

NHS Commissioning in Surrey and Sussex

February 2013

This briefing note describes the new structures for commissioning health and care services for the people of Surrey and Sussex following the implementation of the Health and Social Care Act 2012. It details the new organisations that will be involved in commissioning from 1 April 2013.

The following organisations are all taking on functions, and in some cases receiving staff, from the primary care trusts (PCTs) and Strategic Health Authority (SHA) in Surrey and Sussex.

Clinical commissioning groups (CCGs)

CCGs are commissioning organisations formed from general practices. All practices are required to join a CCG. Practices will shape commissioning decisions and hold the CCG to account for decisions made on their behalf. Many CCGs cover a smaller area than the previous PCTs. They are intended to ensure a closer relationship between local people, GPs and commissioning decisions.

CCGs will formally take on their new responsibilities on 1 April 2013. There are seven CCGs in Sussex. In Surrey there are five complete CCGs and one (North East Hants and Farnham CCG) that straddles the border with the Wessex area.

Clinical leaders (usually the chair but sometimes the accountable officer) provide clinical leadership for each CCG, representing the clinical voice of members, overseeing governance and relationships with partners. Each CCG also has an accountable officer (usually a senior manager, but sometimes a clinician), nominated by the CCG and appointed by the NHS Commissioning Board, charged with ensuring that the CCG fulfils its duties and exercises its functions effectively, efficiently and economically.

See Annex A for details of each CCG in Surrey and Sussex.

Commissioning support units (CSUs)

CSUs will provide CCGs with many of the commissioning support functions and services that were previously carried out by PCTs such as business intelligence and procurement. Some CCGs will also call upon CSUs to provide other functions such as transactional HR and finance.

CSUs are currently hosted by the commissioning board and CCGs within Surrey and Sussex have identified which CSUs they would like to buy functions and services from. Most are buying services from the Surrey and Sussex CSU, but some are also using other CSUs. See Annex A for details of which CSUs each CCG is using.

Surrey and Sussex Area Team (AT)

This is the local arm of the NHS Commissioning Board, responsible for:

- Commissioning primary care (GPs, dentists, optometrists and pharmacists) across Surrey and Sussex
- Specialist commissioning (this is for relatively rare and specialist treatments that need to be commissioned across higher population numbers).
- Emergency preparedness, resilience and response
- CCG development and assurance
- System oversight; partnerships; and quality and safety.

The Surrey and Sussex AT will also lead on specialist commissioning on behalf of the Kent and Medway AT and they will lead on prison and military health commissioning on behalf of Surrey and Sussex.

See Annex B for more details on the AT, its structure and functions.

Public health

The public health function is transferring from PCTs to local authorities and to Public Health England which will promote health protection and prevention. The process of transition is underway for PCT public health teams, working with local authorities and Public Health England.

Health and wellbeing boards

Health and wellbeing boards have been established to set a joint health and wellbeing strategy (JHWS) for each upper tier council area (for example county and city councils). They are designed to promote joint working and integrated services across health and social care.

Each board includes an elected member of the local council; the council's directors of adult services, children's services and public health; a member of the local Healthwatch; and representatives of each CCG in the local area. Each board is free to expand their membership to include a wide range of perspectives and expertise and they will seek to engage a wide range of partners, such as police, housing, education and transport as well as service providers and the voluntary sector.

Health and wellbeing boards have been working in shadow form since April 2012 and will take on their full responsibilities in April 2013.

Healthwatch

Healthwatch will be commissioned by local authorities as the independent consumer champion for health and social care, gathering and promoting the views of local people. It will provide people with information and advice on local services and finding the right advocacy organisation, speaking out and getting involved.

Healthwatch will replace Local Involvement Networks (LINKs) in April 2013. Each local Healthwatch will be an independent organisation, able to set its own agenda and work programme, employ its own staff and involve volunteers.

Healthwatch England was established in October 2012 to provide leadership, guidance and support to local Healthwatch organisations and influence national policy. It will be a statutory committee of the Care Quality Commission (CQC).

Clinical senate

Across the country, 12 clinical senates will provide advice and leadership to help CCGs, health and wellbeing boards and the NHS Commissioning Board make the best decisions about healthcare for local populations. The senates will be made up of clinicians and health professionals including public health and social care, alongside patients, the public and others. The South East Coast Clinical Senate will cover Surrey, Sussex, Kent and Medway.

Strategic clinical networks

Strategic clinical networks, hosted and funded by the NHS Commissioning Board, will cover conditions or patient groups where improvements can be made through an integrated, whole system approach. These networks will help local commissioners to reduce unwarranted variation in services and encourage innovation in the following areas:

- cancer
- cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- maternity and children's services
- mental health, dementia and neurological conditions.

Strategic clinical networks will cover the same 12 areas as the clinical senates. Surrey and Sussex AT is hosting the strategic clinical networks which will cover Surrey, Sussex, Kent and Medway.

Kent, Surrey & Sussex Local Education and Training Board (KSS LETB)

KSS LETB has been established in shadow form and, subject to successful authorisation, will be established by April 2013 as a sub-committee of Health Education England, the new national leadership body for education, training and development of the healthcare and public health workforce.

KSS LETB is led by local NHS service providers. Their priorities for the next five years have been identified and a skills development strategy is currently being developed. This will take account of the operating plans of service commissioners, incorporating the joint strategic needs assessments developed by local authorities and public health.

Kent, Surrey & Sussex Academic Health Science Network (AHSN)

There will be 15 AHSNs across England, bringing together NHS organisations, higher education, local government and business. All CCGs and NHS Commissioning Board direct commissioners should be members of an AHSN.

They aim to align clinical research, informatics, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice and developing and implementing

integrated healthcare services. Working with Academic Health Science Centres they will identify innovations and spread their use through their networks.

The Kent, Surrey and Sussex AHSN has identified dementia, improving emergency care through integrated working, and developing telehealth among its priorities. It is going through the process to become licensed before April 2013.

NHS Trust Development Authority (NTDA)

The NTDA will be established from April 2013 to provide governance and oversight of NHS provider trusts that are not yet foundation trusts. The functions of the NTDA have previously been carried out mainly by strategic health authorities and the Department of Health. There is a strong expectation that the majority of trusts will achieve foundation status by April 2014.

NHS Property Services Ltd

The majority of the PCT estate will transfer to this new national organisation which will maintain, manage and develop facilities ranging from GP practices to administrative buildings. It is a limited company but will remain wholly owned by the Secretary for State for Health. PCT estates staff will transfer directly to this organisation.

Annex A: Clinical Commissioning Groups in Surrey & Sussex

NB: The number of posts stated for each CCG does not include clinical posts.

NHS Brighton and Hove CCG	
GP practices:	48
Population:	c. 299,400
Leadership:	Clinical Chair: Dr Xavier Nalletamby
	Accountable Officer: Dr Christa Beesley
	Chief Operating Officer: Geraldine Hoban
Current base:	Brighton
Posts:	c. 65 posts, including some shared with NHS High Weald Lewes Havens CCG
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 2; authorised with conditions

NHS Coastal West Sussex CCG	
GP practices:	59
Population:	c. 482,300
Leadership:	Chair: Roy Mawford
	Accountable Officer: Dr Katie Armstrong
	Chief Operating Officer: Claire Holloway
Current base:	Durrington-on-Sea
Posts:	c. 65, plus possible shared teams working across CCGs
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 2; authorised with conditions

NHS Crawley CCG	
Working with NHS Horsham and Mid Sussex CCG through shared Chief Operating Officer and staff	
GP practices:	13
Population:	c. 124,000
Leadership:	Chair: Alan Kennedy
	Accountable Officer: Dr Amit Bhargava
	Chief Operating Officer: Sue Braysher
Current base:	Crawley Hospital
Posts:	c. 50 across the two CCGs
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 2; authorised with conditions

NHS East Surrey CCG	
GP practices:	20
Population:	c. 169,900
Leadership:	Clinical Chair: Dr Joe McGilligan
	Accountable Officer: Mark Bounds
Current base:	Redhill
Posts:	c. 20
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 4 (authorisation due to be announced in March 2013)

NHS Eastbourne, Hailsham and Seaford CCG	
Working with NHS Hastings and Rother CCG through shared Chief Operating Officer and staff	
GP practices:	23
Population:	c. 183,400
Leadership:	Clinical Chair: Dr Martin Writer
	Accountable Officer: Amanda Philpott
	Chief Operating Officer: Amanda Philpott
Current base:	Lewes and Bexhill. Currently identifying accommodation in Eastbourne
Both teams:	c. 60 across the two CCGs
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 3; authorised with conditions

NHS Guildford and Waverley CCG	
GP practices:	23
Population:	c. 214,100
Leadership:	Clinical Chair: Dr David Eyre-Brook
	Accountable / Chief Officer (interim): Phil Orwin
Current base:	Guildford
Posts:	c. 45
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 4 (authorisation due to be announced in March 2013)

NHS Hastings and Rother CCG

Working with NHS Eastbourne, Hailsham and Seaford CCG through shared Chief Operating Officer and staff

GP practices:	35
Population:	c. 182,600
Leadership:	Clinical Chair: Dr Roger Elias
	Accountable Officer: Dr Gregory Wilcox
	Chief Operating Officer: Amanda Philpott
Current base:	Bexhill
Both teams:	c. 60 across the two CCGs
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 3; authorised with conditions

NHS High Weald Lewes Havens CCG

GP practices:	22
Population:	c. 163,100
Leadership:	Clinical Chair: Dr Elizabeth Gill
	Accountable Officer: Frank Sims
	Head of Delivery: Wendy Carberry
Current base:	Lewes
Posts:	c. 25, plus additional posts shared with NHS Brighton & Hove CCG
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 4 (authorisation due to be announced in March 2013)

NHS Horsham and Mid Sussex CCG

Working with NHS Crawley CCG through shared Chief Operating Officer and staff

GP practices:	23
Population:	c. 222,500
Leadership:	Clinical Chair: Dr Minesh Patel
	Accountable Officer: Sue Braysher
	Chief Operating Officer: Sue Braysher
Current base:	Crawley Hospital
Posts:	c. 50 across the two CCGs
CSU:	Surrey and Sussex CSU
Authorisation:	Wave 2; authorised with conditions

NHS North West Surrey CCG

GP practices:	43	
Population:	c. 349,500	
Leadership:	Clinical Chair:	Dr Liz Lawn
	Accountable / Operating Officer:	Julia Ross
Current base:	Weybridge	
Posts:	c. 33	
CSU:	South London CSU	
Authorisation:	Wave 2; authorised with conditions	

NHS Surrey Downs CCG

GP practices:	36	
Population:	c. 290,300	
Leadership:	Clinical Chair:	Dr Jonathan Richards (interim to 31/03/13) Dr Claire Fuller (from 01/04/13)
	Accountable Officer:	Miles Freeman
	Chief Operating Officer:	Karen Parsons
Current base:	Leatherhead	
Posts:	c. 22	
CSU:	CSU South (Surrey and Sussex CSU for medicines management)	
Authorisation:	Wave 4 (authorisation due to be announced in March 2013)	

NHS Surrey Heath CCG

GP practices:	9	
Population:	c. 90,500	
Leadership:	Chair:	Sir Edward Crew
	Accountable Officer:	Dr Andy Brooks
Current base:	Camberley	
Posts:	c. 16	
CSU:	CSU South	
Authorisation:	Wave 3; authorised with conditions	

Farnham (part of North East Hants and Farnham CCG)

GP practices:	5
Population:	c. 46,000
Leadership:	Clinical Chair: Dr Andy Whitfield
	Accountable / Operating Officer: Maggie MacIsaac
Current base:	Aldershot
CSU:	CSU South
Authorisation:	Wave 2; authorised with conditions

Annex B: Surrey and Sussex Area Team

Key facts	
CCGs	13 across Surrey and Sussex
Population:	c. 2,800,000
Leadership:	Director: Amanda Fadero
	Medical Director: Andrew Foulkes
	Nurse Director: Julia Dutchman-Bailey
	Finance Director: Marie Farrell
	Director of Operations and Delivery: Pennie Ford
	Commissioning Director: Sarah Creamer
Current base:	Horley
Posts:	c. 100

Role and functions	
Overarching Area Team responsibilities	<ul style="list-style-type: none"> • Commissioning primary care (GPs, dentists, optometrists and pharmacists) across Surrey and Sussex • Specialist commissioning (this is for relatively rare and specialist treatments that need to be commissioned across higher population numbers). • Emergency preparedness, resilience and response • CCG development and assurance • System oversight; partnerships; and quality and safety. <p>The AT will also lead on specialist commissioning on behalf of Kent and Medway; they will lead on prison and military health commissioning on behalf of Surrey and Sussex.</p>
Medical Director's Team	<ul style="list-style-type: none"> • Providing regional clinical leadership for domains 1-3 of the NHS Outcomes Framework: <ul style="list-style-type: none"> ○ 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. • Providing clinical input to direct commissioning and CCG oversight. • Providing professional leadership, including: <ul style="list-style-type: none"> ○ Developing and managing clinical senates and clinical networks ○ Addressing professional performance issues (responding to service failure, complaints, untoward incidents and poor performance in primary care).

<p>Nurse Director's Team</p>	<ul style="list-style-type: none"> • Providing regional clinical leadership for domains 4 and 5 of the NHS Outcomes Framework: <ul style="list-style-type: none"> ○ Ensuring that people have a positive experience of care ○ Treating and caring for people in a safe environment and protecting them from avoidable harm. • Providing professional leadership for nursing and midwifery within the local health and social care system. • Providing nursing input to direct commissioning and CCG oversight. • Leading assurance of quality and safety including working with LETBs on workforce planning and oversight of serious incident reporting and learning. • Leading on patient and public involvement, acting as champion for patients and their interests.
<p>Finance Director's Team</p>	<ul style="list-style-type: none"> • Providing strategic financial leadership across the area. • Designing and implementing a clear financial strategy for the local area, consistent with the NHS Commissioning Board's clinical strategy, investment priorities and resource assumptions. • Assuring and supporting the effective financial performance of CCGs. • Working in partnership with CCGs, HWBs, NTDA and other stakeholders to oversee and assure the financial planning of complex service changes.
<p>Operations and Delivery Director's Team</p>	<ul style="list-style-type: none"> • Strategically leading, supporting and holding to account CCGs in their commissioning of high-quality, safe, patient and client-centred services within the framework of the NHS CB's single operating model. • Setting and implementing the planning framework for CCGs, ensuring agreed Mandate priorities are planned for and delivered. • Implementing and leading an effective emergency preparedness and resilience system for the NHS in the local area. • Leading in managing predictable events (i.e. 'Winter') and other less predictable events such as industrial action.
<p>Commissioning Director's Team</p>	<ul style="list-style-type: none"> • Leading direct commissioning for the local area, including identifying needs, contracting, development and assurance for: <ul style="list-style-type: none"> ○ NHS primary medical care services ○ dentists ○ optometrists ○ pharmacies ○ public health services (including screening; immunisation; public health for the under 5's and health visiting). • Leading specialised commissioning for Surrey and Sussex and Kent and Medway. • Leading Primary Care Support Services (Family Health Services) across Surrey and Sussex and some parts of South London.