



Councillor John Nicholson  
Policy and Scrutiny Committee for Adult Social Care and Health Chair  
Isle of Wight Council  
By email

Dear Councillor Nicholson,

## CCG REFORM IN HAMPSHIRE & ISLE OF WIGHT

As you know, CCGs are changing the way they work. We are writing to update you on our plans and to invite your observations and feedback.

Changes are planned to both what CCGs do, and how they do it. Our aim is to overcome the complexity and fragmentation in the current commissioning arrangements, reduce duplication and to refresh the way CCGs work, so that together we can better support the health and care system in Hampshire & Isle of Wight to improve population health outcomes and to improve the quality and performance of health and care services.

Our view is that the best way to deliver high quality sustainable care is through collaboration. Too often in the past – in part as consequence of the market environment - commissioning was undertaken remotely, separate from provision.

Whilst a small number of decisions, such as the award of contracts, need to be undertaken by CCGs independently, in future we see the overwhelming majority of the work to understand need, plan and transform services being undertaken collaboratively, with partners, through the Integrated Care System we are building together. This also provides the opportunity to divert resources from servicing contracts and transactional machinery towards service transformation and improvement activity. Whilst changes to structures will be needed, the most significant changes will be cultural – related to how we work and the way we behave.

Coming together as one organisation will allow us to build a more efficient and effective operating model, make better use of our resources for local residents, avoid duplication and achieve economies of scale. Our experience of working together during COVID-19 has demonstrated the benefits of doing things once, where there is a strong case for and demonstrable impact of doing so.

That said, achieving the benefits of commissioning at scale will not be to the detriment of a local approach, which has been at the heart of some of our most successful service improvements in recent years. Our local teams working with our partners have a deep understanding of the communities they serve, their needs and the interventions that can make a real difference to their health and wellbeing. Through a blend of working at scale and at place we hope to achieve the best possible outcomes.

As we change the aim is for CCGs to:

- a) **Increase the focus and support CCGs provide to primary care and to the development of primary care networks.** General practice is the cornerstone of the NHS and the first port of call for most people who seek health advice or treatment.
- b) **Pursue deeper integration of health and care with council partners,** building on the arrangements and relationships already in place in Southampton, on the Isle of Wight and in Hampshire. The alignment and integration of the NHS and local government at a local level is key to our success in future. As well as maintaining our focus on communities and the places where people live and work, collaboration with local authorities provides the best opportunity to use our collective resources to make genuine impact on preventing ill health and reducing inequalities, to join up health and care delivery, and to improve people's independence, experience and quality of life.

- c) **Better support providers to redesign and transform service delivery.** Providers, CCGs and Local Authorities are working increasingly closely together to redesign service delivery, co-ordinating and improving the delivery of services for the population they serve. For some services it makes most sense to build delivery alliances to plan, transform and co-ordinate service delivery in geographies based around acute hospital footprints. For other services it makes sense to plan and deliver transformation together at the scale of Hampshire & Isle of Wight, and beyond. Alongside our work to integrate health and care with local authorities, we will align CCG teams and resources with each delivery alliance, supporting them to redesign pathways and develop services. The solutions may be different in each part of Hampshire & Isle of Wight and we will work with providers through the Autumn on the detail.
- d) **Create a single strategic commissioning function for the Hampshire & Isle of Wight ICS.** As providers, CCGs and Local Authorities we are designing the ICS together, including through our most recent events and conversations during July and August. The ICS will involve clinical, professional and managerial leaders from across the whole system in all of its work. As CCGs we will create a single 'strategic commissioning' function focussed on the Hampshire & Isle of Wight geography as a whole, to support and enable the ICS, accelerating the simplification of the planning, transformation and infrastructure in place at Hampshire & Isle of Wight level.

In order to accelerate change, changes to CCG organisational arrangements are planned.

The Boards of six CCGs (North Hampshire CCG, West Hampshire CCG, South Eastern Hampshire CCG, Fareham & Gosport CCG, Isle of Wight CCG and Southampton City CCG) are developing a business case to merge, and create a new CCG for Hampshire, Southampton and Isle of Wight from April 2021.

The merged CCG will be organised with the flexibility to maintain a strong local focus as well as achieving the benefits of working at scale. There will be local teams with a local budget, responsibility for the local population and high levels of local decision-making authority, enabling the important work with primary care, local government and provider alliances described above to be effective. Having a single Executive and a Hampshire, Southampton and Isle of Wight focus, will enable the new CCG to also streamline and simplify decision making for pan-system issues. The aim is to establish this new way of working by the Autumn in shadow form, aligned with the establishment of the ICS.

As you will be aware, Portsmouth CCG plan to remain a separate statutory body, delegating functions to Portsmouth City Council (to continue the Health and Care Portsmouth integrated approach) and to the Hampshire & Isle of Wight strategic commissioning function. At the same time, the Frimley Collaborative comprising East Berkshire, North East Hampshire and Farnham and Surrey Heath CCGs has stated its intention to proceed to a merger. We will of course continue to work closely with both Portsmouth and Frimley to enable us to speak as one voice across Hampshire and the Isle of Wight and continue to work together in the respective local health and care systems.

We would welcome your views and feedback on the proposals, which we will incorporate into our ongoing design. Your feedback will also form an important part of the discussion at CCG Governing Bodies on 24<sup>th</sup> September when agreement to proceed with the merger will be sought, and by NHS England at the end of September regarding the formal application to form the new CCG.

Should you have any queries or wish to discuss any of this in more detail we would be more than happy to do so. Please contact [Sara.Bunting@nhs.net](mailto:Sara.Bunting@nhs.net) to arrange a convenient time.

Yours sincerely,

Dr Mark Kelsey  
Chair, Southampton City CCG

Dr Sarah Schofield  
Chair, West Hampshire CCG

Dr Michele Legg  
Chair, Isle of Wight CCG

Dr David Chilvers,  
Chair, South East Hampshire CCG

Dr Nicola Decker  
Chair, North Hampshire CCG

Dr Barbara Rushton  
Chair, Fareham & Gosport CCG