



Dear colleague,

Proposed new commissioning arrangements for CCGs

I am writing to outline to you proposals that are being discussed around the future commissioning arrangements for Clinical Commissioning Groups (CCGs) across Sussex and East Surrey.

The Governing Bodies of the eight CCGs – Brighton and Hove; Coastal West Sussex; Crawley; East Surrey; Eastbourne, Hailsham and Seaford; Hastings and Rother; High Weald Lewes Havens; and Horsham and Mid Sussex - have been exploring how commissioning can be done more effectively to bring greater benefits for our populations.

This includes the following options that would see some CCGs merge to create commissioning bodies working across our local authority footprints:

- Coastal West Sussex, Crawley and Horsham and Mid Sussex CCGs would merge to become one CCG for West Sussex;
- High Weald Lewes Havens, Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs would merge to become one CCG for East Sussex;
- Brighton and Hove would remain as a single CCG but, due to its relatively small size, would work closely with the CCGs in East Sussex, through joint committees and teams.
- East Surrey CCG would formally integrate with the Surrey Integrated Care System and no longer working within the management structure of our CCGs.

These proposals will be discussed by the Governing Bodies in June with a view of making recommendations that will then be discussed with the CCG GP memberships.

For Sussex, this proposed new configuration of CCGs would be run and overseen by a single strategic commissioner management structure and supporting functions that will form part of the Integrated Care System (ICS) across the footprint.

For Surrey, discussions are ongoing around how East Surrey CCG will work within the Surrey Heartlands ICS but the exploration work that has already taken place has been very positive and we are confident that we will have a clearer picture of how the system can work effectively in the coming months.

We believe these proposals would provide the foundation to develop a new model of commissioning that focuses on more integrated work with local authorities to improve population health outcomes and a reduction in health inequalities.

Working in this way will enable us to commission more effectively and efficiently for local populations across established and recognisable boundaries, while also being able to commission and plan strategically across wider county-wide footprints.

Why these changes are being considered now

There are three main reasons why these changes are being considered now.

Firstly, it is widely recognised that individual CCGs are no longer able to operate and commission effectively and efficiently for the changing needs of our populations. This is due

to the relatively small size of CCGs, which has meant that across our health and care system there have been inconsistency in how services have been commissioned, there has been unnecessary duplication in work, it has been difficult to commission at scale when needed, and it has been increasingly difficult to recruit and retain specialist expertise and skills among our staff.

Secondly, our local health and care system has to respond to the expectations of the NHS Long-Term Plan, which outlines a fundamental shift in how CCGs will work and how future commissioning will be done. This involves the expectation of greater integration with local authorities and other partners, with commissioning arrangements and configurations that will support the formation of Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs).

Thirdly, all CCGs across the country are required by NHS England to reduce their running costs by 20% by April 2020. This represents a significant proportion of the running costs for each of our individual CCGs and it is clear they will no longer be able to work as independent organisations in the future. Changing the configurations of the CCGs and streamlining our processes and ways of working will help us achieve the required cost reduction, while also being able to commission effectively for our populations.

The benefits of integrated commissioning arrangements

We believe that developing a new commissioning model that focuses on population health will bring greater focus on wellness and prevention to improve outcomes for the people we serve. To be able to do this, it is clear there needs to be a joined-up approach between NHS organisations and partners and collaboration with local authorities is particularly important as local government are responsible for public health spending and a wide range of services that influence people's health.

Our CCGs, partners and local authorities already work together to deliver a number of services jointly and over the last few years have been developing local plans to transform services to give patients more joined-up care. There is now the expectation that this work will develop further and we have been discussing with partners how best to take this forward.

Next steps

We will be continuing to discuss these potential changes with the CCG Governing Bodies and partners over the weeks ahead, with the view of agreeing recommendations to apply to NHS England for approval for the mergers. We will continue to keep you updated as these discussions develop.

If you have any concerns or issues around these proposed changes, please do contact me directly.

Yours sincerely



Adam Doyle
Chief Executive Officer
Sussex and East Surrey Clinical Commissioning Groups