Ipswich & East Suffolk CCG
North East Essex CCG
West Suffolk CCG

Our Ref: EG/hjf

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Re: Commissioning Intentions 2021-22

2020/21 has been a year of significant change for the NHS both nationally and on a local level not least with the ongoing Covid-19 pandemic and our response both to managing this and recovery. Major developments over the last year locally include the development of our new mental health model in Suffolk, the development of our new community model in North East Essex, the development across the three Alliance of our End of Life (EOL) models and the development of exciting capital plans for changes at East Suffolk and North Essex Foundation Trust (ESNEFT) and a new build hospital for West Suffolk Foundation Trust (WSFT).

During this period health, care and wellbeing partners across Suffolk and North East Essex have continued to work together to set the strategic direction for local services through the ongoing development of our three local Alliances: West Suffolk, North East Essex and Ipswich and East Suffolk as a key part of the wider Integrated Care System (ICS) development.

This letter provides a summary of the progress made and our future plans, providing a summary of key commissioning intentions for the coming years and 2021/22 in particular within each of our system programmes. Appendix A included with this letter provides more detail of our commissioning intentions.

The CCGs recognise that these priorities may change in light of learning from the ongoing Covid-19 recovery phases and in light of any actions needed to be taken as part of the national Covid-19 ongoing response as the national risk level changes.

The commissioning intentions should be read in conjunction with the ICS Strategy and our three Alliance Plans which set out more detailed ambitions and priorities for the ICS and Alliances over the next four years.

In line with the NHS Standard Contract, which requires six months' notification for any potential changes to services and counting and coding charging proposals, these intentions will also support the 2021-22 contract negotiations. These commissioning intentions should therefore be considered as the CCGs' formal notice letter.

Our Commissioning Intentions for this year will focus on:

Our Integrated Health Care System (ICS)	As key partners in the Suffolk and North East Essex ICS (SNEE ICS), our three CCGs are working together with local NHS providers, local government and voluntary and community sector organisations around our collective aim to make a difference to the issues that matter to people, and which can only change by working with other partners. Learning from Covid has underlined our commitment to our eight Higher Ambitions and our ICS primary ambition to achieve health quality for the one million population. The challenges of Covid-19 is further embedding our collective learning on 10 key themes: 1. Covid-19 further amplified the many existing inequalities in our communities 2. We under estimated the inherent resilience in our local communities 3. We are more adaptable than we thought – with a collective focus we can move mountains 4. Adopting new technology has potentially brought new opportunities and challenges 5. The safety, flexibility and resilience of our people and workplaces are vital 6. Knowledge is key - we need the right data and intelligence to deliver better care together 7. We need to be joined up across sectors about funding and investment 8. In recovering our services we need to 'build back better' and be prepared to face future challenges 9. We need to plan both for the many and the few 10. Enabling collaboration is even more important now than it ever was We have continued to come together with other partners through regular 'Thinking Differently Together' online events and to further enhance the role of the voluntary, community and social enterprise sector in our ICS. We plan to fully realise the further opportunities for integrated care systems set out in the NHS Long Term Plan (2019) by strengthening the way that we work with NHS England and NHS Improvement through NHS 'System First'. Building on our system capability in key areas including population health management, service redesign, workforce transformation, digital and technology, capital and estates and finance we will develop the way that as an ICS we will undertake the two key roles of leading system transformation and collective management of system performance. We have begun to do this work together with our local partners and with support from the King's Fund, with the aim to upgrade our system governance towards the end of 2020, building on the thinking in our three alliances and ensuring that as system partners our system governance supports collective responsibility, streamlined commissioning and decision making between system partners.

	In upgrading our system governance we want to further enhance the role of the voluntary, community and social enterprise sector in our ICS, more fully embrace the role of non-executives, governors and lay and elected members, and further embed co-production as 'business as usual' in the way that we work.
Achieving Health Equality	We aim to optimise population wellbeing through improving health as an asset and the prevention of illness or illness deterioration. The ICS has a primary ambition of achieving health equality for our whole population. In particular, to address the entrenched problems including leaning from BAME communities highlighted by the pandemic, we have made a start with our Alliance #WhatAreWeMissing events that aim to address health inequalities and access to services, setting up a community champions group and working with community leaders to understand and tackle some of issues. These discussions have shown us that if we are to address racism and inequality in our ICS then we need to listen and learn, change what we do and stand together. Our Covid-19 recovery plans include implementing eight urgent actions identified by NHS England and NHS Improvement: 1.Protect the most vulnerable from Covid-19; in particular the impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics 2. Restore NHS services inclusively 3. Develop digitally enabled care pathways in ways which increase inclusion 4. Accelerate preventative programmes which proactively engage those at risk of poor health outcomes 5. Particularly support those who suffer mental ill-health 6. Strengthen leadership and accountability 7. Ensure datasets are complete and timely 8. Collaborate locally in planning and delivering action We will work as partners in the ICS through our three local alliances to implement these actions over the coming months, in close partnership with colleagues in local government, other public services, voluntary and community sector organisations, and local communities. As CCGs we have made an explicit commitment alongside other local public sector partners by signing our ICS Charter for Anchor Institutions to make a difference in our local communities by: • purchasing more locally and for social benefit • using buildings and space to support communities • working more closely with local partners • widening access to quality work • reducing our environmental impact

	We aim to rapidly accelerate the role of social entrepreneurs as a key asset in these deprived local communities. As part of the Public Health England 'Health Equality Programme' we want to rapidly identify creative opportunities to deliver local social value by working with social entrepreneurs who we can enable as partners by more fully realising our roles as local anchor institutions e.g. by procuring services for social value. The VCSE sector are key partners in tackling health inequality. Suffolk and North East Essex is blessed by an exceptionally strong and diverse local VCSE sector who continue to face many challenges as a result of the Covid-19 pandemic. We will work in partnership with our local VCSE sector through our ICS and Alliances in response to the issues outlined above by: • Developing more agile contracts that offer the additional flexibility and stability that the sector needs at such a challenging time; • Working in partnership with local government, community funders, VCSE infrastructure organisations and VCSE leaders to work towards a more sustainable sector; • Providing infrastructure support alongside other ICS partners with practical issues e.g. safety, HR, estate management, etc. • Continuing to maintain good two-way communications and strategic working on key issues with VCSE leaders as partners through the ICS VCSE Strategy Group; • Further enhancing the role in the ICS in our next steps work on ICS governance. We will also support collaboration between all those supporting volunteers in Suffolk and North East Essex including development of a local volunteer passporting scheme.
Our Alliances	Local 'place-based' systems of care involve multiple partnerships, including NHS organisations and the local government, working together to provide integrated care across organisational boundaries to improve the health and wellbeing of their populations. In Suffolk and North East Essex ICS there are three 'place-based' systems of care called Alliances. Our three Alliances are North East Essex, West Suffolk and Ipswich and East Suffolk, with each defined by the footprint of local health and care partners as well as natural geography, developing differently according to local circumstances. The Alliances provide the focus for planning and delivering meaningful integrated care and services to the local population with partners working closely with the voluntary and community sector, independent sector organisations and communities. The Alliances will become the default forum for all key commissioning decisions and will work with partners across the SNEE ICS wherever that can add more value for each Alliance population than working alone. This approach will be supported by ensuring the Alliances have oversight of contestability plans to drive from inception the design phase of transformation and future commissioning decisions.

	It is the expectation that the Alliances will form the basis for the commissioning and management of the Better Care Funds, supporting the ever closer integration between health and local authority services, with the intention to explore opportunities to increase the scope of pooled budgets to include those wider determinants of health such as housing. This will help to fully realise the significant opportunity and benefits associated with integrated place based commissioning with local authority colleagues the support the level of transformational change required. The shift from traditional commissioning models to a population health based approach, supported by outcomes based reporting, will continue to be central to the Alliances' commissioning approach. This will form the basis for targeting our key interventions to support wellbeing in the widest sense for our local population, by recognising the importance of the communities we live and work in and to support the reduction in our health inequalities. We will continue to work with our Alliances to engage in a range of activities to develop solutions for their local populations: *Public Involvement* • Work with citizens to understand the wellbeing, social and healthcare needs of the local population • Create, grow and develop solutions to improve outcomes for the local population • Co-produce outcomes to reflect the lived experience *Continuous Improvement/Innovation* • Review and redesign local services • Work collectively to shape and deliver improvements collectively • Use innovation, including digital solutions, to enable system change and improve outcomes for the local population *Reducing Health and Social Inequalities/Population Health/Planning* • Assess the wellbeing, social and healthcare needs of the local population • Conduct strategic planning across our local population, identifying opportunities for transformation and improvement • Develop and implement delivery plans *Delivery* • Responsibility for local service provision. Those defined as Specialised Services may be commissioned a system level, but delivery will remain at provider-led alliance level • Managing risk – finance, quality and performance • Holding colleagues to account *Integration* • Work with system partners to align and integrate service delivery across sectors to create efficiencies in practice and improve outcomes for the local population • Build and manage relationships across the Alliance network

	• Work as part of the ICS to inform and deliver systems ambitions *Financial/Contracting* • Shared decision making • Undertake procurement where required, and manage ongoing contractual arrangements • Local financial management Each Alliance has their own strategic plan and priorities for 2021/22 which can be found in Appendix A.
Our Localities	Localities provide a focus for smaller, identifiable populations based on particular characteristics or needs, agreed within Alliances. Without the need to meet the requirements of a fixed size or model, different areas can find different solutions for different problems. In West Suffolk there are six localities, within Ipswich and East Suffolk there are eight localities and within North East Essex there are six localities. Alliances play a key role in oversight and support of effective locality arrangements that deliver for local populations. These localities are based around GP catchment areas overlaid with local health and social care teams and with the development of Primary Care Networks (PCNs) we will ensure that each locality is clearly defined. At locality level the role of district and borough councils and the voluntary and community sector are also key. The Integrated Neighbourhood/Locality Teams bring together physical, mental health and social care practitioners that work with General Practices within each locality to provide a single coordinated care response for people, underpinned by prevention, self-care, early intervention, reablement and rehabilitation, (including people living in nursing and care homes). There are four main objectives: • Fewer people need unplanned care and support (reduction in crisis situations) • Greater numbers of people have access to and are supported by activity outside of statutory services • Resources in the delivery of community-based health and care support are used more efficiently • The ongoing costs of supporting people are reduced as people's independence is increased In all three of our Alliances there is a focus on the Integrated Neighbourhood/Locality Teams identifying local issues that relate to their specific populations, and developing a joint plan as to how they, as a system, can begin to address these, with support of the CCG.
Our CCGs	Our three CCGs have a single accountable officer and a single management team. In 2021/22 they will continue to co-operate with one another and each work increasingly as integrated partners within Alliances, with governance to support local decision making. In addition, we plan to: establish joint governance across the three CCGs able to support decision making where it is needed across the whole

	ICS footprint; explore closer working with local authority commissioning partners, including Public Health; explore the potential of integration of direct commissioning of specialised services at an ICS level; and conclude discussions on the organisational form of the CCGs.
Our PCNs	It is increasingly recognised that PCNs play a significant role as an integral building block to support the national and local ambitions. With increased focus on PCNs, it is crucial to support and facilitate the clinical leadership and core teams to enable the capability and leadership to meet that expectation, deliver the national specifications and the local ambition. We are committed to the well-established clinical leadership programmes and intend to expand these further to other clinical and managerial staff. This approach to combined leadership supports the fundamental blocks to integration, and as a means for PCNs to interface with one another. Clinical Directors will be providing leadership, both strategically and clinically to the Alliances at 'place' level. PCNs are crucial for the implementation of the NHS Long-Term Plan for effective delivery in primary care in local neighbourhoods delivering against seven new service specifications to cover: • Plans to help shape primary care services • Developing an approach to balance increased patient care within communities whilst also ensuring the development of a more resilient Primary Care system • Working across our Alliances to ensure Pharmacists, Opticians, Dentists, GPs and other partners are involved within the PCNs. This will build on our Healthy Living Pharmacy programme in particular • Supporting the integration of mental health services into PCNs • Management of complex patients to localities with PCNs and Integrated Neighbourhood Teams • Support existing and new Social Prescribing schemes; ensuring that learning is shared between localities and completing a full evaluation of impact by March 2021 to enable informed decisions about future models and long-term investment
Aligning Incentives to Deliver Change	Changes to the financial architecture driven by the emergency response to Covid-19 means that the funding baselines in place during 2020/21 have moved away from our previously agreed plans. Our strong system working we have developed in recent years, such as the used of Guaranteed Income Contracts, adoption of system wide control totals and ICS wide financial reporting will provide us with the building blocks to adapt into 2021/22. We will consider how to enact the principles of the Social Value Act more consistently when commissioning services. Recognising the added value benefits that organisations can bring to services being delivered or produced, our engagement with social value will allow us to consider and secure the extra benefits which can be delivered by providers.

	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. We will continue to encourage partnership working to meet our statutory requirements and to deliver the constitutional standards of the NHS. As such, the priority for any discretionary financial investment remains foremost to deliver constitutional performance with subsequent investment to complement and enhance performance against our system and place-based ambitions and objectives. The CCGs will procure services in accordance with regulations and our schemes of delegation, with reference to our three place-based 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.
Quality Improvement	Quality of care remains at the heart of the commissioning decisions made by our CCGs. Whilst some difficult decisions have to be made, the CCGs will always consider the impact on the effectiveness and safety to ensure that responsible decisions are made. Our intention in 2021/22 is to take a supportive approach to quality assurance visits, clinical quality priorities and patient safety issues. Priorities for 2021/22 will span across all three Alliances and will include: 1. Infection Prevention & Control 2. Deteriorating Patients 3. Safer Staffing 4. Learning Disability and Autism 5. Falls Prevention 6. End of Life Care 7. Tissue Viability 8. Dementia 9. Hydration & Nutrition 10. Mental health 11.CYP 12. SEND 13. Safeguarding SEND programmes of work across the Suffolk and the Essex system continue to be key priorities for us and the progress against the written statements of action for Suffolk and Essex. We intend to ensure that we measure and develop outcome measures for providers and our Suffolk and Essex systems.
Strategic Programmes	Focus areas include: 1. Stroke - transformation and system-wide working on stroke services to increase the integration of care

	2. Neuro-rehabilitation – a new ICS Steering Group with a focus on care available in appropriate settings dependent on need 3. Diabetes, including support to the ICS Higher Ambition on obesity, continuation of the national prevention programme and delivery of treatment and care targets 4. Cancer Services – implementation of our agreed delivery plan with a focus on earlier diagnosis 5. Respiratory services (focus on spirometry, pulmonary rehabilitation and remote monitoring of patients) 6. ICS CVD/Cardiology Steering Group to support services 7. Development of Diagnostic Networks in line with the National Diagnostic Strategy
Integrated Care (EoL, Urgent and Elective)	Focus areas include: 1. Development of Integrated Neighbourhood /Locality Teams across the ICS 2. Embed Discharge to Assess (D2A) in each Alliance 3. Year three delivery of the system Managing Demand in Care Home programme of work with a focus on trusted assessor, responsive in-reach, dementia and tissue viability support and integrating care homes with locality developments 4. Fully embed Trusted Assessment 5. Roll out High Intensity User approach to all providers 6. Implement the Urgent Treatment Service (UTS) model in each Alliance 7. Roll out of Think 111 First 8. Focus on EOL care across all three Alliances will be maintained with individual workplans to meet the needs of each area while sharing good practice and learning at the ICS EOL Board 9. Support our local trusts in recovering elective activity including inpatients and day case plus diagnostic support including ongoing arrangements with our local Independent Sector (IS) providers 10. Implementation of the adapt and adopt outpatient programme across the ICS 11. Support large scale change such as the new Elective Care Centre at ESNEFT (Colchester Hospital site)
Mental Health, Learning Disabilities & Autism	Focus areas include: 1. Fully develop and implement the new primary and community care mental health model (incorporating annual physical health checks, care for people with personality disorder, eating disorders, mental health rehabilitation needs, and complex mental health difficulties) 2. Ongoing focus on dementia including diagnosis rate, annual review and pre and post diagnosis support 3. Evolve further our system wide response to crisis services supporting mental health including mainstreaming crisis telephone lines (111+2), alternatives to crisis admission including crisis cafes, Serenity Intensive Support and joint ventures with Police, Ambulance and VCSE partners. 4. Increased provision of perinatal mental health services expanding access, duration of care and scope of interventions with seamless pathways aligned to maternity services. 5. Commencement of a new IAPT service provision incorporating a strong digital and long-term condition programme whilst integrating access to IAPT services into our core community service model.

	6. Investment into early intervention services such as Psychosis and Eating Disorders amongst others, promoting the preventative agenda aligned with raising awareness across primary care and other sectors of the signs and signals of mental health. 7. Expansion of services to effectively support those recovering and wanting to re-engage in the community or return to work. This is in the form of progressing Individual Placement and Support Services, integrating across services lines and utilising the voluntary sector via community hubs or equivalent to enable those to live well in the community. 8. Work to deliver and maintain the aspiration of zero out of area bed placements and reduced lengths of stay, utilising robust community services to manage those appropriate. 9. Further development of LD admission avoidance/early discharge services including pathways and 12-point discharge planning.
Primary Care	To continue to implement our primary care strategies and GP Forward View including: 1. Continued development of new models of care – enabling primary care collaboration and joined up care in our localities – through Integrated Neighbourhood Teams and enable PCNs and INTs to work effectively in unison 2. Specific support for the development of PCNs and their clinical leadership with delivery of the national service specifications of; Structured Medications Review, Enhanced Health in Care Homes, Anticipatory Care, Personalised Care, Supporting Early Cancer Diagnosis, CVD Prevention and Diagnosis and Tackling Neighbourhood Inequalities 3. Workforce recruitment and retention programmes 4. Mental health services – primary care element integrated into INTs, 5. Increased primary care access, digital connectivity, high quality and cost effective prescribing 6. Review PMS and GMS LES priorities, reduce inequalities and improve ethnicity recording
Ambulance 999 Commissioning	Focus areas include: 1. Improving pathways for patients (such as non-injury fallers) and thereby reducing onward conveyance of these patients to Emergency Departments 2. Ensuring 'Ageing Well' and frailty programmes improve patient care to the elderly 3. Continuing to explore ways of delivering stroke patient testing and diagnostics on scene 4. Closer integration of our Clinical Assessment Services (111/Out of hours) with 999 pathways to provide improved responses to lower acuity patients. 5. Developing the Long-Term Plans for mental health services integration into urgent and emergency care pathways for patients with an underlying mental health condition
Pathology	The CCGs intend to develop a specification for GP direct access pathology services that are integrated with local hospital-based testing. The CCGs will work with interested parties to develop plans for how the specification would be best delivered.

Personal Health Budgets (PHBs)	The CCGs will consider procurement options for financial management and control. Providers will be required to design, develop, and implement PHBs in those areas agreed.
Medicines Management and Prescribing	To continue work with primary care and secondary care organisations to optimise medicines management, improving quality, safety and cost-efficiency of medicines and prescribing. For 2021-22 examples of schemes will include work on prescribing guidelines, diabetes, appliances – formulary adherence, respiratory, Mental Health, Analgesics and Controlled Drugs (CDs) and dietetics.
Specialised Commissioning	To work with NHSE to review the potential for the integration of specialised services within local health systems; seven areas are under consideration with option appraisals to commence in 2021.
Enablers (IT, Estates and Workforce)	Digital: All providers must meet a minimum level of digital maturity. Our ICS is pursuing a collective investment approach that enables innovation and transformation. This includes adopting a common information governance framework and the My Care Record Information Sharing Approach, shared capability operating models, anchor tenancy model, remote care and enabling shared care records. Our approach and ecosystem will continue to evolve, alongside standards, core architecture principles, capability convergence and cyber security controls. Estates: • Supporting Primary Care to develop their strategic Primary Care Network Estates Strategies to enable the local challenges, constraints and opportunities to be explored and taken in to account to ensure the delivery of national and ICS priorities. • Ensure the learning and benefits realised through the Covid-19 pandemic are captured and continue to be integrated to estates development moving forward. • To work with system partners including NHS Property Services and Community Health Partnership to optimise the use of our estate, reducing unnecessary voids and disposing of surplus land and buildings. • To continue to develop and implement system wide responses and strategies to mitigate population growth and the impacts this has on the estate and service delivery • Work to incorporate current and future digital solutions and systems into estates developments to maximise the benefits these offer and ensure patients have the greatest flexibility around how, where and when they interact with health care services. • Develop and implement an updated Green Plan for the CCG's to ensure sustainability is put at the centre of all that we do. Workforce: In September 2020, we developed the ***SNEE ICS 'Can Do' People Plan–2020-21*** which describes the key areas of work to retain and value our people, grow our workforce, attract new people and businesses to work in our system, and build on our ''Can Do' Approach' for Health and care going forward.

	The following sections detail the high-level requirements for the ***'Can Do' People Plan*** linking these to the key priorities of the system and Alliances; overview of SNEE ICS as a system in terms of our workforce (paid and unpaid); • looking after our people; • belonging to SNEE; • new ways of working; and • growing for the future.

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

Yours sincerely

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