

Appendix 2 – Key principles and characteristics of an ESBT Accountable Care Model

Key principles and characteristics of a local Accountable Care model	
1	Our evidence-driven, place-based models will firmly embed the first principle for us all of a prevention-led approach across the Sussex and East Surrey STP. The model will have a strong emphasis on population health promotion, prevention, early intervention and self-care and self-management to reduce demand for services and allow care to be delivered increasingly out of hospital and at the lowest level of effective care.
2	All health and social care services should be in scope – primary, local acute District General Hospital (DGH), community, mental health, social care and public health services for children and adults. Those that are ruled out will be by exception.
3	‘Whole person’ care needs to be supported by a whole population approach rather than segmenting or subdividing the population by conditions or age, and thus although delivery will normally be based around localities with populations of circa 50,000, accessing health and care should support patient choice and be consistently simple for patients regardless of where they access it.
4	The model will have a positive impact and deliver outcomes that are important to local people – both health outcomes and experiential outcomes. This includes involving local people in designing, commissioning and delivering outcomes.
5	The outcomes based contract and capitated budget will be sufficiently large to achieve the economies of scale needed to tackle each Place’s total funding gap, and establish an ongoing in-year budget balance.
6	There will be a focus on reducing the costs of commissioning and transacting the business, as well as avoiding the pathway fragmentation that undermines integration and adds in transaction costs through operating parallel models. We will seek to achieve our aims through collaboration in the way that we procure new models.
7	There will be a strong culture of whole system working on the ground that actively empowers staff to be able to ‘do the right thing’, putting patients’ and clients’ needs first within a single health and social care system covering primary, community, local DGH, mental health, social care, public health services, and independent and voluntary services where appropriate.
8	Our model will align incentives in order to inspire and attract health and social care professionals and offer maximum levels of clinical and staff engagement and leadership, embed system-wide organisational development.
9	The organisational forms in each Place will require collective leadership and have governance and operational mechanisms that enable learning and development to take place in stages to share and manage risks between commissioners and providers. This will lead to delivery of full Accountable Care models, as per the ambitions of the Five Year Forward View (FYFV), i.e. the fullest possible levels of integration and maximum ability to achieve the long term vision and benefit of a sustainable and affordable health and social care system.