

# NHS Rotherham Clinical Commissioning Governing Body

## Confidential

Operational Executive – 23 November 2015

Strategic Clinical Executive – 25 November 2015

GP Members Committee (GPMC) –

Clinical Commissioning Group Governing Body - 2 December 2015

## Specialised commissioning update

Lead Executive:	<b>Chris Edwards, Chief Officer</b>
Lead Officer:	<b>Jacqui Tuffnell, Head of Co-commissioning</b>
Lead GP:	<b>Richard Cullen, Executive GP</b>

### Purpose:

- Brief members on the direction of travel for specialised commissioning
- Highlight the key messages within the document
- Recommend that Governing Body note this document

### Background:

#### Key messages

Specialised commissioning is currently the responsibility of NHS England. There is a strategic aim that more will be done in collaboration with CCGs in the future, in recognition of the need to join up pathways and ensure specialised services are responsive to local population need. A key vehicle for Rotherham CCG through which to engage with this is the Working Together Programme, which provides a sensible footprint upon which to plan specialised services.

The attached NHS England briefing paper covers three areas as follows:

#### 1. Collaborative Commissioning

CCGs are being invited to work more closely with their NHS England specialised commissioning hub to design and develop commissioning pathways, ensuring they are grounded in meeting diverse local need. For this purpose the Yorkshire & Humber Specialised Commissioning Oversight Group has been established, of which RCCG is an active member.

NHS England's approach is to collaborate on all services, selecting those services where there is the biggest opportunity to improve quality through pathway development. There are also some services which have been "de-listed" as specialised and devolved fully to CCGs, including neurology outpatients and specialised wheelchair services in 2015-16. The proposal is to de-list morbid obesity surgery also and devolve this to CCGs from April 2016. The attached document outlines the steps that will be taken in order to transact this.

#### 2. Services under strategic review

NHS England North Region is working with CCGs, patients and clinicians to develop the specialised service strategy. An important first step is to establish the design principles for the future configuration of care and identify the "bundles" of interdependent services that should be delivered together for the best outcomes. During the rest of 2015-16 this work will be shaped through a strong engagement and

co-design process.

In the meantime, there are some services that have been prioritised for review in Y&H, either because the national service specification is not being met, or because there are gaps in provision. Of particular pertinence to Rotherham are the reviews of Vascular Surgery, Communication Aids and Neuro-Rehabilitation. These are all in developmental stages and further information will be brought to Governing Body as they progress.

### 3. Clinical Engagement

Specialised Services has an national clinical infrastructure which is made up of Clinical Reference Groups (CRG) and Programme of Care Boards (NPOC) – these groups are now seeking CCG input and membership in order that the specifications developed by these groups are informed and shaped with strong CCG input.

At a regional level there is an intention to establish a clinical advisory forum drawn from both CRG expert members and CCG input. This forum may be virtual and utilised in the specific service reviews programme.

#### Analysis of key issues and of risks

Corporate update:

This year to date on track (slight underspend) following £38.6m non-recurrent funding for the North due to the impact of Trusts moving to the DTR tariff model

QIPP -on plan (against £31.2m position) but against the above non-recurrent there is a **£28.3m** deficit issue for Y & H – this is likely to be passed to CCGs therefore reviewing services now to understand changes which can be implemented to support this deficit is key

Neurology OPD and Specialised wheelchair services should have been transferred to the CCGs this financial year however have not yet to date. NHSE are mapping current arrangements and we are expecting this to happen at the end of November.

Severe and complex obesity services will be transferred to CCGs in April 2016 and there are significant issues with patients not currently eligible as they have not undertaken a relevant weight management course.

Discussion regarding CCG submissions for Future in Mind and requirement for 'read across' where a provider is spanning a number of CCGs.

#### Patient, Public and Stakeholder Involvement:

This is being considered by each SCOG

#### Equality Impact:

#### Financial Implications:

It is well understood that specialised services are overspent and it is unlikely that this will be offset completely by

#### Human Resource Implications:

N/A at this stage but dependent upon the outcome of collaborative/delegated commissioning there are likely to be implications for NHS England and CCGs

#### Procurement:

N/A

#### Approval history:

OE

#### Recommendations:

It is clear that the document signals some fundamental shifts in the commissioning landscape over the coming years, the impact of which on local communities will be

significant. RCCG will need to undertake some focused work to assess what these changes mean for Rotherham as and when the relevant information is available. At this stage, it is recommended that RCCG continue to be an active member of the Y&H SCOG, and that Governing Body receives updates on all of the above elements a regular basis.

Governing Body members are asked to;

- Note the content of the document and the key messages for information
- Approve the recommendation

## **Specialised Commissioning Team North: Briefing Paper to CCG Governing Bodies**

### **June 2015**

#### **Introduction**

This paper provides Governing bodies with a briefing that can be used to supplement the wider engagement and joint commissioning structures locally.

The paper covers three priority areas

**Collaborative commissioning**  
**Strategy, Service Review**  
**Clinical Engagement**

If you have any queries relating to information contained within this briefing paper, please contact Matthew Groom, Assistant Director of Specialised Commissioning in the first instance. His contact details are telephone number: 0113 825 3391 or email: [matthew.groom@nhs.net](mailto:matthew.groom@nhs.net).

#### **1 Collaborative commissioning**

Specialised services include a diverse range of services from renal dialysis through secure services in mental health to treatments for rare cancers. NHS England understands that the current commissioning arrangements work well for some patients, but for others they can be an obstacle to providing the best experience of care.

Collaborative commissioning provides a real opportunity to address this, through CCGs and NHS England, each with their own responsibilities, working together in a way that delivers better outcomes for patients.

##### **The benefits for commissioners:**

Commissioners will benefit from a better perspective on the overall performance of a provider and there will be greater opportunities to develop pathways which support patients in a holistic way leading to better outcomes. Commissioners will also have the ability to plan effectively in a coherent way to provide the highest quality healthcare, to reduce any inequalities in access to services and to improve outcomes.

##### **The benefits for providers:**

For providers, collaborative commissioning will mean the opportunity to have one conversation about all the services they provide. They will have greater clarity on what commissioners expect from the service they deliver, particularly where there may seem to be competing priorities. Providers will also benefit from a more rounded view of planning, allocating and developing services across commissioning organisations.

##### **The benefits for patients:**

NHS England believes that a more collaborative approach to specialised commissioning could lead to a significant number of benefits for patients. This will include more integrated pathways around the needs of diverse local populations and therefore reduced inequalities, improved outcomes and a better patient experience.

Therefore CCGs are being invited to work more closely with their NHS England specialised commissioning hub to design and develop commissioning pathways, ensuring they are grounded in meeting diverse local need.

### **Where are we now**

In March 2015 NHS England published guidance on collaborative commissioning which set vision of what collaboration would bring and defined a number of steps for the NHS and its partners to set up structures to do this.

Following a series of workshops with local CCGs in each region, ten collaborative commissioning oversight groups have been established. Our local group is the Yorkshire & Humber Specialised Commissioning Oversight Group (Y&H SCOG). This group is also supported by the sub-regional commissioning collaboratives within Y&H, including the Working Together programme in which DCCG is a partner. The oversight groups have identified key priorities for service transformation and redesign in 2015/16- these priorities have emerged following consideration of quality, sustainability, capacity, and opportunity to transform and innovate. The priority setting has offered the ability for a 'match' between the needs and issues prevailing in the local health economy together with the national and regional assessment of quality and risk in a particular service.

Child and Adolescent Mental Health Services (CAMHS) and cancer pathways have been adopted as priorities by all groups nationally, with additional different priorities emerging across the country. Regions are now finalising plans to deliver these priorities, aligning them with the hubs' wider operational and business plans.

It is important that CCGs are full members of the project teams that will lead the work on each of these priorities – so that the outcome is a whole care model as well as an improved and more sustainable specialist service.

### **The direction of travel**

NHS England's approach is to collaborate on all services, selecting those services where there is the biggest opportunity to improve quality through pathway development. Many of these services are best commissioned at a larger population size than individual CCG level. Work is underway to determine and agree these population footprints.

There are a number of services that can be devolved to a CCG which means they are delisted as a specialised service. Two services are being devolved this year (2015/16): GP referrals to neurology outpatients, and specialist wheelchairs. In 2016/17 bariatric surgery is planned to be devolved to CCGs.

The process for transfer is as follows:

1. Financial allocations will be calculated using apportionment methodology and the last full financial year activity and expenditure.
2. CCGs and providers affected by these changes will be informed in writing, supported by guidance including the NHS England Prescribed Services Commissioning Intentions for 16-17.

3. NHS England commissioners will agree the activity profile for the services based on their knowledge of previous levels of activity linking with affected CCGs and providers to ensure that they are fully aware of any specific local issues and to ensure that as far as possible the commissioning of the activity for 2016/17 is undertaken in a coordinated way.
4. NHS England commissioners will share with CCG commissioners a detailed breakdown of agreed activity at Source of Referral, Treatment Function, First Attendance & Specialty code level for both services. Where services are commissioned on a block basis the detailed breakdown of block service lines will be shared. These will be shared in advance of contract sign off to allow CCG commissioners to raise queries.
5. CCG commissioners will raise any queries in writing to NHS England within timescales agreed locally in order to ensure that contractual sign off is not delayed.

## **Next Steps**

Although the national specifications and standards still apply under the collaborative arrangements, there is a great opportunity for CCGs to engage in the CRG and Programme of Care Boards as members and influence the content of these specifications to ensure they represent the whole care continuum context.

For 2016/17, budgets will be made available to the Collaboratives based on a population level; this will give a transparent picture of the overall budget for the population and enables a review of value for the population for the program of care compared with other areas.

At this time NHS England is retaining the risk and accountability for commissioning specialised services.

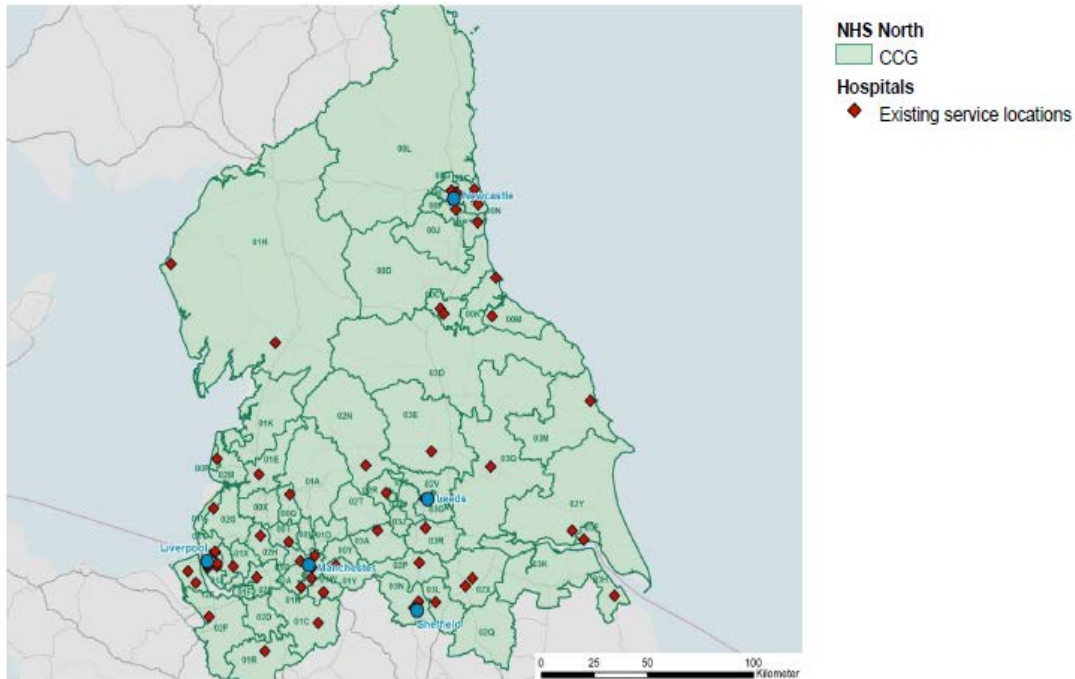
## **2      Strategy and Service Review Program**

Specialised services are currently offered in too many places by too many providers, are failing to meet the required standards, and cannot demonstrate clinical and financial sustainability. The pressure on core NHS services and finances continues to grow, there's a pressing need to develop a picture for the future of specialised services that can provide access to high quality care for the population through new specialised networks that work across multiple hospital sites, making best use of the workforce, skills and research to offer a high quality service.

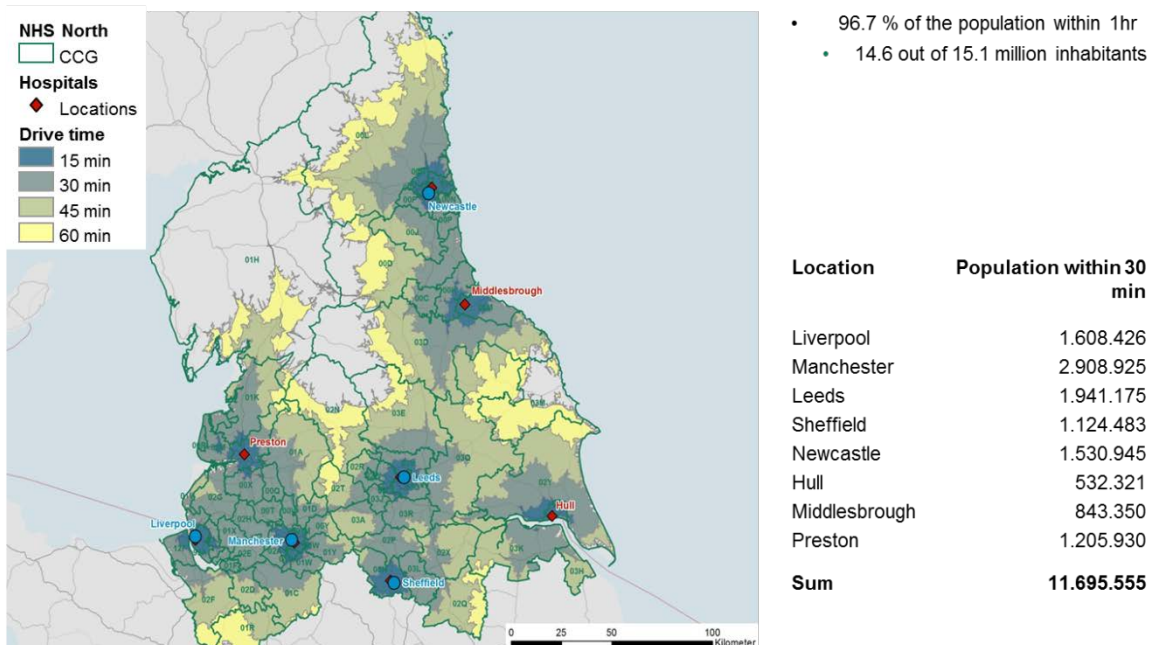
NHS England North Region is working with CCGs, patients and clinicians to develop this specialised service strategy. An important first step is to establish the design principles for the future configuration of care and identify the care bundles that should be delivered together for the best outcomes.

During the rest of 2015-16 this work will be shaped through a strong engagement and co-design process.

## Existing specialised service footprint

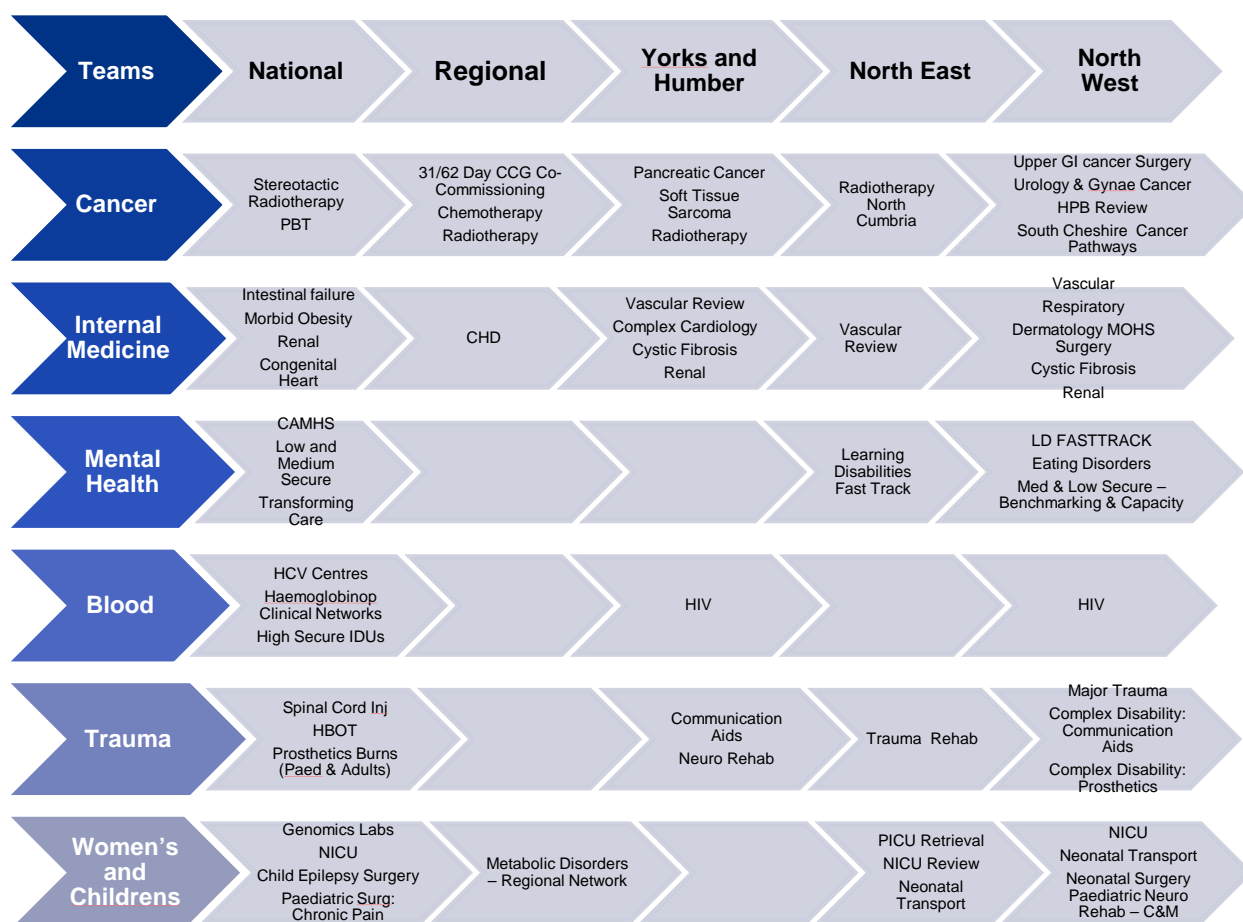


## 8 locations



Whilst this visioning and strategy work is ongoing, there will be a continuation of the Service Reviews that have already been started both locally and nationally

A service review is best undertaken within a context of a shared vision and strategy, which is not yet formulated, individual service redesign, can therefore sometimes be a challenge without this overall direction as can be seen to be a fragmented approach. The service reviews that have identified as a priority include:



## Clinical Engagement

Specialised Services has an national clinical infrastructure which is made up of Clinical Reference Groups (CRG) and Programme of Care Boards (NPOC) – these groups are now seeking CCG input and membership in order that the specifications developed by these groups are informed and shaped with strong CCG input.

At a regional level there is an intention to establish a clinical advisory forum drawn from both CRG expert members and CCG input. This forum may be virtual and utilised in the specific service reviews program. The redesign work for each program should actively seek patient and clinical engagement in the design process.