

Leeds Health & Wellbeing Board

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Report to: The Leeds Health and Wellbeing Board

Date: 10 June 2015

Subject: Commissioning of Specialised Services in Leeds

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Specialised commissioning relates to services which are provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. NHS England is responsible for commissioning these services, which account for approximately 10% (£13 Billion) of the overall NHS budget. Services are commissioned in the North through the North Regional Specialised Commissioning Team and Yorkshire and Humber Locality Hub. In Yorkshire and Humber, specialised services account for approximately £1.3Billion of NHS England contracts. There are 14 Acute tertiary providers of specialised services in Y&H and a further 8 independent providers which provide these services.

This report details developments within the commissioning of specialised services in Leeds this year, anticipated future challenges, including current national consultations and service reviews, and gives an update on co-commissioning in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Address the three 'key questions' set for the Board by NHS England in section 5.

1 Purpose of this report

- 1.1 This report details developments within the commissioning of specialised services in Leeds this year, anticipated future challenges, including current national consultations and service reviews, and gives an update on co-commissioning in Leeds

2 Background information

- 2.1 Specialised commissioning relates to services which are provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million.
- 2.2 NHS England is responsible for commissioning these services, which account for approximately 10% (£13 Billion) of the overall NHS budget. Services are commissioned in the North through the North Regional Specialised Commissioning Team and Yorkshire and Humber Locality Hub.
- 2.3 In Yorkshire and Humber, specialised services account for approximately £1.3Billion of NHS England contracts. There are 14 Acute tertiary providers of specialised services in Y&H and a further 8 independent providers which provide these services.
- 2.4 Yorkshire and Humber has a population of approximately 5.7 million people, has one of the fastest growing birth rates in England, high rates of international migration contributing to ethnic population diversity, and an over 65 year old population expected to grow above the national rate. These demographic factors impact on the growing need for specialised services (Appendix 1. PHE State of Region Summary).

3 Main issues

- 3.1 Leeds Teaching Hospitals NHS Trust has the single largest contract value for specialised services in England, at approximately £423million for 2015/16. The Trust currently provides 105 specialised services, which serve the population of Leeds, Y&H, and nationally.
- 3.2 Of these, 4 services (examples include liver transplants and paediatric liver diseases) are classified as 'highly specialised services', where Leeds is the only, or one of a handful of centres in England.
- 3.3 NHS England commission services from LTHT in line with national service specifications which set out quality standards and criteria for the commissioning of specialised services. Of the 105 services 94 services have been classified compliant with NHS England standards, including the highly specialised services. 3 services currently have an agreed provider action plan in place to align with

service specifications. 8 services are being reviewed by commissioners because they require regional solutions to meeting the specification, for example where changes may impact on other hospitals in Yorkshire and the Humber.

- 3.4 The Trust play an active role in networking with other Trusts in Yorkshire and the Humber for specialised services, including through hosting the Adult Critical Care & Trauma Operational Delivery Networks. Networked provision of care is a key direction of travel for specialised services.
- 3.5 The Trust are also contributing to national innovation and research through delivery of NHS England 'Commissioning through Evaluation' services.

National direction

Greater collaboration

- 3.6 The NHS England 5-Year Forward View, highlights the need to develop new models of care from prevention to non-specialist to specialist care. This agenda cannot be delivered solely by NHS England and requires strong partnerships at local levels, particularly in developing and increasing the role of CCGs and collaboratively commissioning specialised services.
- 3.7 In Yorkshire and Humber, a Specialised Commissioning Oversight Group (SCOG) has been established in partnership with CCGs to prioritise opportunities for greater collaboration, improve pathways and outcomes for patients.

Investing in specialised services

- 3.8 Alongside this, due to the wide and increasing range of new interventions available to patients, NHS England has recently undertaken a public consultation to ensure that the principles and process for making decisions on investing in specialised services are well informed, evidence-led and in line with the expectations of patients and the public.
- 3.9 The consultation closed on the 27th April and NHS England are currently analysing results for publication. Appendix 2, presented to Leeds Scrutiny Committee in March 2015 highlights the consultation questions.
- 3.10 Demand for specialised services continues to increase, and this has resulted in significant cost pressures for NHS England over 2014/15. A range of factors including demographics, development of new drugs/technologies, and referral patterns, impact on demand for services.

Consolidation and networked models of care

- 3.11 The 5-Year Forward View emphasises that for some specialised services, evidence shows that outcomes are improved when delivered as networked

models of care, but with some elements (e.g. specialist surgery) is delivered in a centre of excellence where sufficient volumes can be maintained to ensure sustainable and high quality services for patients.

- 3.12 In Yorkshire and Humber, the SCOG have prioritised a number of services where a review is being undertaken to ensure that services meet NHS England standards and where re-configuration in delivery may be required. These are;
- Specialised complex cardiac devices
 - Vascular services
 - Child and Adolescent Mental Health Services.
- 3.13 NHS England, as part of the national consultation outlined in Appendix 2, has also consulted on what services should be subject to national review. The Programme of Care Boards will publish these priorities shortly alongside the consultation results
- 3.14 NHS England are also currently consulting on changes to the national Children's Epilepsy Surgery Service (CESS) specification. A briefing on this consultation has been provided to the Leeds Scrutiny Committee
- 3.15 NHS England have also agreed new standards of care for congenital heart services in England. This service is currently provided at LTHT. NHS England North Regional Team will be leading work to implement the new standards over the course of 2015/16. NHS England North Regional Team will be leading work to implement the new standards across the North over the course of 2015/16.

Collaborative commissioning in Leeds

- 3.16 Following the publication of the NHS England guidance: 'Developing a More Collaborative Approach to Specialised Services', a collaborative workshop was held in March 2015. The Leeds CCGs were represented.
- 3.17 The workshop welcomed the guidance given the broad consensus that we need to strengthen collaborative arrangements for commissioning specialised services and agreement that the current process is not supporting place-based commissioning.
- 3.18 NHS England and CCGs are concerned about the lack of joint working in the current contracting round and are keen to improve this alongside working on the commissioning of new pathways into and out of specialised services. A number of common themes have been agreed in relation to the guidance:
- A need to have good clinical and provider engagement in commissioning discussions;

- The impact of specialised commissioning on provider inter-dependency and service viability;
- The importance of considering the whole pathway and not just focussing on what is either CCG commissioned or NHS England commissioned;
- The impact of current CCG strategic plans and the need to ensure that new plans build on these;
- The recognition that specialised flows do not follow the current locality footprint in Yorkshire & the Humber – so we need a system wide approach;
- A need to balance the drivers in the commissioning programme – needs to be about quality as well as financial sustainability;
- We need to recognise the importance of reducing unwarranted variation and non-compliance with current standards as much as we need to work on designing new pathways;
- A concern about the resources available to deliver new programmes of work – and realism that there will be national “must-do’s” so we should not be overly ambitious in setting local priorities. ;
- A recognition that working between CCGs is still developing and that getting all CCGs to agree to a collaborative approach will take time and effort; and
- The importance of good communication and engagement with all partners: CCGs, local authorities, providers, H&WB Boards, patients and the public.

3.19 As a result, a number of key actions are currently being undertaken by NHS England and partners. These include;

- Finalising the Specialised Commissioning Oversight Group (SCOG) membership, with appropriate representation from the 10CCGs in West Yorkshire but with accountability for decision-making remaining with individual CCG Boards, in the first year.
- Identifying how CCGs represent each other in the discussions. The guidance sets out the selection process for CCG representatives but further work will be needed to more work will be required to consider the role of a “representative” especially in respect of decision-making.
- Ensuring existing collaborative work programmes such as the networks and 10 CCG workstreams can be linked in where required, and the partnerships and approach to collaboration can be enhanced and scaled up where required.
- Consolidate the structure of SCOG which will focus on a programme approach with wider representation from local clinicians who may be interested in particular services

- Review of the contracting process with the main acute and mental health providers which will identify key priorities and themes to embed consistency in approach.
- Specialised service strategy will be developed further during 2015-16 to ensure that particular service reviews are set within the context of a whole system strategy for planned care, emergency care, the national cancer strategy and mental health priorities. This will ensure services are planned based on population numbers, this means that strategically important services need to be planned beyond the boundaries of Leeds population.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 This report references a number of consultation/engagement exercises currently ongoing, including on the principles and process for making decisions on investing in specialised services, and on changes to the national Children's Epilepsy Surgery Service (CESS) specification.

4.2 Resources and value for money

- 4.2.1 Given the significant proportion of the Leeds £ spent on specialised services by NHS England, Board members should be aware of the ramifications of changes within specialised spend for the sustainability of NHS Trusts in Leeds.

4.3 Legal Implications, Access to Information and Call In

- 4.3.1 There are no legal or access to information implications arising from this report. It is no subject to call in.

5 Conclusions

- 5.1 In the context of all that is set out above. The Health and Wellbeing Board are asked to address the following questions:
- 5.2 Rising demand and Y&H demographic and population factors may continue to increase demand for specialised services in Yorkshire and Humber. To address this it is imperative pathway approaches are taken to the commissioning of specialised services. **How we can we work together going forward to address these issues locally and regionally?**
- 5.3 Reflecting the 5YFV focus on prevention at a local level where an impact on specialised services can be made is a priority. **What opportunities exist for collaboration to address key risk factors already in HWBB plans e.g. smoking, obesity, alcohol, which impact on demand for specialised services?**

5.4 New models of care will be required to ensure high quality outcomes in specialised services. Where evidence dictates this may involve some aspects being delivered in fewer centres of excellence. Where these situations arise, the balance between local access and higher quality outcomes will continue to arise. **NHS England are keen to develop a culture of trust and transparency where such decisions may be required. How can we engender this approach this locally?**

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Address the three 'key questions' set for the Board by NHS England in section 5.