

Proposals for a shadow 'accountable care system' in Cornwall and the Isles of Scilly

Questions and Answers

What is an accountable care system?

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients. One of these partnerships covers the whole of Cornwall and the Isles of Scilly.

An [accountable care system \(ACS\)](#) describes a model of collaboration that these partnerships could evolve into, over time. In an ACS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering standards, and improving the health of the population they serve.

The NHS, Cornwall Council and the Council of the Isles of Scilly believe that by becoming an ACS, they could build on their recent collaboration, meaning more joined-up services and improved health levels for the people of Cornwall and the Isles of Scilly. More information on the ACS plans can be found on the Shaping Our Future website: www.shapingourfuture.info/plans-accountable-care

Exact details about what form Cornwall and the Isles of Scilly's ACS would take have not yet been decided. A series of public inquiry days are being held by elected councillors to consider a proposed 'Integrated Strategic Commissioning Function' for health, care and wellbeing services, and learn from where similar approaches are working well elsewhere. More details on this at: democracy.cornwall.gov.uk/ieListDocuments.aspx?CIId=1242&MIId=8195&Ver=4

Why is this happening now?

The health and care system of today was set up in a very different era – and we face new challenges – rising demand as people live longer, an increasing number of people with multiple, long-term conditions, and changing expectations.

The Care Quality Commission published a review on the wider Cornwall and Isles of Scilly health and care system in October which focused on how different parts work together. The review concluded that services need to make urgent and significant change to improve and work better together to ensure that people get the services they need as they move through the system.

The report picks up on where things are not going well but also identifies examples of good practice on the ground where we have made progress in joining up services, such as investing in employing Generic Support Workers to provide faster discharge from hospitals.

What difference would working as an accountable care system make for patients?

Providing high-quality care in the community and people's homes is a priority for both the NHS and the Council.

People have told us they find the system complex and confusing, and that they often have to repeat their story many times. Parts of the system also don't work well together. We know that we can work better and differently to make sure people get the help and support they need.

People have told us that the quality and safety of care services is not consistently good enough. They have reported poor experiences of receiving care and of moving out of hospital and to a care home or back home with social care support – they described coming up against poor information sharing between organisations and a lack of home care packages. Patients who were discharged from hospital and needing ongoing support, found the arrangements to try to help them confusing, despite the efforts of frontline staff and care teams.

This has to change and we know we can do better with one strategy, one budget and a more joined-up response.

Why will an ACS make a difference when you're already working to join up care?

We have been making more joined-up care a priority in response to what we recognise is a fragmented NHS and social care system – watch this video for some of the benefits this approach can bring for patients:
www.youtube.com/watch?v=5TDfJYvebvY.

By strengthening and deepening this collaboration, all of the main organisations who oversee health and care can work together in a much more joined-up way to understand and improve the local community's health and care. For staff, the improved collaboration will help to make it easier to work with colleagues from other organisations. And systems can develop tools to better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

By working together, and drawing on the expertise of others such as local charities and community groups, the NHS and the Council can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

In return, becoming an ACS would allow the local NHS and the local councils to gain greater local control over services in Cornwall and the Isles of Scilly. In doing this, they will draw on the experience of 50 sites which have been testing and developing new care models in different places.

What model is proposed?

We are proposing to set up working arrangements to test and refine how a model might work in 2018/19. This gives us time to work through what the ACS would look and feel like locally, and to reflect the priorities of key groups such as staff and communities, which we are seeking through the Shaping Our Future co-production workshops.

No decision has been made yet on the specific form of the accountable care system in Cornwall and the Isles of Scilly and it will be at least 12 months before any new system is introduced. There are no plans to establish an accountable care organisation.

It is proposed that the local shadow ACS will be made up of:

- A small, **Integrated Strategic Commissioning Function** for health, care and wellbeing services
- One or more '**accountable care partnership**' (**ACP**), with groups of providers working together as a single network, taking collective responsibility for the effectiveness of service provision, and able to design new ways of working and move money round the system to deliver more joined up, better coordinated and more efficient care.

A guiding principle of the work to develop an accountable care system is to be open and transparent and to allow for debate and discussion about proposals as they develop.

The development of the Integrated Strategic Commissioning model will be informed by a series of inquiry days being held by Cornwall Council - see below.

Cornwall Council's inquiry into the ACS

Cornwall Council has set up an inquiry into the accountable care system, led by six democratically-elected councillors which will help shape what this might look like.

The inquiry will consider options put forward for integrated strategic commissioning as part of a Cornwall and Isles of Scilly accountable care system, how to achieve this and how democratic control and clinically led commissioning can be retained.

The inquiry panel will hear from representatives of local health and care organisations and from those areas developing an ACS, NHS England and patient groups such as Healthwatch. These sessions will be led by a panel of six Cornwall councillors, chaired by Councillor Andy Virr.

The inquiry sessions will be open to the public and fully transparent. The democratically-elected councillors who are leading it will make a recommendation to Cabinet and then full Council. The inquiry's recommendations will also be considered by Kernow CCG.

Is this all about saving money?

No – the health and care system in Cornwall and the Isles of Scilly would have to live within the same budget, set by the government and Parliament, whether or not it was working in this way. But by getting every part of the system to work together as one team, focused on what people in Cornwall and the Isles of Scilly need instead of just the interests of individual organisations, we can ensure that this money is spent in the ways where it can make the most difference.

Is this an American model of delivering healthcare?

No. All over the world, different countries are realising that improved cross-system collaboration is the best way to improve health and care for their citizens.

The USA is one of these, but operating a very different model. The most well-known example is probably in [Canterbury, New Zealand](#) which has been successful in moderating the rate of growth in hospital use by investing in services in the community. The Canterbury model was promoted by the need to change a health system that was under pressure and beginning to look unsustainable and has made the transition from fragmented care towards integrated care with a degree of measurable success.

European countries such as [Germany](#) and [Sweden](#) are also using similar approaches.

Closer to home, Frimley Health and Care System (in Surrey, Hampshire and Berkshire) has focused on developing joined-up care in the community that connects general practices with other services and builds stronger links between physical and mental health services. This work is helping to [moderate demand on local hospitals](#) by providing better access to GPs and alternatives to hospital care.

It is important is to learn from these experiences and use the best of what's happening to benefit the particular needs of local people in Cornwall and the Isles of Scilly – not to adopt everything lock, stock and barrel.

Is this about privatisation?

No. It is understandable that, by looking at what works well in the USA, people will be concerned about privatisation. But those who think this is about privatisation have got the wrong end of the stick. An accountable care system does not change each organisation's statutory and legal responsibilities, or the rights to care set out in the NHS Constitution. Instead it describes a way of working together that allows for a one strategy, one budget and one plan approach which puts the interests of the patient before those of individual organisations.

This is about NHS organisations and democratically-elected local councils working together more closely than ever before, with the aim of developing a system built on cooperation, not competition..

Legal challenges are being mounted against regulations before Parliament to establish 'accountable care organisations' (ACOs) by campaigners (and Professor Stephen Hawking). How will this affect Cornwall and Scilly's plans?

Despite the similarity of the labels, the development of accountable care systems such as the one in Cornwall and the Isles of Scilly is completely separate from national proposals to set up accountable care organisations. The 'ACO' proposals relate to a very strict form of legal contract which would apply only to a small number of NHS providers that are trying to lock in gains made since developing 'new care models' in their area. Locally there are no plans to establish an Accountable Care Organisation.