

Joint Health Overview and Scrutiny Committee

Placed Based Model of Care

Placed Based Accountable Care System

Why?

What?

How?

Strategic Aim



To sustainably meet the health and care needs of the people of Sandwell and West Birmingham over the next five years



The Burning Platform

- Expenditure on health and care is expected to grow every year but the rate of growth in the demand for services is higher still.
- If left unchecked this will lead to a failure to sustainably meet the health and care needs of people in the area.
- Resulting in overspends, unmet demand, the failure to honour constitutional access standards and reduced quality in care and outcomes.
- Also a major workforce challenge, there is no clear path for the recruitment and retention of the staff needed to meet the growing demand for care

NHS Policy

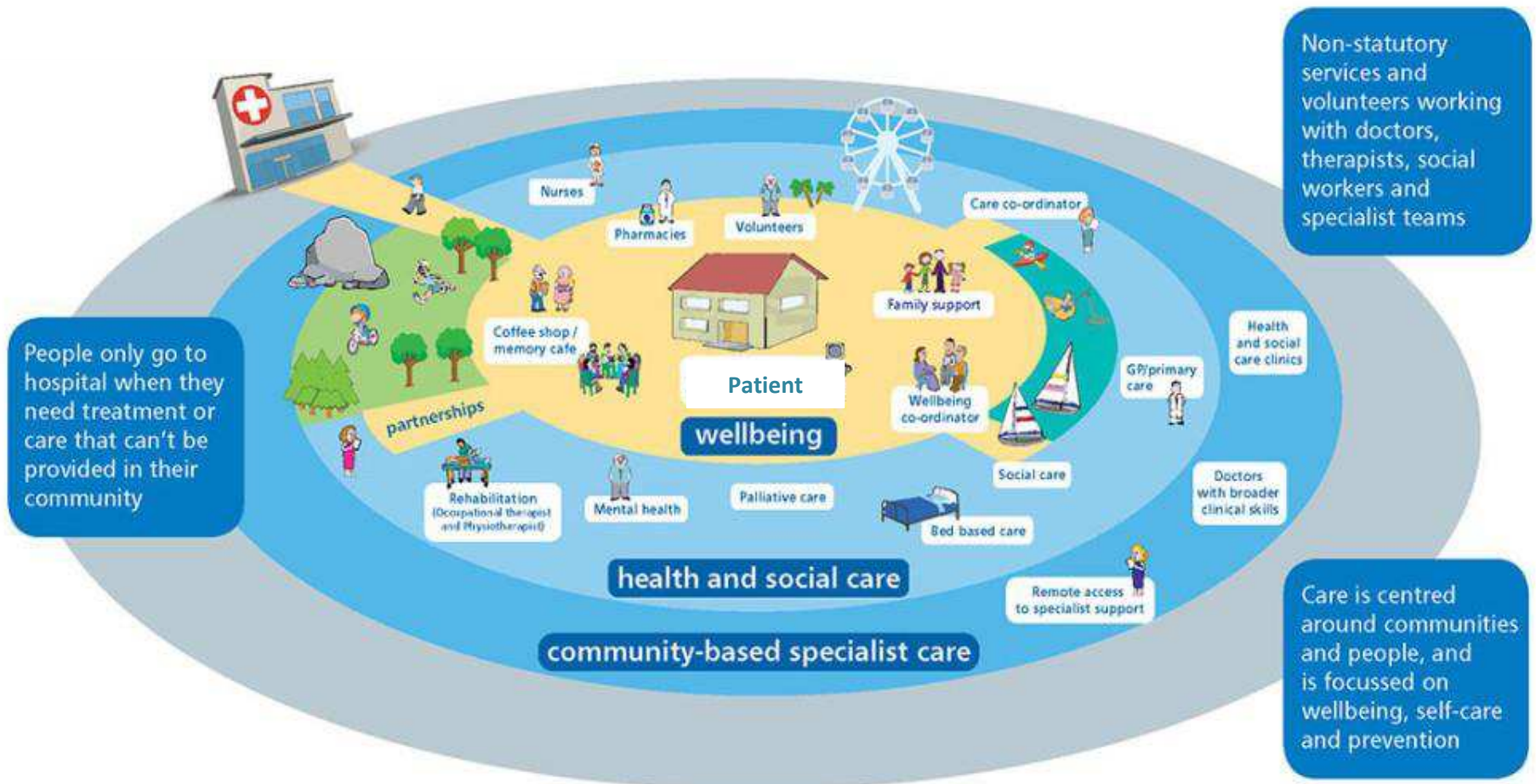
Accountable Care Systems (ACS) or Organisations is seen as the solution to:

the health gap,

the quality gap

and the financial sustainability gap

What is an Accountable Care System



It has 3 core elements

1. An alliance of providers that collaborate to meet the needs of a defined population.
2. Taking responsibility for a budget allocated by commissioners or alliance of commissioners to deliver a range of services to that population.
3. Providers work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget.

An ACS approach is based on

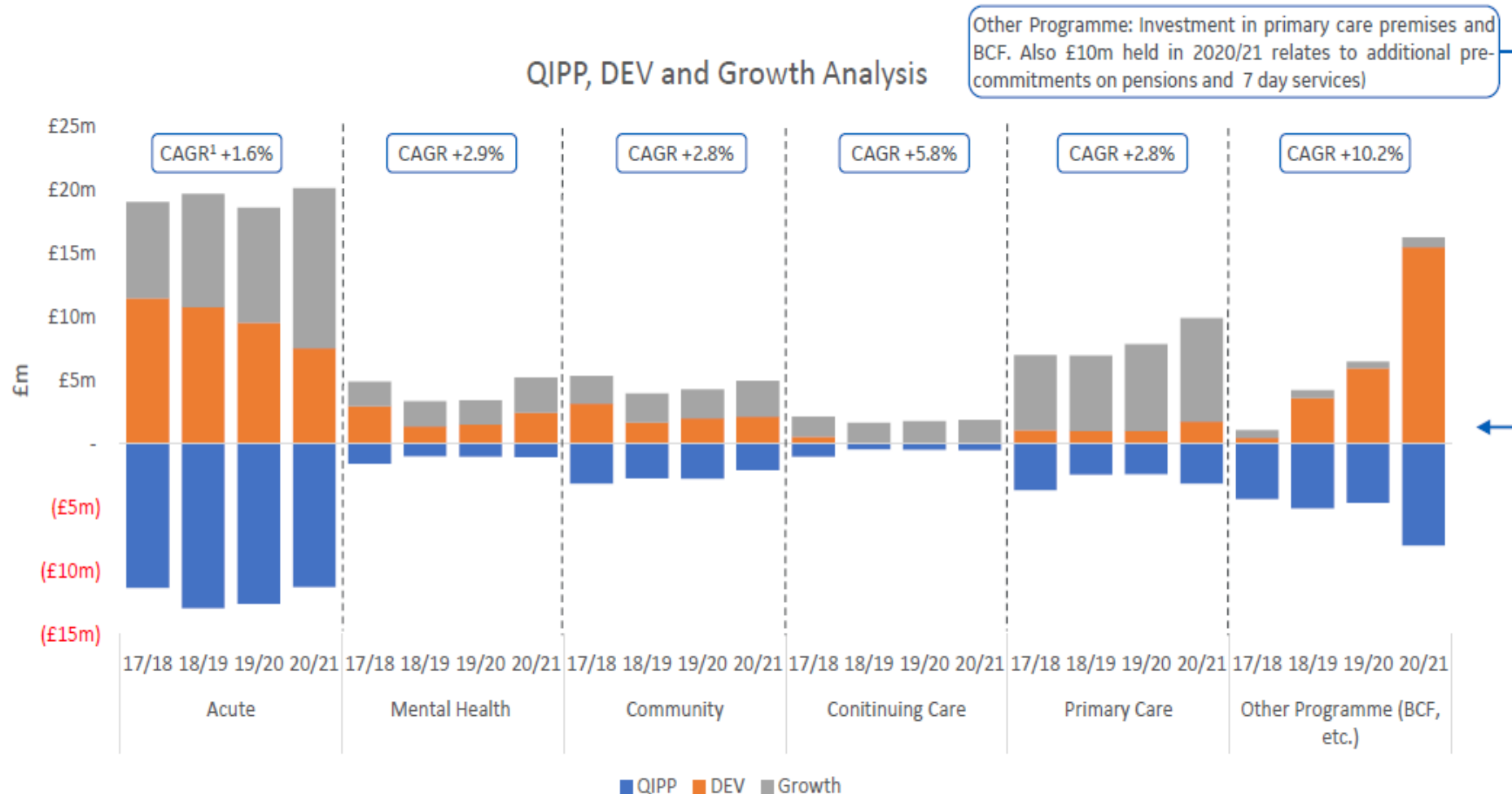
- New relationships between social services, acute, primary, community and mental health providers, the voluntary sector and commissioners
- Shared commitment to strengthen out of hospital health and care provision, recognising GP is the foundation (minimum size 30,000 – 50,000 population)

Focus on out of hospital care

- Collaboration between the CCG, providers and Councils in Sandwell and in West Birmingham.
- Grow community and primary care capacity to manage demand.
- Change the pattern of traditional outpatient care.
- Reducing emergency admissions for people with long term conditions and reducing average lengths of stay in hospital.
- Improve health and wellbeing
- Aligning workforce strategies.

Requires a system rebalance

Taking into account the demographic, inflation and other pressures as well as Investments (DEV) and QIPP across the period, the net rate of growth of community (2.8%) and primary care (2.8%) is greater than acute (net growth 1.6%)



Next steps

- Identifying system leaders in both geographies committed to delivering the aspirations of an ACS, who are committed to slowing the demand curve by strengthening community services.
- Form formal partnerships (via an Alliance Contract) to lead the design and investment to strengthen community services.
- Agreed transformational plan to reduce demand for hospital care and improve patients' quality of life by improving the management of long-term conditions, complex and multi-morbidity in the community.
- Engaging local communities.

West Birmingham ACS

- All of the West Birmingham General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Birmingham Community Healthcare NHS Trust (BCHC)
- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)
- Birmingham City Council (BCC)
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)
- Birmingham Voluntary Services Council (BSVC) representing Birmingham Third Sector organisations

Sandwell ACS

The minimum partner required for the Sandwell ACS is:

- All of the Sandwell General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell Metropolitan Borough Council (SMBC)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Black Country Partnership NHS Foundation Trust (BCPFT)
- Sandwell Council of Voluntary (SCVO) and/or the Sandwell Voluntary Care Sector consortium
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)

Place Based (ASC) Challenge 1. Improve health and wellbeing demand 2. Manage growing demand 3. Use resources effectively	Sandwell	Delivery Units/Hubs	Transformation Focus	
			System Wide	
			Addressing infant mortality, homelessness, joblessness, maternity, inpatient services configuration	
			Physical and mental health wellbeing	
	Self care, self management, social prescribing, system navigation, screening			
	West Birmingham	Delivery Units/Hubs	Long Term Conditions	
			Community diagnosis, treatment, prescribing, community multidisciplinary teams, mental health	
			Intermediate care and community crisis management	
			Integrated health and social care at home or a community bed based facility, mental health crisis support, long term conditions exacerbation management	
			Frailty	
Multi-agency/disciplinary community frailty service, nursing home service, dementia diagnosis, treatment and support, integrated community team managing crisis				
EOL				
Growth of integrated end of life service working closely with urgent care services				
Enablers				
Aligned commissioning, aligned workforce strategy, shared care records, interoperability, consistent approach to system triage,				

Engaging Partners

Action	Timeframe
Engagement with partnerships	Sept - Nov2017
Commissioning Partner view	Sept - Nov2017
Health and Wellbeing Boards/Organisational Governance- partners view and recommendations including allocation of resources	November – January 2018
Formation of ACS Board	February 2018
Provider alliance agreement development	February - March 2018
ACS Transformational Programme Plan	February - March 2018
Implementation of ACS programme	February 2018 – March 2019
Regular reporting to Health and Wellbeing Boards	March 2018 – March 2019
Agree changes to individual contracts as agreed with the Alliance	April 2019