Appendix 1B

NHS Commissioning in Suffolk

The roles of the CCGs and the implications of the White Paper

An overview of CCGs in Suffolk

- **There are three clinical commissioning groups that operate in Suffolk - Ipswich and East Suffolk, West Suffolk and Norfolk and Waveney CCG (covering Waveney)**
- **Organisations went live on 1 April 2012, with Norfolk and Waveney merging as one CCG from five in April 2020**
- **The CCGs are responsible for planning, buying and monitoring health care services for approx. one million people**
- **CCGs are responsible for community services, secondary care (hospital) service, mental health services, NHS Continuing Healthcare and primary medical services**
- **CCGs have delegated responsibility for some GP commissioning but NHSE/I hold contracts for all primary care professionals.**
- **NHSE/I are also currently responsible for areas linked to direct and specialist commissioning, such as dentistry, optometry, screening and immunisations.**

What services do the CCGs commission?

- **The CCG commissions services from a range of organisations, including acute hospital trusts, GP practices, voluntary organisations and other NHS and non-NHS providers. The key services we commission include:**
  - **urgent care services - including ambulance response services, hospital accident and emergency departments and the NHS111 telephone service**
  - **elective care services - for planned operations and care**
  - **community services – including community nursing and therapy services, community hospitals and the provision of community equipment**
  - **mental health and learning disability services – provided in hospital, in the community and at home**
  - **tailored domiciliary care packages - to enable people to remain at home, and nursing home care packages**
  - **children's services – specifically aimed at supporting children, including those with individual NHS care packages and those receiving services provided in association with Suffolk County Council**
  - **primary care services – in and out of hours GP services, and**
  - **non-emergency patient transport.**

What is commissioning?

- **Commissioning comprises a range of activities, including:**
- **assessing needs**
- **planning services**
- **procuring services**
- **monitoring quality.**
- **The process, which is repeated typically on an annual basis, is often shown as a cycle:**

Who oversees the CCGs?

CCGs are overseen by Governing Bodies which includes elected GPs, a hospital doctor, a lay member for patient and public involvement, a lay member for governance and a third general lay member, a Chief Nurse, Director of Finance and the Chief Executive

The Chief Executive of each CCG is also Executive Lead for the Integrated Care System

CCGs actively participate in the Suffolk and North East Essex ICS and Norfolk and Waveney ICS.

The future of CCGs and wider system working

The NHS is moving towards ways that involve different services working more collaboratively to better manage resources and improve care.

The government's new white paper supports the move towards integration

Its aim is to legally mandate partnerships within the health and care system called integrated care systems (ICSs) and allowing systems to work together more seamlessly.

Primary Care Networks

- **Primary Care Networks were established on 1 July 2019, all patients in England are covered by a primary care network (PCN) – the most significant reform to general practice in England in a generation**
- **PCNs are working hard to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems**
- **Practices, supported by CCGs, organised themselves into local networks to provide care at greater scale by sharing staff and some of their funding**
- **PCNs have also worked very hard to link with both social care and the voluntary and community sector**
- **There are 16 PCNs in total across Suffolk (8 Ipswich and East Suffolk, 6 West Suffolk and two in Waveney)**

Main implications of White Paper

- **The white paper describes two component parts of the ICS:**
  - **the NHS body, which is mandated to integrate NHS services**
  - **the health and care partnership, which is aimed at the wider integration of partners including local government and voluntary sector partners.**
- **The reforms outlined in the white paper are the most important NHS reforms for a decade.**
- **The reforms outlined a move away from competitive tendering and outsourcing of healthcare services contained in the last NHS reforms in 2012**
- **A review of boundaries is taking place for both SNEE and N&W ICS' – a decision is expected in due course.**

Next steps to implement white paper proposals

It is important to note that work is already taking place, at pace to start the transition work from CCGs to ICS.

Partner organisations across both systems are working together to set the foundations for how we will work together in the future.

ICS Partnership

Develop an ‘integrated care strategy’ for its whole population using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing

The Government has indicated that it does not intend to bring forward detailed or prescriptive legislation on how these Partnerships should operate.

Public Health experts will play a significant role in these partnerships

The Functions of the NHS ICS Body

- Developing a plan to meet the health needs of the population
- Allocating resources to deliver the plan across the system (revenue and capital)
- Establishing joint working and governance arrangements between partners
- Arranging for the provision of health services including through contracts and agreements with providers, and major service transformation programmes across the ICS
- Leading system-wide action on digital and data
- Joint work on estates, procurement, community development and more
- Leading emergency planning and response
- The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate including commissioning of primary care and appropriate specialised services

ICS NHS Body- Minimum Membership

The statutory minimum membership of the board of each ICS NHS body will be confirmed in legislation. In most cases they will include the following 10 roles:

- Independent Chair
- Plus a minimum of two other independent non-executive directors. (These individuals will normally not hold positions or offices in other health and care organisations within the ICS footprint.)
- Chief Executive
- Director of Finance
- Director of Nursing
- Medical Director
- At least one **Trust Provider Partner,** a member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
- At least one **Primary Care Partner**, a member drawn from general practice within the area of the ICS NHS body.
- At least **one Local Authority Partner**, a member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body.

Direct Commissioning

The six systems in the East are working with NHSE/I to consider what future commissioning arrangements might look like for each of the directly commissioned functions that are currently commissioned by NHSE:

- Specialised Commissioning: Mental Health, Learning Disabilities and Autism
- Specialised Commissioning: Acute Services
- Health and Justice
- Dental
- General Practice
- Pharmacy
- Optometry
- Public Health Section 7A (Screening, Immunisations and CHIS).

Work is currently focused on how each service should be commissioned (e.g. by one or multiple ICSs, jointly commissioned, a new hosting authority created to commission the services), not where each function moves to.

By July, there should be a recommended preferred option for each function. We're also expecting a national letter to give us more clarity, so we can ensure our work fits with the national guidance.

Key challenges for both ICS'

- Health inequalities – Covid has exposed many health inequalities across the system
- Mental health – lockdown for 18 months, exacerbated health inequalities and we are seeing a greater number of complexities and increased volume in referrals
- Elective recovery – bringing services back on line
  - Our waiting list size has grown (no different to many other parts)
  - Length of waiting time for cancer has increased
- Urgent care – we have had to make so many changes to keep services covid safe.
- Workforce challenges – both systems have a People Plan to address this challenge
- Alliance working – effective partnership committed to working to address health inequalities exposed by Covid.

How CCGs and the wider system are addressing key challenges

Urgent and Emergency Care:

- Admission avoidance work which is supporting patient flow incl. ambulance conveyance reduction schemes
- Discharge to assess embedded with discharge hubs located in the acute
- Think111 First live and under review for development of increased appointments

Out of Hospital

- Long COVID assessment service in situ
- 7 day working in place across community services
- 2-hour crisis response now in place with review underway to develop further
- Additional investment into End of Life Services

Mental Health

- IAPT service fully resumed via digital access
- Crisis lines mobilised with plans to integrate into 111 in 21/22
- Recruitment commenced for key roles in community MH model
- Collaboration work with Primary Care to reinstate Learning Disability health checks and Serious Mental Health checks
- Regular meetings in situ to support timely repatriations of out of area placements

How are we addressing health inequality challenges

Much work is already taking place to engage with those communities facing inequalities and understand the challenges they face. This includes:

- **Service led activity for specific protected characteristics including BAME, Age, Physical / Learning Disability and Mental Health with a focus on access to services. E.g. Targeted engagement for cervical screening; blood pressure monitoring at home on targeted high-risk cohorts; CHAPS mental health - Protect NoW is an example of across Norfolk and Waveney that is being rolled out at pace**
- **A range of activity to build trusted relationships and create more co-produced services that are truly based on population need, especially working with groups that fall under one or more protected characteristics group. E.g. Community Ambitions funding through NHS Charities Together; funding to CVS's specifically to support BAME communities**
- **Work is underway to tackle Social Isolation, especially using new and innovative ways to reach those most in danger of isolation**
- **Community projects resulting from Covid-19 to address certain areas of need across the CCG areas**
- **Targeted commissioning on large scale issues particularly around the vaccine and Covid-19 responses**

Addressing workforce challenges

- Additional support for NHS staff in place available with telephone and email support. Both ICS' have partnered with Suffolk MIND services to boost support mechanisms
- Investment in system wide programmes incl. enabling access to Mental Health Hubs
- Launch of the 'We Can Do Together' SNEE Health and Care Academy which provides a repository of health and wellbeing offers available for staff, as well as 'We Care Together' for Norfolk and Waveney
- Appointment of health and wellbeing guardians across both systems
- Embedding mental health first aiders and wellbeing champions in both systems
- Collaborative working on initiatives to expand vaccinations, testing and risk assessments
- Enhanced occupational health and wellbeing pilot in place to implement health checks for staff
- Both ICS' are working with the East of England Ambulance Trust to develop a meaningful staff psychology service.

Notable system achievements

- Both systems have continued to transform services throughout the pandemic while developing and investing in new services (for eg - neurodevelopmental support for children, cancer diagnostics)
- Delivered vaccination service through a variety of innovative and dynamic ways (bus, drive through, community champions, door knocking, engagement and more)
- SNEE: Launched Integrated Care Academy with University of Suffolk
- N&W: Protect NoW – targeted, bespoke approach to addressing health inequalities, as well as public interim Integrated Care System Partnership Board meeting
- Consistently remained in top 5 for vaccination roll out nationally
- ICS communications and engagement across both systems recognised as leading the way regionally by NHS England and NHS Improvement

How we communicate to partners

Regular ICS Briefings

Sneevaccine website – www.sneevaccine.org.uk

Norfolk and Waveney website – www.norfolkandwaveneyccg.nhs.uk

Virtual briefings for councillors and MPs – more will be planned

Social media

Reports from the system to HOSC