

Update Report on the Programme Initiation Document (PID) & Governance Arrangements for Accountable Care development in Hammersmith & Fulham

1. Introduction & context

Accountable Care models are about changing the way organisations work together to support people who need care; they bring together networks of providers to share financial and clinical responsibility so that over time, care is transformed from the current system of fragmented accountabilities - and thus fragmented delivery - to one of joint accountability and integrated delivery.

In Accountable Care models:

- Operational processes in provider organisations are re-shaped to ensure that clinical leadership across the system is organised around the same quality & financial incentives
- Provider partners work under a single contract, with a pooled budget to take joint responsibility for delivering services
- Partners are incentivised to continuously improve and to drive delivery out of formal care settings and increasingly focus on primary and secondary prevention
- Commissioners enable this by issuing long-term, outcomes-based health and care contracts for a defined patient or resident population. Multiple year contracts give greater financial security to the provider partners enabling them to divert energy and resources to planning and transformation over the longer term

The ambition to create and launch Accountable Care Partnerships (ACPs) was a key outcome of the NW London Whole Systems Integrated Care Programme that began in 2014. Widely recognised as a key enabler for the continued development of whole systems integrated care, the commitment to ACPs was confirmed as part of the CCG's commissioning intentions published in September 2015.

2. Background

As part of the work to develop and implement ACPs, a Programme Initiation Document (PID) was presented at the Hammersmith & Fulham (H&F) Governing Body meeting on 13 September 2016. At the same time the interim governance structures were described and the aim to propose formal governance and delegation arrangements at the November meeting was highlighted. As part of a joined up approach to the development of ACPs, these items were also presented to other CWHHE CCG Governing Body meetings during September.

It became clear through the initial discussions that there was a need to raise the level of familiarity with the aims and objectives for accountable care to enable H&F governing body members to fully support the PID and associated governance arrangements.

To enable this, colleagues agreed to discuss the plans for ACPs at the October Governing Body (GB) development session, as well as to take part in specially organised joint development sessions with other CCG GBs before the end of October. In light of these discussions and based on the feedback gained, the PID has been updated and timelines for agreeing governance arrangements have been revised.

3. Purpose of this paper

This paper sets out the main areas of discussion and feedback from H&F GB members at the seminar events and for completeness, presents an improved executive summary of the PID.

The items included in the executive summary reflect the recent discussions and underpin the purpose of the PID; the PID aims to set out the programme construct which will guide the work we

need to undertake in order to explore and iterate solutions and approaches that work for our population in H&F. The full PID document has been previously shared with Governing Body (GB) members and is also available by contacting ACPPMO@nw.london.nhs.uk.

This paper also includes an update on progress with developing the governance structures and the process and timelines we now propose to follow.

4. Discussion

4.1 GB seminar sessions and events

Two joint seminar events took place (the same event run twice) on the 18th and 19th of October. The events were structured to enable members to understand and scrutinise the key drivers for accountable care, the ambitions proposed for our population in H&F and the programme overall and to share experiences and insights with others.

The key themes to emerge included:

- Support for the direction of travel towards accountable care models and recognition of it as a key enabler for the Sustainability & Transformation Plan (STP) was clear
- The need for a clinical vision (as set out in the whole systems integrated care work) and an exploration of the evidence of what does and doesn't work
- The impact of and need to consider the challenges and opportunities associated with full primary care delegation was seen as important
- Discussion around the financial challenges associated with the change, in particular around: whether a whole system partnership affordable; whether it is possible to realise financial savings; and what up-front investment is required
- Discussion around the importance of cultural change and provider capability which is seen by some as being more important than changing business models. There were concerns that the benefits of working with more 'freedom' in the new models cannot be fully realised unless people recognise they are empowered to work differently
- The organisational readiness of providers, in particular primary care working in federations (or through other at-scale models) was discussed
- The critical need for integrated data and analytics as well as digital innovation
- The need to quickly and collaboratively develop proposals around size, scope and number of ACPs; contract mechanisms; outcome measures; budgets; services; and populations served. This work needs to be done in partnership with clinicians, partners, patients, residents and staff.
- Consideration of the best approaches to development and implementation in relation to 'bottom-up' growth and 'top-down' enabling structures
- An agreed need to have a joined-up NW London wide approach, incorporating all CCGs and Local Authority partners.
- A wish to make it clear that *Accountable Care* is the goal with options open for providers to determine whether this is best achieved through *partnerships*, *alliances* or other contractual or legal forms.
- Assurance was sought that H&F GB members would have the chance to influence developments and retain the ability to debate and agree options and recommendations in key areas.

4.2 How the programme will seek to address the points raised

The Accountable Care programme has been developed over many weeks of discussions with internal and external partners and builds on the whole systems work and the emerging agreements associated with the STP process. We have built a programme structure that directly addresses some of these key issues but which also allows us to flex and iterate as additional opportunities and challenges emerge. In this way, the PID is not the definitive answer to accountable care development but the roadmap that will help us find and agree the options and details.

The table set out in **Appendix 1** sets out how, over the next 2 years, the programme structure described in the PID will help us address the key issues and challenges.

4.3 Confirming the PID

Attached is an executive summary of the Programme Initiation Document. The core PID has not substantially changed from the one presented at the September meeting but through our discussions we have been able to better identify the areas of most concern to governing body members and to make adjustments in light of these discussions. Your particular attention is drawn to slide 3 which summarises the aims and purpose of the PID document.

4.4 Update on the development of Governance proposals

The development of a whole system accountable care model on the scale we are thinking about, is unique in the English NHS. At the same time, our political landscape and starting point in H&F is unique to our local context and for these reasons a programme governance structure is required that is inclusive, flexible and adaptable.

Moving from interim arrangements to full governance structures

In order to get the initial programme mobilised and co-ordinated, interim governance arrangements have been established. All CWHHE CCGs are represented at the initial Programme Board and workstreams are managed through an operations committee. The current temporary arrangements are not sustainable and need to be replaced as soon as possible by formal structures. The aim had been to present these proposals for discussion and approval at the November Governing Body meeting but in light of the feedback and the need to take account of wider groups of stakeholders (including our partner NW London CCGs, Local Authorities and providers) these will now be presented to Governing Bodies in January 2017.

How we are developing the proposals for formal Governance

We have established a small working group to formalise, evolve, and 'stress-test' governance arrangements of the programme. This task and finish group will direct and endorse the proposed governance arrangements for the key stages of the programme. The working group comprises substantive senior governance staff working across the CWHHE and NW London CCGs, the ACP programme team, lay GB members, and external facilitators.

5. Summary & Recommendations

The initial discussions around the PID at the Governing Body meeting in September confirmed support for the direction of travel in relation to the development of an accountable care system for H&F residents. However the discussions also identified the need for governing body members to have more time to debate the key aims and objectives of the programme.

The subsequent seminar events aimed to address these needs through a structured exploration of the key challenges and opportunities associated with accountable care systems. Collectively, the series of discussions have sought to assure and engage Governing Body members around the core purpose and content of the PID. The outcome of these discussions has resulted in adjustments to the PID and to revisions in the timelines for the development of proposals for formal governance arrangements. In light of this, the Governing Body is asked to:

- a) Note the feedback from the recent seminar events and how this will be addressed (this report)
- b) Confirm the CCG's approval of the Programme Initiation Document which initiates the work required to explore and develop accountable care models
- c) Note the revised timelines and process for the development of formal governance arrangements.

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Director of Accountable Care Development
October 2016

Appendix 1

The Programme Initiation Document set the framework for how we will approach the needs and challenges associated with developing an Accountable Care system. The table below describes how this framework is being used to answer the key areas of feedback captured in this report.

Themed key area	The programme structures that have developed to help us find the answers	Applicable sections of the PID	Timeframes
Opportunity to influence and debate the detail / recommendations	<ul style="list-style-type: none"> • Programme Board and committee structures – members drawn from all CCGs • Programme of attendance at GB seminar sessions • Development of quarterly joint GB seminar sessions • Programme milestones aligned to full GB meetings so decision points are fixed • A staged and ‘Gated’ programme plan – progress to the next phase of work cannot commence until progress /agreements are confirmed and then forward plans agreed • A number of decision making points already mapped – monthly attendance at GB seminars and/or formal meetings being finalised to end of 2017/18. 	<ul style="list-style-type: none"> • Governance • Critical Path plans • System change & engagement workstream • ‘Gated’ programme plans 	<p><i>Next discussions in Nov, Dec & Jan will focus on governance and beginning to develop the outline detail (the Accountable Care Definition Framework)</i></p>
Clinical input, vision & quality	<ul style="list-style-type: none"> • The whole systems integrated care vision and context • Clinical development workstream • Clinical committee/board development as part of governance • Engagement plans with clinicians (as well as patients and residents) in the development of confirmation of outcome measures • Development plans for the Accountable Care Definition Framework (the ‘prospectus’) 	<ul style="list-style-type: none"> • Workstream & work plans • Governance • Communications • System Change & Engagement • Neighbourhood Locality planning • The Accountable Care Definition Framework (the ‘prospectus’) 	<p><i>Throughout the programme (building iteratively)</i></p> <p><i>The ‘Definition Framework’ will be developed between Nov 2016 and March 2017</i></p>
Developing the detail: Scope, Size, Finance, Activity, contract award process	<ul style="list-style-type: none"> • Outcomes & benefits workstream • Finance workstream • Contracts workstream • Outcomes workstream • Route to contract award workstream • Finance & Contract sub-committee - membership • Critical path and ‘gated’ action planning to ensure progress and recommendations are tested and submitted to GBs 	<ul style="list-style-type: none"> • Workstreams & work plans • Governance • Legal advice • Critical path planning • Milestone planning 	<p><i>Priority area of focus</i></p> <p><i>Increasing levels of detail need to feed into the ‘Definition Framework’ between Nov & March 2017.</i></p> <p><i>Beyond March 2017, work</i></p>

			<i>continues to prepare for the contract award process</i>
Building from the bottom up; Capability; Culture	<ul style="list-style-type: none"> • System change & engagement workstream • Trailblazer and Accountable Care Innovation Support Hub workstreams • Pilot development programme for our health and care system • Organisational Development plans (as part of system change workstream) 	<ul style="list-style-type: none"> • Workstream & work plans • Governance • Communications • System Change & Engagement • Neighbourhood Locality planning 	<i>Scoping and set-up Nov – Mar</i> <i>On-going development throughout 2017-19</i>
System readiness – especially Primary Care development; Delegated Commissioning	<ul style="list-style-type: none"> • Resource planning, identifying a primary care development lead / link • Primary Care workstream – linking with Local Services and the STP development work • Link with NHS E through governance and workstreams to manage the impact and opportunities re delegated commissioning • System Change and Engagement plans 	<ul style="list-style-type: none"> • Workstream & work plans • Governance • Communications • System Change & Engagement • Neighbourhood Locality planning 	<i>Priority area of focus: on-going</i>
Whole systems approach	<ul style="list-style-type: none"> • System change & engagement workstream • Membership on programme board and sub-committees / workstreams • Workshops with NWL & Local Authority colleagues to agree synergies and commonalities 	<ul style="list-style-type: none"> • Workstream & work plans • Governance • Critical path planning • Milestone planning 	<i>Priority area of focus: on-going</i>
Data, analytics, digital innovation	<ul style="list-style-type: none"> • Data, BI & IT workstreams • Sub-committees • Whole system approach being factored into planning 	<ul style="list-style-type: none"> • Workstream & work plans • Governance 	<i>Priority area of focus: on-going</i>
Overarching areas: -Risk management -Governance -Regulators -Legal -Learning from others	<ul style="list-style-type: none"> • Governance & Assurance workstreams • ‘Stress testing’ governance workshops to inform governance proposals • Legal advice requirements mapped to critical path / milestone plans • Risk register and process for managing • Part of the NHS E Pioneer Programme • Networking & establishing links with Vanguard 	<ul style="list-style-type: none"> • Programme Delivery / PMO structure • Workstream & work plans • Governance • Critical path planning • Milestone planning • System Change & Engagement • Trailblazer and Accountable Care Innovation Support Hub workstream 	<i>On-going</i> <i>Governance development Oct-Jan</i> <i>Legal checkpoints Nov, Jan, March</i>