Northern CCG Joint Committee

Date of meeting: 12 November 2020

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Update for Northern CCG Joint Committee on proposals from specialised commissioning

Purpose of report (brief description):
The purpose of this report is to update the Joint Committee on the progress of the items proposed for inclusion in the work programme from specialised commissioning.

Recommendations:
Is the paper for (please tick):

Decision-making	
Information Sharing	x
Discussion	

Actions required by Northern CCG Joint Committee:

The committee is asked to note the content of the report.

Sponsor:
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Date: October 2020

Update for Northern CCG Joint Committee

Background

1. The Northern CCG Joint Committee agreed to consider the 2 following items as emerging areas of focus from NHS E/I specialised commissioning team for its work programme in January 2020.

Collaborative commissioning model for cardiology

2. Develop a collaborative commissioning model for cardiology in the Central ICP area. The aim would be to break down organisational boundaries and commissioning across a whole pathway. The project would enable CCGs and specialised commissioning to evaluate approach in its ability to provide opportunities to maximise use of resources and infrastructure to secure equity of access for patients.

Complex rehabilitation

3. Explore opportunities for co-commissioning and a joint review for specialised complex neurorehabilitation. A business case would be developed to look at opportunities to address fragmented pathways and patchy community provision. These services are currently commissioned by both NHSE/I Specialised Commissioning and the CCGs.

Progress

4. On 30th January 2020 NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response to COVID 19. On 17th March NHS E/I initiated repurposing of NHS services, staffing and capacity to support the national response to the COVID 19 pandemic.
5. As the NHS enters phase 3 of the incident response, the priorities set out by NHS E/I for the rest of 2020/21 are:
    - Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
    - Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
    - Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.
6. Many of the large-scale transformational projects therefore remain paused to enable progress on the ongoing restoration and recovery priorities set out for phase 3 of the incident response.
7. In addition, a revised financial framework for 2020/21 has simplified arrangements for payment and contracting through block payment arrangements. The financial framework for 2021/22 is not yet confirmed, but this may lead to improved opportunities for collaborative commissioning arrangements.
8. Until that framework is confirmed, further work to explore collaborative commissioning arrangements linked to pre-COVID models of contracting will not be progressed.

Work to date:

9. Although large scale transformation programmes remain paused, significant work has been able to continue through existing networks.

Model for cardiology

10. Specialised Commissioning, CCG and Medical Director representatives from the ICS have continued to meet with as the Senior Responsible Owners for the 'Lets Talk Cardiology' programme which is being led by the North East Cardiovascular Network.

11. Following on from a successful network event in October 2019 a network solution was implemented using existing IT capacity. This increased the visibility of waiting times and by working collaboratively between trusts and NEAS. Although further evaluation is needed, early feedback shows that this has resulted in a reduction in waiting times for patient transport and improved transfer times and improvements to the pathway for NSTEMI patients. Although this now needs further review, waiting times pre-COVID were within national targets. Primary Percutaneous Coronary Intervention (PPCI) delivery remains a high performing service across the ICS footprint.

12. The network was successful in securing support as part of a digital transformation bid. This will develop a referral and collaboration system which facilitates two-way exchange of information to enable real-time case discussion between individuals and multidisciplinary teams. This will mean that patients can receive the most appropriate care in the most appropriate site based on location, clinical skills, equipment, and workload. The system will provide visibility of waiting times and referral patterns with the aim of improving equity of access and reducing delays in treatment pathways.

13. The arrythmia workstream has continued to meet and are developing a clinical model to ensure sustainable and equitable access to cardiac pacing and complex cardiac device implantation, ensuring care as close to home as possible.

14. The Heart Failure Subgroup has been established. Work to date has focused on benchmarking NT- Pro BNP & ECHO provision. Across the NENC. Moving forward the workplan will overlap with the cardiac arrythmia and rehabilitation work.

Complex rehabilitation

15. Following on from work to support the COVID response, which saw the benefit of working across regional boundaries for spinal cord injury and step up/step down care, a national programme will see the development of a nationally co-ordinated network which will deliver a new integrated model of care and reduce variation across with pathway.

16. This will see local hospitals and regional spinal cord centres working together to ensure access to specialist care where needed with care closer to home where appropriate.

17. The work may extend to a wider model of complex rehabilitation which will see the delivery of rehabilitation across commissioned pathways.

Next steps:

18. While the response to COVID has impacted on some regional transformation programmes, new opportunities have emerged as a result of the response. Specialised commissioning will continue to review these opportunities and to lock in beneficial changes within the ICS to develop integrated commissioning approaches to support the development of patient pathways.