

Specialised commissioning within our emerging ICS



Place based planning



Health and wellbeing

- Bringing together the specialised and non-specialised budgets for the whole care pathway has the potential to reduce avoidable ill-health by being able to make decisions on where to invest the totality of resource including in preventative interventions where appropriate.



Care and quality

- Separate commissioning of different elements of a care pathway can result in poor patient experience, for example through delays in access, and sometimes in outcomes for example in a lack of continuity of care.



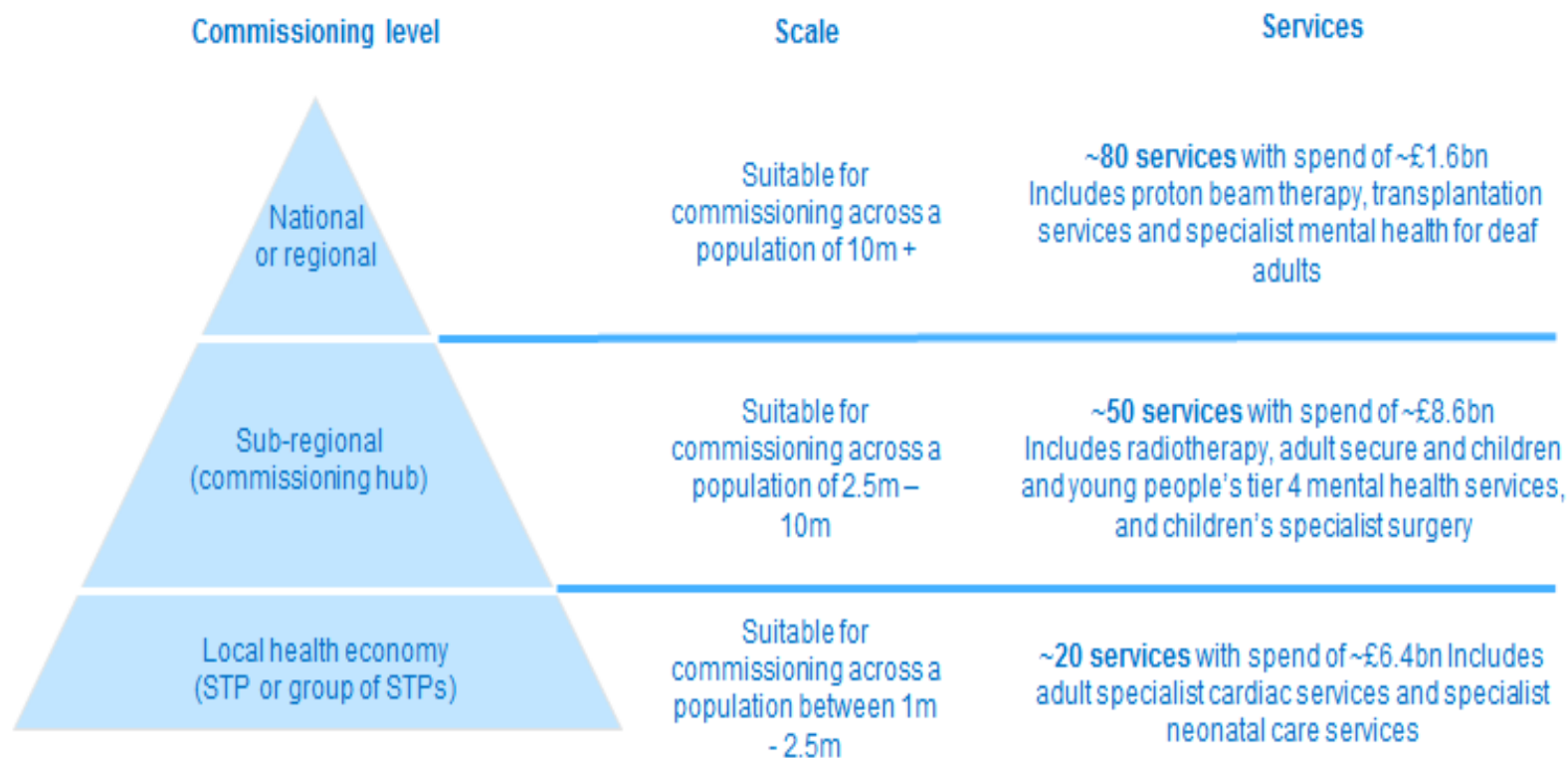
Funding and efficiency

- Greater collaboration between commissioners and between commissioners and providers is likely to result in greater system efficiency. Financial incentives may be needed to support commissioners and providers to maximise value of our finite resources.

Place-based planning means designing and commissioning specialised services in a way that helps join up care and improve patient outcomes and experience.



Services and the potential for place based commissioning



Place based commissioning and implementation with ICSs

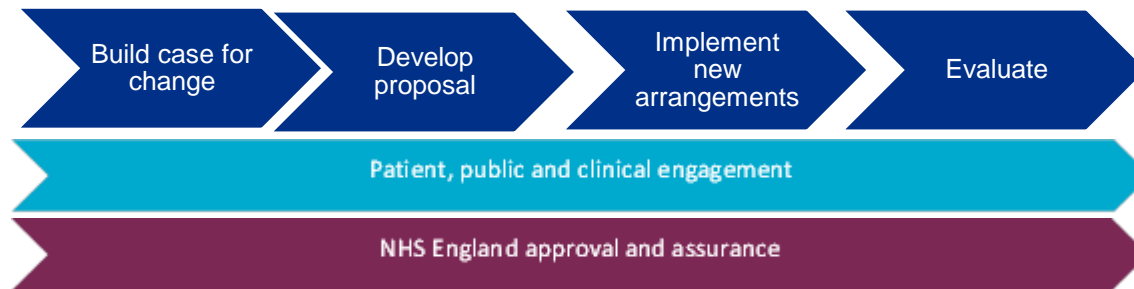
- Objective for 2018/19 is for all local commissioners, collectively engaged through STPs and ICSs to at a minimum have a 'seat at the table' via NHS England-led specialised commissioning planning boards.
- The priority over the next 12 – 18 months is for planning boards to ensure that there is effective engagement across the patient pathway.
- Planning boards should help foster an environment of collaboration that could enable more formal place-based commissioning options to develop.

Place Based Commissioning Options

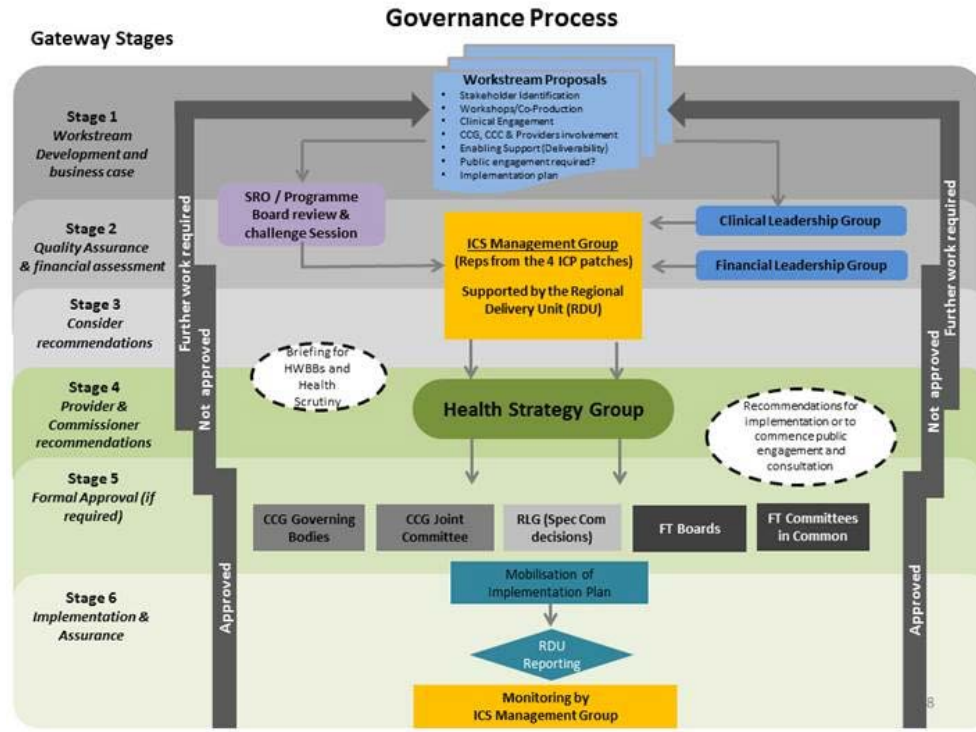
- The current legislative framework means, regardless of the collaborative arrangements in place, NHS England retains formal responsibility for the commissioning of specialised services.
- The potential options for more formal arrangements are:
 - **Pooled budgets** between NHS England and CCGs covering specific, jointly prioritised service areas, underpinned by section 13V of the NHS Act 2006.
 - **Joint appointments** between NHS England sub-regional specialised commissioners and local commissioners could provide the joint appointee with responsibility for a range of CCG commissioning functions as well as NHS England’s specialised commissioning. This could potentially complement a S13V pooled budget.
 - **Internal delegation** if wider a place-based arrangement is developed for an STP, ICS or devolution site that goes beyond specialised commissioning. This is similar to Greater Manchester as part of their devolution deal which gives the Greater Manchester Health and Social Care Partnership’s Chief Officer (who is an NHS England employee) delegated responsibility for a number of commissioning functions, including aspects of specialised commissioning.

Potential to develop more advanced place based arrangements

- Systems will need to determine which services may be suitable for commissioning under more advanced place-based arrangements.



Proposed place based arrangements within the ICS



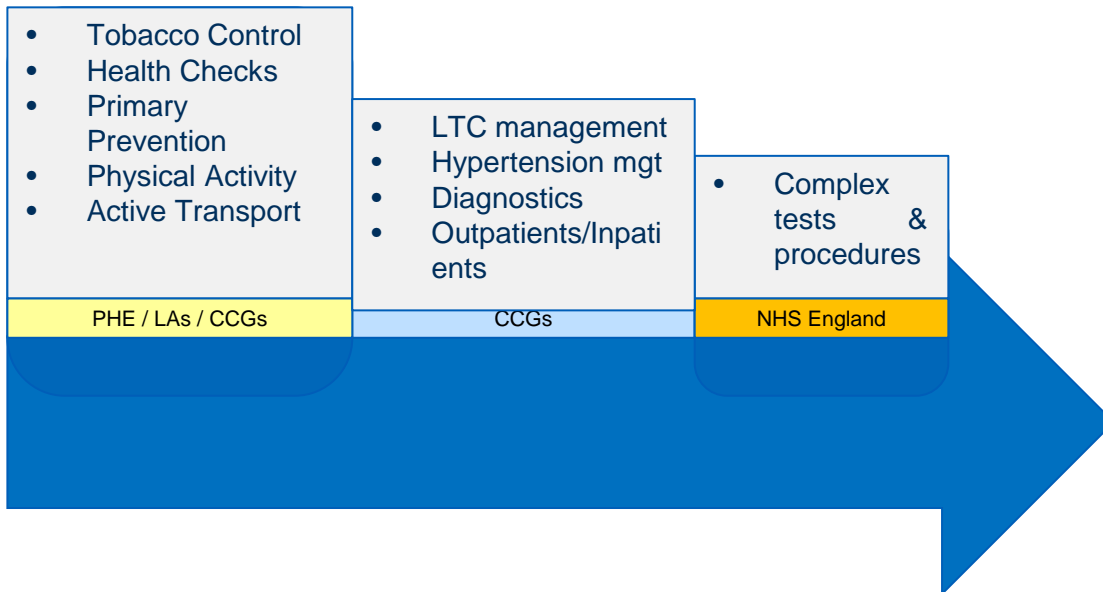
- A Specialised Commissioning Strategy Board will replace the previous Specialised Commissioning Oversight Group (SCOG)
- This will act as a workstream programme board within the ICS governance structure
- The key purpose of this group will be to provide joint, place based leadership for the strategic planning of specialised pathways where this will join up care and improve patient outcomes
- The group will also explore opportunities and benefits for more formal place based arrangements initially taking the cardiology pathway as a 'proof of principle' approach
- Decision making will sit within the ICS and for specialised commissioning within the Regional Leadership Group (RLG) governance

Membership of Specialised Commissioning Strategy Group



- Proposed membership is:
 - Regional Director – specialised commissioning
 - STP/ICS lead
 - Medical Director – for North East and Cumbria DCO team
 - STP/ICS governance lead
 - Representatives from the specialised commissioning hub for the North East and Cumbria
 - 1 representative from each ICP area
 - Representatives from tier 1 and 2 specialised commissioning providers
 - Lay representative
 - Finance representative
- Membership will be carried forward from the previous Specialised Commissioning Oversight Group where available
- We are asking the Health Strategy Group to agree this membership approach and to seek views on representatives from the Central ICP and Finance workstream as these are gaps from the previous SCOG membership.

Cardiology pathway as an 'exemplar' project



In many areas separate ring fenced budgets for specialised and non-specialised services that form a single care pathway can impede the development of effective pathways and contribute to avoidably poor patient experience, outcomes, as well as unnecessary and expensive treatment.

Next steps

Joint CCG Committee to:

- Note the place based commissioning approach and the development of a specialised strategy group within the ICS governance framework
- Confirm nominations for the refreshed Specialised Strategy Group
- Confirm the approach of using the cardiology pathway as an exemplar project to explore opportunities and benefits of place based commissioning
- Consider CCG representatives to participate in scoping for the cardiology workstream at the Large Scale Change programme in Leeds (26th and 27th September)
- Agree for a scoping report to come back to the Joint CCG committee early in the new year.