



# **The Berkshire West Accountable Care System: A New Model of Care**

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# The Context: County of Contrasts

- Berkshire West NHS serves a 500,000 population
- Mixture of urban/rural, affluent/deprived communities
- Population is both growing and ageing
- We are a high performing healthcare economy
- Has an innovative reputation in areas such as urgent care, stroke and community diabetes
- But the system faces major operational and financial pressures



# The Challenges:

- How to continue deliver quality care to a growing and ageing population?
- Living longer with complex comorbidities
- Advances in medical science mean we can do more for more people
- Service fragmentation causes problems in delivering better patient care and outcomes
- Financial platform is not sustainable with all providers and now the CCGs under increasing financial pressure

# The Barriers to Change...



- **Contracting and payment:** different payment mechanisms across the system inhibit the flow of money around the system. Requirement to balance annually
- **Regulation:** competing regulatory requirements impact upon joined-up care
- **Technology:** Lack of 'inter-operability' between health and care IT systems
- **Workforce:** Integration of care requires changes in existing roles, new roles and new employment models.
- **Empowerment:** supporting people to take-up greater responsibility for their own well-being

# New Care Model: The Accountable Care System



- To meet these challenges and overcome barriers, Berkshire West NHS is establishing an ACS
- CCGs and providers will work together to develop a new financial framework based on the Berkshire West £
- Money will flow around the system in a controlled way
- ACS will *rebalance primary, community and acute care* through system-wide transformation
- Clinical Strategic Group to drive *proactive care management*
- The three key tests for the ACS:
  1. Develop a **preventative model** of working
  2. Improve **patient experiences and outcomes**
  3. Deliver **financial sustainability** for the system

# Governance



- ACS Leadership Group – Chairs and CEOs, independent chair
- ACS management Group, CCG Chief Officer, DoFs x 3, exec x 3, Chair of Clinical Strategic Group
- Option for social care to incorporate in year 2
- Reporting via BW10 Integration Board

# The ACS Progress...



- Memorandum of Understanding (MoU) agreed between CCGs, RBFT, BHFT
- ACS Independent Chair Appointment process in progress
- Financial Modelling supported by PwC underway
- Analysis to understand patient flow across the system in motion
- 'Clinical' and 'Enabler' workstreams identified