Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**20 June 2013**
By:	**Assistant Chief Executive**
Title of report:	**The New NHS Commissioning Landscape**
Purpose of report:	**To consider an overview of the roles, plans and priorities of new NHS commissioning organisations which came into being on 1 April 2013.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Consider and comment on the plans of local commissioning organisations.**

1. Background

1.1 In July 2010 the Government published *'Liberating the NHS'*, a White Paper setting out proposals for major reforms to the NHS in England. Following a period of consultation, the Health and Social Care Bill was published in January 2011 and this received Royal Assent in March 2012.

1.2 The reforms involve major changes to NHS commissioning arrangements, including:

- transfer of most commissioning responsibilities from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs), led by local GPs.
- creation of a national NHS Commissioning Board to oversee CCGs and to directly undertake commissioning of primary care and specialised services.
- Transfer of public health commissioning responsibilities to local authorities

1.3 These reforms came into effect on the 1 April 2013 when CCGs and the NHS Commissioning Board, now known as NHS England, formally came into existence and took on their responsibilities. These bodies had been developing in shadow form over the previous year or so. Primary Care Trusts and Strategic Health Authorities were abolished on 31 March 2013.

1.4 A diagram summarising the new NHS commissioning structures is attached at **appendix 1**.

2. Local NHS commissioning organisations

2.1 In East Sussex, three CCGs have been created

- Eastbourne, Hailsham and Seaford CCG
- Hastings and Rother CCG
- High Weald, Lewes, Havens CCG

2.2 CCGs are membership bodies, comprising all GP practices in their area, which elect a governing body made up primarily of GPs, but also including representatives of other health professionals in primary and secondary care and lay representatives. They have a core staff team supporting their work and buy in additional support services from Commissioning Support Units (CSUs) or other organisations. CCGs are statutory organisations with core governance requirements but there are variations in how they are structured. They also vary considerably in size across the country.

2.3 NHS England is a single national organisation, with four regions and 27 Area Teams, each with a common structure. East Sussex falls into the South region and the Surrey and Sussex Area Team. The Area Team is responsible for commissioning NHS primary care services (GPs, dentists, pharmacies and opticians) for East Sussex residents, plus more specialist hospital and

other services which are commissioned across a wider area than individual CCGs. The Area Team will also work with local CCGs to assure the development and delivery of their plans and will have a role in co-ordination across CCG areas.

2.4 The following representatives of the new NHS commissioning organisations will attend HOSC to give an overview of their role, plans and priorities:

- Dr Greg Wilcox, Chief Clinical Officer, Hastings and Rother (H&R) CCG
- Dr Martin Writer, Chair and Dr Matthew Jackson, Chief Clinical Officer (designate), Eastbourne, Hailsham and Seaford (EHS) CCG
- Catherine Ashton, Associate Director of Strategy for both the above CCGs
- Dr Elizabeth Gill, Clinical Chair and Frank Sims, Chief Operating Officer - High Weald, Lewes, Havens (HWLH) CCG

- Pennie Ford, Director of Operations and Delivery – NHS England, Surrey and Sussex Area Team (AT)

2.5 The CCGs' presentation is attached at **appendix 2** and the Area Team presentation at **appendix 3**.

3. Issues for HOSC to consider

3.1 HOSC is invited to consider and comment on the plans and priorities of local commissioning organisations, which are summarised in the attached presentations. HOSC will have opportunities at future meetings to consider more detailed plans in relation to specific topics identified in the committee's work programme.

3.2 At this stage HOSC may wish to consider general issues, such as:

- The extent of GP leadership of the CCGs plans and activities.
- How CCGs will work together on issues affecting the whole county.
- How CCGs will work across the county borders with neighbouring CCGs on issues of common interest, and the role of the Area Team in co-ordinating this.
- How CCGs and the Area Team will engage with the population of East Sussex to understand needs and experiences in order to inform commissioning decisions.
- How the new NHS commissioning organisations will work with other partners in the health and social care system to address the key challenges in East Sussex, and the level of change anticipated.

SIMON HUGHES
Assistant Chief Executive

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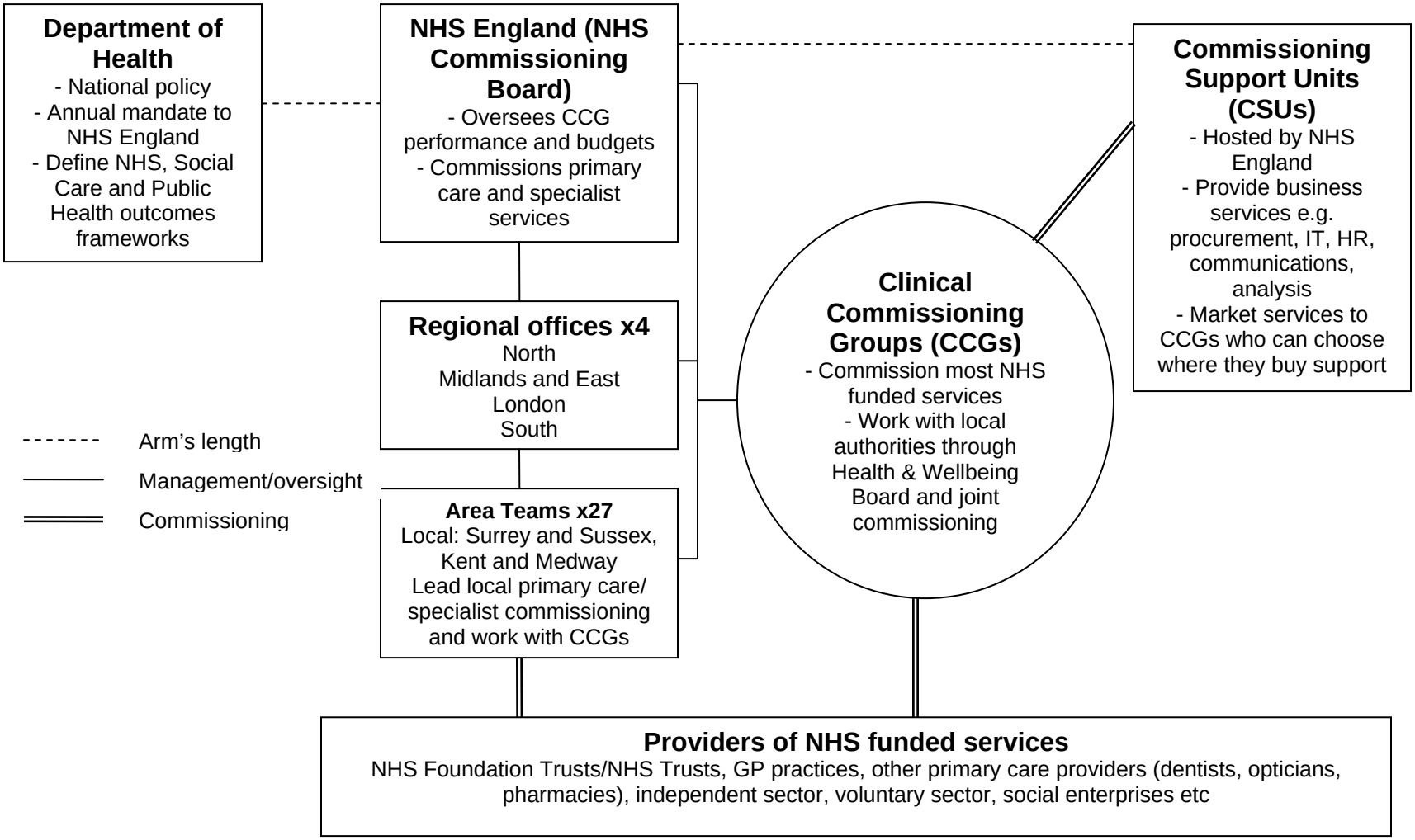
New NHS Commissioning Structures from April 2013 (summary) **Appendix 1**



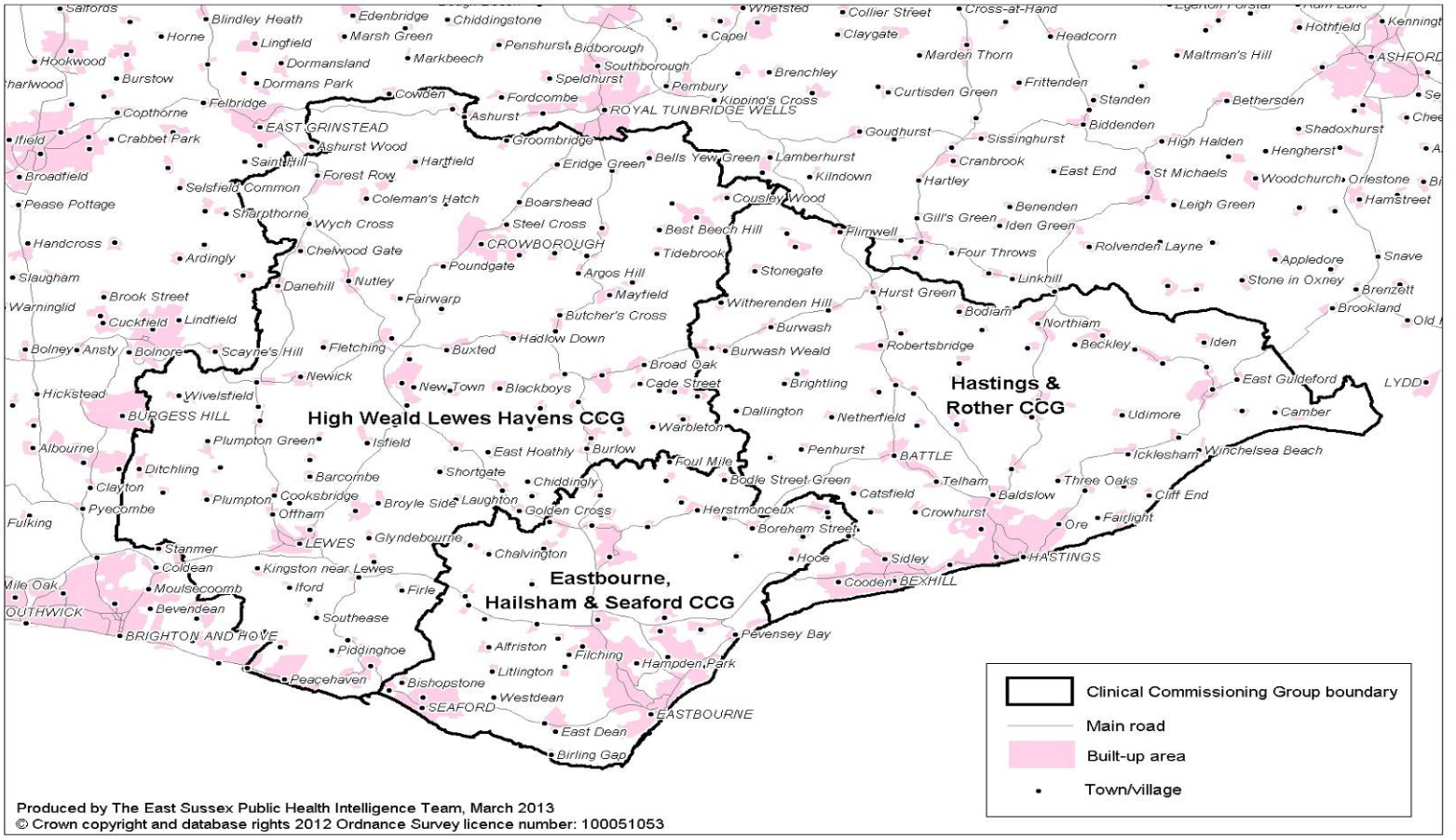
An overview of the East Sussex clinical commissioning groups

Dr Greg Wilcox
Chief Clinical Officer, Hastings and Rother CCG

Dr Matt Jackson, Chief Clinical Officer Designate
Dr Martin Writer, Chair
Eastbourne, Hailsham and Seaford CCG

Dr Elizabeth Gill
Clinical Chair, High Weald Lewes Havens CCG

The East Sussex CCGs



What's different?

* CCGs are membership organisations, with strong clinical leadership, with wide clinical engagement
* NHS England is responsible through the Surrey and Sussex Area Team for commissioning specialist services and primary care provision
* Public health teams have moved from NHS to local authorities.

Who we work with

Our patients and their carers

Joint commissioners

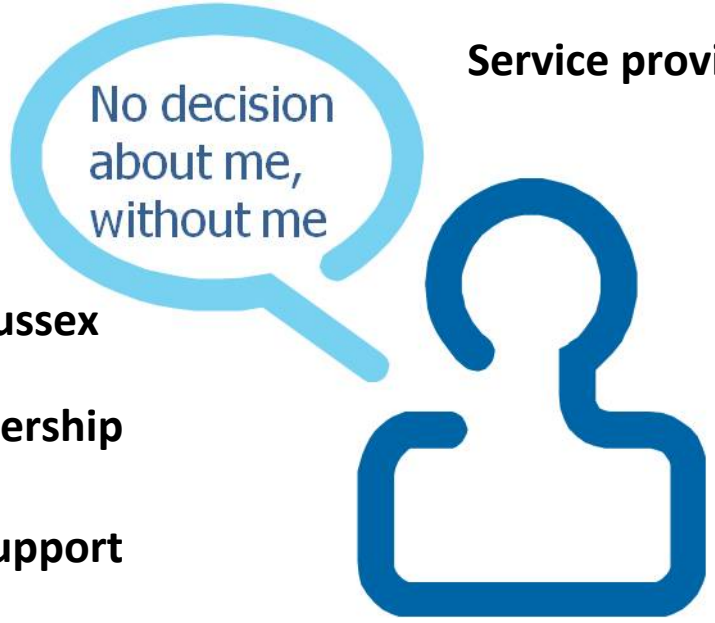
Local authorities

HealthWatch East Sussex

Local Strategic Partnership

Commissioning support

Sussex CCG Executive and Clinical Senate



Service providers

NHS England Area Team

Neighbouring CCGs

Health & Well-Being Board (Public Health)

Voluntary and community sector

Clinical networks

Kent, Surrey and Sussex Academic Health Science Networks

Patient and public involvement

The CCGs have lay members for PPI and communications and engagement strategies and plans detailing how people can shape local services and work with us to set priorities. These include:

- patient participation groups and forums
- open invitation events to discuss priorities with Governing Body members
- Critical Friends Partnership with partners in the voluntary and community sectors advising on PPI
- regular engagement with strategic voluntary sector groups
- partnership boards for joint commissioning
- workshops and focus groups with different communities.

NHS
Hastings and Rother
Clinical Commissioning Group

Hastings and Rother CCG's plans and priorities

Dr Greg Wilcox
Chief Clinical Officer

Hastings and Rother CCG fact file

- 219 GPs in 32 practices in five localities – Bexhill, Rother, St Leonard's, West Hastings and East Hastings
- 183,677 patients
- Budget of £253m for 2013/14, QIPP savings £8m
- Governing Body – GP members elected by GPs, two lay members, nurse member and secondary care doctor appointed through nationally defined process
- Governing Body meetings in public every other month
- Working particularly closely with Eastbourne, Hailsham and Seaford CCG, including joint chief operating officer and shared senior management team
- www.hastingsandrotherccg.nhs.uk

Our plans and priorities

- Our core purpose is to turn £253m of resources into the best possible health outcomes for our population
- The East Sussex Joint Strategic Needs Assessment has informed our priorities for 2013/14 together with the requirements of the national outcomes framework, other national guidance and the East Sussex Health and Wellbeing Strategy
- First annual business plan approved in May.

JSNA-focused priorities

- older people
- accidents and falls
- chronic disease
- mental health
- healthy lifestyles
- place of death at end of life.

Other local measures

We will be submitting three local measures to the East Sussex Health and Wellbeing Board:

1. Reduce by 25% the number of patients aged 65 and over admitted to hospital who don't stay or have a procedure.

2. Ensure the take up of the intelligence based information system and contribute to reaching the East Sussex target of 1700 patients' information on the system.

3. Increase the number of end life patients on individual participating GP practice palliative care registers.

NHS
Eastbourne, Hailsham and Seaford
Clinical Commissioning Group

Eastbourne, Hailsham and Seaford CCG – an overview of plans and priorities

Dr Martin Writer
Chair
Dr Matt Jackson
Chief Clinical Officer Designate

CCG fact file

- 110 GPs in 22 practices in four localities – Eastbourne Central, Eastbourne North, Hailsham and Seaford
- 185,958 patients
- Budget of £240m for 2013/14, QIPP savings £5.3m
- Governing Body – GP members elected by GPs, two lay members, nurse member and secondary care doctor appointed through nationally defined process
- Governing Body meetings in public every other month
- Working particularly closely with Hastings and Rother CCG, including joint chief operating officer and shared senior management team
- www.eastbournehailshamandseafordccg.nhs.uk

Our plans and priorities

- Over 2013/14 we will deliver £240m of resources to ensure the best possible health outcomes for our population
- The East Sussex Joint Strategic Needs Assessment has informed our priorities for 2013/14 together with the requirements of the national outcomes framework, other national guidance and the East Sussex Health and Wellbeing Strategy
- First annual business plan approved in May.

JSNA-focused priorities

- older people
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Other local measures

We will be submitting three local measures to the East Sussex Health and Wellbeing Board:

1. Ensure the take up of the intelligence based information system and contribute to reaching the East Sussex target of 1700 patients' information on the system.

2. Increase the percentage of end life patients on individual participating GP practice palliative care registers.

3. Long term conditions – increase the percentage of patients referred to the community cardiology service and diagnosed with heart failure who are given a personalised care plan from 0% to 60%.

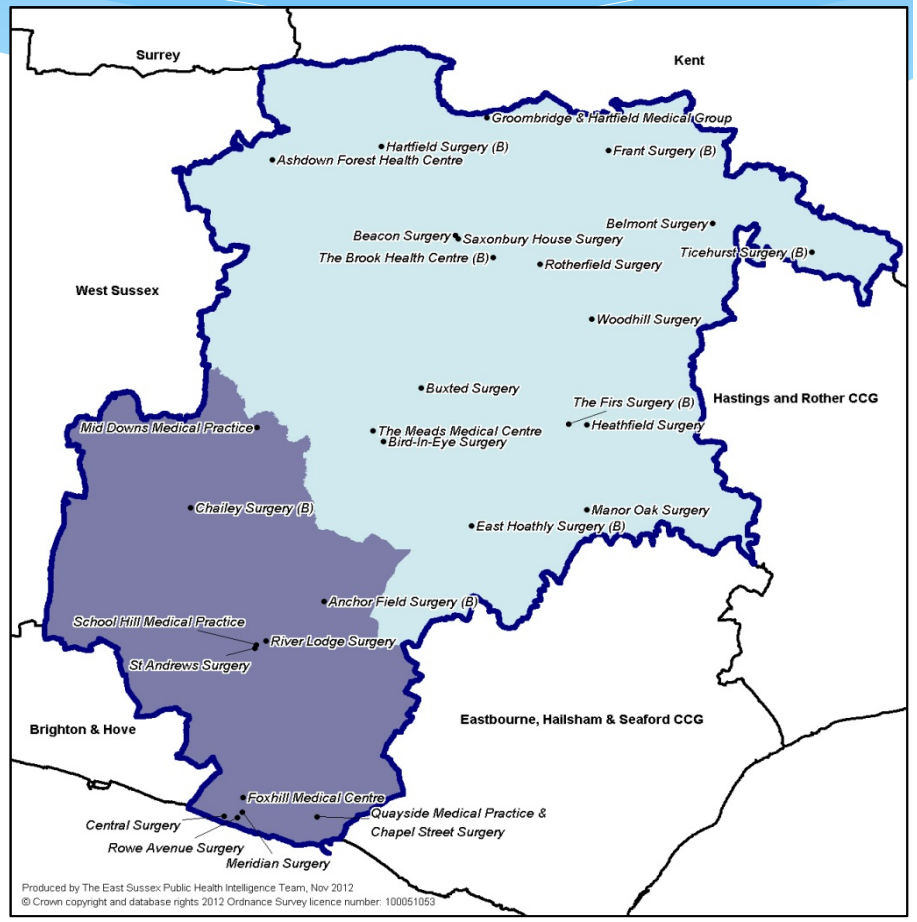
NHS
High Weald Lewes Havens
Clinical Commissioning Group

High Weald Lewes Havens CCG – structure and priorities

Dr Elizabeth Gill
Chair
Frank Sims
Chief Officer

CCG fact file

- 125 GPs in 22 Practices
- 2 localities
- £196m 2013/14 budget
- Primarily rural
- 164,000 patients *(93000 High Weald, 71000 Lewes Havens)*
- No acute provider within our boundaries
- 4 Community hospitals



Our plans and priorities

- The current way healthcare is provided in the CCG's area is unsustainable.
- We are determined to invert the current model of care and move away from a focus on buildings/specific providers to meeting the needs of our population.
- We will develop networks of care, primarily in communities, avoiding hospital admissions wherever possible.

Priorities informed by the JSNA

- the best possible start for babies and young children
- preventing and reducing falls, accidents and injuries
- supporting those with special educational needs and disabilities
- long term conditions
- high quality end of life care.

Other local measures

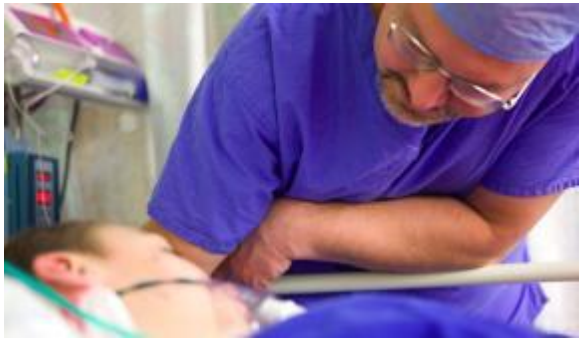
Our three measures submitted to the East Sussex Health and Wellbeing Board are:

1. Increase the percentage of eligible patients offered a NHS health check to 10% and the take up percentage to 50%.

2. Increase the number of people attending stop smoking services who quit 4 weeks after setting a quit date by 3% to 868 quitters.

3. 1% reduction in the rate of emergency hospital admissions for injuries due to falls in people aged 65 and over per 100,000 population

Introducing the Surrey and Sussex team of NHS England



Presentation to East Sussex Health Overview and Scrutiny Committee
20 June 2013

THE NHS CONSTITUTION
the NHS belongs to us all

The role of NHS England

- **The NHS Constitution** establishes the **principles** and **values** of the NHS in England. It sets out **rights** to which patients, public and staff are entitled, and **pledges** which the NHS is committed to achieve
- The **NHS Mandate** is structured around five key areas, the domains of the **NHS Outcomes Framework**, where the Government expects NHS England to make improvements:
  - preventing people from dying prematurely
  - enhancing quality of life for people with long-term conditions
  - helping people to recover from episodes of ill health or following injury
  - ensuring that people have a positive experience of care
  - treating and caring for people in a safe environment and protecting them from avoidable harm.
- **Our Business Plan *Putting Patients First***, explains how we will deliver our mandate from the Government.

Responsibilities

We allocate £60bn to clinical commissioners, supporting, developing and assuring the commissioning system

We directly commission £25bn of health services, including primary care, some public health services and specialised health services

We plan for civil emergencies and make sure the NHS is resilient

We work in partnership for quality

We lead strategy, research and innovation for outcomes and growth

We empower clinical and professional leadership at every level of the NHS

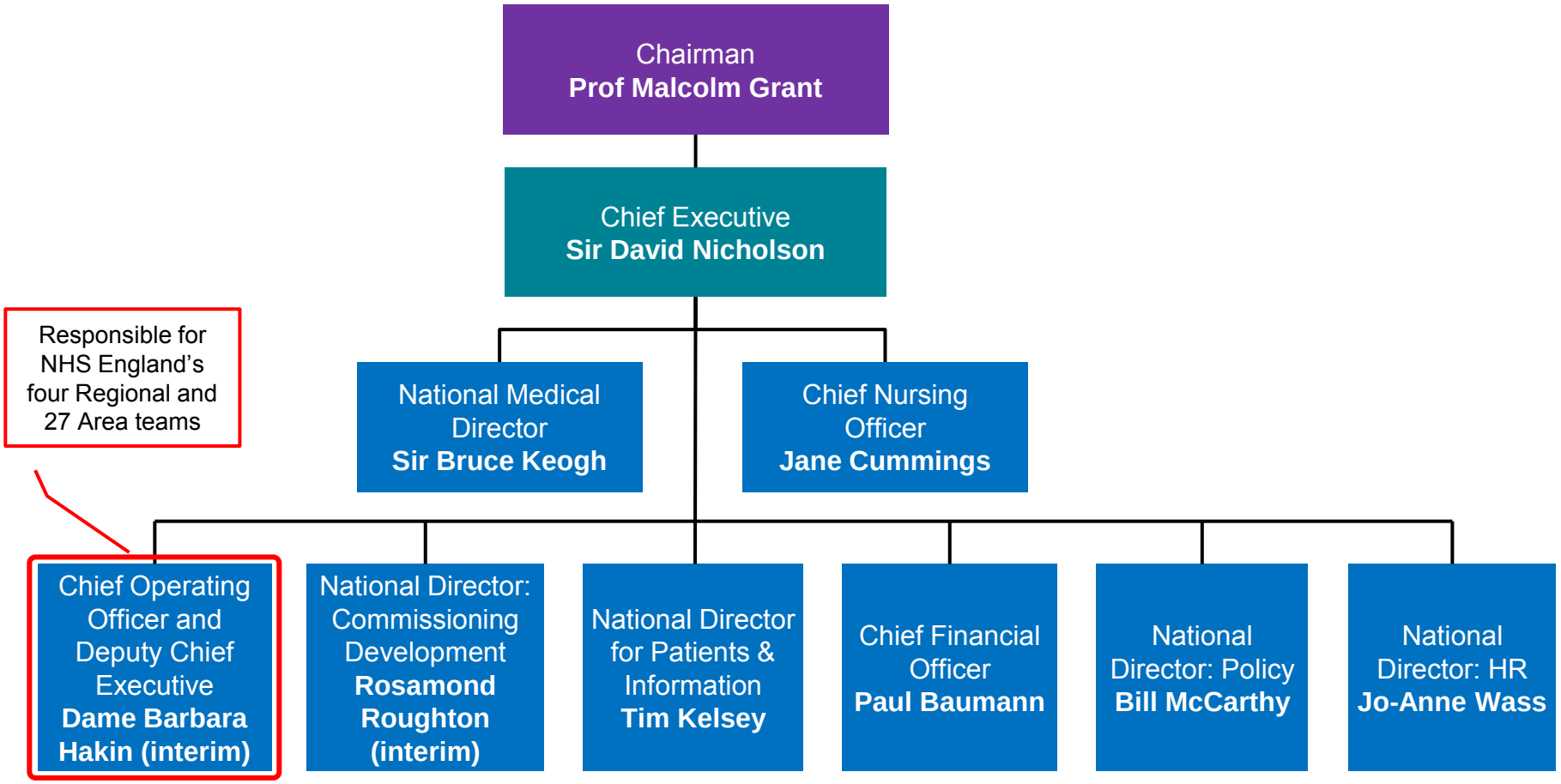
We promote a world class customer service through better information, transparency and participation

We develop commissioning support to make it the best it can be

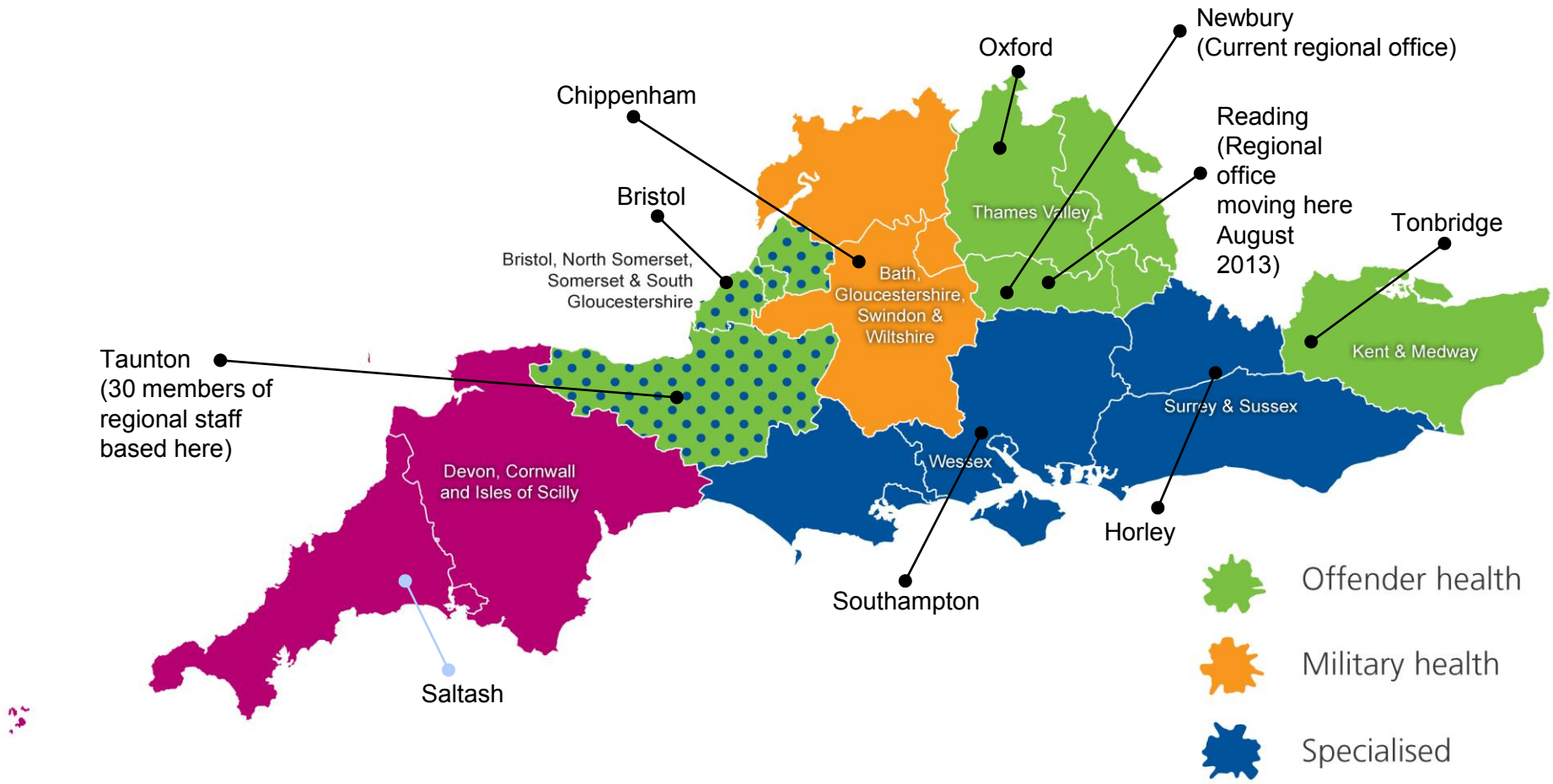
Our ways of working

- We are part of **a comprehensive commissioning system** that puts clinical commissioning groups with their knowledge and understanding of patients' needs, at the heart of the commissioning process, **with clinical leaders making decisions** for their local communities.
- **NHS England is one organisation** across the whole of England
  - 1 **National support centre** in Leeds and a presence in London
  - 4 **regional teams** in the north, midlands and east, the south and London
  - 27 **area teams**
- Commissioning of public health services is undertaken by Public Health England (PHE) and local authorities, although NHS England commissions, on behalf of PHE, many of the public health services delivered by the NHS.

NHS England structure

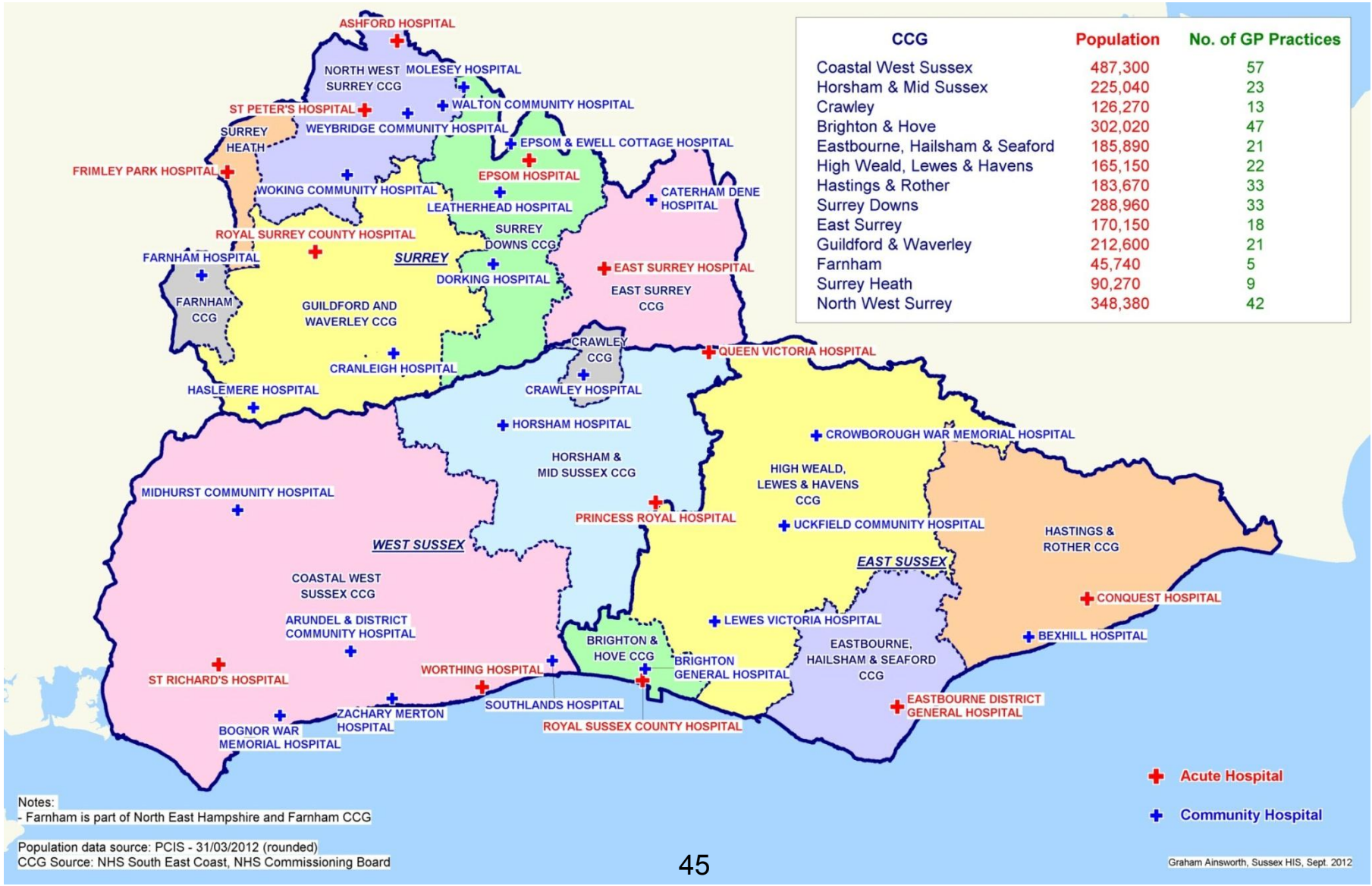


NHS England in the South



Surrey and Sussex CCGs and hospital sites

NHS England



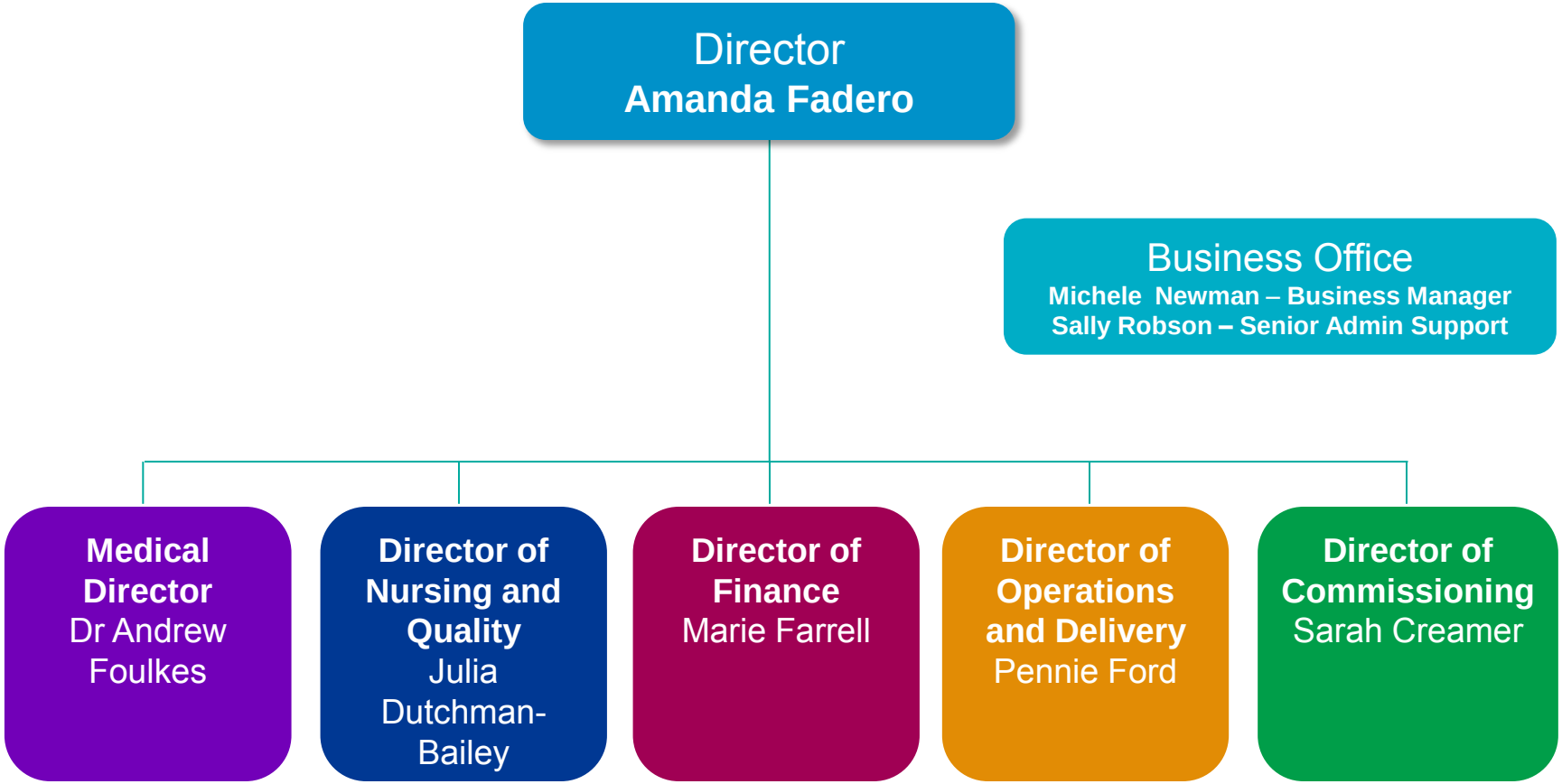
CCG	Population	No. of GP Practices
Coastal West Sussex	487,300	57
Horsham & Mid Sussex	225,040	23
Crawley	126,270	13
Brighton & Hove	302,020	47
Eastbourne, Hailsham & Seaford	185,890	21
High Weald, Lewes & Havens	165,150	22
Hastings & Rother	183,670	33
Surrey Downs	288,960	33
East Surrey	170,150	18
Guildford & Waverley	212,600	21
Farnham	45,740	5
Surrey Heath	90,270	9
North West Surrey	348,380	42

Notes:
- Farnham is part of North East Hampshire and Farnham CCG

Population data source: PCIS - 31/03/2012 (rounded)
CCG Source: NHS South East Coast, NHS Commissioning Board

Graham Ainsworth, Sussex HIS, Sept. 2012

Surrey and Sussex area team structure



What we do

- Commissioning primary care (GPs, dentists, optometrists and pharmacists) across Surrey and Sussex
  - *2.8 million people: 2,700 GPs in 359 practices (223 in Sussex & 136 in Surrey)*
- Specialist commissioning (Kent, Surrey and Sussex)
  - *140 services across 5 programmes of care – Internal medicine, cancer and blood, mental health, trauma, women and children. £1.2bn Commissioning budget*
- Prison and military health commissioning
  - *Commissioned across the South*
- Public health – screening and immunisation
  - *3 screening programmes, and childhood and flu immunisations*
- CCG development and assurance
  - *12 CCGs (plus NE Hants & Farnham) £3.2 billion annual commissioning budget*

What we do

- Emergency preparedness, resilience and response
  - *2 local health resilience partnerships*
- Clinical Senate and Strategic Clinical Networks (Kent, Surrey and Sussex)
  - *12 Clinical Senates in England, 4 Clinical Networks – Maternity, Children and Young People; Cardiovascular; Cancer and; Mental Health; Dementia and Neurological Conditions*
- System oversight; partnerships; and quality and safety
  - *12 acute trusts; 2 mental health trusts and 4 community providers*
  - *Health and Well-being Boards , Quality Surveillance Groups, Service change assurance and support, Winterbourne View, Urgent Care Boards*

Our relationship with local authority health scrutiny

Our relationship with local scrutiny may be changeable and complex depending on our focus and role over a particular issue. At any one time NHS England will be the:

- **Consulter** around development of primary care or specialised services as the commissioner
- **Convener** or facilitator of the health system
- **Assurer** of local Clinical Commissioning Groups

Committed *to ensuring effective and constructive relationships to improve health, health outcomes and experience*