



Sussex and East Surrey
Clinical Commissioning Groups



Proposed organisational future for the CCGs in East Sussex

Brighton and Hove CCG | Coastal West Sussex CCG | Crawley CCG | East Surrey CCG | Eastbourne, Hailsham and Seaford CCG
Hastings and Rother CCG | High Weald Lewes Havens CCG | Horsham and Mid Sussex CCG

Background

Significant changes have been made to the commissioning system across Sussex and East Surrey over the last 18 months:

- Single management team across CCGs
- Greater consistency
- Improved relationships with providers and partners
- Improved relationship with regulators
- Improved quality of services commissioned
- Shared expertise
- Greater grip on finances

Our progress to date

CCG assurance comparator between 2017/18 and 2018/19				
CCG	2017/18		2018/19	
	Leadership rating	Financial rating	Leadership rating	Financial rating
Brighton and Hove CCG	Green	Green	Green	Green
Crawley CCG	Red	Red	Green	Red
Coastal West Sussex CCG	Red	Red	Green	Amber
East Surrey CCG	Amber	Red	Green	Red
Eastbourne, Hailsham and Seaford CCG	Red	Red	Amber	Amber
Hastings and Rother CCG	Red	Red	Amber	Amber
High Weald Lewes Havens CCG	Amber	Red	Amber	Amber
Horsham Mid-Sussex CCG	Red	Red	Green	Red

The need to change now

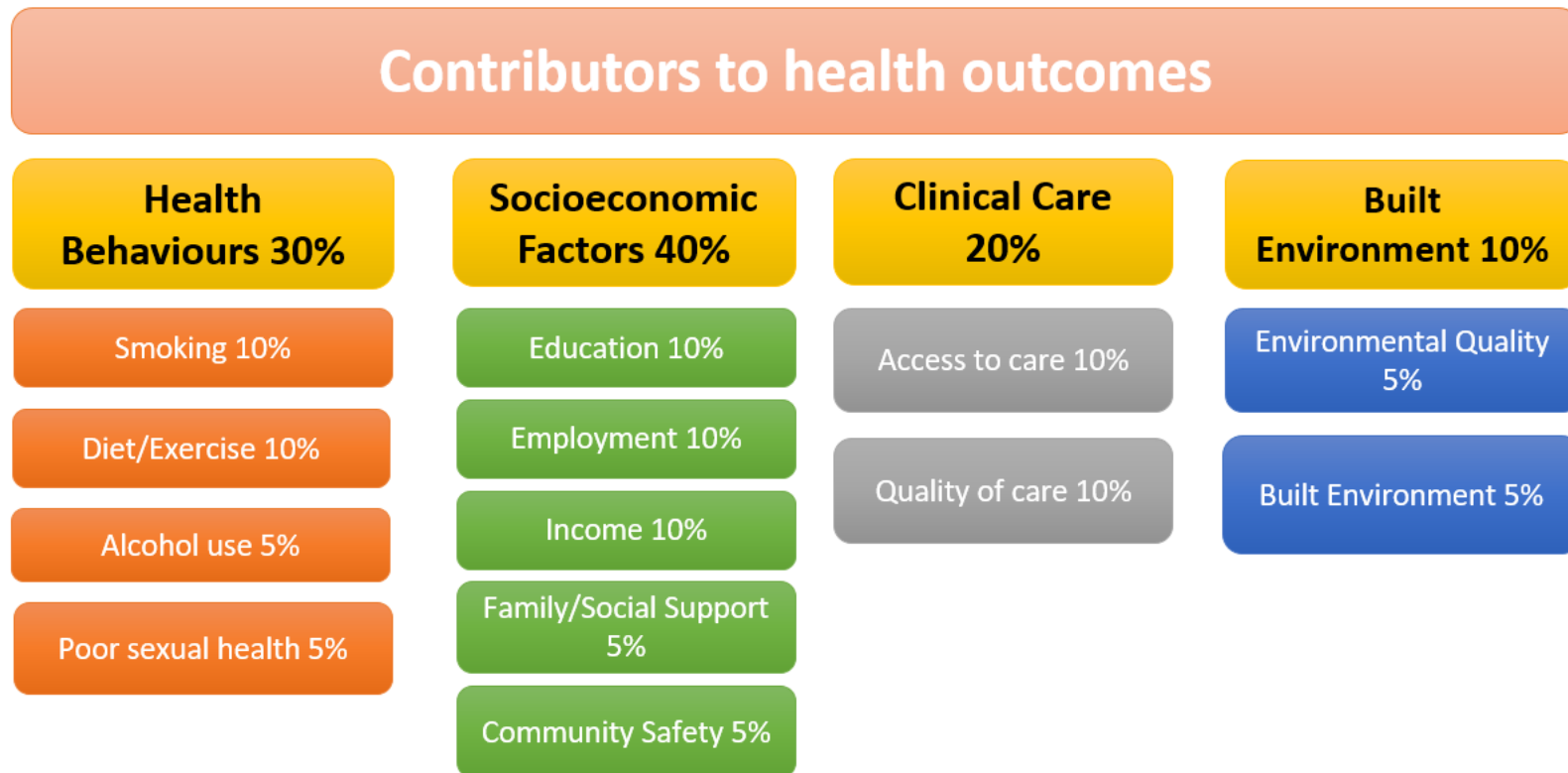
- Individual **CCGs are no longer able to operate and commission effectively and efficiently** for the changing needs of our populations.
- Recognise there needs to be a refocus commissioning on **population health** and outcomes.
- We need to **respond to the expectations of the NHS Long-Term Plan**
 - Fundamental shift in how CCGs will work.
 - Greater integration with local authorities and other partners.
 - Need to support formation of Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks.
- All CCGs required by NHS England to **reduce running costs by 20% by April 2020.**

The need to change now

CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.

- *The NHS Long-Term Plan*

The case for closer integration



Our aim

- Commission in the most effective and streamlined way that avoids duplication and brings the most benefits to our populations.
- Work as a health and care system that focuses more on wellness and prevention to improve outcomes of populations.
- Work in a joined-up way between NHS organisations, partners and local authorities to bring greatest benefits to our populations.
- Address inequalities and enable greater provision of preventative, proactive, personalised, coordinated and more integrated health and social care.
- Support the development of Integrated Care Partnerships and Primary Care Networks

Our opportunities

- Accelerate improvements in patient experience and outcomes
- Invest in areas that have historically been under-resourced or in need of improvement.
- Break down organisational barriers across Sussex.
- Give our citizens a louder voice and engage them better in shaping how services are delivered.
- Foster a learning culture that will be flexible and resilient so that it can evolve naturally
- Reset roles and responsibilities for individuals, empower all our staff by giving them the accountability for delivery of their objectives, and create career opportunities.
- Focus on removal of duplication and waste, enabling individuals, teams and organisations to work in a more integrated and focused way.

Options

- **Option one** – continue with current arrangements; seven separate CCGs, sharing a senior management team, governance and some decision making.
- **Option two** – a single CCG for all Sussex CCGs, creating one statutory organisation.
- **Option three** – three CCGs in the same geographical footprint with local authorities which creates three statutory CCGs in Sussex:
 - Brighton and Hove CCG
 - East Sussex CCG
 - West Sussex CCG

Preferred option

Option three

- Supports delivery of the *NHS Long Term Plan*
- Coterminosity with local authorities – support closer integration and population health
- Clinically-led
- Optimising use of administrative resources
- Health services are commissioned on the most appropriate footprint to achieve high quality and value for money.
- Strategic purpose - logical footprint for delivery of the STP and transition towards an ICS.
- Builds on a track record of working together and feels like the natural next step rather than a major organisational upheaval.
- Future-proofed - provide the right footprint for oversight of and support for transition to ICPs and PCNs and have the right critical mass to discharge the new, more strategic commissioning functions.
- Financial management and value for money

Timeline for change – our journey for 2019/20

Up until now:

- Engagement with local authorities, providers and NHS England
- Discussions with Surrey Heartlands ICS about future of East Surrey
- Discussions with Chairs and Governing Bodies

June 2019

- Engagement with staff
- Proposals for three CCG model and East Surrey move presented to Governing Bodies

July-Aug 2019

- Engagement with GP members, staff, local authorities and partners
- Proposals taken to GP Membership
- Support launch of Primary Care Networks

December 2019

- Staff beginning to work around new commissioning footprints

April 2020

- Three CCG model potentially goes live