

South London Pathfinder programme

Demystifying delegation

Playbook | *Phase I*

July 2023

**South London
Specialised Services Pathfinder**

A partnership between
South London Office of Specialised Services and
NHS England

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Notes on this document

The Pathfinder programme was originally due to start in July 2023 and report in September 2023, with the intention to inform the ICB Pre Delegation Assessment Framework (PDAF) due in November 2023. As the PDAF submission has been brought forward to September 2023, the **Pathfinder programme board has been asked to provide 'early' feedback on the lessons learned to help inform system PDAF development over the summer**. As a result, the Pathfinder programme board is sharing lessons learned in two phases;

- Phase 1 – lessons learned and recommendations arising from the preparation for Pathfinder
- Phase 2 - lessons learned and recommendations arising from the implementation of Pathfinder and some resources to support systems in local adoption of some of the recommendations

This document is Phase 1, with the expectation that Phase 2 is published by the end of Q2 23/24. In each of the workstreams Lessons Learned there is a title slide where the objectives and success criteria are shown, **with highlighted lines** which have been the focus in Phase 1. This demonstrates that, despite a great deal of learning that has already taken place, this is very much an early report on the experience of Pathfinder so far with much still to come.

The document covers technical functions and is intended to be read by stakeholders within the NHS. It uses a certain amount of short-hand and terminology that is familiar within the NHS functions described – a glossary is included in the appendix. As is elsewhere covered in the document, the Pathfinder programme only covered finance, BI and contracting functions, not all elements of the commissioning cycle.

The messaging in the document is also focussed on simplicity and efficiency. This is not to deny the enormous complexity of the task, the difficulty of the context in which we are delegating specialised services and the many nuances related to specific services or providers. Most stakeholders are very aware of the difficulties in undertaking the delegation process. The focus is on simplicity is intentional, to try to demonstrate how looking at commissioning 'first principles', building on good practice that works across commissioners at the moment, helps to relate the delegation process to generally known and understood commissioning processes.

Lastly, the Pathfinder programme takes place in a specific context. The programme is focussed on two ICBs in South London with a combined annual spend in 22/23 of £1.1Bn (excluding high cost drugs and devices). The provider landscape comprises three tertiary hospitals and one specialist hospital. There are significant cross boundary flows with ICBs in the South East Region (with around 40% of specialised work inflowing to providers in South East London ICB and South West London ICB coming from Kent and Medway ICB, Surrey Heartlands ICB and Sussex ICB). Some detail is available in a further context slide and in the appendices, for information.

Key messages

Key messages

ICBs commission services for their populations to fulfil the triple aim of improving outcomes, reducing health inequalities and improving cost effectiveness. **At a conceptual level, the delegation of a specialised allocation to ICBs is very simple** – more funding is being added to the ICB allocation to commission a relatively small number of additional services for their population. This is core business for ICBs.

In practice, the commissioning cultures and practices in CCGs and now ICBs, and NHS England for specialised services, have developed very differently in the decade since the Lansley reforms and implementation of the 2012 Health and Social Care Act. In addition, some of the services in the national definition set have populations for commissioning far in excess of most ICB populations. **Reuniting the allocation, to ensure ICBs can deliver on the triple aim to the fullest extent for their populations, requires addressing these differences in culture and practice as well as a new approach to collaboration across populations.**

Fundamentally, however, there is no significant difference in commissioning a specialised service than any other care pathway, package of care or NICE guidance. There are **three key messages** from the learning in Pathfinder that may help the national and local systems adapt to the increasing role of ICBs and corresponding decreasing role of NHSE in the commissioning of specialised services from April 2024.

- **Successful delegation and integration of specialised services to ICBs depends on NHS England ‘letting go’ as well as ICBs ‘stepping up’.** ICBs will be accountable to NHSE for delivery of the national specification set for delegated services. In a context of significantly reducing management capacity in both ICBs and NHSE, ICBs should be able to demonstrate that accountability on a regular but not onerous basis; using data that is collected by ICBs for ICB usage and reported to NHSE (i.e. not separately collated) and acknowledging the current level of variability in service provision around the country (i.e. not be held to undeliverable expectations)
- **Significant and intensive partnership working is key across teams and functions in ICBs and NHSE** in order to develop a new, robust and shared approach to integrated specialised services into ICBs, while building resilient multi-ICB arrangements and retained NHSE commissioning functions
- **To achieve maximum integration potential, ICBs may want to review all commissioning functions (as in the commissioning cycle diagram) to incorporate specialised services into local structures and governance over time.** Most functions for most services can be incorporated into each single ICB. There are services where the planning **must** be done on a multi-ICB footprint. Some ICBs may **choose** to collaborate and provide more functions on a multi-ICB footprint but this is not necessary to deliver either the triple aim or the national definition set of specialised services.

We have also noted, in our work across regions, that implementation will vary by geography (reflecting different provider and population landscape) and time (reflecting different levels of system maturity) and that is entirely appropriate. ICBs will be accountable for delivery of the triple aim and the service specifications; how they do that will be locally determined. Many of the Lessons Learned and recommendations in this document reflect the London situation but, where possible, recommendations have been made generic to engage the widest possible audience.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Background and rationale

- National delegation context
- Pathfinder scope
- South London context

Delegation ‘Pathfinder’

The Roadmap for integrating specialised services within Integrated Care Systems (May 2022), set an expectation that Integrated Care Boards (ICBs) would take on greater commissioning responsibility for ‘suitable and ready’ specialised services from April 2023.

The ambition was for ICBs to take on delegated commissioning arrangements, subject to a system readiness assessment process. There was always a ‘back-stop’ of establishing formal joint working arrangements between ICBs and NHS England through statutory joint committees should full delegation not prove possible.

It became clear in late 2022 that ICBs across the country would be establishing joint working arrangements with NHS England from April 2023, rather than taking on delegated commissioning arrangements, due to several reasons including:

- ICBs being new organisations still establishing themselves in their own right
- Limited capacity and capability to take on new commissioning responsibilities in April 23
- Other system-wide challenges and resulting prioritisation of resource.

The preference now is for a ‘stepping together’ model - where all ICBs across the country establish formal joint working arrangements with NHS England for 23/24, with a view to stepping together again in 24/25 and all ICBs taking on delegated commissioning responsibility. This will require ICBs to identify the right multi-ICB footprints for specific services through 23/24.

NHSE specialised commissioning recognise that there are risks in £20Bn of specialised spend ‘stepping together’ from NHSE to ICBs without any testing. **The South London pathfinder programme is a response to these risks.**

There are flexibilities that exist within a joint working arrangement with NHS England to flex the role of ICBs to take on greater responsibility for finance, business intelligence (BI) and contracting transactional change. Therefore, this is an opportunity for NHS England to work with South London ICBs to **test elements of the delegated model during 23/24 in a safe and managed way to support the design and implementation from 24/25.**



Delegated services - the Pathfinder approach

There are 157 prescribed specialised services in latest version of [the manual](#). However, many of these services have multiple service lines within them (total 285).

NHSE have chosen to classify **service lines** into **blue** (hosted/networks), **red** (services that are not suitable and will remain nationally commissioned), **amber** (services that are suitable but not yet ready for greater ICB leadership) and **green** (services that are suitable for delegation).

NHSE's [board decision](#) determined there would be 109 green service lines, 57 amber, 105 red, and 14 blue.

Some prescribed services contain service lines with different classifications. For example, the service 'Adult Specialist Renal Services' has two green service lines, on amber, one red, and one blue.

Note that the recent board decision used the colour turquoise to refer to green services, but this has not been used in any following communications.

While the number of services looks similar between red and green services, the red (retained) block is a large number of small services, and the green block a similar number of much larger services.

As a consequence, the majority of the funding for specialised services sits in the green – to be delegated – category and will form part of the allocation to ICBs for 2024/25. In the two London ICBs, this increases the allocation for the population by around 15%.

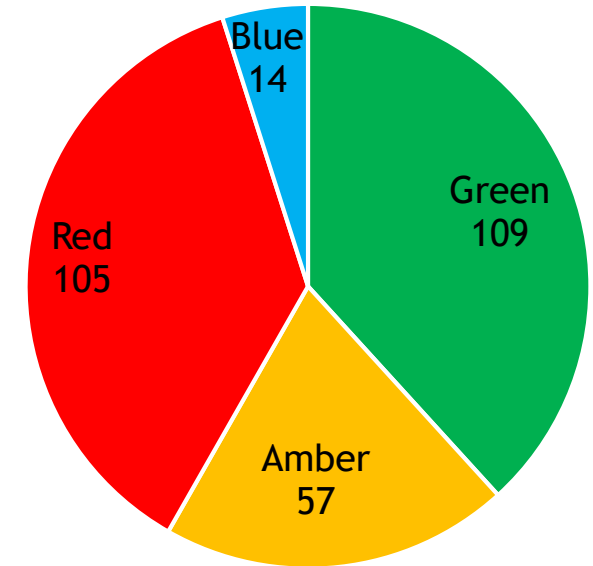
The scope of the pathfinder is all NHSE spend on **green** services at all NHS trusts providing services for the SEL ICB and SWL ICB populations – subject to the following exclusions;

- High Cost Drugs and Devices;
- Non-NHS and Independent Sector Providers;
- Retained Services (Red and Amber services, including all mental health);
- Clinical Networks;
- Transformation spend

The pathfinder has included Low Volume Flows (different to ICB LVAs) and ERF in the testing of finance, BI and contracting processes in 23/24

It should be noted that Pathfinder has been testing the finance, BI and contracting processes in advance of delegation. It is not 'advanced' delegation.

Service line classification



South London context

South London ICBs have a strong history of collaboration and 'system' working; in 2020/21, as part of the recovery from Covid, Chief Executives across provider and commissioner partners decided to invest collectively in a small central resource to address the risks posed by specialised delegation and make progress against the opportunities presented by delegation. A small team of around 4 WTE are funded across six organisations, with a collective governance through a south London specialised board.

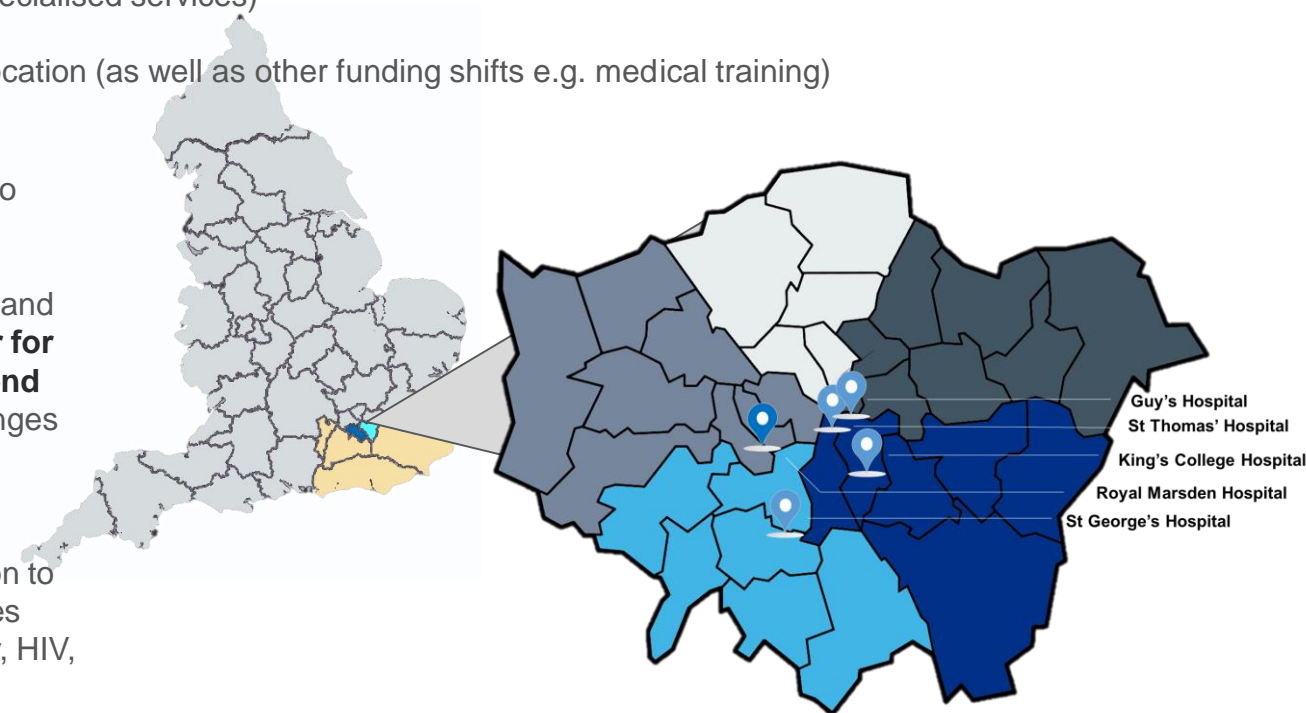
The context to this decision includes:

- Providers with some of the biggest spend on specialised services in the country
- A complex specialised services environment, with a significant minority (around 40%) of patients accessing the services in south London coming from out of London ICBs (predominately Kent, Surrey(s) and Sussex in South East Region)
- A busy provider landscape (three tertiary, one specialised trust, DGHs with specialised services)
- A challenging financial context for ICBs
- Concerns about the loss of funding to London arising from the changes to allocation (as well as other funding shifts e.g. medical training)

All six organisations agreed an aligned approach to the priorities of improving outcomes, reducing health inequalities and improving cost effectiveness, while also cognisant of the importance of service, provider and system sustainability.

An important note of context to the Pathfinder is a change implemented by NHSE and ICB contracting teams in 22/23 where **the ICB became the 'host' commissioner for the relevant provider contract for all spend, including NHSE specialised spend i.e. NHSE is an associate to an ICB led contract.** This makes subsequent changes to the funding flow to ICBs relatively easier to transact than if there had been two separate contracting processes in place.

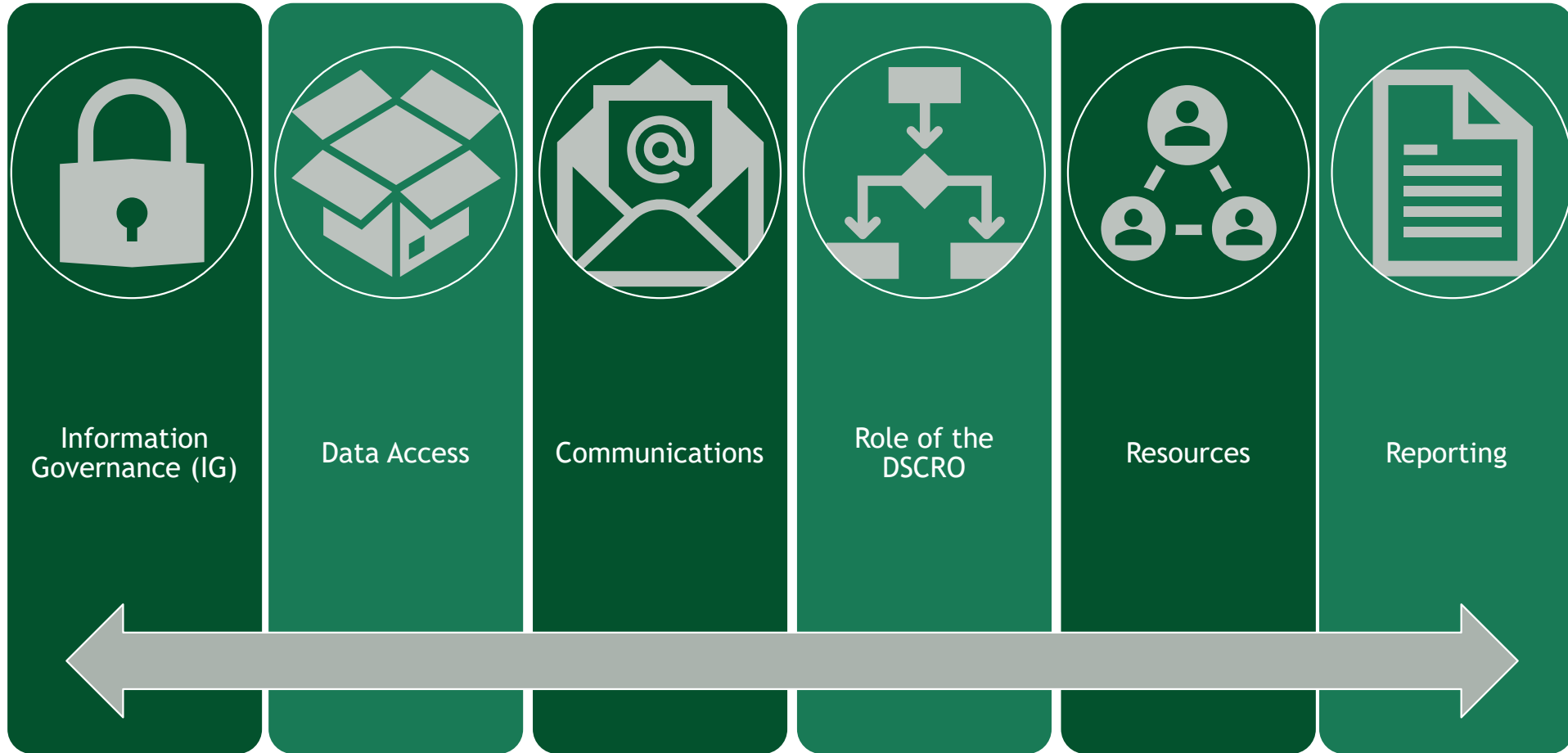
Pathfinder also takes place alongside significant workstreams across south London to test the opportunities for delegation, with transformation pilots to improve outcomes and cost effectiveness through end-to-end pathway changes in cardiac, neurology, HIV, sickle cell and renal services.



Workstream 1 - Data and transactional BI

Function	Objectives of Pathfinder	Success Criteria
Transactional BI	<ul style="list-style-type: none"> • Developing and testing data access • Alignment of specialised data with ICB data sources to create single data set • Triangulation with spend data and provider data sets • Application and monitoring of identification rules (IR) and correct allocation of ICB & service lines • Modelling actual ICB spend in relation to planned ICB budget • Calculating impact of future changes in allocations (i.e. shift to needs-based) • Liaising with Trust colleagues to validate assumptions from a data perspective • Designing reports and modelling tools as required • Supporting financial intelligence colleagues with in-depth data quality analysis • Development of specialised BI matrix team approach (ICB and hub) • Development of lessons learned document to inform 24/25 planning 	<ul style="list-style-type: none"> • A system with excellent visibility and understanding of specialised activity flows and finances • Joined-up data infrastructure within each ICS, to ensure a holistic view across acute and specialised services. • A BI resource at each ICS that can provide timely and reliable insight to finance, contracting, quality and other teams across South London. • Ability to build on solid foundations to identify unwarranted variation and integrate into local PHM approaches

Data/BI - lessons learned and recommendations



Data/BI - Information governance



Lesson learned

Specialised data flows have been activated without ICB IG clearance and ICBs may require a full Data Protection Impact Assessment (DPIA) to be completed.

Although the specialised data is an extension of existing SLAM, both South London ICB IG teams determined that a full DPIA needed to be completed. This is complex because a lot of the DPIA requirements are regarding the data processing before it reaches the ICB, which ICB teams are unable to set out.

Recommendation

ICBs should engage their local Caldicott Guardian and IG teams to ensure they are aware of the specialised data flows as soon as possible.

NHSE will simplify the process for ICBs going forwards by putting together an IG pack, which contains information about national data flows, NHSE's position regarding IG, how the ICBs are covered to receive specialised data, and contact details for the relevant IG staff members (see material section at the back of this document)

Lesson Learned

ICBs can only view data on their own patients/providers, however some specialised services will be commissioned on a multi-ICB footprint

Recommendation

A local data sharing agreement should be put in place across ICBs where there is a multi-ICB footprint or network arrangement, to enable ICBs to commission effectively for the population catchment for that service. NHSE could assist ICBs through this process by providing standardised documentation for ICBs to use.

Data/BI - Data Access



Data Access

Lesson Learned

ICBs' specialised SLAM data flows through a large number of organisations before reaching ICBs. This results in a lot of processing issues and uncertainty as to where errors occur. NHSE's view flows through much fewer nodes.

Recommendation

In the longer term, it would be beneficial for ICBs to have the same view of their specialised data as NHSE, and for some of the processing organisations in the middle to be cut out.

This may require a new contracting arrangement with DSCROs and clarity about whether the delegated services are treated as ICB services (through local DSCROs) or as specialised (through AGEM). **Pathfinder recommendation is through local DSCROs and a national view collated from local DSCROs**

Lesson Learned

SUS and SLAM are not the only relevant datasets for specialised services – ideally ICBs need to access other clinical databases (e.g. TARN)

Recommendation

NHSE should scope which registries and datasets are beneficial for the commissioning and quality monitoring of specialised services, and work with ICBs and DSCROs to make these available by April 24.

Lesson Learned

ICB of residence/registration are key data fields that providers need to complete in order to assign activity to specific ICBs. These fields have not always been completed accurately.

Recommendation

ICBs and regions to work with providers to improve the data quality of these fields before April 24

Data/BI - Data Access



Data Access

Lesson Learned	Recommendation
<p>ICBs may not be lead commissioner for all providers located within their ICB, causing data access issues.</p>	<p>As part of the delegation of specialised commissioning, the lead commissioner arrangements may need to be revised for an ICB lead commissioner to be identified for all providers, or another data workaround be put in place. Pathfinder recommendation is for ICB lead commissioner</p>
Lesson Learned	Recommendation
<p>Access to NCDR Portal reports for ICBs and providers has been difficult.</p> <p>Access to NCDR Portal reports is governed by a system of 'line manager' sign-off, but most ICB and Provider colleagues do not have a line manager with NCDR Portal access.</p> <p>Additionally, it is unclear which permissions need to be set in order to view the specialised reports.</p>	<p>AGEM needs to explain what permission groups need to be set for each type of user roles, and how to deliver access when an individual's line manager is not an NCDR Portal user.</p>

Data/BI - Communications



Lesson Learned	Recommendation
<p>Communications between national, regional and ICB/Provider BI and finance colleagues could be improved</p> <p>Letters/products/communications from NHSE (particularly National) often did not reach staff in providers and ICBs, resulting in confusion and lack of awareness of latest policy.</p> <p>Frequently letters would be sent out to only a select group of staff, meaning messages did not filter down.</p>	<p>National and Regional NHSE teams could ensure messages are spread widely to all relevant stakeholders, e.g. through increased use of Futures.</p> <p>A repository of national data resources and requirements for specialised commissioning could be set up.</p> <p>Specific national data webinars with BI and IG colleagues could be set up on a regular basis, including Q&A sessions through 24/25.</p>

Data/BI - Role of DSCROs



Role of the DSCRO

Lesson Learned	Recommendation
<p>Wider data landscape is changing during delegation - e.g. NHSE and DSCRO restructures. This could make it difficult to understand who is responsible for what part of specialised data, and staff are being asked to support delegation at a very uncertain time.</p>	<p>Given ICBs' reliance on NHSE regional and DSCRO BI teams to deliver delegation, ICBs should be kept up to date with any changes to the structure of the wider landscape, and supporting ICBs with the delegation of specialised services should be prioritised.</p>
Lesson Learned	Recommendation
<p>AGEM support is vital (for NCDR dashboards, processing of national specialised data, assisting with SLAM data quality issues), yet ICBs have no contractual relationship and limited contacts for support.</p>	<p>NHSE regions should provide a short-term bridge between ICBs and AGEM, to make introductions and pass on queries/requests for support. In the longer term, the role of AGEM in processing data for ICBs for delegated services needs to be determined (see Data Access recommendations) .</p>
Lesson Learned	Recommendation
<p>Both the local DSCRO (NECS) and the national DSCRO (AGEM) are processing the same provider data, sometimes in slightly different ways, leading to slightly different datasets.</p>	<p>Regional DSCRO should lead the collation and processing of provider data. If a national DSCRO needs to exist then they should be using the same data/templates/processing rules as the regional DSCRO, and not causing any duplication in tasks for providers or ICBs. (see Data Access recommendations)</p>

Data/BI - Resources



Lesson Learned

ICBs lack the expertise and capacity to undertake significant work to support delegation of specialised services.

BI resource in ICBs is often insufficient to cover even existing workload (due to vacancies), therefore the addition of specialised services data analysis would be very difficult without additional staff.

Recommendation

There is a recommendation for regions and ICBs to work collaboratively to establish how the capacity of the BI teams in the hubs can be best used to achieve NHSE requirements and the ICB triple aims.

It is likely that there will be a learning curve for ICB BI teams to become familiar with the specialised services and integrate into ICB reporting systems.

There should be an over-riding principle of efficiency, with as much reporting as possible moved off local databases and into core NHS coding and reporting formats.

Data/BI - Reporting



Reporting

Lesson Learned

Delegation may result in each ICB developing the same internal tools and analysis separately.

ICBs need to integrate specialised data into their existing data flows and structures, and tie in with existing reporting and contract monitoring, which will be done slightly differently in each ICB. This will result in all 42 ICBs spending time working on the same issues/products, rather than this being done at a national/regional level.

Recommendation

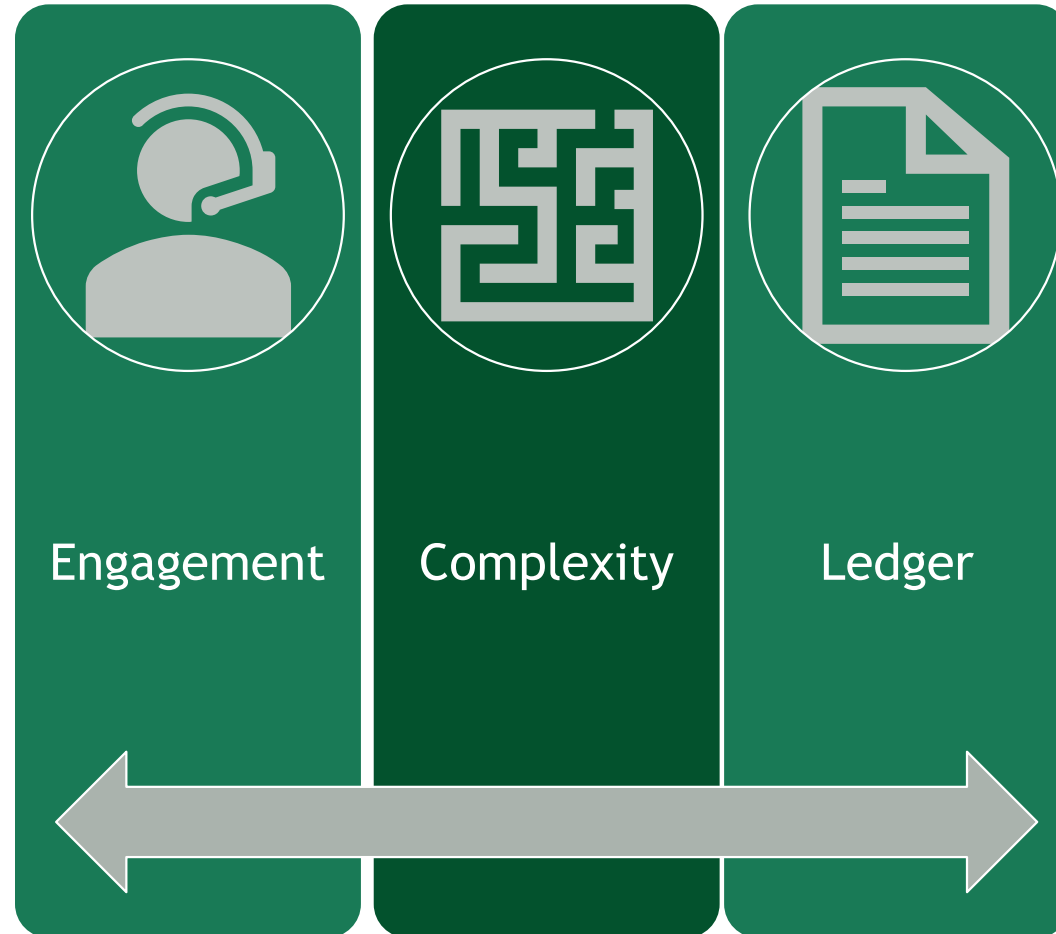
This is unavoidable to some extent – reflecting each ICBs different starting point and requirements - and is the nature of delegation. However, NHSE could provide a space to share reports/methods/products and lessons from each ICB's experience of integrating specialised data.

NHSE regional teams could design reporting tools and then share with ICBs, for them to use and tie into their own reporting.

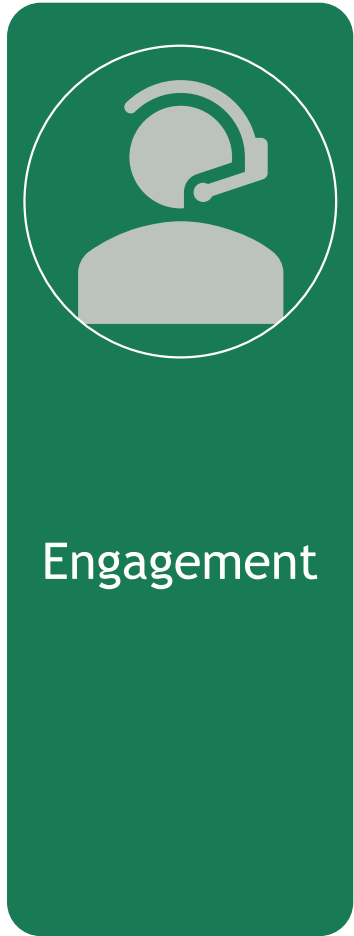
Workstream 2 - Finance

Function	Objectives of the Pathfinder	Success Criteria
Finance	<ul style="list-style-type: none"> • Planning and safe transition to ICB allocation on ledger • Testing of accounting, cashflow and other national SOPs. • Testing attribution of financial flows to populations • Development of specialised finance matrix team approach (ICB and hub) • Aligning finance and contracting approaches • Risk management - including understanding impact of allocation formula change • Preparing ground for transformation opportunities (including whole pathway costing) • In depth work across NHSE, ICBs and providers to test comparability of service line reporting and costing ('like for like') - feedback to NHSE re impact on rebasing • Preparation for and management of impact of EPIC implementation in three tertiary trusts in 23/24 • Development of lessons learned document to inform 24/25 planning across regions and ICBs 	<ul style="list-style-type: none"> • A low transactional cost system • A system with high levels of accuracy and timeliness • A process in which partners (providers, ICBs, regions, national team) feel engaged and recognise the final proposals for 24/25

Finance - lessons learned and recommendations



Finance - Engagement



Lesson Learned

There are many disciplines within a finance team and all parts of the team need an understanding of the process, timescales and impact of specialised delegation, including a modelling of how it will change roles and responsibilities

Recommendation

Early internal communication across finance departments helps mobilise the required support and ensures joined up conversations

Lesson Learned

The Pathfinder workstream started off in individual workstreams, with finance, contracting and BI colleagues from across systems (providers, ICBs, NHSE) meeting separately. This proved time-consuming and duplicative as the functions have significant cross over.

Recommendation

A multi-disciplinary approach to planning the delegation of specialised services, across functions and system partners, is the fastest way to make progress in understanding opportunities and challenges, and having one channel of communication

Finance - Complexity



Lesson Learned	Recommendation
<p>NHSE has identified indicative values for green and amber services which have been shared with ICBs in 23/24. It is understood that amber services – those not yet ready for delegation – will still not be ready by April 24. This presents a very complicated starting point for delegation in 24/25 with three separate funding streams - red (retained, national allocation), amber (ICB population allocation but held by regions) and green (ICB allocation), each of which will require a separate contracting route for 24/25.</p>	<p>The current ‘amber’ status indicates that a service is not ready for delegation. Pathfinder recommends that the <u>funding</u> for amber services is taken back into the national allocation (along with red services) until such time as the service is ready for delegation and the allocation can be distributed to ICBs.*</p>
Lesson Learned	Recommendation
<p>The Pathfinder workstream spent a lot of time working through the different arrangements for ICBs and NHSE in relation to small volume payments to providers (i.e. the difference between LVAs and LVFs – different guidance route, different thresholds, different payment mechanism, paid at different times).</p>	<p>There would be a significant efficiency gain if the contracting SOPs for specialised and ICBs for 24/25 aligned around a single mechanism for the making of small volume payments to providers.</p>

* **NOTE** – this is not a proposal to ‘remove’ the amber category, there is a clear and important rationale for these services going through the transformation process to be suitable for delegation. The recommendation relates only to keeping the funding as part of the national allocation until they are suitable for delegation so that there is maximum simplicity in the contracting environment for providers in 24/25.

Finance - Ledger

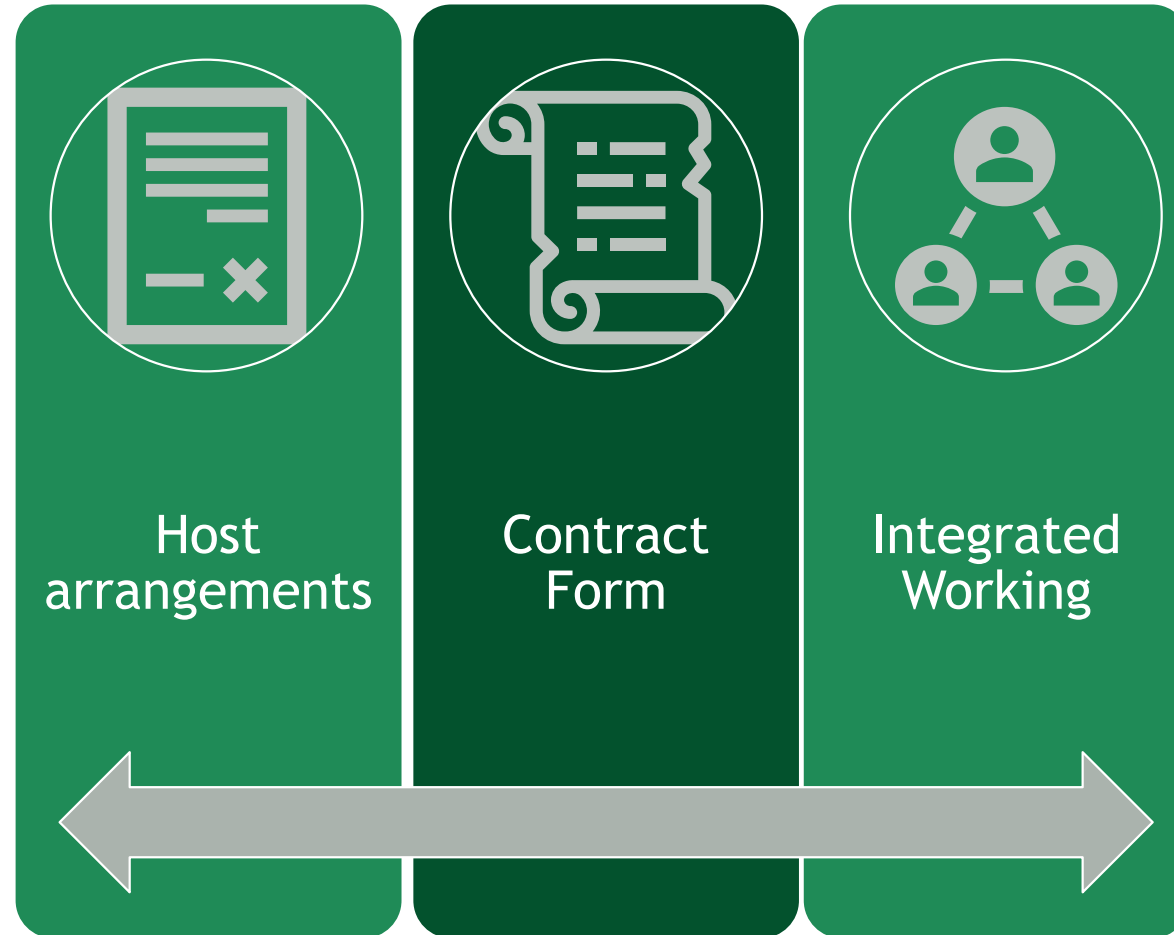


Lesson Learned	Recommendation
Ledger codes for delegation were not considered until funding was about to be transferred. Clarity regarding process and codes to be confirmed prior to going live	Formalise codes and processes with NHSE central team prior to delegation. Using ICB A1 code to distinguishes between place and other centralised spend.

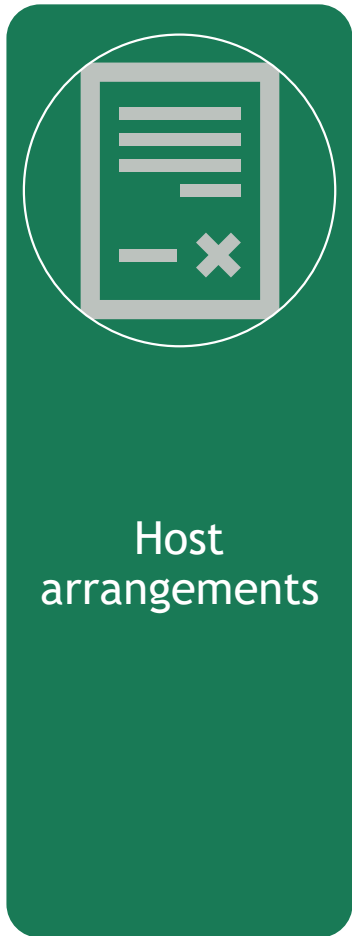
Workstream 3 - Contracting

Function	Objectives of the Pathfinder	Success Criteria
Contracting	<ul style="list-style-type: none"> • Agreed ways of working across organisations with accountable leads and workstream forums/ sub groups where required • Agreement of contract form, with defined schedules and legal Assignment • Engagement with key stakeholders and workstream interdependencies (especially Finance, Bi and Data workstreams) • Working with NHSE London Region contracting team to align seven regional associate contracts to SEL and SWL led host arrangements and co-designing contract models and CCA. • Establish process and implementation of testing phase. • Production of lessons learned document OR contribute findings to lessons learnt - agreement of measurements / milestones/ indicator that demonstrates success. 	<ul style="list-style-type: none"> • Agreed principle of contracting approach (GC12 for pathfinder, assignment of responsibilities rather than full delegation) • Integrated working across key NHSE Regions (i.e. SE) • Integrated working across BI, Finance and Contracting workstreams • A process in which partners (providers, ICBs, regions, national team) feel engaged and recognise the final proposals for 24/25

Contracting - lessons learned and recommendations



Contracting - Host arrangements



While working through Pathfinder implementation, it was decided that it was more appropriate to issue a contractual notice (GC12) to providers to assign the NHSE spend to flow through ICBs, rather than seek for ICBs to take on the full contracting responsibility when delegation had not taken place. As a result, the contracting lessons learned reflect observations about the contracting proposals for 24/25.

Lesson Learned	Recommendation
<p>The London system moved to ICB hosting the contracts for ICB and NHSE spend in 2022/23. NHSE was an existing associate to the contract hosted by the relevant London ICB. Early proposals for the integration of contracting for 23/24 saw NHSE move to become an associate to all London ICB contracts, inclusive of all services (Green, Amber and Red).</p> <p>Significant work was undertaken prior to Pathfinder to ensure alignment of contract schedules content and how these are used.</p>	<p>There are clearly Provider efficiencies and integration gains in moving to having NHSE as an associate to an ICB host. It is then a reasonably small step to move 'green' services effectively between schedules in the same contract.</p> <p>In addition, this significantly reduces complexity in ICBs accessing data for green services.</p> <p>Pathfinder recommends ICBs and NHSE regions look to implement an integrated contracting approach for 24/25, with ICB as host. This is key for delegation and for remaining (amber / red) services.</p>

Contracting - Contract Form



Lesson Learned

Pathfinder is a testing programme therefore following a scoping exercise, the contracting workstream agreed to apply General Condition 12 of the NHS Standard Contract for 2023/24. This enables to commissioning body (NHSE) to assign some or all of their responsibilities to another organisation without the need to formally agree with the provider or the requirement for a separate contract with providers.

Recommendation

Using GC12 reduced the impact of providers in regard to contract agreement part way through the year but enabled the testing of contracting responsibilities for finance and activity flows to be undertaken.

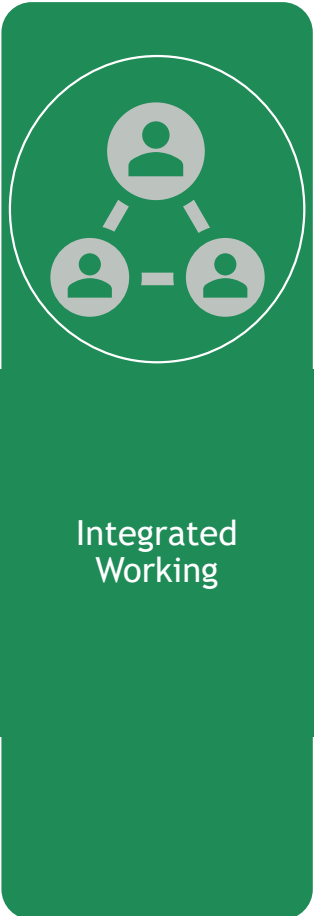
A Collaborative Commissioning Agreement or MoU should be in place to avoid ambiguity of roles and responsibilities, aid transition for providers and ensure continuity of care for patients.

Contracting - Integrated Working



Lesson Learned	Recommendation
<p>Having integrated working practices between ICBs, NHSE Region and NHSE national is key to success. Joint approach to commissioning enables great opportunity for pathway integration and transformation. Pathfinder has not been able to test this but has tested the foundations on which this can be build</p>	<p>Joint contracting meetings across the ICB with all hosted providers, NHSE and host ICB Joint Data Quality meetings across the ICB with all hosted providers, NHSE and host ICB Joint Finance meetings across the ICB with all hosted providers, NHSE and host ICB – system approach to allocation and contract values Green Services are treated similarly to other ICB commissioned services from a contracting perspective Strong communication with key associates – NHSE Regions (or hubs), ICBs CCA to be in place to ensure clarity of expectations from host and associates</p>
Lesson Learned	Recommendation
<p>The scope of pathfinder did not include contractual management. This has meant NHSE (London) are still managing Green Service lines in full.</p> <p>However, it needs to be articulated that contracts is more than technical management as contract leads take responsibility for relationship management and support delivery of key outputs.</p>	<p>Understanding of Contract Management needs to be broadened to encompass relationship and project/programme management.</p>

Contracting - Integrated Working



Lesson Learned	Recommendation
There are cultural differences between organisations (NHSE, SEL and SWL) and different ways of working. These differences impact working processes and need to be considered / understood when agreeing key outputs and timeframes.	Collaborative working across organisations is key – recommend that similar forums in place within SWL are established prior to delegation in SEL.
Lesson Learned	Recommendation
Need to establish good working relationships in order to succeed. Understand Provider landscape and scope of services to map engagement.	Open and transparent communication between all parties. Understanding of stakeholders within each ICB / organisation.
Lesson Learned	Recommendation
Specialised commissioning is vastly different to ICB commissioning in terms of services, values, pathways. There is a lack of knowledge overall about specialised commissioning. Through pathfinder, ICB colleagues now much more aware of specialised commissioning/ how this works.	Mechanisms should be in place to share learning and knowledge across organisations such as collaborative meeting forums.

Contracting



Integrated Working

Lesson Learned	Recommendation
<p>Pathfinder required additional resource than initially anticipated as many concepts were more complex than envisaged.</p> <p>There is a need to plan and understand from a contractual / co-ordination perspective what resource is required.</p>	<p>Across all workstreams, systems require additional resource to support pathfinder / delegation certainly during the 'onboarding' phase.</p> <p>Pathfinder has not – in Phase 1 – identified how to make optimum use of the matrix working across specialised and ICB teams which should contribute to more streamlined and efficient working in the medium term.</p>

Looking to the Future

Pathfinder Future Phases

This document covers the lessons learned from the first phase of Pathfinder development. Key milestones for the next phases of Pathfinder work include;

- **Formal sign off for the Phase 1 Lessons Learned document** – Pathfinder Programme Board, south London specialised services board, NHSE System Readiness Working Group and London Joint Committee (31st July)
- **Development of the Phase 2 Lessons Learned document – aim for end of Q2;**
 - Building on specific themes related to ‘vulnerable’ providers e.g. Children’s Trust, IS
 - Picking up issues related to payment schedules, provider engagement, API performance etc
 - Further development of optional models
- **Working through the rest of the Pathfinder objectives;**
 - Reviewing data submissions from Q2 to check ICB attribution
 - Triangulation with spend data and provider data sets
 - Modelling actual ICB spend in relation to planned ICB budget
 - Designing reports and modelling tools as required
 - Supporting financial intelligence colleagues with in-depth data quality analysis
 - Development of specialised BI matrix team approach (ICB and hub)
 - Development of specialised finance matrix team approach (ICB and hub)
 - Testing of accounting, cashflow and other national SOPs.
 - Risk management – including understanding impact of allocation formula change
 - Preparing ground for transformation opportunities (including whole pathway costing)
 - In depth work across NHSE, ICBs and providers to test comparability of service line reporting and costing (‘like for like’) – feedback to NHSE re impact on rebasing
 - Preparation for and management of impact of EPIC implementation in three tertiary trusts in 23/24

Glossary

Glossary

AGEM – See Arden and GEM

Aligned payment and incentive - API is a type of blended payment, comprising a fixed element, based on funding an agreed level of activity and a variable element, which increases or reduces payment based on the actual activity and quality of care delivered.

Amber services - Amber services include the 57 service lines considered to be “suitable but not yet ready for greater ICB leadership” as listed in the [NHS prescribed services manual](#).

API – See Aligned payment and incentive

Arden and GEM – The Arden and Greater East Midlands Commissioning Support Unit (AGEM) serve as a partner to NHS providers and commissioners, and provide data services, such as development of the NCDR portal.

DA – See delegation agreement

Data services for commissioners’ regional offices – DSCROs de-identify patient data before it is passed to the Commissioning Support Units (CSUs) who act as the data processors for ICBs. This is because commissioners are not able to receive identifiable data (except for a few specific circumstances). DSCROS provide an intermediary service that specialises in processing, analysing and packaging patient information into a format that commissioners can legally use.

Delegation agreement – The delegation agreement details the agreement made between NHS England and an integrated care board on specialised services delegation.

Data Protection Impact Assessment – A DPIA is the process to help identify and minimise the data protection risks of a project.

DPIA – See Data protection impact assessment

DSCRO – See Data services for commissioners’ regional offices

Green services - Green services include the 109 service lines considered to be “suitable and ready for greater ICB leadership” as listed in the [NHS prescribed services manual](#).

ICB – See Integrated care board

ICP– See Integrated care partnership

Glossary (cont)

ICS – See Integrated care system

IG – See Information governance

Information governance (IG) – How the NHS handles patient and sensitive information legally, securely, efficiently and effectively

Integrated care board (ICB) – ICBs are responsible for NHS services, funding, commissioning, and workforce planning across the ICS area.

Integrated care partnership (ICP) – ICPs are responsible for ICS-wide strategy and broader issues such as public health, social care, and the wider determinants of health.

Integrated care system (ICS) - ICSs bring together NHS, local authority, and third sector bodies to take on responsibility for the resources and health of an area or system.

Joint committee – Introduced in April 2023, this provided formal working arrangements for shared decision making between NHS England and ICBs across nine footprints, with a view to moving to delegated commissioning arrangements from 2023/25 (subject to system readiness assessment).

Joint working arrangement – Linked organisations exercising the functions of one or more of the organisations.

JWA – See Joint working arrangement

Multi ICB arrangements – MIA allows an ICB to form appropriate joint working arrangements with other ICBs in its patch.

MIA – See multi ICB arrangements

National Commissioning Data Repository - Consisting of two elements – a data warehouse to store national data and a reporting portal – the NCDR is considered the central data repository and provides a ‘single version of the truth’ to support commissioning. The NCDR portal is a web-based application primarily to support direct commissioning

NCDR – See National Commissioning Data Repository

PDAF – See pre delegation assessment framework

Glossary (cont)

Pre delegation assessment framework – The national NHS England process to assess ICB readiness for commissioning of specialised services, both as an individual ICB as well as part of multi ICB arrangements (see PDAF)

Red services - Red services include the 105 service lines considered to be “not suitable for ICB delegation and will remain nationally commissioned” as listed in the [NHS prescribed services manual](#).

Secondary uses services – SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Service level agreement monitoring – SLAM is contract monitoring data.

SLAM – See Service level agreement monitoring

SUS – See Secondary uses services