

Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: Statement of Intent on Health and Social Care Integration

Executive Summary

The Statement of Intent sets out the ambitions of partners for developing health and social care integration in the next few years.

Proposal(s)

It is recommended that the Board formally endorses the Statement of Intent.

Reason for Proposal

The Statement of Intent will enable the public and our partners to understand our ambitions for the development of health and social care in Wiltshire.

Baroness Scott of Bybrook OBE Chair and Vice Chair of Wiltshire Health and Wellbeing Board Leader, Wiltshire Council	Dr Peter Jenkins Chair, Wiltshire CCG
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Subject: Statement of Intent on Health and Social Care Integration

Purpose of Report

1. To outline a statement of intent on health and social care integration in Wiltshire.

Background

2. NHS England's Five Year Forward View states:

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.

Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. There is consensus that:

- *Increasingly we need to manage systems – networks of care – not just organisations.*
- *Out-of-hospital care needs to become a much larger part of what the NHS does.*
- *Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time."*

3. NHS England recently published "Delivering the Forward View", which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), and covers the period October 2016 to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

4. An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.
5. Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term 'Accountable Care System' (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.
6. The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.
7. There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

Wiltshire Context

8. Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.
9. Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the over-arching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

10. In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.
11. Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group, and our partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

Our Collective Intent

12. Wiltshire Council, Wiltshire CCG and our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care) have agreed to combine leadership to:
 - Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
 - Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes rather than a system which rewards increased contact;
 - Have a shared and transparent governance structure;
 - Establish joint outcomes and evidence based provision;
 - Provide a multi-skilled and joined up workforce.
13. These objectives for transforming the way in which business is done will help to deliver the triple aim of improved population health, improved quality and experience and reduced cost per capita.
14. The next steps to deliver this intent will be to:
 - **Appoint a joint Chief Accountable Officer / Corporate Director (DASS)**

The current situation whereby both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

- **Develop a Memorandum of Understanding which sets out the commitments of partners to the Accountable Care System.**
The memorandum would clearly set out shared objectives and outcomes and test and develop arrangements for capitated budgets & outcomes based commissioning. Partners within the accountable care system will develop the ability to move finances around the system with the agreement of those involved. This will be taken to the Boards of the various organisations from autumn this year.
- **Align budgets and commissioning intentions to develop whole place commissioning**
A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. This would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.
- **Develop the contractual vehicle for an accountable care system**
This framework is likely to be based on the existing and evolving suite of contracts produced by NHS England for new care models. They will be long term contracts which incorporate new payment models, such as whole population budgets, improvement schemes and gain/loss share agreements.

15. The Board is invited to endorse the high level aims and proposed next steps for the development of an accountable care system in Wiltshire.

Baroness Scott of Bybrook OBE	Dr Peter Jenkins
Chair and Vice Chair of Wiltshire Health and Wellbeing Board	
Leader, Wiltshire Council	Chair, Wiltshire CCG

Report Authors:

Mark Harris, Chief Operating Officer, Wiltshire CCG

David Bowater, Senior Corporate Support Manager