



Future arrangements for NHS commissioning across the Black Country and West Birmingham



Conversation
Document

Anticipated benefits of proposed merger to single commissioning organisation

Patients

- Single commissioning policies so no 'postcode lottery'
- Less fragmentation of NHS organisations
- Opportunity to drive improved quality and reduce variation in services
- Opportunities to invest more resource to work with partners and tackle the wider determinants of health (for example education/employment)
- Better outcomes by improving access to co-ordinated care for people with complex needs or long-term conditions
- Influence at neighbourhood, place and system with clear ways to get involved

Our Staff

- Larger organisation more resilience and reducing duplication
- Larger organisation with room for development and career progression
- Embracing flexible working approach using technology
- Builds on work already in place, removes uncertainty

CCGs

- Increased financial resilience
- £1m reduction in spend and governing body costs
- Reduced duplication
- Larger buying power/influence with providers and our regulators
- Greater ability to work with partners operating at scale such as West Midlands Combined Authority

Partners

- Strategic focus, easier to engage once rather than four times
- Clearer role for local 'place' focus but with consistent strategic aim
- Supporting the move to an Integrated Care System
- Greater NHS financial resilience
- Mainstreaming access to services and resources and ability to bring capital investment into the area

Members

- Clear role for Primary Care Networks in each place
- Focus on giving local GPs a strong voice in Integrated Care Providers
- Local place team to support primary care but shared team to support and invest in primary care development offers
- Increased access to training/development
- Influence in commissioning through place based committees
- A stronger locality engagement and representation model would ensure member practices have a stronger voice and an enhanced ability to influence and shape how services are commissioned



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1. About this Conversation

1.1 What is it about?

This conversation is jointly led by the four NHS Clinical Commissioning Groups (CCGs) across the Black Country and West Birmingham. We are collectively considering the future of commissioning arrangements for the area we serve and would like to invite views from key stakeholders on the options available.

This conversation is aimed at stakeholders who work closely with the CCGs and would be impacted by the proposed new structure and governance arrangements. However, the conversation paper is a public document and we would welcome feedback from anyone with an interest in the proposals.

For the purposes of this conversation, our key stakeholders include:

- **Member GP practices**
- **Local clinicians**
- **Healthwatch and other patient representative bodies**
- **Voluntary and community sector services**
- **Local government**
- **Hospital, community and mental health providers**
- **Other healthcare partners**
- **Local decision makers**

1.2 What is it not about?

This conversation is about commissioning arrangements only. This proposal is specifically about the future of the four CCGs.

- Dudley CCG
- Sandwell and West Birmingham CCG
- Walsall CCG
- Wolverhampton CCG

It does not relate to any other NHS organisation or NHS-funded services, such as hospitals, mental health organisations, or primary and community care. It is not a proposal for any change to services provided by the NHS in the Black Country and West Birmingham.



2. Introduction

Following two listening exercises, we are now seeking views on a proposal to change the future of commissioning for the Black Country and West Birmingham and to merge our CCGs.

We have been working in closer alignment since the formation of our Integrated Care System (ICS/STP) in 2016 (the Healthier Futures Partnership).

Over the past year, we have moved to a shared leadership team and a single Accountable Officer for the four CCGs. We have also taken time to listen to member GPs, partners, patient representative groups and others in exploring how our four CCGs can work more efficiently and effectively across the healthcare system.

In the autumn we will begin a wider internal reorganisation and we believe that our natural next step should be to establish one single commissioning organisation which mirrors the footprint of our Integrated Care System. We also need to make sure our valuable resources are used in the best way to support people and our health and care system to have a healthier future.

In this document we set out the reasons why we believe that we would be better placed to serve our local population, and reduce the health inequalities that exist today, as one single strategic commissioner.

Our CCGs cover some of the most deprived populations in the country. Despite the best efforts of the health and care system, health outcomes for the population are not improving. Partners across commissioning and providers are committed to greater collaboration, including joining-up commissioning to address the challenges we face.

Ultimately the decision on whether we merge rests with NHS England but we want to hear your views on this. Your views will be presented to our GP membership before they vote on whether an application to merge is submitted to NHS England. The earliest we would hope to do this is at the end of October this year, which could see us become a single Black Country and West Birmingham CCG on the 1st April 2021.

Whatever our future form, our main focus will remain on ensuring that everyone living in the Black Country and West Birmingham has access to high quality services that improve their health and wellbeing.

This decision will have an impact on how we operate as commissioners and how we work together with you in the future. We ask that you please take the time to consider our proposal and respond to us with your views by the 7th September 2020. **We look forward to hearing from you.**



Dr Ian Sykes Chair,
Sandwell & West Birmingham CCG



Dr Anand Rischie
Chair, Walsall CCG



Dr Salma Reehana
Chair, Wolverhampton CCG



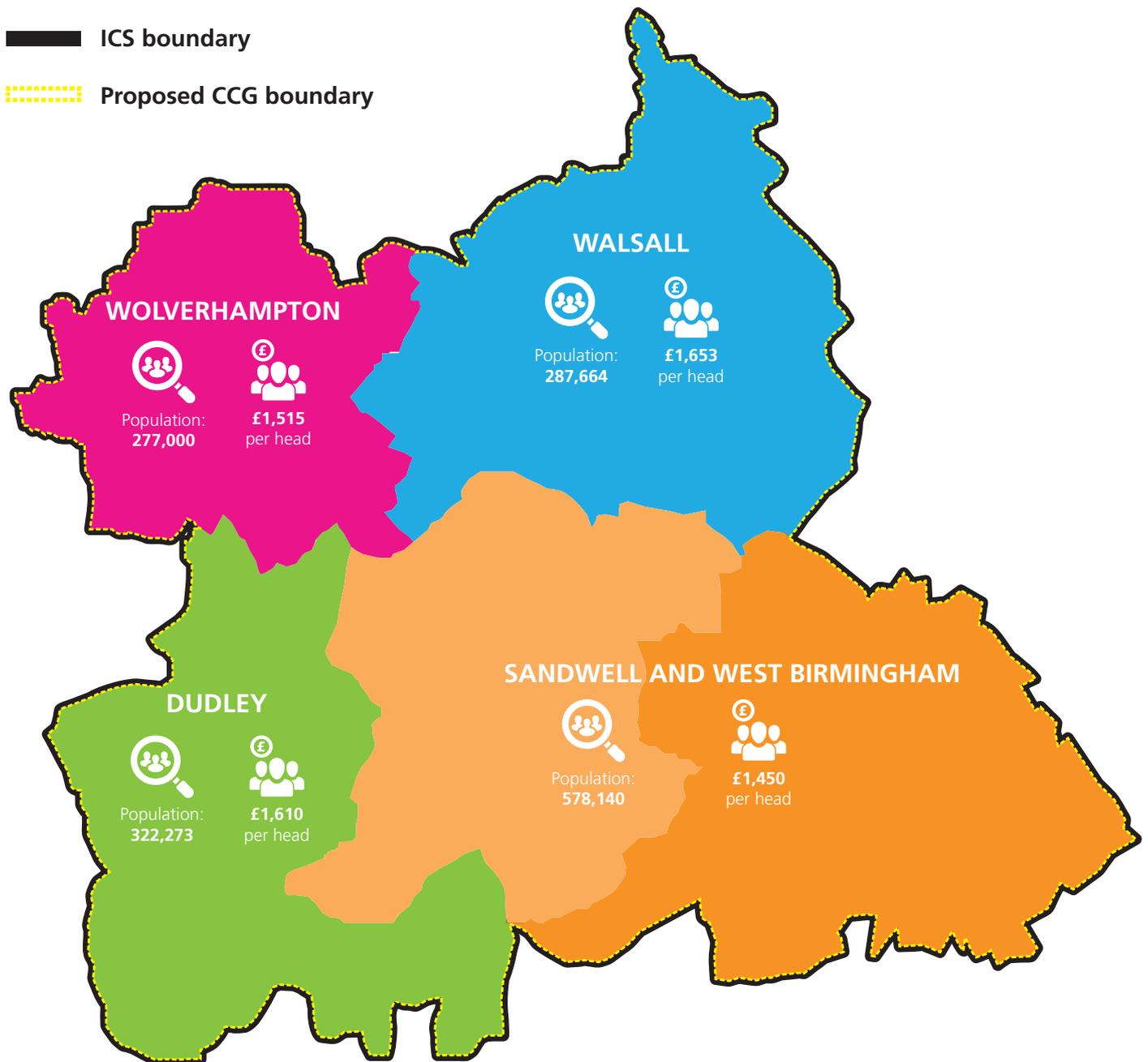
Dr Ruth Edwards
Chair, Dudley CCG



3. Existing commissioning arrangements

3.1 Our CCGs

All four CCGs are separate statutory organisations with the same healthcare responsibilities and the need to meet legal and NHS duties. Over the past four years, the CCGs have worked more collaboratively across the STP footprint of the Black Country and West Birmingham.



The map shows how our four CCGs serve five places. The map also shows the proposed new boundary which is coterminous with the boundary of our Integrated Care System.

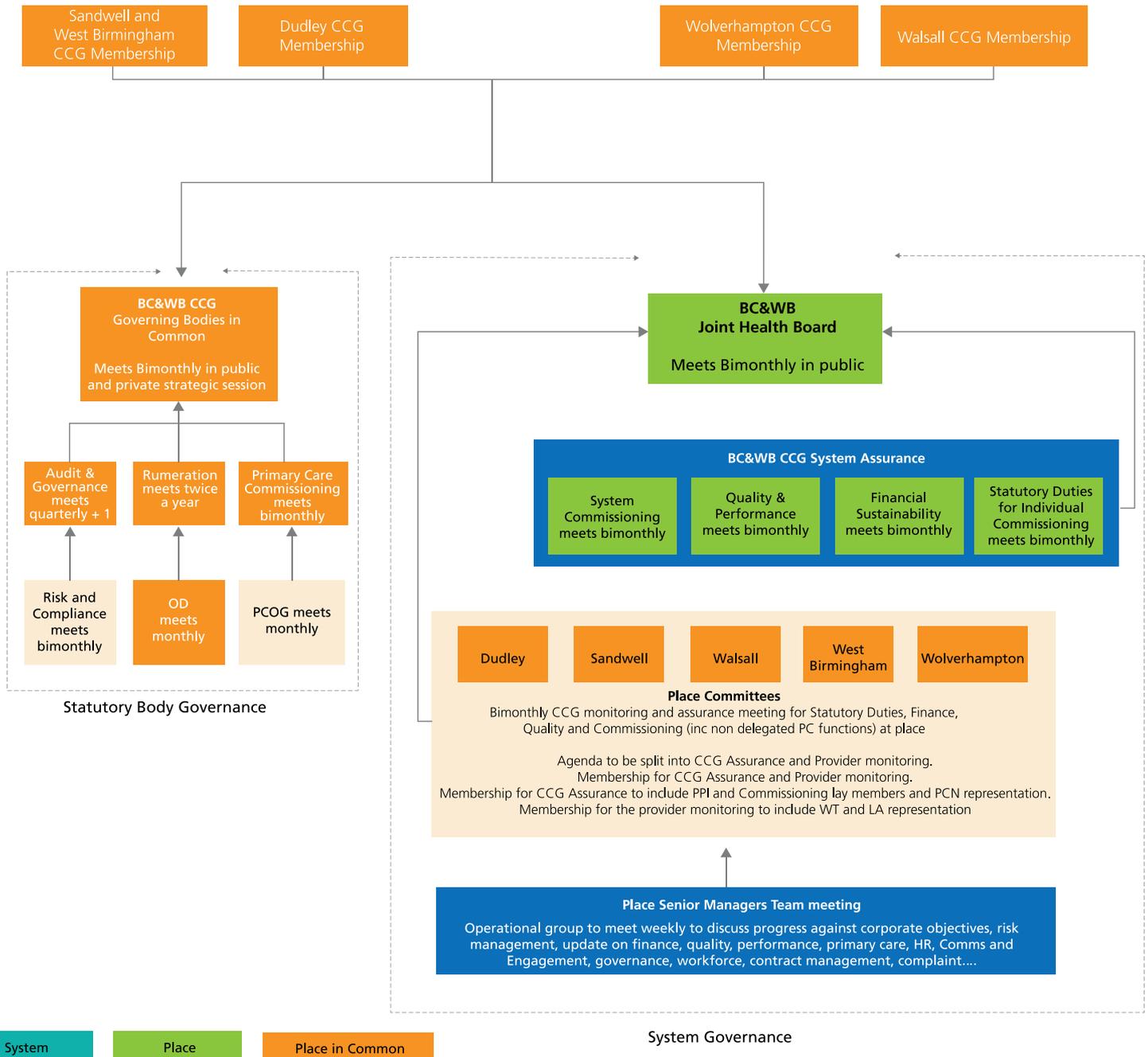


3.2 Our current governance arrangements

In recent months, the CCGs have introduced a number of joint arrangements to serve all four CCGs.

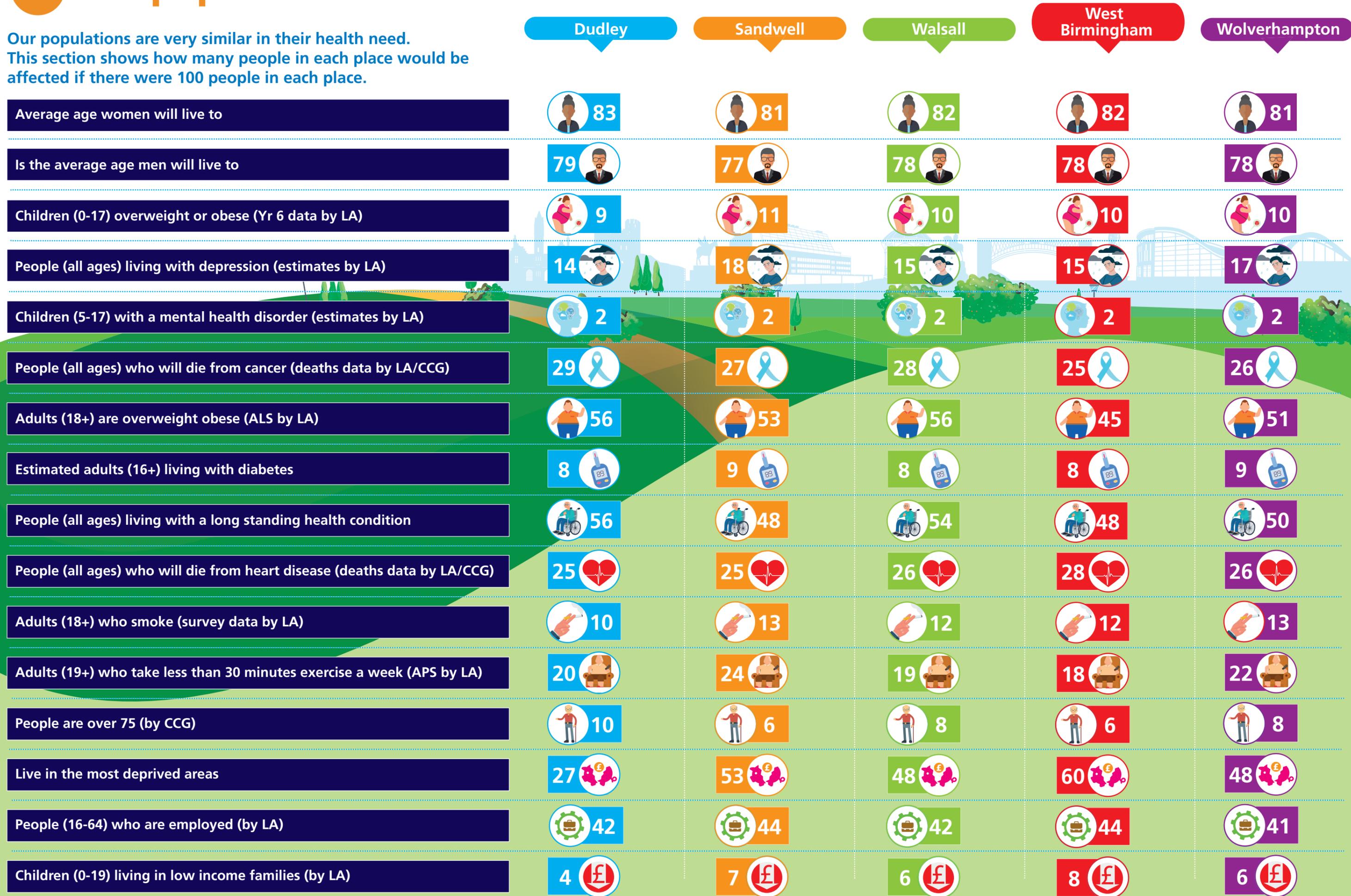
We now have a single Accountable Officer supported by a single leadership team.

We have joint committees and our governing bodies meet 'in common'.



4. The populations we serve

Our populations are very similar in their health need. This section shows how many people in each place would be affected if there were 100 people in each place.

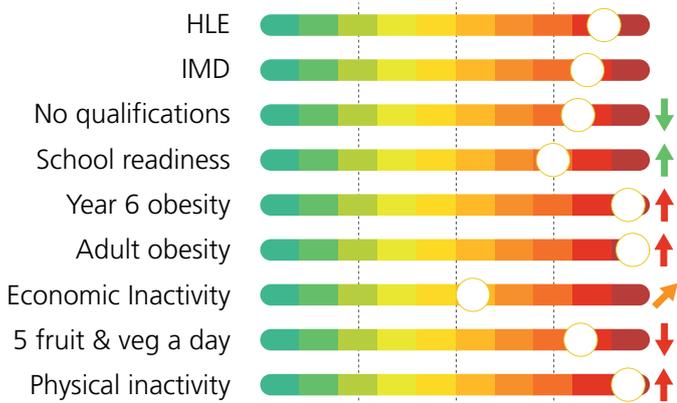


4.1 Predictors of Healthy Life Expectancy

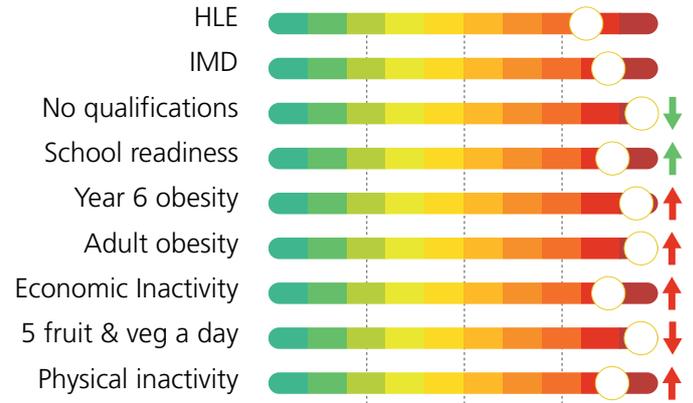
There is also a real degree of commonality between our CCGs and the predictors of healthy life expectancy and the challenges we face compared to the national benchmarks.

The graphs below illustrate these, and we believe that working together will enable us to tackle these better.

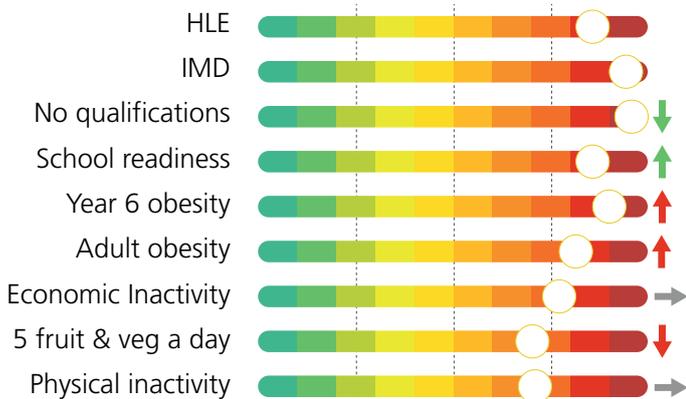
Wolverhampton



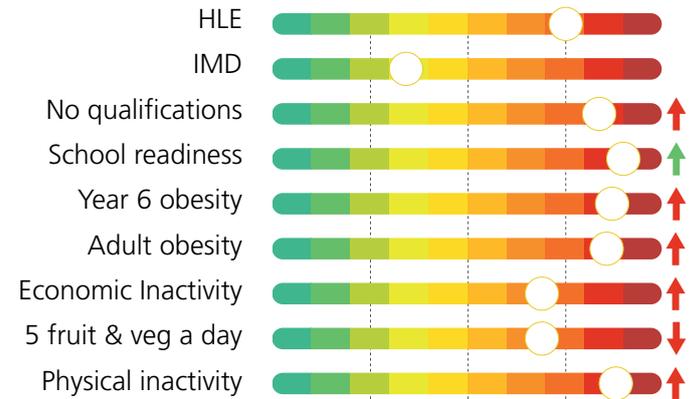
Sandwell & West Birmingham



Walsall



Dudley



5. Your feedback so far

We conducted two phases of listening with local stakeholders:

Phase 1 - conducted in October 2019, was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS.

Phase 2 - conducted during February and March 2020. We gave feedback on the initial listening exercise and explored what our members, staff and wider stakeholders thought of the governance model for the Black Country and West Birmingham CCGs.

5.1 What we heard

How we make decisions - We heard that people didn't understand the CCG arrangements for joint decision making and wanted a clear commitment to place based influence in decisions. The current CCG Governance with joint committees and committees in common added confusion on where decisions were being made.

Clinical Leadership - Need to ensure clinical leadership and input in the right place.

More influence - One large CCG will have more bargaining power with acute trusts and should be better placed to improve and drive up the quality of care.

Celebrate our differences - Need to recognise each place is different. Not one size will fit all. Need to be flexible to fit the needs of our local populations.

Relationships count - need to maintain relationships and a local presence at each place including those outside of health.

Involvement - we need to retain the ability for local people to influence decisions. Create a new engagement model with people, which recognises the diversity in the communities we serve and seeks to reach all who want to share their views.

We value our relationships and trust locally that has taken time and effort to build and want to keep these

Each CCG is proud of our achievements, we need to retain what is good

We must keep local focus and influence



6. Our Proposal

We are proposing to merge the four Clinical Commissioning Groups (Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton CCGs) in the Black Country and West Birmingham to form a single statutory organisation that works in a more integrated way with our health and care partners across the area.

Whilst we are proposing a merger to a single organisation for all the reasons set out in this paper, we recognise the importance of the five places which we serve. The relationships we hold in Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton are very important to us.

It is crucial that we are able to retain those relationships with all partners including local GPs, other clinicians, patients, public, local authorities and their elected members, Healthwatch organisations and community and voluntary sector organisations.

In developing a single organisation we are committed to:

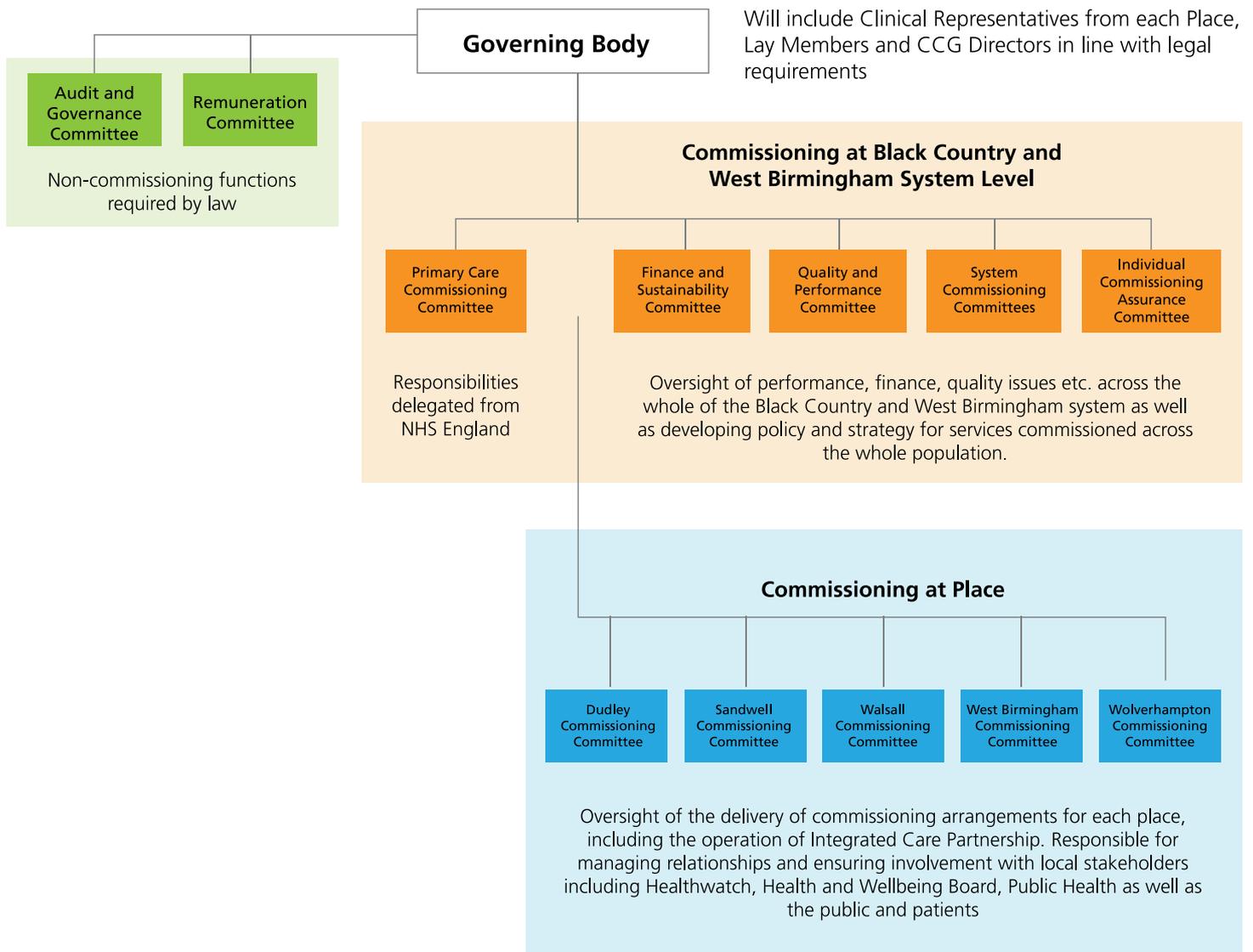
- Maintaining decision making in each place
- Ensuring representation and active involvement in each Health and Wellbeing Board
- The appointment of a Managing Director at each place to hold these relationships and act as a single point of contact for local stakeholders
- Retaining clinical leadership and ensuring voice at neighbourhood, place and system level
- Maintaining a physical presence in each place and co-located with local authority partners where possible to do so
- Effective engagement with local people, clinicians, healthcare partners at a neighbourhood, place and system level to inform commissioning decision making
- Transparency of decision making at all levels with clear opportunity to influence from the five places which we serve
- An ongoing focus on the health and care needs of neighbourhoods or specific populations as well as a strategic focus across the Black Country and West Birmingham System
- A single commissioning vision with strategic priorities and health outcome goals at system, place and neighbourhood levels



6.1 System coordination and power with local influence and relationships

If there is support to merge we would create a model for patient and public engagement, working with local people and partners to ensure it is fit for purpose.

The governance structure would be streamlined and transparent on where decisions were made and how local places could influence decisions.



Clinical leadership and involvement at every level.



6.2 Why has this been proposed?

6.2.1 The NHS is changing around us

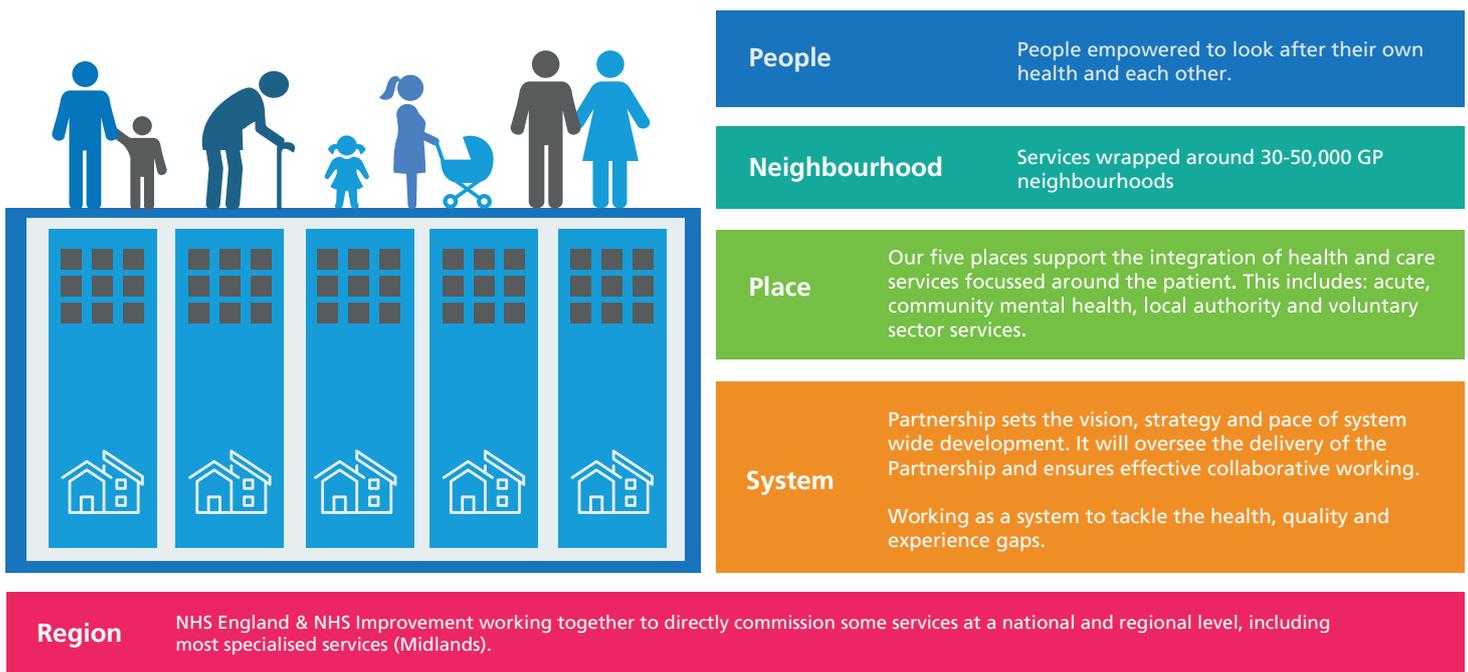
The **NHS Long Term Plan** presents the opportunity for all NHS organisations to radically change the way in which they work both internally and in partnership with one another to help support the development of Integrated Care Systems (ICS). Click [here](#) to understand what an ICS is.

The NHS Long Term Plan also states that there will typically be one CCG per ICS and we are in the minority of ICS footprints with having more than one CCG at present. It is very likely that if we do not set out our own plan for this change now and to realise the benefits, we will be required to do so at a later date.

For CCGs, there is an expectation that by April 2021 every ICS will have more streamlined commissioning arrangements to enable a single set of commissioning decisions at the ICS level.

In achieving this there will be a change to the role of the CCG itself, shifting from the traditional model of commissioning to one with a greater focus on strategic commissioning on a bigger geographical footprint and making shared decisions with providers on how to best use resources, design services and improve population health. The CCG will also have a role in supporting providers to partner with local government and other community organisations at a 'place' level, and in ensuring that GPs and community services are supported to deliver at their local level.

Across the Black Country and West Birmingham we have already started to shift our valuable clinical leadership resources, realigning them into roles where they will be better able to influence service delivery through developing Primary Care Networks and the new investment being aligned



6.2.2 Reducing duplication and management costs

At present, the four CCGs often carry out similar tasks in different ways. We have the opportunity to reduce duplication and increase our consistency of approach whilst being sensitive to appropriate differences. We can also free up valuable resources, including clinical time, expertise and development support.

We also recognise that by bringing our teams together we will be able to meet the requirement for a 20% reduction in management costs. Having a single Governing body will also generate savings.

If we continue to run multiple CCGs the costs incurred will be much higher than having one streamlined organisation. The time and money saved through reduced duplication of governance arrangements and other duties e.g. annual reports that could be invested in delivering care for patients. Furthermore, with the shared arrangements we already have for leadership and governance, many of the collaborative arrangements we would need are already in place. Not proceeding to the next logical step of merging would mean that the momentum and progress on collaboration to improve the health and wellbeing of local people would be lost.

6.2.3 Merging to create opportunity

Our CCG Governing Bodies agreed previously that closer collaboration was necessary and represented the best opportunity for us to improve health and wellbeing across the areas we serve, as well as attracting funding and making the best use of our clinical and other essential resources. Merging the CCGs to align with health and care partners across the system in order to address health inequalities and ensure consistency of services where appropriate is the next step.

Delivering better health outcomes, reducing health inequalities, and improving the quality and consistency of local healthcare services are at the heart of our ambition for a healthier future for people in the Black Country and West Birmingham.

Merging also creates the best opportunity to scale-up the most successful local clinical innovations to rapidly share best practice across a wider area.



6.2.4 Builds on the work to date

Since working together as CCGs we have had the following successes

- Transforming care for people with learning disabilities so that they can be cared for in their local community and avoid the need for unnecessary admission to hospital
- Improving personalised care opportunities, recognising what matters to people
- Transforming Local Maternity Services
- The development of Primary Care Networks serving local neighbourhoods
- Implemented a GP Retention Scheme so that we have the GPs we need to sustain our primary care system for the future
- Perinatal Mental Health Improvements
- Thrive into Work Pilot Scheme, providing opportunities for work for those living with a long term health condition

Notably, during the coronavirus pandemic we have been responding as a single CCG team managing the Black Country and West Birmingham incident response. We have coordinated support to primary care, care homes and our NHS providers along with working with our Local Authority partners to effectively communicate to the public.

6.3 What are the anticipated benefits?

There are many benefits to be realised from bringing together the four Black Country and West Birmingham CCGs into a single commissioning organisation.

- Supports the move towards an Integrated Care System for the Black Country and West Birmingham working in partnership with providers. An Integrated Care System will help people to stay healthy and tackle the causes of illness as well as the wider factors that affect health such as education and housing
- A single commissioning organisation will mean single commissioning policies across the whole of our ICS, putting an end to 'postcode lotteries' for services and treatments across the Black Country and West Birmingham
- Will ensure a single, strong consistent vision and voice of the CCGs' partners
- Working together as one organisation rather than four organisations will generate economies of scale and reduce duplication, enabling the CCGs to focus resources into front line services and patient care
- We have already made significant savings through reduced management costs but anticipate further savings of around £1 million by having a single Governing Body
- A single CCG also lends itself to clear governance than those which we have in the current collaborative arrangement, removing the need for joint committees and committees in common the lines of accountability will be much clearer between place and the Governing Body.

Patients

- Single commissioning policies so no 'postcode lottery'
- Less fragmentation of NHS organisations
- Opportunity to drive improved quality and reduce variation in services
- Opportunities to invest more resource to work with partners and tackle the wider determinants of health (for example education/employment)
- Better outcomes by improving access to co-ordinated care for people with complex needs or long-term conditions
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7. Have your say

The conversation will go live on Monday 20th July 2020 and close on Monday 7th September. We would really appreciate you taking the time to share your views with us.

7.1 What are we seeking views on?

We are running a conversation to ask your views on:

Changes to the NHS commissioning organisations across the Black Country and West Birmingham CCGs.

To what extent you agree with our proposal to merge the four CCGs and create a single commissioning organisation for the Black Country and West Birmingham

7.2 How can I have my say?

We want to hear from anyone who wishes to share their views on the proposal set out in this document.

To give us your views please complete our online survey at:
www.surveymonkey.co.uk/r/nhscommissioning

Alternatively, to request a hard copy of the conversation document please contact the engagement team on **0121 612 1447** or by emailing the team at bcwb.engagement@nhs.net

Once completed please return it to:

FREEPOST RTHG-KAKC-RTBZ
Engagement Team
Kingston House
438-450 High Street
West Bromwich
B70 9LD



7.3 Conversation virtual events

Due to Covid-19 we are unable to hold face to face meetings. However, we will be holding virtual events so that local people, and other stakeholders can join us to discuss our proposal, ask questions and give comments and suggestions. We will also be holding specific virtual events for our staff and GP members across the four CCGs.

| | Dates of Stakeholder Events | Area Engagement Team contacts |
|-----------------|-----------------------------|--|
| Dudley | 4 August 9.30 - 11.00am | Email: dudleyccg.contact@nhs.net Telephone: 01384 323602 |
| Sandwell | 30 July 2.00 - 3.30pm | Email: Swbccg.engagement@nhs.net Telephone: 0121 612 1447 |
| Walsall | 13 August 11.30 - 1.00pm | Email: walsallccg.getinvolved@nhs.net Telephone: 01922 603077 |
| West Birmingham | 4 August 11.00 - 12.30pm | Email: Swbccg.engagement@nhs.net Telephone: 0121 612 1447 |
| Wolverhampton | 4 August 9.30 - 11.00am | Email: Wolccg.wccg@nhs.net Telephone: 01902 444878 |

7.4 What happens next?

When the conversation closes on the **7th September 2020** the conversation report, including all of the feedback that we have received, will be finalised. This will then be considered by GP members and the CCGs Governing Body in Common ahead of a GP vote in early Autumn. Once the vote has been counted and reported on, the outcome of the vote will go to NHSE/I in order to help them make a final decision regarding the future of the Black Country and West Birmingham CCGs.

The final decision will then be publicly announced at the next Governing Body in Common Meeting.

A series of Frequently Asked Questions and the feedback from our listening events is available on the CCG websites.

If you would like a copy of this document in a different format or have any questions about the conversation, please contact the Black Country and West Birmingham Engagement Team at bcwb.engagement@nhs.net

The results of the formal conversation will be considered by our Transition Oversight Group and our GP members ahead of a formal GP members vote in mid to late October.

Produced on behalf of:

- NHS Dudley Clinical Commissioning Group
- NHS Sandwell and West Birmingham Clinical Commissioning Group
- NHS Walsall Clinical Commissioning Group
- NHS Wolverhampton Commissioning Group

