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Re: Commissioning Intentions 2019/20

1. Background

2018/19 has been a year of significant change for the NHS both nationally with the expected ten year national NHS plan due in November 2018 and on a local level. Major developments locally include, the merger of Ipswich and Colchester Hospitals to form East Suffolk and North Essex Foundation Trust (ESNEFT) from July 2018 and in May 2018 the approval of our local system as one of four wave two Integrated Care Systems (ICS). During this period health, care and wellbeing partners across Suffolk have been working together to set the strategic direction for local services through the ongoing development of our two local Alliances: West Suffolk and Ipswich and East Suffolk as a key part of the wider ICS development.

This letter provides a summary of the progress made and our future plans, giving our commissioning intentions for the coming years and 2019/20 in particular.

2. Our Integrated Care System

2.1 Introduction

Suffolk and North East Essex (SNEE) was designated as a wave two ICS in May 2018. This development recognises our strong local leadership, partnership working and ambitious plans to strengthen primary care and integrate services for the benefit of local communities and provides a strong platform on which to build our future plans.

Our ICS in SNEE requires that we take much more decisive action on prevention and population health; we invest in new, more integrated, more efficient and more locally applicable integrated wellbeing, care and health models of care and over time we see a greater emphasis on efficiency coming from wider system improvements. Fundamentally, we also need a totally different relationship with our communities to enable them to shape our priorities and release the natural assets they have to contribute to their wellbeing, care and health. We are responsible for making the best use of the resources we have in our system and more effective commissioning has a major part to play in this. To achieve the changes required, all current commissioning and provider organisations in SNEE are seeking to find a new way, locally relevant way, of organising and delivering our wellbeing, care and health system.

We are committed to delivering wellbeing, care and health services that centre around “place”, because we believe that we will achieve better outcomes if we collaborate with each other to address challenges and improve the wellbeing, health and care of the defined populations that we serve.

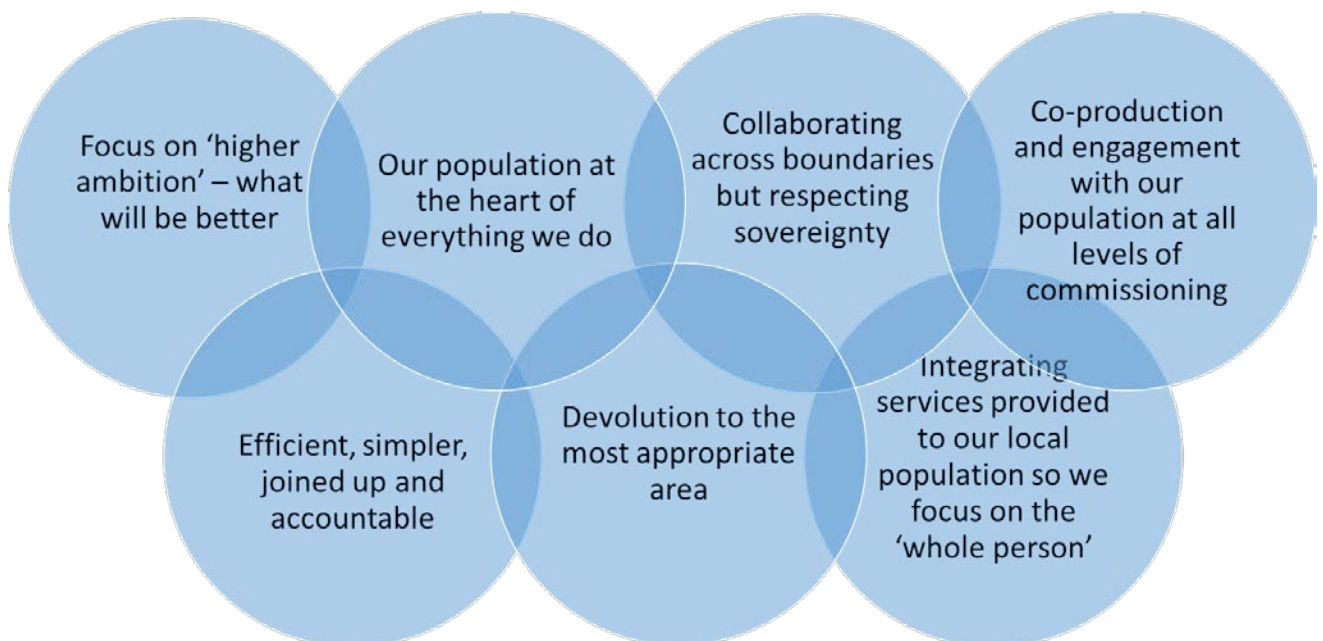
Safe and effective services for people of all ages with long-term conditions, frailty, emergency and urgent care needs, mental health problems, learning disabilities etc are underpinned by an effective multi agency approach. We must arrange our system to enable easier collaboration; organisationally, clinically and financially.

We have begun to define new ways of organising ourselves around “place”. “Place” in SNEE is outlined at three broad levels:

- Whole ICS footprint (i.e. SNEE system level) to 1 million population
- Alliance (i.e. North East Essex, West Suffolk and Ipswich and East Suffolk) each to 250-350k+ population
- Locality (e.g. 6 in West Suffolk, 8 in Ipswich and East Suffolk and 4 in North East Essex of circa 50k population size)

In our integrated care system health, local authority and other partner organisations work closely to share resources and decision-making around the most appropriate ‘place’.

We believe the principles outlined below will guide our work over the coming year.



We believe that the changes we are making to develop the ICS will have a number of benefits, including:

- joint decision making will give confidence to our residents that local partner organisations are able to work well together to improve the population’s wellbeing, care and health.
- our new system will allow us to set out common standards and outcomes.
- using greater collaboration to reduce unnecessary variations in performance and outcomes e.g. in urgent and emergency care and cancer services, in order to tackle inequalities in wellbeing, health and care.
- demonstrating that we have drawn on the latest evidence and advice for the configuration and development of clinical and other services, e.g. General Practice, Mental Health etc.
- our new arrangements will enable us to demonstrate that we can deliver a clinically and financially sustainable local ICS, consistently and fairly across SNEE.

Through the rest of 2018/19 and into 2019/20 we will continue to work with our ICS partners to further define, develop and put into place the changes needed to bring the ICS into being.

*Waveney is not part of the SNEE ICS footprint but we continue to work closely with Waveney partners.

2.2 Our Local Alliances

During 2018/19 the two Alliances in Suffolk (Ipswich and East Suffolk and West Suffolk) have made a lot of progress in their development and delivering significant change to the local population including now running community health services across Suffolk.

Our local alliances are made up of West Suffolk NHS Foundation Trust, East Suffolk and North Essex Foundation Trust, Suffolk GP Federation, Suffolk County Council and Norfolk and Suffolk NHS Foundation Trust alongside a number of wider partner agencies from health, care and wellbeing.

Working closely with the CCGs, our Alliances now have local strategies in place to continue to meet the challenges our local population face and see much closer integration of health, care and wider wellbeing services. The CCGs are committed to working with the Alliances and indeed are playing a key part in the development of delivery plans to ensure the Alliances deliver the ambitions/objectives which are set out below.

The West Suffolk Alliances' aims to deliver four interconnecting ambitions:

- Strengthening the support for people to stay well and manage their wellbeing and health in their communities
- Focusing with individuals on their needs and goals
- Changing both the way we work together and how services are configured so that health and care services are sustainable into the future and work well for people.
- Making Best Use of Resources

The East Suffolk Alliance has the following objectives:

- To help people to prevent ill health and manage their own care
- To deliver planned, responsive, joined up health and care services
- To deliver innovative solutions supported by technological and digital infrastructure
- To provide services as close to people's homes, as possible
- To create One Team to facilitate the best holistic care and to retain and attract the best talent
- To reduce duplication and waste
- To move resources from acute to community and home settings
- To develop a vibrant, sustainable Alliance between providers and with commissioners.

The CCGs believe that the Alliance Strategies and the ambitions/objectives set out above provide the framework for our future commissioning plans and the Alliance Delivery Plans will set out how the Alliances will deliver on these of which we will continue to play a key part.

2.3 Our CCGs

The changes outlined above will invariably mean a changing role for the CCGs over the next financial year as we embrace the new ICS model and the focus on 'place' defined at the three levels described in section 2.1.

We believe that our CCGs need to "lead and cede" as we continue to evolve our governance to drive integrated care in our localities, alliances and at the ICS level. This means for us that:

- we will create new forms of shared decision making with providers and partners in pursuit of a vision of integrated care delivery within the context of our legal duties through the Alliances
- we will sustain and enhance co-production and community involvement building on our work on developing a new Suffolk Mental Health Model
- we will ensure clinical and managerial leadership and service users and carers work together to drive transformation
- we will continue to explore options aligning motivations across partners through exploring further system wide control targets – see next section for further detail.

2.4 Aligning Incentives to Deliver Change

In recent years we have worked together to agree fixed income contracts which have enabled our local providers and the CCGs to plan with greater financial certainty and to focus our clinical and managerial expertise on working together to improve the quality of services. We believe that the system of guaranteed income contracts is one of the key enablers of success in the system, allowing all partners to concentrate on developing the most appropriate pattern of services rather than being driven by particular financial incentives.

As we work more closely across the ICS, we expect to integrate our budgets more closely through the adoption of a system-wide control total. This mechanism will create greater flexibility and help take forward our collaborative approach. We also recognise that we need to balance the need for a consistent contracting approach with our providers with the different historic position of the CCGs, the pattern of service provision and the particular priorities of each local Alliance. To this end we have agreed that for 2019/20 we will set a standard uplift level on the Guaranteed Income Contracts providers, which will be related to the growth figure received by the CCGs (not yet known), leaving an element of growth to be determined locally by each CCG working with its alliance partners.

The CCGs will continue to ensure that Mental Health services are prioritised in our investments through ensuring that the mental health investment standard is met, maintaining the share of our overall expenditure which is allocated to this area, regardless of the pressures being felt elsewhere in the local system.

The CCGs will look to provide a second year of Transformation Funding for Ipswich and East Suffolk and West Suffolk following a review of the first year's process. We believe that the Fund provides an opportunity to pump prime a range of partners to deliver on the priorities outlined in the Alliance Strategies.

We will be looking to work in partnership with providers of care in Suffolk to meet our statutory requirements and to deliver the constitutional standards of the NHS. As such the priority of financial investment remains foremost to deliver constitutional performance with subsequent investment to complement and enhance performance against our Alliance ambitions and objectives.

The CCG will procure services in accordance with regulations, its scheme of delegation, with reference to the evolution of Alliances and with regard to the regulations on procurement, competition and choice. The regulations are intended to give commissioners flexibility and adopt a principles based approach as opposed to providing prescriptive rules on procurement. The regulations do not mandate that services must be competitively procured. The decision of which services to commission and how to procure them remains a decision for commissioners.

3. Areas for Continued/Greater Focus in 2019/20

The CCGs believe that the Alliance Strategies and the ambitions/objectives set out above provide the framework for our future commissioning plans and the Alliance Delivery Plans will set out how the Alliances will deliver on these of which we will continue to play a key part.

Notwithstanding this the CCGs believe that the following areas are of particular focus during 2019/20:

3.1 Integrated Care

The focus areas are:

- Continued roll out and further development of the Integrated Neighbourhood Teams across Suffolk.
- Full implementation of the Integrated Urgent Care (IUC) Service and supporting its further development including integrating with GP Streaming and developing a Mental Health Crisis element.
- Development of new model of care for A&E at Ipswich Hospital and continued focus on evolution of A&E services at West Suffolk Hospital to maintain the 95% four hour target.
- Full implementation of Discharge to Assess (D2A) across the four agreed pathways to continue to support effective patient care and support health and care system demand and a capacity including achieving 3.5% or less delayed transfer of care and reduced levels of Stranded and Super Stranded patients.
- Full implementation of the revised arrangements across Felixstowe for the management of minor injuries and wider health and care integration.
- Further development and roll out of Trusted Assessment across Suffolk.
- Further development and delivery of programmes of work focussed on End of Life, Falls and Fragility and Care Homes.

3.2 Elective Care and Cancer

The focus areas are:

- Continued focus on demand management of elective activity with a particular focus on reducing follow up outpatient appointments.
- Continued implementation of our Rightcare Programmes.
- Review and implement changes arising for Stroke Services with a particular focus upon HASU/ASU arrangements across Suffolk and North East Essex and specifically commission revised early supported discharge models.
- Continue to support and implement changes through the following strategic partnerships:
 - Ophthalmology (ESNEFT, Evolutio and Newmedica) and (West Suffolk Hospital and Evolutio)
 - Gastroenterology (ESNEFT and Inhealth)
 - MSK (ESNEFT and Allied Health Professionals)
- Confirm further strategic partnership arrangements for:
 - Pain Management (West Suffolk)
 - MSK (West Suffolk)
- Continued focus and roll out of Diabetes Programme across the ICS.
- Continued focus on delivery of key Cancer constitutional standards and roll out of transformation programme across the ICS.

3.3 Children and Young People and Maternity

The focus areas are:

- Ensuring the SEND Action Plan is fully implemented.
- Implementation of new model of care for Children's Speech and Language Therapy.
- Development and implementation of new model of care and pathways for Neurodevelopmental and Behaviour.
- Implementation of new Mental Health Crisis Service.
- Further development of Perinatal Service.
- Further development of Eating Disorders Service.
- Review of acute and community children's services and development of a revised model of care.
- The full and timely implementation of the National Maternity Transformation programme, most particularly:
 - Continuity of Carer implemented across pathways to ensure at a minimum 20% of women continue to receive this type of care. Plans will be required to demonstrate how this will increase to 50% by 2021.
 - The Saving Babies Lives bundle is 100% implemented.
 - Digital maternity record is in place which supports seamless care and transition to CYP services.

3.4 Mental Health and Learning Disabilities

The focus areas are:

- Focus on service improvements at NSFT given most recent CQC inspection outcome of 'special measures'.
- Continued development and commissioning of revised model of care for Mental Health following on from the significant amount of co-produced work carried out during 2018/19 with focus on addressing Mental and Physical Health and Long Term Conditions.
- Implementation of revised model of care for Early Intervention in Psychosis.
- Ongoing focus on dementia including diagnosis and ongoing support for people with dementia.
- Confirm and implement plan for revised Crisis Model including Crisis Resolution Home Treatment Teams.
- Continued focus on development of IAPT and Wellbeing Service to meet 25% access target by 2020/21 with particular focus on Long Term Conditions and links to Primary Care.
- Severe and Enduring Mental Illness- support including Physical Health Checks and Individual Placement and Support (IPS) Service.

3.5 Primary Care

We will continue to implement our Primary Care Strategies and GP Forward View plans including:

- Development of new models of care – enabling primary care collaboration and joined up care in our localities – through Integrated Neighbourhood Teams
- Workload - support for the delivery of the Ten High Impact Actions in practices to reduce workload and manage patient care. This will include social prescribing.

- Workforce – delivery of GP recruitment and retention programmes as well as support for the integration of new clinical roles in practice
- Access – enhancing access to GP-services including in evenings and at weekends and ensuring an efficient and effective transfers
- Infrastructure – creating new physical environments for future care needs and enabling digital connectivity for patients and professionals
- Leadership – investing in clinical and management leadership within primary care and with secondary, community and social care partners in One Clinical Community
- Review of all aspects of shared care arrangements
- Review of the methodology for allocating prescribing budgets to practices based on the findings of research conducted by Suffolk Public Health, due to report in December 2018

We will continue to provide leadership, an effective contractual framework and support for safe, high quality and cost effective prescribing. We will do this by working with local practices, wider clinical partners within our Alliances and across the East of England through the prescribing Priorities Advisory Committee and PRESCQIPP. We will retain particular focus on anti-biotic and Controlled Drug prescribing and management.

We will also continue our support for practices prior to and subsequent to CQC inspections to ensure shared learning.

We will review the Primary Medical Services Development Framework and GMS LES to ensure that services respond to national and local priorities.

3.6 Enablers

Digital and IT Services, Estates and Workforce Planning are key underpinning enablers for the success of our ICS development and Transformation Programmes and therefore must be informed by clinical and service strategy.

By collaborative working and joint decision-making, we will make the best use of property, people and digital services to meet local health and care needs. Our focus will ensure these areas are fit for purpose, functionally suitable and commercially viable. The CCGs have robust governance arrangements in place for ensuring that decisions about Digital, Estates and Workforce reflect local healthcare priorities and the current and future needs of the local communities.

The formation of the relevant STP Strategy and Delivery Groups has enabled a greater focus on partnership working and enabled all health and social care providers who are members of the group to explore these areas in more depth and work together in line with our transformation plans.

We hope this letter helps clarify our current direction of travel and reinforces our commitment to joint working across Suffolk and the wider ICS.

Yours faithfully



Dr Ed Garratt
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Ipswich & East Suffolk CCG
West Suffolk CCG