

Central Bedfordshire Council

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY
COMMITTEE**

Monday 24 July 2017

**Update on the Sustainability and Transformation Partnership (STP) and
Accountable Care System for Bedfordshire, Luton and Milton Keynes
(BLMK)**

Report of:

Councillor Brian Spurr, Executive Member for Health
(Brian.spurr@centralbedfordshire.gov.uk)

Councillor Carole Hegley, Executive Member for Social Care and Housing
(Carole.Hegley@centralbedfordshire.gov.uk)

Advising Officers: Julie Ogley, Director of Social Care, Health and Housing
(Julie.Ogley@centralbedfordshire.gov.uk)

Purpose of this report:

1. To provide an update on the progress of the Sustainability and Transformation Partnership across Bedfordshire, Luton and Milton Keynes and the emerging collaborative approach.
2. To inform the Board of the national announcement that the Bedfordshire, Luton and Milton Keynes Partnership will be one of eight other STPs across the country working towards becoming an "Accountable Care System" (ACS).

RECOMMENDATIONS

The Committee is asked to:

1. Note the progress against the five priority areas of the STP.
2. Endorse the emerging collaborative approach as an Accountable Care System.
- 3, Consider the potential opportunities in light of the recent OSC enquiry work on Integration and a 'place based focus for Central Bedfordshire.

Background

The BLMK STP is one of 44 health and care ‘footprints’ in England, bringing organisations together to develop plans to support the delivery of the NHS Five Year Forward View. The plans will show how local services will evolve, develop and become clinically and financially sustainable over the next five years (to 2020/21) to address the health and care triple aim as set out in the Five Year Forward View:

- Health and wellbeing;
- Care and quality; and
- Sustainability (finance and efficiency).

An initial plan, published in November 2016, set out five priorities:

- Priority 1 Prevention
- Priority 2 Primary, Community and Social Care
- Priority 3 Sustainable Secondary Care
- Priority 4 Digital Programme
- Priority 5 Systems Integration.

Update Report

Work has been progressing to develop plans to take the five priorities forward towards delivery. Update on the priorities are set out in appendix one. A three tier model is being proposed with collaboration of accountability, planning and delivery of services being organised at three different levels. This comprising clusters of around 30-50,000 people at locality levels, ‘Place based’ local authority level and at scale (across the STP footprint) where appropriate.

As part of this move towards delivery the arrangements for involvement of partner organisations has been reviewed. Currently there is a weekly chief executive meeting which has oversight of the delivery of the partnership work. A BLMK Leaders and Chairs Board, comprising the four Council leaders and the eight Chairs of BLMK’s NHS STP partners is also proposed to ensure greater engagement of and direction from elected members and chairs.

More recently, NHS England (NHSE) confirmed that BLMK STP will be one of eight other STP’s working towards becoming an “Accountable Care System” (ACS). The aim is to integrate services ‘to provide joined up, better co-ordinated care breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS’.

Accountable Care System (ACS) is the terminology being used by NHSE to describe systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health to provide more joined up, better coordinated care. At its simplest, accountable care is a way of working that rewards those involved in keeping people healthy, and for

planning and delivering health and social care services on the basis of the outcomes achieved.

There are several benefits associated with securing this lead status including greater local autonomy, particularly in relation to primary care, preferential access to capital, and greater local prioritisation of recurrent transformation funding (£18.8m in 17/18) to help 'fast track' system improvements. Helping to address the challenges of a fragmented system with different rules that often results in inequality of service provision; a system based on incentives that drives competition between organisations rather than co-operation; multiple IT systems that prevent efficient information sharing; too much focus on treatment and not enough on prevention.

In addition, this opportunity provides greater impetus for accelerating a local vision for more integrated services and reconfiguration of health and social care services across the footprint. This is particularly important in relation to the development of Integrated Health and Care Hubs in Central Bedfordshire.

ACS, In return, are expected to evidence system leadership commitment, shared performance plans and collective management of funding across CCGs and NHS providers for the defined population in 2017/18. There is also a requirement to demonstrate robust and effective collective decision making and governance.

A briefing document setting out the collaborative approach and the three tier model is attached as appendix two.

Conclusion and next steps

Work will continue to establish a work programme for designing and developing a 'Place based' strategic commissioning framework and an Integrated out of hospital strategy.

Council Priorities

The Report aligns with the following Council priorities:

- Promote health and well-being and protect the vulnerable

Corporate Implications

Risk Management

Staffing (including Trades Unions)

Any staffing issues will be assessed as part of the risk management approach set out above.

Legal Implications

N/A

Financial Implications

One of the triple aims of the STPs is to secure financial balance across the local health system and improve the efficiency of NHS services.

Equalities Implications

Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Ensuring better outcomes through locality based integrated health and social care services should be for the benefit of all residents and equality duties should be considered and embedded in the context of any joint working to avoid discrimination.

Appendices

Appendix one – STP Priority updates

Appendix two – Working towards a collaborative health and wellbeing system