

Delegation of specialised commissioning: Programme overview

The South London Specialised Services Delegation Programme creates new **collaboration between providers and commissioners** of healthcare services and an end-to-end pathway approach for patients. Together, we are **planning, prioritising, delivering, and evaluating** service provision from local to specialist. This will create an aligned system that unites quality, safety, and efficiency across the entire patient pathway.

The South London programme includes:

Our Healthier South East London ICS
 South West London Health and Care Partnership ICS
 Guy's and St Thomas' NHS Foundation Trust
 King's College Hospital NHS Foundation Trust
 St George's University Hospitals NHS Foundation Trust

1. Currently NHS England commissions specialist providers directly to offer services for the whole population, whilst CCGs commission local services, contracting with providers for patients from a specific geography. This creates a **disconnect between local priorities and national agendas..**



3. Whilst significant transformation may be identified in one part of the pathway, it may require investment from organisations in a different part of the system. This means that **one organisation expends resource whilst another benefits in cost and efficiency savings.** With discrete parts of the system needing to balance their finances, incentivising this has historically been a challenge.



5. Extensive work into this proposition means that **South London is prepared with the structures and processes required** (planned and in development) ahead of delegation:

- South London Programme Board that links with London joint committee
- Alignment with Kent, Surrey, and Sussex
- Test bed pilots (cardiac, HIV, neurology, renal)
- Committed networks of care

Top 10 NHSE commissioned service lines by spend (£ million, 2019/20)

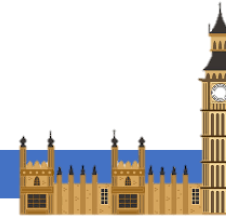
Specialised cancer	410
Neurosciences	161
Cardiac services	156
Renal services	135
Specialised mental health	74
HIV	67
Neonatal critical care	65
Paediatric medicine	48
Blood and marrow transplantation	48
Specialised surgery in children	46
Paediatric intensive care	40

2. NHS England specialised services are grouped into **six national programmes of care** (NPoC). Within each NPoC are several clinical reference groups to provide clinical advice and leadership.

- Internal medicine
- Cancer
- Mental health
- Trauma
- Women and children
- Blood and infection



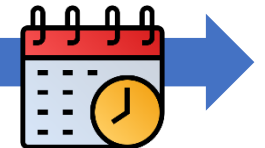
4. The Health and Care Bill will give statutory powers to ICSs from July 2022 to take on most specialised commissioning, creating an **end-to-end pathway perspective.** The new funding model, a move from a provider based to population based approach, will address this issue by **incentivising reduced costs and system working.**



Legislative and financial changes in the system provide the catalyst to integrate commissioning settings, aligning planning, delivery and funding for South London and bordering regions.

6. Timeline

- Feb 2021: Health and Care Bill introduced, proposing ICSs as statutory bodies with delegation of national commissioning decisions.
- Jul 2021: NHSE confirms intention for ICS commissioning from April 2022
- Dec 2021: New target date set for ICS statutory arrangements (July 2022)
- Apr 2022: Planning and delivery of commissioning begins (shadow form)
- Jul 2022: ICS become statutory bodies and joint committees and programme boards are established
- Apr 2023: Full (financial) commissioning delegation begins



Delegation of specialised commissioning: Rationale for change

The commissioning and funding landscape is changing, and South London ICSs and tertiary providers have taken the opportunity to work collaboratively to integrate specialised services and deliver an end to end pathway approach for patients. Together, we are developing a system that will oversee the safe transition of specialised services into ICSs and address many of the key issues we face today. Working through clinical networks and provider collaboratives, we will ensure services are planned, delivered, and funded appropriately across South London, Kent, Surrey and Sussex and beyond for the best possible patient outcomes.

Issue: Disjointed system

Different organisations commission various healthcare services. This hinders effective planning and delivery of end to end pathways, and contributes to fragmentation and disjointed pathways for patients.

Specialised services are seen as 'outside the system' locally. Risk is largely seen as a regional or national problem, and is not locally owned. This contributes to rising overspends against regional allocations.

Issue: Rising costs

Specialised services in South London have seen costs rising faster than commissioned budgets.

We want to deliver value based healthcare in spite of growing costs, delivering the outcomes that matter to our patients whilst appropriately managing our finances, enabled by a value based payment approach.

Issue: Perverse incentives

Resources are mapped on a provider (rather than population) basis and contracted at a regional level.

Opportunities for better patient care and increased efficiency are being missed in services where investment in end to end pathways would improve services at a reduced cost (such as community care in place of acute care, where appropriate).

This is especially relevant to pathways that cross ICS and regional boundaries. With nearly half of South London activity flowing in from neighbouring regions, we need a joined up approach that supports pathways within those areas, yet also takes account of service developments and potential changes in patient flow.

Issue: Allocations

Allocations are based on historical organisational cost, rather than a needs based formula.

There is no clear way of adjusting for inequality in resource allocation, in spite of the Long Term Plan requirement to reduce inequality in these services.

Enabler: System working

Covid-19 has highlighted the importance of specialised services within systems.

It has supported different clinical ways of working. Covid-19 increased the waiting lists for specialised services significantly. This will not be solved without further collaboration and financial flows to support this.

The opportunity to improve outcomes and experience is at the heart of this work.

- Whilst many patients of specialised services receive excellent care, the way patients access and experience care is not always consistent.
- We have an opportunity to do better for our patients by improving how we share information, join up care at all stages of the patient journey, and delivering care as locally as possible.
- We will consolidate care where this enables high quality, because we have a responsibility to ensure that our centres of excellence maintain the scale required for world-class care on behalf of local, regional, and national patients.

Enabler: Payment reform

The interim financial regime changes the way that money flows, so funding is less specifically linked to activity.

There is an imperative that the 2022/23 regime is fit for purpose and sets the groundwork for further reform.