

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 28 November 2019

By: Assistant Chief Executive

Title: Merger of East Sussex Clinical Commissioning Groups (CCGs)

Purpose: To provide HOSC with an update on the merger of the three East Sussex CCGs

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1. Background

1.1. The Health Overview and Scrutiny Committee (HOSC) learned at its meeting on 27 June that the Clinical Commissioning Groups (CCGs) in East Sussex were proposing to merge to form a single CCG, subject to agreement from their GP membership and NHS England, from 1 April 2020.

1.2. The Committee requested an update for its November meeting to confirm that the merger had been agreed and was on course for delivery by 1 April 2020.

2. Supporting Information

2.1. The Health and Social Care Act 2012 established Clinical Commissioning Groups (CCGs) as the local commissioning organisations of the NHS, replacing Primary Care Trusts in April 2013.

2.2. CCGs are responsible for commissioning hospital, mental health and community care, with NHS England being responsible for primary care (including GP, pharmacists and dentists) and specialist commissioning. NHS England later devolved commissioning for GP practices to most CCGs, including all three in East Sussex. CCGs in England were allocated £75.6bn of NHS England's £114bn budget to commission health services for 2018/19.

2.3. CCGs were established as GP-led organisations based on the theory that GPs are best placed to know the healthcare needs of the local populations and could help direct NHS money accordingly. Consequently, CCG governing bodies are chaired by a GP and several GPs sit on them as representatives of their localities. All GP practices are also members of their CCG and must agree to its constitution.

2.4. The NHS Long Term Plan, published by NHS England in January 2019, called for the establishment of Integrated Care Systems (ICS) – partnerships of NHS commissioners, providers and local authorities working together to deliver health and social care for the whole population – by 2021, with the expectation that each ICS would have one CCG. NHS England also requires CCGs to find 20% back office savings by 2020. Many CCGs nationwide have begun the process of merging in order to meet these requirements and the number of CCGs expected to cover England from 1 April 2020 is estimated to be around 125 compared to 191 in April 2013.

2.5. Proposals were drawn up to create a single East Sussex CCG coterminous with East Sussex County Council. The plan is that by 1 April 2020 the East Sussex CCG will be one of three CCGs – alongside Brighton & Hove CCG and a new, merged West Sussex CCG – within a Sussex-wide ICS.

2.6. The Governing Bodies of the three East Sussex CCGs – Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG – all agreed to the principal of merging during June and July 2019. Following the agreement, the CCGs began a period of consultation with their GP practice membership to seek agreement to proposal to merge and the constitution of the new East Sussex CCG. Following the consultation period, GP practices formally agreed, via a ballot, the merger and the new CCG constitution.

2.7. The HOSC raised queries at its June meeting relating to whether the CCG merger would deliver the required 20% savings, and whether the new Governing Body would have sufficient local representation to reflect the diversity of the East Sussex population and its needs.

2.8. Further detail about the East Sussex CCG is included in the report attached as **Appendix 1**.

3. Conclusion and reasons for recommendations

3.1 HOSC is recommended to consider and comment on the report and agree any further areas of scrutiny.

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