DRAFT Report for CCG Governing Bodies

Joint CCG Committee recommended work programme 2020/21

1. The Joint CCG Committee for the North East and North Cumbria ICS, meeting on the 9 January 2020 received a report from a sub-group of Committee members (comprising Jon Rush, Dr David Hambleton, Mark Adams, Prof Chris Gray, Penny Gray, and Dan Jackson) proposing potential items for the Committee's work programme.

2. In doing so, the sub-group followed the steps set out in paragraph 8 of the Joint CCG Committee's ToR - which requires the use of a decision-making flowchart and scoring criteria to identify potential items that affect more than one ICP area, and could therefore be delegated from individual CCGs to the Joint Committee.

3. These proposed items then need to be approved by the Joint Committee itself, and then, if approved, on to each CCG's governing body for ratification. Only if the recommendation is then unanimously ratified by each constituent CCG can an item be included on the Joint Committee's work programme.

4. It is important to note that even if an issue is delegated to the Joint Committee then the views of individual CCGs – via their members on the Committee – will continue to shape how these issues are considered and developed; and any decision made by the Committee on matters delegated to it will require a unanimous decision from its CCG members.

5. The following recommendations from the sub-group were agreed by the Joint CCG Committee on the 9 January 2020, who now recommend that these are approved by CCG governing bodies to go on to the Joint CCG Committee's work programme:

Recommendation 1: for CCGs to consider proposals for jointly commissioning breast diagnostic services across the ICS area

6. The Joint CCG Committee has been aware of challenges to the sustainability of breast diagnostic services in their current configuration for some time, and a background paper from the Northern Cancer Alliance was circulated to Committee members in November. The ICS Management Group has also been made aware of the challenges to service delivery in this area, chiefly from workforce pressures due to the current scarcity of breast radiologists, and the benefits of aligning the delivery of breast diagnostic services with existing breast screening hubs.

7. Work is currently underway across the ICS area with the Northern Cancer Alliance to review current breast cancer pathways, and the potential for new clinical roles and enhanced recruitment and training, and for managed clinical networks for screening and symptomatic services to improve efficiency and patient outcomes. It is anticipated that the digital networking of sites across the ICS area and the roll out of technology to support the remote reading of images will maximise the benefits of joint working, as will the development of rapid diagnostic centres – a national priority for cancer alliances across the country – which will speed up cancer diagnosis and improve patient experience for all patients with cancer symptoms or suspicious results.

8. The Joint CCG Committee recommends that breast diagnostics would benefit from being commissioned jointly across the ICS area, and should therefore be added to the Joint Committee's work plan. If ratified by CCGs then the next steps would be to develop a case for change – which would include how public engagement on this matter should be coordinated

across the ICS area, and how this coordinated with the breast screening services commissioned by NHSE/I – which would then need to considered by the Committee.

Recommendation 2: to jointly commission cardiology and specialised neuro-rehabilitation services with NHSE/I's Specialised Commissioning team for the North East and North Cumbria

General approach and principles

- The current split commissioning arrangements between specialised (led by NHSE/I's 'Spec Comm' team) and non-specialised services (led by CCGs) can cause fragmentation and prevent coordinated improvement across care pathways. Joint commissioning between CCGs and Spec Comm of a 'lead provider' also offers an opportunity to provide clinical leadership across a whole pathway, to develop different ways to manage workforce sustainability, and manage financial risk/benefit across a system.

- Increasingly our providers are exploring much closer working and clinical networking across ICPs but this needs to be supported by ICS-level lead provision of specialised services working into the ICPs. NHSE/I Spec Comm is now keen to move into a 'shadow year' where we pilot the delivery of specific services to test the model while engaging with regional and national assurance processes for new ways of working. Any new model needs to ensure services are delivered locally where this is appropriate and sustainable to do so, while pathways provide equitable and consistent access to specialised services.

- Stronger lead provider models alongside collaborative commissioning approaches would be better for patients and staff, by ensuring sustainable, high quality and equitable service delivery. Over the longer term the ICS will also have the opportunity to develop a more comprehensive approach to lead provision, supported by strategic capital investment in facilities and equipment at ICS-level and greater opportunities for staff development through clinical networking.

Emerging areas of focus

- The NHSE/I Specialised Commissioning team has the opportunity - through the clinical leadership developing in the 'Let's Talk Cardiology' programme – to develop a collaborative commissioning model for **cardiology** in the County Durham, South Tyneside and Sunderland ICP, breaking down organisational boundaries and commissioning across a whole pathway. The scope of this work is yet to be determined but will build on the work with PCI (percutaneous coronary intervention or coronary angioplasty, a procedure carried out under local anaesthetic in which narrowings of the coronary arteries are dilated with a balloon catheter and are then treated with a stent which is implanted into the artery), and PPCI (primary angioplasty, where the PCI technique is used to relieve the blockage as the main or first treatment for patients suffering a heart attack). This will enable the ICP, with specialised commissioners, to maximise the use of resources and infrastructure to ensure equity of access. Lessons learned to inform other collaborative commissioning or lead provider arrangements will be considered by the joint committee.

- The Joint Committee noted Spec Comm's indicative work programme which was aiming to deliver whole system approaches to cardiac services which was closely aligned with the Cardio-Vascular Disease Clinical Network and the ICS Optimising Acute Services programme. The Committee agreed to support a collaborative commissioning approach based initially around the County Durham, South Tyneside and Sunderland ICP in a shadow year in 2020/21. This would

explore the opportunities and benefits to breaking down organisational boundaries to commission services across the whole pathway.

- Similarly, **specialised complex neuro-rehabilitation** is a service that needs to be remodelled to address fragmented pathways and patchy community provision. These services are currently commissioned by both NHSE/I Specialised Commissioning and the CCGs. Penny Gray, representing NHSE/I highlighted the opportunities for co-commissioning and proposed to undertake a joint review, including clinical models, with a view to developing a business case to bring to the Joint Committee for its consideration.

Recommendation 3: that the Joint CCG Committee develops a consistent policy across to be applied across the ICS area for Value-Based Clinical Commissioning (VBCC) and Individual Funding Requests (IFRs)

A proposal was also agreed that CCG governing bodies should be asked to delegate the responsibility to develop and approve single VBCC and IFR policies to the Joint CCG Committee. It was agreed that delegating this responsibility to the Committee would ensure regional consistency for all policies across the ICS area, reduce the transactional costs associated with multiple decision-making processes, and diminish the level of risk carried by each CCG (recognising that the risk would still sit with CCGs as they have delegated decision-making to the Committee). However, the final approval of any proposed policies would require the unanimous consent of each CCG represented on the Joint CCG Committee.

It was noted by the Committee that timing could be an issue as the policy for 2020/21 will need to be approved in March so a decision will be required either collectively by the Committee or by each CCG on an individual basis if delegated authority is not given to the Committee

Other recommendations:

Recommendation 4: it was also agreed to recommend to CCG Governing Bodies that future reporting of the North East and North Cumbria Prescribing Forum should be included in the Joint Committee's work plan.

Recommendation 5: that updates be made to the Joint Committee on plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on other areas of the region.

Summary

In summary, the Joint CCG Committee recommends that CCG governing bodies ratify the inclusion of the following items on the joint committee's work plan for 2020/21:

- The joint commissioning of breast diagnostic services across the ICS area
- The joint commissioning of cardiology and specialised neuro-rehabilitation services with NHSE/I's Specialised Commissioning team
- The development of consistent VBCC and IFR policies across the ICS area
- To receive updates from the North East and North Cumbria Prescribing Forum
- To receive updates on plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP

Sponsor:
Jon Rush, chair of the Joint CCG Committee

Author:
Dan Jackson, Director of ICS Governance and Partnerships