

New ICB responsibilities - Delegation of Pharmacy, Optometry and Dentistry

- On the 1st April 2023 NHS England delegated responsibility for the planning and commissioning of pharmaceutical, general optometry and dental services (primary, secondary and community services) – known as PODs to all ICBs in England. This means that there is an agreement between NHS England and NHS South East London Integrated Care Board (SEL ICB) that enables the ICB to take on the responsibility for delivering these NHS England functions for our population.
- This decision was taken following a nation pre-delegation assessment process and the subsequent agreement of both the SEL ICB Board and NHS England to the planned 2023/24 delegation.
- The aim of the delegation was to provide ICBs with the responsibility and opportunity for managing local population health needs, tackling inequalities and addressing fragmented pathways of care. It is hoped that, through delegation, ICBs will be able to support approaches to designing services and pathways of care that better meet local priorities. Delegation should also provide greater flexibility to integrate services across care pathways, ensuring continuity for patients, improved health outcomes for the local population and optimised use of resources.
- Certain functions were retained by NHS England such as national contract development and negotiations, performers list management, wider aspects of professional regulation and national transformation programmes.
- The delegation related to the following contracts and related budgets: 220 dental contracts with a value of £159m, 191 general ophthalmic contracts with a value of £15m and 326 community pharmacy contracts
- Due to the nature of the single regional team currently working across London to support PODs services commissioning, London's ICBs agreed to work collaboratively across their five systems to ensure the best use of this limited resource is secured through the retention of a single team for London. This team is hosted by NHS North East London ICB.
- The delegation arrangements are underpinned by signed agreements setting out respective roles and responsibilities between the SEL ICB and NHS England and across the five London ICBs.

Pharmacy, Optometry and Dentistry (PODs) (1)

23/24 Key Priorities/Deliverables

A safe landing - It was important that the ICBs secured a safe transition of the responsibilities from NHS England to SEL ICB during the first quarter of 23/24. This included retaining the expertise residing in the London PODs commissioning team through the establishment of a host and lead ICB arrangements, plus underpinning governance including a new London PODs Commissioning Oversight Group which coordinates the delivery of these delegated functions across the capital. This was successfully achieved, with minimal risk and disruption to the system.

Managing our community pharmacy, optometry and dentistry service portfolio - ICBs inherited a wide ranging service and contractual portfolio related to PODs from 1 April 2023 and a key year one focus was on ensuring the effective management of this service portfolio. This work continues into year 2 especially focusing on the opportunities that the dental recovery plan and Pharmacy First initiatives provide to the system.

Understanding the detail of the delegated services – During 23/24 we focused on understanding our POD service portfolio including contractual, quality and financial related requirements. This has included building on our knowledge and understanding through developing relationships with our PODs providers and their representative bodies. We will have also been working with our communities and patients to understand their perspectives to support the development of responsive, coproduced plans and approaches for the future

A forward look – further opportunities in 24/25

Dental – In February 2024 the government published their Faster, Simpler and Fairer: Our plan to recover and reform NHS Dentistry. This 13 month plan gives the ICB a number of opportunities including working with public health colleagues on several initiatives and campaigns, working with local dental providers to maximise the opportunities to see and treat those people who have not seen a dentist for 2 years or over, and to utilise the ring-fenced funding for oral health services to meet the needs of those most in need. Whilst this is only a 13 month plan there is a commitment to consult on further reform of the dental contracts.

Community Pharmacy – in January 2024 a national Pharmacy First service was launched which enables people to access care for seven clinical conditions from their community pharmacy team, either by walk in or referral from general practice. We will support community pharmacy and general practice to work together to ensure that this, and other clinical services in community pharmacy such as blood pressure checks improve access to care and reduce health inequalities for our population. We will also continue to develop local services through community pharmacy such as vaccination and health and wellbeing checks. More detail is also outlined in the Transforming and Integrating Medicines Optimisation plan.

Population health and inequalities – we are developing our approach to utilising the data, information and insights that are available to us to shape our planning and commissioning of services to reduce inequalities across our diverse population.

Levering funding, contractual and service development opportunities – we have been developing our approach to lever available flexibilities and opportunities to secure a responsive service offer that enables us to build on our ambitions around integrated neighbourhood care, population health improvement and inequalities

Pharmacy, Optometry and Dentistry (PODs)

Pharmacy, optometry and dental services are key components of general health and wellbeing, with deep rooted connections and synergies to prevention, primary care and community services – we hope to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff. Some key opportunities for further development are shown below.

Pharmacy

Community pharmacies are trusted and highly accessible sources of advice and care by their local communities. Our experience of working directly with pharmacies as part of an integrated vaccination offer has highlighted their reach into communities that are traditionally underserved by mainstream services. By promoting the range of national services (blood pressure checks, Pharmacy First, contraception, vaccination) on offer through pharmacy to our public and establishing partnerships and collaboration between community pharmacy and general practice, we aim to improve people's health and reduce health inequalities. Pathways are being tested for prescribing and referral in the community pharmacy setting which along with digital integration will enable community pharmacy to deliver more services for health and wellbeing (vital 5) and long-term conditions.

Optometry

Improving the utilisation of local optometry services for minor eye conditions to reduce demand on our urgent and emergency care and secondary care planned care services represents a further opportunity. Whilst minor eye condition services are already commissioned across South East London, delegation could support us in improving local relationships and links between optometry providers and our wider system and building optometry providers into work underway within our Local Care Partnerships to design integrated urgent care pathways as part of implementing Fuller Review.

Dentistry

There are evidenced links between tooth decay / poor dental health with broader physical health condition. We will be considering how to bring together work on healthy lives – including weight management, smoking cessation and alcohol use – with oral health promotion at a very local level, using a think family approach and Making Every Contact Count (MECC). By integrating our preventative approach and messaging and utilising the full range of health and care professionals across our system we hope to be able to increase our impact.

New ICB responsibilities - Delegation

Specialised services

- 'Specialised services' – a portfolio of 154 hugely varied services – have been commissioned by NHS England since 2012.
- Some of these services look after a handful of patients with rare conditions a year, while others, like radiotherapy or neurosurgery treat tens of thousands each year as part of wider pathways of care that also span primary, community and other secondary care services currently commissioned by ICBs.
- Within south east London, Guy's and St Thomas' and Kings College Hospital provide a wide range of specialised services, with geographic flows spanning south east London, London, Kent and beyond.
- Since 2018, NHS England has been working with local commissioners to develop more integrated planning for specialised services to maximise the opportunity for joined up, high quality and equal care for patients.
- The Health and Care Act 2022 formalised these approaches, by allowing ICBs to take on delegated responsibility, where appropriate, for the commissioning specialised services within a framework of continued national accountability, national standards, national service specifications and national clinical policies.
- This new legislative framework presents the opportunity for specialised services and patients to fully benefit from the focus of ICBs on local population health and ensure that the specialised elements of pathways are part of the integrated design and delivery of care to patients.
- It has been agreed nationally that commissioning responsibilities for an agreed sub-set of the specialised services portfolio will be delegated to ICBs from April 2024. A phased implementation of these new delegation arrangements will take place, with some Regions waiting until 2024/25 (April 2025) to take on delegation. This includes all five London ICBS.
- 2023/24 and 2024/25 therefore represents a transitional period as we gear up for taking on their new responsibilities.
- South east London, working with south west and other London ICB colleagues and NHS England London Region, has undertaken significant preparatory work during 2023/24, including as a national pathfinder to test the transactional elements of delegation, as well as progressing work on our future operating model and governance and pathway transformation pilots. Further work will take place over 2024/25.
- The specialised services portfolio covers mental health as well as acute services but mental health has been subject to earlier delegation from NHS England through lead provider arrangements – in south east London mental health providers have been working as part of the South London Partnership which has had delegated responsibility for a range of agreed specialised services for a number of years.

Specialised services

2023/24 development and preparatory work – what we achieved in 2023/24

Joint Working Arrangements – SEL has continued to work with London ICB and NHS England to secure joint oversight of specialist services. This includes being part of a joint London Committee across the five London ICBs and NHS England. The ICB has been a significant contributor to joint work across London to develop our proposed operating model focussed on future governance, ways of working and the development of the commissioning function.

Care pathway transformation pilots - South London has continued to develop and implement pilots to test opportunities and benefits around integration, financial and service benefit and reducing inequalities. These include:

- 2 year pilots that commenced in 2022/23 – neurology, cardiac and Blood Borne Virus testing. We continue to evaluate the impact of these pilots and ensure that learning informs both the future commissioning of these services but is also applied more generally to our future care pathway planning.
- Three new pilots developed during 2023/24 – specialist paediatrics, renal care and haemoglobinopathies (focussed on sickle cell disease), which whilst reflecting national and regional priorities also resonate from a local population perspective. SEL has secured national funding to support the development of our sickle cell services, with investment agreed to secure a new community services offer for SEL plus develop an acute A&E bypass model. We plan to supplement the national funding with targeted local investment to enable a core service offer to be secured consistently across SEL. We have also secured national funding to test a Multiple Morbidity Model of Care that enables integrated case management of a shared caseload between specialist teams and neighbourhood teams. The initial focus is integrated renal specialists, diabetes and cardiology specialities working as part of 7 neighbourhood teams across SEL.

Pathfinder pilot – working across South London to lead a national pathfinder programme. This programme tested some of the key processes around delegation, focussed on data and business intelligence, finance, contracting and payments arrangements, with a 'playbook' of processes and products for adoption by Regions and ICBs for full delegation from April 2024 generated because of the pilot and the learning derived from it. As well as the national benefit, the pathfinder programme provided key learning locally about what is needed to ensure safe delegation of services.

Pre-delegation assurance process – we participated in this national process during the summer/autumn of 2023, to test readiness for taking on these new delegation responsibilities. SEL was rated as green – ready for delegation. Further London wide preparatory work was however agreed for 2024/25, with delegation delayed until April 2025 to enable this to take place.

Specialised services - 24/25 priorities

London wide work – to support a safe and effective delegation

The SEL ICB is working jointly with other London ICBs and NHS England partners to further develop our plans and ways of working around the following four key areas:

Future operating model

- Work to define our **operating model for the NHS England specialised services function** across retained and delegated services, to support integration with ICBs whilst also retaining access to the subject matter expertise and resource that resides within NHS England. To do so we are considering options for developing commissioning hubs.
- Work to understand how we will collectively understand ICB/NHS England commissioning plans going forwards and ensure **effective multi ICB decision making** where services might be optimally planned on a population footprint bigger than a single ICB.

Quality and outcomes

- A comprehensive and systematic mapping of quality and outcomes across specialised services to ensure full visibility and collectively agreed approaches to managing any associated risks, via a **legacy risk log**.
- Building from this the development of a **strategic risk-based framework** for specialist services, where the development of more concrete proposals is required to address identified quality and outcome risks.

SEL specific work – to ensure benefits of delegation are optimised

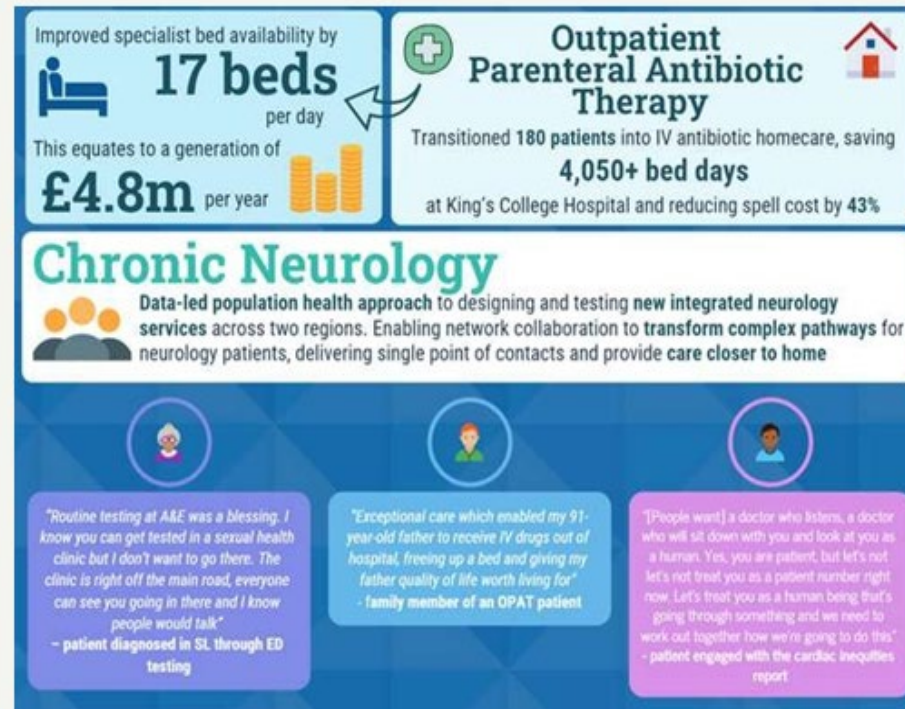
The SEL ICB will work with partners as part of the South London specialised services programme on the following areas:

- Further development of our **care pathway transformation** pilots and learning from them, including applying this learning to secure a greater spread and scale, embedding approaches to improving productivity and efficiency and reducing our reliance on specialised services through prevention, earlier detection and interventions. Includes complimentary new **efficiency programme**.
- Building from the South London led delegation pathfinder pilot to ensure we embed and **further build our expertise across data, business intelligence, finance, contracts and payments**. To include work to understand the impact of national allocation changes to reflect population driven budgets.
- **Enhancing our collaborative working** with the London specialised services commissioning team to join up approaches with regards SEL providers, whilst also joining up acute and specialised services in our own ICB planning.
- Reviewing our South London **programme governance** to ensure fitness for purpose in the context of delegation and the development of an agreed London operating model.

Specialised services - care pathway transformation pilots (1)

- South east London has participated in the south London transformation programme (SLOSS) which has been running a number of pilots over the last two years, focused on cardiac, testing in Emergency Departments for blood borne viruses and neurology.
- Pilots have been developed against an outcome objective that they demonstrably deliver benefits across the NHS triple aim.

SLOSS PILOT ACHIEVEMENTS TO DATE



Questions may be directed to [Giacomo Esposito](#).

NHS triple aim

To improve

Population health

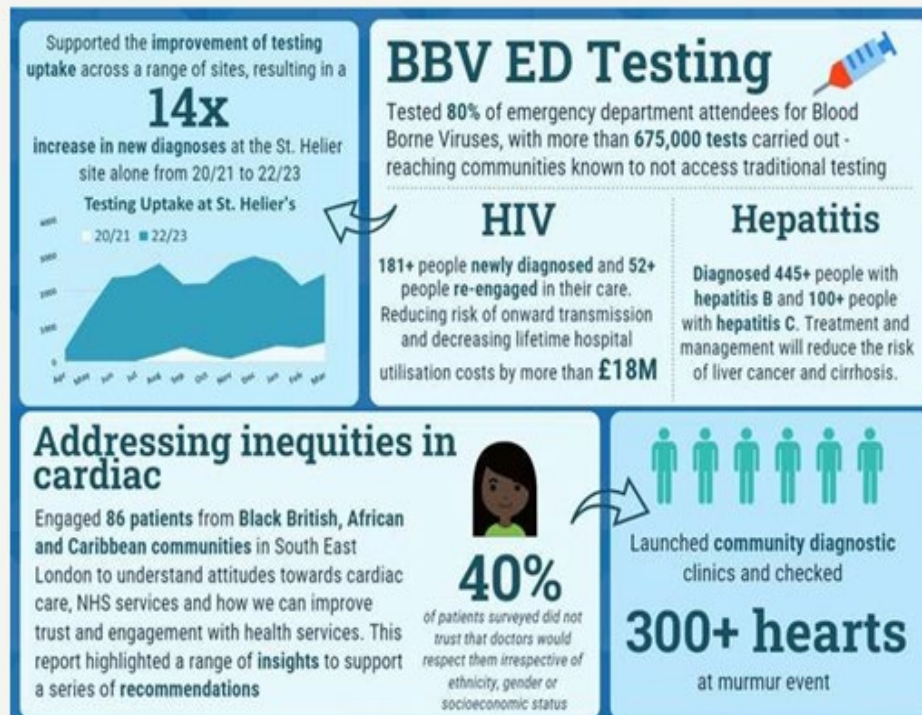
Quality

Value for money

- Key outcomes are shown over this and the next page.
- We will continue to progress these areas of transformation over 2024/25, including as part of our work a focus on care pathway efficiency.

Specialised services – care pathway transformation pilots (2)

SLOSS PILOT ACHIEVEMENTS TO DATE



Questions may be directed to [Giacomo Esposito](#).

- Our South London sponsored care pathway transformation pilots have enabled:
 - The fostering of collaborative working on a multi ICB footprint.
 - Clinically led and driven pathway improvement opportunities to be identified and implemented.
 - A focus on the benefits to be derived from specialised services delegation through a focus on end-to-end care pathways and tackling specialised services demand and inequalities through a focus on front end pathway prevention, early detection and intervention.
 - A systematic tracking of impact and benefit.
 - Valuable learning in terms of specialised services but also wider ICB approaches to care pathway redesign and transformation.

Specialised services - care pathway transformation pilots (3)

Sickle Cell

Achievements in 2023/24

- Secured funding for enhancements to community services across South East London and for testing of an ED bypass model at Lewisham and Greenwich NHS Trust
- Co-production of SEL hub and spoke multi-disciplinary team for sickle cell patients integrated with existing community nursing teams
- Development of partnerships with key voluntary and community sector providers to meet the holistic needs of sickle cell patients.

Areas of focus for 2024/25

- Full year operation of the enhanced MDT community model
- Transition of care plans for Sickle Cell patients to the Universal Care Plan ensuring all appropriate health and care professionals can deliver care in-line with the patient's personalised plan.
- Roll-out of ED bypass models for patients living with sickle cell across GSTT and KCH
- Evaluation of the enhanced MDT community model and ED bypass models to begin
- Development of pilots within primary care to reduce health inequalities for our population living with sickle cell

Multiple Morbidity Model of Care (Renal)

Achievements in 2023/24

- Identification of 7 neighbourhoods wishing to test a new integrated team approach for patients living with multiple long term conditions
- Co-production of an integrated model of care between specialist renal, cardiology and diabetes teams, GPs and other Health and Care Professionals working within neighbourhoods
- Continued roll-out of remote testing for CKD with 7000 more remote tests secured
- Development of an acute specialist team covering all specialities and all SEL acute sites to improve care for patients with complex cardiometabolic multi-morbidities.

Areas of focus for 2024/25

- Full year operation of pilots in all 7 neighbourhoods
- Implementation of a unified risk stratification approaches for the population cohort and a shared case management approach for higher risk patients to stabilise condition and reduce exacerbations
- Optimisation of treatment and medication protocols for patients at lower risk to support patients to remain healthy
- Improving the identification of, and advanced care planning support for patients with highest need who are facing choices over their treatment options and may be entering their last year of life.
- Evaluation of the model to begin

Specialised services – efficiency programme

- In 2023/24 the spend on specialised services for South London trusts was approximately £1.9 billion - of which £1.5 billion will be delegated to ICBs.
- With ever-increasing pressures across the system (cost and inflationary pressures, demand and capacity, population health and ability to meet performance standards), there is a real priority attached to delivering care in the most efficient and effective way possible.
- There is a recognised need for transformative work that reconfigures pathways and delivers care in new ways to deliver more efficient services whilst improving patient outcomes.
- There is consequently a strong appetite across the South East London (SEL) and South West London (SWL) systems for a multi-year efficiency programme to run through 2024/25 and beyond.



In response we are collating further opportunities for transformation and financial and efficiency impact, to help to deliver the triple aim whilst evidencing impact over activity. Work includes:

- Procurement – opportunities for savings in the procurement of cardiac devices within the upcoming renewal of contracts.
- Renal – agreement of five proxy measures that would serve as a first step towards quantifying financial impact of renal projects in future, such as the annual cost per dialysis patient.
- Neurology - Moving care into the community with IVIG and early access to specialist care
- Cardiac – Focus on reducing repeat heart attacks using integrated prevention clinics.
- High cost drugs – development of proposals for savings in this significant budget.
- Workforce – long term planning to ensure capacity for transformation changes, such as community care.