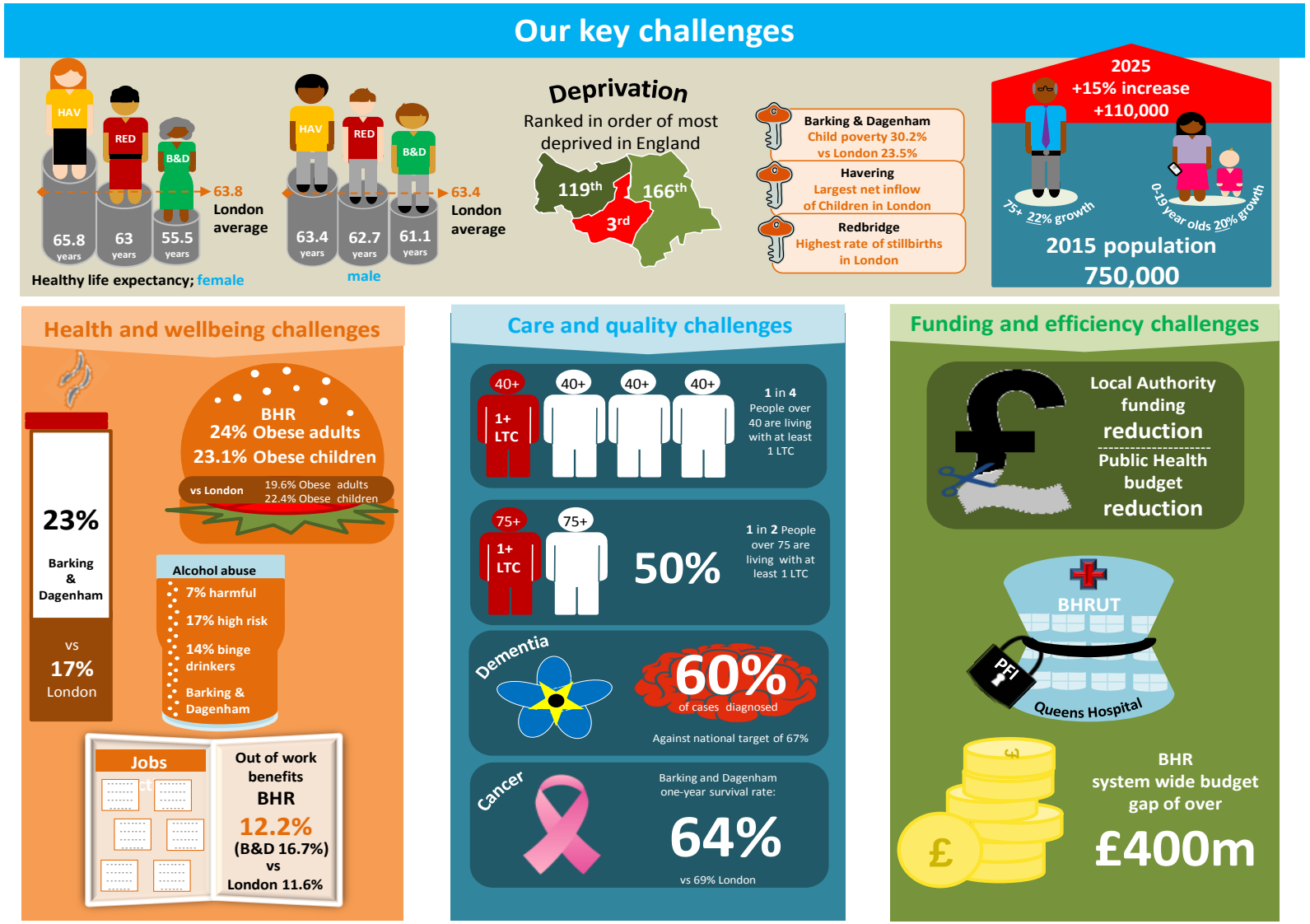
Question	Newham	Tower Hamlets
What are the informatics and data systems that are required?	• As per existing WEL strategy re interoperability and roadmap	• As per existing WEL strategy re interoperability and roadmap • Task and finish group established by THT to ensure links across all BI work (inc. STP) and to try to get provider sign up • Work further on system integrator approach (across STP or London)
How far are these already in place?	• As per existing WEL strategy re interoperability and roadmap	• As per existing WEL strategy re interoperability and roadmap
What are the implications for other transf. initiatives?	• Key link to primary care and the work to develop networks and the federation.	• Using opportunities to link community data fully through CHS alliance • Urgent care redesign work has benefitted
What are the implications for enablers – e.g. infrastructure, workforce?	• Need to change our approach towards workforce, estates and IT to support integrated working.	• Recognised THT Vanguard needed hearts and minds OD work • Already working with CCG staff to determine destinations, e.g. with LBTH as joint team; with THT as ACS; etc.

Barking and Dagenham, Havering and Redbridge (BHR) ACS

Background and context

- BHR partners including Barking and Dagenham, Havering and Redbridge CCGs, Local Authorities, Barking, Havering and Redbridge University Hospitals NHS Trust and North East London NHS Foundation Trust came together to develop and submit a bid in December 2015 to explore the benefits and potential as a sub regional pilot for London Devolution to develop a business case for Accountable Care
- As a result of this strategic outline case has been developed which recommends a new model of service delivery supported by more effective joint strategic commissioning arrangements; this has been submitted to NHS England
- Our existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand - future pressure from rapid demographic changes including population growth, rising levels of long term conditions and variable levels of deprivation, the status quo is simply not an option
- Our research suggests that the best way to meet the needs of our people and their communities within available resources is through a place-based system of care that promotes healthy living and prevention – this builds on local experiences with Health 1000, national experiences with the Vanguard programme and international experience with examples such as the Alzira model
- The business case recommends the development of a new locality delivery model, which integrates health and wellbeing services for our population, based on the principles of place-based care
- It has been agreed that three fast track locality models would be trialed across Barking (and Dagenham), Havering and Redbridge, to test the benefits of the model
- To support this it has been agreed that an Integrated Commissioning Partnership Board with be established, and has now held its inaugural meeting

Key challenges for BHR ACS



Vision for change – to accelerate improved health and well-being outcomes for the people of Barking, Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and well-being services