

# Update on the Proposal to Merge the Clinical Commissioning Groups in Devon

Following a discussion with scrutiny members in July 2018, the purpose of this briefing note is to update members on the proposal to merge the two clinical commissioning groups (CCGs) in Devon, in order to provide a single coherent NHS commissioning voice within an increasingly integrated care system.

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## 1. Context and Background

There is a long history of integration locally and solid foundations of collaborative working as part of a wider system, and in the context of emerging national policy and direction, partners in wider Devon (including Torbay and Plymouth) are fully committed to acting as an Integrated Care System from 1 April 2019. The concentration of NHS commissioning focus and expertise, through the merger of the two CCGs in Devon, is an essential element of these future arrangements, providing a single coherent NHS commissioning voice within an increasingly integrated care system.

The CCGs have spent the last year working more closely together and this has realised many benefits:

- It has helped us simplify and speed up decision making, remove duplication and harmonise policies and processes.
- Collectively we have realised cost savings and efficiencies of over **£4 million** on our running costs.
- We have established the Devon wide primary care board, which ensures that the voice of GPs is heard strongly within the STP, and also helped set up the four collaborative boards so that localities benefit from the views of primary care.
- We have developed a single Executive team, working with a single CEO, governing bodies in common and a new integrated structure. This structure will strengthen capability so that the new organisation can be better placed for strategic commissioning for Devon, working in partnership with our Local Authorities and NHSE.

Merging the two CCGs is the next natural step and in doing so we will be able to:

- Eliminate the administrative burden that comes from running two statutory organisations. Operating a single administrative and governance function would enable us to focus more of our people and resources on delivering improved services and better patient experience.
- Progress our work to create a stronger, clearer and more consistent commissioning 'voice' for our area, built on the strong foundations of locality-based, GP-led commissioning, and drive forward the changes needed to deliver the resilient and sustainable NHS services that local people need.
- Attract additional resources and investment for the local population, in particular for South Devon and Torbay, for whom being part of a wider health commissioning body could result in an increase in NHS funding allocation

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## 2. Progress and status to date

In July 2018, upon consideration of local context and national policy, the Governing Bodies in Common supported the submission of a Statement of Intent to NHSE, in which the two CCGs expressed an interest to merge with effect from April 2019, and supported the engagement in regulatory processes over the summer to submit an application for consideration by the governing bodies in September.

### NHS organisations involved:

Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

Both Governing Bodies met again on 27 September 2018 and discussed progress with the proposals to merge the CCGs in Devon, within emerging national policy and local integration context.

The proposals state that the merged organisation will be built on a strong local infrastructure. This will ensure we stay close to local people and GPs, and continue to work in partnership with each of the Local Authorities, whilst building on the benefits we already have from working together.

Over the summer, a number of meetings and events were held across Devon with GPs and Practices to enable them to learn more and ask questions. During this engagement, there appeared generally to be a good appetite for the merger and general understanding and support for the direction of travel: the need to ensure that local voice is not lost as part of a wider geography and our future aspirations for PMS payments were matters of note.

In September, views of the CCGs' membership on the proposals to merge were sought more formally. Across both CCG footprints, 103 GP practices out of 133 took the opportunity to express their views through the poll, of which 71 were supportive of the merger. It is of important note that 27 practices (14 in South Devon and Torbay and 13 in NEW Devon) showed concerns over our plans to merge, which we would like to understand in more detail.

The breakdown of the poll by individual CCG was as follows:

- **NEW Devon:** 59 practices voted for merger; 13 against; with 3 abstentions.
- **South Devon and Torbay:** 12 practices voted for merger; 14 against; with 2 abstentions.

During the Governing Body meetings in common, on 27 September 2018, it was recognised that many practices in South Devon and Torbay in particular have enjoyed the relationship with commissioners locally, and have felt a strong local influence in setting future direction and healthcare planning and commissioning decisions in local areas. There was a view that being part of a wider Devon geography may potentially lead to loss of local voice and influence which is important for us to explore further, as we shape our thinking around the important role of "neighbourhoods" and "place" in integrated care as part of our system.

In the emerging national framework, there is a strong emphasis and focus on the clinical and professional integration of care and how people experience care at a very local level (neighbourhood) and primary care is at the heart of this.

Locally, we have well-established and long history of integration, including substantial joint commissioning arrangements across the NHS and Local Authorities, notably in Torbay. In testing our proposed direction of travel with colleagues in Health and Well-being Boards there is strong commitment to continue to move to more integrated delivery. Initial discussions with our GP membership suggested that it was important to continue to develop our neighbourhood delivery approach in parallel to commissioning becoming increasingly 'strategic'. Both political and primary care communities will want to be assured that merger will help secure access to relevant resources for the population and not put historic income at risk.

The Governing Bodies agreed that the CCGs will continue to seek and respond to the views of their clinical members and in parallel work with NHSE to assess the appetite and readiness for merger by submitting the application within the required timescales.