



Briefing for Kensington & Chelsea Voluntary Sector

Latest Health and Social Care Policy

October 2016

Purpose of the document

The purpose of this document is to bring the voluntary sector up-to-date with the latest developments in Health and Social Care.

The majority of the changes stem from the NHS Five Year Forward View¹. A key theme, running through all documents referred to in this paper is the further integration between Health and Social Care, an increasing emphasis on prevention, and a focus on the need for radical change to tackle efficiency savings.

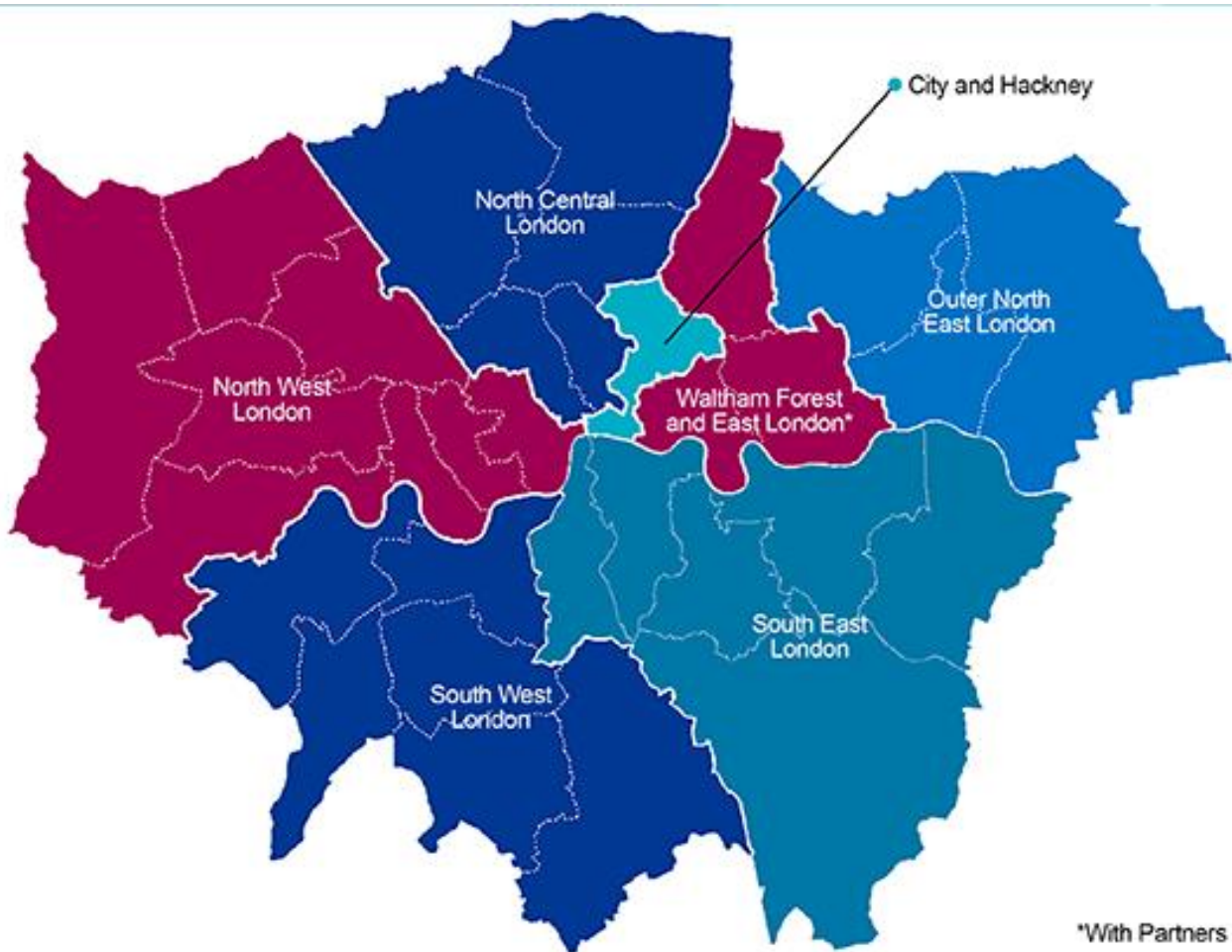
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Sustainability and Transformation Plans (STP)ⁱⁱ

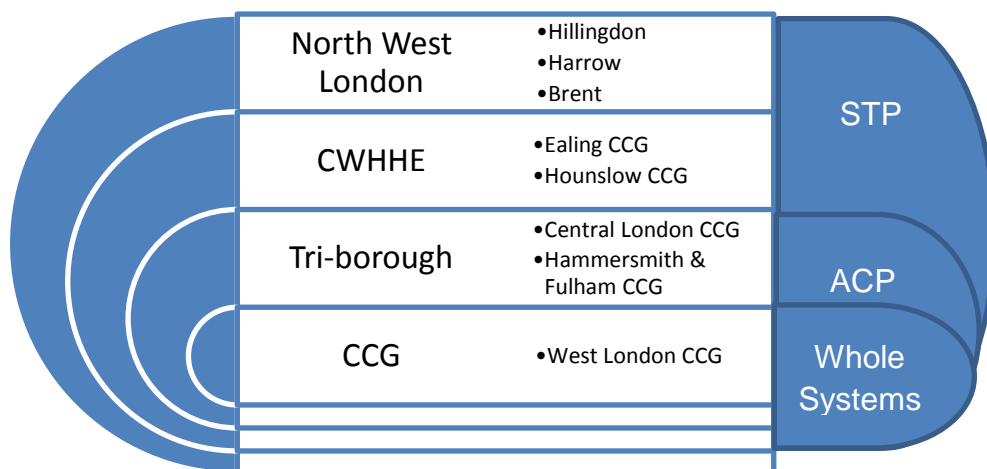
Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.

The NHS has been divided into areas known as digital ‘footprints’ⁱⁱⁱ, with London divided into the areas below:



North West London STP

The diagram below shows the NHS 'clusters' into which Kensington & Chelsea fit from largest to smallest.



CCG = Clinical Commissioning Group; **CWHHE** = Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCG; **ACP** = Accountable Care Partnership, **STP** = Sustainability Transformation Partnership.

The plan involves an approach where patients take more control, with the default position being to provide care in areas close to people's homes, wherever possible.

The STP plans to put more emphasis on the wider determinants of health and radically upgrades prevention and wellbeing. This will create opportunities for voluntary organisations as there will be more emphasis on prevention and self-care throughout the system.

The STP explicitly addresses the NHS funding gap of £1,154m and social care funding gap of £145m by 20/21, in a 'do nothing' scenario.

It specifically states the need to protect and invest in social care and in preventative services, to reduce demand on the NHS and to support the shift towards more proactive, out of hospital care.

It proposes an investment in prevention and social care, savings in acute services, and a shift from acute to local care settings and prevention.

There will be a focus on social isolation as a key determinant of physical and mental health, whether for older people, single parents or other vulnerable groups.

Final plans need to be submitted by the CCG leads to NHS England on 21st October.

The draft plans can be found at:

<https://www.healthnorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps/stp-june-submission-2016>

Accountable Care Partnerships (ACPs).^{iv}

The concept behind an ACP is that a group of providers agree to work together to deliver care for a defined population by forming an ACP. They will be collectively responsible for commissioning services to deliver against a set of outcomes, designed by the ACP. Providers will work under a single contract with a single pooled budget to take joint responsibility for delivering services.

The NHS needs to put in place new ways of commissioning and paying for care. This includes longer term, outcomes-based contracts and the use of budgets that cover the health care needs of a defined population ('capitated budgets') rather than payment according to the number of patients seen or treated ('payment by results'). Commissioning needs to be integrated to facilitate the development of integrated models of care.^v

In North West London the ACP framework is being developed for the CWHHE area (see diagram above), and will build on the Whole Systems model. The approach will be One System, One Budget, Better Outcomes.

ACPs are beginning to form most actively in Brent, Hillingdon and Tri-Borough CCGs. A contracting approach to support ACP formation was embedded in the 16/17 contracting round, centring on open discussions, commissioning for outcomes, two-year contracts, financial stability, and jointly shared incentive payments.^{vi}

CWHHE Principles for ACPs

- Built around the registered population
- Outcomes based commissioning
- Commissioned to deliver outcomes with contracts of at least 10 years in length
- Inclusive of the functions most necessary to deliver those outcomes
- Accountable for end-to-end care of the population
- Functioning at a large scale, sufficient to hold clinical and financial accountability for a population
- Making decisions on resource allocation and performance with the organisation/partnership
- Embedding service users in decision-making and governance

Timetable for ACPs

	High level milestones agreed:
May and June 2016	Agree the framework for the CWHEE ACP implementation programme
April – June 2016	Clarify position on procurement in light of changes to procurement
June 2016	Dovetail into STP process
Sept 2016 – March 2017	Initiate procurement/contract award process
2017/18	Shadow capitation, transition and mobilisation year with preferred partnerships
April 2018	ACPs formally begin

The journey to integration^{vii}

This report brings together the learning to date from seven key areas that have focused on the integration of health and care services. The focus goes beyond the narrow definition of health and care services to include more preventative approaches including services such as housing, social and community activity.

The report states that the highest levels of impact are achieved by those that have been pursuing integration from 10 to 15 years.

Key learning:

It is possible to have dramatic impact. Three of the most impressive examples are the 36 per cent reduction in emergency admissions in Northumberland, the halving of the rate of growth of health and care in Torbay, and the double digit increases across a wide range of outcomes in Tower Hamlets.

There must be changes in how core processes operate, in what information people have in front of them, in who does what.

It is not enough to focus on the top 1 to 2 per cent of the population who make the most use of health services. The next 20 to 30 per cent which make up the majority of costs in the system and these groups need to be broken down.

The flow of information is an essential pre-requisite to make change happen and must be taken out of the 'too difficult' box.

New care models require more resources upfront to provide the preventative, proactive and responsive care discussed above. There is a requirement to break down the barriers in the current payment models. Very few places have done anything significant and it is an area that needs dramatic acceleration.

London Health and Care Devolution^{viii}

Devolution aims to enable health and care decisions to be made for London, in London.

London will be exploring how devolution could work in practice through five pilots. These pilots will focus on three London priorities - prevention, health and care integration and making best use of health and care buildings and land - and will test decision-making at the most appropriate and local level.

The five devolution pilots are:

1. Prevention in Haringey
2. Integration in Hackney
3. Integration in Lewisham
4. Integration across Barking & Dagenham, Havering and Redbridge
5. Estates in North Central London (Barnet, Camden, Enfield, Haringey and Islington)

Stepping up to the place^{ix}

The following is an extract from the document produced by the Local Government Association and NHS Confederation.

Vision for integrated care

Services that are organised and delivered to get the best possible health and wellbeing outcomes....they will be in the right place – which is in our neighbourhoods, making the most of the strengths and resources in the community as well as meeting their needs, Care, information and advice will be...provided proactively to avoid escalating ill health, and with the emphasis on wellness. Services will be designed...making best use of community and voluntary sector provision. And they will be provided by the right people – those skilled to work as partners with citizens, and who enable them to be able to look after their own health and wellbeing...It means directing all of the resources in a place – not just health and care – to improving citizens' wellbeing...

What is Local Government and the NHS calling for?

- Local systems to embed integration as 'business as usual'.
- A collective approach to achieving integration by 2020.
- Consensus and action on the barriers to making integration happen.
- Ongoing testing and evaluation to develop the evidence base.

References and useful links

ⁱ NHS Five Year Forward view, October 2014

www.england.nhs.uk/ourwork/futurenhs/#doc

ⁱⁱ Sustainability and Transformation Plans

www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/

ⁱⁱⁱ Digital Footprints

www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/footprints/london

^{iv} The King's Fund - Accountable Care Organisations Explained

www.kingsfund.org.uk/topics/integrated-care/accountable-care-organisations-explained

^{vi} Strategy and Transformation Report 2015/16

[www.westlondonccg.nhs.uk/media/28915/08.2\)%20Strategy%20and%20Transformation%20Annual%20Report%202015-16.pdf](http://www.westlondonccg.nhs.uk/media/28915/08.2)%20Strategy%20and%20Transformation%20Annual%20Report%202015-16.pdf)

^{vii} The journey to integration, learning from seven leading localities – Local Government Association, April 2016

www.local.gov.uk/documents/10180/7632544/L16-49+Journey+to+integration_v05+amend+pg+9.pdf/5b2e8a96-f1ac-4894-9031-b93459193cee

^{viii} London Health and Care Devolution

www.london.gov.uk/sites/default/files/about_london_health_and_care_devolution.pdf

^{ix} Stepping up to the Place, The key to successful health and care integration, Local Government Association and NHS Confederation

www.nhsconfed.org/~/_media/Confederation/Files/Publications/Documents/Stepping%20up%20to%20the%20place_Br1413_WEB.pdf

West London CCG Draft Business Plan 2016-17

[www.westlondonccg.nhs.uk/media/27310/04.1\)%20West%20London%20CCG%20Draft%20Business%20Plan%202016-17.pdf](http://www.westlondonccg.nhs.uk/media/27310/04.1)%20West%20London%20CCG%20Draft%20Business%20Plan%202016-17.pdf)