



**Sussex**  
Clinical Commissioning Groups



## Creating the new NHS East Sussex CCG

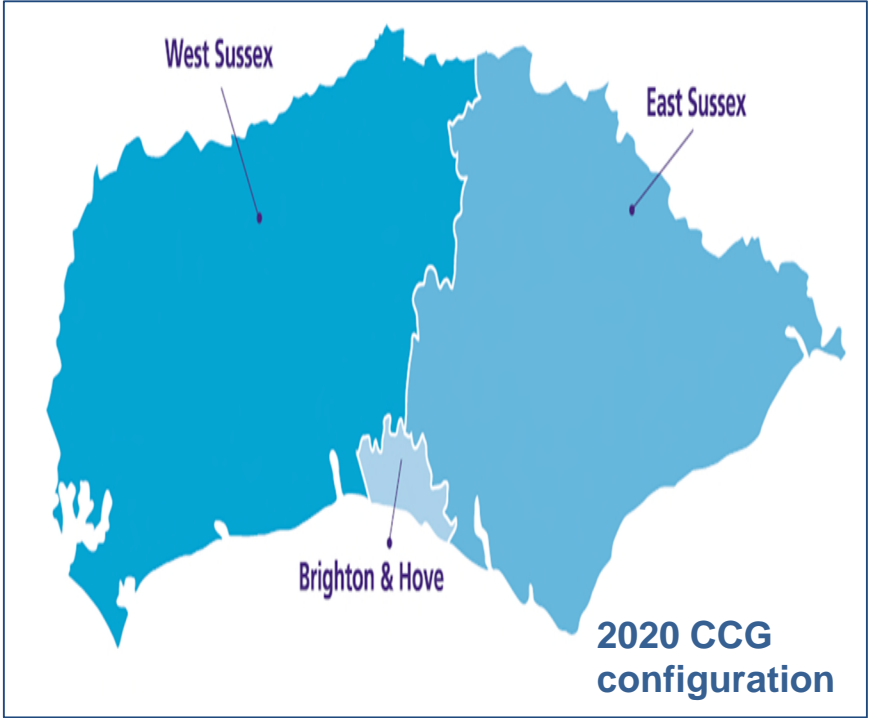
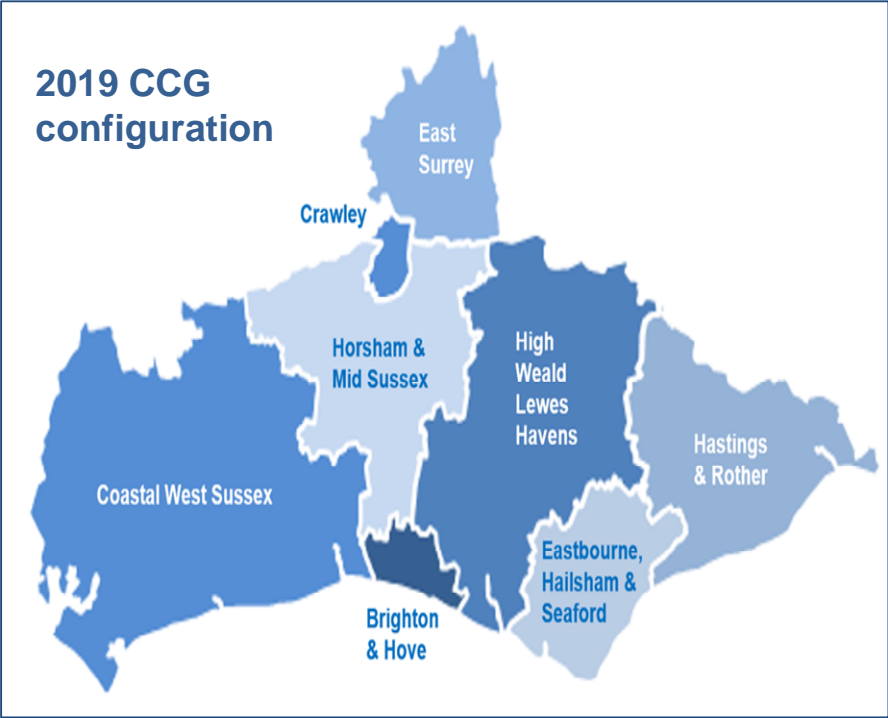
20 November 2019

# Introduction

---

- Our CCGs have been working together for some time.
  - We share a single Chief Executive Officer and a single leadership team
  - Our governance processes are shared
  - We commission together at scale where this makes sense and share good practice across our “places”
- Merger is the next logical step for our organisations:-
  - Our Governing Bodies and member practices fully support this direction of travel
  - We have strong support and endorsement from all of our providers, our local authority partners and Healthwatch.
- Merging Eastbourne, Hailsham and Seaford, High Weald Lewes Havens, and Hastings and Rother CCGs into a new **East Sussex CCG** will ensure we can:-
  - Respond to the challenges in the Long Term Plan;
  - Drive better health outcomes for the many diverse communities of Sussex; and
  - Reduce duplication and waste and maximise the use of precious NHS resources.

# The CCG footprint for Sussex from 2020/21



# Benefits of merger for our population

---

Aligned to Local Authorities we can work more effectively in an integrated way to commission for population health helping us tackle the wider determinants of health

A single commissioning organisation working with the rest of Sussex would enable us to put an end to variation, 'postcode lotteries', and fragmented pathways for services and treatments across Sussex

Less fragmentation of NHS commissioning organisations, allowing us to work together as 'one NHS'

We can better recognise the paramount importance of the voice of our citizens, ensuring that they are engaged in shaping how services are delivered. It will have the right resourcing to deliver this

# Benefits of merger for our membership

---

A stronger locality engagement and representation model would ensure member practices have an enhanced ability to influence and shape how services are commissioned

Working across the system to implement a single, cohesive strategy, accompanied by speedier decision-making, would enhance the pace at which transformation can be achieved

We can maximise the use of scarce clinical resource across our system becoming a more resilient organisation that can attract the top NHS talent

It will address the growing financial and operational pressures faced by the CCGs and ensure we can focus on removal of duplication and waste, enabling individuals, teams and organisations to work in a more integrated, focussed way

# Doing nothing is not an option

---

The NHS and the health and care system continues to change around us and we need to adapt. We have to respond to the challenge in the NHS Long Term Plan

There is an expectation in the Long Term Plan is that one ICS/STP = one CCG. We have an opportunity to remain in control of our own destiny if we change now

We have made some savings by implementing joint arrangements across our CCGs already over the past 18 to 24 months. However, joint working can only take us so far. It is no longer defensible that these administration costs are utilising NHS budgets when our front line services remain under such sustained pressure

We will not be able to meet the financial challenge set for our CCGs (to reduce administration costs) without this change. This will impact our ability to support primary care and transformation of our system

# We have engaged fully with our public, GP membership and stakeholders

---

- We have engaged and consulted widely on these proposed changes.
- All of our providers, local government partners and Healthwatch partners support our proposal to merge
- Engagement with the public and stakeholders around the proposed mergers took place across the CCG geographical area over a two-month period up to September 2019. This involved:
  - Six engagement events held for key community stakeholders across Sussex;
  - Engagement with the public at existing meetings and engagement activity; and
  - Engagement with the public at each of the eight CCG Annual General Meetings
- Generally lots of support but themes around:-
  - Ensuring we properly understand and commission for our rural areas
  - How we address variation and inequalities in our diverse communities
  - How we continue to work with local district and borough councils
- Our membership have been consulted extensively and have now approved formally through a ballot the decision to merge alongside the new CCG constitution
- Our locality model will ensure we work with local stakeholders to understand population needs at the local level and commission at the right scale to deliver better health outcomes and reduce inequalities.

# How engagement has shaped our plans

---

- Enhanced Locality representation, with elected Locality Representatives based on the current CCG footprint
- A locality model that retains a strong local voice and ensures a robust connection from CCG to locality designed to provide greater commissioning, financial and decision making transparency and accountability
- The Governing Body composition retains a clinical majority. Decisions will require clear consideration of the view from each locality.
- Created a Lay Vice Chair role as an explicit check and balance on the executive team, working closely with and alongside the Clinical Chair
- Enhanced local authority representation on our Governing Bodies - with two attendees from our local authority partners, drawn from the Director of Public Health, Director of Adult Social Care and Director of Children's Services – will further promote the integration agenda



# How engagement has shaped our plans

---

- Ensured that within the governance structures of the new CCGs, there is a clearer delineation of the role of the Governing Body and the membership in setting clinical strategy and priorities, and the role of the executive in delivery them
- Established a Joint Committee of the Sussex CCGs which will facilitate joint decision making and focus on delivery of sustainable change across areas of mutual interest such as strategic planning and procurement, patient and public engagement, equality and diversity and staff well being
- A single executive leadership structure across Sussex but with clear devolved accountability and decision making to place where this makes sense

# Next steps

---

- Recruitment of a new clinical chair and CCG governing body underway
- We have just finished consulting our staff on a new structure which:-
  - supports the new CCG footprints;
  - supports the development of Integrated Care Partnerships;
  - invests in the development of Primary Care Networks; and
  - enables a specific focus on developing integrated commissioning and working with the County Council
- Closedown programmes for each legacy CCG are now being mobilised to enable smooth transition to new CCGs
- Further engagement with all stakeholders over the coming months over the changes