

# Buckinghamshire Accountable Care System

*‘Everyone working together so that the people of  
Buckinghamshire have happy and healthy lives’*

Lou Patten, Chief Officer and Buckinghamshire Accountable Care System Lead

# What is an ACS?

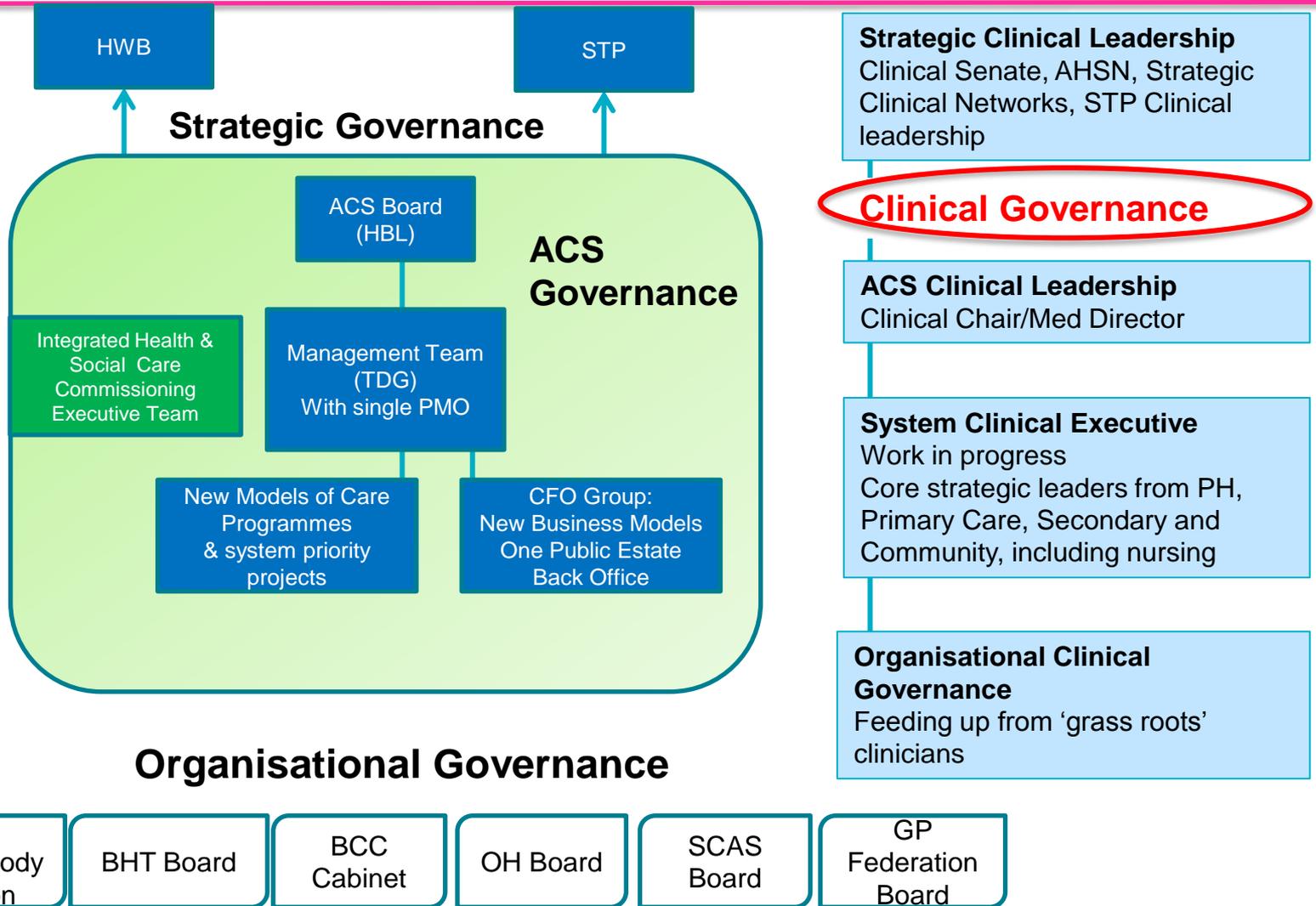
*‘Everyone – patients and public, NHS commissioners and providers, Local Authorities and other providers of health and care services - working together so that the people of Buckinghamshire have joined up services that meet the needs of our local population so they can enjoy happy and healthy lives’*



# What we think is our Accountable Care System

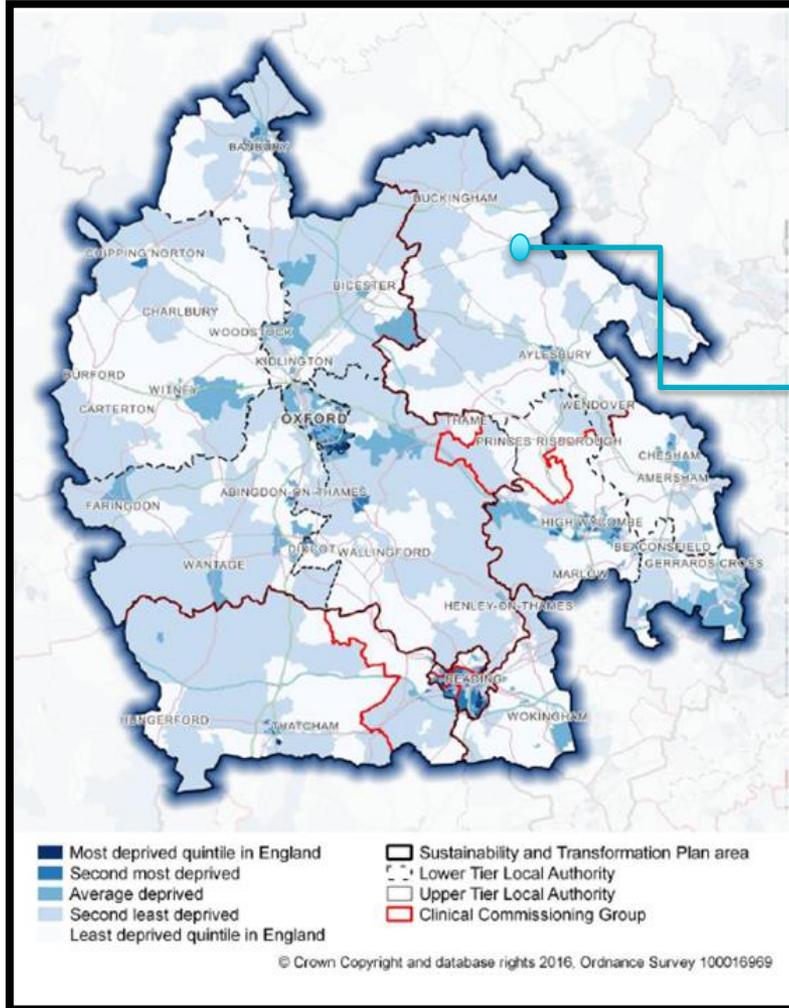
What it is:	What it is not:
<b>Mature partnerships</b> - a coalition committed to collective decision making	New statutory bodies or change to existing accountabilities
Partners making a <b>single, consistent set of decisions</b> about how to deploy resources	Employers, ways of managing financial or other resources
Stronger local relationships and partnership work based on <b>common understanding of local priorities, challenges and next steps</b>	Legally binding (deliverability rests on goodwill, commitment and shared priorities and objectives)
A <b>clear system plan</b> and the capacity and capability to execute it	Getting rid of the purchaser / provider split or of respective statutory duties and powers
<b>Place-based, multi-year plans built around the needs of local populations</b> and local health priorities	Tried and tested. There will be bumps along the way – the true test is in the relationships!
<b>Delivering improvements</b>	Removing the need for consensus and collaboration

# Our statutory and joint governance facilitates delivery



# Our ACS compliments the overall STP Transformation strategy

## BOB STP



## Buckinghamshire ACS

### North Aylesbury Locality

- GP practices = 6
- Population 49,600

### Aylesbury Central Locality

- GP practices = 7
- Population 103,200

### Aylesbury South Locality

- GP practices = 5
- Population 48,400

### Amersham & Chesham Locality

- GP practices = 9
- Population 75,600

### Wycombe Locality

- GP practices = 9
- Population 90,300

### Wooburn Green Locality

- GP practices = 8
- Population 89,600

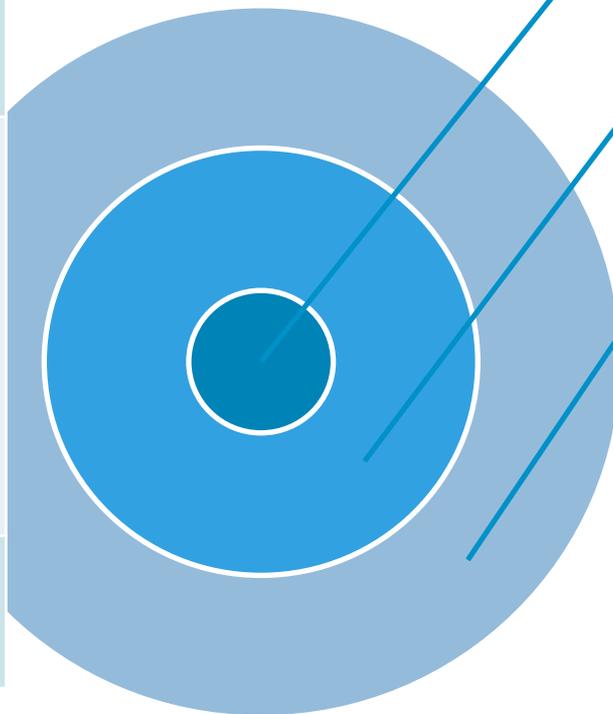
### Southern Locality

- GP practices = 8
- Population 84,000

# Developing a financial system that supports sustainability

Our intended financial system is multi-layered to support the sustainability of the whole ACS

System Control total	Combination of existing NHS control totals – can only be CCGs & NHS Trusts/FTs and on a “all in or out” footprint
Development of a system cost recovery model	Across a wider group of partner organisations such as Health Commissioners and ACS providers, working within an agreed governance structure, set of principles for managing collective risk, releasing efficiencies and agreement of investment decisions to deliver collectively agreed outcomes. Will develop from existing risk sharing mechanisms, led locally with external support
Whole capitated budget	Wider transparency on the collective Bucks public £ and movement to a defined capitated budget for a population



**System Control total**  
Aggregation of individual CCG and Provider (BHT) control totals

**Cost Recovery** a wider group of partners, identifying areas where if we work together we can make efficiencies. NHS partners here could move to capitation budgets

**Whole Health and Care spend** – understanding the total spend in Buckinghamshire



## What will the ACS enable us to do?

- **Support** us to join up health and social care services in order to improve the health of local communities and make ways of working for staff much easier – something that we have heard loud and clear
- Give us more **local control** and freedom to make decisions
- Provide **additional funding** to support our transformation plans

Our involvement in the ACS does not change our strategy to become one of the safest health and care systems in the country – in fact the support and resource will help us to go further, faster

The national recognition is testament to the rapid improvements we have already made to patient care over the past two years; the strength of our plans to transform and to the **commitment of all partners** to get this right

# Objectives of First Wave ACSs

To make **fast and tangible progress** in:

- urgent and emergency care reform
- strengthening general practice
- improving mental health
- Improving cancer services

To manage these and other improvements within a **shared financial control total** across the constituent CCG and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget.

To **integrate services and funding**, operating as an integrated health system, and progressively to build the capabilities to manage the health of the ACS' defined population, keeping people healthier for longer and reducing avoidable demand for healthcare services.

To act as a **leadership cohort**, demonstrating what can be achieved with strong local leadership and increased freedoms and flexibilities, and to develop learning together with the national bodies that other systems can subsequently follow.

## Our Year One priorities:

- **Integrated community teams, community hubs and GP clusters:** piloting new ways of joining up health and social care closer to home, tailored to the needs of local communities;
- Improving **24 hour** access to **urgent primary care** through innovative OOHs and MIU integration;
- Simpler pathways of care for people with **diabetes**
- A new **streamlined approach** for people with **musculoskeletal problems**

## Our key enablers:

- Harnessing the **collective enthusiasm** of other national exemplars;
- **One Bucks Commissioning Team:** further developing joint commissioning across NHS and the Local Authority;
- Key providers committed to a formal **provider collaborative agreement** to deliver joined up care;
- **Back Office and One Public Estate:** shared projects, using our property assets to provide better services and value to residents;
- **Communication:** workshops, briefings, learning sessions and resources will be prepared and made available to all members of our system



# Our ambition? Outstanding!



## Dementia

### PATIENTS' CARE PLAN REVIEWED EVERY YEAR

WORST TEN	%
	49.3
	68.0
	68.6
	69.7
	70.2
BEST TEN	%
North East Lincolnshire	85.8
City And Hackney (North London)	84.6
Aylesbury Vale (Bucks)	84.3
Lambeth (South London)	83.3
Central Manchester	83.2

**Best in country** for  
Diabetes HBA1C  
outcomes



**Community hubs at Marlow & Thame** providing a new community frailty assessment and treatment service, more outpatient clinics and more diagnostic testing

