



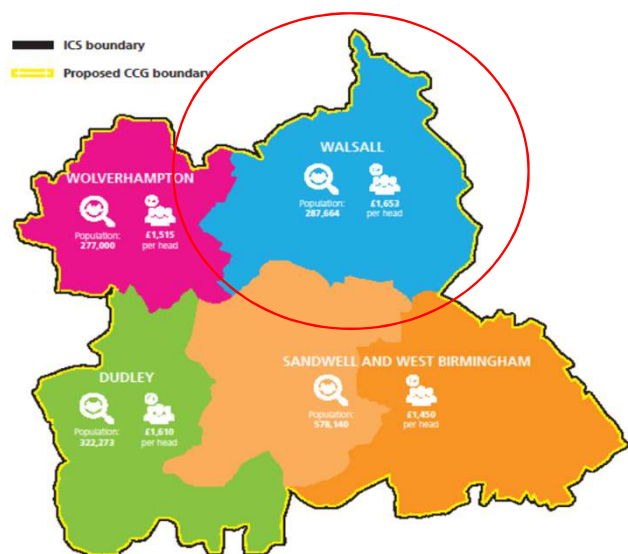
## The Future of Commissioning in the Black Country and West Birmingham

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Dr Anand Rischie, Chair

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

# What is this conversation about – Walsall?



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.

- This conversation is jointly led by the four NHS Clinical Commissioning Groups (CCGs)
  1. NHS Dudley CCG
  2. NHS Sandwell and West Birmingham CCG
  3. NHS **Walsall** CCG
  4. NHS Wolverhampton CCG
- Collectively we are considering the future of commissioning arrangements across the Black Country and West Birmingham



## What is it not about?

This conversation 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



# An update on our stakeholder engagement:

## Our key stakeholders are:

- GP practices
- Local clinicians
- Healthwatch and other patient representative bodies
- Voluntary and community sector services
- MBC
- Hospital, community and mental health providers
- Residents
- Staff

We have conducted 2 listening exercises:

**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. 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

## Feedback from the listening exercises:

- **How we make decisions** - CCG arrangements for joint decision making were not clear. People 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** – we need to ensure clinical leadership and input in the right place
  - **More influence** - One large CCG will have more bargaining influence with major stakeholders such as NHSE/I.
- **Celebrating our differences** – we need to recognise each place is different and one size will not fit all. We need to be flexible to fit the needs of our local populations.
  - **Relationships count** – we 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

## In developing a single organisation - the CCGs remain 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
- 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

## Why are we considering changes to the future of commissioning for the Black Country and West Birmingham?

### Our ambition:

To have a single CCG covering the footprint of each Integrated Care System (ICS) features prominently in the **NHS Long Term Plan**

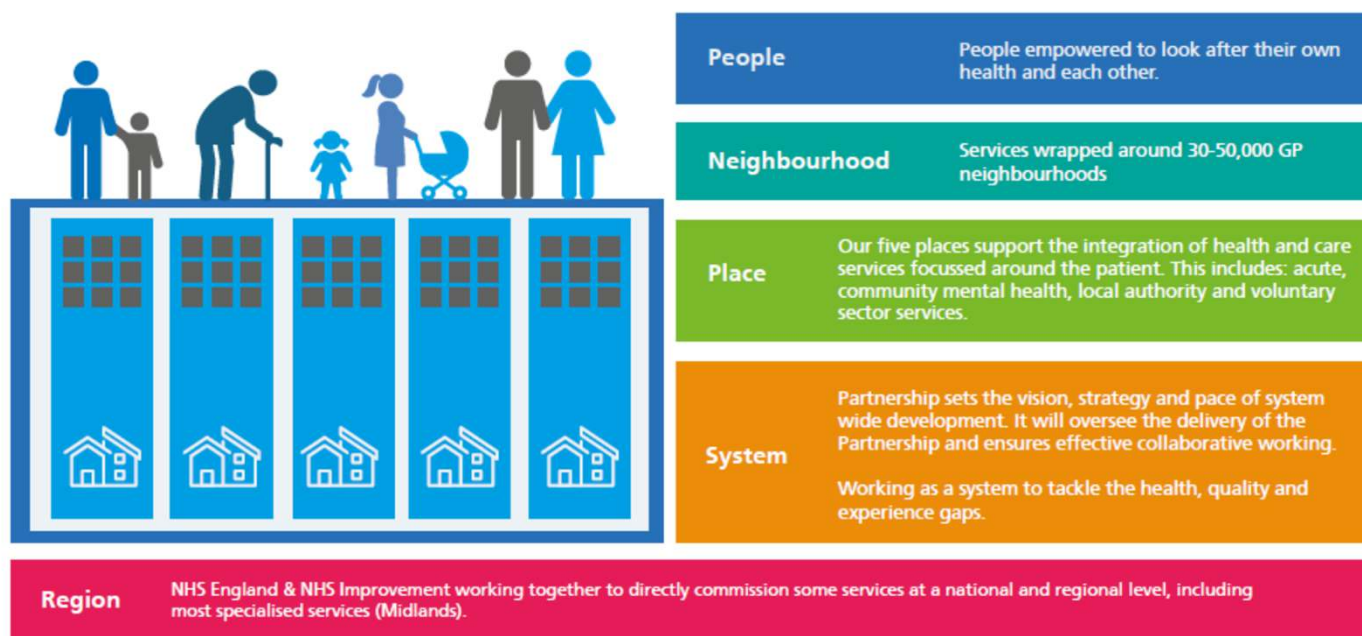
For CCGs there is an expectation that by April 2021 every ICS will have more streamlined commissioning arrangements to enable a single set of commissioning decisions

Therefore our Governing Bodies agreed to seek the views of stakeholders on a proposal to merge the CCGs from the 1st April 2021

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. It will also mean:

- ✓ shared decision making with providers on how to best use resources, design services and improve population health
- ✓ support providers to partner with local government and other community organisations at a 'place' level,
- ✓ ensure GPs and community services are supported to deliver at their local level

# The NHS is changing around us:





## **There are many anticipated benefits to a merged CCG including:**

1. Opportunity to deliver better health outcomes and tackle wider determinants of health together
2. To build on the collaboration to date
3. Streamlined governance
4. Reduction in duplication and management costs.

# Opportunity to deliver better health outcomes and tackle wider determinants of health together

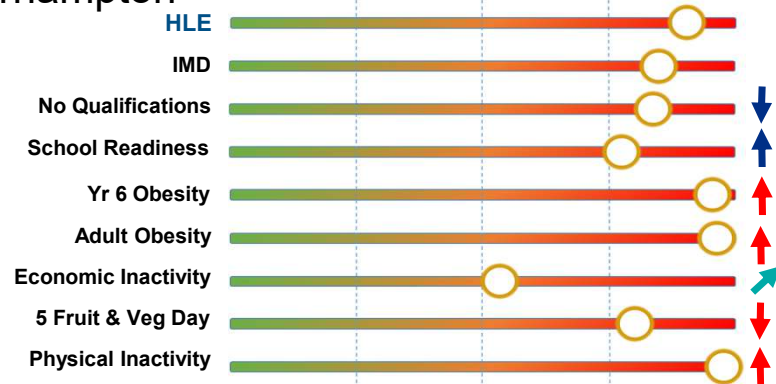
Closer collaboration is necessary and presents the best opportunity for us to improve health and wellbeing across the areas we serve. Merging the CCGs to align with health and care partners across the system allows us to jointly:

- ✓ address and reduce health inequalities
- ✓ ensure quality and consistency of local healthcare services
- ✓ deliver better health outcomes which are at the heart of our ambition for a healthier future for people in the Black Country and West Birmingham
- ✓ creates the best opportunity to scale-up the most successful local clinical innovations
- ✓ rapidly share best practice across a wider area

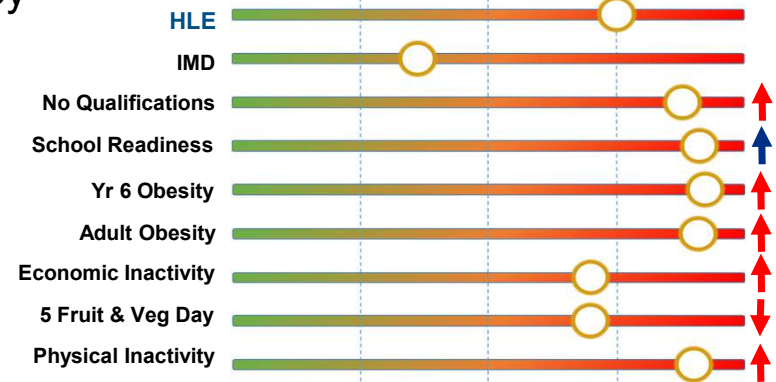
## Population Health Management

### Our shared long-term agenda

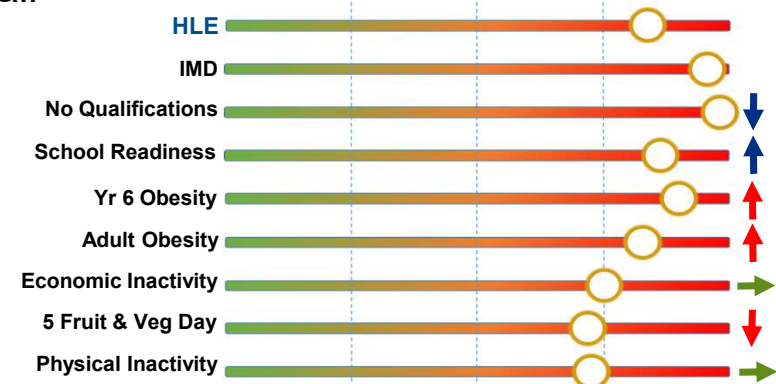
#### Wolverhampton



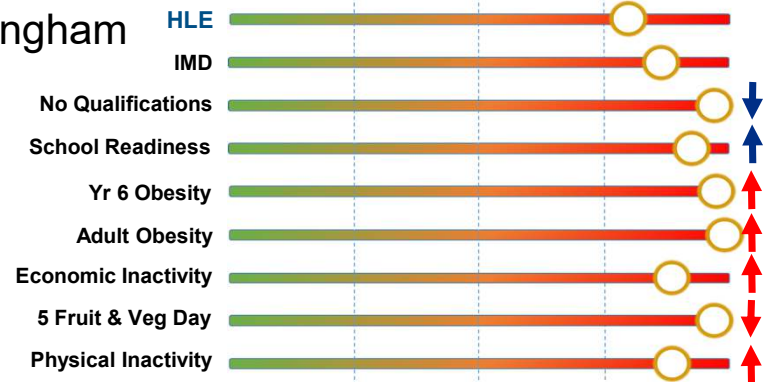
#### Dudley



#### Walsall



#### Sandwell & West Birmingham



All predictors have been arranged to the same polarity so red is worst and green best. The bars depict centiles 1 to 100. Predictors are arranged in order of influence in the model. Arrows show trend.

## To build on the collaboration 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
- ✓ 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

During the coronavirus pandemic we have been responding as a single CCG team to manage 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

## Streamlined governance

- We have been working in closer alignment since the formation of our Integrated Care System (ICS/STP) in 2016 (the Healthier Futures Partnership)
- The CCGs have already introduced a number of joint arrangements to serve all four CCGs;
  - ✓ A single Accountable Officer supported by a single leadership team
  - ✓ Joint committees
  - ✓ Our governing bodies meet 'in common

Across the Black Country and West Birmingham we have already started to:

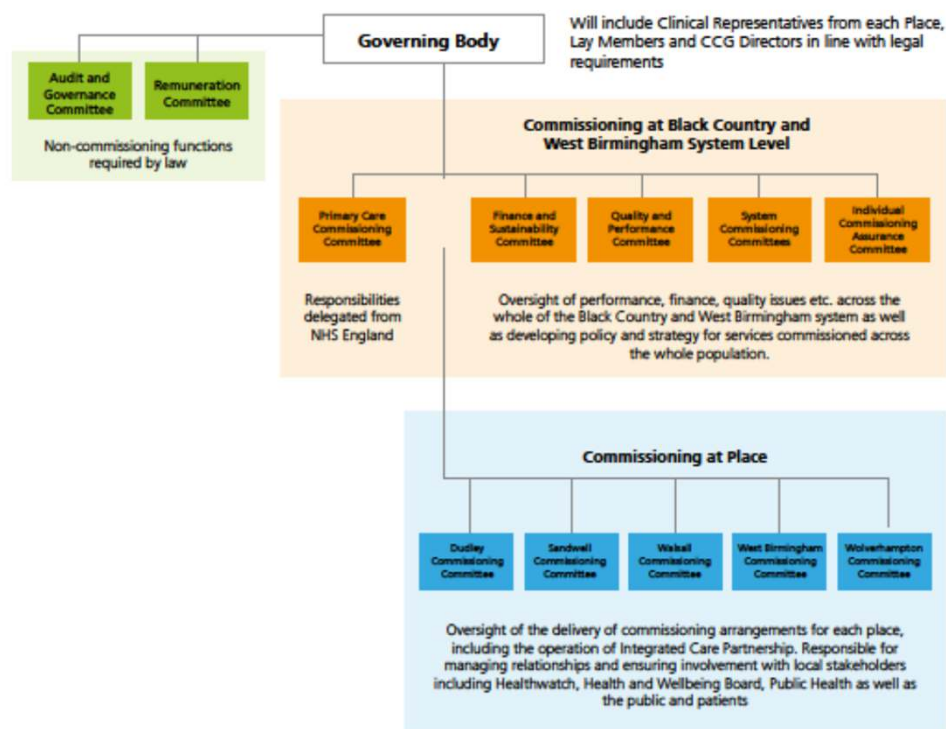
- ✓ Shift our valuable clinical leadership resources
- ✓ Realign them to roles where they will be better able to influence service delivery through developing Primary Care Networks and new investment

# Reduction in duplication and management costs

Running multiple CCGs incurs higher cost than one streamlined organisation. At present, the four CCGs often carry out similar tasks in different ways. We now have the opportunity to:

- ✓ reduce duplication and increase our consistency of approach
- ✓ free up valuable resources, including clinical time, expertise and development support
- ✓ bring our teams together and meet the requirement for a 20% reduction in management costs.
- ✓ have a single Governing body which will also generate savings
- ✓ reduce duplication of governance arrangements and other duties, save time and money e.g. annual reports that could be invested in delivering care for patients
- ✓ build on collaborative arrangements – we already have shared arrangements for leadership and governance
- ✓ to take the next logical step and retain momentum and progress on collaboration to improve the health and wellbeing of local people

# 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
- Have clinical leadership and involvement at every level

## Understanding the benefits of a single commissioning organisation for our Patients and Partners

### For our Partners:

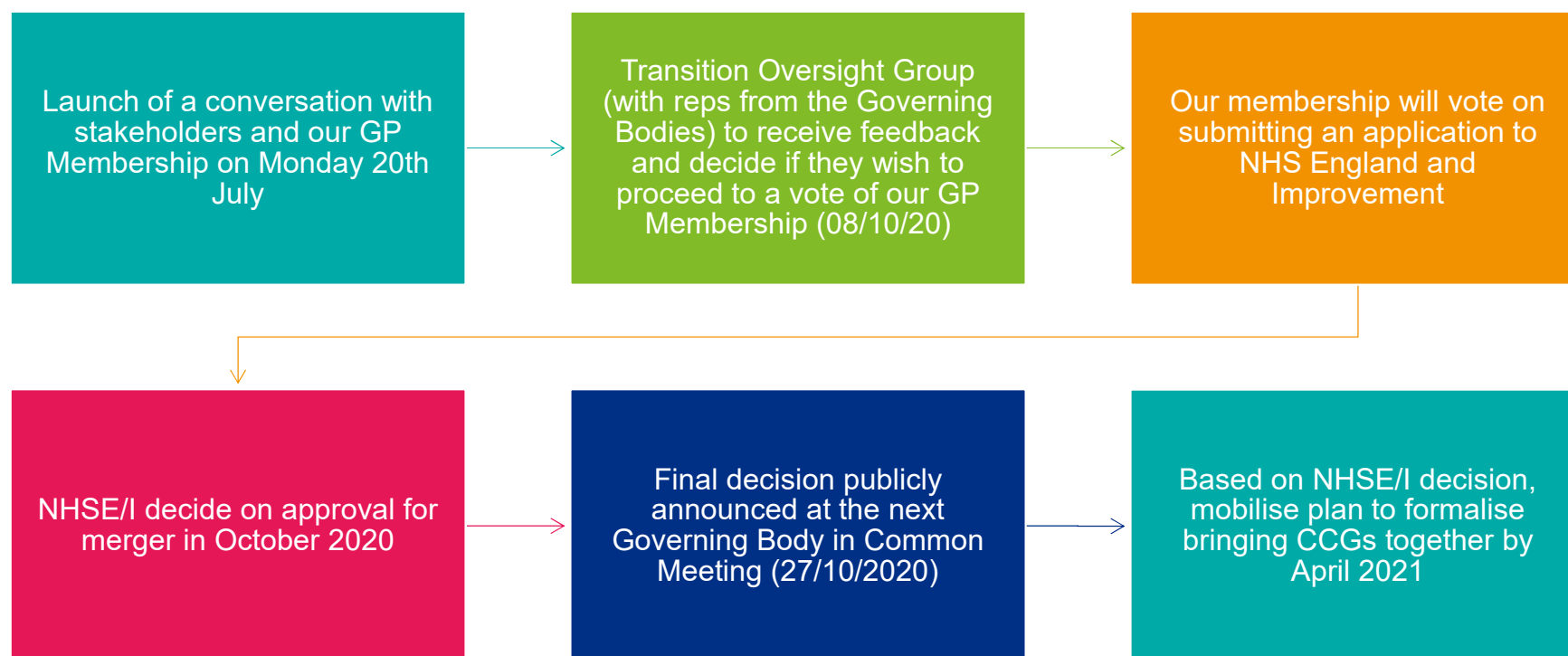
- Strategic focus, easier to engage once rather than four times
- Clearer role for local 'place' focus but with consistent strategic aim
- Supporting the move to an Integrated Care System
- Greater NHS financial resilience
- Mainstreaming access to services and resources and ability to bring cap

### For our Patients:

- Single commissioning policies across the BCWB will lead to a reduction in 'postcode lottery' for services commissioned by the single organisation
- 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



# Next steps towards creating a single organisation



# Have your say on:

1. Changes to the NHS commissioning organisations across the Black Country and West Birmingham
2. To what extent you agree with our proposal to merge four CCGs and create a single commissioning organisation for the Black Country and West Birmingham

Complete the online survey through the CCG website from Monday 20 July to Monday 7 September  
<https://www.surveymonkey.co.uk/r/nhscommissioning>

## Contact us:

- Telephone: 01922 603077
- Email: [BCWB.engagement@nhs.net](mailto:BCWB.engagement@nhs.net)

Specific virtual events will also be held for our staff and GP members across the four CCGs

Please look out for these events and share your views by completing the online survey

# Any questions?

