



South London
Specialised Services
Delegation Programme



Plan



Pay



Provide

Commissioning delegation to ICBs

*Building the future model for
success*

An overview of rationale, changes, and process

JULY 2022

Introduction

1. The way we commission specialised services is changing – ICSs will soon be involved in commissioning the vast majority of specialised activity
2. The way these services are funded is changing – allocations will soon switch to population based funding, meaning the money follows the patient rather than the provider
3. ICS (Integrated Care Systems) are being formally established in July – we will start to refer to the ICB (Integrated Care Boards), who will be statutory bodies.

This is complex, and the first of a series of conversations. Today we will cover:

- What is changing
- The rationale for these changes
- ICS developments
- Our approach to transition
- The key financial changes
- Risks
- High level timeline
- Questions

Rationale | Why are specialised services being delegated?

The ambition is to improve health and care for our patients, populations, and communities through better collaboration.



Quality of patient care

Patients will have **better outcomes** as we strengthen **continuum of care links** and the **multidisciplinary approach**, with a greater **focus on prevention**.

Right care,
right time,
right place



Equity of access

Shared planning and **population based budgets** will encourage providers and commissioners to progress their **shared vision** for the **needs of their populations**

Addressing unwarranted variation and underlying drivers of health inequalities



Value

Working across the array of settings and organisations will allow us to address **demand** on services, **workforce**, and **investment**, creating a better, more **sustainable** health system.

Whole system approach to maximise care quality, efficiency and resources

Integrated care systems (ICs) | From July 2022

Statutory ICS

Integrated Care Board (ICB)

Membership: Independent chair; non-exec directors; nominations made by NHS Trusts, local authorities, general practice; an individual with expertise in mental illness
Role: The ICB is the statutory body replacing the CCGs. They allocate NHS budget and commissions services; produces five year system plan for health services.



Cross-body membership, influence and alignment

Integrated Care Partnership (ICP)

Membership: Representatives from local authorities, ICB, Healthwatch and other partners.
Role: The ICP is a partnership between the local authorities within an ICS catchment. Does planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services.

Partnership and delivery structures

Geographical footprint

System

Usually covers a population of 1-2 million

Place

Usually covers a population of 250-500,000

Neighbourhood

Usually covers a population of 30-50,000

Name

Provider collaboratives

Health and wellbeing boards

Place-based Partnerships

Primary care networks

Role

Mental Health Provider Collaborative, Cancer Alliances, South East & South West London Acute Provider Collaboratives.

Committees of local authorities that bring together a range of local health and care partners to promote integration. Responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy for their population.

Where a lot of the heavy lifting of integration will take place through multi-agency partnerships involving the NHS, local authorities and VCSE sector. Focuses on prevention, early intervention, improving outcomes and health inequalities.

Bring together general practice and other community providers to work at scale and provide a wider range of services. There are 74 PCNs operating across South London.

Overview | How will delegation happen? Which services?

NHS England will delegate the commissioning of many specialised services to ICBs from April 2023.

Process for determining suitability and readiness: factors of consideration

Analysis resulted in

Step 1: Suitable?

- Patient / clinical benefit
- Co dependent services
- Financial risk and volatility
- Number of providers

Step 2: Ready for 2023?

- Future technologies / innovations
- Provider landscape (patient flows, network arrangements)
- Commissioning infrastructure – governance, information sharing)

Suitable AND ready

65 services

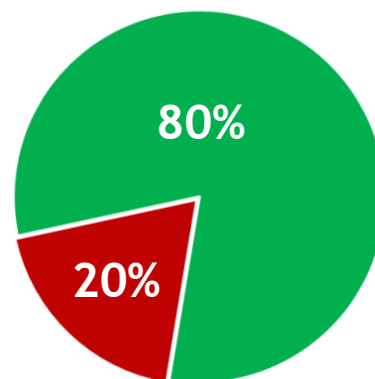
Suitable NOT YET ready

27 services

Neither suitable nor ready

81 services

Highly specialised services (HSS).
These complex services (low patient and provider numbers) will be retained nationally.



Services for delegation account for 80% of specialised spend

Step 3: Tiering

For the 65 services that are being delegated, we need to determine the right population for these services to be planned for:

- Individual ICS
- Multiple ICSs (e.g. South London)
- Region

Getting the balance right

The emerging approach is a balance between:

- retaining the benefits patients have realised from the introduction of national standards over the past 10 years, and
- enabling new ICSs and groups of ICSs to deliver those national standards in the most effective way for their populations

a) Retaining the benefits of defining “what” is commissioned, nationally

- **All prescribed specialised services must meet national standards** (ensure quality of care), the setting of which will be clinically led with engagement from ICS (including providers) and other key stakeholders.
- **Universal access to services**, regardless of where you live in England (i.e. an ICS can NOT decommission a service)
- **NHS England remains ultimately accountable** i.e. if an area is persistently failing to meet national standards or access policies and issues cannot be resolved locally, NHS England will step in to address/support local system

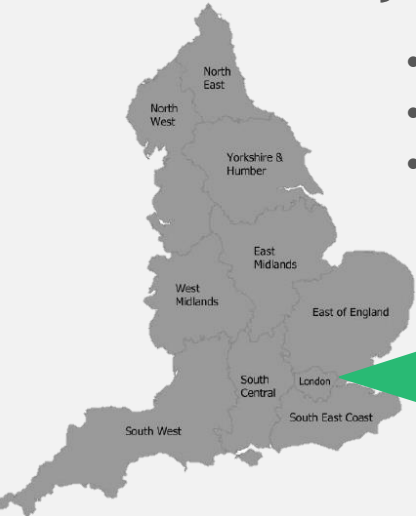


b) Enabling more freedom to determine “how” services are commissioned, locally and regionally

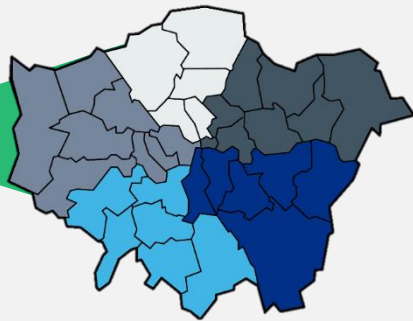
- Where they take on delegated responsibility, ICSs / groups of ICSs and providers will have much more **freedom to design services and to innovate** in meeting the national standards.
- ICSs / groups of ICSs and providers able to **pool specialised budget and non-specialised budgets** to best meet the needs of their population, tackle health inequalities and to join up care pathways for their patients
- ICSs and providers able to use the world class assets of specialised services to **better support their communities closer to home** (e.g. designing local public health initiatives, greater diagnostics and screening)

Key financial changes

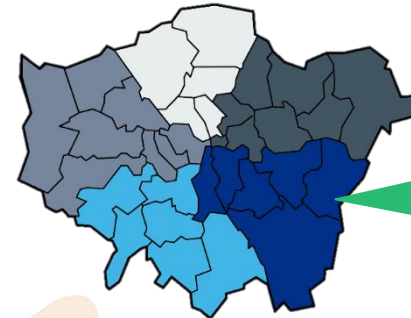
Currently



- Regional allocations
- Hosted basis (follows provider)
- Historic commissioner spend



Planned



- ICB allocations
- Population basis (follows patient)
- Historic commissioner spend (2023/24)

From 2024/25 will transition to needs based



NHSE recognises

- Need for simplicity in contracting and payment
- Financial risk must be managed appropriately
- Approach must align with ICB financial regime evolution

Areas in ongoing development

- Contracting
- Reporting
- Commissioning
- Accounting and cash flow

The South London Specialised Services programme has an active role in the transition design and future system.

Support for success

Clinical networks and wider infrastructure are in place to support the delegation of specialised services through transition and beyond.



South London specialised services programme

Take forward pilot areas to test the opportunities and risks on devolution to different ICS footprints, including KSS

Work with NHSE London Specialised Commissioning, ICS and ODNs to develop a safe devolution of specialised services in London

Engage with and influence the national future commissioning model programme to co-develop the framework for specialised services in ICS

Work with London region and ODNs to develop Network accountability, capability and capacity.

Support for networks and the system exists in the South London programme.



Clinical networks

Clinical networks bring together people and organisations across a **wide geography** and **organisational boundaries**, and so are well placed to take on a more central role within integrated care.

Whilst many have proven **track records of success** in pathway and quality improvements, there **exists variation** in their functions and objectives.

By **evolving and aligning networks** more closely, we can achieve economies of scale with consistency (data / analytics / BI, finance, communications).

Networks work across organisational and geographical boundaries - and will evolve for a broader remit.

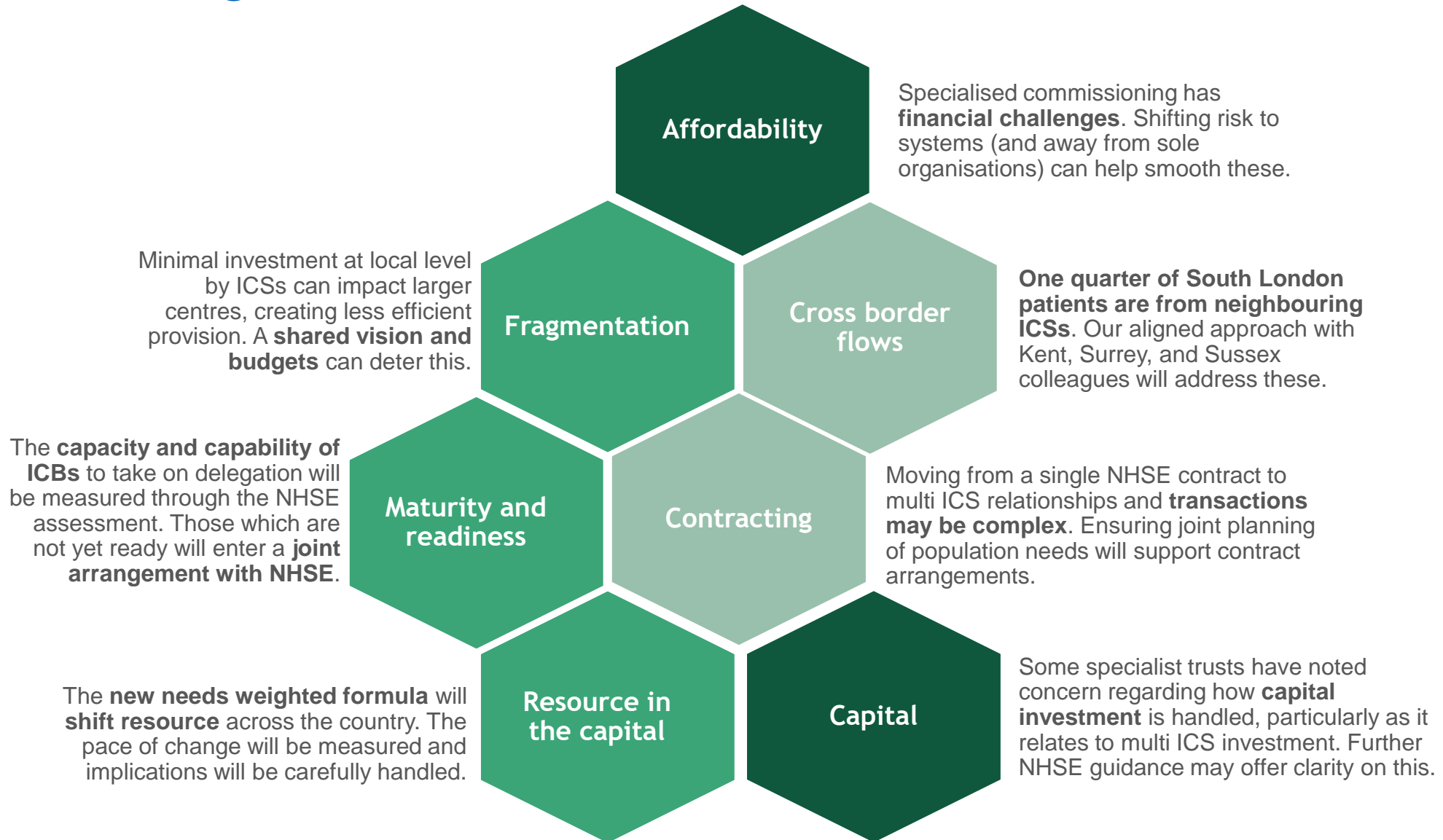
Nationally Mandated Specialised clinical networks

- Adult critical care
- Burns
- Cardiac
- Congenital heart disease
- Hepatitis C
- Major trauma
- Neonatal
- Neurosurgery
- Paediatrics (incl critical care, cancer and surgery)
- Radiotherapy
- Renal
- Spinal cord injury and surgery

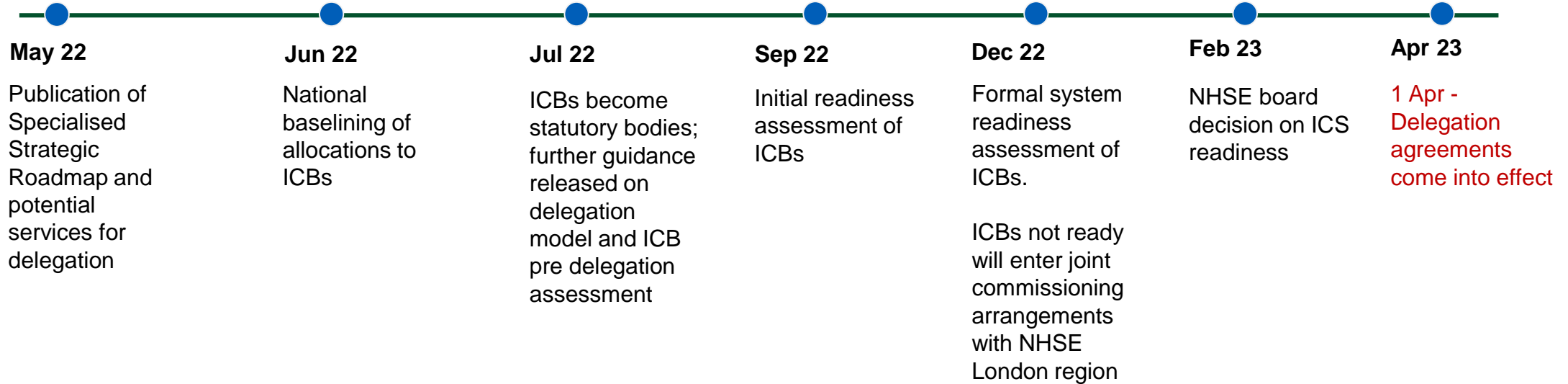
There are many other networks operating in South London hosted in a variety of organisations (Trusts, APCs and ICSs).

See appendix for detail.

Addressing risk: What are the areas for consideration?



Timeline for change



Our team | Contact us



Email us:

Lucie Waters,
Director South London Specialised Services
Lucie.Waters@swlondon.nhs.uk

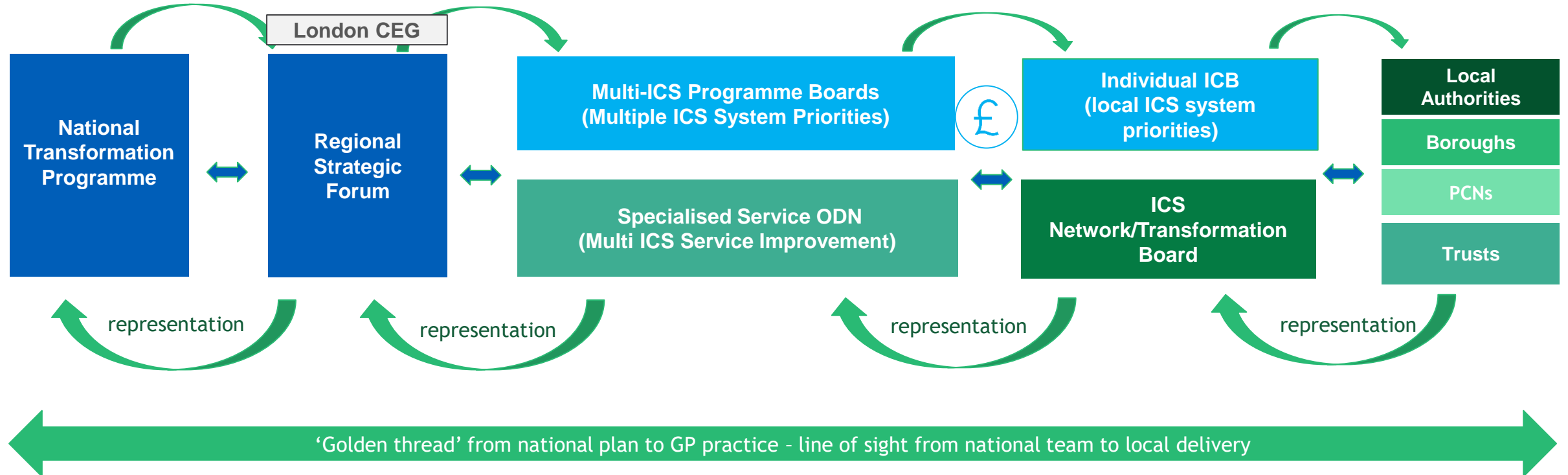
Kate Jones,
Deputy Director, South London Specialised Services
Kate.Jones@gstt.nhs.uk

FAQs | What would you like to know?

Appendix

1. Wiring diagram
2. South London (hosted) Networks

The 'Wiring Diagram' - Delivery of end-to-end Pathway Improvement



- **Setting national ambition** for service and outcome improvement

- **Holding all parts of the system to account** for delivery of service improvement (national plan, GIRFT, high impact changes etc)

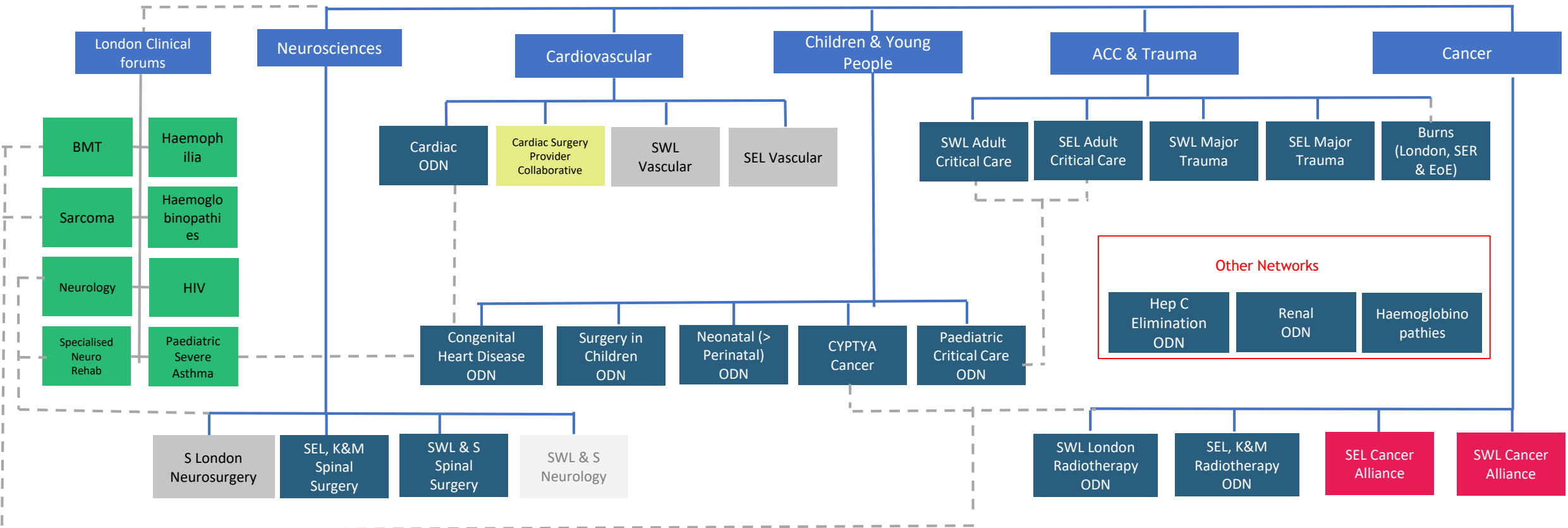
- Working with ICSs to understand and identify local priorities related to improving **secondary and tertiary care pathways**
- Working to implement national transformation plan ambitions
- Ensuring delivery of national service specifications for specialised services
- Multi-ICS decision making to identify resources to implement priority improvements
- Trusts working through ODNs for delivery of agreed specialised service priorities

- Using PHM to identify borough and ICS priorities for **prevention, primary care and secondary care**
- Working to implement national transformation plan ambitions
- ICB decision making to identify resources to implement priority improvements
- Trusts and ICS working through APCs and local Networks for delivery of local acute priorities

- **Delivery of early intervention, health promotion and prevention** initiatives to improve the health of the local population

South London Networks

Specialised Networks



ICS or APC based networks

SWL	SWL ENT	SWL Gynae	SWL Ophthalmology	SWL MSK	SWL Urology	SWL Gen Surg	SWL Cardiology	SWL Dermatology	SWL Stroke	SWL Neurology	SWL Pain Management	SWL Respiratory	SWL Community Rehab	SWL Rheumatology
SEL	SEL ENT	SEL Gynae	SEL Ophthalmology	SEL Ortho	SEL Urology	SEL Gen Surg	SEL Dental							