

Berkshire West

Accountable Care System

Report to Reading Health & Wellbeing Board – September programme update

Berkshire West Accountable Care System - Recap

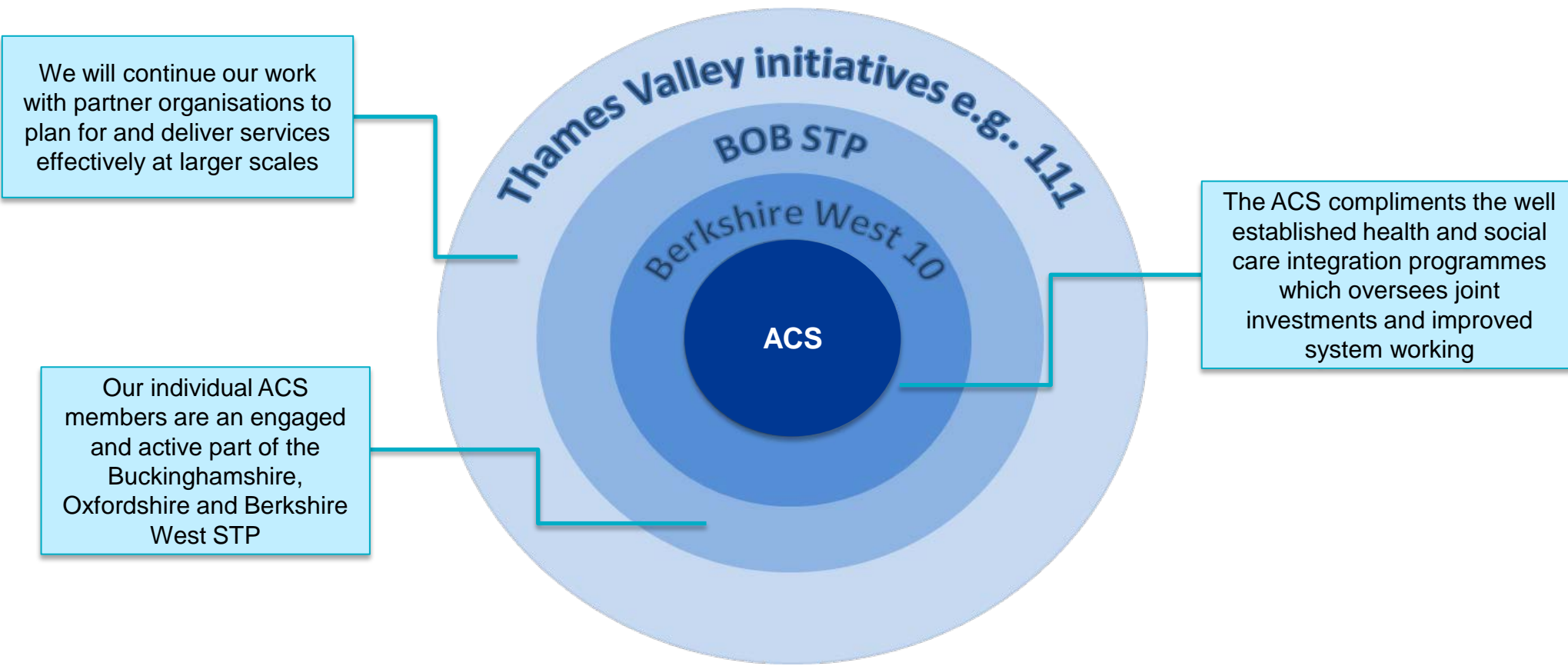
Current position

- A high performing system but increasingly under pressure: rising demand and expectations, extended access, workforce pressures, financially challenged
- Different parts of the health system funded differently: payment by result (PbR), block contract, GMS, PMS and APMS primary care contracts
- Commissioner/provider split creates unhelpful consequences for jointly planning patient care and managing the Berkshire West £

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
- Organisations working more closely in partnership with system wide governance arrangements
- Underpinned by a single budget system financial model – manages risk and aligns incentives, for the whole health care system

The ACS programmes fit with other initiatives in our region



Key updates / next steps

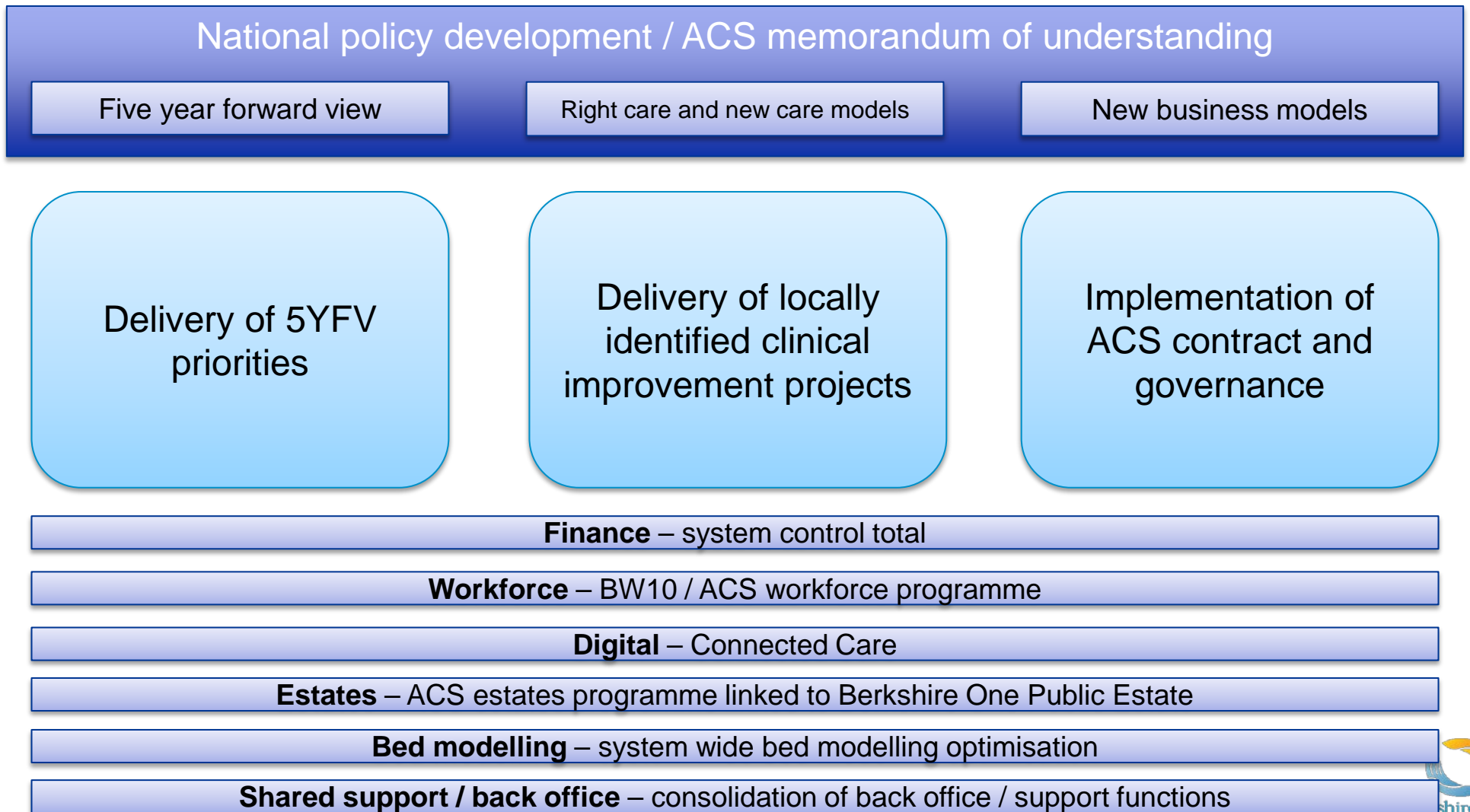
- **We have agreed a ‘performance contract’ with NHSE/I (to be formally signed by end October 17)**
 - *This will take the form of a memorandum of understanding (MOU) between the Berkshire West ACS and NHS England and describes what we need to achieve in 17/18 & 18/19.*
- **The ACS governance continues to evolve**
 - *Chair of the Berkshire West Integration Board now formally a member of the ACS Leadership Group – building links and mutual dependencies across programmes*
 - *ACS progress reported through BW Integration Board and to 3 Health & Wellbeing Boards*
 - *Primary Care alliance representation at both the ACS Leadership and Management group*
 - *Now looking at best mechanism to ensure effective resident engagement and the interfaces with existing joint health & social programme boards (e.g. A&E Delivery Board, Long Term Conditions Board)*

Key updates / next steps

- **By December we will agree payment mechanism and contracts for 2018/19, establishing how the ACS organisations do business together**
 - A single capitated budget and financial plan which identifies and mitigates system risk
 - A single control total with clear risk share arrangements
 - Contracts which get the money to where it is needed – based on COST not PRICE
- **The ACS transformation programme continues focusing on the delivery of the 5YFV priorities, delivery of locally identified clinical improvement opportunities and the implementation of ACS contracts and governance**
(see following slides)

Programme approach

Fig 1. The Berkshire West ACS Programme takes a three-pillar approach to implementation



New care models

High intensity users

- This project has identify the most prevalent A&E attendees and design and implement a community based intervention to proactively manage and support this cohort to reduce the workload on unscheduled care services and the wider health economy, resulting from reduced 999 calls, which otherwise would have attended A&E and resulted in an admission.
- Learning from Blackpool and Fyfe demonstrated that an approach of empathy and coaching rather than enforcement had the potential to reduce both the number of 999 calls and subsequent attendances and admissions.

MSK transformation

- A new MSK integrated service model for the ACS will be based on a contract with a single point of responsibility (*Prime Provider*), for the identified cohort of patients, with the associated budget and responsibility for clinical quality, patient safety and the efficient management of the patient pathway of care. The prime provider would deliver the totality of the pathway of care for MSK services that currently reside within both the community and secondary care setting.
- A 'structured collaboration' approach is underway with providers / clinicians with a view to agreeing the new service model in December ready fro April 2018 implementation.

New care models

Outpatients transformation

- This major transformation programme will be phased over 2-3 years embracing a patient centric approach to the delivery of outpatient services closer to the patients' home, utilising new technologies and pathways, maximising the right clinicians to provide patients with consultations in Primary Care, Secondary Care and community based services.

Respiratory care

- The project will change the management of respiratory disease and deliver more care in primary care / the community and in the way services are delivered to patients with symptoms of sleep apnoea or chronic cough (linking with outpatient programme), supporting care closer to home; reducing avoidable referrals to secondary care and unnecessary follow ups.

New business models

Bed modelling

- The project aims to ensure our 'bed base' is fit to meet our current and anticipated demographic and that it supports the new care model and system changes as they are identified via the ACS programmes.
- Undertaking demand – capacity modelling as a test bed to explore the consequences of different 'behaviours' and bed configurations, the project aims to inform the feasibility of different models of care delivery and identify opportunities and areas for improvement for the long term care requirements of the population.

Estates

- This project aims to maximise effective utilisation (clinical and non-clinical) of NHS Estate portfolio across West Berkshire and identify opportunities to deliver cash receipts through disposals and reduced annual revenue costs across the system.
- The project will support and be shaped by the emerging estates requirements of the new care model and system changes identified via the ACS change programmes.

Support services / Back office functions

- Undertaking a review of the current structure and cost of support services this project will explore alternative models of provision and consolidate functions intelligently. Options for phase 1 functions (finance) being evaluated in October with implementation planned for April 2018.