



Wellbeing Board Meeting

Date	6 th October 2017
Report Title	Update on the development of Accountable Care Systems and Accountable Care Organisations
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Report To Be \ Has Been Considered By	Briefing

Recommendation(s) for Action or Decision:

The Wellbeing Board is recommended to:

- Note the development of Accountable Care and the national program on this
- The opportunity for local systems to apply for this national program – in October 2017
- Discussion on the opportunity for this new development to contribute to the wider goals for health and wealth- through a focus on demand, productivity and inequalities.

Toward Accountable Care

The presentation enclosed with this covering note sets out the case for change toward accountable care.

Where there is a strong set of partnerships locally, along with mature decision making and a defined shared improvement infrastructure and evidence of a clear plan, these areas are invited to consider moving forward toward accepting greater place based accountability and system leadership.

In the West Midlands each STP is invited to have the discussion on their ambition and identify if they are ready now- to move to this in this year, or are confident they will be ready early in 2018-19, or are not ready yet. A national program has been established for early adopters of ACS and this is open for applications in October 2017. It is anticipated that there will be applications from the West Midlands.

In time some ACSs may lead to the establishment of an **Accountable Care Organisation(s)**.

Accountable Care Organisation: This is where the 'strategic commissioner' has a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas (particularly some of the MCP and PACS vanguards) in England are on the road to establishing an ACO, but this takes considerable time as would involve organisational change.

The complexity of the assurance process needed, and the requirements for systematic evaluation (ISAP) and management of risk means they will not be the focus of activity in most areas over the next few years.

Implications for Commissioning in the NHS

The further evolution and development of STPs will have significant implications for the commissioning architecture of the NHS. Whilst the detail has yet to emerge, it is likely to see commissioning (in CCGs and NHS England) increasingly adopting a greater strategic role within and across STPs. This will require CCGs to develop structures across the STP footprint to enable a 'single view' on key decisions; this can be through a joint committee structure or in some instances a merger of CCG's. In Coventry and Warwickshire the 3 CCG's are establishing a joint committee, and a shared management team between two of the CCG's. In BSOL, the three CCG's are now moving through the merger application and will have a single team (subject to national approval). The Black Country has a shared management team for 2 of the 4 CCG's and are in the process of establishing a joint committee.

As these 'strategic commissioners' develop, this may mean that STP commissioners taking on some of the functions from NHSE on planning and assurance and some STPs delegating some of their functions to service providers to manage pathways.

NHSE Support

NHS England is re-orientating support for this new system, through consolidating functions, process redesign and prioritisation we are able to release staff time and resources to our STP teams. This will result in a shift of around 40% of staff time. NHSE will also set out the support that can be offered to the wider WMCA agenda, in partnership with Public Health England in order that members of the Wellbeing board are informed and supportive, this paper will be presented at the next Wellbeing board following further joint work with the wider executive leadership of the wellbeing program.

Alison Tonge - NHS England (West Midlands)