

Board of Directors Meeting in Public

Subject:	Nottingham and Nottinghamshire Accountable Care System – Memorandum of Understanding		Date: 15 th September 2017	
Prepared By:	NHS England and NHS Improvement			
Approved By:	Richard Mitchell – Chief Executive			
Presented By:	Richard Mitchell – Chief Executive			
Purpose				
The Board of Sherwood Forest Hospitals, as a constituent organisation of the Nottingham and Nottinghamshire STP is asked to note the requirements outlined in this MOU in respect of the Nottinghamshire Accountable Care System, and to give consideration to how it can align organisational priorities with these requirements.			Consider	X
			Approval	
			Assurance	
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
				X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial	Pursuit of a system control total and the specific delegation of STF funding with its contingency upon the system achieving nationally prescribed standards poses a risk to the financial stability of the Trust.			
Patient Impact	The intent of the ACS is to enhance services for patients and citizens.			
Staff Impact	Cannot be assessed at this time.			
Services	There is the potential for some service re-configuration within the STP footprint, which offers both opportunities and potential risks.			
Reputational	N/A.			
Committees/groups where this item has been presented before				
Will be presented to all the constituent organisations of the Nottingham and Nottinghamshire STP				
Executive Summary				
<p>In the <i>Next Steps</i>, Nottingham and Nottinghamshire with an early focus on Greater Nottingham was identified as a potential site for Accountable Care System (ACS) development. The <i>Next Steps</i> explains ACSs as:</p> <p><i>ACSs will be an ‘evolved’ version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:</i></p>				

- *Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *Together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.*
- *Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.*
- *Demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.*
- *Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.*
- *Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.*
- *Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise patient choice over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.*

In August 2017 our system agreed a Nottinghamshire Memorandum of Understanding for a shadow ACS with NHS England and NHS Improvement.