

HEALTH AND WELLBEING BOARD

8 March 2016

Title:	Devolution through an Accountable Care Organisation in Barking & Dagenham, Havering, and Redbridge		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report		For Information	
Wards Affected: ALL		Key Decision: NO	
Report Author: Mark Tyson, Group Manager, Integration & Commissioning		Contact Details: Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk	
Sponsor: Anne Bristow, Strategic Director, Integration & Service Development, and Deputy Chief Executive			
Summary: Further to previous updates, this report summarises the current position with respect to the development of the business case to determine whether or not an Accountable Care Organisation is a viable form for future integrated health and social care delivery across Barking & Dagenham, Havering & Redbridge. This follows the announcement by the Chancellor on 15 December of a devolution pilot for Barking & Dagenham, Havering and Redbridge for health and social care. The update is provided for Board members' information and comment.			
Recommendation(s) Members of the Health and Wellbeing Board are recommended to note the update provided with this report, and to provide comments on the approach being taken.			
Reason(s): The approach to devolution through an Accountable Care Organisation would be a very significant change to how health and social care services are planned and delivered across Barking & Dagenham, Havering and Redbridge. The development of the business case on which these decisions can be made is a substantial programme, and through this and the planned on-going reporting to the Board, Board members are invited to contribute to shaping the developing business case.			

1. Background

- 1.1 This report follows reports to the Health & Wellbeing Board on 26 January 2016, 8 December 2015 and 20 October 2015, which set out the background to the development of a business case which would seek to establish whether an Accountable Care Organisation could strengthen or accelerate improvements in health and social care services in Barking & Dagenham, Havering and Redbridge (BHR).
- 1.2 The programme that has been established to develop this business case includes contributions from all eight statutory partners (the three councils, three Clinical Commissioning Groups, NELFT and Barking, Havering & Redbridge University Hospitals NHS Trust). It is aiming to establish a shared vision for the future of health and social care, including shaping the BHR contributions to the wider North East London Sustainability & Transformation Plan, required by NHS England by June 2016.
- 1.3 The business case will follow formally in July 2016, with the intention of the statutory organisations taking formal decisions on whether to proceed with an accountable care organisation from September onwards.

2. Update on progress

Governance for the development of the ACO business case

- 2.1 The first formal meeting of the Democratic & Clinical Oversight Group took place on 18 February 2016. All organisations were represented. Barking & Dagenham Council was represented by Cllr Darren Rodwell and Cllr Maureen Worby, and the Clinical Commissioning Group was represented by Dr Waseem Mohi, with officers also in attendance. Cllr Rodwell was chosen as the chair for the Group, which then signed off Terms of Reference and received updates on programme structure and approach. The Oversight Group were keen to ensure that the original ambition of the ACO/devolution proposals was kept firmly in view and therefore, before any detail on risks and governance was considered, they requested a workshop at which the scope, opportunities and ambition could be explored and shared between the participants. This was scheduled for 3 March.
- 2.2 A follow-up workshop on 17 March will be supported by external legal advice and will enable the DCOG to get a more detailed perspective on the risks, challenges and organisational forms involved in accountable care approaches.

Programme update

- 2.3 **Population health:** Packages of analytical work have been scoped and initiated, to report back in the timeline required for senior decision-makers to take the judgments necessary to be able to assemble the business case by the summer. Resources to undertake this have been scoped and secured. UCL Partners are working on shaping the future engagement of academia with local health and social

care planning and research, and this is linked to future proposals on analytical capacity.

- 2.4 **Clinically and professionally led service redesign:** this work stream has established a series of workshops which aim to engage clinicians and professional leaders from the eight organisations in discussing the added value an ACO could potentially bring to existing transformation activity. These are focused around urgent and emergency care, mental health, and falls and frailty. Two local authority led sessions will further look to align adult social care strategy and transformation plans across the three local authorities, and scope the impact on wider determinants of health, principally employment, skills, welfare and housing. Children's services discussions continue at 1:1 level within the boroughs, and the Children's Trust in Barking & Dagenham discussed an update at its meeting on 23 February 2016.
- 2.5 **Finance:** The Finance work stream has commissioned external support to ensure that the analysis has independent verification, is concluded at the required pace, and is robust in presenting the current budget gap across all of the partners and the opportunities for an accountable care organisation to help bridge the gaps whilst improving health outcomes for residents. Early setup for this commissioned piece of work will ensure that the other work streams, and all constituent partners, have opportunity to shape how it makes best use of existing analysis and has the best 'fit' to what is required in the business case.

Communications and Engagement

- 2.6 IpsosMORI are being commissioned to undertake engagement activity across the three boroughs to shape the understanding of health challenges, experience of using services, and the opportunities to improve services as seen from the perspective of residents and patients. These will be done in varying levels of detail, from journey mapping people's experience of complex care through to a higher-level telephone survey drawing out the experiences and opinions of 1,000 people per borough.
- 2.7 A communication plan has been drafted and is being developed jointly with communications leads from all constituent organisations. This will include staff messaging and feedback as well as wider public communications. The website of the Integrated Care Coalition – at www.bhrpartnership.org.uk – is also now live and contains a developing information base about a range of activity to develop health and social care services and strategy across BHR, including the ACO development.
- 2.8 To aid discussion about the background to the ACO development, an infographic has been developed and has been 'tweeted' in parts, via the Integrated Care Coalition's Twitter account [@bhrpartnership](https://twitter.com/bhrpartnership). It is attached at appendix A for Board members' information.
- 2.9 There are a range of briefing and exploratory discussions being undertaken by programme participants to explore specific links to other agendas. In terms of regulation, the developments in BHR are being played into wider background

discussions with regulators about how the development of devolved and accountable care systems might impact on regulation.

3. Next steps

3.1 Between now and the next Board meeting, priorities include:

- Workshops for the Democratic and Clinical Oversight Group to re-establish and refine the scope, ambition and strategy;
- Running, or setting up, the workshops with practitioners and other programme leads to establish links to the transformation programmes already underway, and then to capture the products for the business case;
- Initiating the finance analytical work, and completing the first phase of high-level analysis of cross-system financial gap;
- Undertaking the population-level health analysis and shaping the first cut of priorities for the ACO to impact upon;
- Initiate the telephone survey of 3,000 residents to understand their experience of health and social care and their views on where things could be improved.