

Discussion Document

Working together for Mid and South Essex

**Share your views on how NHS Clinical
Commissioning Groups are proposing to
work together in the future**

About this document

This document is asking for your views about how the five NHS Clinical Commissioning Groups (CCGs) in Mid and South Essex could work together in the future as one organisation.

The proposals in [this discussion document](#) do not directly affect any other NHS organisations or NHS services for example the medicines you take or the way you access your local healthcare; however, the way we offer NHS services may change in the future, in line with the NHS Long Term Plan.

Background

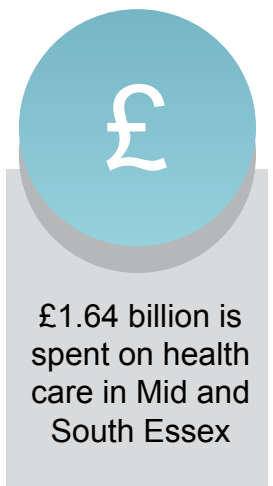
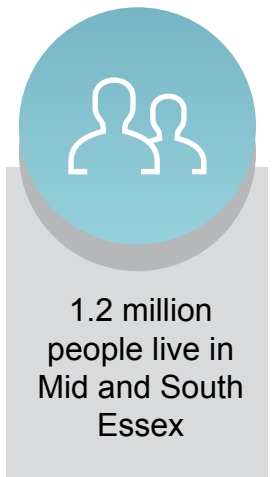
NHS commissioning is the process of planning, agreeing, buying and monitoring health services. Clinical Commissioning Groups (CCGs) took over responsibility for this in April 2013. CCGs are organisations that combine the expertise of local doctors (GPs) and NHS managers; putting local clinical staff and members of the public at the very heart of decision making for their local population, to determine what health services to provide, where and how.

There are currently five NHS Clinical Commissioning Groups in Mid and South Essex:

- NHS Basildon and Brentwood Clinical Commissioning Group
- NHS Castle Point and Rochford Clinical Commissioning Group
- NHS Mid Essex Clinical Commissioning Group
- NHS Southend Clinical Commissioning Group
- NHS Thurrock Clinical Commissioning Group

Mid and South Essex covers a population of 1.2 million, with a budget of £1.64 billion. This budget is used by the CCGs to ensure high quality and effective health and care services are delivered from hospitals and in the community.

The [NHS Long Term Plan](#) (LTP) (see also page 6) sets out the vision for commissioning to be more integrated and led across the health and care system rather than just at a health level. This brings together NHS providers, commissioners and local authorities to work in partnership in improving health and care in their area. For example, councils, community and hospital providers work together with GPs and commissioning groups to support and meet a local community's needs by forming [Integrated Care Systems](#) (ICS). The NHS Long Term Plan also states that there should typically be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS).



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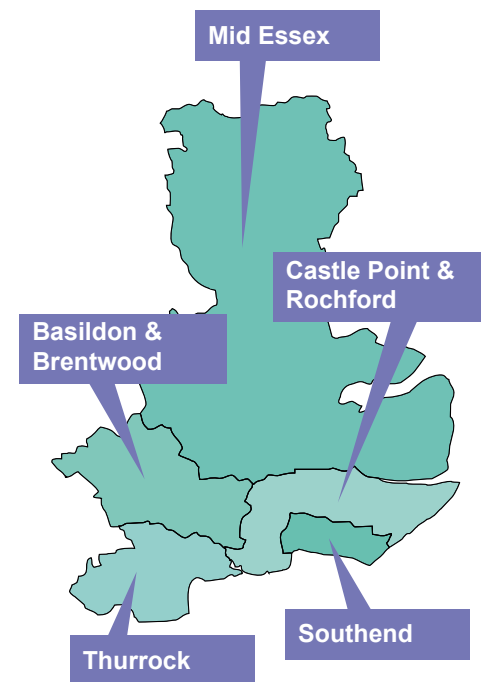
Foreword from the CCG Chairs

Our Integrated Care System covers the Mid and South Essex area (explained in more detail on pages 4 & 5). We propose mirroring the Integrated Care System with one strategic commissioner (CCG) and therefore merging the existing five CCGs. This will help us to better address the issues and needs of the 1.2 million people living across the areas we serve, whilst still ensuring decisions are based on local needs and driven by local clinicians.

As Chairs of the five NHS CCGs in Mid and South Essex it is our job to ensure that the CCGs continue to deliver their statutory duty to engage with patients and the public and involve you in decisions about your care. We want to ensure that the local population have a say in the way we develop into the future. We are keen to hear your views on proposed changes to the way we provide health and care for the people in our communities. You will read about the current system, challenges and changes that could happen, for example the merger of the CCGs. Please get involved by completing the survey (see page 10) or attending any meetings open to the public such as patient reference groups or CCG Governing Body meetings.

We encourage you to make your voice heard. The views of our partners and local people will be considered when developing our potential merger plans, and will be discussed at CCG Governing Body meetings and wider Council, Health and Wellbeing and Health Overview and Scrutiny Committees.

We have added a Glossary of Terms at the back of this document, to help you understand some of terminology used.



On behalf of the chairs of

- **Dr Adegboyega Tayo**, NHS Basildon and Brentwood CCG
- **Dr Sunil Gupta**, NHS Castle Point and Rochford CCG
- **Dr Anna Davey**, NHS Mid Essex CCG
- **Dr José Garcia Lobera**, NHS Southend CCG
- **Dr Anand Deshpande** (Outgoing Chair), NHS Thurrock CCG



More about Mid and South Essex

About Mid and South Essex communities

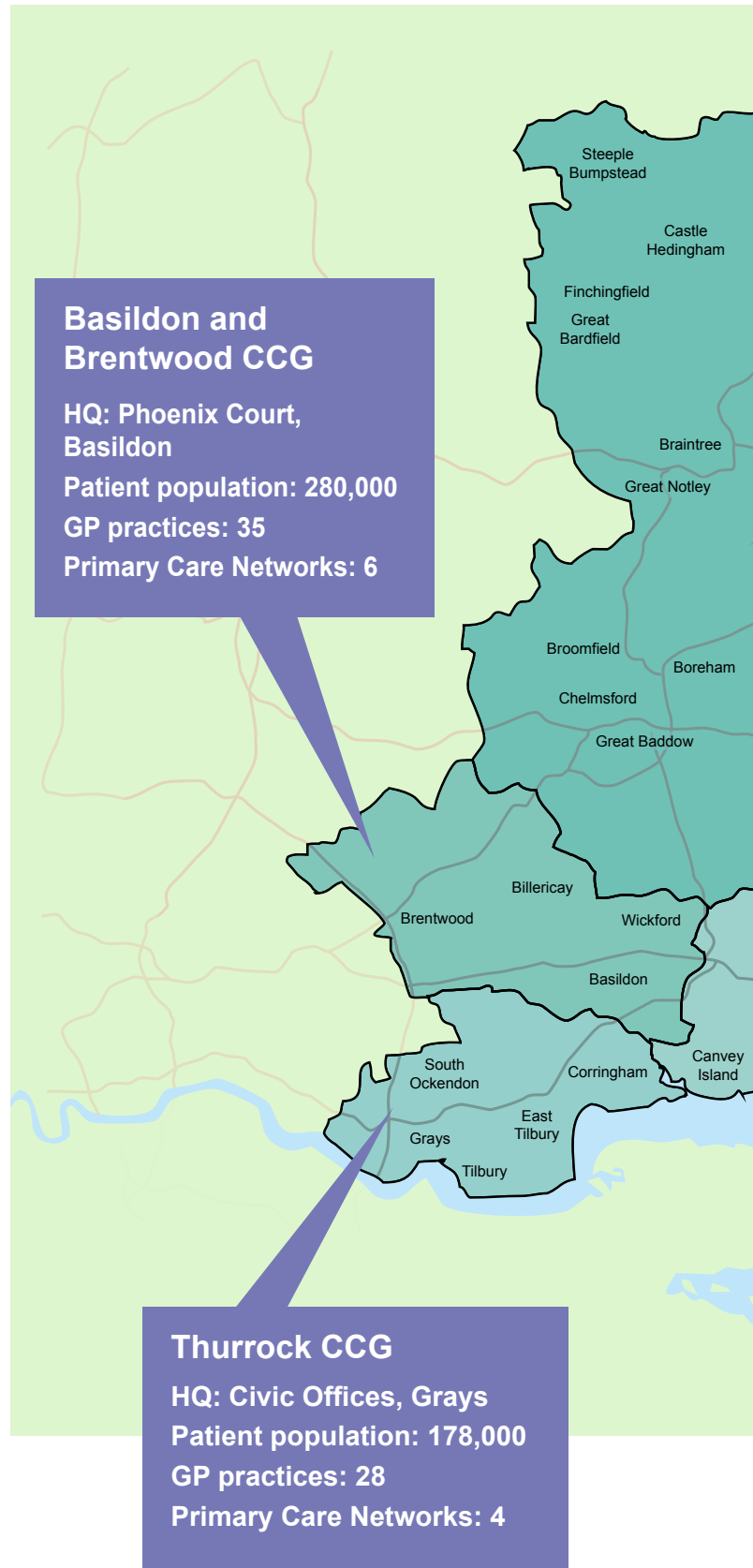
Mid and South Essex covers a large, diverse area, with large urban settlements and many smaller market towns and villages. While there are many examples of excellent care and thriving communities in Mid and South Essex, we also know there are people who struggle with their physical or mental wellbeing, who could benefit from more support to have a better quality of life.

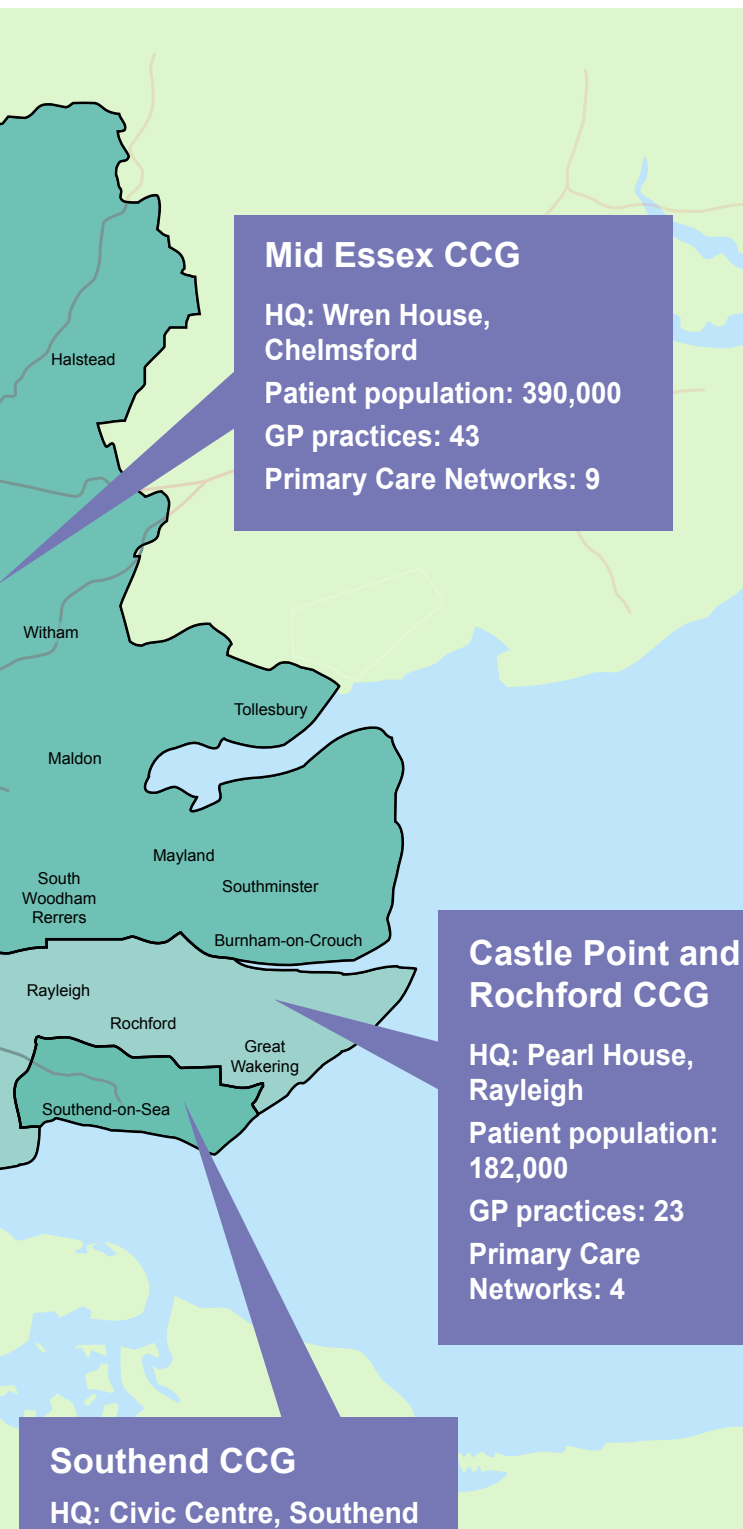
With growth in our 1.2 million population expected to increase by 5% over the next five years and 15% in the next 20 years, there will be an ever growing demand for services, including for those people with more complex needs and multiple conditions. The largest increase is forecast among 75-79 year olds in the next five years and among the over 90 year old population by 2034.

How does NHS commissioning currently work in Mid and South Essex?

The five CCGs in Mid and South Essex are separate legal bodies with their own Governing Body structure. Each CCG has its own membership of local GP practices and a Governing Body with elected members from GP practices, lay members and senior management.

Two years ago, the CCGs began working together to commission some services across the whole area such as cancer care, hospital services and mental health.





Mid Essex CCG
HQ: Wren House, Chelmsford
Patient population: 390,000
GP practices: 43
Primary Care Networks: 9

Castle Point and Rochford CCG
HQ: Pearl House, Rayleigh
Patient population: 182,000
GP practices: 23
Primary Care Networks: 4

Southend CCG
HQ: Civic Centre, Southend
Patient population: 181,000
GP practices: 27
Primary Care Networks: 5

NHS organisations (including CCGs), the three local authorities and other health and care organisations also formed a partnership to work together on planning and improving health care services in Mid and South Essex. This partnership is known as the [Mid and South Essex Health and Care Partnership](#) (previously known as the Sustainability and Transformation Partnership or STP).

How might commissioning look in the future?

The five Governing Bodies from each CCG have made the decision to work on a formal merger application and to develop a single Joint Executive Team. This team will be headed by a single Accountable Officer instead of the four currently in place.

The new joint Executive Team will work on improving collaboration across health and care by moving towards an Integrated Care System model.

Integrated Care Systems bring together NHS, local authority, community and voluntary sector organisations to meet the needs of their population in a collaborative way. The ambition of the Mid and South Essex Health and Care Partnership is to become an Integrated Care System by April 2021 as set out in the NHS Long Term Plan.

One of our priorities in Mid and South Essex is on how we will deliver improved outcomes for our communities through our four emerging “places” – South East Essex, Thurrock, Mid Essex and Basildon and Brentwood. These areas will build strong, locally focused delivery plans to collaborate in the supply of health and care to meet the needs of local people.



Why do we need to make changes?

The NHS Long Term Plan was issued in January 2019 and sets out a vision for the NHS over the next 10 years and beyond. It states that, by April 2021, the NHS and our partners will be moving to create Integrated Care Systems (ICS) with primary and specialist care, physical and mental health services, and health with social care.

Our Integrated Care System would cover the area of Mid and South Essex. Below are some of the benefits that could be seen by merging into one organisation:

Benefits for patients:

- Patients and health care professionals have told us over the last few years that they want reduced waiting times, better access to community care, better mental health services and more of a focus on self-care and keeping communities healthy. We believe we will be better able to achieve these aims together.
- By having one CCG and one Governing Body we can spend less time and resources on management and focus more on improving services for the benefit of our residents.

Benefits for staff:

- Working together as one organisation will generate economies of scale and reduce duplication.
- Attracting and retaining staff by offering a broad range of opportunities within the Mid and South Essex Integrated Care System, supporting staff career progression.
- Create opportunities to work in a new way, making the best use of new technology and improve staff work-life balance.
- Provide more consistent leadership and direction for staff working across the Mid and South Essex Health and Care Partnership.

Benefits for partners:

- Breaking down the barriers to joint working and paving the way for the Integrated Care System (ICS).
- Providing a single point of contact for organisations that work with us and a single vision for commissioning services.
- Support for existing partnerships and working relationships at place and neighbourhood levels.
- Ability to make commissioning decisions faster with only one decision making body for the whole of Mid and South Essex.

Financial benefits:

- NHS England and NHS Improvement require the running costs of CCGs to be reduced so that more money can be invested in patient care.
- Merging the CCGs will enable less money to be spent on management costs and create more time to work on the issues that really matter to our residents..

What are potential risks and concerns?

There are always risks and concerns with any organisational change; these must be managed properly. Some of these issues have been identified below.

Loss of local influence. This concern has been suggested by local partners and GPs, that a large organisation will not effectively be able to give proper consideration to local views. This will be addressed by the four place based offices, headed by a Managing Director who will feed into the one CCG. You can read more about this on pages 5 & 9. It will also be addressed by the commitment to continue our legal duty to involve and make decisions based on what's right for our population.

A year of change will divert attention from the real issues affecting our local health economy such as waiting times for treatment. The NHS Long Term Plan is an attempt at a national level to address known issues with NHS services. Ensuring there is better local organisation of NHS commissioning will help us purchase whole-population wide services more efficiently while still ensuring a local focus for commissioning services at a place-based level. Meanwhile our work continues in the current structure to ensure we get the best possible deal for our population.

Wouldn't reorganisation mean job losses and costs associated with this? The motivation for this change is not saving costs but better organisation and delivery of NHS commissioning. Our current structure of five CCGs is funded from within the running cost allowance provided to the CCGs which comes to £22.7 million in 2020/21; any new merged CCG would have the same running cost allowance as the current five CCGs. In a scenario of a single merged CCG there would be just one set of Executive Directors and one Governing Body. The savings on this could mean that the running cost allocation is available for other posts. For example this may include funding more GP time to support local commissioning initiatives or having more public involvement with the single Governing Body.

Why not keep five CCGs?

We have achieved positive changes as five, smaller CCGs since 2013 but decision-making across the 'wider system' is slow and expensive. Merging to one CCG would help us meet new demands and priorities needed to support our communities, while also meeting our financial challenge across the whole of Mid and South Essex.

We are keen to hear views on what the CCGs are currently doing well to guide us as we move forward into the future. Any decisions around a merger will make sure that the new organisation will maintain and build upon all the good working practices and relationships the five individual CCGs were able to achieve.

Do these proposals affect other NHS organisations or services?

This discussion document specifically concerns the five CCGs in Mid and South Essex. The proposals in this document do not directly affect any other NHS organisations or NHS services. For example, the proposals will not directly affect the medicines you receive.





We are seeking your views on the following changes

During early discussions among Governing Body members from all five CCGs in Mid and South Essex, there were two specific areas that needed to be addressed:



Ensuring our work is focused both locally and also on the whole of Mid and South Essex.



Ensuring our work continues to be clinically-led. This means local doctors and nurses leading our work and our decision making.

We believe these concerns can be addressed by:

Clinical Leadership



Ensuring there are clinicians drawn from our local areas, elected to the new Governing Body and providing leadership in the new CCG's work. Clinicians will be supported by lay members to ensure the views of patients are represented at the Governing Body.

Each place (Basildon and Brentwood, Thurrock, South East Essex and Mid Essex) will have a locality leader and local partnership group where health, council, voluntary sector and other partners work together to plan and deliver services in that local area. This is where strong, locally-focused decisions can continue to be made.

New "Primary Care Networks" (PCNs) have been developed across Mid and South Essex to bring GP services, community, mental health and social care teams closer together. Each Primary Care Network is clinically led and will be able to ensure local services are tailored to local need. There are 28 Primary Care Networks in total across Mid and South Essex.

For Local Services



Retaining local forums such as GP Clinical Committees and Cabinets and forums with member GP Practices to discuss CCG business - if GP Practices wish to do so.

Our new management structure will include four Director level roles responsible for strengthening locality working and developing 'places' in Basildon and Brentwood, Mid Essex, South East Essex and Thurrock. All Primary Care Networks will belong to one of the four 'places'.

We will continue to develop local place based engagement and involvement opportunities to ensure that patients have a strong voice and help to shape our strategies, plans and activity across the places we serve.

Local Visibility



Dedicated teams will work within our four 'places' across Mid and South Essex. Each team will build on existing strategies and plans to develop services in their area.

We would hold Governing Body meetings in public in different parts of Mid and South Essex so members of the public can attend as and where they wish.



Share your feedback with us

How long do I have to give feedback?

You can respond to this proposal over the period **14 February 2020 until 05 April 2020**.

How can I have my say?

If the CCG merger proceeds, it is important that we protect what is working well to ensure commissioning meets local needs.

As the Governing Bodies consider coming together, we want to hear from anyone who wishes to share their views on the proposals and ideas on what this will mean and how best a CCG merger could take place.

To give us your views please complete our online survey at:

www.surveymonkey.co.uk/r/midandsouthessexCCGs

Alternatively, to request a hard copy or another accessible format of the survey please email: thuccg.ccgtransformation@nhs.net, or call: 01375 365 810

There will be an opportunity to attend a public meeting in your CCG area in March and the dates for these will be confirmed on your CCG's website.

What happens next?

The deadline to give feedback on this proposal is 05 April 2020. All the comments and feedback will be reviewed by the present five CCGs to help inform the final proposals for a single CCG organisational structure and define the benefits to be delivered from this change. The final proposals for a single CCG together with the defined benefits will be sent out to the membership of the current CCGs to be voted on in the Summer 2020.

A merger application with the outcome from the membership vote will be put to the five CCG Governing Bodies for consideration and if supported submitted to NHS England and Improvement in September 2020.

NHS England and Improvement will make the final decision regarding the merger application and the future of the CCGs in Mid and South Essex sometime later in 2020. Their decision will be made public as soon as possible.



Glossary

Clinical Commissioning Groups (CCG) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Integrated Care Systems (ICS) bring together NHS, local authority, community and voluntary sector organisations to meet the needs of their population in a collaborative way and, in some cases this involves pooling budgets.

The NHS Long Term Plan (LTP) sets out the main ambitions of the NHS and how it plans to meet the needs of the public into the future.

NHS England and Improvement is the organisation that leads the National Health Service (NHS) in England and is responsible for overseeing our commissioning activities.

Primary Care Networks (PCN) are a key part of the NHS Long Term Plan and bring together GP practices into a network, typically covering 30,000-50,000 patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

Sustainability and Transformation Partnerships (STP) are areas covering all of England, where local NHS organisations and councils have shared proposals to improve health and care in the areas they serve. The STP in Mid and South Essex is now known as the Mid and South Essex Health and Care Partnership.



Alternative language versions

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