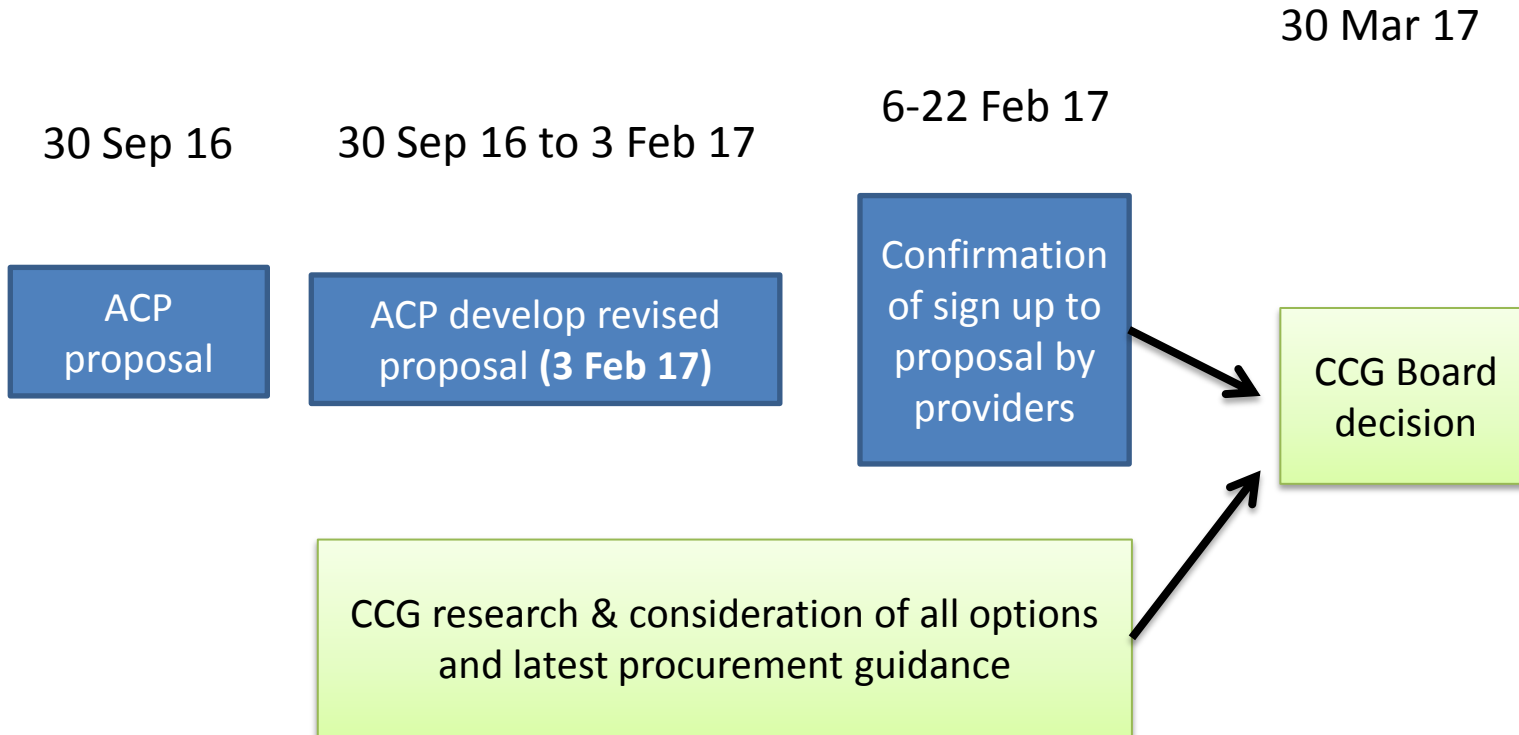


Accountable Care Partnership

Update 26th January 2017

ACP process



ACP Proposal - Scope

SEPT	Essex CC	PAH
<p>All elements of community contract</p> <ul style="list-style-type: none"> • Community nursing • Specialist nursing • SPA • Inpatient beds • Physiotherapy • SALT • Audiology • Continence • Falls, Orthotics, equipment 	<ul style="list-style-type: none"> • Integrated Hospital Discharge leadership and coordination • Hospitals Assessment Team • Single Point of Access (social care team) • Older people community teams • Mental Health Older Adults Team • Working Age Adult Teams • Challenging Behaviour and Behaviour Advisory Team • Social care commissioning including care and support budgets (excludes LD) 	<ul style="list-style-type: none"> • General medicine • Derm, rheum • Care of elderly • Urgent & ambulatory care • EAU • Therapies • Patient @ home • Medical interventions unit • Prescribing • Anti-coag • ?gastro
GP provider companies	NEPT	West Essex CCG
<p>All contracts with the CCG</p> <ul style="list-style-type: none"> • Central referral services • A&E front door • Community DVT • Weekend & Evening GP access service 	<ul style="list-style-type: none"> • Older people's dementia services • Memory assessment 	<ul style="list-style-type: none"> • Medicines management • Local enhanced service and primary care/n'hood development • IT & estates • Voluntary sector commissioning • Service transformation • Continuing care • Some of Finance & contracting

Also potentially included end of life commissioned services

Close liaison with – County Public Health commissioned services, District Councils, GPOOH, GP access, 111

Progress to date

- **30 September proposal submitted**
- **Proposal discussed with commissioners.** Scope and priorities agreed. Revised proposal requested which specifies
 - More detailed **service change plans** & their impact
 - How **finance and risk** will be share between partners, including recommended organisational model
 - Recommended executive **leadership**
- **Identified and started work on key service change priorities**
 - Patient care coordination system (“Air traffic control”)
 - Neighbourhoods
 - Outpatients
 - Specialist teams
 - Discharge

Each has lead Director and small cross partner working group

Leadership

Progress

Clarification of short term ACP leadership

- Clinical leadership of ACP Board
- Lead Coordinating Executive
- Increased E&N Herts involvement
- Reducing duplication of workstreams (STP, A&E Board)
 - Recommended architecture for delivery
 - Begun building single list of all transformation work being undertaken including cost improvement plans
- Extra project management capacity in place

Issues

- Proposing future leadership is dependent on work on finance and governance

Service Transformation

Progress

- All leaders identified, working groups set up and first draft plans prepared
- Good culture of partnership support and challenge in evidence
- Extra project management capacity in place

Issues

- Completing planning work within the deadlines is challenging
- Difficult to identify financial savings plans that include the provider cost base

“Air Traffic Control” – Care Co-ordination

Purpose :

- Simplification of a patients journey through the health and social care system.
- Improve co-ordination of complex patients across health and social care.
- Improve ease of access to a service for both patients and providers
- Use risk stratification to ensure an oversight of the systems population.

Lead: Debbie Bodhanya

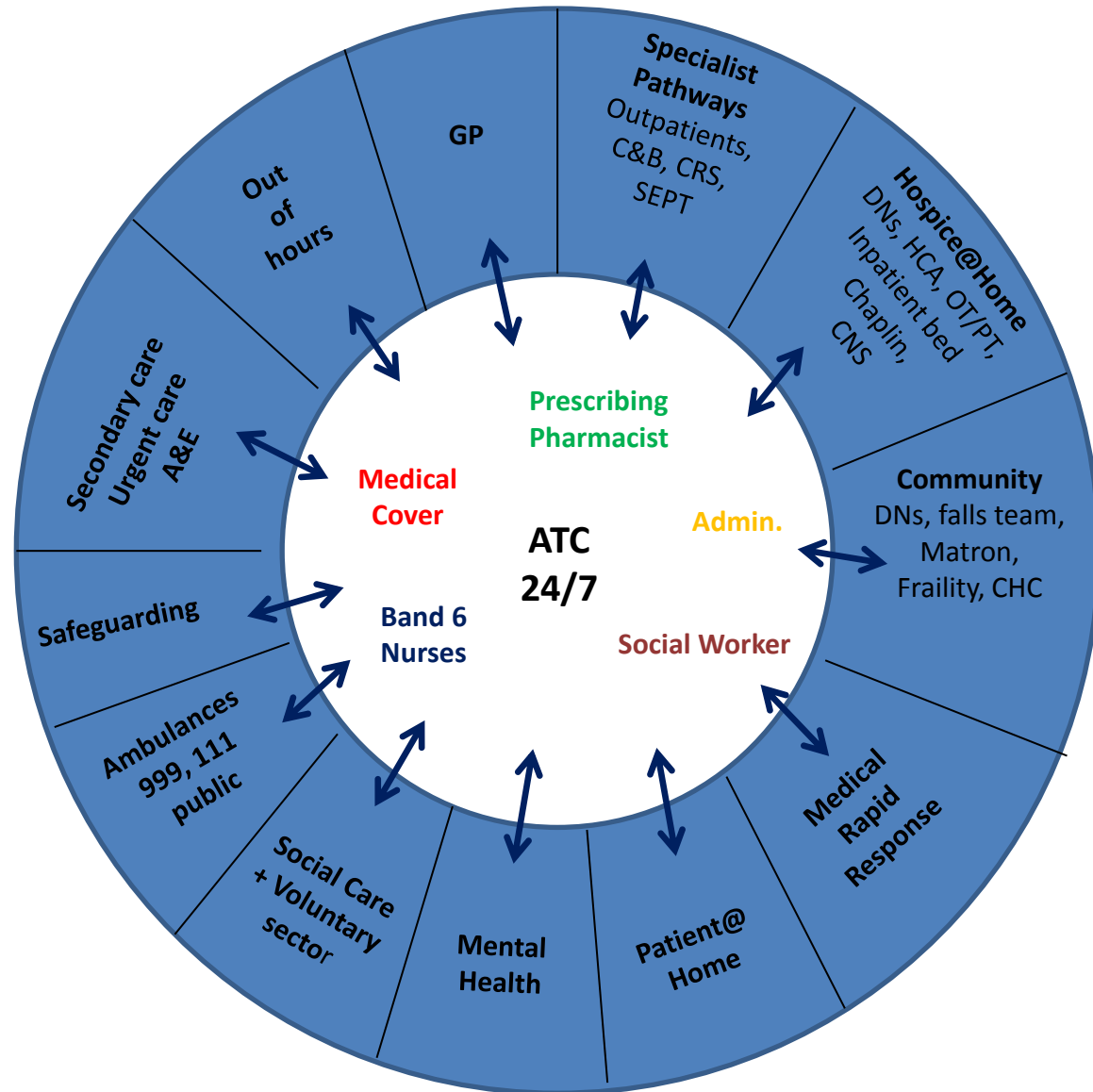
- Project team established, meeting fortnightly.
- Clinical engagement
- Voluntary sector engagement
- Terms of Reference, Vision and Objectives identified
- Mapping of current provision underway.
- Best practice review undertaken
- Stakeholder survey, due to be sent out 23/1/17
- Key milestones in development.

Air Traffic Control

Future - 3 Phase approach: 1) Referral booking management service, 2) Clinical decision support, 3) Sharing and full co-ordination

Current model:

- Population Health Management driven by care co-ordination:
 - Risk Stratification
 - Out of hospital care, primary and community
 - Hospital Care
 - Care Co-ordination
- Current separate org's - Acute, social care, community patient co-ord centre, diagnostics, primary care, vol sector, community care, mental health, transport.



Neighbourhood Teams

Purpose

- Leadership – leads in place and supported in all 7 neighbourhoods to include primary care, social care and community health services
- Proactive risk stratification – move to proactive care for rising risk population, reduction in duplication of assessment, reduce hand offs, support patient and carer empowerment to prevent deterioration in health
- Outcomes – improve patient experience and reduce A&E attendances and admission for over 75s to best in class levels

Lead by Alex Green

- Project Team established
- Governance structure in place
- 7 x Neighbourhood teams already established
- Potential activity and financial impacts identified.
- Initial actions identified, to be further refined.

Outpatients

Purpose

- Reducing outpatient face to face attendances by 33%
- To include new and follow up attends
- To include E&N Herts

Lead: Steph Lawton and Anne Carey (PAH)

- Clinical engagement identified
- Establishing project group
- Fortnightly meetings
- First workshop help
- Benchmarking undertaken
- Models reviewed
- Identified services to focus on
- Undertaken first data collection exercise

Integration of Specialist Respiratory Team

Purpose

- Bring together acute and community specialist teams to form a single team working under a single governance structure – start with respiratory.
- Ensuring all patients with diagnosed respiratory disease are treated by the most appropriate clinician
- All specialist clinicians within the West Essex system will follow the same guidelines and clinical pathways of care to reduce duplication
- Outcomes: Achieve best in class outcomes and utilisation rates for respiratory care

Lead: Toni Coles and Chloe Atkinson

- Part of Right Care programme
- Clinical Engagement and oversight (respiratory expert oversight group)
- Project team established
- Objectives identified
- Single Integrated Respiratory Team workshop planned – 6th February 2017.

Finance Risk and Governance

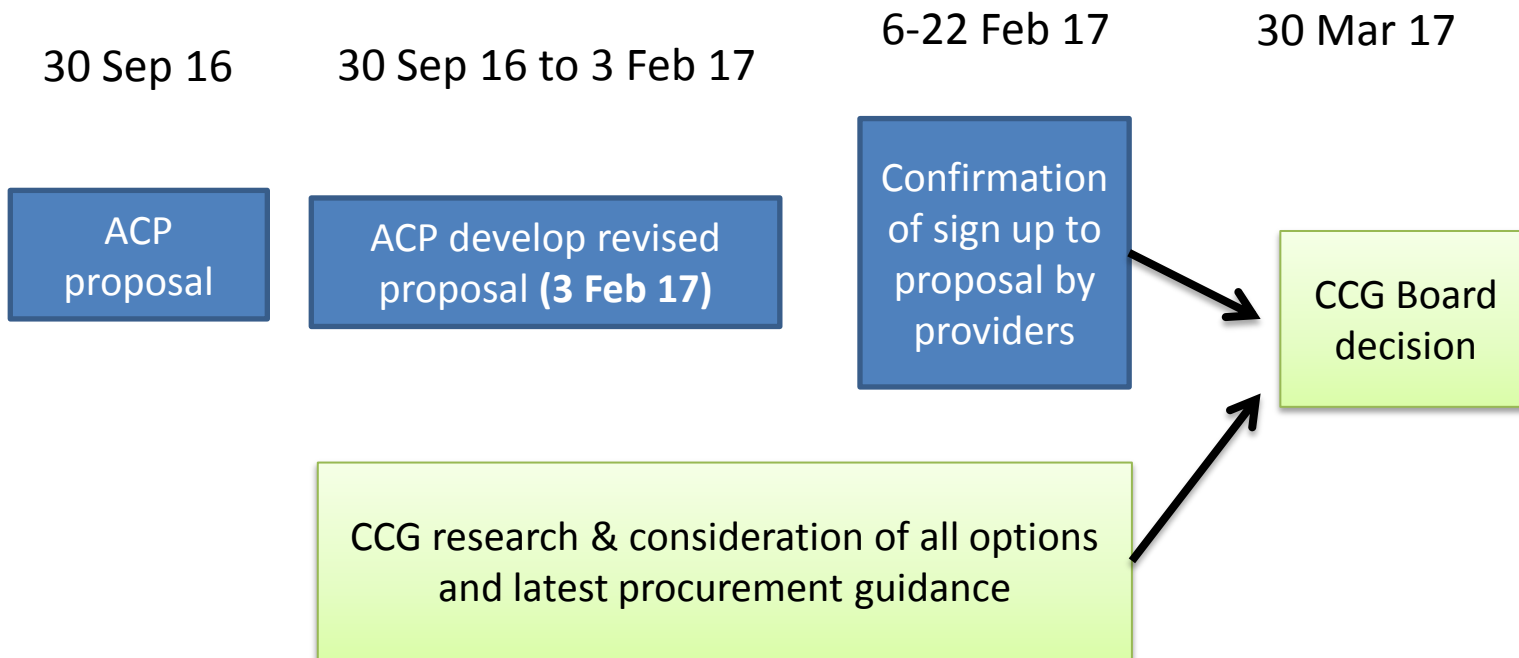
Progress

- Agreed high level principles for financial risk share between partners
- Exchanged essential financial and HR w.t.e. information identifying size and gaps between budgets and expenditure for commissioners and providers
- Capsticks attended and the potential future organisational models were discussed

Issues

- Substantive discussions on a proposed financial risk share have yet to be held and concluded. SEPT and PAH are leading this with partners
- Recommended organisational form is to be completed
- Organisational sign off within the timeframe is potentially challenging

ACP process



Key dates

3 Feb
proposal

23 Feb
Board
Informal
discussion

2 March
CCG Board
to Board
with SEPT

30 March
CCG Board
decision