



**South London**  
Specialised Services  
Delegation Programme

# South London Specialised Delegation Programme

## Background Briefing

FINAL VERSION 1.5

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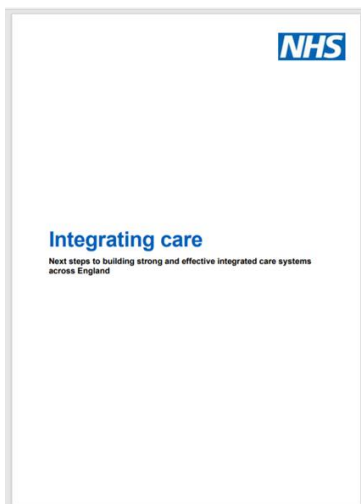
Guy's and St Thomas' NHS Foundation Trust  
King's College Hospital NHS Foundation Trust  
St George's University Hospitals NHS Foundation Trust  
Our Healthier South East London ICS  
South West London Health and Care Partnership ICS

# Introduction

This slide deck describes the programme approach being taken to the devolution of specialised services across the two South London Integrated Care Systems (ICSs). This brief outlines:

- The national **changes to specialised services**
- The **opportunities** these changes enable **for patients, Trusts and ICSs**
- Why **South London is working as a system** to respond to these changes
- How South London is approaching the transition to the delegation of specialised services and the **principles underpinning our approach**
  - Planning and Governance: The interim programme governance
  - Collaborative Delivery: The pilot projects we are undertaking to **test the opportunities**
  - Funding: How we are working to prepare for the new **financial model**
- The programme approach being taken, including the national programme and proposed **south London work programme for 21/22**

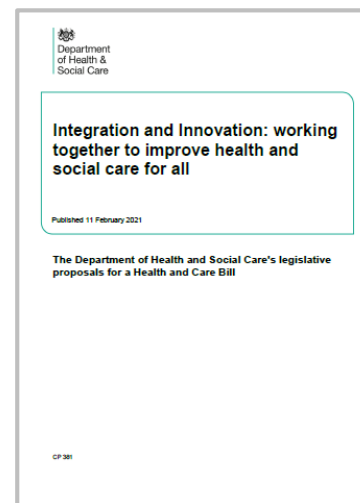
# Background | The integration agenda



[Integrating care: Next steps to building strong and effective care systems across England \(Nov20\)](#)

## Principles for future of specialised commissioning:

1. National standards & access to remain as statutory requirements regardless of where specialised services are commissioned
2. Accountability for a service should sit with most appropriate strategic commissioner (either NHSE&I or ICS), recognising that ICSs may need to pool their commissioning resources with neighbouring ICSs in order to meet their own accountabilities
3. Clinical networks and provider collaborations should lead service continuity and transformation to ensure optimal service provision for patients
4. Funding of specialised services will shift to population-based budgets from provider-based allocations



## Clarification issued in July 2021 stated that:

*The planning and delivery functions for specialised services will be managed through **Joint Committees of ICSs and NHSE/I region from April 2022.***

***Financial delegation for specialised services has been delayed until April 2023.** The financial year 22/23 will include shadow monitoring of specialised spend mapped to ICS population budgets.*

*Of the 150 services in the national definition set, **around 70 services will be delegated to ICSs** with around 80 (small, low volume) services retained for national commissioning. Final split to be published in December 2021.*

# Background | Rationale for the changes to funding flows

The current specialised commissioning financial regime is not the most effective model for delivering value for money, the Long Term Plan, and the direction of travel towards ICS and system financial management. There are five main reasons the national team have articulated that make up the case for change:

- 1 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 and therefore meeting the LTP requirement to reduce inequality in funding for these services.
- 2 Resources are mapped on a provider (rather than population) basis, and contracted at 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 within a geographical boundary at a reduced cost e.g. community care.
- 3 Specialised services are seen to be outside of 'the system' locally**  
Therefore financial risk is largely seen as a regional or national problem, and is not locally owned, contributing to rising overspends against regional allocations.
- 4 COVID-19 has highlighted the importance of specialised services within systems**  
It has supported different clinical ways of working (especially on critical care). COVID-19 increased the waiting list for these services significantly, which will not be solved without further collaboration, and financial flows will need to support this.
- 5 The interim financial regime has changed the way that money flows and broken the link to activity based payment**  
There is an imperative therefore that the 2022/23 regime is fit for purpose and sets the groundwork for further reform.

# Background | Why we are doing this: a collaborative system that delivers better specialised care for our patients

The South London system hosts internationally renowned hospitals that are committed to delivering outstanding specialised care to patients. However, we believe that there are opportunities to do better:

1

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

- Whilst many patients of specialised services in South London receive excellent care – how patients access and experience that care is not always consistent
- Care can be different depending where patients are referred from and to, and which clinician they see. Patients do not always get the right care in the right place as quickly as they should
- We have the opportunity to do better for our patients by improving how we share information, join up care at all stages of a patients' journey; and delivering care as locally as possible, but consolidating where this enables high quality care
- We want to deliver value-based healthcare: Delivering the outcomes that matter to our patients whilst appropriately managing our costs, enabled by a value-based payment approach

2

## There are a set of challenges that need us to work collaboratively across South London and beyond

- Specialised services in South London have seen cost growth rising faster than commissioned budgets – leading to a deficit gap of that is likely to continue to grow
- With nearly half of activity in South London flowing from neighbouring regions, we need to have a joined-up approach that both supports pathways within those areas, but also takes account of service developments and potential changes in patient flows
- We have a responsibility to ensure our centres of excellence have the scale to continue to develop world-class care in specialised areas on behalf of local, regional and national patients

3

## The national and local landscape means that we are well primed for transformative change in Specialised Services

- National direction is shifting towards population-based budgets and delegation of Specialised Services funding to ICSs
- There is strong local commitment towards working in a more collaborative way
- We are developing new collaborative structures that we can build from (e.g. Acute Providers Collaboratives, ICS forums, Operational Delivery Networks etc.)
- There is stronger clinical collaboration across South London as a result of Covid-19 response

# Background | Why we want to work as a South London system

**We are looking to plan our services on a South London footprint**—incorporating South East London and South West London ICS areas, along with neighbouring ICS areas in Kent, Surrey and Sussex

- We believe that by planning services across this footprint, we are able to use our resources most effectively to deliver the best possible care for patients

**There are some services where we deliver care across sites in both South West and South East London**

- For these services, we can take the opportunity to work closely together and learn from each other e.g., sharing best practice and collaborating to manage capacity
- We can also use our scale to use our resources better—for example, by jointly procuring specialist medical supplies and equipment
- We are already working across this footprint in a number of areas through our local Operational Delivery Networks (e.g., Cardiac, Renal, Paediatrics, Neurosciences)

**Services should be locally delivered wherever possible**

- Some services, such as dialysis, are delivered close to home; others in a ‘shared care’ arrangement. In these areas, whilst we will continue to share best practice, we should ensure planning and delivery is managed as locally as is appropriate

**Services may be delivered centrally where necessary**

- Many areas are so specialised that services either are, or may, be consolidated at one site across South London
- This means that the patients for these services are drawn from across South London, South East England (and beyond). Being able to plan across a wider footprint means that we can ensure that specialised care is effectively joined up with more local care for patients who travel to one of our specialised centres

**Even where services are co-ordinated and planned on a South London basis, it is still important that delivery within individual ICS footprints is co-ordinated** – for example, through local APCs or other collaborative approaches

# Principles | Underpinning our approach to transition

Our core principle  
**Work in a collaborative way to secure the best possible patient outcomes**

Track and report a minimally sufficient set of health outcome, performance and quality metrics

Encourage a culture of continuous improvement

Reduce complexity and bureaucracy to create more time to focus on patients



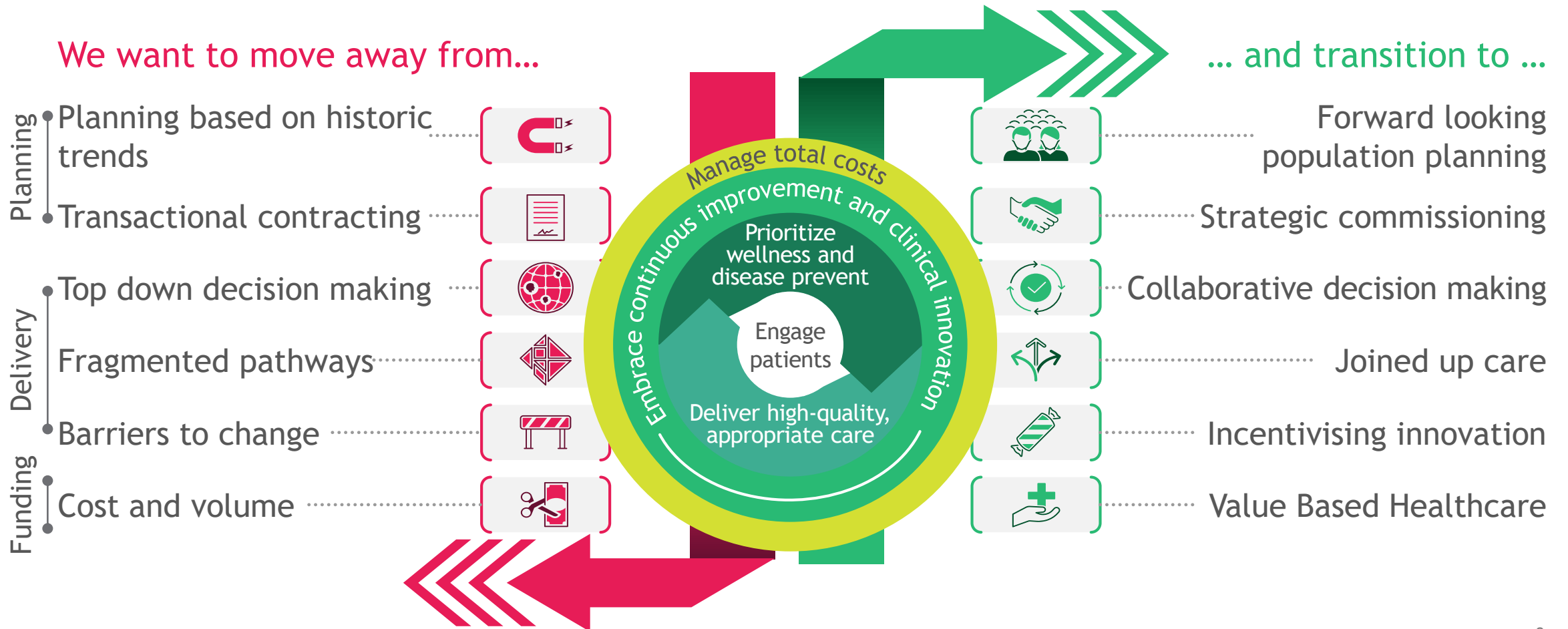
Plan and deliver care around natural patient pathways and population footprints

Share risks and rewards; financial transparency and sustainability

Adjust delivery models and offers to address specific population needs

Be comfortable with “system of systems” solutions, rather than one size fits all

# Principles | Transition from old ways of working to a population based approach





# Functions | What do we want to be different in the future model



## Planning and Governance



## Collaborative Delivery



## Funding

PRESENT

Prevention, diagnosis, acute treatment, chronic management and Specialised Services planned and commissioned by different organisations working in silos with plans based on different historic views resulting in **misaligned priorities**

Some patients have multiple touchpoints across multiple organisations for the same condition. **Limited opportunities for services to leverage technology and innovation to join up care**

Funding approach provides limited incentives to reduce cost through innovation **Growth in specialised budgets outstrips funding available leading to deficits and service disruption or stagnation**



Mr Wu, 68yrs  
Type II Diabetes  
End stage renal failure  
Receiving dialysis



Mrs. Jagathesan, 74yrs  
Complex cardiac history awaiting TAVI, lives far from Cardiac centre



Miss Jones, 19yrs  
Rare neurological disorder  
Waiting for multiple diagnostics

FUTURE

All organisations across whole patient pathway working under a single planning structure with **aligned incentives** and plans based on a single forward view of population needs

Minimal touchpoints built around the needs of the patient. Mrs Jagathesan can attend local hospital for pre-assessment ahead of his surgery. **Barriers to collaboration removed and services able to innovate in join up pathways**

Care funded in networks on population basis and with local organisations working together to set and manage budgets incentivised to innovate and save costs, **leading to sustainable systems.**

Miss Jones receives co-ordinated diagnostics through a SPA, reducing OP appointments and enabling faster diagnosis and treatment.

# Functions | What will we see that will be different in future model



## Planning and Governance

April 2022

Governance needed when NHSE London no longer directly commissioning Specialised Services to ensure services continue to best meet the needs of patients

- Agreed to establish an **interim Programme Board** to see the development of the S London programme until the joint committee/s are established

Collaborative discharge of planning functions

- Guidance directs that ICS and London region will **jointly manage the planning of specialised services** through 22/23 with a joint committee (footprint TBC)

Right level for planning (i.e. ICS vs multi-ICS vs Region) to ensure access for the entire population

- Work ongoing to **determine the level for planning** (i.e. ICS vs multi-ICS vs Region)
- Will need to be **clearly linked to existing system governance** (e.g., APCs, ICS, ODNs) and support cross-regional flows



## Collaborative Delivery

April 2022

Appropriate collaborative provider structures by specialty

- Work with London Region, ICS and Networks to **determine the appropriate footprint / tier for service delivery**

Service design and delivery at population level across whole patient pathways

- **Pilot transformation ambitions** in four specialty areas

Mechanisms to promote clinical collaboration, operational excellence and innovation

Strengthened clinical networks that drive change and link directly into operations and planning

- A review of network across South London has shown many diverse arrangements within and across ICS.
- Work in train for April 2022 includes proposals for alignment of network capacity to **improve resilience and alignment**



## Funding

April 2023

Value-based funding across population footprint

- Robust **understanding of cost** across South London providers, to support effective decision making

Strategic block contacts; part of broader CCG/Trust contracts (minimally sufficient)

- Agreements to ensure appropriate **sharing of risk and reward** between providers; across ICS'; with NHSE

Shift to **funding based on pathways and patient populations** rather than specialities and sub-specialities

- Specialty delivery plans to ensure **aligned incentives**

ICSs to take "**delegated**" control of NHSE commissioned services spend

- Shadow monitoring through 22/23, with indicative population budgets in place

# Planning and Governance | In development



## Planning and Governance

### South East Region

*(intent to co-develop governance with Kent, Surrey and Sussex ICSs for shared population)*

Joint Committee arrangements may operate on an ICS, North/South or whole London basis.

### Pan London Regional Governance (TBC)

### South Thames Specialised Services Interim Programme Board

Acute Provider Collaboratives

### South Thames Transition Steering Committee

### South London Specialised Services Programme Team

Network development

PPI and Communications

Programme Delivery

Finance

Data & BI

### Clinical leadership

*(Clinical Networks)*

- Existing networks feeding into programme
- Related networks of collaboration

### Cardiac

### Paediatric

### Neurosciences

### Renal

Vascular

Major Trauma

Adult Critical Care

Viral Hepatitis

Spinal Surgery

Burns

Radiotherapy

Other Networks NOS

# Delivery | Clinical pilots to develop and test the integration potential



## Collaborative Delivery



### HIV

- South London services in all Trusts (incl. DGH)
- Open access rights mean significant cross region and ICS flows linked to patient choice.
- Looking to establish a south London Network
- Reduces fragmentation in the commissioning landscape
- Opportunity for a wider strategy on screening for blood-borne viruses such as Hepatitis.



### Neurology

- Patient and activity flows contained at ICS level
- Opportunity for network development
- Planning footprint will span 2x ICS and 2x Commissioning Regions
- Opportunities to deliver care closer to home.



### Renal

- Mix of pan-London flows (transplant) and ICS contained activity (dialysis)
- Planning footprint will span at least 3x ICS and 2x Commissioning Region
- Opportunities to improve patient experience



### Cardiac

- Pan-ICS patient and activity flows
- Mature network providing a strong basis for enhanced collaboration and service delivery.
- Planning footprint will span 6x ICS and 2x Commissioning Region
- Opportunities to ensure all patients have access to new and innovative treatment modalities.

Delivery footprint

South London

SWL and Surrey Heartlands

South London and Surrey Heartlands

South London, Kent, Surrey and Sussex

# Funding | South London Specialised Finance Working Group



- A South London Specialised Finance Working Group has been established across the three tertiary hospitals and two ICSs in South London, chaired by Martin Shaw (CFO, GSTT), with membership from trusts, ICSs and CSUs (both finance and information)
- The work of the group is fed back through the SEL and SWL CFO meetings to ensure there is engagement with all providers of specialised services (including the RMH)
- The first two meetings have concentrated on;
  - **Pan London activity and finance flows;** NCL have taken the lead on development and iteration of a single pack to create 'one version of the truth' in relation to London specialised finance and activity, using F/Y 2019/20 as the baseline
  - Significant work is ongoing to ensure there is a reconciliation to provider and ICS control totals
  - **Engagement on future specialised financial flows;** the London specialised finance team have presented the national proposals on future specialised funding arrangements to the South London Finance Working Group. Detailed feedback is being worked up through identified leads for the closing date in September.
  - **Risks;** the identification and mitigation of the significant financial risks of transition will be a key focus of work going forward

# Summary

This slide deck describes the programme approach being taken to the devolution of specialised services across the two South London Integrated Care Systems (ICSs).

The ICSs comprise all commissioner and provider organisations within the footprints of Our Healthier South East London (SEL) and the South West London Health and Care Partnership (SWL). The three tertiary trusts – Guys and St Thomas', King's and St George's – are co-sponsors of the programme to manage the devolution of specialised services into ICSs in a phased approach from April 2022.

These slides reflect the national approach to devolution and outline the proposed work programme for 21/22 namely:

- Working with NHSE London Specialised Commissioning and the Operational Delivery Networks (ODNs) to **create a common South London ODN accountability framework**
- **Identify, agree and take forward pilot areas** to test the opportunities and risks on devolution to different ICS footprints, including those with Kent, Surrey, and Sussex ICSs
- Working with NHSE London Specialised Commissioning, ICSs and ODNs to **develop a programme approach to the safe transition/devolution of all specialised services in London**

This briefing is part of a communications approach which aims to inform stakeholders across South London about the changes to the organisation of specialised services and to provide a regular update on progress through to April 2023.

# South London Specialised Services Programme Team

Dedicated role

Matrix role

Evolving team

## South London Specialised Services Core Steering Group

Jackie Parrott (Chair/GSTT)   Suzanne Marsello (SGUH)   Julie Lowe (KCH)   Sarah Cottingham (SEL ICS)   James Blythe (SWL ICS)

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### South London Specialised Services Finance Working Group

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Andy Stephens (SGUH)

Helen Mafuire (RBH)

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