

**OUTLINE LEGACY DOCUMENT – SUSSEX PCT
CLUSTER**

**NHS WEST SUSSEX
NHS EAST SUSSEX DOWNS & WEALD
NHS HASTINGS & ROTHER
NHS BRIGHTON & HOVE**

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Title	Legacy Document
Summary	
Associated Documents	
Target Audience	Successor authorities/bodies
Document Version	Draft version 1c (no embedded appendices)
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Organisation	Sussex Cluster: <ul style="list-style-type: none"> • NHS West Sussex • NHS East Sussex Downs & Weald • NHS Hastings & Rother • NHS Brighton & Hove
Approved by	
Signature of Chief Executive	

[Editor's note: This version of the cluster legacy document is principally intended as an outline of the final product. Where it is anticipated that there will be only minor, iterative changes between this version and the final product, we have included more detail. However, in many areas we anticipate that the detail of what we would wish to include in time for handover to successor organisations in March 2013 onwards would be significantly different from what we would include now. These areas are yellow-shaded for clarity.]

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1 Introduction

1.1 Overview

The Government's White Paper, *Equity and excellence: Liberating the NHS* set out a programme for change in the NHS aimed at:

- Putting patients at the heart of all NHS care;
- Delivering improved healthcare outcomes; and
- Empowering local organisations and professionals to improve quality.

Transition to the new organisational systems for the service will result in major structural changes. Subject to legislation, the following organisational changes will have been achieved by 2013:

- Establishment of a national commissioning board responsible for overseeing the commissioning of NHS services and allocation of the NHS budget
- Strategic Health Authorities and Primary Care Trusts will have been abolished
- Establishment of Clinical Commissioning Groups responsible for commissioning the majority of local health services for their populations
- All NHS Trusts will be Foundation Trusts
- Establishment of HealthWatch, a new champion for the patient voice
- A number of arms length bodies will have been abolished.

Managing a smooth transition to the new system whilst ensuring the quality of NHS services is maintained and improved is essential. Research in the NHS and elsewhere has demonstrated an increased potential risk to service during times of major change. In its document, *Maintaining and improving quality during the transition: safety, effectiveness, experience* the National Quality Board proposed that outgoing organisations, i.e. Strategic Health Authorities and Primary Care Trusts developed 'Legacy documents' as part of a robust system of handover that effectively captures and transfers organisational memory.

1.2 Purpose of the Legacy Document

The core objective of the legacy documents is to capture organisational memory and inform the handover process. In essence, this includes reviewing our current position, how we arrived at this place and building a clear picture

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over the coming months of where we need to get to in order to deliver the government's reform programme and transformation in the Sussex health economy.

In view of the future intended audiences for the Legacy documents (Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NCB), NHS Sussex are approaching this on two levels. There will be an overall summary position across Sussex – i.e. this document, and individual Legacy documents for each PCT area.

The Primary Care Trusts (PCTs) in the Sussex cluster rely heavily upon the professional and organisation knowledge and corporate memory of their employees and partners. The reform of the NHS will remove several tiers of management. The legacy documents, therefore, will seek to preserve the collective knowledge of the local service at a point in time during the transition to the new system architecture and to refresh the information contained in it in the light of experiences throughout the transition to organisational closure. As part of this process, the involvement of key local stakeholders is also being sought.

The documents will form part of the eventual handover process with both outgoing and incoming organisations having a responsibility for ensuring that the new organisations have a good understanding of their new responsibilities. This will be augmented by face-to-face processes involving the departing chief executive and all managers and clinicians, as part of their duties.

1.3 Content of the document

As a minimum, for the PCTs in the Sussex cluster, the document will provide:

- information on the services provided to the local population,
- a 'pen portrait' overview of the key information on the local population including key population facts and figures, geographical boundaries, assessment of strategic needs, population trends, etc.
- the current state of play with regard to quality, finance, performance, capacity, and people
- relevant organisational memory, i.e. financial trends, staff turnover, quality trends
- future challenges and risks, through the formal risk register detailing mitigating actions and ongoing monitoring, etc.
- a library of knowledge/skills, i.e. strategic documentation, consultancy reports, public consultation reports, etc.
- a directory of services and skills such as information sources, skills available regionally, key contact information

Throughout, we will seek to address the five main challenges that the new SHA cluster has identified: the quality challenge, the service challenge, the financial challenge, the reform challenge and the people challenge. The

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retention and development of the talent and skills within our workforce will be a key consideration across all our work on the legacy documents.

1.4 Development of the document

Development of the legacy documents is part of NHS Sussex's transition plan.

Linked to the production and maintenance of the document is the records management programme for NHS Sussex to ensure document access, archiving and retrieval in line with national guidance and legislation. Signposting to live websites to provide further information will be used to enrich the quality of the document.

A regular process of stakeholder engagement will underpin updates to the document.

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2 Health and healthcare services in NHS Sussex

NHS Sussex covers the whole population of the counties of East Sussex, West Sussex and the unitary authority of Brighton and Hove. Covering 1,474 square miles the population is distributed in a combination of rural and urban communities.

2.1 Geographic boundaries and local authorities

The population of Sussex is clustered in the following major towns:-

Town	PCT	Pop. 000s	Local Authority	District/Borough Councils
Eastbourne Hastings Lewes Hailsham Crowborough Uckfield Newhaven Seaford	ESDW and H&R	518	East Sussex County Council	Eastbourne Borough Hastings Borough Lewes District Rother District Wealden District
Brighton and Hove	Brighton & Hove	258	Brighton and Hove	
Worthing Littlehampton Bognor Regis Chichester Horsham Crawley Haywards Heath Burgess Hill	West Sussex	795	West Sussex County Council	Adur District Mid Sussex District Chichester District Horsham District Arun District Worthing Borough Crawley Borough

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2.2 Prospective clinical commissioning group profiles

Name	Practices	GPs	Population	Boundary	Comment
Coastal West Sussex Federation	57	247	488,000	Adur, Arun, Chichester, Worthing and Chanctonbury	Federation of 5 consortia with shadow board in place
North West Sussex Commissioning Association	36	226	346,339	Crawley, Mid Sussex and Horsham consortia	Working as federated model with single management support team and three clinical leads. Final configuration of CCG to be determined
Coastal Community Healthcare consortium	22	111	130,000	Eastbourne, Hailsham and Seaford	
Hastings and Rother	34	99	183,000		
Havens and Lewes Cluster	10	44	71,000		CCG configuration to be determined, working through development pipeline with other E Sussex CCGs/consortia
High Weald Cluster	12	56	93,000		CCG configuration to be determined, working through development pipeline with other E Sussex CCGs/consortia
Brighton and Hove	47	215	295,000		

2.3 Population demographics and socio-demographic considerations

West Sussex

West Sussex is a large county with approximately 780,000 residents and this is predicted to reach 860,000 by 2026. West Sussex is split into 7 districts, each with its own borough council; Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex and Worthing. NHS West Sussex currently commissions healthcare for West Sussex residents including a primary care

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network of 95 general practices, 123 optometrists, 170 dentists and 152 pharmacies, working alongside acute hospital trusts and community health teams. West Sussex County Council also commissions care services for West Sussex residents, including joint commissioning for Public Health.

West Sussex is a county of great contrasts, not dominated by a single large city or urban area, but containing a series of smaller towns and villages, many rural areas and an urban coastal strip. Chichester district has a population density of 136 people per km - the second lowest density in the South East - whereas Worthing has a density of 3,000 people per km - the second highest in the South East, excluding London. Figure 1 below shows the rural / urban classification for the county as defined by the Office for National Statistics (ONS).

Figure 1
West Sussex Rural / Urban Classification
Source: Office for National Statistics (ONS)

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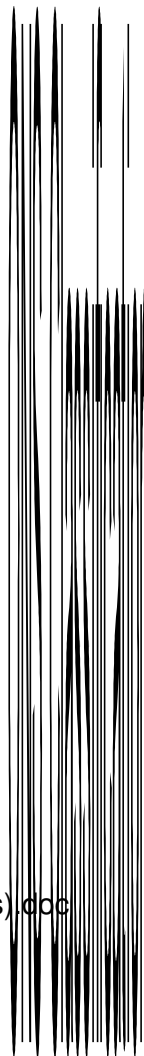
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The Index of Multiple Deprivation (IMD) 2010 shows that the majority of areas in West Sussex have become relatively more deprived since 2007. Two wards in West Sussex now lie within the 10% most deprived in the country.

The West Sussex Local Area Agreement (LAA) identified 5 regions in West Sussex that required targeted action to improve the quality of life of those living there. These are Local Neighbourhood Improvement Areas (LNIA). They are situated in Bognor, Littlehampton, Worthing, Adur and Crawley.

[See the Operating Plan 2011/12 for more detail](#)

Brighton and Hove

Brighton and Hove has an unusual population distribution compared with the national picture. There are relatively large numbers of people aged 20 to 44 years, with relatively fewer children aged less than 15 years and older people (aged 65 years or over). However, it is important to note that there are relatively more very elderly people (aged 85 years or over), particularly women, who are likely to have increased needs for services.

The resident population of Brighton and Hove has risen from 248,400 people in 2002 to 258,800 in 2010 (an increase of 4.2%) according to the Office for National Statistics (ONS) mid-year estimates.

The 2009 Office for National Statistics mid-year population estimates showed that Brighton and Hove has 21.5% of the population aged 19 years or under, 64.5% of the population of aged 20-64 years and 14.0% of the population aged 65 years or over. This compares to 24.1%, 58.9% and 17.0% in the South East and respective England figures of 23.9%, 59.8% and 16.3%.

So whilst there is a lower proportion of children in Brighton and Hove, the adult population of Brighton and Hove is younger than in the South East and England.

The city is known for its lesbian, gay, bisexual and transgender (LGBT) community, estimated to be about 1 in 6 people in the city.

Sections of the LGBT community are at increased risk of mental illness and sexually transmitted infections including HIV and are more likely to be smokers and to drink above the recommended "safe levels" of alcohol.

The 2001 Census recorded just over 20,000 full-time students in Brighton and Hove. However, the Census is known to undercount the total number of students in an area. In addition there are a significant number of part-time students in Brighton and Hove and with two universities the city hosts approximately 33,000 students, many of whom stay on after university. Estimates from the University of Sussex suggest that around 40% of graduates remain in the area after completing their studies.⁵

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There has been a sustained increase in the numbers of students at the two universities in the city from almost 26,000 in 1995/96 to over 33,000 in 2008/09, though the numbers have levelled off since 2005 /06.

At the time of the 2001 Census, 88% of the Brighton and Hove population were from White British groups compared with 87% in England. More recent estimates produced for 2007 suggest that the local picture is changing with decreases in the White British and White Irish population but increases in all other ethnic groups.

These changes are important as different ethnic groups experience different disease patterns. For example Asian as well as Black African and Caribbean populations are at increased risk of cardiovascular disease and diabetes.

Brighton and Hove is one of the most deprived areas in the South East and has a population with significant health needs and inequalities. Over half of Brighton and Hove residents, 55 per cent (139,600 people), live in some of the 40 per cent most deprived areas of England in 2010. The city is ranked the 66th most deprived authority out of 326 in England using the 2010 Indices of Multiple Deprivation.

Particular health and wellbeing needs in Brighton and Hove include:

- Almost half of the population in the city has current or possible future health concerns linked to lifestyle issues;
- Widening inequalities in life expectancy and cancer and circulatory disease mortality rates;
- Significantly higher under 75 cancer mortality rates than England and the South East;
- Low cancer screening coverage;
- High rates of sexually transmitted infections and HIV prevalence;
- Teenage conception rates, whilst reducing, are higher than the South East;
- High levels of mental health problems and a high suicide rate;
- High estimated levels of domestic and sexual violence;
- High levels of morbidity and mortality related to alcohol and drugs;
- High estimated smoking prevalence;
- Whilst childhood obesity rates are lower than nationally and falling, still more than one in seven 10-11 year olds are obese;
- Large numbers of people with long term conditions;
- Significant needs of those with physical disabilities, learning disabilities and autism - both adults and children;
- The number of carers and young carers;
- End of life care.

[See the Operating Plan 2011/12 and JSNA for more detail](#)

East Sussex

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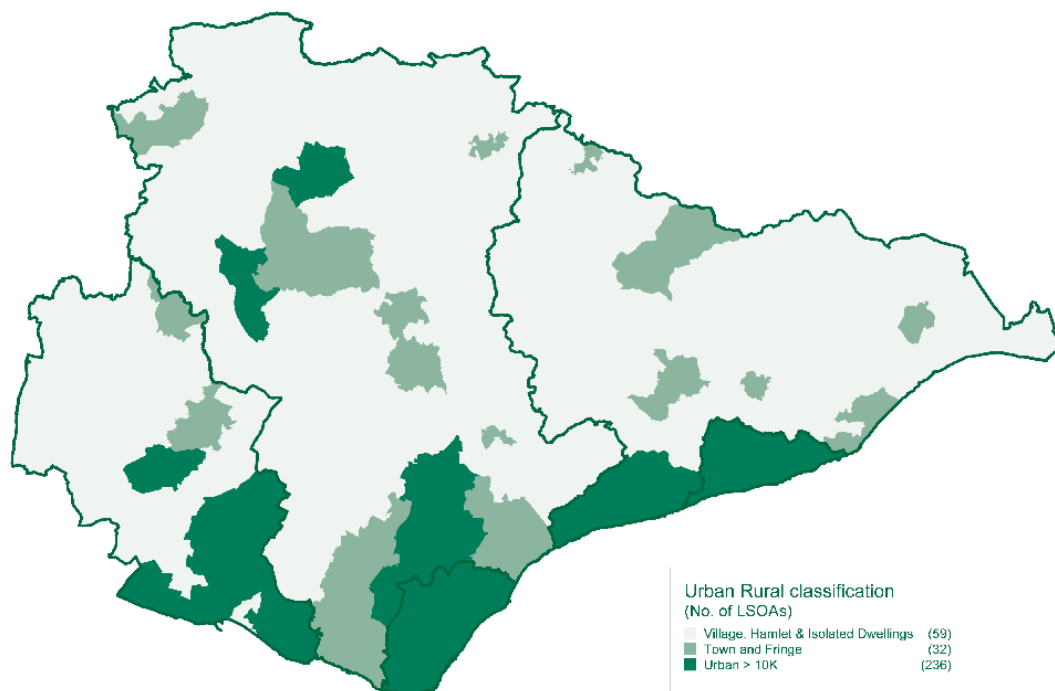
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East Sussex is served by East Sussex County Council and five district/borough councils, namely Lewes, Wealden and Rother District Councils and Eastbourne and Hastings Borough Councils.

The population of East Sussex comprises the following:

- NHS East Sussex Downs and Weald – 346,000
- NHS Hastings and Rother – 183,000

The figure below shows the rural / urban classification for the county. It shows that East Sussex is predominantly rural but urban along the coastal strip.



Elderly people make up a significant percentage of the population, with over one in four residents (27%) being over pensionable age (65 for men and 60 for women). East Sussex has the highest percentage of residents aged over 85 years of any county in England.

As a result of the relatively high percentage of older people in East Sussex, there are more deaths than births. East Sussex has the second highest rate of natural decrease in population (more deaths than births) of any shire county in England in relation to the size of its population. Rother has the highest rate of natural decline of all districts in the country.

Continuing population growth in East Sussex is entirely due to net in-migration – more people moving into the area each year than moving out.

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In East Sussex there is a 14.8 years life expectancy gap between the ward with the highest life expectancy (Ewhurst and Sedlescombe) and the ward with the lowest (Central St Leonards).

Circulatory diseases, cancer and respiratory disease are the three top causes of the life expectancy gap between the most deprived and the least deprived at an East Sussex level but at district and borough level there is some variation.

Fifteen per cent of the county's wards are within the 20% most deprived areas in England and 11 of these wards are in NHS Hastings and Rother while the remaining 4 are in NHS East Sussex Downs and Weald.

Over 38% of people in Hastings live in neighbourhoods identified as among the fifth most deprived nationally and this correlates with those wards in Hastings with the lowest life expectancy.

While nearly one in five children (18%) aged 0-15 years in East Sussex are living in income-deprived households, 30% of children in Hastings live in low income families. Eleven of the county's LSOAs are ranked within the 10% most deprived nationally for child poverty. Ten of the eleven LSOAs with the highest levels of child poverty in East Sussex are in Hastings.

Seven LSOAs in East Sussex are amongst the 10% most deprived nationally for poverty in older people (people aged 60 years and over and who are in receipt of means-tested benefits). All are located in Hastings.

Key health issues

The 2011 Joint Strategic Needs Assessment East Sussex Area Profile highlights the following as key health issues:

- Older people
Services that support the health, wellbeing and independence of older people.
- Healthy lifestyles
Many deaths and illnesses could be avoided by adopting healthier lifestyles. Early intervention strategies and education are the key to influencing attitudes and behaviours before the negative impact of these behaviours have their effect on health outcomes.
- Chronic diseases
Improve the identification and treatment of patients with chronic diseases, particularly circulatory and respiratory diseases. This will have a beneficial impact on life expectancy, particularly in the most deprived areas, and on health and social care services.

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- **Cancer**
Cancer is one of the main contributors to inequalities in life expectancy. Improvements can be achieved by lifestyle changes, improved access to screening, and earlier diagnosis to increase the scope for successful.
- **Mental health**
Mental health services responsive to individual needs that take full account of family, community and social contexts.
- **Accidents and falls**
Falls in older people and road injuries and deaths are significantly high. Physical and mental health, alcohol and drugs are contributory factors for accidents. Improvements in assessing and preventing falls in older people is clearly a priority.
- **Place of death at end of life**
Ensure that people approaching the end of life who wish to be cared for at home can be cared for at home and receive high quality appropriate care and support.

[See the Operating Plan 2011/12 for more detail](#)

2.4 Key health issues

Key health issues for each of the PCTs are described in the 5-year Strategic Commissioning Plans.

For West Sussex

[See Strategic Commissioning Plan 2010-2015](#)

For Brighton & Hove

[See Strategic Commissioning Plan 2010-2015.](#)

For East Sussex

[See Strategic Commissioning Plan 2010/15 and the Joint Strategic Needs Assessment](#)

2.5 Projections around population changes

The Office for National Statistics produces Sub-national Population Projections for England (SNPP) every two years. The latest projections were published on 27 May 2010. They give an indication of future trends in

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population for the period 2008-2033 and are used locally for future service planning.

For West Sussex

The Office of National Statistics (ONS) projections suggest the overall population of West Sussex will grow from 795,000 in 2011 to 832,000 in 2016 and 857,000 by 2021; a growth of just over 7%.

(Projections to 2016 reflect policies in the approved West Sussex Structure Plan, 2001-2016. Projections for 2021 reflect housing policies in the South East Plan final revision.)

For Brighton & Hove

The resident population is predicted to increase from 258,800 in 2010 to 262,700 in 2014 and 269,000 in 2019 (a 5.0% increase). The greatest projected increase will be seen in the 25-34 and 50-59 year age group. There will also be increased numbers of younger children. The number of people aged 75 years or over is expected to fall slightly.

For East Sussex

Population projections suggest that the population of East Sussex is likely to increase to around 540,300 by 2026. In NHS East Sussex Downs and Weald the population is expected to grow by 8% over the next 10 years and in NHS Hastings and Rother the increase is projected to be 3%.

Population growth in the future will be heavily concentrated among people in the older age groups (from age 50 yrs). Most of the younger age groups are likely to decrease in size over the next 20 years. Over the next 20 years the proportion of the population over the age of 65 is set to increase to around 30%. The percentage of people over 85 is projected to increase to around 5.5%.

2.6 Profile of current demand for various services and projected changes

For West Sussex

[See Strategic Commissioning Plan 2010-2015](#)

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For Brighton & Hove

Particular health and wellbeing needs in Brighton and Hove outlined in the JSNA summary include:

- almost half of the population in the city has current or possible future health concerns linked to lifestyle issues
- widening inequalities in life expectancy and deaths from cancer and circulatory disease
- significantly higher deaths for the under-75s than in England and the South East
- low cancer screening coverage; an estimated high number of smokers; and high rates of sexually transmitted infections and HIV
- high levels of mental health problems; suicide; and illness and death related to alcohol and drug use

Other key issues to be addressed, in common with other parts of the country, include:

- teenage conception rates
- childhood obesity
- the needs of people with long term conditions
- the needs of children and adults with physical and learning disabilities and autism
- carers and young carers
- end of life care.

[See NHS Brighton & Hove Strategic Commissioning Plan](#)

For East Sussex

Information from the Joint Strategic Needs Assessment and the Annual Public Health report indicate the following requirements:

- A need to deliver more integrated services, reducing the traditional divisions in care between 'health' and 'social' care, and 'primary care' and 'hospital'.
- A need to move care closer to people's homes by transforming local service and providing access outside hospital settings where appropriate; also to repatriate some services currently provided further afield where this is clinically appropriate.

[See Strategic Commissioning Plan for more details.](#)

2.7 Reference to Annual Operating Plans

Each PCT has a board-approved Annual Operating Plan for 2011/12 which covers the second year of each Strategic Commissioning Plan.

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For West Sussex

To view the Annual Operating Plan in full, please visit:
http://www.westsussex.nhs.uk/domains/westsussex.nhs.uk/local/media//publications/board-papers/24_March_2011//05d_Operating_Plan_Appendix_2.pdf

For Brighton & Hove

To view the Annual Operating Plan in full, please visit:
<http://www.brightonhovecitypct.nhs.uk/documents/MicrosoftWord-AnnualOperatingPlan1112.pdf>

For East Sussex

To view the Strategic Commissioning Plan in full, please visit:
<http://www.eastsussex.nhs.uk/about-us/strategic-documents/strategic-documents-esdw/>

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3 Information on all services provided to the local population

3.1 Primary Care Services – General Overview

A detailed list of primary care services (GPs, Dentists, Optometrists and Pharmacies) will be included within each PCT Legacy document.

3.2 Primary Care Services Providers List

A list of primary care service providers will be incorporated within each PCT Legacy document.

3.3 NHS Providers – General Overview

There are four main NHS acute providers, plus the Queen Victoria Foundation Trust, together with one mental health foundation trust and one community provider located in Sussex which provide the majority of acute, community and mental health/learning disability/substance misuse services to the Sussex PCT Cluster as described below.

Western Sussex Hospitals Trust

Western Sussex Hospitals NHS Trust runs St Richard's Hospital, Chichester, Southlands Hospital in Shoreham-by-Sea and Worthing Hospital.

Every year, the Trust's 6,000 staff:

- Treat 118,000 inpatients and [day](#) cases
- See 476,000 [outpatients](#)
- Treat 126,000 people in the two [Accident and Emergency](#) departments
- Deliver 5,000 babies
- Receive around one million blood samples
- Dispense 740,000 medicines
- Provide 310,000 imaging examinations (x-rays/scans)

Surrey and Sussex Healthcare Trust (SASH)

[Surrey and Sussex Healthcare NHS Trust](#) (SASH) was formed on 1st April 1998 following the merger of Crawley, Horsham and East Surrey NHS Trusts. The annual revenue is circa £193m to provide over 400,000 treatments each year. A growing population of 420,000 residents of east Surrey and north-east West Sussex are served by the trust.

3,100 people work for SASH. Their major site is [East Surrey Hospital](#) and they also provide a range of services at [Crawley](#), Oxted Health Centre, Dorking, Caterham Dene and Horsham hospitals in partnership with Sussex Community Trust and the Primary Care Trusts that own and manage those

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sites. [East Surrey Hospital](#) is the designated hospital for both Gatwick Airport and the M25.

Each year:

- They carry out about 28,500 operations;
- Over [4,300 babies are born](#) at East Surrey Hospital;
- 224,000 outpatient consultations take place;
- They provide 180,000 diagnostic imaging examinations.

The [cancer unit](#) had nearly 6,000 referrals in 2008. This is a higher rate of referral than any other acute hospital in Surrey.

The [maternity unit](#) provides care for each stage of pregnancy. East Surrey Hospital has a dedicated [birthing unit](#), with three birthing rooms and a birthing pool room.

The trust has experienced a year-on-year increase in patient numbers. Compared to last year, planned and unplanned admissions were up 8%, while there was a 9% increase in A&E visits.

Brighton & Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals (BSUH) is the regional teaching hospital working across two sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital, and the Haywards Heath campus includes the Hurstwood Park Regional Centre for Neurosciences.

BSUH has 896 beds and offers a full range of acute hospital services for local communities in Brighton and Hove City the west of East Sussex and Mid Sussex, and specialist and tertiary services including neurosciences, cardiac surgery, cancer, renal and HIV services for patients in Sussex and the south east of England.

The trust's annual revenue is circa £535m, treating approximately 734,000 patients. This includes around:

- 14,000 elective inpatients (planned operations requiring a stay in hospital)
- 34,000 elective day cases (procedures and operations where patients can go home on the same day)
- 53,000 non-elective inpatients (patients who need emergency admission to hospital)
- 495,000 outpatients (patients who have a day appointment for a particular procedure)
- 138,000 A&E attendances

The trust employs 7,500 members of staff.

East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust provides NHS hospital and community services throughout East Sussex.

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They provide services at two district general hospitals, Conquest Hospital and Eastbourne District General Hospital, community hospitals in Bexhill, Crowborough, Lewes, Rye and Uckfield and a number of clinics and health centres, GP surgeries, schools and in people's homes.

They offer a comprehensive range of surgical, medical and maternity services supported by a full range of diagnostic and therapy services. The trust employs over 5,000 dedicated staff with an annual turnover of £283 million. There are 1,040 beds and over 88,000 people are inpatients each year, whilst almost 120,000 use the trust's emergency department services. In addition there are over 300,000 outpatient attendances annually.

Queen Victoria NHS Foundation Trust

QVH, based in East Grinstead, is a specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured through accidents or disease. It is a regional and national centre for maxillofacial, reconstructive plastic and corneoplastic surgery, as well as for the treatment of burns. The trust also provides a minor injuries unit and community services for people living in and around East Grinstead.

QVH employs nearly 1,000 staff, has 10,000 FT members and an annual turnover of c £56m.

Sussex Partnership NHS Foundation Trust

Sussex Partnership provides services for local communities in

- Adur, Worthing and Littlehampton
- Brighton and Hove
- Chichester
- Eastbourne and Lewes
- Hastings and Rother
- North West Sussex (Crawley, Horsham and Mid Sussex)

The trust also provides care to people in Hampshire, parts of Kent and South East London as they develop as a regional specialist provider of NHS services.

Services are managed in care groups covering:

- Primary mental health care and wellbeing services, based on GP practices
- Child and adolescent mental health services
- Adult and older people's mental health services
- Secure and forensic mental health services
- Learning disability services
- Substance misuse services
- Prison healthcare

Income for 2010/11 totalled £225m, supporting over 70,000 individuals through 600,000 contacts by phone, face to face and in clinics.

Sussex Community NHS Trust

Sussex Community NHS Trust was formed in October 2010 when services and staff from South Downs Health NHS Trust and West Sussex Health

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(formerly NHS West Sussex community services) were brought together. The 2011/12 budget for the trust is £184m.

3.4 Acute Providers List

[The full list of acute, tertiary, out of hospital and primary care contracts held by the PCTs will be included in the final version as an appendix]

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3.5 Tertiary Services – General Overview

The Specialised Commissioning Group, hosted by NHS West Kent, commissions specialised services for the cluster (and the whole of South East Coast region). Its remit is to maximise the use of resources in terms of expertise, high tech equipment and specialised treatments. These services are financially risk-shared between the PCTs in South East Coast, minimising financial exposure for individual PCTs.

The Specialised Commissioning Group also manages a number of contracts and agreements with tertiary providers on behalf of the PCTs it serves. The purpose of these arrangements is to cover those specialised services where local providers do not have expertise. The normal referral route is from consultant in a local trust to the tertiary provider, however for some, where a local service does not exist, referrals are made direct by the GP.

3.6 Voluntary Services – General Overview

The PCTs in Sussex work with a wide array of voluntary sector providers. Details of the partnership arrangements and contracts held with the voluntary sector will form part of each PCT's Legacy document.

4 Quality

4.1 Effectiveness

The Sussex Cluster is currently seeking to coordinate the quite differing approaches to implementing clinical effectiveness across each PCT. Each PCT has its own suite of policies, lists of procedures that are not normally funded and separate mechanisms to consider individual funding requests (IFRs). The cluster is reviewing these policies and lists and looking to establish the same IFR process across Sussex. There are well-developed integrated systems in all 4 PCTs for determining access to new drugs and systems of therapeutics and whilst authority to determine policy on these issues will be within the gift of clinical commissioning groups it is likely that they will wish to share expertise across the cluster.

CCGs have access to clinical effectiveness teams based in each PCT. The intention is for these teams to work collaboratively to support clinical decision making and policy formation across Sussex.

Low Priority Procedures

Within NHS Sussex Referral there are differing policies on Low Priority Procedure (LPP) and an exercise is underway to harmonise these lists. There is no blanket ban on any procedures; there is an established mechanism for dealing with individual funding requests (IFRs)/exceptions. The application form for clinicians wishing to request funding for individuals are set out in each of the PCTs' Policy and Operating Procedures for dealing with IFRs.

Referral and treatment criteria will be included in each PCT's Legacy document.

4.2 Communication and engagement

Effective, open and inclusive communication and engagement is central to improving patients' experience and health outcomes, and tackling health inequalities. During the transition healthcare services are under increased public and media scrutiny, making timely and robust communications even more important in maintaining confidence in the local NHS and protecting the reputation of the NHS.

We are participating in work towards a national shared service for communications and engagement. We are also sharing and building on best practice to ensure that our staff, partner organisations and local populations are informed about and involved in the work of NHS Sussex.

NHS Sussex has established a Patient and Public involvement group as a formal subcommittee of the board. Terms of reference, membership and a forward work programme are in the process of being agreed. We will continue to work closely with partners on the development of Health and Wellbeing

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boards and the transition from LINKs to Healthwatch. By building relationships and actively engaging stakeholders in the decision-making processes of NHS Sussex we will improve their understanding of the issues and challenges facing us as we lead local system reform and commission healthcare services to meet the needs of our population.

Against a backdrop of financial pressures and management cost reductions, it is more important than ever that we develop high quality, cost effective methods of delivering communications and engagement. We have a single NHS Sussex communications team and cluster-wide working includes a weekly staff bulletin, monthly stakeholder bulletin and the work to develop a single web presence. Further details of the local approach to communication and engagement will be contained within the individual PCT Legacy documents.

Complaints

Every complaint received by NHS Sussex is triaged and risk assessed by the complaints team to assess the direction and urgency of the investigation required. Medical/clinical/contractual advice is obtained as appropriate.

Each area within NHS Sussex (East Sussex & Hastings & Rother, Brighton & Hove and West Sussex) reports on the complaints it receives about NHS Sussex and complaints received as commissioner of services. In the year 2010/11 East Sussex & Hastings & Rother also handled complaints about community services in that area.

Quarterly reports are produced for the NHS Sussex Integrated Governance Committee providing the following information:

- Details of complaints received about PCT services and services commissioned by the PCT
- Patient experience trends and significant issues
- Actions and learning as a result of complaints received

To meet statutory requirements as detailed in the Local Authority Social Services and NHS Complaints (England) Regulations (2009) each area also publishes an annual complaints report including:

- The number of complaints received
- The number of complaints upheld
- The number of complaints that NHS Sussex was informed that were referred to the Parliamentary and Health Service Ombudsman
- Subject matter of complaints received
- Matters of general importance arising out of the complaints received
- Actions taken as a result of complaints to improve services

Work is currently underway to produce a single NHS Sussex complaints policy and procedure, and once a Sussex wide complaints database is available combined complaints reports will be produced.

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4.3 Safety and Safeguarding through transition

The National Quality Board published its report “Maintaining and improving quality during the transition: safety, effectiveness, experience” (March 2011), which describes good practice in relation to monitoring quality in commissioned services. It describes detection of a failing organisation in its early stages – learning lessons from Mid Staffordshire NHS Trust.

NHS Sussex is well placed to meet the good practice as there is an established systematic review process that is being rolled out from West Sussex to cover each of the large NHS healthcare providers in Sussex.

The review process pulls together the silos of information from performance, quality and finance. It reviews workforce data, CQC intelligence, national benchmarking and actively seeks soft intelligence from GPs, patient groups and staff side organisations. The information is triangulated and discussed at a commissioner meeting to provide a picture of organisational health and to identify trends or concerns that need to be formally raised with a provider. Significant concerns are also raised to the commissioning Board.

NHS Sussex is drawing together a single system to safeguard quality through transition based on the substantial strategies and plans in place in the 4 PCTs. The governance and supporting framework will form part of the individual PCT Legacy document and will be summarised in a subsequent report to the NHS Sussex board (first report received at the 28 July board).

The way in which the delivery of quality and safety will be embedded into the Sussex health system through transition is threefold. The commissioning and contracting process will include the utilisation of the Enhancing Quality Programme, the CQUIN process, Safe care project and Care and Compassion programme. Progress with trajectories and targets will be reported to the Board as part of the Quality Reports.

Local Clinical Commissioning Groups (CCGs) are at various stages of development in relation to their approaches to quality commissioning. The Cluster strategies and plans will be further developed to focus on the core task of supporting CCGs to develop their approach to commissioning for safety and quality.

Assurance about the quality and safety of commissioned services is provided to the 3 PCT Integrated Governance Committees, that incorporate reports from the local commissioning groups and to the Cluster Board through formal quality reports to each meeting.

In addition, a robust early warning system is in place to review each provider on a cyclical basis, using the Monitor Clinical Governance Framework. This is an integrated framework and includes capture of soft intelligence from patients, staff and GPs.

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Safeguarding is addressed through a similar system of planning and governance. NHS Sussex has inherited robust children's safeguarding procedures and will strengthen adult safeguarding during transition. The operation of these systems will remain under constant review as the transition to CCGs is made.

Assurance about the impact of existing safeguarding plans is incorporated within the quality reports to the NHS Sussex Board

Summary of any significant safety breaches, including service failures

To be updated for handover

Trend analysis and learning from incidents

The NHS Sussex quality team has been developing an integrated approach to reviewing and identifying learning trends in Sussex providers' serious incidents requiring investigation (SIs). Historically each of the component PCTs of NHS Sussex had SI processes including monthly review of SIs, trend analysis quarterly and annual reports, safety reports. All of which highlighted learning trends in root causes and key learning actions undertaken by providers.

There is now a new integrated SI management process for NHS Sussex; each provider in Sussex is reviewed by a standard and systematic approach. This integrated process meshes with other quality and commissioning work and includes the following activities:

- Bi weekly Sussex wide SI scrutiny meeting which reviews each SI and provides a report to the individual providers on assessment of learning and feedback on possible missed opportunities. These feedback reports are supplied to the Cluster Executive lead for SIs.
- Each provider is reviewed monthly via an internal provider specific quality review meeting between the contracting and quality leads, this includes a review of trends and learning from SIs. Each monthly review of the provider forms part of a monthly standard provider report supplied to both cluster and CCG committees. These monthly reviews also feed performance/contracting and quality meeting/conversations with providers.

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- All SIs trends are monitored on an ongoing basis each month and formally each quarter to populate a quarterly SI report supplied to CCGs and NHS Sussex boards (historically supplied to PCT board committees).

Any identified trends or significant learning are also shared with individual providers and where appropriate the wider Sussex healthcare economy via a number of interfaces, dependant on providers and type of incident.

- Primary care: Monthly/quarterly publications for primary care.
- NHS Trusts: Via safer care programs and reports/communications to Directors of Nursing.

NHS Sussex has begun plans to integrating a number of these learning interfaces by the formation of a central hub to provide oversight and consistency in the management of SI related learning across Sussex.

Summary of performance in relation to Healthcare Acquired Infections

The July 2011 meeting of the NHS Sussex board received a report on infection prevention and control. This paper provided a year end position regarding constituent primary care organisations of the NHS Sussex cluster and the acute provider year end position regarding MRSA bacteraemia and C Difficile.

- For MRSA the year end position indicates that the national objective has been achieved as a cluster with 1 exception acute trust and 1 exception primary care organisation.
- For CDI the Sussex Custer primary care organisations have failed to achieve the regional stretch limit but have achieved the national limit for 2010/11. In terms of cases 2 acute providers failed the regional stretch limit and 1 failed the national limit with all others achieving both limits.
- CDI rates are above the regional position in 3 of the 4 primary care organisations and 3 of the 5 acute providers.

The report to the NHS Sussex board provided a narrative and summary with recommendations for the 2011/12 period to further improve performance regarding MRSA bacteraemia and C Difficile.

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The challenge for the Sussex health economy is to reduce the rates of both MRSA and CDI in line with the best performers in the region and nationally and ensure consistency across Sussex.

Rates for both infections appear higher in the primary care organisations than in the acute providers indicating that there is much work to be undertaken on the pre 48/72 hour cases in the community and primary care setting. This will be a key feature of all primary care organisations local health economy action plans for 2011/12.

The Infection Control Team and associated staff members in the commissioning arm will also facilitate a focus on learning from other high performing trusts and primary care organisations /clusters across the region in order to build further momentum for improvement.

The DIPC will establish a quarterly Infection Prevention and Control Forum for the Sussex Cluster to share best practice and address 'wicked issues' faced by providers and other stakeholders. This forum will sit outside of the performance and assurance process which will continue via the single performance conversations between commissioners and providers.

It is also incumbent on NHS Sussex and all providers to develop and deliver the new work-streams of MSSA and E Coli surveillance while retaining focus on the MRSA and CDI reduction objectives which are core metrics in the Safer Care QIPP programme

Estate safety

The cluster PCTs have a large estate portfolio, including, HQ offices, community hospitals, health centres, directly-managed GP practices and clinics. The majority of this estate is due to transfer to NHS providers, based on DH guidance.

In addition, a strategic stocktake of estates issues, including compliance, is proposed. This will build upon the robust systems inherited from each PCT and will form part of each PCT's Legacy document.

Health and safety advice is provided through a combination of outsourced service and inhouse expertise. Again, the future arrangements will be considered further as a result of the strategic stocktake.

Innovation (summary of key innovative approaches underpinning the delivery of future healthcare)

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Each PCT Legacy document will include a summary of innovations and a future version of the NHS Sussex overview will provide a list of initiatives across the counties.

Emergency Preparedness, Response and Recovery (EPRR)

NHS Sussex is a Category 1 responder under the Civil Contingencies Act 2004, the NHS Emergency Planning guidance (2005) and PAS2015 the 'Framework for NHS Resilience' (2010). These arrangements are in place to ensure the organisations business effectiveness & resilience, and have been recently reinforced with developing guidance from the recent Public Health white paper and the DH Operating Guidelines for PCT Clusters. A recognised aim is to inform the development of emerging bodies. Together they provide for NHS Emergency planning and business continuity, which the guidance states is relevant to all NHS-funded organisations.

The PCT Cluster maintains a Preparedness Team (amalgamated from the 4 Sussex PCT's emergency planning officers), with responsibility to ensure:

- 24/7 provision of a team member available as NHS Sussex Emergency Response Management Team to the Cluster On-Call Director, NHS partners and the SRF.
- EPRR responsibility for Cluster geographical areas (internally including Business Continuity of Cluster sites, and externally with local partners & stakeholders.)
- Participation in the Sussex Resilience Forum & subgroups with other CCA partners to ensure risk-based preparedness across Sussex.
- Leading, ensuring and advising on NHS Preparedness across LHE Trusts, independent providers and increasingly, with the new and emerging bodies by way of advice and resilience presentations.
- Providing templated plans guidance and advice to independent contractors & providers, and the drafting / maintenance of Cluster & SRF (Health-related) policies, plans & procedures.
- EPRR training to directors, staff & interested parties, & exercising as required by guidance.
- EPRR Governance and assurance, (including integration with other business work-streams as required by guidance)

The Cluster has effective major Incident and incident response plans. These provide for both internal and multi-agency contact via a Director On-Call and an On-Call ERMT manager designed to ensure the lead and coordination of the Sussex NHS response to any major incidents (such as pandemic flu, heat-wave or terrorist incident etc), or for internal business continuity disruptions (such as severe weather in recent years).

As per the SHA target, NHS Sussex also maintains an over-arching Business Continuity Policy, Executive Policy Statement, and Management Program.

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Each NHS Sussex operating site maintains a site-specific Business Continuity plan. These arrangements are drafted in accordance with BS25999, the British Standard for Business Continuity, and these arrangements have been in place since March 2011.

All Sussex provider Trusts similarly have resilience managers and also have full major incident plans underpinned by internal escalation processes and business continuity plans.

As part of the supporting planning arrangements, the PCT provides leadership to the LHE on several issues. These include requiring that effective and annually reviewed local Escalation Procedures exist which are agreed by local NHS Trusts and partner agencies, and which deal with capacity and winter issues across the LHE. This is being reviewed and upgraded by partners to ensure that it continues to meet the “all risks at any time” concept that it was created for.

Following learning from previous years, we have sought to:

- Establish a Brighton and Hove LHE transport hub to locally supplement the Sussex Resilience Forum adverse weather office.
- Utilise a coordinated health communications network coordinated Sussex wide
- Implement our LHE flu strategy and increase flexibility across key service areas e.g. COPD service and rapid response (see system and contingency strategies)
- Ensure local LHE-based Heatwave plans in support of the National Heatwave plan.

5 Performance

5.1 Summary of current and historic performance against national core standards

Performance and delivery reports have sought to reflect the progress of each PCT in delivering their strategic commissioning plans as well as summarising operational performance and progress in relation to national and local priorities and standards.

NHS Sussex, through the Single Performance Conversations (SPCs) with providers is developing a single integrated performance report that provides detail at both cluster and Clinical Commissioning Group level with a style that focuses on the most recent available data and an emphasis on what has changed and been delivered for patients.

The NHS Sussex board will receive a combined performance monitoring report, including a summary of performance against core standards. **The PCT-specific elements will be included in the local Legacy reports.**

6 Finance

6.1 Financial history, current position and future strategy

The financial position of the PCT cluster and constituent PCTs is reported regularly via the Director of Finance's report to the Board. This section will be based on those reports, to be drafted in an appropriate time-frame for the handover to new bodies.

7.0 Provider capacity

7.1 Summary of historic service capacity issues, including outstanding issues

Each PCT has developed organisational development plans, strategic commissioning plans and annual operating plans. These plans focus on the delivery and future delivery of services and serve as mechanisms to test, and highlight potential capacity issues.

Each of these plans is attached to the individual PCT Legacy documents and will be reviewed via the transition to the NCB and/or CCGs.

7.2 Market management initiatives (e.g. AQP)

The term 'market management' encapsulates the processes undertaken to ensure high quality effective services are commissioned. As commissioners of services, PCTs have to manage knowledge, stimulate markets and create demand whilst working with partners, collaborating with clinicians, engaging with the public and patients and supporting existing providers.

The Government White Paper introduced an additional concept into this process which enabled any qualified provider (AQP) to be considered for providing an appropriate service. AQP means that in defined services, patients should be able to choose from any provider that agrees to the NHS price for a service, can meet quality standards and comply with NHS standard terms and conditions. Government policy is to roll the AQP model into some community and mental health services between 2012 and 2014.

The procurement and market management service across Sussex has been brought together from the original 4 PCT procurement plans and annual operating plans into a single Sussex procurement plan.

The Sussex Wide Work Plan includes a wide range of services, and an exercise in priority setting with the involvement of clinical leads is now underway. This work will also inform how best to transact commissioning intentions and to deliver identified benefits going forward.

7.3 Procurements undertaken over the last 3 years for patient services

West Sussex	Brighton & Hove	East Sussex
Dermatology community services	Community Eye Service	Cancer awareness and early diagnosis campaign (lung &

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West Sussex	Brighton & Hove	East Sussex
		bowel).
Urology community based services	Specialist Endodontic Referral	Substance Misuse Service H&R.
Sussex Orthopaedic Treatment Centre (Interim)	Sussex Orthopaedic Treatment Centre (Interim)	Sussex Orthopaedic Treatment Centre (Interim)
AWP elective care arrangements replacing ECN/FCN arrangements	Single Telephone Access Number/Care Coordination Centre	Single Telephone Access Number/Care Coordination Centre
	AWP elective care arrangements replacing ECN/FCN arrangements	AWP elective care arrangements replacing ECN/FCN arrangements
	District Nursing Out of Hours	Dental practices: Hailsham Crowborough Polegate Hastings Bexhill Battle, Ticehurst, Salehurst Brede Valley, Rother Valley Chailey Newick Eastbourne Hartfield Forest Row Frant Withyham Wadhurst
	Community Anticoagulation	Care Package - Ventilated Child (OA)
	GP Local Health Community	Community Alcohol Misuse Treatment Service
	Community Alcohol Treatment Service	Mental Health in Primary Care including Improving Access to Psychological Therapies
	Local Awareness and Early Diagnosis Initiative – Cancer	Community Substance Misuse Treatment Service ESDW
	Community Gynaecology	Community & Independent Mental Health Advocacy
	Community Diabetes	Care Package - Complex Needs Child (SL)
	GP Practices	GP equitable access (walk in centre) ESDW
	Dental Access	Station Plaza Dental
	Local Emergency Dental Service	Station Plaza Pharmacy
		Residential Continuing Care Palliative, ABI, Elderly Frail, Older Peoples Mental Health, Physical Disabilities.
		GP equitable access (walk in centre) H&R
		Dementia Advisor Service

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8 Workforce

8.1 Establishing NHS Sussex

The Department of Health (DH) PCT Cluster Implementation Guidance (31st January 2011) set out the process for establishing clustering arrangements for PCTs by 1st June 2011. The Sussex PCT Cluster (NHS Sussex) was established on 1st April 2011 and all executive director appointments were made by May 2011 to a new single executive team.

The DH Cluster Implementation Guidance is clear that beyond the constitution of the single executive team, the management infrastructure and organisational design of the PCT Cluster was a matter for local determination. However, the national guidance did emphasise that cluster leaders will need *“to strike the balance between avoiding long and unnecessary internal reorganisation and ensuring that there is effective and sustainable capacity for delivering a complex agenda through to April 2013 within running cost limits”*.

By 1st June 2011, NHS Sussex had completed all appointments to the cluster senior leadership structure making fixed-term temporary appointments to Tier 3 roles. All Tier 4 and below cluster posts will be appointed to by mid-September 2011. The work on developing cluster sub-structures has been completed in parallel to the development work on aligning PCT staff directly to CCGs to ensure affordability, best use of resources and support CCG authorisation development. NHS Sussex organisation structures are fit for purpose to discharge PCT accountabilities and the Department of Health Shared Operating Model for PCT Clusters during transition.

8.2 Assignment of PCT staff to Clinical Commissioning Groups (CCGs)

Since the PCTs in Sussex undertook restructuring programmes in early 2011 to reduce management costs the Department of Health (DH) subsequently issued guidance to PCT organisations on ‘Assignment for Transition’ (Gateway reference:15864; dated 31 March 2011). This guidance set out a clear process of aligning relevant PCT employees during transition to support emerging CCGs and associated commissioning support functions.

As a consequence of the Brighton & Hove and West Sussex restructuring programmes in early 2011, 49 and 73 staff were assigned to CCGs. In accordance, with the DH guidance on ‘Assignment for Transition’, as the CCGs are not statutory legal bodies all contracts of employment for these assigned staff continue to be held by their current PCT employer for statutory and contractual purposes. The assignment of PCT staff to CCGs in East Sussex is expected to be completed during September 2011.

NHS Sussex will ensure full compliance with the Department of Health Human Resources Framework (Transition) published in July 2011 to support the proposed structural reform changes. In addition, NHS Sussex will ensure

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compliance with the relevant DH People Transition Policy once this has been published to enact the formal employment transfer of PCT staff to CCGs once these are established as statutory bodies, or no later than 1st April 2013 when PCTs are formally abolished.

8.3 NHS Sussex workforce summary (headcount)

As at July 2011	Brighton & Hove City PCT	East Sussex PCTs	West Sussex PCT
Clinical Commissioning Groups *	49		73
Commissioning Support Unit	13	20	30
NHS Sussex	32	92	128
NEDs / Board	10	24	11
Public Health and Well Being	24	19	46
Continuing Health Care	16	29	31
Sussex Managed Clinical Networks	23	13	3
Primary Care Support Service		176	
Joint Commissioning Unit		9	13
Sussex HIS			302
Hastings and Rother Learning Disabilities (management contract via East Sussex Healthcare NHS Trust)		120	
Others	2	16	9
TOTAL	169	518	646

* Alignment of East Sussex PCT staff to CCGs to be completed during September 2011

8.4 Summary of identified workforce challenges, including summary of achieved and required workforce reductions

Workforce assurance process

[To be updated in line with progress at point of handover]

Management cost reductions and capacity

NHS Sussex has met its management cost reduction target for 2011/12. Therefore, no further headcount reductions are currently planned in this financial year. Assessment of running costs for 2012/13 is in hand to enable plans for 2012/13 to be managed appropriately. However, NHS Sussex has identified how the risks to financial and operational performance will be managed during transition as a key organisational risk. Staff capacity and capability risks that may crystallise include:

- Loss of key senior management as more take up new opportunities;

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- Loss of capacity to manage current levels of control, and as some controls lapse or are removed;
- General weakening of controls due to a loss of staff morale as they try to cover the work of departed colleagues, and face decreasing future employment opportunities;
- As services are streamlined, and handed to new organisations there is a risk of key functions falling between the different organisations;
- Governance arrangements may be compromised due to loss of organisational memory and capacity to review/maintain corporate policies;
- Loss of key business knowledge and relationships (which may be lost or transferred to new organisations as employees take up new roles).

To support mitigation of these risks, NHS Sussex has populated a talent retention matrix. This is a risk based assessment of all staff to ensure NHS Sussex continually track business critical skills and resource during transition. NHS Sussex acknowledges a key concern is the loss of staff whose expertise is needed to support the development of the new CCG organisations. The talent retention matrix will inform decisions on how best to retain those staff classified as business critical during transition.

NHS Sussex Assurance Framework (September 2011) includes the following corporate risk: *“There is a risk that the organisational changes within the PCT may result in loss of skills and experience within the trust and therefore impact productivity and business continuity”*.

NHS Sussex also participates in the completion of a pro forma for the national Workforce Leadership Group designed to manage the impact of transition on Executive and senior management capacity in SHAs and PCT Commissioning Clusters. This enables NHS Sussex to identify gaps and surpluses in capacity at senior level and collectively track changes in this capacity through the period of transition.

Links with the Regional Social Partnership Forum and staff side

Throughout, it is important that close links are maintained with staff side. NHS Sussex supports the Regional Social Partnership Forum and holds regular meetings with staff side representatives where key issues are raised and discussed. These links are seen as extremely important in moving forward.

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9. Summary of key planned changes

9.1 Intended consultations

Information on planned or intended consultations is being developed via the individual PCT Legacy documents and will be summarised in the next stage of the NHS Sussex overview.

9.2 Intended significant procurements

As described above NHS Sussex has a number of procurements underway and is planning to run different procurements in the current financial year as well as 2012/13.

Extracts from the work plan are included in the document and there will be a separate briefing document setting out high priority procurements based on agreed criteria. A prioritisation process has been developed that enables CCGs to work across a wider population base to ensure they gain maximum opportunity from the market.

Key procurements currently being progressed include: sexual health services (west), NHS 111, patient transport (PTS) and a range of community services (AQP and others).

9.3 Risk assessment relating to QIPP implementation

Risks associated with planned changes are documented in both locality plans and risk registers as well as in the NHS Sussex Cluster QIPP Tracker.

Although these risks relate to local implementation across the PCTs and are very much focused on delivering QIPP they can be broadly described by the following themes:

- ownership of the plans,
- capacity of staff,
- skills to support implementation and
- engagement with Clinical Commissioning Groups.

Action is being taken to mitigate these risks including:

- the refocusing the QIPP plans,
- confirming the ownership of key workstreams,
- aligning the right staff to support implementation and
- increasing the Executive Team support to Clinical Commissioning Groups.

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10. Organisational assets and liabilities

Organisational assets and liabilities are unique to each individual organisation as their purpose is to enable the organisation to meet the demand placed upon it. However, they do share common themes and categories and are all audited and managed in line with national guidance and regulation. These will be detailed in the individual PCT Legacy documents.

10.2 Contracts for support (non-healthcare) services

West Sussex	Brighton & Hove	East Sussex
CLUSTER-WIDE		
Commissioning Support Unit		
South Coast Audit (internal)		
Sussex Health Informatics Service		
Sussex Primary Care Agency		
Specialised Commissioning		
SEC Procurement Hub		
NHS Protect (counter fraud)		
WSHT: Facilities + Payroll	SCT: Facilities + Payroll	ESHT/SCT: Facilities + Payroll
Joint Commissioning Unit	Section 75 with Children's trust	Joint commissioning (adults, children & continuing healthcare) plus a section 75 re children's services
Audit Commission (external audit)	Audit Commission (external audit)	PFK (external audit)

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11 Stakeholder map

The following table applies across Sussex, with certain key variances identified according to geography or links to local authorities.

Stakeholder/Partner	Nature of relationship	Areas of particular interest	Communication methods
MPs	Political	All health	Email, meetings, telephone
County Councillors (E & W Sussex)	Political	All health	Email, meetings, telephone
Unitary authority councillors (Brighton & Hove)	Political	All health	Email, meetings, telephone
Parish councillors	Engagement and views	All health	Email, telephone, letter
Strategic Health Authority	Accountability & oversight	All health	E Mail, meetings, letters, telephone
Monitor	Regulator of FTs in the patch	All FT related health	E Mail, meetings, letters, telephone
CQC	Independent regulator	Health & Social care	E Mail, meetings, letters, telephone
HOSC	Political	Health and Social Care	Email, HOSC meetings, letters
LINKs	Assist with development work	Health and Social Care	Email, quarterly events
Non Executive Directors (PCT & NHS Sussex)	PCT business	All health	Email, meetings, telephone
Executive Team	PCT business	All Health and Social Care	Email, meetings, telephone
NHS Sussex staff	Employers and partners	All health	Face to face, briefings, bulletins, meetings and email
Staff side	Employers and partners	All health and related employment issues	Face to face, briefings, bulletins, meetings and email
NHS providers	Contractual and system leadership	Contracts, performance and system leadership and integration.	Email, meetings, telephone
Voluntary organisations	Engagement and views, plus contractual and partnership in places	All health	Email, meetings
Local Authority Chief Executives	Information and integration	All health, joint commissioning, public health, Health & Wellbeing boards, JSNA.	Email, letters, telephone
Media		Any	Email, telephone
GPs	Contracted	Primary care, CCGs	Email, telephone, meetings/visits
Dentists	Contracted	Medical area specific	Email, telephone, meetings/visits
Opticians	Contracted	Medical area	Email, telephone,

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		specific	meetings/visits
Pharmacists	Contracted	Medical area specific	Email, telephone, meetings/visits
OOH providers	Contracted	Medical area specific	Email, telephone, meetings/visits
Police	Assist with development work	DAT	Email, meetings
Fire and Rescue	Engagement and views		
The Public	Patients	All health	All

In addition the NHS Sussex communications team holds a communications and engagement database.

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12 Governance

The operating framework for 2011/12 included a new requirement for all PCTs in England to form into 'clusters'. NHS Sussex was created in June 2011 and received delegated authority by way of each PCT approving revised Standing Orders, Standing Financial Instructions and Scheme of Delegation. These were endorsed by the NHS Sussex board in July 2011.

The role of the cluster, as stated in the DH guidance, is to:

- Sustain management capacity, and a clear line of accountability, for the delivery of current PCT functions in terms of statutory duties, quality, finance, performance, QIPP and NHS Constitution requirements
- Provide space for developing Clinical Commissioning Groups (CCGs) to operate effectively
- Provide a basis for the development of commissioning support arrangements, allowing current commissioners and new entrants to develop a range of commissioning support solutions from which CCGs and the NHS Commissioning Board can secure expert support
- Similarly, provide space for new arrangements with Local Authorities, and particularly Health and Wellbeing Boards to develop
- Provide a mechanism to enable high quality NHS staff to move to new roles in CCGs, commissioning support arrangements and the NHS Commissioning Board, including minimising unnecessary redundancy costs
- Support the provider reform element of the transition particularly in terms of ensuring progress with the FT pipeline through commissioning plans.

Clinical Networks

There are eight clinical networks across Sussex covering the following clinical areas:

- Cancer
- Armed forces
- Children's
- Heart
- Stroke
- Trauma
- Maternity and newborn
- Critical care

12.2 Summary of key policy documents

Each organisation carries a portfolio of local policies which have been developed to support both local a national need. The Information

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Commissioners' Office recommends that a model publication scheme is used to communicate a selection of these to our population and these are available through each organisation's web page.

Additionally, each organisation maintains a full suite of policies and procedures which are held on individual intranets, summarised in each individual Legacy document.

Going forward some policies and procedures will be merged in line with the sharing of resources across the Sussex cluster. This will enable a consistent approach across NHS Sussex as well as the sharing of good practice and learning. As they are developed, these policies will replace the respective individual organisations' policies and procedures.

12.3 Corporate risk register

NHS Sussex is in the process of reviewing the inherited individual PCT Corporate Risk Registers. Although each individual PCT will retain a risk register, a composite version has been produced for NHS Sussex.

Each organisation will still collate its operational risks into a local Corporate Risk Register to enable effective local surveillance and monitoring before escalation to the Cluster Corporate Risk Register.

[Note on appendices: these are being developed so as to be appropriate at time of handover to successor bodies.]

Appendix 1

Document Library

Appendix 2

Glossary of Terms

Glossary

A	
A&E	Accident and Emergency Department
Accountability	Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
Acute Care	Care provided by the larger general hospitals.
Acute Hospital	A hospital which provides a range of care that normally takes a short time to complete – e.g. accident and emergency, maternity, surgery, medical, x-ray, radiotherapy, and so on.
APMS	Alternative Provider Medical Services
ASH	Action on Smoking and Health
Assessment	Assessment of a person's health and social care needs.
AWP	Any Willing Provider
B	
BAF	Board Assurance Framework
BMA	British Medical Association
Bed blocking	(Also known as delayed transfer of care) where patients that are fit for discharge remain in acute hospital beds when other more suitable forms of care are not provided.
BHD	BUPA Health Dialogue
BME	Black and Minority Ethnic groups
Business Plan	A plan setting out the goals of an organisation and identifying the resources and actions needed to achieve them.
C	
C&B	Choose and Book
Caldicott Guardian	All NHS organisations are required to appoint a Caldicott Guardian – a person who has a responsibility for policies that safeguard the confidentiality of patient information.
CAMHS	Child and Adolescent Mental Health Service
Care Management	A system of organising care to vulnerable adults by local authority social services departments. It involves assessing needs, care planning, the organisation of care packages within available resources, monitoring and review and close involvement with service users and carers.
Care Pathways	The route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. You can think of it as a timeline, on which every event relating to treatment can be entered.
Carer	One of six million informal carers that look after elderly, ill or

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	disabled relatives or friends.
CAS	Central Alert System (incidents)
CCG	Clinical Commissioning Group
CCP	Co-operation and Competition Panel
CDiff	Clostridium Difficile Toxin
CHD	Chronic heart disease
CLB	Clinical Leadership Board – formal committee of the PCT Board
Clinical Audit	A cyclical evaluation and measurement by health professionals of the clinical standards they are achieving.
Clinical Governance	A framework through which NHS organisation are accountable for improving continuously the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.
Clinical Negligence	A breach of duty by healthcare practitioners in the performance of their duties.
Collaborative	Working in partnership across organisations and with various groups.
Commission/Commissioning	Process in which the health service identifies local needs for services and assesses them against the available public and private sector provision. Priorities are decided and services are purchased from the most appropriate providers through contracts and service agreements. As part of the commissioning process services are subject to regular evaluation.
Communities	Is a collective term referring to people who share identities, experiences or interests. E.g. this might include people living in the same locality, people sharing identities as members of a minority ethnic group or as disabled people, or people who share the experience of being a single mother or living in poverty.
Community Care	A network of services provided by social service departments of local authorities in conjunction with the NHS and volunteers. It supports old people, people who have mental health problems, or people who have learning disabilities, who might previously have been in a long stay hospital. Not to be confused with community health services.
Community Health Services	Care provided locally designed to keep people out of hospital and providing treatment in or near their homes. It is normally given by district nurses, health visitors, community midwives, and community psychiatric nurses, attached to general practice surgeries.
COPD	Chronic obstructive pulmonary disease
Corporate Governance	The rules and regulations within which an organisation works to ensure probity and accountability.
CQC	Care Quality Commission – health and social care inspectorate which replaced the Healthcare Commission in April 2009
CQUIN	Commissioning for Quality and Innovation
CSU	Commercial Support Unit
CT	Computerised Tomography
D	
D&G	Dartford and Gravesham NHS Trust – acute provider
Deprivation	A measure of material poverty based on a number of criteria such as income, economic circumstances, environment etc...
DH	Department of Health
DIPC	Director of Infection Prevention and Control – every provider organisation has one

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Direct Access	An arrangement for general practitioners to make use of facilities in a hospital. These can include laboratory investigations, x-rays, physiotherapy, and so on, without reference to a third party such as a consultant.
DMG	Decision Making Group
DPH	Director of Public Health
DST	Decision Support Tool
DVH	Darent Valley Hospital, Dartford
E	
Elective Care	Care that is planned in advance as a day case or inpatient.
Eligibility Criteria	To receive NHS funded Continuing Healthcare, a person must be assessed as meeting eligibility criteria produced by the Strategic Health Authority. People who meet these criteria will always have complex, unpredictable or deteriorating conditions with extensive health care needs.
ENT	Ear, nose and throat
EPP	Expert Patient Programme – an NHS course for people living with long-term health conditions, to help them understand and manage their conditions.
Executive Directors	Board level senior management employees of the Health Authority, NHS Trust or Primary Care Trust who are accountable for carrying out the work of the organisation.
F	
FDP	Financial Delivery Plan
FESC	Framework for Procuring External Support for Commissioners
Foundation Trust	NHS Foundation Trust will be established as new public interest organisations accountable to local people and free from Whitehall control. Drawing on models from co-operative societies, mutual organisations and charities in Britain and abroad, NHS Foundation Trusts will work for NHS patients and wide public benefit. Each NHS Foundation Trust will have a Board of Governors, including governors elected by members of the local community and NHS staff, to provide accountability to stakeholders.
FRP	Financial Recovery Plan
G	
GDS	General dental services
GP	General Practitioner - doctor who usually with colleagues in partnership, works at a local surgery and provide medical advice and treatment to patients, and takes a leading role in the management and provision of local health care through their influence on the Primary Care Trusts. Their surgeries, general practices, often have a Practice Manager, and are now staffed by specialist nurses and therapists, and many accommodate dentists, opticians, and pharmacists.
GPwSI	GPs with Special Interests
GUM	Genito-urinary medicine
H	
HAIs	Hospital-acquired infections
HCAIs	Hospital and community acquired infections
Health Community, or Health Economy	A term used to embrace all the organisations, NHS and others, whose activities have an effect on people's health in a local area. It can include local authority function such as services,

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	environmental health and transport, and housing associations, water suppliers, and voluntary organisations.
Health Inequality	The term used to describe the fact that people living in deprived areas usually have poorer health than people living in more affluent areas. This can also apply to differences in the health of the people of various ethnic groups.
HOSC	Health Overview and Scrutiny Committee – this committee scrutinises services which have an impact on the health of the local community and must be consulted about any proposals for a substantial change or development in health services.
Healthcare Commission	Independent watchdog for healthcare in England. Promotes improvement in quality of NHS and independent healthcare, highlights variations in performance, urging poorer performing trusts to learn from the best.
HMA	Healthcare market Analysis
HRGs	Health Resource Groups – means of categorising procedures
HSJ	Health Service Journal – NHS Managers weekly trade magazine
Hosted	Responsible to a single statutory organisation but providing a service to a number of organisations.
I	
IAPTs	Improving Access to Psychological Therapies
ICO	Information Commissioners Office
IG	Information Governance
IFR	Individual Funding Request
Inequalities	In the context of this document, ‘inequalities’ refers to services which are not equally accessible by all geographical areas of client groups in West Kent.
Intermediate Care	Health care for patients who are not ill enough to be in an acute hospital and not well enough to be at home unsupported.
ISTC	Independent Sector Treatment Centre
J	
JCPCT	Joint Committee for Primary Care Trusts
JSNA	Joint strategic needs assessment – covers health and social care
K	
K&S	Kent and Sussex Hospital, Tunbridge Wells
KCC	Kent County Council
KP’s	Key Performance Indicators
L	
LAA	Local Area Agreement
LACSO	Looked After Children’s Services
LINKs	Local Involvement Networks aim to give people a stronger voice in how their health and social services are delivered. The role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account.
LMC	Local Medical Committee – the statutory committee elected by all general medical practitioners (GPs) in contract with the Health Authority to represent them and contributes to the debate on local health issues.
LSP	Local Strategic Partnership – non-statutory, multi agency partnerships, which matches local authority boundaries. LSPs bring together at a local level the different parts of the public, private, community and voluntary sectors; allowing different initiatives and services to support one another so that they can

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	work together more effectively.
LTC	Long Term Conditions - conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma, and chronic obstructive pulmonary disease.
M	
MIU	Minor injuries unit
MoU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MTW	Maidstone and Tunbridge Wells NHS Trust – acute provider
N	
NED	Non Executive Director – independent member of the PCT Board. Independent appointees of the Secretary of State, who work with the Executive Directors overseeing the business of the Health Authority, NHS Trust or Primary Care Trust. The Chair of a health authority or trust board is also a non-executive director and appointed by the Secretary of State for Health.
NHS	National Health Service
NHS Continuing Care	Care provided over an extended period of time to a person aged 18 or over to meet physical or mental health needs which have arisen as the result of disability, accident or illness.
NHS Direct	24 hour advice about personal health care. Nurses give callers advice and reassurance or direct them to the service they need, calling an ambulance if necessary.
NHS Direct Online	The internet source of health advice and information.
NHS Plan	A plan for ten years, published in 2000 with the stated aim of putting patients and people at the heart of the health service.
NHS Trusts	These provide health care locally, mainly Primary Care Trusts, acute hospital trusts, or ambulance service trusts. They are each managed by a board headed by a lay Chairman, with part-time non-executive directors who represent the local community and special interests, and the senior full time staff, including the Chief Executive.
NICE	National Institute for Clinical Excellence - guides NHS staff about new health technologies including medicines, medical devices, techniques and procedures.
NSFs	National Service Frameworks these are nationally defined standards which set out the range of health care that should be in place for a specific service or group of patients.
O	
OD	Organisational Development
OOH	Out of Hours – primary care services normally provided by GPs in hours.
P	
PAG	Professional Advisory Group – panel which assesses doctors' performance issues
PALS	Patient Advice and Liaison Services. Provided with NHS Trusts and PCT's to provide on the spot help and advice to patients and carers.
Patients	People who are currently using or waiting for health services.
PB	Programme Budgets

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PbC	Practice-based Commissioning - a government policy which takes the responsibility for commissioning (purchasing) some services for NHS West Kent and gives it to the local GP practices, who work with neighbouring GP practices to purchase the services which are most needed for their patients.
PCT	Primary Care Trust - enables GPs and other front line clinicians to redesign services that better meet the needs of their patients. Freestanding statutory bodies, which are able to manage and provide a range of community services directly; and commission hospital and other care from NHS trusts and other providers.
PFI	Private Finance Initiative, a government-led arrangement that involves private concerns in providing facilities which will be run by the NHS.
PPI	Patient and Public Involvement
Primary Care	Health services delivered in or near to a person's home to which patients have direct access. These services include those provided in GPs' surgeries, health centres and community hospitals, or in patients' homes, by a team of professional staff including GPs, practice nurses, community nurses, therapists and others.
PROMS	Patient Related Outcome Measures
PSI	Programme for Service Improvement
Public	A term used to describe everyone who is not part of the organisation or the professional team. We are all members of someone else's 'public'.
Q	
QALYs	Quality Adjusted Life Years
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework - of new GP contract that rewards quality.
R	
RAG	Red – Amber – Green rating
RCGP	Royal College of General Practitioners
ROI	Return on Investment
S	
SBS	Shared Business Service
SCP	Strategic Commissioning Plan
Secondary Care	Patients whose needs are too complex to be managed in primary care are referred to more specialist services. Secondary care includes local hospitals and treatment given away from the hospital setting, such as mental health services, learning disability services and help for older people.
SECSHA	NHS South East Coast – Strategic Health Authority
Service user	Anyone who uses or who has used a product or a service. This may mean current users or also include potential users.
SHA	Strategic Health Authority - There are ten of these across England, acting as the regional headquarters of the NHS. NHS South East Coast is the strategic health authority for Kent, Surrey and Sussex. Its role is to lead and support the local NHS and to hold it to account for delivering high quality, effective services for patients and service users.

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SIC	Statement on Internal Control
SIRI	Serious Incidents Requiring Investigation
SIRO	Senior Information Risk Owner
SLA	Service Level Agreement
Social Care	Social care services are normally run by local councils, sometimes in conjunction with local NHS providers and organisations. Most of us are likely to become clients of social care services at one time or another but some of the main groups using the services include children or families who are under stress, people with disabilities, people with emotional or psychological difficulties, people with financial or housing problems and older people who need help with daily living activities.
SS	Social Services
Stakeholders	Anyone who has an interest in the way services are delivered, including service users, carers, patients, service providers, staff, health professionals and partner organisations, such as social services, district and borough councils and other community or voluntary groups.
STEIS	Strategic Executive Information System
T	
T&O	Trauma and orthopaedics
Tertiary Care	Service provided by specialist hospitals which have diagnostic and treatment facilities not available at general hospitals, or given by doctors who are uniquely qualified to treat unusual disorders that do not respond to therapy available at acute hospitals. It can also include hospice care for people who are terminally ill.
TIA	Transient Ischaemic Attack - stroke
U	
UDA	Unit of dental activity
UNPS	Unique new patients seen (relates to dental contracts)
UOA	Unit of orthodontic activity
V	
VTE	Venous thromboembolism
W	
WCC	World Class Commissioning
WKCH	West Kent Community Health – the provider arm of NHS West Kent
X	
Y	
Z	

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Appendix 3

Directory of Services – to be developed

Appendix 4

Contract database: acute and out of hospital services.

Appendix 5

Primary care contracts in Sussex.

Appendix 6

The range of KPIs for contacts set by NHS Sussex

Appendix 7

Performance report

Appendix 8

PCT Legacy document: Brighton and Hove and HOSC submission

Appendix 9

PCT Legacy Document: West Sussex and HOSC submission

Appendix 10

PCT Legacy document: East Sussex Downs & Weald and Hastings and Rother and HOSC submission

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