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STPS TRACKER

STPs/ICSs: DEFINITIONS

- **STPs** –Sustainability and Transformation Partnerships, comprising 44 areas covering all of England, where local NHS organisations and councils work together. STPs aim to help meet a 'triple aim' set out in the NHS Five Year Forward View – better health, transformed quality of care delivery, and sustainable finances.

- **ICS** – An Integrated Care System, with a collective responsibility for resources and population health. *ICS is a term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. **An STP may contain multiple ICSs.**

*BMA (2017). *Accountable care systems: what are they and what do they mean for the NHS*.

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STPs: GOVERNANCE AND MANAGEMENT ARRANGEMENTS

- Example Arrangement types within STPs:

Acute care collaborations (ACC) – Hospital chains	Acute medical model
Enhanced health in care homes (EHCH)	Primary and acute care systems (PACS)

- Considerable variation from area to area both in how the STP is currently working but also in what is apparently intended:
- From limited joint planning but very much reflecting "business as usual"
- To system-wide view and planning for major organisational change
- Devolution areas (e.g. Manchester, Cornwall, The Isles of Scilly, Surrey Heartlands)*
- Timetable: Final 2018/19 STP Contract and Plan Alignment template to be submitted by 30 April 2018**

*London South Bank University (2017). *Sustainability and Transformation Plans How serious are the proposals? A critical review*.

** NHS England and NHS Improvement (2018). *Refreshing NHS Plans for 2018/19*.

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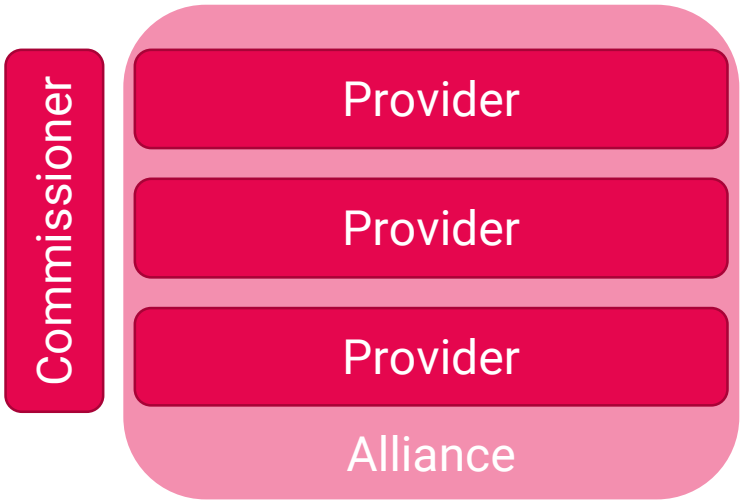
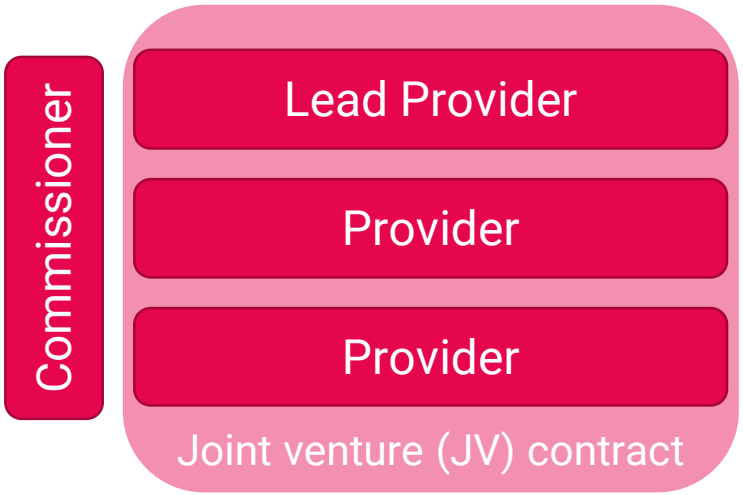
STPs AND ICSs: CONTRACTUAL MODELS

STP: Virtually-integrated model



- Individual providers are bound together by an 'alliance' agreement, which is often just a memorandum of understanding
- Each provider still holds its own existing commissioning contract

ICS: Partially-integrated model



- The aim is for the JV to hold a single 'integrated services' commissioning contract for all services
- One organisation would take a lead contracting role (the 'prime provider') and hold the contract for all the organisations

Adapted from: Hill Dickinson. (2017). *Working through change*. [online]

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ICSs: AIMS

- ICSs aim to improve health and care by:
  - Supporting the integration of services, with a particular focus on those at risk of developing acute illness and hospitalisation
  - Providing more care through redesigned community and home-based services
  - Ensuring a greater focus on prevention of ill health and population health outcomes
  - Allowing systems to take collective responsibility **(in ways which are consistent with the existing statutory framework)** for how they best use resources to improve quality of care and outcomes*
- NHSE and NHSI envisage that over time Integrated Care Systems will replace STPs**

- *Health and Social Care Committee (2018). *Integrated care: organisations, partnerships and systems inquiry - Written evidence from NHS England and NHS Improvement*.
- ** NHS England and NHS Improvement (2018). *Refreshing NHS Plans for 2018/19*.

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ICSs: NEW FINANCIAL ARRANGEMENTS

- A single system control total set by NHSE and NHSI; Flexibility to vary individual control totals and agree in-year offsets of financial over-performance in one organisation against financial underperformance in another
- To adopt a fully system-based approach to the PSF and CSF under which no payment will be made unless the system as a whole has delivered against its system control total
- In a case for regulatory intervention in a trust or CCG to address financial underperformance or issues of quality, the leadership of the ICS will be key in agreeing what remedial action needs to be taken

All approved ICSs will be required to operate under these fully-developed system control total incentive structures by 2019/20*

* NHS England and NHS Improvement (2018). *Refreshing NHS Plans for 2018/19*.

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ACOS: CHALLENGES & RESPONSE

Legal

- The legality of ACOs under the Health and Social Care Act 2012
- Claims that ACOs will lead to increased privatisation
  - This is incorrect: ACOs would be a means of delivering care and not funding it
  - Contracts could also involve a bigger role for private companies if they decide to enter the market, which would not change funding mechanisms.

Public Perception

- Campaigners and local councils have criticised NHSE for lack of transparency in developing their plans
- Privatisation perception coming from the ACO model in the US.
- **Response**: NHS England will hold a 12-week consultation on the contracting arrangements for ACOs. They **will be releasing a new draft of the ACO Contract and supporting documentation alongside the forthcoming public consultation.**
- Consultation on the draft ACO Contract will be launched following the two current Judicial Reviews, so as to allow the NHS to take account of the outcome of both processes.

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STP CHALLENGES

Legislation

- Historically, **fragmented health system**, driven by **legislation** and accountability mechanisms that have helped to create an 'organisation first' mentality, make collaboration challenging
  - Current legislation creates accountability and determines how resources are distributed based on the success of individual organisations. Furthermore, there is a lack of formal accountability and governance of the STPs themselves

Governance

- Accountability for individual clinical and financial performance and expectation to sacrifice one or both of these for the greater good, **without statutory or regulatory protection**
  - A nationally determined performance dashboard used for a process dependent on local contexts and sensitivities

*Health and Social Care Committee (2018). Integrated care: organisations, partnerships and systems inquiry - Written evidence from NHS Confederation.

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STP CHALLENGES (2)

Relationships

- The trust and cooperation between NHS leaders will be key for the success of each Partnership
- Engagement with local authorities can be problematic.

Finance

- Local financial deficits meant that sustainability and transformation funding was used in most areas to address short term financial challenges, rather than address long-term challenges.

Population Health

- The culture of prioritising population health is lacking amongst many providers, however this is a key priority for many STP footprint and will require transformation of how service is delivered.

HSJ Intelligence. *Sustainability and transformation (STP) plans: Delivering the Forward View, HSJ (2017). London Eye: STPs' touching optimism*

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INTERACTIONS AND RELATIONSHIPS

- Strategic Programme Office, led by Jo Lenaghan, Project Director for the NHS 5 year Forward View (5YFV) – this team manages work on the 5YFV and is also coordinating activity on STPs
- About half of STP leads are CCG chief officers and the majority of the rest are provider representatives.

ACCOUNTED SAVINGS

STPs often lack sufficient details on how their ambitious objectives will be delivered in practice or attribute outside efficiency savings to the integration process.

- **Savings incorrectly attributed to STPs**: The 'do nothing' scenario excludes provider and commissioner efficiency savings, which in most cases are simply added back in as BAU/CIP savings, as if this were part of the STP*
  - Nuffield Trust researchers unable to determine double counting in saving totals**

Sources: *London South Bank University (2017). *Sustainability and Transformation Plans How serious are the proposals? A critical review*.
***HSJ (2017). London Eye: STPs' touching optimism*

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KEY POINTS AND QUESTIONS

- **Business cases**
  - Financial evaluation conducted by the South Bank University* has not identified one STP that is as yet capable of demonstrating readiness for implementation
  - The National Audit Office (NAO) mentions**: “There is no compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity.” (pp7-8)
- **Reconfiguration of acute services**
- How will system-wide decisions be made?
  - Organisational umbrella and governance arrangements.
- **Procurement**
  - What will be the role of existing Procurement Hubs?
  - How will Trust level procurement take place?
  - What will the STP interaction with the ~~Future~~ Operating Model (FOM) look like?

*London South Bank University (2017). *Sustainability and Transformation Plans: How serious are the proposals? A critical review*. **National Audit Office, (2017). *Health and Social Care Integration.* London: National Audit Office.

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RECOMMENDATIONS

1. Engage communities and the life science industry to improve process transparency and support public trust through sharing knowledge of integrated care and its benefits.
2. Give an unequivocal commitment to the STP/ICS process with a clear vision of the short to mid-term expectations.
3. Enable local leaders to develop solutions and implement reforms, in partnership with the centre by setting realistic expectations and by encouraging all parts of the system to work collaboratively.
4. Provide dedicated investment for transformation, to allow for double-running of services where that is needed and to release capacity within local leadership teams.

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EXTENDED LOOK INTO STPs

Key sources:

London South Bank University (2017). Sustainability and Transformation Plans How serious are the proposals? A critical review.

BMA (2017). STP summary paper.

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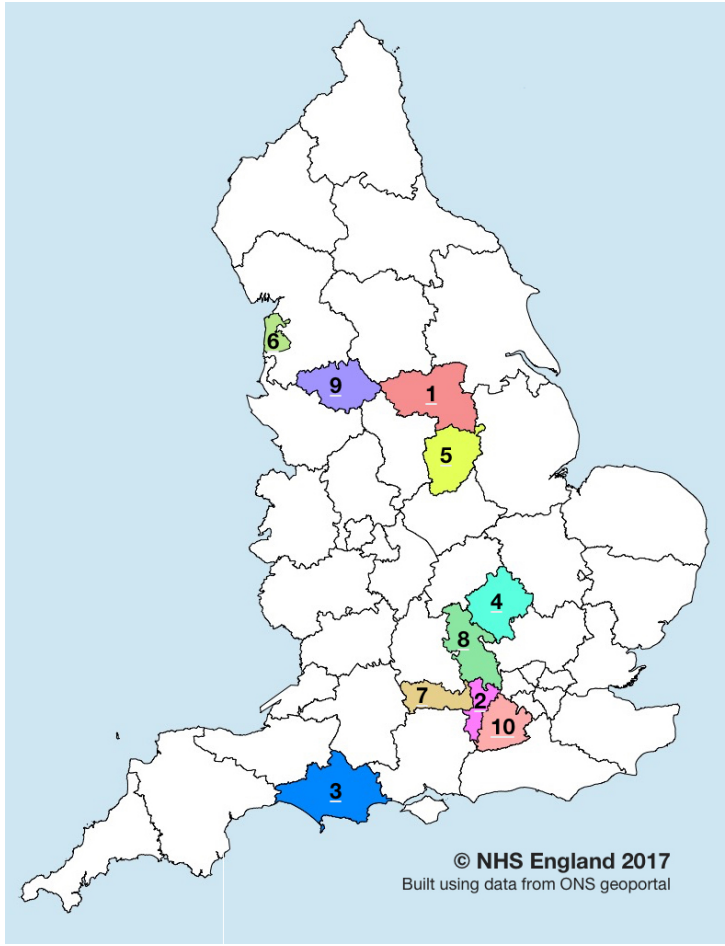
INTEGRATED CARE SYSTEMS

- Bedfordshire, Luton and Milton Keynes (4)
- Blackpool and Fylde Coast (6)
- Buckinghamshire (8)
- Dorset (3)
- Frimley Health and Care (2)
- Gloucestershire
- Greater Manchester (9)
- Nottinghamshire (5)
- South Yorkshire and Bassetlaw (1)
- Suffolk and North East Essex
- Surrey Heartlands (10)
- West Berkshire (7)
- West, North and East Cumbria
- West Yorkshire and Harrogate

First-wave ICSs



More information at: https://www.england.nhs.uk/integratedcare/integrated-care-systems/

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BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST

Population: 1.7 M

- Link to plan
- **Lead:** David Smith, Oxfordshire CCG
- Berkshire West working to establish an ICS, focused on the Frail Elderly Pathway and hoping for savings from 'back office' services and prevention

Focuses

- Organising urgent and emergency care so that people are directed to the right services for treatment
- Enhancing the range of specialised services, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence to provide expert services in the region
- Ensuring the amount of money spent on management and administration is kept to a minimum.

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BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST (2)

Relevant considerations

- Three LHE with established delivery models to be integrated:
  - Buckinghamshire
  - Berkshire
  - Oxfordshire
- New commissioning executive to commission across the STP footprint taking over from seven CCGs
- The plan makes reference to 'reductions in acute bed based care across Oxfordshire'.

Financial gap by 2020/21: Combined: £479 M

- The largest commissioning saving, of £45 million, is to come from acute care.
- **Capital funding required: £150 million**

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DORSET

Population: 800,000

- Link to plan
- **Lead:** Tim Goodson, Dorset CCG
- ICS

Focuses

- Prevention at scale
- One acute network of services
- Two enabling programmes:
  - a. Leading and working differently
  - b. Digitally-enabled Dorset

ABHI

DORSET (2)

Relevant considerations

- "Community hubs" will be developed which will "provide a joint health and social care approach to caring for patients, particularly the elderly and frail" allowing outpatient appointments outside of acute hospitals with an extended multidisciplinary team
- 25% reduction in unplanned medical admissions and the 20% reduction in unplanned surgical admissions required for proposals for improving acute hospital care

Financial gap by 2020/21

Healthcare: £299 M + Social care: £70 M = Combined: £369 M

Capital funding required: £148M

ABHI

FRIMLEY HEALTH

Population: 750,000

- Link to plan
- **Lead:** Sir Andrew Morris, Frimley Health NHS FT
- ICS – p. 23 of Plan: ”There has been some discussion and exploration across the vanguard and Surrey Heath alliance to identify ways of moving towards an Accountable Care Organisation governance structure which may be suitable to roll out across the STP in future years”

Focuses

- Action to improve long term condition outcomes including greater self-management and proactive management across all providers for people with single long-term conditions
- Redesigning urgent and emergency care
- Reducing variation and health inequalities across pathways to improve outcomes, supported by evidence

ABHI

FRIMLEY HEALTH (2)

Relevant considerations

- In the process of establishing PACS in north east Hampshire and Farnham
- Creation of 14 primary care “hubs” to be phased in by 2018; Single point of access for social, mental and physical healthcare
- North East Hampshire and Farnham vanguard - Focusing on bringing local primary, community, acute, mental health and social care services together

Financial gap by 2020/21

Healthcare: £187 M + Social care: £49 M = Combined: £236 M

£33 M of capital and revenue needs to be invested between now and 2020/21 to make the Frimley system a “truly digitally enabled economy”

Capital funding required: £42 million

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LANCASHIRE AND SOUTH CUMBRIA

Population: 1.6 M

- Link to plan
- **Lead:** Dr Amanda Doyle, Blackpool CCG
- Blackpool & Fylde Coast are ICSs, with the potential to spread to other parts of the STP area at a later stage
- The plan lists an initiative to establish 5 ICSs through Local Development Plans

Focuses

- Maximise learning from the vanguards
- "Our digital health strategy will … underpin changes to our acute sector configuration"(p. 38)
- Intention 'to establish 5 Accountable Care Systems/Organisations', across the L&SC system through Local Development Plans (see link above)

ABHI

LANCASHIRE AND SOUTH CUMBRIA (2)

Relevant considerations:

- The plan sets out high level intentions rather than detailed options or proposals
- Includes a proposal for a NHS Provider Trust Forum through which provider trusts will work together to improve effectiveness of service provision
- The best new models of care from the vanguards will be rolled out to other areas starting now and continue over the next 12 months

Financial gap by 2020/21

Healthcare: £443 M + Social care: £129 M = Combined: £572 M

Capital funding required: £264 million

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LUTON, WITH MILTON KEYNES AND BEDFORDSHIRE

Population: 900,000

- Link to plan
- **Lead:** Pauline Philip, Luton & Dunstable University Hospital NHS FT
- West Berkshire and Buckinghamshire to become two ICSs

Focuses

- Secondary care: Collaborative radiology, specialist support to system wide pathways and eliminating variation on clinical quality
- Digital programme
- Demand management and commissioning

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LUTON, WITH MILTON KEYNES AND BEDFORDSHIRE (2)

Relevant considerations:

- New IT system to be introduced in secondary care
- No closures planned but proposed partnership working will involve sharing services including pathology
- Public health is a priority but there is little detail of how this will be achieved or any extra funding

Financial gap by 2020/21

Healthcare: £203 M + Social care: £108 M = Combined: £311 M

Capital funding required: £168 million

ABHI

GREATER MANCHESTER

Population: 2.8 M

- Link to plan
- **Lead:** Sir Howard Bernstein, Manchester City Council
- The STP taking over the 'Taking charge of our Health and Social Care in Greater Manchester' programme, which was published in 2015
- Greater Manchester have published a delivery and implementation plan in October 2016. The plan is a live document, which will not have a final version
- Vanguards: Greater Manchester Cancer Vanguard

Focuses

- Radical upgrade in population health prevention
- Standardising acute and specialist care
- Standardising clinical support and back office services

ABHI

GREATER MANCHESTER (2)

Relevant considerations:

- A MoU was signed between the Government, the GM health bodies and local authorities and NHS England
- GM remains under central control (e.g. subject to the NHS Mandate), but the MoU further outlines the devolution process. It covered all services including primary & acute care, community & mental health services, social care and public health
- Integrating primary, community, acute and social care through locally-accountable platforms with single integrated commissioning hubs. This means aligning CCG and local authority commissioning functions to develop **a single commissioning plan** and creating single service models in each locality, with a commitment to pool £2.7 B across GM.
- The plan is built from 10 locality plans - each of the localities also have a detailed place-based plan
- Eight clinical areas have been identified and prioritised for clinical redesign – maternity and obstetrics, respiratory and cardiology, MSK and orthopaedics, breast, urology, neuro-rehabilitation and vascular

ABHI

GREATER MANCHESTER (3)

- To drive new models of care and LCOs (local care organisations), delivered through the range of models described in the 5Year Forward View (5YFV)
  - introducing multi-disciplinary teams to co-ordinate care for a defined group of people using evidence-based clinical pathways, and providing alternatives to A&E when crises occur
- Delivery of the new care models needs to be delivered through new, **evidence-based contracting & pricing models**. Payment by results is judged to be failing to deliver whole system outcomes.

Financial gap by 2020/21

Healthcare: £1.824 B + Social care: £176 M = Combined: **£2 B**

Capital funding required: £1.6 billion

ABHI

NORTHUMBERLAND, TYNE AND WEAR

Population: 1.4 million (M)

- Link to plan
- **Lead:** Mark Adams, Newcastle Gateshead CCG (Clinical Commissioning Group)

Focuses

- Out of hospital collaboration to develop alternative service models, reduce variation and raise quality of care
- Optimal use of the acute sector to improve experience of care, achieve better outcomes and create a sustainable model
- A number of financial risks identified, but not quantified in the Plan (pp. 53-55 – see link above)

ABHI

NORTHUMBERLAND, TYNE AND WEAR (2)

Relevant considerations

- All hospital, community health and adult social care services are now delivered through a single provider – Northumbria Healthcare NHS Foundation Trust
- Largely coterminous with the North East Combined Authority Area – contains Newcastle Gateshead; Northumberland and North Tyneside; South Tyneside, Sunderland and North Durham
- It is a National Transformation Area so extra investment support is available

Financial gap by 2020/21

Healthcare: £641 M + Social care: £263 M = Combined: £904 M

Total, minus proposed healthcare savings: £641 million

Capital funding required: £77 million

ABHI

NOTTINGHAMSHIRE

Population: 1.0 M

- Link to plan
- **Lead:** David Pearson, Nottinghamshire County Council
- Awarded a £2.7m contract, to Capita to help support the development of an ICS in Greater Nottingham - plan to implement the ICS by early 2018-19*

Focuses

- Simplify urgent and emergency care – based on the Urgent and Emergency Care (UEC) Vanguards value proposition
- Deliver technology-enabled care
- Ensure consistent and evidence-based pathways in planned care.

*Source: Thomas, R. (2017). STP teams up with Capita to set up accountable care system. [online] Health Service Journal.

ABHI

NOTTINGHAMSHIRE (2)

Relevant considerations

- 13 services currently being delivered by Nottinghamshire University Hospitals will be retendered next year. All affected services are outside the national tariff payment system
- 200 hospital beds to be cut over the next two years in acute settings
- Vanguards: Greater Nottingham A&E Delivery Board; Mid Nottinghamshire Better Together – latter to deliver enhanced primary and community care

Financial gap by 2020/21

Healthcare: £473 M + Social care: £155 M = Combined: £628 M

Need additional transition funding of £26 M in 2017/18 and £19 M in 2018/19 to be invested in out of hospital care

Capital funding required: £77 million

ABHI

SOUTH YORKSHIRE AND BASSETLAW

Population: 1.5 M

- Link to plan
- **Lead:** Sir Andrew Cash OBE, Sheffield Teaching Hospitals NHS FT
- Likely candidate to become an ICS – timelines provided for ICS development in primary and community care (p. 46 of Plan)

Focuses

- Urgent and emergency care
- Elective care and diagnostics
- Cancer

ABHI

SOUTH YORKSHIRE AND BASSETLAW (2)

Relevant considerations

- By 2021 integrated commissioning between health and care; Early integration areas are:
  - collaboration on support office services, developing a network
  - approach to services, review hospital services & resources, new model of hyper acute
  - stroke services, children's surgery and anaesthesia services, vascular services and
  - chemotherapy services.
- Independent review of hospital services due to take place in 2016/17

Financial gap by 2020/21

Healthcare: £641 M + Social care: £107 M = Combined: £571 M

The plan assumes that the footprint will receive all of the £105 M indicative share of national STP funding by 2020/21

Capital funding required: £200 million

ABHI

WEST, NORTH AND EAST CUMBRIA

Population: 300K

- Link to plan
- **Lead:** Stephen Earnes, North Cumbria University Hospitals NHS Trust

Focuses

- Primary Care Development
- Prevention, self-caring and promoting independence
- Integrated Care Communities & Community Hospitals
- Local Secondary Care

ABHI

WEST, NORTH AND EAST CUMBRIA (2)

Relevant considerations

- West, North and East Cumbria designated as a second-wave ICS
- STP aligned to the proposals set out in the success regime
- Care outside of hospitals is to be optimised through integrated care communities bringing various health services
- Establishment of commissioning based on capitated budgets

Financial gap by 2020/21

Combined: £168 M

Transitional funding required for the region is between £167M and £247M in addition to £22M implementation costs

Capital funding required: £140 million

ABHI

DURHAM, DARLINGTON, TEES, HAMBLETON, RICHMONDSHIRE AND WHITBY

Population: 1.3M

- Link to plan
- **Lead:** Alan Foster, North Tees and Hartlepool NHS FT

Focuses

- Preventing Ill health and increasing self-care
- Quality of care in our hospitals – “Better Health Programme”
- Use of technology in health care

ABHI

DURHAM, DARLINGTON, TEES, HAMBLETON, RICHMONDSHIRE AND WHITBY (2)

Relevant considerations

- Measures to reduce demand include progressing MCPs and PACS
- Plans to strengthen links between and integrate commissioning functions including increasing number of patients who have access to Personal Health Budgets
- Implementing the Cancer Alliance, matching diagnostic capacity to expected demand
- A&R, Acute Medicine and Acute surgery to be consolidated on two sites

Financial gap by 2020/21 Combined: £281 M

Proposed savings of £749.8

Capital funding required: £115 million

ABHI

WEST YORKSHIRE AND HARROGATE

Population: 2.64M

- Link to plan
- **Lead:** Rob Webster, South West Yorkshire NHS FT

Focuses

- Standardization of commissioning policies
- Integrated Care Communities & Community Hospitals
- Local Secondary Care

ABHI

WEST YORKSHIRE AND HARROGATE (2)

Relevant considerations

- West Yorkshire and Harrogate is designated as a second-wave ICS
- Acute centre in every major urban area, connected to a smaller number of centres providing specialist care
- Seven vanguards across the area

Financial gap by 2020/21

Healthcare: £809 M + Social care: £265 M = Combined: £1.74 B

Proposed savings of £1.78 B

Capital funding required: £732 M

ABHI

COAST, HUMBER AND VALE

Population: 1.4M

- Link to plan
- **Lead:** Emma Latimer, Hull CCG

Focuses

- Place based care
- Supporting people through mental health
- Strategic Commissioning

COAST, HUMBER AND VALE (2)

Relevant considerations

- Vale Of York organizations to form ICS, Scarborough to implement as MCP.
- Develop high quality, networked and sustainable specialist services. Plans to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.
- Share support services, in particular pathology, pharmacy, procurement and imaging
- Scarborough health and social care economy is considered unsustainable; improvement in out of hospital care is considered as one solution to this

Financial gap by 2020/21 Combined: £420 M

Proposed savings of £203 M

Capital requirements are “fairly embryonic” with further refinement required

Capital funding required: £271 M

ABHI

CHESHIRE AND MERSEYSIDE

Population: 2.6M

- Link to plan
- **Lead:** Louise Shepard, Alder Hey Children's NHS FT

Focuses

- Reducing the variation of care
- Enhancing deliver of mental health care and the provision of physical and mental care in the community
- Optimise Direct Patient Care

CHESHIRE AND MERSEYSIDE (2)

Relevant considerations

- The plan is high level without many concrete proposals, clear that there is yet to be an STP-wide review of clinical services; Acute care will be the first step.
- North Mersey digital roadmap emphasising assistive technology, interoperability and digitalization of records and their use.
- Reconfiguration of 35 acute services across RLBUH, AUH and LHCH to establish a single service
- Merger of Royal Liverpool, Aintree and Liverpool Women's Hospitals

Financial gap by 2020/21 Combined: £908 M

After LDS plan models STP forecasts £49M surplus by 2021

Capital funding required: £755 M

ABHI

STAFFORDSHIRE & STOKE-ON-TRENT

Population: 1.1M

- Link to plan
- **Lead:** Penny Harris

Focuses

- Focussed prevention
- Simplified urgent and emergency care system
- Reduced cost of services

STAFFORDSHIRE & STOKE-ON-TRENT (2)

Relevant considerations

- Plan to increase proportion of care in the community rather than hospitals.
- Plan is explicit in expectation of fewer hospital beds, less staff working in a hospital setting and more specialist services in fewer hospitals.
- Planned care reconfiguration at UNHM and Burton with expectations of LoS(length of stay) being improved by 5% and 30% follow up attendance reduction due to efficiencies and new technology
- Intent to concentrate experts and specialised diagnostics in a few centres of excellence

Financial gap by 2020/21

Healthcare: £286 M + Social care: £256 M = Combined: £542 M

Largest proposed Savings of £212.4

One off £120M revenue required to deliver £286M recurrent savings

Capital funding required: £20M

ABHI

SHROPSHIRE AND TELFORD AND WREKIN

Population: 470K

- Link to plan
- **Lead:** Simon Wright, Shrewsbury and Telford Hospital NHS Trust

Focuses

- Into the future – using new technologies to help people access help and support for their health and to manage long-term illness
- Staffing and financial challenges
- Neighbourhood model to tackle poor health

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SHROPSHIRE AND TELFORD AND WREKIN (2)

Relevant considerations

- Major review of Orthopaedics/MSK services planned. Suggestion is that services are currently fragmented and too expensive.
- National Orthopaedic Alliance vanguard includes trusts in Shropshire
- Move towards a neighbourhood model of more locally based care with 11 neighbourhoods across the STP footprint
- “Future Fit model” – central diagnostics and treatment centre to provide 80% of planned surgery

Financial gap by 2020/21 Combined: £131 M

Proposed savings of £220 M

Capital funding required: £311 M

ABHI

DERBYSHIRE

Population: 1.0M

- Link to plan
- **Lead:** Gary Thompson, Southern Derbyshire CCG

Focuses

- Ease of access to the right care
- To get health and social care working seamlessly together
- To make organisations as efficient as possible
- No further specifics mentioned

ABHI

DERBYSHIRE (2)

Relevant considerations

- Stated objective to create greater collaboration between 4CCgs, 4 NHS FTs and the 2 Las
- Derby Teaching Hospitals is to merge with Burton Hospital FT, which is in the Staffordshire STP, forming an inter-STP alliance
- Integration of Minor Injury Units and Walk-in Centres with primary care and GP to establish community based urgent care centres.

Financial gap by 2020/21

Healthcare: £219 M + Social care: £136 M = Combined: £355 M

Assumption £247M of care will be delivered in the community by 2020/21 (30-39% of all care) involving 2,500 more staff delivering community-based care.

Capital funding required: £ 42 million

*Source: Thomas, R. (2018). Merger of trusts across STPs cleared by competition regulator. [online] Health Service Journal.

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LINCOLNSHIRE

Population: 700K

- Link to plan
- **Lead:** Allan Kitt, South West Linconshire CCG

Focuses

- Clinical Redesign
- Capacity optimisation
- Operational Efficiency
- Workforce productivity and redesign

LINCOLNSHIRE (2)

Relevant considerations

- Proposed movement of planned care activity into the community possibly including diabetes medicine, dermatology, ophthalmology, orthodontics, endocrinology, neurology, rheumatology.
- Success factors include delivery of integrated care for 38434 people 2021.
- Develop multi-speciality community providers alongside integrated commissioning strategic arrangements by 2020

Financial gap by 2020/21 Combined: £182 M

Provide/Commissioner split of £85/£97M

Capital funding required: £ 205 million

ABHI

LEICESTER, LEICESTERSHIRE AND RUTLAND

Population: 1.0M

- Link to plan
- **Lead:** Toby Sanders, West Leicestershire CCG

Focuses

- Service configuration to ensure clinical and financial sustainability
- New Models of care focused on prevention, moderating demand growth
  - Place based integrated teams
  - New model for primary care
  - Integrated urgent care offer
- Operational Efficiencies
- Redesign pathways to deliver improved outcomes and core access and quality

ABHI

LEICESTER, LEICESTERSHIRE AND RUTLAND (2)

Relevant considerations

- Acute beds down by 243 to 1697. community beds down 38 to 195.
- Care to be consolidated onto two acute hospital sites
- Focus on prevention, moderating demand growth and a new model for primary care

Financial gap by 2020/21

Healthcare: £341.66 M + Social care: £57.7 M = Combined: £399.3 M

To make the necessary savings the plan needs an additional £98.4 M from the STP fund

Capital funding required: £ 350 million

ABHI

THE BLACK COUNTRY

Population: 1.3M

- Link to plan
- **Lead:** Andy Williams, Sandwell West Birmingham CCG

Focuses

- Developing place-based care
- Hospitals working together
- Mental health and learning disability
- Maternity and infant health

ABHI

THE BLACK COUNTRY (2)

Relevant considerations

- Commissioning at greater scale including the possibility of integrated Block Country and West Birmingham commissioning of all major acute services
- Delivery of GP services to be redesigned to facilitate patient consultation through modern technologies and digital platforms.
- Digital focus on interoperability, Big data and prevention through digital enablement

Financial gap by 2020/21

Healthcare: £512 M + Social care: £188 M = Combined: £700 M

Proposed savings of £331 M
STP partners committed to increased investment of £25 M in primary care by 2020/21

Capital funding required: £103 M

ABHI

BIRMINGHAM AND SOLIHULL

Population: 1.1M

- Link to plan
- **Lead:** Mark Rogers, Birmingham City Council

Focuses

- Creating efficient organisations and infrastructure
- Transformed primary, social and community care (community care first)
- Fit for future secondary and tertiary services

BIRMINGHAM AND SOLIHULL (2)

Relevant considerations

- Plan to more activity away from secondary care into primary and community care settings including through 4/5 new urgent care centres.
- Footprint includes the Solihull Together for Better Lives Vanguard focused on U&E care and integration between primary and community care services : Website
- City hospital is to close

Financial gap by 2020/21

Healthcare: £582 M + Social care: £130 M = Combined: £712 M

2% productivity saving deliver by BCH and BWH Merger potentially including UHB and HEFT dependant on respective boards

Largest Potential Savings Sum: £424 M

ABHI

COVENTRY AND WARWICKSHIRE

Population: 900K

- Link to plan
- **Lead:** Andy Hardy, University Hospitals Coventry and Warwickshire NHS Trust

Focuses

- Proactive and preventative care
- Urgent & Emergency care
- Maternity & paediatrics
- Planned Care

COVENTRY AND WARWICKSHIRE (2)

Relevant considerations

- Consolidation of maternity and paediatrics services
- Pathway redesign stars with MSK services (creating a common referral pathway across the footprint) before rolling out across other pathways at quarterly intervals.
- Reduction in activity focuses on A&E/non-elective activity for complex patients, length of stay, outpatient activity.

Financial gap by 2020/21

Healthcare: £267 M + Social care: £33 M = Combined: £300 M

Proposed savings of £207.5 (excluding social care)

Expected to receive £63 M from STP funding in 2020/21 to support transformation

Capital funding required: £36.5 M

ABHI

HEREFORDSHIRE AND WORCESTERSHIRE

Population: 780K

- Link to plan
- **Lead:** Sarah Dugan, Worcestershire Health & Care NHS Trust

Focuses

- Establish sustainable services through developing networks and collaborations in the following areas: urgent care, cancer care, elective care, maternity services, specialist mental health and learning disability services
- Maximise efficiency and effectiveness across clinical, service and support functions

ABHI

HEREFORDSHIRE AND WORCESTERSHIRE (2)

Relevant considerations

- Will be one the for NHS improvement 'Pathfinder' STPs
- 2018/19 primary and community services to be organised and provided from locality based Multi-Speciality Community Providers.
- Localities representing General Practice have agreed to develop a new model of care based on the principles of emerging MCP vanguards
- Plan states that it will "prioritise investment" to ensure deliver of the GPFV

Financial gap by 2020/21

Healthcare: £253 M + Social care: £84 M = Combined: £337 M

Transformational scheme savings of £34.6 M have been identified

Capital funding required: £61 M

ABHI

NORTHAMPTONSHIRE

Population: 700K

- Link to plan
- **Lead:** John Wardell, Nene CCG

Focuses

- To increase provider collaboration
- to appropriately manage the patient flow through urgent care
- To increase the amount of integrated care delivered closer to home

ABHI

NORTHAMPTONSHIRE (2)

Relevant considerations

- Development of a single contracting and strategic commissioning framework across both CCGs
- A single model of acute care will be developed across Northamptonshire, initially focussing on 10 specific specialities
- Aim to reduce proportion of commissioning resources spent on acute care

Financial gap by 2020/21 Combined: £230 M

Potential savings of **£252 M** including **STP funding** of **£48 M**

ABHI

CAMBRIDGESHIRE AND PETERBOROUGH

Population: 930K

- Link to plan
- **Lead:** Tracy Dowling, Cambridgeshire & Peterborough CCG

Focuses

- Neighbourhood care hubs
- Safe and effective hospital care, responsive urgent and expert emergency care, systematic and standardised care, continued world-famous research and services
- Supported delivery – using our land and buildings better, using technology to modernise health

ABHI

CAMBRIDGESHIRE AND PETERBOROUGH (2)

Relevant considerations

- The express intention to move to becoming a fully-fledged ACO
- STP involved in taking forward the Uniting Care older persons project and the Urgent Care Vanguard
- Plans to utilise health apps and telehealth/remote monitoring allied to the Prevention Strategy
- Two thirds of acute hospitals under server operational pressure with one being in special measures

Financial gap by 2020/21 Combined: £504 M

Most financially challenged CCP in England with the footprint being the most financially challenged when considering it's population size

Capital funding required: £800 M

ABHI

NORFOLK AND WAVENEY

Population: 1.0M

- Link to plan
- **Lead:** Dr Wendy Thomson, Norfolk County Council

Focuses

- To provide services within budget – affordability is vital
- Closer and integrated working
- Sustainable acute (hospital) sector

NORFOLK AND WAVENEY (2)

Relevant considerations

- Hospitals to provide less simple care allowing a focus on more complex and specialist care
- One of the poorest performing footprints regarding IT connectivity
- Review to determine whether there is need to redesign A&E to relieve pressure on the three acute providers and examine a potential Ambulatory Care and Diagnostics Centre (ACAP) based in greater Norwich area

Financial gap by 2020/21

Healthcare: £317 M + Social care: £99 M = Combined: £415.6 M

The STP Envisages increased investment in primary (£15 M)

Capital funding required: £365.5 M

ABHI

SUFFOLK AND NORTH EAST ESSEX

Population: 900K

- Link to plan
- **Lead:** Nick Hulme, Ipswich Hospital NHS Trust

Focuses

- Hospital reconfiguration and transformation – Ipswich and Colchester Partnerships
- Collaborative working across commissioners – managed care
- Community based care through integrated out of hospital care

ABHI

SUFFOLK AND NORTH EAST ESSEX (2)

Relevant considerations

- The Trusts running Ipswich and Colchester hospitals advanced integration through merging to become East Suffolk and North East Essex NHS Foundation Trust*.
- Suffolk and North East Essex appointed as a second-wave ICS.
- Specialist commissioning team have planned a range of QIPP initiatives that will make efficiencies over the five years with focuses on neonatal review, spinal, medicines management, renal, chemotherapy – in 2017 the STP made more than £100 million in cuts*.

Financial gap by 2020/21 Combined: £248 M

Anticipated revenue transformation costs for each year to 2021 of £42.5 M

Proposed Savings of £237.2 M

*Mitchell, G. (2018). *NHS turns 70: Health chiefs outline challenges facing service*. [online] East Anglian Daily Times. Available at: http://www.eadt.co.uk/news/how-integration-and-technology-will-be-used-to-cope-with-nhs-pressure-1-5591849 [Accessed 26 Jul. 2018].

ABHI

HERTFORDSHIRE AND WEST ESSEX

Population: 1.4M

- Link to plan
- **Lead:** Tom Cahill, Hertfordshire Partnership University NHS FT

Focuses

- Acute hospital services partnerships
- Integrated primary and community services – Delivering the priorities expressed in the 'Five year forward view'
- Reducing demand for hospitals, relocate services from hospitals

ABHI

HERTFORDSHIRE AND WEST ESSEX (2)

Relevant considerations

- Aim to create an accountable care partnership in west Essex including “elements” from MCP and PACS models of care
- Aims to reduce unwarranted variation through standardization and integrated clinical pathways across the STP
- Development of a single health record
- Collaborative commissioning between the three CCGs on the patch

Financial gap by 2020/21

Healthcare: £297 M + Social care: £151 M = Combined: £548 M

Plan still leaves a total system gap of £101 M which is attributable directly to social care

Capital funding required: £328 M

ABHI

MID AND SOUTH ESSEX

Population: 1.2M

- Link to plan
- **Lead:** Dr Anita Donley, Independent Chair, Success Regime

Focuses

- Manage demand for healthcare – Online tools, face-to-face health-checks, personalized plans, shared records.
- Reconfiguration of acute services – Three hospitals working as a group, separate elective and non-elective care
- Build capacity outside the hospital – organise care around natural communities, optimise mental health

MID AND SOUTH ESSEX (2)

Relevant considerations

- Will be one of the four NHS Improvement 'Pathfinder' STPs
- Having a full time STP lead deemed beneficial with King's Fund suggesting this enabled a 'virtual structure'
- Network of 26 practice groups across mid and south Essex
- Proposed three different service delivery models which could be delivered in five site configurations

Financial gap by 2020/21

Healthcare: £407 M + Social care: £164 M = Combined: £571 M

Projected savings of £400

Capital funding required: £449.5 M

ABHI

NORTH WEST LONDON

Population: 2.0M

- Link to plan
- **Lead:** Dr Mohini Parma, Ealing CCG

Focuses

- Improve child mental and physical health and wellbeing
- Reduce unfair variation in the management of long-term conditions – diabetes, cardiovascular disease and respiratory disease
- Improve quality of life for those in the last phase of life

ABHI

NORTH WEST LONDON (2)

Relevant considerations

- First two years to be focussed on developing a proactive model of care and addressing the immediate demand and financial changes.
- Major hospitals to be networking with a specialist hospital, elective centre and two local hospitals
- Integrated digital system intended to proactively manage care closer to peoples homes

Financial gap by 2020/21

Healthcare: £1,113 M + Social care: £298 M = Combined: £1,411 M

Savings of £114 M estimated from moving care closer to home. Seeking early access to transformation fund to pump prime the new proactive care model.

Capital funding required: £435 M

ABHI

NORTH CENTRAL LONDON

Population: 1.4M

- Link to plan
- **Lead:** Helen Pettersen, join Chief Officer of five local CCG's

Focuses

- Mental Health
- Urgent and emergency care
- Cancer
- Consolidating specialities
- Enables: digital, workforce, estates, new delivery models and new commissioning arrangements

ABHI

NORTH CENTRAL LONDON (2)

Relevant considerations

- Plan to bring together funding used for GP LCS and the premium spent on PMS to establish one LCS contract framework across the whole of NCL
- Investment shortfall on top of transformation funding pump priming (£6 million 2017/18, £10 million 2018/19) of £3.3 Million for 2017/18 and £13.4 Million 2018/19 to implement the full ambitions.
- Risk that increased investment will be focused on meeting demand growth in short term, rather than funding transformational initiatives.

Financial gap by 2020/21

Healthcare: £876 M + Social care: £308 M = Combined: £1,184 M

Investment of £159m needed (further $21m by 2020/21) to deliver the digital strategy

Capital funding required: £542 M

ABHI

NORTH EAST LONDON

- **Population:** 1.9M
- Link to plan
- **Lead:** Jane Milligan, Tower Hamlets CCG

Focuses

- Improve specialised care by working together
- System-wide decision making model that enables placed-based care and involves key partner agencies
- Using infrastructure better

NORTH EAST LONDON (2)

Relevant considerations

- Plans to develop accountable care systems with integrated commissioning with Local Authorities and capitated budgets.
- Exploring creating surgical centres of excellence at each site
- Plans include devolution pilot schemes which explore the potential for integrating health services more closely with other public services with a pooled health and social care budget for Barking havering and Redbridge (BHR) and City and Hackney.

Financial gap by 2020/21

Healthcare: £578 M + Social care: £238 M = Combined: £816 M

Capital funding required: £500 M

ABHI

SOUTH EAST LONDON

- **Population:** 1.7M
- Link to plan
- **Lead:** Amanda Pritchard, Guy's and St Thomas' FT

Focuses

- Improving quality and reducing variation across both physical and mental health
- Developing sustainable specialised services
- Improving productivity and quality through provider collaboration

ABHI

SOUTH EAST LONDON (2)

Relevant considerations

- Majority of investment is in community based care showcasing the planned shift to primary and community care
- Whole system, pathway led approach to commissioning of services intended to reduce the number of people requiring specialised services
- Hope to drive down unit costs by leveraging combined purchase volume and to reduce price variation by adopting a category by category approach

Financial gap by 2020/21

Healthcare: £854 M + Social care: £242 M = Combined: £1,096 M

Proposed savings include £737 M

Capital funding required: £169 M

ABHI

SOUTH WEST LONDON

- **Population:** 1.5M
- Link to plan
- **Lead:** Sarah Blow, join Chief Office of five Local CCG's

Focuses

- Invest in more and better services in local communities
- Invest in estates to bring them up to scratch
- Improve standards to top tier

SOUTH WEST LONDON (2)

Relevant considerations

- Five CCGs will work under one accountable officer from 2018
- Modelling to argue for reducing five acute sites to four; but beyond the five year plan
- Pathway redesign for urgent and emergency care, mental health, maternity, children's care and care of the elderly
- Technology to assist care closer to home, such as virtual appointments as well as increasing remote monitoring and online services

Financial gap by 2020/21

Healthcare: £679 M + Social care: £149 M = Combined: £828 M

Proposed savings include £526 M

Capital funding required: £313 M

ABHI

KENT AND MEDWAY

- **Population:** 1.5M
- Link to plan
- **Lead:** Glenn Douglas, Maidstone & Tunbridge Wells NHS Trust

Focuses

- Local care – Better access to care and support in people's own communities
- Mental health – just as important as physical healthy
- Hospital care – excellent wherever it is delivered

ABHI

KENT AND MEDWAY (2)

Relevant considerations

- Eight hubs planned to provide more specialist and out of hours services
- Suggested consolidation in emergency and elective services PPCI, vascular, renal, head and neck, urology, hyper acute, stroke, haemat-oncology and gynae-oncology inpatient services
- Outsourcing of services to consider methods of collaborative working with organizations balancing sovereignty against cost and efficiency
- Site of Encompass Vanguard, comprising 16 practices operating as an MCP in east Kent

Financial gap by 2020/21

Healthcare: £441 M + Social care: £45 M = Combined: £486 M

Proposed savings include £527 M

Capital funding required: £75 M

ABHI

SUSSEX AND EAST SURREY

Population: 1.8M

- Link to plan
- **Lead:** Michael Wilson, Surrey & Sussex Healthcare NHS Trust

Focuses

- Urgent and Emergency care
- Frailty
- Primary care

SUSSEX AND EAST SURREY (2)

Relevant considerations

- Plan focuses on MCPs and partnerships. 20 care hubs
- STP comprised of three 'places' responsible for locally driving community and integrated care
- Development of new models of care and integrated pathways focused on intervention and supporting early discharge

Financial gap by 2020/21

Healthcare: £653 M + Social care: £212 M = Combined: £864 M

Proposed savings include £371.3 M

Capital funding required: £492 M

ABHI

SURREY HEARTLANDS

Population: 800K

- Link to plan
- **Lead:** Julia Ross, North West Surrey CCG

Focuses

- Secure buy-in for change and personal responsibility for health
- Achieve consistent clinical pathways and remove unwarranted variation via a Surrey Heartlands clinical academy

ABHI

SURREY HEARTLANDS (2)

Relevant considerations

- Devolution plans include integration of health into Surrey Country Council One Public Estate pathfinder project
- Suggests MCPs as a major saving
- Local trust and Surrey Downs CCG failed vanguard bid for EHC, focused on transformation of care for complex, elderly patients though is still committing its entire efficiency requirement for non-elective care in the Epsom area.

Financial gap by 2020/21

Healthcare: £451 M + Social care: £164 M = Combined: £615 M

Proposed savings include £307.6 M

Capital funding required: £100 M

ABHI

CORNWALL AND THE ISLES OF SCILLY

Population: 500K

- Link to plan
- **Lead:** Philip Confue, Cornwall Partnerships NHS FT

Focuses

- Prevention and primary care
- Clinical pathways, provider and commissioner reform.
  - Improving clinical pathways for specific patient groups
  - Specialist services and organizational reform to focus on the individual citizen
- Urgent and emergency care

ABHI

CORNWALL AND THE ISLES OF SCILLY (2)

Relevant considerations

- Much larger emphasis on working at scale through GP clusters and localities
- Plan calls for funding to cover potential amendments to terms and conditions.
- Majority of interventions that are approved will need further detailed design and appraisal work between February and June 2017. The Full business case will be approved in August.

Financial gap by 2020/21 Combined: £264 M

The STP will work with NHs England to ensure GP practices receive their share of the additional £2.4 B GPFV funding. The plan will deliver the GP forward view 10 high impact actions.

ABHI

DEVON

Population: 1.2M

- Link to plan
- **Lead:** Angela Pedder OBE, Royal Devon and Exeter NHS Trust

Focuses

- Ill health prevention and early intervention including mental health prevention in primary care
- Review high priority services and small/vulnerable services
- Integrated care model shifting resources from community to hospital and integrating health and social care
- Cost Effectiveness and productivity per head of population

ABHI

DEVON (2)

Relevant considerations

- Both CCGs exploring how specialised services can be commissioned differently to integrate pathways
- Commitment to invest in community, primary and social care services.
- Aim to achieve 2000 individual health budgets by 2018
- Additional resources required to implement the digital roadmap

Financial gap by 2020/21

Healthcare: £451 M + Social care: £106 M = Combined: £557 M

SOMERSET

Population: 500K

- Link to plan
- **Lead:** Dr matthew Dolman, Somerset CCG

Focuses

- Create and Accountable care system by April 2019
- Driving improvement in system wide financial and performance position with a focus on prevention to develop sustainable system
- Address clinical and financially unsustainable acute service provision

ABHI

SOMERSET (2)

Relevant considerations

- Importance of moving away from secondary care is extensively highlighted.
- Acute services are deemed clinically and financially unsustainable
- South Somerset Symphony project (PACS Vanguard site) has been widely used for financial modelling and several future outcomes are based on the Symphony model.

Financial gap by 2020/21 Combined: £596 M

'Do something' plans resulting in £308 M of solution surplus with an additional £37 M from indicative STF allocation 2020/21.

Capital funding required: £78.5 M

ABHI

BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE

Population: 900K

- Link to plan
- **Lead:** Robert Woolley, University Hospitals Bristol NHS FT

Focuses

- Standardise and operate at scale
- Develop system wide pathways
- Simply access to the health care system
- Build on existing digital work as a driver and enabler of cultural change

ABHI

BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE (2)

Relevant considerations

- Three core transformation portfolios : Prevention, early intervention and self care; Integrated primary and community care; Acute care collaboration.
- Phase one priority projects for acute care collaboration are effective care pathways, pathology, Weston, medicines, optimization, corporate services consolidation, urgent care, specialised services. Timelines included in the plan.
- Gloucestershire appointed as a second-wave ICS.

Financial gap by 2020/21

Combined: £305.5 M

Proposed savings of £138.9 M have been identified

Capital funding required: £60 M

ABHI

BATH, SWINDON AND WILTSHIRE

Population: 920K

- Link to plan
- **Lead:** Robert Woolley, University Hospitals Bristol NHS FT

Focuses

- Create locality based integrated teams supporting primary care
- Shift focus of care from treatment to prevention and proactive care
- Develop and efficient infrastructure to support new care models
- Better collaboration between acute providers

ABHI

BATH, SWINDON AND WILTSHIRE (2)

Relevant considerations

- Integrate primary and acute skill sets so that care can be delivered in the most appropriate setting
- Technological goals include e-consultations, secure record sharing across health and social providers, smartphone promotion for self-management and exploring anonymous data sharing.
- Six specialities have been identified of the three acute trusts for the first round of clinical review group workshops, based on sustainability concerns from one or more providers.

Financial gap by 2020/21

Healthcare: £240 M + Social care: £50 M = Combined: £290 M

STF is **£36 M** over three years. Service transformation expected to deliver **£260 M** of savings.

ABHI

HAMPSHIRE AND THE ISLE OF WIGHT

Population: 1.8M

- Link to plan
- **Lead:** Richard Samuel, Fareham and Gosport CCG, South East Hampshire CCG

Focuses

- Radical upgrade in prevention, early intervention and self-care
- Accelerate introduction of new models of care in each community
- Address issues surrounding delayed patient discharge
- Improve quality, capacity and access to mental health services

ABHI

HAMPSHIRE AND THE ISLE OF WIGHT (2)

Relevant considerations

- Acute trusts were working as an “alliance” to reconfigure unsustainable services and to “consolidate clinical support services for the population for southern Hampshire and the isle of Wight”
- The eight CCGs have established a commissioning board and commitment to collaborate fully on commissioning of acute physical and mental health services
- Digital infrastructure to give patients greater control of their information and manage long terms conditions in a way that better suits the individual

Financial gap by 2020/21

Healthcare: £719 M + Social care: £350 M = Combined: £1,069 M

Request for capital funds said to be ‘highly unlikely’ to be granted.

Capital funding required: £194.7 M

ABHI

GLOUCESTERSHIRE

Population: 600K

- Link to plan
- **Lead:** Mary Hutton, Gloucestershire CCG

Focuses

- Placed based commissioning and reset urgent care and 30,000 community model
- Reset pathways for dementia and respiratory, deliver the mental health 5 year forward view
- Reducing clinical variation
  - Choosing wisely medicines optimisation
  - Diagnostics review

ABHI

GLOUCESTERSHIRE (2)

Relevant considerations

- Priority to redesign the urgent care system including developing an urgent care digital platform to support ASAP online
- Developing place base commissioning approach for responsive and urgent care including developing 'urgent care centres' across localities to allow easier and quicker patient access
- Year one will focus on delivery of new pathways for respiratory disorders and dementia
- Requested NHS England support to progress the collaborative commissioning process

Financial gap by 2020/21

Healthcare: £190 M + Social care: £36 M = Combined: £226 M

Proposed savings include £157.5 M

Capital funding required: £130.8 M

ABHI

OUTLOOK FOR 2018

- Two legal challenges – fear of privatisation
- A more streamlined and strategic commissioning function, together with tactical commissioning by the provider holding the contract
  - What will be strategic and what tactical?
- Flexibility negotiated by ICSs in exchange for shared performance accountability and shared control totals in some areas
- Need for closer alignment between NHSE and NHSI
- NHSE recognised Trusts as natural hosts for ACOs – thus more collaboration between Trusts to be expected
- ACOs developing at different paces across the country, largely dependent on the quality of historical relationships as well as population size, geography and patient flow.

ABHI
HealthTech for Life

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