

NHS DORSET CLINICAL COMMISSONING GROUP
GOVERNING BODY MEETING
WAVE 1 ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING

Date of the meeting	20/09/2017
Author	A Betts – Deputy Director of Transformation
Sponsoring Board Member	T Goodson – Chief Officer
Purpose of Report	The purpose of the report is to provide the Governing Body with the final Wave 1 Accountable Care System Memorandum of Understanding, to note the required objectives, management of collective resources and development of accountable care and to request approval of the recommendation to authorise the CCG Chief Officer (STP Lead) to sign the Memorandum of Understanding on behalf of NHS Dorset CCG and (subject to individual organisation consents) the Dorset system leaders.
Recommendation	The Governing Body is asked to note the Memorandum of Understanding and approve the recommendation to authorise the CCG Chief Officer (STP Lead) to sign the memorandum of understanding on behalf of NHS Dorset CCG and (subject to individual organisation consents) the Dorset system leaders.
Stakeholder Engagement	N/A
Previous Meetings/ Committee/s, Dates	Senior Leadership Team – August 2017

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> Sustainable healthcare services 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓

9.5

Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : AB

1. Introduction

- 1.1 As described in Next Steps on the NHS Five Year Forward View, nine STP regions were identified as having the potential to become England's first Accountable Care Systems (termed the wave 1 ACS sites).
- 1.2 The Dorset system partners (Royal Bournemouth, Dorset County and Poole Hospitals, South West Ambulance Services Trust, Dorset CCG, Dorset County Council, Borough of Poole Council and Bournemouth Borough Council) applied to be an ACS in June 2017 and were selected as one of the eight successful applicants for wave 1 ACS status on the 19th June 2017.
- 1.3 The ACS is intended to operate in 'shadow' form in 2017/18, becoming a 'full' ACS from 2018/19 if the right progress has been made. As part of the selection the members of the system are asked to sign up to a Memorandum of Understanding (MoU), setting out the agreement between the Dorset system and NHS England and NHS Improvement.

2. Report

- 2.1 The MoU has been shared by NHS England (Appendix 1) and outlines the expectations of the Dorset system over the coming 2 years to make rapid progress with delivery of the priority areas within the Five Year Forward View. In return the regulators will work towards managing finance and performance on a collective system wide basis and will assist in developing accountable care within Dorset with various flexibilities as outlined in the MoU.
- 2.2 The MoU does not have legal force but describes the agreement between the Dorset ACS partners and NHS England and NHS Improvement in order that they help each other to make the fastest progress. The emphasis throughout the MoU is for Dorset to plan and deliver services in an integrated way between health and social care based on local geography rather than organisational boundaries.
- 2.3 There is a clear requirement to deliver the forward view and maintain performance and financial control whilst developing the future Dorset ACS. The MoU describes four main objectives:
 - to make rapid progress in urgent and emergency care reform;
 - to manage within a system financial control total and maximise efficiencies;
 - to integrate services and funding over the ACS defined population;
 - to act as a leadership cohort for subsequent ACS sites.
- 2.4 There are commitments and flexibilities outlined in the MoU under the following main headings (see Appendix 1 for details):

9.5

- improving services – this section highlights the requirements for urgent care, primary care, cancer and mental health;
- managing collective resources – this section outlines the financial and system control totals and how this may work for an ACS alongside the efficiencies that are expected;
- developing accountable care – this section describes how national bodies are expecting ACS sites to integrate services locally and how national bodies will support that work;
- freedoms and flexibilities – this section explains some of the regulatory and decision making freedoms that come as part of being a wave 1 ACS and also provides a summary of the transformation funding that will accompany wave 1 ACS sites. It is important to note that this is largely based on existing CCG growth allocations over the 5 year period and requires further clarification. Section 3 'Flexible funding' could form the basis of a local transformation fund to develop ACS priorities, once formal assurance conditions and ACS status has been achieved;
- ways of working – this section describes in more detail how national bodies and shadow ACSs will work together to develop a pathway to full ACS status;
- reviews and checkpoints – this section describes how progress towards full ACS status will be assessed and some of the checkpoints and reviews that will be required.

2.5 To proceed in developing towards full ACS status, the STP leader will be required to sign the MoU on behalf of Dorset system leaders and progress with delivery of the requirements outlined within MoU.

3. Conclusion

3.1 The Governing Body is requested to note the ACS Memorandum of Understanding and **approve** the recommendation to authorise the CCG Chief Officer (STP Lead) to sign the memorandum of understanding on behalf of NHS Dorset CCG and (subject to individual organisation consents) the Dorset system leaders.

APPENDICES	
Appendix 1	Memorandum of Understanding for the Wave 1 Accountable Care System