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Dear Bryan,

Community Hospitals

Thank you for your letter dated 27 March 2019. I thought it might be helpful to update you in more detail in relation to the work currently being carried out in West Sussex in terms of our review of our community assets specifically in relation to intermediate care services.

As you will know, a key priority of the CCGs in Sussex has always been to invest in and build the strength of our community services. We know that by having multidisciplinary NHS and social care teams based out in the community (both in NHS buildings and importantly supporting people in their own homes) and working in partnership across our local areas, we can better meet the needs of our whole population.

As our patients' health needs change over time, so does our commissioning of NHS services. This is evident in the way that our smaller community units (such as Horsham, Kleinwort or Midhurst) have and continue to change in response to the populations' needs, while remaining central hubs for community based health and care for the towns and surrounding areas.

In West Sussex, we have eight standalone community units that provide a range of services. We have 279 inpatient beds for use by community health and care services across all eight units. We also have four Minor Injury Units (MIUs) or Urgent Treatment Centres (UTCs); a comprehensive range of outpatient services; and some same-day ambulatory (diagnostic and treatment outpatient care) services.

The NHS Long Term Plan, published in January 2019, outlines how the NHS will change in the future. Most notably for us, it sets the target of having Integrated Care Systems (ICSs) covering the whole country by April 2021, which will involve a fundamental shift in how CCGs will work and how future commissioning will be done. Along with the formation of ICSs, the Long Term Plan also sets out the future formation of Primary Care Networks (PCNs) that will involve GP practices and community teams working together to serve communities of around 30,000 to 50,000. They will involve multidisciplinary teams with a range of staff, such as GPs, pharmacists, district nurses, dementia workers, physiotherapists and social care and voluntary sector workers.

In this approach, there is a genuine opportunity for our valued community units to develop into local, vibrant integrated care hubs where, for example, the new Primary Care Networks will be able to deliver the services that are now needed by our local populations, and where our health and social care community teams can also be based.

As I have said, the local NHS must change and adapt to the changing needs of our population. The clinical evidence in terms of health outcomes for our patients, workforce constraints, and estate issues mean that the current model is not fit to deliver the ambitions of the NHS Long Term Plan over the next ten years. And so alongside the development of our community units, we do need to recognise this will probably look quite different in terms of inpatient, bedded care from what we have today across all of these units.

I am aware that you have recently had both a presentation on the step up / step down (intermediate care) programme including the clinical case for change, and also our local urgent care transformation work (including urgent treatment centres and NHS111) at your HASC seminar on 16 January 2019. This introduced you to some the detail of how local care is changing and will continue to change. We will of course continue to engage with you as this work progresses.

As you will know, CCGs have a formal duty to involve and consult local people over any proposals that would involve significant changes to services. Before we implement any changes, the CCGs complete thorough assessments to help us understand how our decisions may affect people.

We have already started talking to local people, patients and other partners - including HASC, Healthwatch, the voluntary and community sector, patient representatives and leaders – through the Big Health and Care Conversations in 2018 and the Our Health and Care, Our FUTURE face to face events and conversations and online engagement in 2019. This will make sure that we hear from people who will be, or are likely to be, affected by any changes and is just the foundation of our public and patient engagement.

If it would be helpful, I would be happy to meet with you to discuss this work, and our local ambitions to deliver the NHS Long Term Plan, further.

Yours sincerely,



Adam Doyle
Chief Executive Officer

cc: Siobhan Melia - Chief Executive, Sussex Community NHS Foundation Trust