NHS
North East London

Focus on Specialised Services

Meeting name: INEL JHOSC

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What are specialist services ?

- Specialised services are a diverse portfolio of c150 services generally accessed by people living with rare or complex conditions.
- NHSE commission specialised services currently, including a wide range of treatments such as chemotherapy, kidney dialysis, secure inpatient mental health care; complex surgical procedures e.g. stem cell transplants; cardiac surgery and complex treatments for stroke such as mechanical thrombectomy meeting the needs of much larger populations.
- Specialist services are a catalyst for innovation, supporting pioneering clinical practice. Specialist services are currently planned nationally and regionally and delivered by hospitals with specialist clinical teams with expert training.
- Demand for specialised services continues to increase as advances in medical technology enable the NHS to train more people, meaning the cost of providing specialist care is also increasing, further driven by significant forecasts in population growth.
- Collectively the specialised services portfolio delivers care to large numbers of people. Nationally this equates to roughly 15% of the overall NHS commissioning budget, and for NEL ICB, specialised services equate to about c20% of the NEL Commissioning budget.

How are specialised services currently commissioned, how this is changing and why?

- NHSE currently commission all specialised services; however, in December 2023 the NHS England Board approved plans to:
  - ❖ Fully delegate the commissioning of appropriate specialised services to Integrated Care Boards (ICBs) in the East of England, Midlands and the North West regions of England from April 2024.
  - ❖ Continue to jointly commission appropriate specialised services with ICBs in the South West, South East, London and the North East and Yorkshire regions of England for a further year. This will help support a smooth transition of commissioning responsibility (Delegation) by April 25.
- These arrangements are part of a careful and considered approach to delegating full commissioning responsibility across England for appropriate services by April 2025.
- Moving to ICB-led commissioning supports a focus on population health management across whole pathways of care, improving the quality of services, tackling health inequalities and ensuring best value.
- These plans, which were first set out in the *Roadmap for Integrating Specialised Services within Integrated Care Systems*, have been developed in close collaboration with NHS England's regional teams, ICBs and specialised service providers. They represent the outcome of a thorough assessment of ICB system readiness, and a comprehensive analysis of services to determine their suitability and readiness for more integrated commissioning.
- NHS England regional and national teams will continue to work with those ICBs who are continuing with joint commissioning arrangements as we work towards full delegation in those geographical areas from April 2025; and alongside ICBs taking on delegated responsibility to support them in their commissioning.

Why NHSE is delegating commissioning to ICBs – the benefits & opportunities

What should this mean for our patients, populations and their communities?

ICBs and providers to have **freedom to design services and to innovate** in meeting the national standards where they take on delegated or joint commissioning responsibility

ICBs and providers able to **pool specialised budget and non-specialised budgets** to best meet the needs of their population, tackle health inequalities and to join up care pathways for their patients

ICBs and providers able to use world class assets of specialised services to **better support their communities closer to home** (e.g. designing local public health initiatives, greater diagnostics and screening)

Quality of patient care

Patients will receive more **joined up care** – better communication and sharing of information between professionals and services.

More of a **holistic, multi-disciplinary approach** to care. A range of professionals can be involved in planning a patient's care.

Increase focus and investment on **prevention**.& LTC management

Patients will receive the **right care at the right time in the right place**.

Better **step-down care** to support patients who are ready to leave specialised care.

Equity of access

Population based budgets means decisions on spend are based on the **needs of a local population** – the demographics, health behaviours etc rather than on activity in hospitals.

Specialised clinical expertise will have a role in managing population health and to **challenge underlying drivers of health inequalities**.

Providers and professionals working collaboratively, free from organisational constraints and commissioning boundaries, will help improve **quality of care and tackle unwarranted variation**.

Opportunity to **level up access across the country**

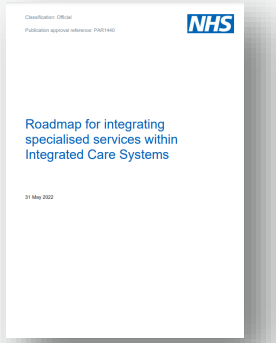
Value

Investment in preventative care could **reduce demand** for specialised services.

Providers and professionals can **better manage patient demand**, even when one part of the system becomes stretched. Patients can be re-directed or transferred so they have faster and better access to treatment

A whole system approach creates opportunities **to protect and build 'workforce resilience'**, as shown during the pandemic.

Delegated budgets to ICBs allow **underspends to be shared or reinvested** and avoids commissioning pressures on any one organisation.



- Accessible care
- Tailored care
- Seamless care
- Effective care
- Preventative care

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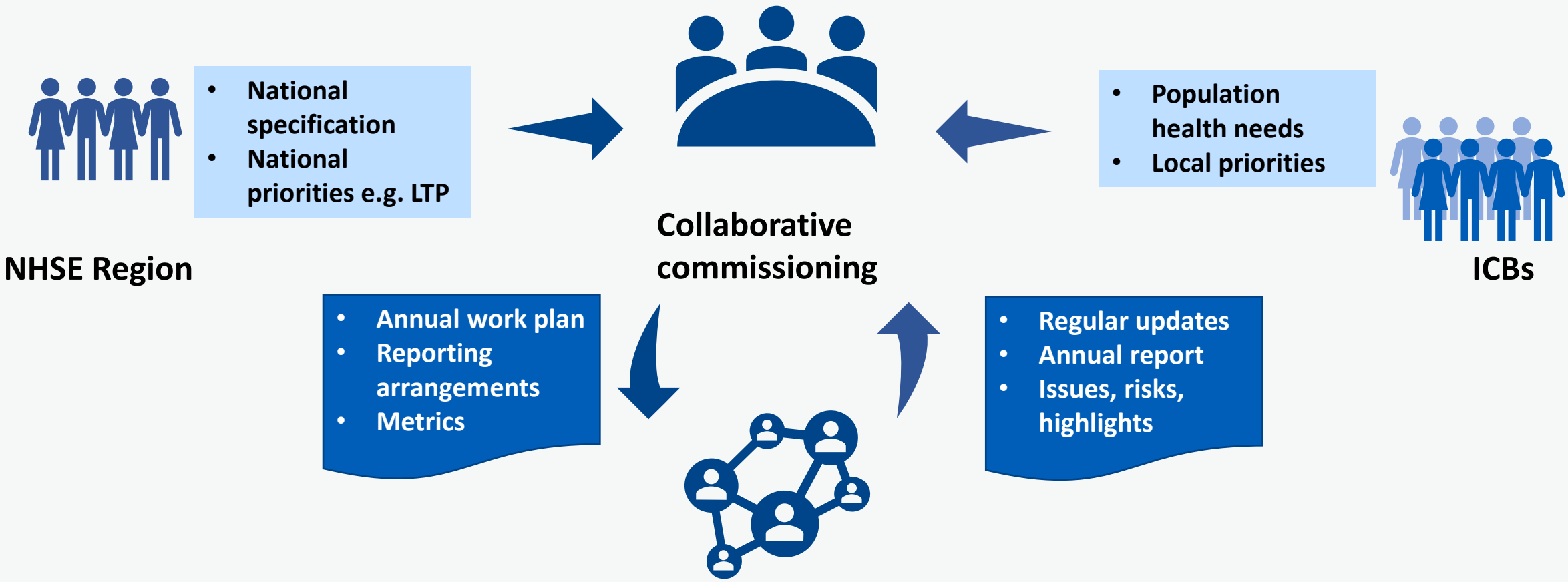
Specialised Service Transformation: Clinical Networks and examples of end to end pathway transformation

Clinical Network Commissioning



- There are 15 commissioned mandated specialised services clinical networks which are hosted by provider organisations (6 networks hosted within Barts Health. Staff are employed by those host organisations, with networks operating under a service level agreement and funding is recurrent.
- Their footprint is usually larger than individual ICBs . NHSE have therefore agreed to move to a model of joint commissioning the networks between NHSE regional teams and ICBs, ensuring network's work plan reflects national, regional and local ICB priorities which is a positive opportunity.

New ways of working: Upstream prevention to manage future Specialised service demand

- Delivery of specialised services will face a number of challenges in the future:
  - Funding for specialised services will shift from historic population-based allocation towards needs-based allocation, CFOs across London are proactively working with regional and national colleagues to clarify how the change in practice will work and also refine the methodology to understand the potential funding gap within each ICS.
  - Additionally, our population to grow by 364k people over the next 20 years, which puts pressure on specialised services, but also non-specialised services which patients may step down into e.g. level 1 specialised neuro-rehabilitation patients may eventually access community rehabilitation programmes as part of their longer-term treatment plan
- Unless **upstream programmes, improving productivity, encourage joint working and scoping consolidation,** there will be significant growth and financial challenges with specialised services across NEL.
- The NEL Specialised Services Transformation Sub Group was established earlier this year bringing together senior clinical expertise across NEL, working with our local and London Mandated Clinical Networks. Our clinicians have highlighted the best practice being achieved in a number of programmes and networks in **'joining up' the pathway which includes cardiology, cancer, children and young people programmes.**

- **OUR NEL WIDE SPECIALISED TRANSFORMATION PRIORITIES ARE: HIV, LIVER/HEP C, CARDIOLOGY/CVD, RENAL, SICKLE CELL, NEUROSCIENCES AND COMPLEX UROGYNAE**

Implemented HIV and hepatitis testing in emergency departments and work with local charities and communities to improve out-of-hospital care and reduce stigma. Since April 2022, we have identified > 100 new cases in NEL

Pharmacist led hypertension review project with Black patients. It demonstrated (48%) were not taking their medication as prescribed. In the short-term, patients adhered to their medicine and reduction in systolic blood-pressure and longer-term, we aim for patients to continue to manage their LTC proactively and not progress onto specialised services for stroke, cardiology and renal

Working with the Neonatal Clinical Network to improve quality outcomes, including reducing mortality and equity to care by expanding provision at Barts by 4 additional cots, and focusing on a longer-term plan for 1:1 care.

A quarter of London's homeless and rough sleepers are located within NEL, and chronic lung diseases have been identified as an area of concern within this community. We are working with 'in-reach services' to widen the scope and support provided by giving pulmonary rehab on-site rather than at a clinical or hospital.

Human immunodeficiency virus (HIV)

Our Challenge

- All NEL 'places' have been identified as having a very high number of HIV diagnoses (>5/1000) and on average one in 12 people living with HIV do not know they have it.
- While ED (Emergency Department) opt out testing has increased 32% over the last 12 months (55%), it is still below the national target of 90%
- Via ED opt of Testing programme, of newly diagnosed residents only 74% engage with care, while of those re diagnosed only 19% re-engage with care
- This summer, Fast Track Cities have identified that HIV community and voluntary sector is still recovering from the impact of COVID and cost of living impacting their service users, with current services reporting further demand on mental health support and financial services
- Stigma in local communities and care , along with self-stigma this is preventing people with lived exercise to access care and support

National Targets

- Towards zero for HIV transmission rates by 20230 An 80% reduction in new HIV infections by 2025
- zero preventable HIV-related deaths by 2025
- A 50% reduction in of patients diagnosed with AIDS within 3 months of diagnosis.
- A 50% reduction in the number of deaths from HIV/AIDS.
- 90% of all the identified cohort will receive a HIV blood test in ED

Our response

Working collectively with the regional specialised service team and Fast Track Cities, we are building on previous successes and collectively agreeing funding for end to end transformation proposals, which has brought together people with lived experience, community, voluntary, local authorities, primary and secondary care.
We are proactively working with Barts Clinical Reference Groups to merge governance, which will support the development and delivery of our local strategy.

Over the last 12 months, the regional specialised service programme has funded NEL £2.75m

Working with place based teams, and other partners we are delivering…

- With Fast Track and Terrence Higgins Trust to educate different parts of the health and social care sector including front line staff, and Tackle internalised stigma for people living with HIV
- Positive East ran three courses aimed at women, African communities, and gay men. The courses included five sessions focusing on addressing internalised stigma, developing support networks, regaining power
- Opt out testing in all EDs in NEL and delivered circa. 250,000 HIV blood tests in ED's, which has offered 137 patients the opportunity to enter the clinical pathway
- Working with Public Health in C&H Integrating the 40+yr old Primary Care health checks into the HIV pathway
- With Positive East and local authorities to improve community pathway, which includes peer to peer support and counselling, and development of hardship fund with an aim to support people sustain care or re-arrange them with care.
- Increased clinical and non-clinical capacity to reduce follow up backlogs, with a focus on BHRUT

Initial outcomes

- Across NEL there has been 250,00 HIV blood test taken in EDs, with 60% improvement in testing rate in 2 months across 2 sites
- Staff education across our acute trusts to reduce stigma and raise awareness
- 5 WTE frontline and 2 back-office staff been recruited to increase capacity and support flow ups

Next steps

- Roll out of automised testing and 'blocking' across all acute trusts (Q4 2023/24) and improve ED opt out testing rates
- Reviewing medicines optimisation
- Increasing the number of patients who entre or re-engage with the clinical pathway
- Develop an NEL integrated HIV strategy that prioritises primary prevention, HIV testing, secondary prevention and empowerment and wellbeing

What happens next ?

- Continued work on the end-to-end pathway transformation for specialised priorities ensuring continued focus on whole pathway improvement.
- To deliver delegation by April 25 working through the four delegation conditions with NHSE London and London ICBs, ensuring parallel work on our agreed transformation priorities, aligning with the strategic objectives of the ICB to reduce inequalities and ensure whole pathway transformation to improve outcomes and patient experience.
- National moderation panel in October, prior to NHSE Board approval for delegation in December 24.