



**Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk**
Clinical Commissioning Groups

23 October 2017

Roisin Fallon-Williams - Chief Executive, Norfolk Community Health and Care NHS Trust
Julie Cave –Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Mark Davies – Chief Executive, Norfolk & Norwich University Hospitals NHS Foundation Trust
Jon Green – Chief Executive, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Christine Allen – Chief Executive, James Paget University Hospitals NHS Foundation Trust
Jonathan Williams – Chief Executive, East Coast Community Healthcare

Dear Colleagues,

System Intentions

This letter is being sent you on behalf of North Norfolk, South Norfolk, West Norfolk, Norwich and Great Yarmouth & Waveney Clinical Commissioning Groups (together “Norfolk & Waveney CCGs”).

In line with the *NHS Planning and Contracting Guidance 2017-19*, the Norfolk & Waveney CCGs entered into a two year NHS Standard Contract for 2017-19 with your organisation from 1 April 2017. NEL CSU has already written to you, on our behalf, to set out the proposed way forward with the ‘light touch’ approach to refreshing the contracts for the second year. We do not propose to cover this any further in this letter.

Thank you to those organisations that sent Provider Intentions letters to their Co-ordinating Commissioner. The detail of these will be picked up as part of the ongoing management of the two year contracts. We have, in Appendix 1, pulled out some of the key strategic points contained in the letters that we would specifically like to explore further with you.

Norfolk & Waveney CCGs are in the process of setting up, a Joint Strategic Commissioning Committee (JSCC). This Committee will have delegated authority from the Norfolk & Waveney CCGs Governing Bodies and will be the forum through which we will agree one system-wide approach to commissioning issues that affect all 5 Norfolk & Waveney CCGs. This will not replace locality based commissioning; since in many circumstances localised commissioning led by local clinicians with the engagement of patients and stakeholders has delivered improved outcomes.

In light of this we would encourage providers to work more closely together and communicate with one voice on key strategic issues, for example future configuration of contracts, management of waiting lists and system transformation. We will, as a priority, work with acute Providers to explore how we can, as a system, move to a single Norfolk and Waveney wide waiting list in order to achieve equal standards of access across Norfolk & Waveney . Where necessary we will play Regulators into our discussions to help resolve any potential blockages.

In our current shared architecture we will look to engage with you over future design of the provider landscape, contract form and strategic service change via the Sustainability and Transformation Partnership Executive. We would like to explore with you the opportunities that would be presented through moving towards an Accountable Care System, this could be a precursor to providers also considering the establishment of one or more Accountable Care Organisations in the future.

Where pathways and service delivery cross organisational boundaries, including health and social care, we would encourage greater collaboration. A specific, but not the only, example would be building a closer alliance across all providers, both health and social care, in relation to children's services. We will work with you to explore the emerging contract models, in particular Alliance Agreements and Multispecialty Community Providers in support of this.

It is our intention between now and agreeing new contracts to commence by 1 April 2019 to discuss with you the form and term of those contracts. We aspire to reduce the number of contracts held across our main Norfolk & Waveney Providers. This would streamline service delivery, drive improvement through organisational alignment and learning, reduce contract transactional work and release resources for service transformation and direct patient care.

Two specific areas we would like to flag as key priorities for Norfolk & Waveney CCGs are the elimination of Mental Health out of area placements by 31 March 2018 and the need for providers to share their experiences and learn from each other.

With regard to Mental Health, we are not minded, given the recent bed review work, to hold a debate about the number of beds. The discussions will focus in on the model of care and how beds are currently being utilised for Norfolk & Waveney patients. Parity of esteem does not need to be revisited at this time as this was closed down in the 2017/19 contract negotiations.

We would like to support all acute hospitals working together to learn from each other's experiences and to support each other in implementing that learning to improve how demand is managed. One example would be for both JPUH and QEHL to learn from how NNUH has reduced the number of short stay and zero lengths of stay for non-elective admissions. This work has improved flow through the hospital. Please can the three acute Providers submit a proposal by the end of January 2018 setting out how this can be achieved.

Norfolk & Waveney CCGs are actively looking to develop Multispecialty Community Providers by April 2020 for smaller more localised services and we expect the community service providers (as well as acute hospitals) to work together with these emerging groups to see how they can support them in the delivery of more integrated primary and community services. In working towards this we need to rework and reconfigure community services, being mindful of the need to deliver high quality, effective and efficient services throughout the period of change. We believe the best way to do this is to build on what we already have working collaboratively and transparently with key partners, including NSFT, ECCH, NCH&C and NCC, ensuring that the emerging models build on existing expertise.

We are committed to delivering the Integrated Urgent Care agenda, centred around implementation of the IUC specification by 31.03.19. This will involve collaborative working to join up our primary, community, in hours and out of hours services. Key elements to the IUC pathway are the expansion of the Clinical Assessment Service and the mobilisation of Urgent Treatment Centres.

We would like to assure you that our priority lies in commissioning transformation, improved service delivery, efficiency, effectiveness and quality and helping the health and social care system achieve financial sustainability. In order to support us to achieve this we will look to reduce the time, effort and resource deployed on transactional contract work.

We look forward to working collaboratively with you through the STP Executive to ensure we provide the high quality, efficient and effective care and outcomes that our population deserves.

Yours sincerely



Melanie Craig
Chief Officer
Great Yarmouth &
Waveney CCG



Jo Smithson
Chief Officer
NHS Norwich CCG



Antek Lejk
Chief Officer
NHS North Norfolk
& South Norfolk CCGs

John Webster
Chief Officer
NHS West Norfolk CCG

- Single sector contracts – acute care and community based services
- Vertical integration
- Pan Norfolk and Waveney single waiting list – including management thereof
- Provider integration and/or alliancing
- New models of contracting
- Accountable Care System development
- Hospital without walls strategy
- Five Year Forward View
- Mental Health bed usage
- Clear and well-defined service specifications across all providers
- Standardisation of local tariffs and payment mechanisms for non-face to face services
- Contract form, configuration and term for 2019/20 and beyond