

Development of Accountable Care in Swindon

Health and Wellbeing Board

Date: 24th May 2017

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Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To provide the Health and Wellbeing Board with an outline of the considerations in developing an Accountable Care system in Swindon.

2. Recommendations

The Board is recommended to:

- 2.1 Note the contents of the report and discuss any areas where further clarification may be required.

3. Details

What do we mean when we talk about Accountable Care

- 3.1 With lots of different parts of the NHS system... from GP practices to hospitals and urgent care centres, we're aiming for everyone to work together to provide high-quality care for patients. This makes the system less complicated, less fragmented, and reduces hospital delays. Getting referred when we need to should be more straightforward too....as everyone who needs to work together on a patient are part of the same team, using the same system.
- 3.2 This means each organisation providing care to the local community is pooling resources to support the joint commissioning and delivery of health and social care for everyone. It does not mean that all providers will be merged into one 'super organisation'.

Why are we considering this in Swindon?

- 3.3 The Five Year Forward View highlighted that the NHS cannot continue to provide services using traditional models, we are seeing duplication in the system and significant challenges in relation to available capacity. Within Swindon we are seeing:
- 3.3.1 Rising demand for Same Day / Urgent care services.
- 3.3.2 Demand for inpatient care exceeding supply.
- 3.3.3 Care Homes feel unsupported- easier to dial 999/ request admission.

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- 3.3.4 Social care demand exceeding budgets.
- 3.3.5 Difficulty in recruiting GPs - impact on sustainability and resilience of practices.
- 3.3.6 Limited clinical linkages between primary and secondary care.
- 3.3.7 Population and demand rising faster than resources.
- 3.3.8 Significant areas of new housing developments within the town and the New Eastern Villages which increase demand on existing services beyond available capacity.

Values and principles needed in the development of a system

- 3.4 At a Board to Board event between Swindon Clinical Commissioning Group (CCG) and Great Western Hospitals NHS Foundation Trust, members identified a number of values and principles which would be important in the development of an Accountable Care system:
 - 3.4.1 It must benefit the people of Swindon.
 - 3.4.2 It needs to be a system that is simple to understand for both patients and service users.
 - 3.4.3 The sum of the parts must be greater than the whole.
 - 3.4.4 It needs to retain a local feel.
 - 3.4.5 Team Swindon is a positive way to describe the system working together and across organisational barriers. People would need to feel that 'Team Swindon' would be a great place to work, this would involve a degree of cultural and organisational change.
 - 3.4.6 It needs to empower staff to work differently, to think holistically about patients.
 - 3.4.7 It needs to reduce health inequalities by targeting specific areas and groups in Swindon.
 - 3.4.8 There needs to be clarity and consistency of communication.
 - 3.4.9 Agreed and meaningful organisational clinical outcomes/priorities to guide decisions.
 - 3.4.10 It needs to enable us to live within one budget for Swindon – living within our means (the Swindon pound).
 - 3.4.11 It needs to enable the free flow of information which will reduce transactional costs.
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Service alignment in new care models

- 3.5 The new national care models suggest we consider aligning services to defined geographies, 'place based'. A place-based model suggest that care needs to be organised around different geographies and population groupings. This reflects the need to deliver local, joined up care for different patient groups as well as the need to manage some services across a wider geography due to scarcity of resources, workforce or demand. This considers the different levels of provision that may be required within Swindon and across neighbouring geographies.
- 3.5.1 Tier 1: 50,000 – 80,000 population: Organising care around defined populations will support a patient-centric model and enable care management and co-ordination for complex patients. Evidence suggests that this size of population enables services to be delivered at some scale whilst enabling a personalised patient experience. Some Urgent & Emergency Care will take place at these levels including access to pharmacy and WICs or UCCs.
- 3.5.2 Tier 2: circa 250,000 - 500,000 populations: At a scale of circa 500,000 the majority of planned care and U&EC services will become viable although some services may still operate as a hub and spoke model with neighbouring hospitals. While services are delivered at this scale they should be fully integrated with other areas of provision.
- 3.5.3 Tier 3: Over 1m population: Some services, as is currently the case, will need to be delivered on a much wider scale. This would include tertiary services where complexity and volume require such a scale. It also includes specialist/acute Mental Health services 111 services and Ambulance Services. In addition, some preventative/public health services will take place across the wider geography.

Clinical Work streams

- 3.6 In developing new models of care in Swindon there are a range of issues which need to be considered including differing service delivery and a number of enabling work streams to support these new models. A clinical work shop was held on 30th March with a follow-on workshop 10th May.
- 3.6.1 **Proactive and preventative care**
- Consideration of how we intend to support healthy communities, particularly with the growing size of the town. Key to this will be community empowerment and engagement activities. This workstream includes a wide range of partners, stakeholders and our public.
- 3.6.2 **Urgent and Emergency Care**

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We continue to see significant challenges to the capacity in place to support people wishing to access on the day services, some of whom will be in crisis and require an immediate response. Areas to consider are:

- Single telephone number for Swindon, with on line alternative.
- Clinical triage of all requests, using new technologies.
- Face to face appointments same day, with access to patient records, but no guarantee of continuity of practitioner, in a local venue but not necessarily at the local GP practice, with direct access to diagnostics and secondary care advice.
- Supported by new clinical roles – Advanced Nurse Practitioner, Paramedic.

Within Swindon we have the GP access clinics (SUCCESS services) alongside the Carfax Walk In Centre, 111 services are being tendered including a new clinical hub model, and we are in the process of developing a Nursing Home model.

National guidance specifying urgent care models is feeding into the development of this clinical model.

3.6.3 Chronic Disease management and ongoing care

Key to managing the urgent care demand is the development of services for those with Chronic and multi co-morbid diseases. There is a lot of evidence nationally in relation to the models of care for these cohorts of patients and areas to consider include:

- Patients identified by a clinical intelligence unit using a variety of risk stratification tools.
- Delivery based in defined (3?) clinical localities in community health premises- fewer seen in hospital settings.
- 15 minute appointments and continuity of practitioner (who is not necessarily a medic).
- Both generic and specialist clinics delivered through a multidisciplinary team approach, including secondary care specialist.
- Coordinated through multi-disciplinary team meetings.
- Linked community programme to enhance lifestyle modification supported by Community Navigators.

3.6.4 High Intensity Care

- Dedicated community teams focussed on supporting those with the most intensive care needs for a time limited period, possibly using virtual ward model.
- Based in three localities.
- Regular multi-disciplinary team reviews of target groups such as over 75s admitted to hospital with secondary care input.
- Includes specialist continuing health care, mental health and learning disability specialists.
- Builds on existing specialist teams, bring skill sets together.

3.6.5 Interface with scaled up primary care

- Mixed economy of new primary care organisations- eg super-practice, federation or standalone practices.
- Assume working to three localities in Swindon.
- Could take on running of same day and/or chronic disease and/or high intensity services for circa 80k population.
- Develop an agreed Swindon-wide risk, reward and support structure.
- Revisit estates strategy to ensure plans are in place to support this new way of working.

3.7 Enabling Work streams

3.7.1 Workforce

- Develop a single workforce plan: Establish a single workforce plan across organisations which includes the ability to have a passport to enable staff to transfer across care settings.
- Collectively identify new roles across the system as well as training needs of the existing workforce to deliver the new models of care.
- Increase access and communication: Establish a culture of shared access and communication across the system. This will enable in-reach into acute settings and support in the community.
- Identify a lead for Team Swindon to drive this work stream.

3.7.2 IM&T

- Shared analytics: Develop a shared approach to management information and reporting. This includes the development of shared definitions and data gathering.
- Single view of population: Develop a single view of the population that is shared across organisations to enable effective management of risk.
- Interoperable IM&T: Develop an interoperable system that enables each part of the system to access real-time information.

3.7.3 Estates

- Shared understanding of capital investment: Take a place-based view on capital investment decisions so that they optimise the existing health and care estate.
- Understand the current estate: Understand the existing estate across the health and public service economy to inform decision-making. Development of health campus model across a number of acute and primary care sites.
- Adopt a flexible approach to estates: Consider how to use estate flexibly to optimise overheads and provide the right care across Swindon, recognising the need to optimise the use of the estate on the Great Western Hospital site to ensure use of PFI financed facility is maximised.

3.7.4 Finance and Commissioning

- Align incentives to promote prevention: Develop ways to change incentives in the system through alternative payment and reward mechanisms. This should flow through organisations and workforce.
- Joint financial planning: To agree priority investments that benefit the system. This would form the basis of a place-based budget reflecting the need to demonstrate system financial balance.
- Understand system baseline: Collectively establish and agree the system baseline. Identify fixed and variable costs in the system.

Benefits of Accountable Care

- 3.8 There are a range of potential benefits that could be achieved from moving to an Accountable Care system, for patients, staff and improving use of resources:

3.8.1 Benefits to patients of moving to an Accountable Care System

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- Improved access to same day services.
- Increased amount of care for chronic disease delivered locally, with increased continuity of practitioner.
- More systematic and structured approach to Chronic disease management.
- Better coordinated transfers of care ie Hospital to community.
- Hospitals freed up for those that really need its services.
- A sustainable way of providing care.
- Support for local communities to help themselves and get involved in priority setting and service development.

3.8.2 Benefits to staff working in an Accountable Care System

- Development of clear career structure for GPs including portfolio careers across different care settings.
- New roles for clinical practitioners in supporting same day and chronic disease care.
- New opportunities for care in local settings increased.
- Enhanced education and training.
- Better IT to help practitioners be effective.
- Sustainable care delivery systems.

3.8.3 Better use of resources across the health and social care system

- Improved, more structured chronic disease management could reduce inappropriate same day care, reduce the numbers of admissions and length of stay.
- Better care coordination could reduce the number remaining in community intensive care such as intensive packages of care, nursing homes and specialist placements.
- Improved appointment systems at scale could make better use of resources over 7 days ie fewer short term locums, better use of estate.
- New workforce arrangement could increase productivity eg ANPs, retention of GPs, improved staff satisfaction.

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- Evidence and big data based clinical hub could help target resources better and support research more quickly.
- Empowered communities could increase their capacity to self-care.
- Lifestyle changes could delay/ prevent disease in the longer term.
- Sharing of back office functions across provider and commissioner organisations improving efficiency.
- Minimising some of the administrative processes in the current contractual system between commissioners and providers will release capacity to support other work.

What are the risks to developing an Accountable Care System?

3.9 A senior leaders event considered the risks involved in developing a new system:

3.9.1 Transformation change is costly.

3.9.2 The benefits do not materialise.

3.9.3 Different priorities between NHS and Local Authority.

3.9.4 Lack of freedom to change/ Regulatory barriers.

3.9.5 Different governance across organisations slows down decision making.

3.9.6 Unmet need/financial pressures.

3.9.7 Management of patient expectation.

3.9.8 Double running/confusion/increased costs

3.10 A risk register will be put in place as the programme is formalised and structures put in place.

Governance

3.11 The development of Accountable Care within Swindon will sit across several organisations including (but not limited to) Swindon Clinical Commissioning Group, Swindon Borough Council; Great Western Hospitals NHS Foundation Trust; Avon and Wiltshire Partnership Trust and Primary Care.

3.12 The recommendation is that we develop an Accountable Care Alliance Board which would oversee the development of the proposals for the new models which would then be taken through the constituent organisations Governance for review and approval. This Alliance Board would oversee the implementation and delivery of the different work streams once a mandate and approval has been given and report back regularly to constituent organisations.

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- 3.13 A draft Memorandum of Understanding for the development of Accountable Care in Swindon and a Terms of Reference for the Alliance Board is attached as Appendix 1 and 2.

Communications Strategy

- 3.14 A key element to developing the models of care will be a clear engagement strategy.
- 3.15 Initial clinical workshops have been held, this needs to be followed up with an ongoing series of opportunities for clinicians to engage with the development of pathways.
- 3.16 Conversations with our public will be key to ensuring that they are influencing the development of services in Swindon and can drive the development of outcome measures for any new model of care. We will be working with our colleagues in Healthwatch to draw up a timetable of events throughout the coming year to ensure continued involvement in the evolution and refinement of the service models. These events will be jointly hosted across health and social care organisations.
- 3.17 We will also want to engage regularly with our wider stakeholders such as the voluntary sector providers.
- 3.18 The draft communications strategy is attached at Appendix 3.
- 3.19 Next Steps

3.19.1 Activities completed during March/April 2017

- Governance arrangements drafted with shared Board papers.
- Engagement with wider provider base including care home sector.
- High level draft programme plan developed.
- Programme structure developed and work stream leads identified.
- Programme mobilised.
- Clinical workshops held to begin development of new models.

3.19.2 Develop Operating Model and Outline Business Case: June/July 2017

- Refinement of clinical models.
- Commence Public 'conversations'.
- Exploration of contracting models.

- Develop commissioning model options appraisal.
- Analysis of system spend and potential interventions and other activities.
- Populate the core components of a high level operating model.
- A set of quick wins and high level outcomes should be agreed.
- Engagement with regulators.
- Ongoing Public 'conversations'.
- Ongoing engagement with clinical teams.

4. Alternative Options

- 4.1 Services to remain configured in the way they are currently delivered.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Finance models will be developed which will need to be incorporated into a business case for consideration by relevant organisations before any new mechanisms can be introduced.

Legal and Human Rights Implications

- 5.2 None to note. This remains under review throughout the development of the new models and pathways.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 Workforce remains a key challenge to ensure sustainability of services. Appropriate estate for the delivery of services will be a consideration. These will be reviewed within the enabling work streams.

Diversity Impact Assessment

- 5.4 Each work stream once commenced will have an Equality and Diversity Impact Assessment.

Risk Management

- 5.5 Some high level risks were identified and are included in section 3.8. A risk register will be developed with high level risks also being included on the CCG Risk Register for transparency.

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6. Consultees

- 6.1 The development of Accountable Care has been discussed in a number of different fora over the last 18 months. Recent events include:
- H&WBB Chairs Advisory Group.
 - Board to Board event: Swindon CCG and Great Western Hospitals NHS Foundation Trust.
 - Swindon CCG GB development session and CLG meeting.
 - STP Board.
 - H&WBB Provider Forum.
- 6.2 The Director of Finance and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 - Memorandum of Understanding for the Development of Accountable Care.
- 8.2 Appendix 2 - Terms of Reference for Accountable Care Alliance Board.
- 8.3 Appendix 3 - Communications and Engagement Strategy.