Dear Matthew

Letter of support to 3Ts FBC

This letter is on behalf of the three West Sussex CCGs. As commissioners our role is to ensure that the FBC delivers our commissioning intentions and that the overall scheme is in line with our strategic plans. Subject to the satisfactory outcome of the issues raised, which are to be addressed through the stakeholder event, the CCG is able to confirm its support for the FBC.

The stakeholder event is designed to:

- Outline the changes from OBC to FBC;
- Demonstrate the FBC is in response commissioning intentions and that activity and the finance projections are aligned within our medium term plans; and
- Demonstrate that concerns addressed in the OBC support letter have explicitly been addressed in the FBC.

We recognise that this development, through the 3Ts programme provides much needed access to better services for our local population and across Sussex.

As we have stated in previous support letters, it is not our role to ensure affordability and deliverability. Our support for the strategic intent in the FBC does not mean we expect, nor will we accept, any additional revenue impact from the programme on the DGH services cost base. DGH services remain the focus of our local commissioning intentions and as such must remain the focus of the Trust in order to deliver better services at a reduced cost base which embrace the principles and work streams outlined in our planning documents, including Better Care Fund planning. Neither do we as a CCG expect any additional revenue impact from the 3Ts programme over and above PBR tariff for the
development of Major Trauma services, since transitional support had been provided through a separate funding stream which throughout the transitional support period covers the additional cost in moving to best practice tariff.

The CCG will not support any claims for additional capital from the trust to the CCGs in the case of potential problems not covered by the stipulated contingencies. Nor will the CCG be held to existing commissioning contracts if either the cost or quality of service provided falls outside the CCG’s expectation or requirement. In the event that delays in project implementation impact the ability to deliver contracted services, the CCGs retain the right to contract elsewhere.

Our support for the FBC is given in the context that the operational and performance issues currently faced by BSUH in delivering commissioned activity to our population are being addressed through other means. Improvement of hospital facilities will of course constitute part of the solution but as previously stated the increasing focus on specialist services should not detract from the business of providing high quality services in an integrated way with primary care and in particular we are keen to see a focus on improving care for older people.

In conclusion I wish to confirm the CCG’s support to the FBC, subject to the stakeholder event as stated above. We are keen to work alongside you, particularly with respect to ensuring that improvements in the primary and community service infrastructure are aligned across the health economy. This will include discussion of the legacy use of surplus estate and optimum use of the Princess Royal site.

Yours sincerely

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Dr Amit Bhargava
Clinical Chief Officer
Crawley CCG

Dr Katie Armstrong
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