Specialised Services (1/6)

South East London Integrated Care System

Vision

To provide integrated, high-quality, and equitable specialised services that meet population health needs, reduce inequalities, and ensure system sustainability through collaboration and innovation.

Deliverables / Improvements since 2023/24

Specialised services

- Future operating model: Developed a collaborative multi-ICB operating model to integrate specialised services with ICBs, including scenario testing and governance structures.
- Risk and quality mapping: Legacy risk logs identified high priority issues, like cardiac surgery waiting times and neuro-rehab capacity, to inform future planning.
- Efficiency initiatives: Targeted high-cost areas, such as cardiac care, with efficiency programmes focusing on resource utilisation and outcome improvements.

Sickle cell pathway enhancements

- A new community model for sickle cell care was co-developed with voluntary sector partnerships. Enhanced service is 100% staffed and operating across all South East London places.
- Funding and integration: Secured regional funding to strengthen community services and integrate care models.
- Transition of patient care plans into the universal care plan (UCP) for holistic management; reached 84% completion in November 2024.

Blood borne virus (BBV) testing / re-engagement pilot progress

- Continued rollout of BBV testing initiatives in emergency departments, now full coverage of hepatitis B, hepatitis C, and HIV at all EDs in SEL.
- Evaluations demonstrated early success in re-engaging patients in care and reducing health disparities.
- Integrated models: Enhanced coordination between specialised services and broader care pathways to manage BBV patients.
- Set up of the SL HIV Network which is a community of 200+ secondary and primary care clinicians, commissioners, third sector practitioners and community representatives to ensure clinical excellence for people living with HIV.

Key Challenges / Opportunities Remaining

Specialised services

- Managing the transition to ICB-delegated commissioning while maintaining national standards and accountability.
- Addressing workforce capacity and expertise for specialised service transformation.
- Securing sustainable funding to extend successful pilot initiatives.
- Optimising integration of specialised services within local care pathways to reduce reliance on acute services.
- Monitoring and managing risks associated with finance, quality and outcomes of delegated services.

Sickle cell pathway improvements

- Ensuring engagement with local authorities and VCSEs to enhance service connectivity and create streamlined patient pathways to facilitate better access and referrals to services, along with developing necessary resources.
- Strengthening links between patients and primary care providers, particularly regarding registration with GPs; identifying effective strategies to facilitate smooth transitions within the healthcare system and addressing challenges in post-discharge care.

Blood borne virus (BBV) testing / re-engagement pilot progress

- Further work on improving linkage to care (eg through peer support)
- Further close working with primary care to identify pathway redesign and new health settings for testing (eg opt out BBV testing for newly arrived migrants in a GP practice)
- Continue to work closely with the Hep C ODN and NHSE to understand the current issues and opportunities within hep B care
- Key issue around follow up hep B care, highlighted by high DNA rates, and length of time to first appointment

Specialised Services (2/6)

	What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority areas?
1	**The delivery of a Specialised Sustainability Review**, to support the ICB and its South London partners in maximising the opportunities associated with the delegation of specialised services, and as a contribution to system sustainability	The delegation of specialised services provides an opportunity to take a holistic view of service sustainability, efficiency, and outcomes across whole pathways of care in South London. Existing financial pressures, and future constraints related to specialised allocations, mean that it is imperative to take a holistic view of system sustainability and understand where services can be delivered more effectively.. This includes working with specialised clinical networks to seek views and undertake clinical validation of opportunities as well as harnessing delivery through our ongoing co-commissioning of specialised clinical networks once strategic priorities identified
2	**Ongoing improvements to sickle cell care** by strengthening collaboration across the system, developing preventative approaches like social prescribing, addressing care transitions, and creating tailored educational resources; aim to improve patient pathways, enhance referrals, ensure seamless support, and empower both patients and professionals with the knowledge to navigate and improve healthcare delivery.	Mapping of the existing sickle cell community services highlighted significant variation in services by both geography and population group. Furthermore, the 1.9 million residents in SEL cover an area of mixed deprivation. Therefore, combined with the known inequalities in access to services and national report findings, ongoing transformation to patient pathways are required, including urgent and emergency care
3	**Blood borne viruses** – Ongoing delivery of ED opt out testing via an inclusive approach to identify people with BBV who may not see themselves at risk or experience barriers to accessing health services. This is a key opportunity to re-engage people who are not currently receiving care for BBV.	SEL has the highest diagnosed prevalence of HIV nationwide (approx. 12/1000 across Lambeth, Southwark and Lewisham, compared to 1.7%/1000 nationally), and it is estimated that 19% of those who are diagnosed with HIV have fallen out of care after 10 years. The HIV Action Plan sets out the priorities around implementing opt out testing and linkage to care to achieve zero new HIV transmissions by 2030.

Specialised Services (3/6)

South East London Integrated Care System

Priority Area:

The delivery of a Specialised Sustainability Review, to support the ICB and its South London partners in maximising the opportunities associated with the delegation of specialised services, and as a contribution to system sustainability.

What are the actions we will deliver in 2025/26

- Create a Compendium of Opportunities, to draw together existing known issues and opportunities by programme of care and specialty, ranked using a common scoring system, and undertaking clinical validation of opportunities, and engaging with patients and communities to co-create priorities.
- Undertake a holistic data review, to assess variation and inequalities across all specialised services. This will explore patient flows, referral patterns, efficiency metrics, financial indicators, patient demographics and inequalities analysis.
- Using the above, create an executive summary and propose the key projects required to improve system sustainability and quality of care in South London.

Population Health and Inequalities Impact

- Ensuring inequalities analysis is at the heart of the holistic data review process, to uncover unwarranted variation and inequalities within the specialised portfolio.
- Scoring and prioritising known opportunities with a significant focus on population health and preventing health inequalities.

System Sustainability Impact

- The review will aim to maximise the sustainability opportunities provided by delegation and look across the specialised portfolio to understand where services can be delivered more efficiently.
- Once identified, it will propose the key projects needed to do this.

Priority Area:

Ongoing delivery of improvements to **sickle cell community care** to address equity in provision and to provide holistic care for a population who have experienced significant health inequalities

What are the actions we will deliver in 2025/26

- Embed learning from existing pilots into wider care pathway planning.
- Continue to promote the service across south east London, including via engage with patients, primary care and local media where appropriate. This includes attending protected Learning Time event for GP practices to raise awareness of enhanced service / CNS coverage.
- Ongoing consistent delivery of MDT clinics across the three community providers.
- Full implementation and collection of EQ-5D survey results across adults and paediatrics.
- Evaluation delivery to shape delivery of services and changes to operating model

Population Health and Inequalities Impact

- Enhanced access to community based care; increased trust in health services, reduced health disparities.

System Sustainability Impact

- Improved cost efficiency through prevention and early intervention.

Specialised Services (4/6)

South East London Integrated Care System

Priority Area:
Blood borne viruses: Ongoing delivery of ED opt out testing via an inclusive approach to identify people with BBV who may not see themselves at risk or experience barriers to accessing health services, and an opportunity to re-engage people who are not currently receiving care for BBV.

What are the actions we will deliver in 2025/26

- Continue high rates of opt out testing in EDs across SL +90%, including new opportunities of opt out testing (eg at GP practices)
- HIV network to continue disseminating clinical excellence through educational meetings and to deliver HIV Network workplan with key delivery outputs including a benchmarking of SL HIV services across SL
- Build stronger partnerships with primary care across SEL through the GP Champions
- Work to improve our linkage to care rates for all three BBVs
- Work closely with the Hep C network to deliver high quality hep C care

Population Health and Inequalities Impact

- More people living with HIV, Hep B and Hep C identified and engaged in care
- Fewer transmissions of HIV, Hep B and Hep C
- Improve outcomes for those living with HIV, Hep B and Hep C
- Reduce variation for people living with HIV, Hep B and Hep C across SEL

System Sustainability Impact

- Reduce costly inpatient stays
- Reduce liver cancers and transplants

Specialised Services (5/6)

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring out impact?
Specialised Sustainability Review	• Support the ICB and its South London partners in maximising the opportunities associated with the delegation of specialised services • Given the existing financial context facing the ICB and its providers, plus additional financial pressures to the system caused by the introduction of 'needs-based' allocations for specialised services, a key outcome of this review will be a prioritised set of viable projects to address system sustainability and quality of care.	• Projects and opportunities will be scored against a set criteria to determine priority. • The South London Office of Specialised Services has a small informatics team with expertise in project evaluations; this resource will be used to measure the impact of any future projects that may be launched following the Sustainability Review. • Projects will be evaluated to understand financial savings, increased efficiency, quality of patient care, inequalities and unwarranted variation, and patient experience.
Sickle Cell	• Increased quality of life • Prevention of acute sickle cell crises through better crisis management and disease education. • Enhanced access to pain management and disease-modifying treatments (e.g., Hydroxycarbamide). • Reduced hospital admissions, readmissions, and mortality rates. • Better patient-reported outcomes (PROMs) and improved patient access to care. • Enhanced health education and awareness for patients and their families. • Addressing health inequalities for deprived groups and those disproportionately affected. • Addressing health inequalities and financial strain on NHS services.	• Monitoring QALYs (quality-adjusted life years) and PROMs (patient-reported outcomes). • Tracking changes in admission rates, readmissions, pain scores, and mortality rates. • Evaluating treatment uptake and adherence, such as Hydroxycarbamide use. • Reduction in A&E attendances, inpatient bed days, and hospital appointments. • Monitoring avoided hospital admissions and reduced litigation costs. • Assessing reduced time spent in A&E and related healthcare costs. • Evaluating progress in tackling health inequalities, including geography-based variability.
Blood borne virus	• More people living with HIV diagnosed • Identify those living with HIV not in care and engage them back into care • Greater outcomes for people living with HIV • A clinical community of HIV excellence • More Hep B new diagnoses identified and more Hep B patients known diagnoses not in care navigated into care • More Hep C patients identified and cured	• Reduced number of HIV-related inpatient admissions • Shorter average length of HIV-related inpatient admissions • Fewer Hep B related Liver Cancers/Liver transplants • More people treated and cured of Hep C

Specialised Services (6/6)

South East London Integrated Care System

What do we need from enablers and partners to deliver?

- Data and analytics support to monitor progress and measure outcomes, supporting a population health management approach to specialised care provision.
- Sustainable funding models to scale pilot programmes.
- Training and development initiatives for workforce capability.
- Collaboration with NHS England, providers, South West London ICB, and ICBs in other regions to coordinate multi-ICB services and retain access to expert knowledge on specialised services.

How will we work in collaboration with our system?

- Maintain collaborative efforts with other London ICBs and NHS England London Region to ensure the London operating model is effective.
- Make decisions in collaboration with our providers, facilitated through the South London Executive Management Board.
- Develop relationships and integrate governance with ICBs in South East Region to ensure appropriate multi-ICB collaboration on services that deliver care to patients from outside of London.
- Continued proactive support of South London clinical networks, co-commissioned with NHSE, progress strategic programmes such as POSCU, PTC implementation, TAVI, cath lab strategy.
- Collaborate on digital solutions to care pathways to improve access, experience and outcomes

How will we engage with our population?

- Co-production of care models
- Evaluation of sickle cell community and peer support programme, ongoing dissemination of learning
- Strengthen partnerships with voluntary and community sector organisations to enhance holistic care
- Encourage greater patient engagement (eg, through digital channels such as Let's Talk platform, website, etc)
- Support media communications efforts to increase public awareness of initiatives

How will we monitor and share progress?

- Embed comprehensive evaluation plans into our projects from the start, and use qualitative and quantitative evaluation methods to understand whether pilot projects have been effective.
- Publish regular updates on pilot outcomes and efficiency programme impacts, including in the South London Office of Specialised Services newsletter and public website.
- Develop and share annual reports on quality, outcomes, and system sustainability improvements.
- Ongoing reviews of legacy risk log for specialised services