

NHS ENGLAND – BOARD PAPER

<p>Title: Specialised Services Commissioning Committee (SSCC) Report</p>
<p>Lead Director: Noel Gordon – Non-Executive Director and Chair of the SSCC</p>
<p>Purpose of Paper: To update the Board of the meeting(s) of the Specialised Services Commissioning Committee held on 19 September 2018</p>
<p>The Board is invited to:</p> <ul style="list-style-type: none">(i) note the work and key decisions of the SSCC

Specialised Services Commissioning Committee Report

Report to the Board from: Specialised Services Commissioning Committee
Committee Chair: Noel Gordon
Date of the committee meeting: Wednesday, 19 September 2018

Matters for the Board's attention

Strategic priorities for specialised commissioning

1. The Committee considered the development of the strategic priorities for specialised commissioning for the period 2019/20 to 2020/21.
2. The priorities reflect the long term plan clinical work streams which are relevant for specialised commissioning: cancer, mental health, learning disability and cardiovascular services, as well as genomics and the other acute programmes (women and children, blood and infection, and internal medicine).
3. The Committee was supportive of the approach and made a number of recommendations to be considered in further development of the strategic priorities.

Prison health

4. The Committee considered key issues and progress since the last discussion at the Committee meeting in December 2017:
 - Improvements have been made in reducing delays in transfers between prisons and secure mental health hospitals. Mental health transfers remained a priority area for 2019/20 and beyond.
 - A partnership programme is in place to reduce offending and custodial sentences by enabling courts to give non-custodial sentences with a requirement for drug and alcohol or mental health community treatment. Post-custody continuity of care between prison and the community remained a high priority.
 - A system of reporting has been devised which provided meaningful intelligence on issues that may affect healthcare delivery.
 - There has been engagement with leading third sector advocates for lived experience in the development of health and justice services, including User Voice and the Revolving Doors Agency, with the aim of developing a lived experience co-commissioning framework.

Healthcare for armed forces and their families

5. The Committee discussed the strategic direction for support for armed forces and their families in the context of the development of the NHS long term plan. The discussion had two parts:
 - For those who are serving in the armed forces and their families, services must be highly responsive and personalised, recognise the interface between other commissioners and service providers, and recognise the transient nature of the armed forces community.

- For those who are being or have been discharged from the armed forces, the NHS and its partners must work together to support their identification as a veteran in order to understand potential demand and commission services appropriately.

Specialised commissioning's clinical priorities: delivery update

6. The Committee was updated on the progress being made in achieving the Specialised Commissioning 2018/19 deliverables for the clinical priorities of cancer, mental health and learning disability.
 - Good progress was being made with implementation of the radiotherapy and cancer surgery service reviews. A new service specification for children and young people's cancer was undergoing stakeholder testing.
 - The programme to open new mother and baby units was on track. On child and adolescent mental health services, there was an ongoing need to build up inpatient bed capacity before the expected reduction in reliance on beds due to greater investment in community services.
 - On learning disability, the number of people in institutional care has now fallen by a fifth. There was variability across the country in progress with moving people with learning disabilities out of inpatient care. While there were still a number of delayed discharges, progress had been with reducing new admissions.

Items for the Board's information and assurance

7. The Committee assured the following additional items:
 - June and July 2018 meetings of the Patient and Public Voice Assurance Group, which considered: the engagement plan for thrombotic thrombocytopenic purpura; the consultation plan for complex gynaecology services; and the hyperbaric oxygen treatment 13Q assessment. The PPVAG also discussed: a proposal from the Quality Surveillance Team on future arrangements for patient and public voice involvement; an update on the genomics programme; an update on the Patient and Public Voice (PPV) membership development plan; an overview of PPVAG review meetings; and regional reporting on 13Q assessments.
 - Month 4 financial position and the latest contract position for 2018/19.
 - The Health and Justice Oversight Group meeting held in September 2018.
 - The Armed Forces Oversight Group meeting held in August 2018.
 - The Cancer Drugs Fund Investment Group.
8. The Director of Specialised Services updated the Committee on a number of current issues, including:
 - Recent commercial developments;
 - Ongoing procurement exercises;

- Legal challenges;
- Progress on voluntary medicines pricing scheme negotiations;
- EU exit contingency planning for supply of medicines.

Recommendation

9. The Board is invited to:

- note the work and key decisions of the SSCC