

A meeting of the Public Extraordinary Governing Bodies in Common

will take place on Tuesday 27th October 2020 commencing at 1.00 pm

Virtual Meeting

A G E N D A

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**(PUBLIC) Black Country & West Birmingham CCGs
Extraordinary Governing Bodies in Common**

Date: Tuesday 27 October 2020
Venue: Virtual Microsoft Teams Meeting
Chair: Dr Ruth Edwards, Dudley CCG

Time: 1pm
Room: n/a

AGENDA

This meeting will be held in public and will be recorded purely as an aide memoir for the minute taker to ensure an accurate transcript of the meeting, decisions and actions. Once the minutes have been approved the recording will be destroyed.

Item	Time	Subject	Enc	Reason	Lead
1.		INTRODUCTION			
1.1	1.00pm	Welcome and Introductions			
1.2	1.01pm	Apologies for absence			
1.3	1.02pm	Declarations of Interest To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item			
1.4	1.03pm	Conflicts of Interest			
2.		GP MEMBERSHIP VOTE			
2.1	1.05pm	GP Membership Outcome Vote	<u>1</u>	Assurance and Approval	Mike Hastings



GOVERNING BODIES IN COMMON

DATE OF MEETING: 27th October 2020
AGENDA ITEM:

TITLE OF REPORT:	GP Membership Outcome Vote
PURPOSE OF REPORT:	To provide information to enable a decision on whether the CCGs in the Black Country and West Birmingham submit an application to NHE England and Improvement to create the new Black Country and West Birmingham CCG from 1 April 2021.
AUTHOR(S) OF REPORT:	Interoperability Group
MANAGEMENT LEAD/SIGNED OFF BY:	Mike Hastings, Director of Technology and Operations, Black Country & West Birmingham CCGs
PUBLIC OR PRIVATE:	Public
KEY POINTS:	GP Membership Voting Outcome Results Next stages
RECOMMENDATION:	<p>The board is asked to review the information included and</p> <ul style="list-style-type: none"> • Agree that Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG should merge to form a single new Black Country and West Birmingham CCG from 1 April 2021. • Agree that an application is to be submitted to NHSE/I on 28th October 2020 to create the new Black Country and West Birmingham CCG. • That the post application process commences from the 1st November 2020 and all tasks aligned and required to this process are developed and completed by 1st April 2021.
CONFLICTS OF INTEREST:	GBIC Chairs will be affected by the outcome of the vote, and any merger of the CCGs.
LINKS TO CORPORATE OBJECTIVES:	<p>This proposal links to all 8 corporate objectives:</p> <ol style="list-style-type: none"> 1. Develop strong engagement and involvement arrangements with our public and partners 2. Maintain financial sustainability 3. Continue to improve quality, safety and performance of commissioned services 4. Implement place based care models across the system 5. Develop a Black Country and West Birmingham integrated care system 6. Develop effective system leadership and governance 7. Continue to invest in and develop infrastructure (e.g. estates, workforce and

NHS Dudley Clinical Commissioning Group

NHS Sandwell and West Birmingham Clinical Commissioning Group

NHS Walsall Clinical Commissioning Group

NHS Wolverhampton Clinical Commissioning Group



	digital 8. Comply with our statutory duties
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For Information
Possible implications identified in the paper:	
Financial	None directly from this report, but there will be implications from the wider scope following the recommendations agreed.
Risk Assurance Framework	
Policy and Legal Obligations	
Equality & Diversity	
Governance	

1.0 INTRODUCTION

1.1 Conservations Held

The CCGs of Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton have been working together since September 2019 on a proposal to merger, In July 2020 the Governing Bodies In Common (GBIC) agreed to establish a Project Management team consisting of leads from HR, Communications, Engagement, Governance, Primary Care, and Finance The programme has been supported by the Head of PMO, with the Director of Technology and Operations as the Executive Lead to co-ordinate this work.

From July 2020 we have engaged with partners and the public regarding whether the four CCGs should merge. A proposal was set out in an a conversation document which was shared widely via each of the CCG websites, by direct mail out and publicised in the media and on social media, available upon request in alternative formats.

Feedback was received by letter and through an online survey (also made available in hard copy).

The stakeholder engagement process ran from 20th July 2020 to 7th September 2020, and it included:

- A total of 52 virtual engagement events to capture feedback from all CCG locations (681 attendees)
- Eleven formal written responses were received
- 245 Online questionnaire responses were received

Significant support was voiced for the proposal. The feedback received is collated into the attached report *“Future arrangements for NHS commissioning across the Black Country and West Birmingham, Report on the findings of the Formal Conversation, September 2020”* (appendix 1) which includes a summary of themes raised.

1.2 GP Membership Voting Process

Meetings with member practices have been held in each of the four CCGs (5 locations) to discuss the proposals and respond to issues raised.

Each individual practice was asked to vote during the 13th October 2020 to 15th October 2020 period on the following question *“Do you support the merger of Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton Clinical Commissioning Groups to become a single Black Country and West Birmingham Clinical Commissioning Group?”*

To ensure impartiality and transparency in managing this process, Civica (formerly the Electoral Reform Service) were commissioned to run the process.

Each individual CCG was required to return a vote in accordance with its constitution.

- In **Dudley, Walsall and Wolverhampton CCGs**, elections to GP Governing Body positions is on a **‘one practice, one vote’ basis**, and this principle has subsequently been used for more informal member ballots (ratification of decisions outside of meeting etc.).
- In **Sandwell and West Birmingham CCG**, elections to Governing Body Member positions use a system where **each practice’s vote is weighted according to their patient list size** and this approach was also used for the ballot on whether West Birmingham should join BSOL

2.0 GP MEMBERSHIP VOTE OUTCOME

2.1 The result of the vote from each CCG is provided below:

CCG	Number of Practices Eligible to Vote	Number of Practices Voted		Breakdown				Agreement to submit merger application obtained
				Yes	%	No	%	
NHS Dudley Clinical Commissioning Group	43	43	100%	39	90.7%	4	9.3%	YES
NHS Sandwell and West Birmingham Clinical Commissioning Group*	75	73	97%	468* No. of votes	83.1%	95* No. of votes	16.9%	YES
NHS Walsall Clinical Commissioning Group	52	52	100%	48	92.3%	4	7.7%	YES
NHS Wolverhampton Clinical Commissioning Group	38	36	95%	33	91.7%	3	8.3%	YES

*Vote was weighted by patient list size, not by number of practices

2.2 In summary there was a very high response rate from the four CCGs **with 98% (204)** of member practices in the four CCGs voting.

There was an overwhelming majority to proceed (average 90%) with each CCG agreeing to the proposal (in accordance with their constitution), **accordingly this means the vote is passed.**

Through all of this work we have seen there is a very compelling case for merger, the key benefits identified are detailed in appendix two.

The work undertaken in developing the merger application has been overseen by the CCGs' Transition Oversight Group (TOG); this group includes members from each of the four CCG Governing Bodies and the Chair from each CCG, in addition to the Chief Executive of the Black Country and West Birmingham CCGs.

The TOG also has a role in overseeing and assuring on risks, the risks identified up to application included capacity of staff to deliver the merger and assurance on current governance processes whilst we undertake the change. These have been mitigated and will be continually monitored.

3 NEXT STEPS

- 3.1 If today's GBIC agree to the recommendation in this paper then an application to NHS England and Improvement (NHSE/I) will be submitted on Wednesday 28th October 2020. This will include submission of a final summary case for change document; Clinical Commissioning Strategy (and other CCG strategies); application template as well as other supporting documentation.

NHSE/I will then host an application panel meeting on Tuesday 3rd November 2020 to review the submission with representatives from the executive management team before reaching a final decision on whether to recommend the merger proceeds. This is expected no later than week commencing 9th November 2020.

- 3.2 Notwithstanding the outcomes of the process described above, it would be prudent for the GBIC to now consider what our next steps would be, such as the development of the new Constitution in liaison with our member practices and establish a process to select Governing Body members and elect a chair.

The CCGs now have "a window" of five months to conduct dialogue with member practices, Trusts and key partners to ensure a single CCG is properly constituted and normal business arrangements are made.

The Transition Oversight Group has been working with NHSE/I and has a robust programme of work covering all requirements.

It is therefore proposed that a paper on the post application stage requirements and outline constitution process is shared with Governing Body members in November 2020 for discussion and to commence the process.

4 RECOMMENDATION(s)

It is recommended that the Governing Body:

- Agree that Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG should merge to form a single new Black Country and West Birmingham CCG from 1 April 2021.
- Agree that an application is to be submitted to NHSE/I on 28th October 2020 to create the new Black Country and West Birmingham CCG.
- That the post application process commences from the 1st November 2020 and all tasks aligned and required to this process are developed and completed by 1st April 2021.

Report Contributors:

Laura Broster, Director of Communications, Black Country and West Birmingham CCGs

Mike Hastings, Director of Technology and Operations, Black Country & West Birmingham CCGs

Jayne Salter-Scott, Head of Engagement & Communications, NHS Sandwell and West Birmingham Clinical Commissioning Group

Jane Woolley, Head of PMO, Wolverhampton CCG.

APPENDICES

Appendix One: Future arrangements for NHS commissioning across the Black Country and West Birmingham, Report on the findings of the Formal Conversation, September 2020.

Appendix Two: Benefits Table

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

Report on the findings of the Formal Conversation

September 2020

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1. Background

Since the formation of the Healthier Futures Partnership (the integrated care system for the Black Country and West Birmingham) in 2016, the four Clinical Commissioning Groups (CCGs) across the Black Country and West Birmingham, (Sandwell and West Birmingham CCG, Wolverhampton CCG, and Dudley CCG) have been working in closer alignment. They now share a leadership team and single accountable officer.

The 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. To address this, partners across commissioning and provision are committed to greater collaboration, including joining-up commissioning. In the autumn 2020, a wider internal reorganisation will commence.

Commissioners believe that the next step should be to establish one single commissioning organisation which mirrors the footprint of the Black Country and West Birmingham Integrated Care System. 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. The benefits include:

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 providing more resilience and reducing duplication
- Larger organisation offering more room for development and career progression
- Embracing flexible working approach using technology
- Building 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

2. Executive Summary

2.1 Background

The Healthier Futures Partnership (the integrated care system) was formed in in 2016. Since then, the four Clinical Commissioning Groups (CCGs) across the Black Country, (Sandwell and West Birmingham CCG, Wolverhampton CCG, Walsall CCG and Dudley CCG) have been working in closer alignment and now share a leadership team and single accountable officer. It is proposed that patients, staff, the CCGs, partners and members would all benefit from the establishment of a single strategic commissioning organisation.

2.2 Introduction to the formal conversation

Following two listening exercises with stakeholders a more formal conversation was undertaken from 20 July to 7 September 2020 to hear the views of stakeholders and members of the public on the proposal for one commissioning organisation.

This complimented a conversation with the CCG membership.

2.3 Methodology

Stakeholders were informed of the engagement exercise by email or at meetings and asked to feedback their views. Information was also available on CCG websites and via social media.

Methods employed to garner feedback included:

- An online questionnaire (also available in hardcopy on request).
- Invitation to virtual engagement events (30 in total) taking place throughout the engagement period.

2.4 Distribution

The questionnaire was widely distributed through a variety of the communication channels and included:

- CCG website
- Social media: Twitter, Facebook
- CCG patient and stakeholder databases
- Local VCS: newsletters, websites
- Staff and GP Newsletters

2.5 Findings

2.5.1 A summary of feedback from the virtual engagement events

A total of 52 virtual engagement events took place to capture feedback from all CCG locations. Key themes that emerged across all areas include:

In Dudley:

- *Concern about dilution of influence over local healthcare.*
- *Importance of retaining place-based care, funding and decision-making.*
- *Clarity required on implications of not having a single commissioning organisation.*
- *Emphasis on the importance of good working relationships between providers and commissioners.*
- *As part of the conversation both the positives and negatives should be presented in order for individuals to make an informed decision.*

In Sandwell and West Birmingham:

- *Voice is important for stakeholders, the voluntary sector and patients – all need their voices heard.*
- *The potential negatives of a merger need to be understood.*
- *Commissioning at-scale should not de-stabilise local providers.*
- *Primary care finances need ring-fencing.*
- *Support for place is important in ensuring primary care continues to thrive.*

In Walsall:

- *Ensuring a local voice and local decision-making is important for stakeholders.*
- *Stakeholders want to understand the structure of 'place' and primary care in particular, wants to be involved in its development*
- *Concern about the timing of the changes, particularly in the light of the pandemic.*
- *Positive support for the merger from key stakeholders such as Healthwatch Walsall, the Chair of Walsall Health and Scrutiny Committee and One Walsall.*

In Wolverhampton:

- *Concern about Wolverhampton having a weaker voice and the impact on local healthcare.*
- *Concern that Wolverhampton budgets will be negatively affected by less financially stable CCG areas.*
- *Queries on the organisational impact of the changes on staff and at Governing Body level.*
- *Concern that the merger is a 'done deal'.*
- *Emphasis on the importance of good working relationships between GPs, providers and commissioners.*

2.6 Formal responses

Eleven formal written responses were received on the proposal for one commissioning organisation

- A positive response to the proposal from Healthwatch Dudley was the only formal written response from the Dudley area:
“Engagement events and conversation document have outlined the clear advantages of the proposed merger, including reducing duplication and single commissioning policies resulting in the removal of ‘postcode lottery’ scenarios”.
- There were six formal written responses from Sandwell and West Birmingham stakeholders including Healthwatch Birmingham and Healthwatch Sandwell. Some support for the proposal of a single CCG was expressed in responses, but with an emphasis that West Birmingham would be better served if aligned with Birmingham and Solihull. The exception to this was Sandwell and West Birmingham NHS Hospitals Trust which supported the proposed footprint including West Birmingham. There was a clear desire to resolve perceived inconsistencies in commissioning arrangements across the Birmingham area. The retention of strong involvement with Birmingham governance arrangements was also emphasised in the responses.
- The only formal written response from Walsall stakeholders was from Healthwatch Walsall which was supportive of the proposal:
“We approve the proposed merger of the Black Country and West Birmingham CCGs with the caveat that there is a local place-based team maintained in Walsall.”
- Two formal written responses were received from stakeholders in Wolverhampton. These were from the African Caribbean Community Initiative (ACCI) and Healthwatch Wolverhampton. Key themes from ACCI included the importance of a sense of place in a merged organisation; and the importance of equality and diversity and listening to voices from seldom-heard groups. Healthwatch Wolverhampton agree with the proposed merger in principle, however, they asked for assurance that the residents of Wolverhampton would not be disadvantaged by having one single commissioning CCG across the Black Country and West Birmingham.
- The combined response from Birmingham and Solihull STP, and NHS Birmingham and Solihull CCG did not support the proposal outlined in this engagement/listening exercise. The view expressed was that West Birmingham should be repatriated in full, to align with Birmingham City Council, NHS Birmingham and Solihull CCG and Birmingham and Solihull STP, to fully address health inequalities and drive economic regeneration, for all deprived communities in Birmingham. The combined response included a request for the Perry Barr and Ladywood constituencies of West Birmingham to be repatriated to NHS Birmingham and Solihull CCG.

Summaries of all formal written responses are found in section 4 of the report and full responses can be found at Appendix A.

The feedback received from all surveys has been minimally edited, proofed or annotated for the purpose of clarity of response.

2.7 Methodology

A formal conversation was undertaken from 20 July to 7 September 2020 to hear the views of stakeholders and members of the public on the proposal of one commissioning organisation.

An engagement document was produced to give people information to enable intelligent consideration and meaningful feedback (please see appendix B). The engagement document included:

- Clarification of what was included in the proposal – the collective consideration of the future for commissioning arrangements for the area.
- What was not included – this is not about a proposal for any change to services provided by the NHS in the Black Country and West Birmingham.
- Existing commissioning arrangements.
- Current governance arrangements.
- The population served by the CCGs.
- Predictors of life expectancy across the CCG areas.
- Engagement activity and feedback so far.
- The proposal for one commissioning organisation and reasons why the proposal had been developed.

People were invited to:

- Consider the changes to the NHS commissioning organisations across the Black Country and West Birmingham CCGs
- Give their views on the extent to which they agreed with the proposal to merge the four CCGs and create a single commissioning organisation for the Black Country and West Birmingham.

Aimed at the following key stakeholders:

- 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

2.7.1 Distribution

The questionnaire was distributed through the following communication channels:

- CCG websites
- Social media: Twitter, Facebook
- CCG patient and stakeholder databases
- Local VCS: newsletters, websites
- Staff and GP newsletters
- Black Country Voices (1,500 members) which is part of the Black Country and West Birmingham STP. The members take part in surveys as representatives of the footprint to give their views on healthcare services.

3. Findings

3.1 Feedback from stakeholders at virtual engagement events and 1:1 meetings

52 virtual listening events with stakeholders took place across the four CCG geographical footprints:

Locality	Event/Meeting	Date and time	Number of attendees
Dudley	Dudley CCG	04 August 2020	35
Dudley	CCG/ PCN Clinical Directors	05 August 2020	7
Dudley	Cllr Nic Barlow – Chair HWBB Cllrs Bayton and Tyler – HASC Director of Strategy, DGFT	14 August 2020 18 August 2020 17 August 2020	5
Dudley	GPs and Practice Managers	20 August 2020	39
Dudley	PCN Clinical Directors	27 August 2020	7
Dudley	Staff briefing	28 August 2020	22
Dudley	GP clinical leads	15 September 2020	Not specified
Dudley	HASC	16 September 2020	22
Dudley	HWBB	17 September 2020	17
Sandwell and West Birmingham	Richard Kirby, CX BCHC	10 July 2020	2
Sandwell and West Birmingham	Cllr Rob Pocock	15 July 2020	2
Sandwell and West Birmingham	Phil Johns Deputy CX Phil Johns	17 July 2020	2
Sandwell and West Birmingham	Richard Samuda Chair SWBH	22 July 2020	2
Sandwell and West Birmingham	BCC Adult Social Care Leadership Team to include DASS	24 July 2020	4
Sandwell and West Birmingham	SWB CCG – Sandwell Stakeholders	30 July 2020	45
Sandwell and West Birmingham	SWB CCG - Local Medical Committee Chairs/Secretaries	30 July 2020	5
Sandwell and West Birmingham	GP stakeholder event	04 August 2020	Not specified
Sandwell and West Birmingham	BCC DPH	06 August 2020	2
Sandwell and West Birmingham	BCC Adult Social Care Director of Commissioning	06 August 2020	2
Sandwell and West Birmingham	SWB GP members meeting - BCWB Future Commissioning Discussions	12 August 2020	25
Sandwell and West Birmingham	Cllr Paulette Hamilton	19 August 2020	2
Sandwell and West Birmingham	BSol – Paul Jennings, Paul M, Ian, Jayne	19 August 2020	5

Locality	Event/Meeting	Date and time	Number of attendees
Sandwell and West Birmingham	Staff briefing	20 August 2020	180
Sandwell and West Birmingham	Sandwell Healthwatch	21 August 2020	3
Sandwell and West Birmingham	PCN Clinical Directors	27 August 2020	7
Sandwell and West Birmingham	Cllr Richard Kirby	01 September 2020	2
Sandwell and West Birmingham	Healthwatch Sandwell	03 September 2020	17
Sandwell and West Birmingham	Bangladeshi group	09 September 2020	Not specified
Sandwell and West Birmingham	Meeting Director Joint Commissioning Bsol re Childrens and MH	10 September 2020	2
Sandwell and West Birmingham	Meeting Head of MH Commissioning BSol	10 September 2020	2
Sandwell and West Birmingham	Local Medical Committee Chairs	24 September 2020	Not specified
Walsall	Health and Wellbeing Board - Key Stakeholders	29 July 2020	4
Walsall	GP meeting	30 July 2020	13
Walsall	Healthwatch Walsall	31 July 2020	4
Walsall	Stakeholder Meeting – 1:1 with Interim CEO of One Walsall (Voluntary Sector)	08 August 2020	3
Walsall	Stakeholder Briefing – Walsall CCG	13 August 2020	31
Walsall	GP member briefing	18 August 2020	32
Walsall	West and South Locality meeting - GPs	27 August 2020	20
Walsall	WHT - Daren Fradgley	27 August 2020	2
Walsall	Meeting with Councillor Hussain, Chair of HOSC	09 September 2020	2
Wolverhampton	Formal Conversation Stakeholder Event	04 August 2020	Not specified
Wolverhampton	Lay members meeting	06 August 2020	Not specified
Wolverhampton	Clinical Directors	06 August 2020	10
Wolverhampton	Unity PCN Meeting	13 August 2020	14
Wolverhampton	LMC meeting	18 August 2020	10
Wolverhampton	GP members meeting	18 August 2020	28
Wolverhampton	WSEC PCN meeting	18 August 2020	10
Wolverhampton	WNN Board meeting	19 August 2020	17
Wolverhampton	RWT PCN meeting	28 August 2020	16
Wolverhampton	Health and Wellbeing Together Executive Group	02 September 2020	Not specified
Wolverhampton	Health Scrutiny Panel	17 September 2020	Not specified

Locality	Event/Meeting	Date and time	Number of attendees
Wolverhampton	Local Medical Committee	22 September 2020	Not specified

3.1.1 Dudley virtual engagement events and 1:1s

Key themes:

- *Concern about dilution of influence over local healthcare.*
- *Importance of retaining place-based care, funding and decision-making.*
- *Clarity required on implications of not having a single commissioning organisation.*
- *Emphasis on the importance of good working relationships between providers and commissioners.*
- *As part of the conversation both the positives and negatives should be presented in order for individuals to make an informed decision.*

Common themes from the listening events in Dudley were around the concern for a dilution of influence over local healthcare. This was expressed in terms of finance, particularly around how funding would be distributed. The concern was that Dudley may end up with less, leading to Dudley patients being disadvantaged. Concern was also expressed that fewer GPs on the board would lead to a dilution of influence and affect local patient care.

Discussions with local councillors focussed on the centralisation of acute services and how Dudley Group NHS Foundation Trust might form part of any plans. There was also discussion about the degree of autonomy and funding that place-based committees might have.

Dilution of clinical leadership for Dudley was further discussed and its impact if clinical leads for each of the four CCGs in each speciality were not part of the new organisational structure. It was felt that one lead per speciality for the whole of the Black Country may lead to a dilution of place-based care.

There was a request for absolute clarity on what a single commissioning organisation would mean and explanation of the consequences if members voted against the proposal. Attendees asked for reassurance that their concerns would be listened to. The importance for good working relationships between providers and commissioners was discussed as imperative for the achievement of a joined-up system.

3.1.2 Sandwell and West Birmingham virtual engagement events and 1:1s

Key themes:

- *Voice is important for stakeholders, the voluntary sector and patients – all need their voices heard.*
- *The potential negatives of a merger need to be understood.*
- *Commissioning at-scale should not de-stabilise local providers.*
- *Primary care finances need ring-fencing.*
- *Support for place is important in ensuring primary care continues to thrive.*

The importance of voice was at the heart of responses from all stakeholders. For Sandwell Healthwatch, it was key that the voluntary sector voice would continue to be heard and the views of small third sector organisations and of patients continue to influence commissioning decisions.

At a wider meeting of stakeholders in Sandwell, voice was once more a key theme, particularly in the context of the scale of the CCG. There was a concern that voluntary sector and patient voices would not be heard, and place was felt to be very important. In addition, it was felt that a large CCG could ensure that its voice would be heard regionally to help influence the shape of services which are commissioned by other organisations. Stakeholders wanted assurance that Sandwell would not be disadvantaged as a result of the merger and wanted to know more about the potential negatives of a merger as well as the benefits.

Finances were also discussed at this meeting, with stakeholders keen to find out in more detail where savings would be made. They felt it was important that commissioning at-scale would not de-stabilise local providers. There was also a discussion about the concept of a “postcode lottery” with a need for more information about how this would change.

The GP discussions focussed on the need to ensure that primary care finances were ring-fenced, and that general practice investment would not be reduced – specifically the Sandwell and West Birmingham Primary Care Commissioning Framework. There was an emphasis on place: local support for primary care; local decision making; building on local best practice; and a strong local voice for GPs in the larger CCG.

3.1.3 Walsall virtual engagement events and 1:1s

Key themes:

- *Ensuring a local voice and local decision-making is important for stakeholders.*
- *Stakeholders want to understand the structure of ‘place’ and primary care in particular, wants to be involved in its development*
- *Concern about the timing of the changes, particularly in the light of the pandemic.*
- *Positive support for the merger from key stakeholders such as Healthwatch Walsall, the Chair of Walsall Health and Scrutiny Committee and One Walsall.*

During the Walsall stakeholder meeting, attendees emphasised the importance of providers being clear on how they engage with the merged CCG and at what level. There was an acknowledgement of the importance of local control over services and of health and social care liaison continuing.

Healthwatch Walsall gave a positive response to the merger and were keen to continue local engagement on a regular basis. This was echoed by One Walsall who were also positive and keen for partnership working and emphasised the importance of integrated services. Cllr Hussain, Chair of Walsall Health and Scrutiny Committee also felt the proposal was positive and would benefit service users.

Walsall Health and Wellbeing Board wanted to understand the impact on patients, particularly how dealing with health inequalities might be impacted by the proposed merger. They required a greater understanding of how place-based commissioning might work.

Local GPs expressed the need for reassurance about how the place-based model would work and emphasised the importance of local decision making. They wanted to understand the role of

Primary Care Networks in the context of the merged CCGs. They wished to understand more about the implications of not moving ahead with a merger. The GPs were keen to retain a Walsall voice and to ensure that best practice was adopted across the area.

There were a number of concerns from GPs about the timing of the proposed changes and the pace of change, bearing in mind the pandemic. The Local Medical Committee was keen to have greater involvement in the development of a structure for place.

3.1.4 Wolverhampton virtual engagement events and 1:1s

Key themes:

- *Concern about Wolverhampton having a weaker voice and the impact on local healthcare.*
- *Concern that Wolverhampton budgets will be negatively affected by less financially stable CCG areas.*
- *Queries on the organisational impact of the changes on staff and at Governing Body level.*
- *Concern that the merger is a 'done deal'.*
- *Emphasis on the importance of good working relationships between GPs, providers and commissioners.*

A common theme from the listening events was that the proposed merger would lead to less of a voice for Wolverhampton and there were concerns about the impact this could have on patient care. In a similar vein, there were several questions around the involvement of GPs and their voice within a merged organisation.

Finance and how budgets would be spent was raised, with many attendees taking a similar view that the proposed merger would result in less financially stable CCGs draining Wolverhampton CCG of its surplus. It was felt that Wolverhampton CCG had worked hard to maintain its financial position and its £10 million underspend could be used to prop up other areas of the system.

The size of the current Governing Body and questions about what a future Governing Body would look like were also raised. There were views expressed that the current arrangements of 80 plus people on a Governing Body were unsustainable and there were questions about how this would be addressed within a merged organisation. There were questions around the merging of support services and how a management of change process would be managed.

At a number of events concerns were raised that the merger was a 'done deal' and questions were asked about the point of having a vote when the decision was perceived to have been made.

Local GPs expressed the need for reassurance about how the place-based model would work and emphasised the importance of local decision making. They wanted assurance that merger would not have an adverse impact on CCG spending in Wolverhampton. They wished to understand more about the implications of not moving ahead with a merger. The GPs were keen to retain a strong Wolverhampton voice in the merged CCG. Wolverhampton GPs would like to see positive examples of working together and how the new ways of working will retain the strong working relationships they have traditionally had with Wolverhampton CCG.

The Health Scrutiny Panel wished to be assured that local needs are not lost in any potential new commissioning arrangements and that Wolverhampton would not suffer from any decline in available finance. They also requested additional information on how new commissioning

arrangements would help to reduce health inequalities in Wolverhampton and how the CCG would work directly with the City of Wolverhampton Council departments. The panel reserved judgement on whether it supported the proposed merger.

3.1.5 Summary of shared themes from across the virtual engagement events and 1:1s

There were a number of key themes that were shared across all areas as follows:

In Dudley:

- *Concern about dilution of influence over local healthcare.*
- *Importance of retaining place-based care, funding and decision-making.*
- *Clarity required on implications of not having a single commissioning organisation.*
- *Emphasis on the importance of good working relationships between providers and commissioners.*
- *As part of the conversation both the positives and negatives should be presented in order for individuals to make an informed decision.*

In Sandwell and West Birmingham:

- *Voice is important for stakeholders, the voluntary sector and patients – all need their voices heard.*
- *The potential negatives of a merger need to be understood.*
- *Commissioning at-scale should not de-stabilise local providers.*
- *Primary care finances need ring-fencing.*
- *Support for place is important in ensuring primary care continues to thrive.*

In Walsall:

- *Ensuring a local voice and local decision-making is important for stakeholders.*
- *Stakeholders want to understand the structure of 'place' and primary care in particular, wants to be involved in its development*
- *Concern about the timing of the changes, particularly in the light of the pandemic.*
- *Positive support for the merger from key stakeholders such as Healthwatch Walsall, the Chair of Walsall Health and Scrutiny Committee and One Walsall.*

In Wolverhampton:

- *Concern about Wolverhampton having a weaker voice and the impact on local healthcare.*
- *Concern that Wolverhampton budgets will be negatively affected by less financially stable CCG areas.*
- *Queries on the organisational impact of the changes on staff and at Governing Body level.*
- *Concern that the merger is a 'done deal'.*
- *Emphasis on the importance of good working relationships between GPs, providers and commissioners.*

4. Formal responses from stakeholder organisations

4.1 Formal responses from Dudley stakeholders

There was one formal written response from Dudley Healthwatch which can be found in section 4.5.

4.2 Formal responses from Sandwell and West Birmingham stakeholders

Key themes:

- There is some support for the proposal of a single CCG, but with an emphasis that West Birmingham would be better served aligning with Birmingham and Solihull. The exception to this is Sandwell and West Birmingham NHS Hospitals Trust which supports the proposed footprint including West Birmingham.
- There is a clear desire from stakeholders to resolve perceived inconsistencies in commissioning arrangements and service provision across the Birmingham area.
- The importance of retaining strong involvement with Birmingham governance arrangements and partnerships is emphasised by many stakeholders

Birmingham Health and Wellbeing Board – Cllr Paulette Hamilton, Chair

The Health and Wellbeing Board response reflects their commitment to focus on the citizens they serve and states that organisational boundaries should not distract from this purpose. However, “the lack of a single CCG, operating with coterminous boundaries with the Local Authority, does create difficulties in a number of areas, including but not limited to, governance, planning and operational issues across the system in health and social care”.

The Health and Wellbeing Board wants assurance from the CCGs that any merged organisation would participate fully in Birmingham governance arrangements including the Health and Wellbeing Board, Better Care Fund and the Birmingham Older People Programme. In its response the Health and Wellbeing Board identifies the need to work alongside the Birmingham Children’s Trust and send services and their established programme. The Health and Wellbeing Board wants West Birmingham to operate as a ‘full and equal partner’ and outlines its belief that there is a critical need for clarity in commissioning arrangements. The board is keen that West Birmingham operates as a “full and equal partner” and that there is a critical need for clarity in commissioning arrangements.

For full comments please see Appendix A.

Birmingham City Council Education and Children’s Social Care Overview and Scrutiny Committee – Cllr Kath Scott, Chair

The response expresses concern that *“such a significant change will put undue pressure on social care networks; alongside the already difficult circumstances and the adaptations made resulting from COVID-19.”*

Cllr Scott cites concerns about the impact on children in the Council’s care and queries the benefits of the proposed merger for the children of Perry Barr and Ladywood. He also quotes the response from Birmingham Children’s Trust which draws attention to stronger relationships between the Trust and Birmingham and Solihull CCG rather than Sandwell and West Birmingham CCG.

For full comments please see Appendix B.

Birmingham City Council Health and Social Care Overview and Scrutiny Committee – Cllr Rob Pocock, Chair

The response comments that the merger of the four Black Country ‘places’ of Dudley, Sandwell, Wolverhampton and Walsall makes “economic and organisational sense”, but the committee remains concerned about the position of West Birmingham in these arrangements. The committee supports the view of the Long Tern Plan that integrated care systems should be aligned to local authority boundaries. It expresses concern about the impact that ‘the West Birmingham question’ could have on the lives of local people who may have access to different services despite living on the same street.

Further information is requested from the CCGs regarding:

- Birmingham governance arrangements – including the Scrutiny Committee and the Health and Wellbeing Board
- Connections with Public Health
- How the caseloads fall between Sandwell and University of Birmingham Hospitals and how residents are using the services

The response reiterates the Health Overview and Scrutiny Committee’s long-term policy of seeking a single commissioning unit within the Birmingham boundary.

For full comments please see Appendix C.

Birmingham Community Healthcare NHS Trust – Richard Kirby, Chief Executive Officer

The Trust believes West Birmingham should be incorporated in the Birmingham and Solihull STP footprint. It has concerns that being split across two STP footprints has led to:

- Differences in the historic service specification for district nursing teams between West Birmingham and the rest of the city;
- Different service arrangements for community end of life care provision between West Birmingham and the rest of the city;
- Different service specifications for specialist community services such as those supporting people with diabetes and long-term respiratory conditions;
- Differences in the approach to delivery of the Early Intervention model for intermediate care services that has been developed through the Birmingham Older People’s Programme.

If a merger goes ahead, the Trust is keen for West Birmingham to be established as a separate ‘place’ with the freedom to engage in city-wide partnerships, even if this involves a divergence from a Black Country approach. The Trust is keen to play its part in forging place-based partnerships.

For full comments please see Appendix D.

Birmingham Women’s and Children’s Trust – David Melbourne, Acting Chief Executive

The Trust expresses a view that the children, young people, women and families it serves: *“would be better served if West Birmingham were repatriated to fully align with Birmingham City Council and Birmingham and Solihull CCG”*.

The Trust cites a number of examples to demonstrate its view that there are difficulties for teams which work across the boundary due to the current commissioning split:

- **Integrated care pathways** are challenged currently by the split between Sandwell and West Birmingham. For example, health visitors are managed and funded within Sandwell and West Birmingham Hospital for Sandwell residents. However, Birmingham health visitors are managed by Birmingham Community Healthcare NHS Foundation Trust with different documentation, care records, referral pathways, all common to Birmingham Women's and Children's Hospital/University Hospitals Birmingham NHS Foundation Trust, but different for women depending on where they live.
- **Access to care local to home** – travel to Sandwell and West Birmingham NHS Trust requires multiple public transport changes/distanced travel, whereas West Birmingham women cite a preference for giving birth at Birmingham Women's Hospital owing to ease of access.
- **Variation in approaches** to areas such as smoking cessation and communication of key public health messages causes confusion and duplication and would benefit from a city-wide approach.
- **GPs' disparate working practices** including digital approach, referral system, partnerships etc impact on the efficiency of service to patients. For example, the single digital point of access for women across Birmingham and Solihull and the linked electronic record are not transferable across Birmingham as a city and this can cause confusion for patients in West Birmingham.

The response concludes with a request that the Perry Barr and Ladywood constituencies of West Birmingham be drawn into Birmingham and Solihull CCG.

For full comments please see Appendix E.

Sandwell and West Birmingham NHS Hospital Trust – Richard Samuda, Chairman

The Trust supports the proposal for a single CCG stating:

“The single Chief Executive and shared senior leadership team have the full support of the leaders of the Sandwell and West Birmingham Hospitals NHS Trust. We welcome the stated benefits of the proposal that you believe is the best way to deliver on commitments to improve the health and wellbeing of the West Birmingham and Black Country population.”

The Trust reflects on its own commitment to the creation of two distinct 'places' Sandwell and Ladywood & Perry Barr and confirms that this is in line with the CCG's proposed commitments. The Trust also states its own commitment to equitable access to healthcare despite geographic boundaries and its continued involvement in Birmingham arrangements for health and care.

The Trust refers to the development of the Midland Metropolitan University Hospital and expresses that it would have concern should this be put at risk due to the reorganisation of the CCGs.

Local relationships are vital and the Trust is keen that these are not diluted by the merger. The Trust also wishes to be involved in establishing the process to agree resource allocation and is keen to ensure that resource allocated to improve health outcomes for Sandwell and West Birmingham remains in those places.

The Trust places emphasis on the need for 'place-specific' commissioning strategies which pay particular attention to health inequalities and involve strengthened public and patient engagement.

For full comments please see Appendix F.

There was one formal written response from Sandwell and West Birmingham Healthwatch which can be found in section 4.5.

4.3 Formal responses from Walsall stakeholders

There was one formal written response from Walsall Healthwatch which can be found in section 4.5.

4.4 Formal responses from Wolverhampton stakeholders

Key themes:

- *A sense of place is important and should be retained in a merged organisation.*
- *Equality and diversity and listening to voices from seldom-heard groups is vital.*

African Caribbean Community Initiative (ACCI)

ACCI feels the proposal is presented as a 'fait accompli'. The organisation uses its response to feed back on number of different issues raised by the conversation document:

- Regarding the concept of no 'postcode lottery', the single CCG would need to respond to the needs of place and deal with tensions in the system stemming from the larger geography.
- As the new proposal could lead to more centralisation, how would the CCG guard against bureaucracy and ensure that decision making is closer to patients and the public?
- Referring to the ambition to reduce variation in services and improve quality, there is a hope that this will lead to consistency of service rather than a 'one-size-fits-all approach'.
- Regarding the need to tackle the wider determinants of health, the organisation would like an understanding about how equality and diversity would be addressed, particularly in the context of the Black Lives Matter campaign.
- On the CCG's commitment to improving outcomes and coordination of care for those with long-term conditions, ACCI queries how the social and cultural needs of these patients will be considered.
- The need for an engagement strategy and reaching seldom-heard groups ACCI is keen to offer its 'best in class' models targeting particular groups to be used by the CCG.

ACCI also requested further information on the timescales of the merger; the impact on existing and future contracts and procurement process; and whether any further engagement was planned.

For full comments please see Appendix G.

There was one formal written response from Wolverhampton Healthwatch which can be found in section 4.5.

4.5 Formal responses from local Healthwatch organisations

Key themes

- *The Healthwatch organisations are broadly supportive of the proposal to merge to a single CCG.*
- *Strong governance and partnerships for West Birmingham as a place are important.*
- *All the organisations are keen for the patient voice to be heard at place level and for patient insight and engagement to be embedded in commissioning.*
- *The importance of place is emphasised and particularly the need to ensure that funding is allocated a place level.*

Healthwatch Birmingham

Healthwatch Birmingham's responses states: *"We believe that the proposed merger of the four CCGs has the potential to improve joint commissioning, maximise the benefits of partnership working across the Integrated Care System and ensure a single commissioning vision and voice."*

However, the organisation also reflects the difficulties that the positioning of West Birmingham presents to governance, planning and day-to-day tasks. The response states that the separation of West Birmingham from the rest of Birmingham has caused issues for most partners who cover the entire Birmingham footprint. It feels similar challenges are experienced by both STP footprints. Healthwatch holds a concern that the needs of the West Birmingham population are not being fully considered and therefore, expresses hope for "real meaningful collaboration, integration and a real inclusion of West Birmingham".

Healthwatch Birmingham commends the CCGs for their approach to engaging with stakeholders and the public about the proposed merger. However, it expresses concern about the timing of the engagement exercise in the midst of the COVID-19 pandemic and wishes to see evidence of robust engagement with CCG members despite the challenging times.

Healthwatch is also keen to see adequate and representative feedback from West Birmingham residents through the listening exercise including hard to reach groups. If engagement is low, it would like to see plans to engage with these particular groups in the future. It was also keen to see further consultation if any service changes follow merger and that equality impact assessments for any changes should be undertaken.

The response emphasises the importance of the single CCG embedding engagement with local communities into its work including developing a strategy for patients, the public and service users in decision making. It also requests a commitment from the CCG in using patient insight, experience and feedback not only to improve health outcomes, but also to identify and understand health inequality. It advocates the use of the Healthwatch Birmingham Quality Standard.

In summary, the response concludes that: *"Healthwatch Birmingham welcomes the place approach taken by the CCG to ensure services best meet the needs of local populations. We note that four places are contiguous with local authority areas, however the place of West Birmingham does not cover a whole local authority of Birmingham. This will require a much higher level of partnership working to ensure that on a service delivery level, services are parable across Birmingham."* It also references that legacy commissioning arrangements have led to service being inequitable and therefore requests a timeframe on auditing commissioning arrangements to ensure they are fair and equitable.

For full comments please see Appendix H.

Healthwatch Dudley

A positive response to the proposal, Healthwatch Dudley states that the *“engagement events and conversation document have outlined the clear advantages of the proposed merger, including reducing duplication and single commissioning policies resulting in the removal of ‘postcode lottery’ scenarios.”*

Healthwatch Dudley is also keen that:

- Existing excellent local CCG engagement does not become diluted as a new larger organisation emerges.
- Any savings made as a result of this merger are invested back into Dudley borough services to benefit local communities.
- There is continued meaningful involvement and co-production at a local level, with opportunities for them to influence Black Country and West Birmingham wide decisions and services.
- They can see transparency in decision-making and are appropriately involved in governance arrangements.
- Sufficient resource is allocated to Dudley borough to enable delivery of quality local services in places that are easily accessible to local communities.

For full comments please see Appendix I.

Healthwatch Sandwell – John Taylor, Chair

Healthwatch Sandwell expresses the view that the proposed merger is inevitable in line with the NHS Long Term Plan. However, it has had a mixed experience of the CCGs working collaboratively over the past few months with some meetings involving up to 90 participants which reduces the local focus. Therefore, a new way forward needs to be explored.

Healthwatch puts forward a number of comments and requests:

- Some services are best planned on a Sandwell and West Birmingham footprint but the principle of subsidiarity should be at the fore of the new CCG, enabling services to be provided closest to those in need.
- A place-based approach is welcomed, but Healthwatch wants to understand more about the devolved powers and budget and the role of lay members in the future governance.
- Health inequalities should be seen as an objective of the CCG’s core commissioning role.
- A disparity in funding across the CCG areas should be considered, especially taking into account the deprivation in the Sandwell area.
- There is a need for greater patient and public voice in the planning, delivery and evaluation of health and community services including the principle of co-production.
- Joint commissioning arrangements should continue with the local authority
- Work with the BAME community will be vital to understanding its disparity of experience of health services.
- The patient’s voice should not be reduced and become distant in the single CCG.
- There should be a continued presence of the CCG and its leaders to hear the Sandwell voice while the merger process continues.

For full comments please see Appendix J.

Healthwatch Walsall

Healthwatch Walsall are supportive of the proposal stating: *“We approve the proposed merger of the Black Country and West Birmingham CCGs with the caveat that there is a local place-based team maintained in Walsall.”*

Healthwatch Walsall is keen to continue to work with the CCG as a critical friend.

For full comments please see Appendix K.

Healthwatch Wolverhampton

The response from Healthwatch Wolverhampton is supportive of the proposal:

“Healthwatch Wolverhampton agrees with the proposed merger in principle, however we want assurance that the residents of Wolverhampton will not be disadvantaged through having 1 single commissioning CCG across the Black Country and West Birmingham and has you have indicated as one of the benefits for patients being no ‘postcode lottery’.”

Healthwatch Wolverhampton is also keen to ensure that joint commissioning arrangements are not adversely affected by the proposed merger as it is feels this would have a negative impact on the health of the local population.

For full comments please see Appendix L.

4.6 Response from Paul Jennings System Leader, Birmingham and Solihull STP, Chief Executive Officer, NHS Birmingham and Solihull CCG

This response details non-approval with the proposal:

“Our individual and collective view is that West Birmingham should be repatriated in full, to align with Birmingham City Council, NHS Birmingham and Solihull CCG and Birmingham and Solihull STP. This is essential in order to fully address health inequalities and drive economic regeneration, for all deprived communities in Birmingham.

“Keeping West Birmingham as part of the Black Country CCGs would result in a mixed economy in terms of planning and service delivery for the people of West Birmingham, as residents and GP practices are split between the two CCGs and two STPs. This creates unacceptable inequity, in a deprived locality, with some of the poorest health outcomes in the city.

“We feel that not repatriating West Birmingham would undermine the integrated care systems approach in Birmingham and Solihull and also creates an unnecessary risk that the processes for all CCGs will be hindered. As you are aware, co-terminosity with local authorities is a requirement for CCG mergers, and ICS development require logical footprint and co-terminosity. In addition, it adds bureaucracy, duplicates running costs, and is thoroughly confusing for the general public.”

Key issues are outlined in the letter to identify specific implications that non-alignment would create for the people of West Birmingham and the many partner organisations in the city and include:

Postcode variation:

- Different urgent care access and urgent out of hospital services. For example, different out of hours provision for people who live on the same street, different early intervention, and discharge processes
- The range of enhanced services offered at local GP surgeries is different between the two CCGs, despite efforts to align them e.g. long-term conditions and diabetes
- Early years services vary between Sandwell and West Birmingham
- Inconsistent health prevention/promotion service offer e.g. smoking cessation.

Lack of efficiency:

- Providers and local authorities have been required to work with two commissioners, and two STPs, to agree plans and services. For example, during COVID-19, Birmingham City Council agreed plans with Birmingham and Solihull CCG only to have to check the position with Sandwell and West Birmingham CCG. This causes delay and the potential for less focus on West Birmingham
- Potential for two ICSs across a single tier local authority, with further potential for inequity.

Vulnerable groups:

- As care homes are designated by local authority boundaries, Birmingham City Council must work with two CCGs and STPs, despite having a single community provider
- There have been different infection control, clinical support and GP support offers between the CCGs, which resulted in Birmingham and Solihull CCG taking the lead to ensure a clear focus
- The Sandwell and West Birmingham CCG safeguarding team faces Sandwell only, creating potential for inequity and for significant safeguarding issues to be missed.

Service transformation:

- Clinical pathway development varies for local people with same council boundary
- West Birmingham GPs are excluded from the Pathfinders development, which is a GP and acute hospital collaboration to improve clinical pathways and patient care e.g. breast cancer, dermatology.

Communications and engagement:

- People in West Birmingham are receiving mixed messages and are missing out on becoming involved in key decision-making opportunities that are available to the rest of the city. This disparity in communication has become increasingly apparent during COVID-19, with crucial communication from Birmingham City Council and other public sector organisations being filtered and/or delayed before it reaches the communities in West Birmingham. This is inequitable and confusing for local people.

Digital:

- West Birmingham does not benefit from same access to digital innovation as the rest of the city.

It is requested in this letter that the Perry Barr and Ladywood constituencies of West Birmingham are repatriated to NHS Birmingham and Solihull CCG.

For full comments please see Appendix M.

4.7 Response from Jonathan Fellows Independent Chair, Black Country & West Birmingham Healthier Futures Partnership

It was confirmed that the Black Country and West Birmingham STP's support the proposed merger. 'The proposed merger would establish a single CCG that is co-terminus with our STP footprint and therefore fulfils one of the important components that is integral to the future of our Integrated Care System – namely the establishment of a single commissioner for the whole system'.

5. Engagement activity



52 Virtual engagement events/meetings

681 attendees



245 questionnaire responses



Press releases published:

- Dudley: Health groups in merger bid
Coverage in: Dudley Chronicles
- Doctors to vote on £2bn Black Country health plan for super trust
Coverage in: Birmingham Live, West Midlands Express & Star
GPs to vote on a major care merger for region
Coverage in: Express & Star
- Sandwell and West Birmingham: The future of commissioning- 226 views
- Sandwell and West Birmingham: Conversation launched on proposal to merge the Black Country and West Birmingham- 426 views
- Walsall: Black Country and West Birmingham CCGs propose merger
Coverage in: Express & Star, Access & Mobility Website, AT Today Magazine and THHS Website
- Wolverhampton: Conversation launched on proposal to merge the Black Country and West Birmingham- 215 views



Social media:

	Dudley	Sandwell and West Birmingham	Walsall	Wolverhampton
Tweets	10	18	4	18
Retweets	18	70	11	30
Link clicks	21	22	7	7
Facebook impressions	1,597	76	3,235	N/A
Twitter impressions	5,502	5,932	2,572	4,243

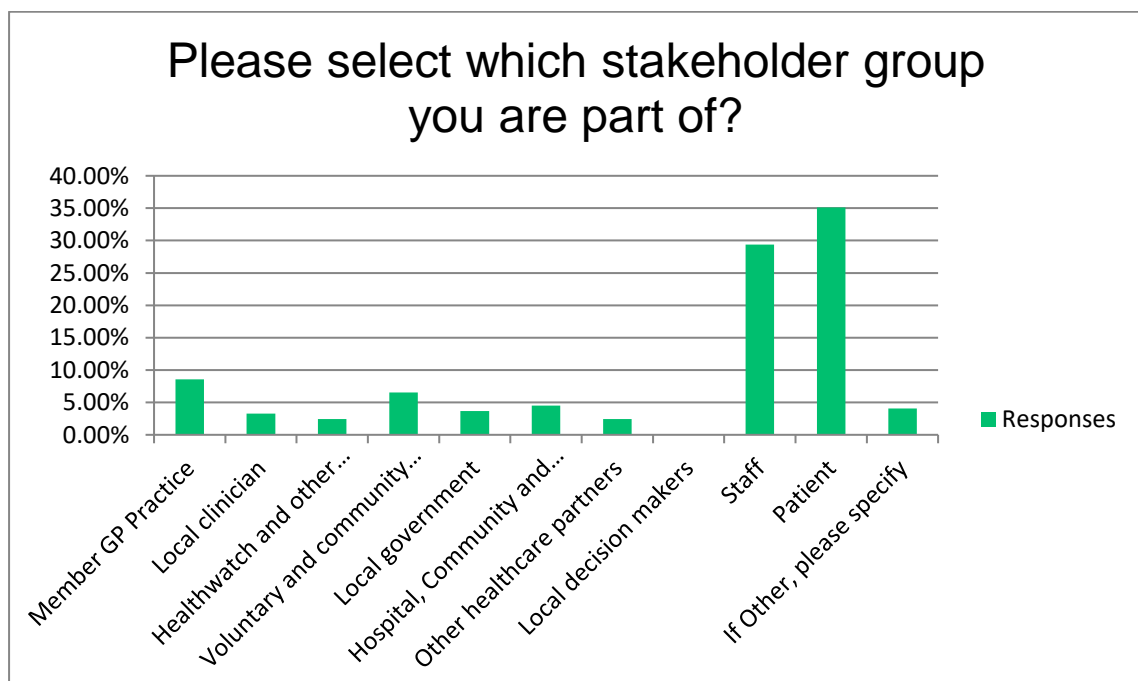
6. Responses to the online questionnaire

Online responses: 245

1. Please select which stakeholder group you are part of?

All respondents answered this question with 35.10% considering themselves as patients, followed by 29.39% of staff. The lowest number of respondents 2.45% identified to be from other healthcare providers.

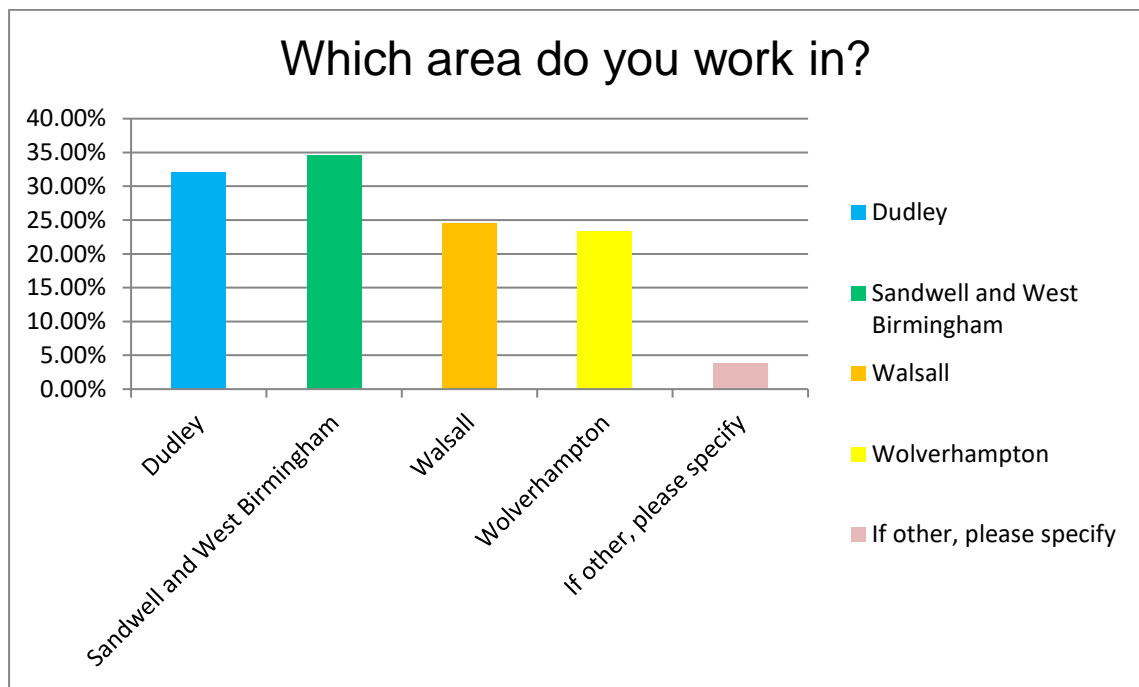
Answer Choices	Responses
Member GP Practice	8.57%
Local clinician	3.27%
Healthwatch and other patient representative body	2.45%
Voluntary and community sector services	6.53%
Local government	3.67%
Hospital, Community and Mental Health providers	4.49%
Other healthcare partners	2.45%
Local decision makers	0.00%
Staff	29.39%
Patient	35.10%
If Other, please specify	4.08%



2. Which area do you work in?

34.59% of respondents work in Sandwell and West Birmingham compared to the lowest number of respondents 23.27% that work in Wolverhampton. This question was skipped by 86 respondents.

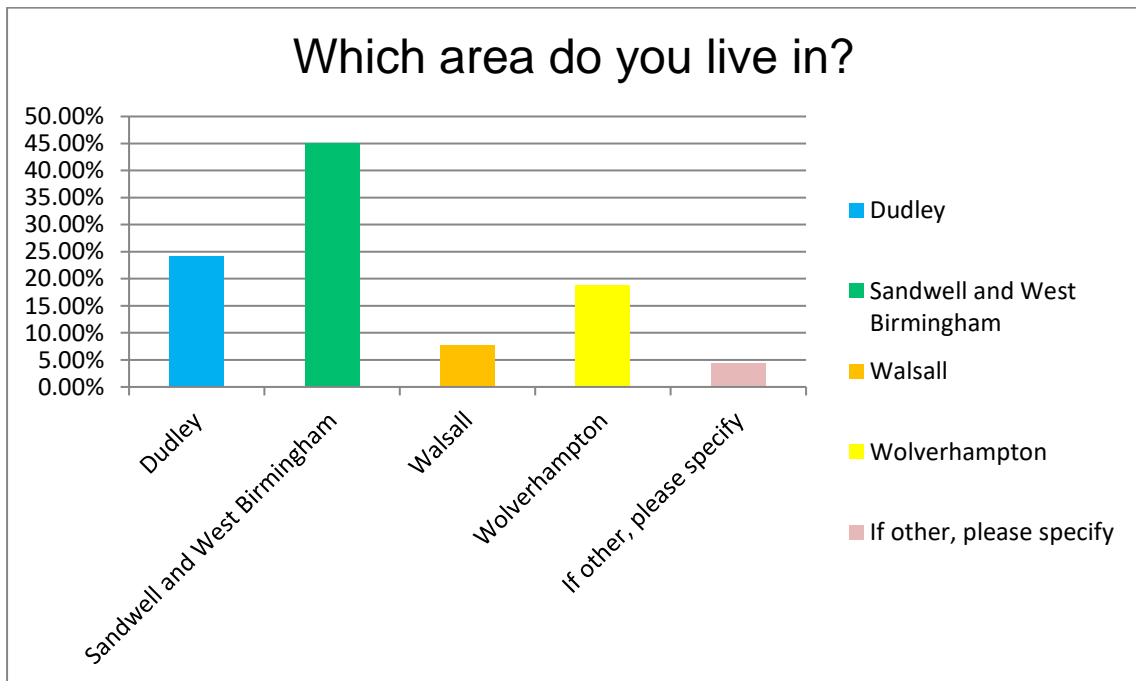
Answer Choices	Responses
Dudley	32.08%
Sandwell and West Birmingham	34.59%
Walsall	24.53%
Wolverhampton	23.27%
If other, please specify	3.77%



3. Which area do you live in?

45.05% of respondents answering this question live in Sandwell and West Birmingham compared to the lowest number 7.69% living in Walsall. It was found that of the 245 respondents 154 did not answer this question.

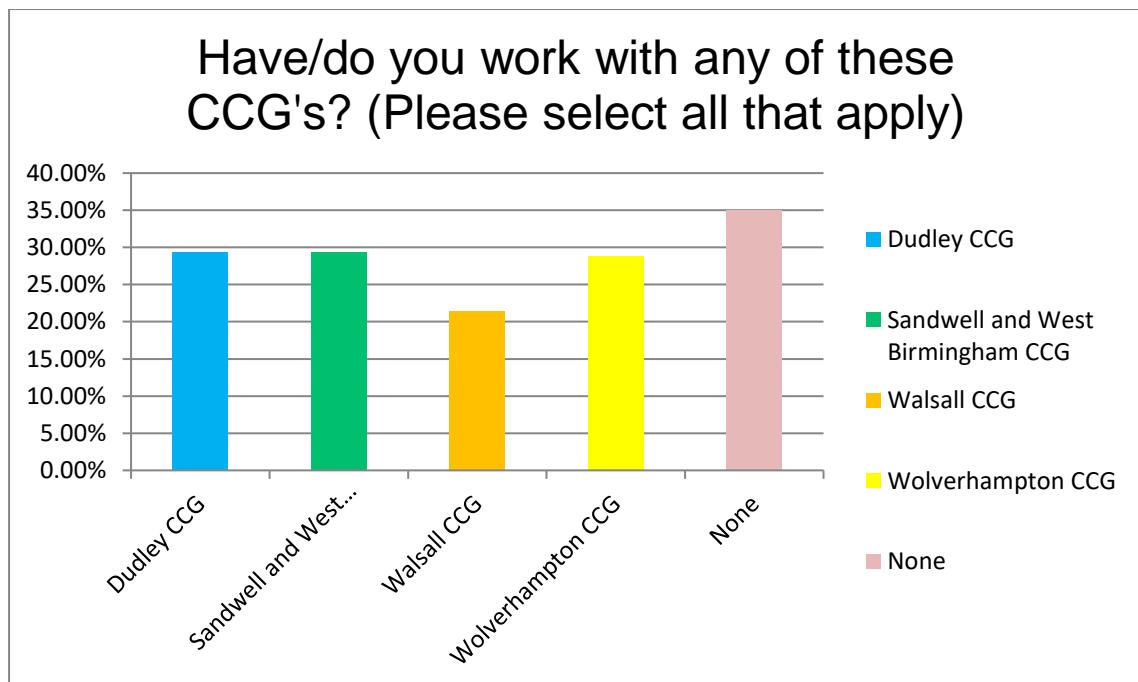
Answer Choices	Responses
Dudley	24.18%
Sandwell and West Birmingham	45.05%
Walsall	7.69%
Wolverhampton	18.68%
If other, please specify	4.40%



4. Have/do you work with any of these CCG's?

Most respondents 84.89% have/do work with the CCG's, 29.32% with Dudley, 29.32% with Sandwell and West Birmingham, 21.47% with Walsall and 28.80% with Wolverhampton. This compares to 35.08% that have not/do not work with the CCGs. It was found that of the 245 respondents 54 did not answer this question.

Answer Choices	Responses
Dudley CCG	29.32%
Sandwell and West Birmingham CCG	29.32%
Walsall CCG	21.47%
Wolverhampton CCG	28.80%
None	35.08%



5. As part of the proposed merger many benefits for patients have been outlined. To what extent do you agree that these would be achieved?

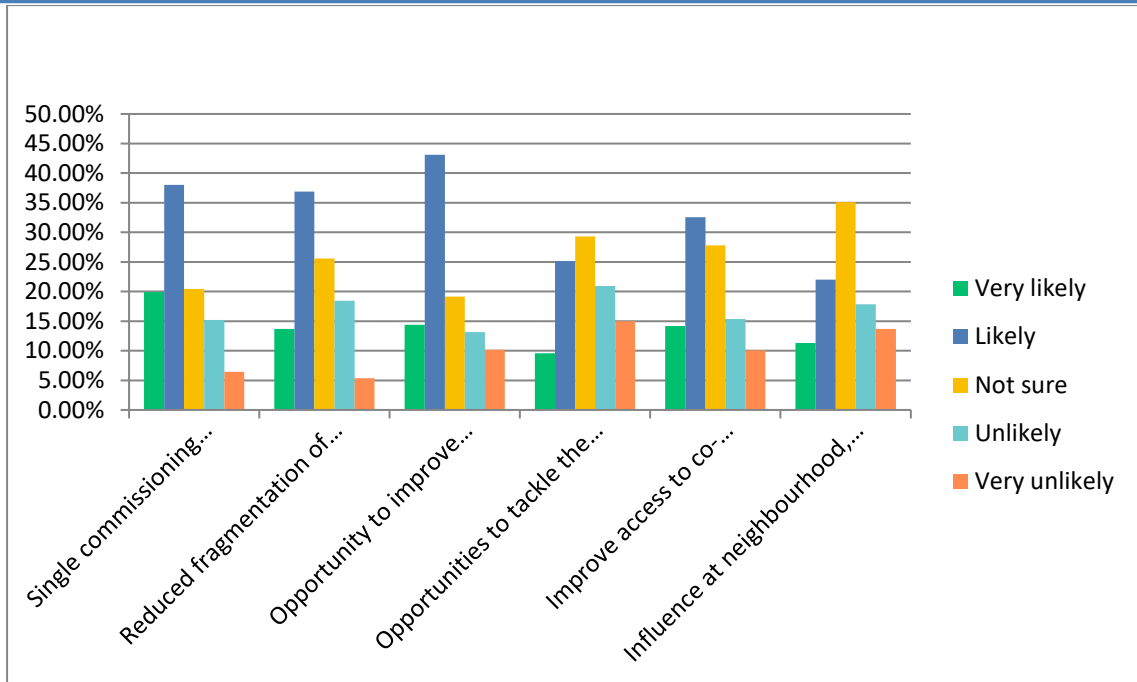
The views of 174 respondents were gathered of which most respondents felt that the proposed merger would likely to benefit patients in regards to:

- Single commissioning approach so no 'postcode lottery'
- Reduced fragmentation of NHS organisations
- Opportunity to improve quality and reduce variation in services
- Improve access to co-ordinated care for people with complex needs or long-term conditions.

The highest number of respondents who were not sure if the merger would benefit patients were in areas of:

- Opportunities to tackle the wider determinants of health (for example education/employment)
- Influence at neighbourhood, place and across the Black Country with clear ways to get involved.

Option	Very likely	Likely	Not sure	Unlikely	Very unlikely
Single commissioning approach so no 'postcode lottery'	19.88%	38.01%	20.47%	15.20%	6.43%
Reduced fragmentation of NHS organisations	13.69%	36.90%	25.60%	18.45%	5.36%
Opportunity to improve quality and reduce variation in services	14.37%	43.11%	19.16%	13.17%	10.18%
Opportunities to tackle the wider determinants of health (for example education/employment)	9.58%	25.15%	29.34%	20.96%	14.97%
Improve access to co-ordinated care for people with complex needs or long-term conditions	14.20%	32.54%	27.81%	15.38%	10.06%
Influence at neighbourhood, place and across the Black Country with clear ways to get involved	11.31%	22.02%	35.12%	17.86%	13.69%



6. Do you have any further comments on the proposed merger for patients?

Answered	70
Skipped	175

Of the responses received the majority had concerns of the proposed merger compared to those that saw the benefits of the proposal. The key areas identified include:

- **Concerns that the organisation would become diluted due to the sheer size**
 - *The bigger the organisation, the more likely the service provided becomes more bureaucratic and more distant from the end user.*
 - *We believe merging of 4 CCGs into one will on the contrary cause more issue for patients as well as increase admin burden on the CCG staff.*
- **Loss of patient voice in decision making**
 - *No decision about me without me. Decision making further away from pt.*
 - *The structures to ensure patient voices and experiences are heard and patients are meaningfully informed and engaged with need to be fully considered.*
- **To ensure a local focus is maintained**
 - *This proposal does not keep things local*
 - *This is an area of 2 million people with city, suburban and rural areas. It is huge in terms of actual size/landmass as well. It will be detrimental to the Black Country as well as Birmingham to try and merge all these CCGs, the areas are just too different and patient choices and care will suffer.*
- **To ensure adequate resourcing across all areas**
 - *What are the assurances that the duplication of resources will be minimalised, and what assurances will there be that Dudley will receive an equitable share of resources.*
 - *Dudley are working hard at getting local care in the place that patient's are and I don't believe this will be able to be achieved over such a large area without intimate knowledge of the local area, that we currently have.*
- **Travel**
 - *As someone with a life limiting long-term condition, I am concerned that I will be expected to travel further to receive treatment.*

-
- **Wider communication on the proposal required**
 - *This should be promoted for more awareness, with more virtual events. This hasn't been shared widely for anyone to have a view and consider the impact on their care.*
 - *Current lack of publicity. I live within the Black Country and none of my friends or family are aware of a merger.*

To view all comments, see Appendix N.

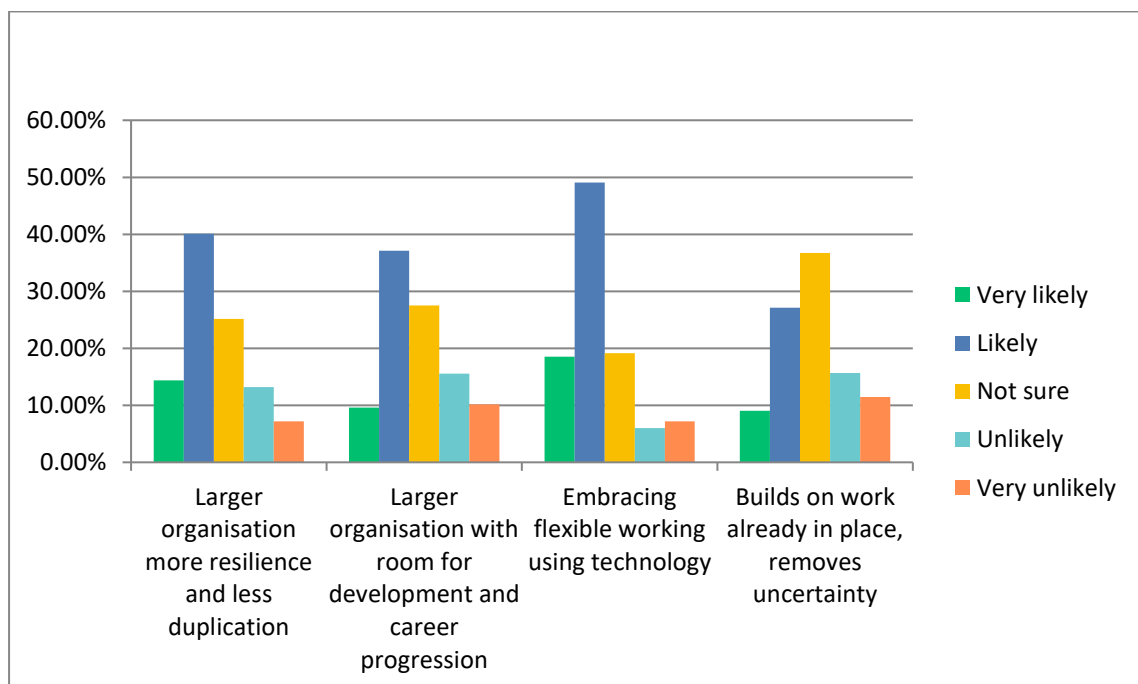
7. As part of the proposed merger many benefits for our staff have been outlined. To what extent do you agree that these would be achieved?

Most respondents felt that the benefits to staff are likely in areas of:

- *Larger organisation more resilience and less duplication-* 40.12%
- *Larger organisation with room for development and career progression-* 37.13%
- *Embracing flexible working using technology-* 49.10%

In the area of *Building on work already in place, removes uncertainty* the highest number of respondents 36.75% confirmed they were not sure.

Option	Very likely	Likely	Not sure	Unlikely	Very unlikely
Larger organisation more resilience and less duplication	14.37%	40.12%	25.15%	13.17%	7.19%
Larger organisation with room for development and career progression	9.58%	37.13%	27.54%	15.57%	10.18%
Embracing flexible working using technology	18.56%	49.10%	19.16%	5.99%	7.19%
Builds on work already in place, removes uncertainty	9.04%	27.11%	36.75%	15.66%	11.45%



8. Do you have any further comments on the proposed merger for our staff?

Answered	59
Skipped	186

Of the responses received the majority had concerns of the proposed merger compared to those that saw the benefits for staff. The key areas of concern include:

- **Fears that the proposed merger would bring redundancies due to the size of the new organisation**
 - *Mergers usually result in redundancies / change in role/ regrading and lengthy restructuring.*
 - *It has been made clear that this merger is about reducing staff and downgrading the remains staff with a top down reorganization that is being pushed by NHSE with little evidence that this is best for residents and patients. Staff have been Working hard during this Covid period and the reward is this restructuring with less money or perhaps no job.*
- **Less opportunity for career progression**
 - *I fear that it will be a large and unwieldy Quango with top heavy management driven by targets (KPI) and no doubt lucrative salaries and/or contracts with little support for those at the bottom of the career pile or indeed patients as the ultimate end users.*
 - *Loss of knowledge and members of staff due to patronage and cronyism in the larger organisation alongside institutional racism will lead to a less diverse organisational paradigm.*
 - *Less opportunities. More favouritism.*
- **Duplication of roles**
 - *Surely it will also end up with duplication of roles, meaning some staff may be forced to change roles of be made redundant.*
- **Less interaction with employer**
 - *Large organizations are more difficult to manage, not personalised approach to staff development and needs, less continuity of care for patients.*
 - *My contacts are already working from home. This means less contact with colleagues which will mean reduced development and career progression. Merging 4 or 5 organisations working from home means less likely to know what is going on across the organisation and opportunities that arise. Building on work already in place - I understand there are new MDs new to the place therefore their priorities will be different and may not understand already built partner relationships and priorities. These MDs will need to respect these programmes of work as they work for the area and the community.*

- **Less likely to deliver a local approach:**
 - *Local People delivering a local service Is a must and any merger with f back office functions. For example should strike a balance to support the local economies and keep NHS money in the system.*
 - *Different areas have different priorities and ways of working. Any programmes of work already in progress and may be lost as other areas may not appreciate how these work in some areas. This is a concern. Should not lose place-based commissioning and MDs recruited should be from the area they worked in previously to keep up the good work and progress made as well as the good working relationships that takes time to build up.*

- **Further clarity on all aspects of the proposed merger:**
 - *There is a lot of uncertainty and mixed messages so unsure of the implications for staff until the structures are shared.*
 - *Larger organisation, more confusion about who is responsible for pathways/care/systems.*

To view all comments, see Appendix O.

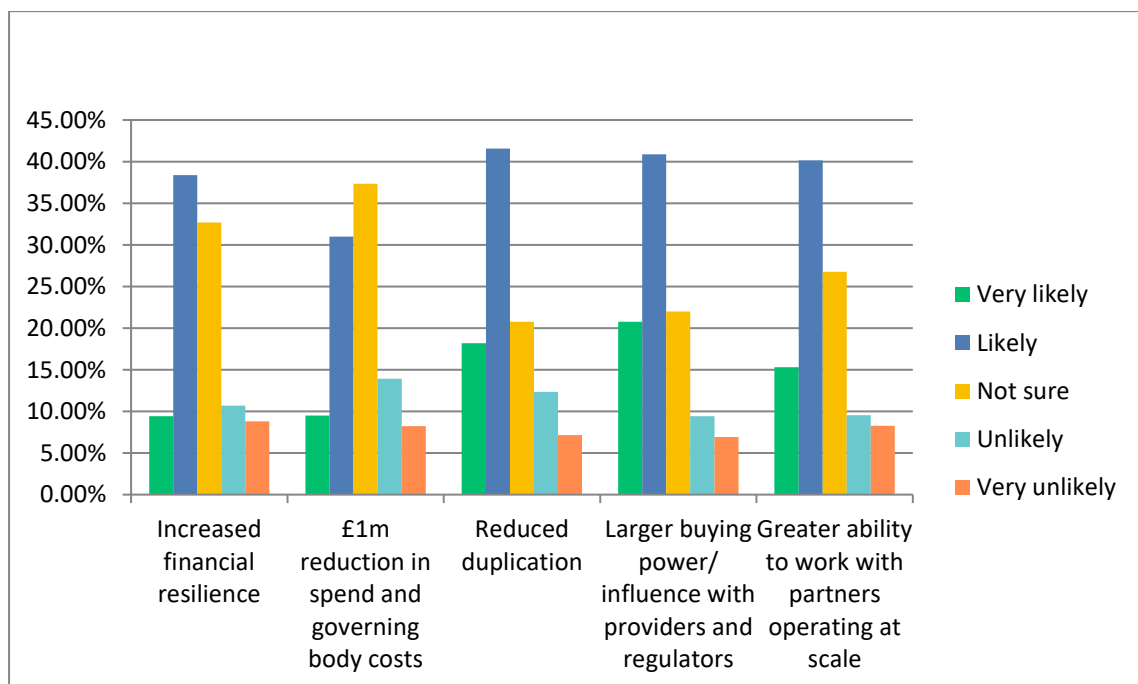
9. As part of the proposed merger many benefits for CCGs have been outlined. To what extent do you agree that these would be achieved?

Most respondents felt that the benefits for CCGs are likely in areas of:

- Increased financial resilience- 38.36%
- Reduced duplication- 41.56%
- Larger buying power/ influence with providers and regulators- 40.88%
- Greater ability to work with partners operating at scale- 40.13%

In the area of £1m reduction in spend and governing body costs the highest number of respondents 37.34% confirmed they were not sure if the proposal would deliver on this.

Option	Very likely	Likely	Not sure	Unlikely	Very unlikely
Increased financial resilience	9.43%	38.36%	32.70%	10.69%	8.81%
£1m reduction in spend and governing body costs	9.49%	31.01%	37.34%	13.92%	8.23%
Reduced duplication	18.18%	41.56%	20.78%	12.34%	7.14%
Larger buying power/ influence with providers and regulators	20.75%	40.88%	22.01%	9.43%	6.92%
Greater ability to work with partners operating at scale	15.29%	40.13%	26.75%	9.55%	8.28%



10. Do you have any further comments on the proposed merger for CCG's?

Answered	52
Skipped	193

Of the responses received the majority had concerns about the proposed merger compared to those who saw the benefits for CCGs. The key areas of concern include:

- **Financial challenges**
 - *Don't think that bigger is always better. You will lose the ability of providing services based on the local area. Projects could miss out when they are looked over by projects helping a larger number of people out of the Wolverhampton area.*
 - *This is just a cost reduction exercise.*
 - *How will budget pressures be managed to ensure that poor financial management in one CCG is not shunted into other CCG's.*

- **Recognition of patient needs per locality**
 - *As usual Sandwell will be forgotten, Birmingham will take the lions share.*
 - *Seems little focus on patient care and benefits, it's all about saving money.*
 - *I hope that this merger would not see Birmingham as a greater beneficiary to the other areas.*

- **Less opportunities for staff and possible staff redundancies**
 - *Jobs will be lost, less opportunities for career progression.*
 - *I have concerns about the reduced operating costs and this suggests increased redundancies to 'reduce duplication'.*

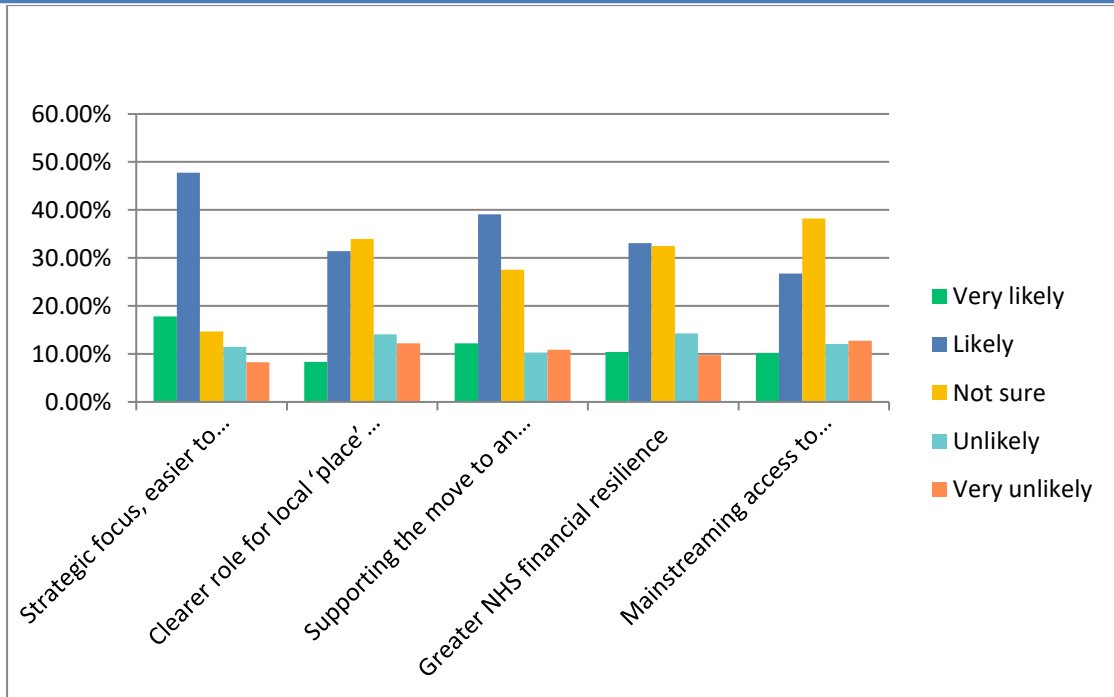
To view all comments, see Appendix P.

11. As part of the proposed merger many benefits for partners have been outlined. To what extent do you agree that these would be achieved?

Responses to this question vary:

- 47.77% felt that that the *Strategic focus, easier to engage once rather than four times* was likely.
- 33.97% were not sure if a *Clearer role for local 'place' focus but with consistent strategic aim*.
- 39.10% felt that *Supporting the move to an Integrated Care System* was likely.
- 33.12% felt that *Greater NHS financial resilience* was likely.
- 38.22% were not sure if *Mainstreaming access to services and resources and ability to bring capital investment into the area*.

Option	Very likely	Likely	Not sure	Unlikely	Very unlikely
Strategic focus, easier to engage once rather than four times	17.83%	47.77%	14.65%	11.46%	8.28%
Clearer role for local 'place' focus but with consistent strategic aim	8.33%	31.41%	33.97%	14.10%	12.18%
Supporting the move to an Integrated Care System	12.18%	39.10%	27.56%	10.26%	10.90%
Greater NHS financial resilience	10.39%	33.12%	32.47%	14.29%	9.74%
Mainstreaming access to services and resources and ability to bring capital investment into the area	10.19%	26.75%	38.22%	12.10%	12.74%



12. Do you have any further comments on the proposed merger for partners?

Answered	41
Skipped	204

Of the responses received the majority had concerns of the proposed merger compared to those that saw the benefits for partners. The key areas of concern include:

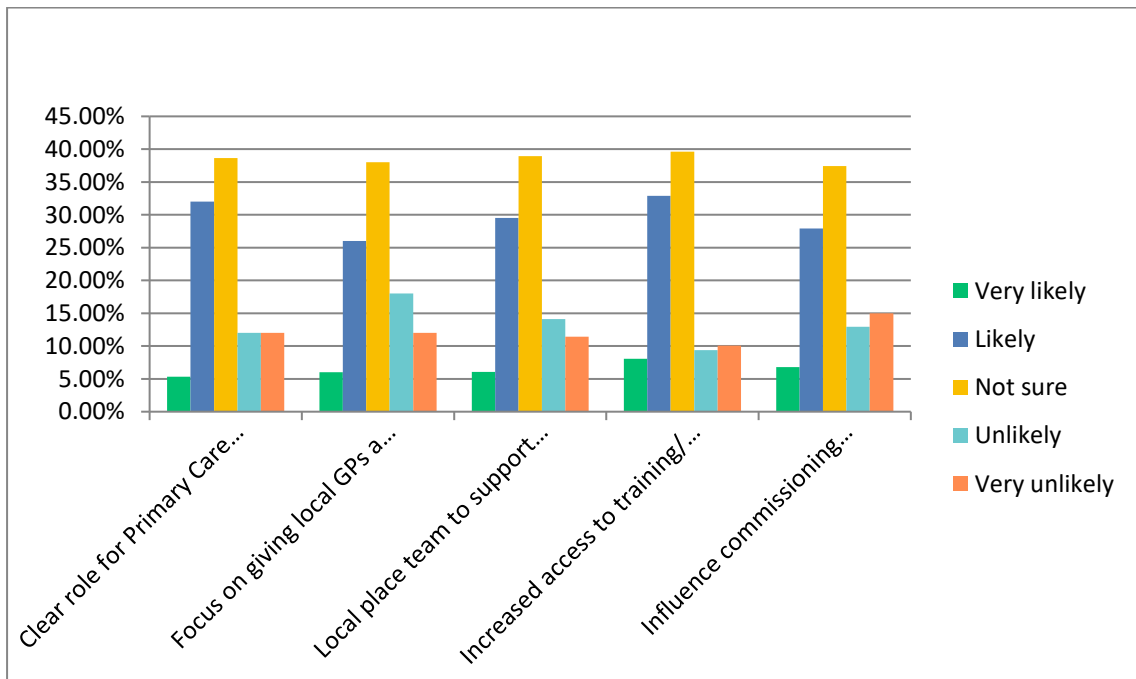
- **Evidence based interventions:**
 - *Again there is no evidence to support these proposed benefits other than regulator wishes.*
- **Partnership working:**
 - *Simplifying conversations and targets will be extremely beneficial to partners. It is an opportunity to consider how best to get assurance on performance while retaining local/partner accountability to avoid constant "box ticking" and allow joint working to benefit patients and the population as a whole. Ideally an opportunity to also better engage jointly with partners rather than separately having the same conversations, and particularly an opportunity to ensure that partnerships with third and voluntary sector are truly supported across the Black Country to avoid risk of loss of crucial services due to the impact of COVID and other pressures.*
- **Concerns over local approach:**
 - *More vocal partners in different CCGs will get favouritism.*
 - *Need to ensure all partners are on board with wider BC plans as there is still potential the focus will remain on their local area and the messages will not be consistent across the BC.*
- **Financial impact:**
 - *The organisation will be too big.*
 - *Going forward budget pressures will still exist and will need to be managed.*

To view all comments, see Appendix Q.

13. As part of the proposed merger many benefits for GP members have been outlined. To what extent do you agree that these would be achieved?

The majority of respondents confirmed that they were not sure of the benefits for GP members across all areas followed by the second highest number of responses 32.89% indicating that the Increased access to training/development was likely to be a benefit.

Option	Very likely	Likely	Not sure	Unlikely	Very unlikely
Clear role for Primary Care Networks in each place	5.33%	32.00%	38.67%	12.00%	12.00%
Focus on giving local GPs a strong voice in Integrated Care Providers	6.00%	26.00%	38.00%	18.00%	12.00%
Local place team to support primary care but shared team to support and invest in primary care development offers	6.04%	29.53%	38.93%	14.09%	11.41%
Increased access to training/development	8.05%	32.89%	39.60%	9.40%	10.07%
Influence commissioning through place based committees	6.80%	27.89%	37.41%	12.93%	14.97%



14. Do you have any further comments on the proposed merger for GP members?

Answered	39
Skipped	206

Of the responses received the majority have concerns of the proposed merger compared to those that saw the benefits for GP members. The key areas of concern include:

- **Greater working relations with GPs required:**
 - *Local merger of GP practices has actually demonstrated worse satisfaction with access and services. The provision by my local GP surgery has become much worse over the past five years. Getting bigger does not necessarily mean getting better.*
 - *GPs don't need more influence, they are the weakest link in the primary care chain and already have too much. A broader and bigger committee structure will dilute the impact of other disciplines and inhibit their ability to shape services and share their expertise.*

- **Concerns that a local voice/involvement will stop:**
 - *Concerned that we will lose benefits unique to Dudley, e.g. training budget for DPMA. As the organisation gets bigger, surely we will have less influence, not more? Place based committees can listen well, but Dudley will still only represent 25% of the 'vote' in the new CCG.*
 - *GPs will have less influence. We had great relationships with our local CCGs. I don't know the good folk of Walsall or Wolverhampton, nor do they know me. Why rip good relationships apart and try to dilute everything?*

- **Involvement of other organisations required:**
 - *PPG chairs and other groups should be involved in commissioning decisions. WOLVS never been involved just told after decisions made.*
 - *To be fully effective proposals would require developing strong working links and relationships with Healthwatch, LA care providers and voluntary and community sectors.*

To view all comments, see Appendix R.

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

**47% either
strongly agree or agree with the
proposed merger**



- ⇒ Reduce duplication of roles
- ⇒ Would bring fragmented services together
- ⇒ Reduce waiting times
- ⇒ Greater equality of care across all areas



**30% either
strongly disagree or disagree
with the proposed merger**



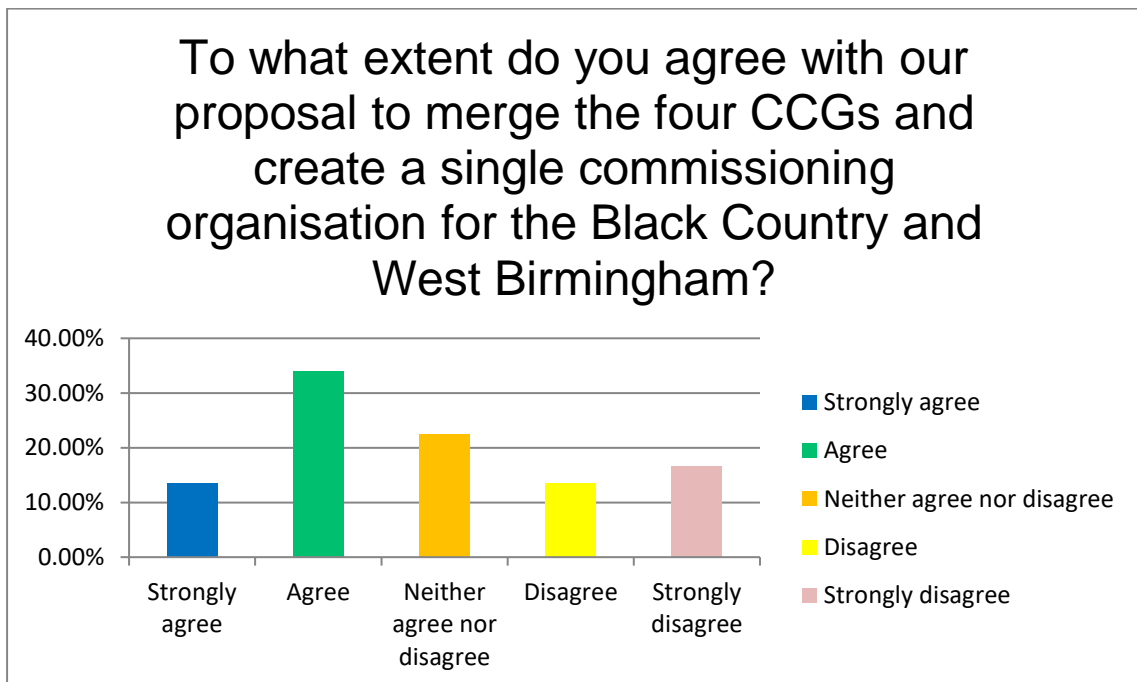
- ⇒ No local patient voice/involvement
- ⇒ Lack of consistency of services across all areas
- ⇒ Job losses
- ⇒ Difficulty in accessing healthcare/treatment due to patients being required to travel further
- ⇒ No evidence that it will work in reality



23% of respondents were yet undecided and would require further information to make an informed decision

Although 47% of respondents strongly agree and agree with the proposal to merge the four CCGs to create a single commissioning organisation a further 23% neither agree nor disagree while 89 respondents did not answer this question.

Answer Choices	Responses
Strongly agree	13.46%
Agree	33.97%
Neither agree nor disagree	22.44%
Disagree	13.46%
Strongly disagree	16.67%



16. Please explain why you feel this?

Answered	108
Skipped	137

From the responses received, 40.70% shared concerns that the proposed merger would not benefit patients and subsequently will cause uncertainty in areas of:

- Local patient involvement/voice
- Consistency of services across all areas
- Staff redundancies
- Accessing treatment due to patients being required to travel further.

Of the positive comments received 34.25% were confident that the proposed merger would bring benefits and greater opportunities to deliver health services at a larger scale to include:

- Reduce duplication of roles
- Bring fragmented services together
- Reduce waiting times
- Greater equality of care across all areas.

The remaining 25.05% of respondents described mixed feelings and felt they required further information before deciding if they agreed or disagreed with the proposal.

To view all comments, see Appendix S.

Key words used to describe how respondents felt about the proposal to merge the four CCGs



17. Are there any other comments you wish to make?

Answered	41
Skipped	204

Some respondents reiterated their concerns over the proposed merger in a number of areas including:

- Cost implications of the proposed merger
- Concern that West Birmingham CCG should not be part of the Black Country
- Greater awareness on the proposal required as many are not aware of this
- Concern that the proposal will cause further difficulty in accessing primary care
- Greater opportunity for residents to feedback on this proposal
- Greater opportunity for staff to feedback on this proposal

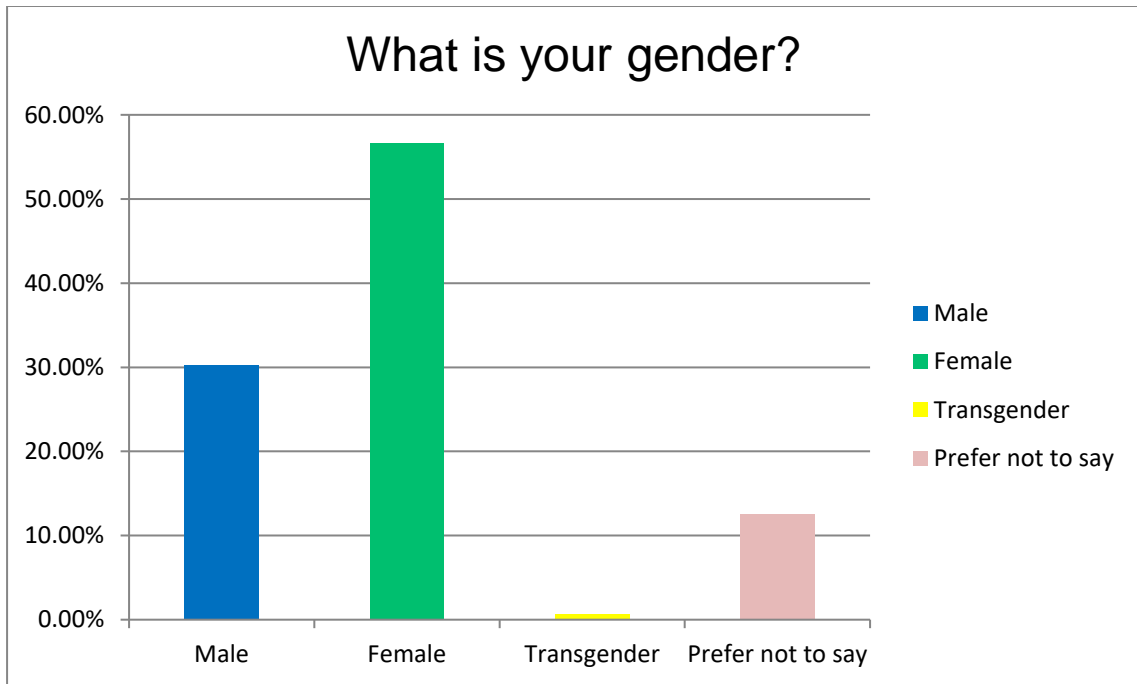
To view all comments, see Appendix T.

18. What is your gender?

The majority of respondents 56.58% identified themselves as female compared to 30.26% male, 0.66% Transgender while 12.50% preferred not to say.

A total of 93 respondents did not answer this question.

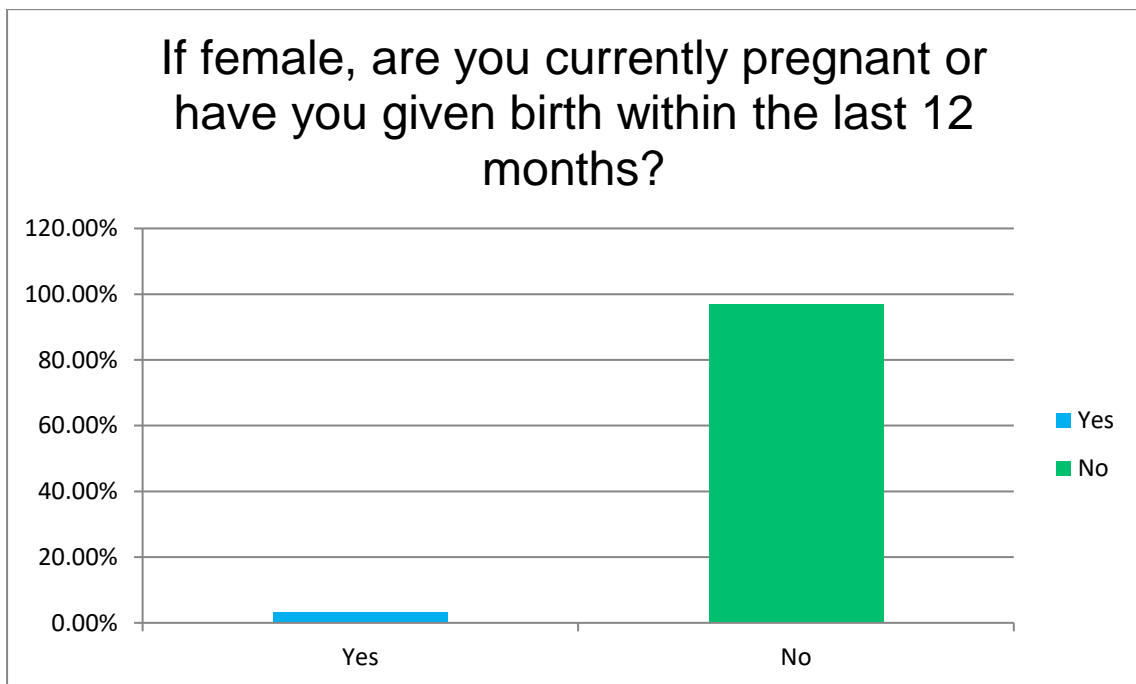
Answer Choices	Responses
Male	30.26%
Female	56.58%
Transgender	0.66%
Prefer not to say	12.50%



19. If female, are you currently pregnant or have you given birth within the last 12 months?

The majority of respondents 96.77% are not pregnant and have not given birth within the last 12 months.

Answer Choices	Responses
Yes	3.23%
No	96.77%



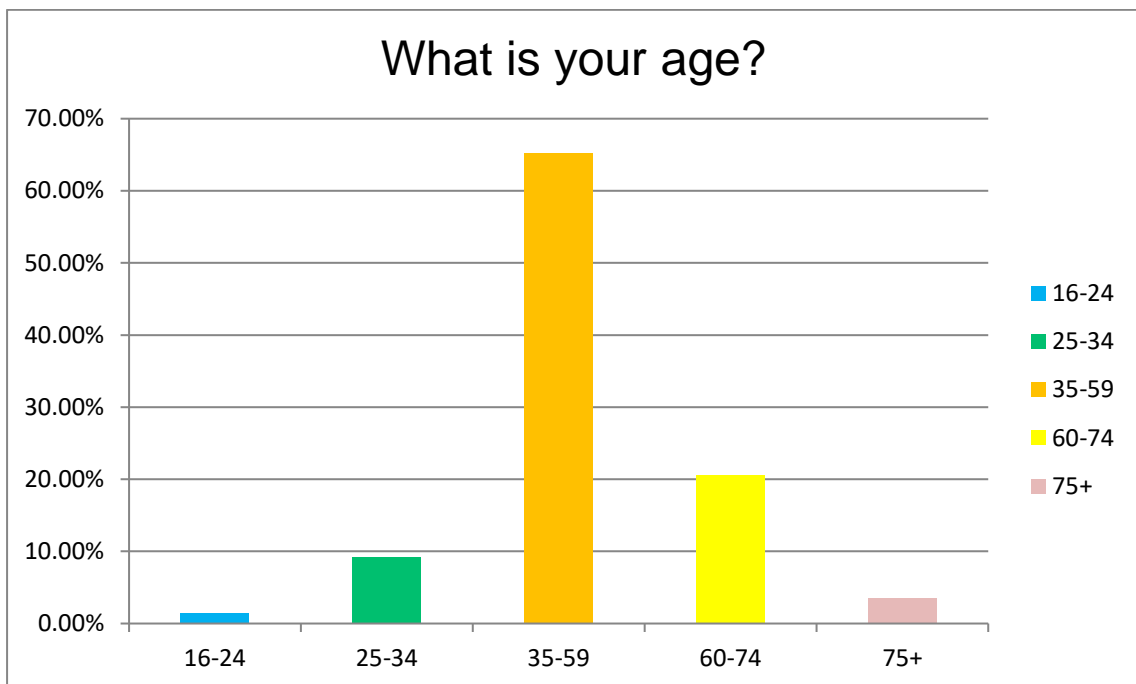
20. What is your age?

The majority of respondents 65.25% were aged 35-59 followed by 20.57% aged 60-74, 9.22% aged 25-34 and 3.55% aged 75+.

The lowest number of respondents 1.42% came from those aged 16-24.

A total of 104 respondents did not answer this question.

Answer Choices	Responses
16-24	1.42%
25-34	9.22%
35-59	65.25%
60-74	20.57%
75+	3.55%

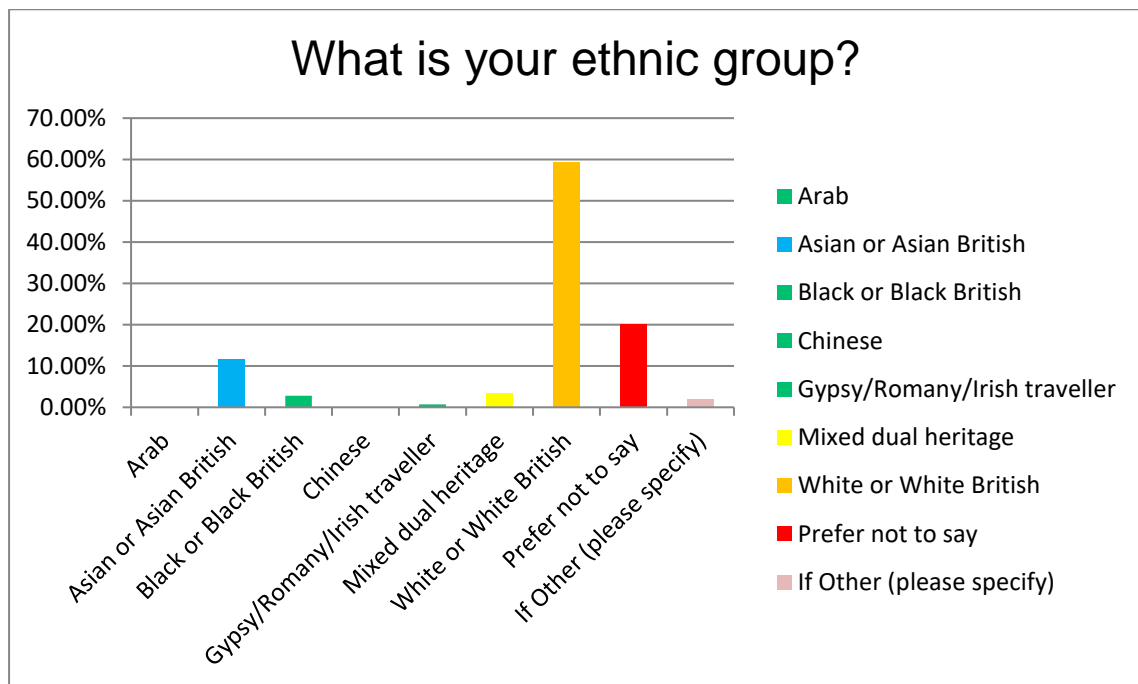


21. What is your ethnic group?

The majority of respondents 59.31% identified themselves as White or White British while 20% preferred not to say. Other ethnic groups identified include:

- Asian or Asian British- 11.72%
- Black or Black British- 2.76%
- Mixed dual heritage- 3.45%

Answer Choices	Responses
Arab	0.00%
Asian or Asian British	11.72%
Black or Black British	2.76%
Chinese	0.00%
Gypsy/Romany/Irish traveller	0.69%
Mixed dual heritage	3.45%
White or White British	59.31%
Prefer not to say	20.00%
If Other (please specify)	2.07%



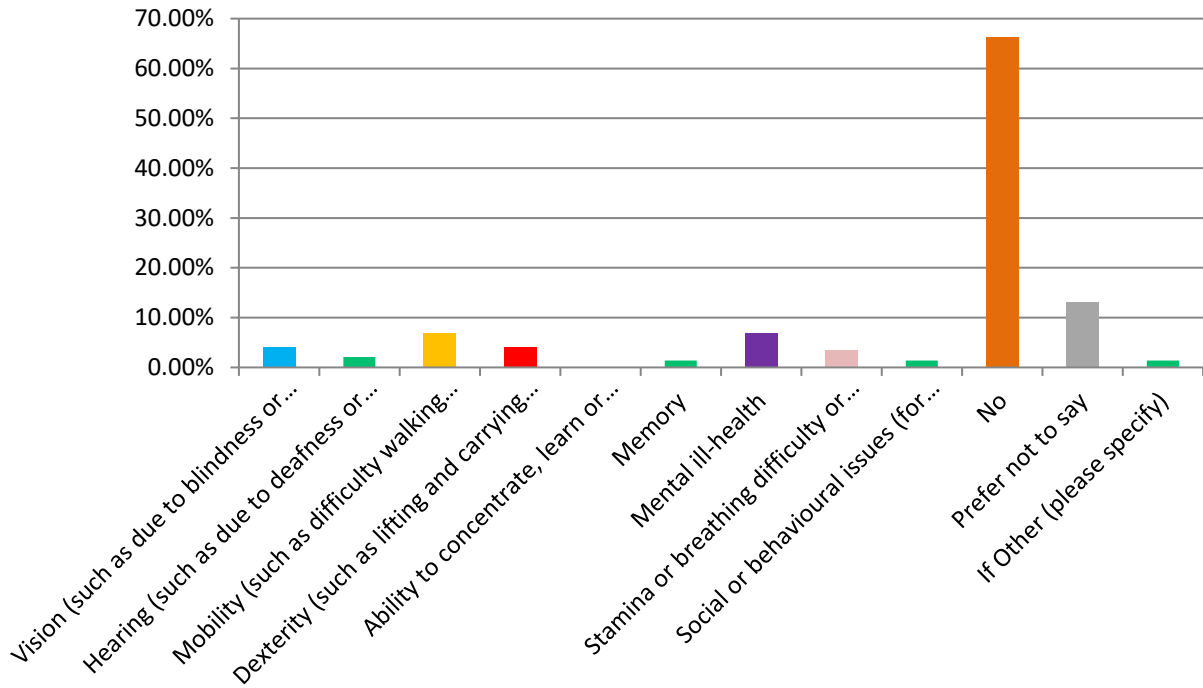
22. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

The majority of respondents 66.21% do not feel that their day-to-day activities are limited because of a health condition. The highest number of respondents 6.90% are said to have mobility issues followed by 6.90% with Mental ill-health.

A total of 100 respondents did not answer this question.

Answer Choices	Responses
Vision (such as due to blindness or partial sight)	4.14%
Hearing (such as due to deafness or partial hearing)	2.07%
Mobility (such as difficulty walking short distances, climbing stairs)	6.90%
Dexterity (such as lifting and carrying objects, using a keyboard)	4.14%
Ability to concentrate, learn or understand (Learning Disability/Difficulty)	0.00%
Memory	1.38%
Mental ill-health	6.90%
Stamina or breathing difficulty or fatigue	3.45%
Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)	1.38%
No	66.21%
Prefer not to say	13.10%
If Other (please specify)	1.38%

Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

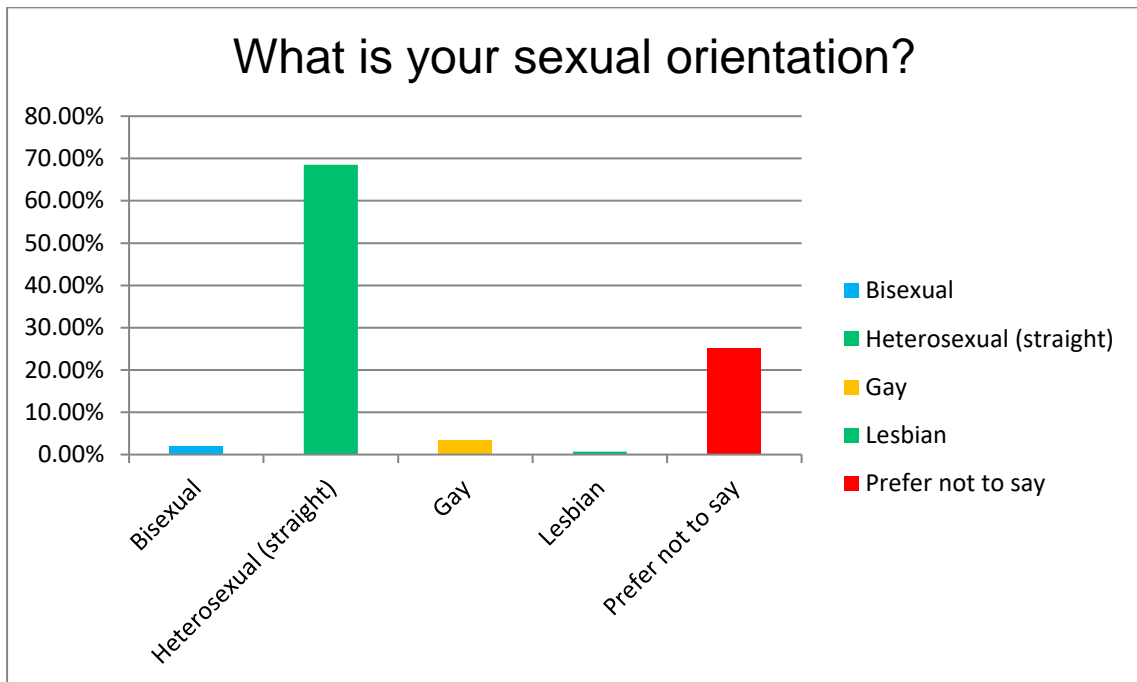


23. What is your sexual orientation?

The majority of respondents, 68.53%, considered themselves heterosexual while 25.17% preferred not to say.

A total of 102 respondents did not answer this question.

Answer Choices	Responses
Bisexual	2.10%
Heterosexual (straight)	68.53%
Gay	3.50%
Lesbian	0.70%
Prefer not to say	25.17%

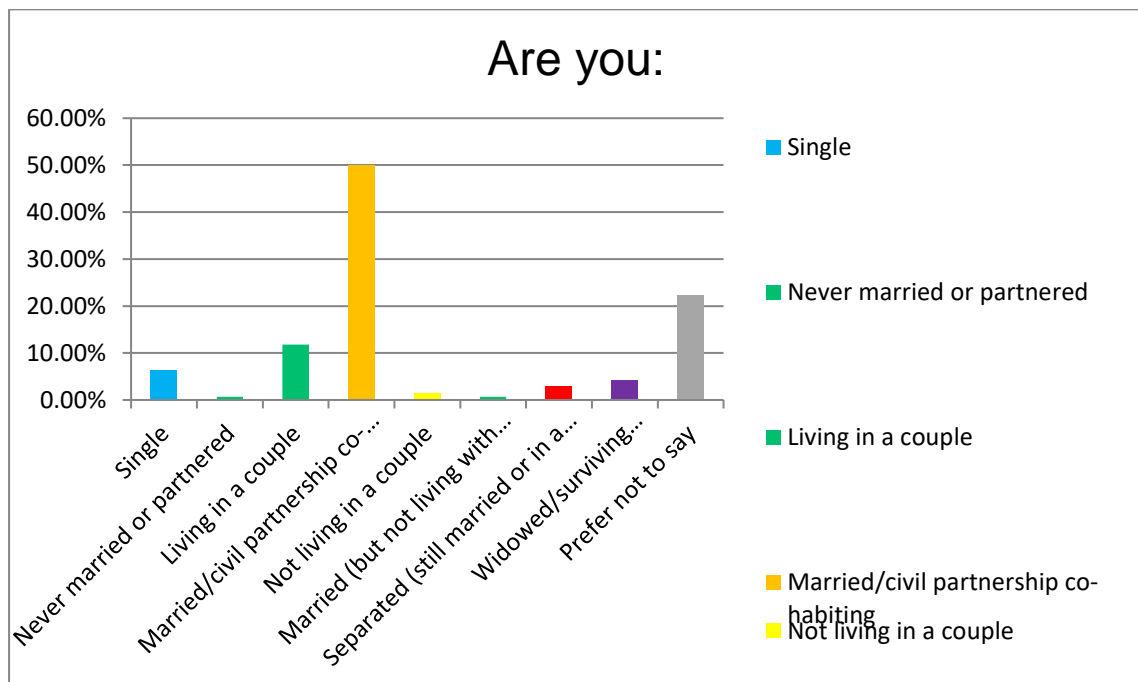


24. Are you:

One in two respondents 50% are married/live in a civil partnership or are co-habiting while 22.22% preferred not to say.

A total of 101 respondents did not answer this question.

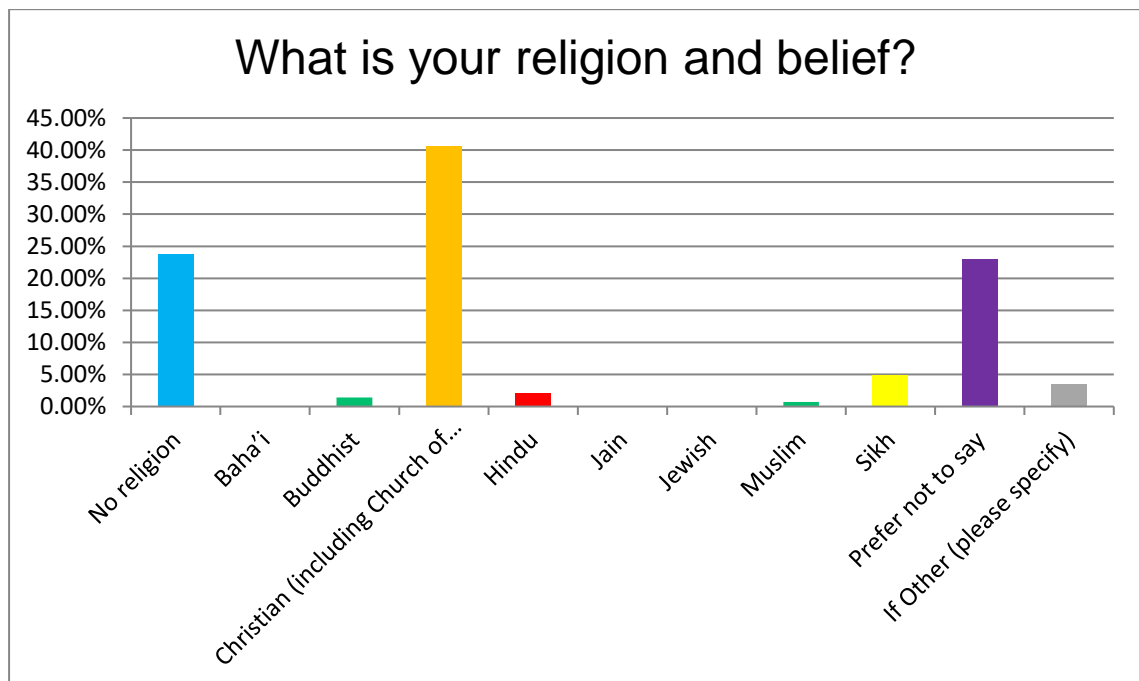
Answer Choices	Responses
Single	6.25%
Never married or partnered	0.69%
Living in a couple	11.81%
Married/civil partnership co-habiting	50.00%
Not living in a couple	1.39%
Married (but not living with husband/wife/civil partner)	0.69%
Separated (still married or in a civil partnership) divorced/dissolved civil partnership)	2.78%
Widowed/surviving partner/civil partner	4.17%
Prefer not to say	22.22%



25. What is your religion and belief?

The largest proportion of respondents confirmed their religion and belief to be Christian (including Church of England, Catholic, Protestant and all other Christian denominations) followed by 23.78% that have no religion. A further 23.08% preferred not to say while a total of 102 respondents did not answer this question.

Answer Choices	Responses
No religion	23.78%
Baha'i	0.00%
Buddhist	1.40%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	40.56%
Hindu	2.10%
Jain	0.00%
Jewish	0.00%
Muslim	0.70%
Sikh	4.90%
Prefer not to say	23.08%
If Other (please specify)	3.50%



7. Recommendations

It is recommended that this report and its findings are used before a final decision is made. Other recommendations include:

- Managing Directors to clearly explain the new place structure
- Embed voice of voluntary, community and faith based sector and patient in place-based and CCG level structures
- Have further discussions with stakeholders regarding the West Birmingham 'place' and, if a merger goes ahead, how governance and partnerships could be strengthened and service provision inconsistencies reduced or removed.
- Ensure transparency of financial and governance structures to maintain a clear understanding of whether decisions are made at CCG or place level and what funding is allocated to each place.
- Provide stakeholders and GPs with information about the implications of the proposal not going ahead. This will be particularly important for GPs ahead of their vote.

8. Conclusion

This formal conversation engagement received good levels of feedback whilst providing a rich set of data and opinions. Most respondents that took part identified themselves as patients 35.10% followed by 29.39% from staff. Of these respondents the highest number 45.05% live in Sandwell and West Birmingham whilst responses from those living in Walsall were limited (7.69%) and this should be considered in the interpretation of the findings.

In conclusion almost half of those responding to the online survey 47% either strongly agreed or agreed with the proposed merger compared to 30% that either strongly disagree or disagree.

The key areas identified include:

- Healthwatch organisations are supportive.
- West Birmingham remains an issue for stakeholders.
- Primary Care – looking for more understanding of how place will work, structures, funding, resource allocation.
- Place is a major issue – stakeholders including GPs don't want voice or clinical leadership diluted by being part of a bigger organisation.

- Embedding engagement is vital – lots of feedback about seldom-heard groups, diverse population.
- Birmingham and Solihull STP, NHS Birmingham and Solihull CCG do not agree with the proposal and request that the Perry Barr and Ladywood constituencies of West Birmingham are repatriated to NHS Birmingham and Solihull CCG.



Appendix Two

Understanding the benefits of a single commissioning organisation

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
- Influence at neighbourhood, place and system with clear ways to get involved

CCGs

- Larger organisation with room for development and career progression for our staff
- Builds on work already in place, removes uncertainty for our staff
- 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

For our GP members:

- Clear role for PCNs 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

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Views incorporated from TOG members	19th Oct 2020
Public/ Patient View	Feedback from Conversation	
Finance Implications discussed with Finance Team	Discussions held via SMT	
Quality Implications discussed with Quality and Risk Team	QIA will be commence following application	
Equality Implications discussed with CSU Equality and Inclusion Service	Initial EIA has been completed on the proposal (but not the change)	
Information Governance implications discussed with IG Support Officer	N/A at the moment	
Legal/ Policy implications discussed with Governance Teams	Governance Teams Across all 4 CCGs	
Other Implications (Medicines management, estates, HR, IM&T etc.)	HR: As part of the Inter-Operability Group	
Any relevant data requirements discussed with CSU Business Intelligence	N/A at the moment	
Signed off by Report Owner (Must be completed)	Mike Hastings	