

# The future for CCGs in the Black Country and West Birmingham

## Listening Exercise

Laura Broster  
Director of Communications &  
Public Insight



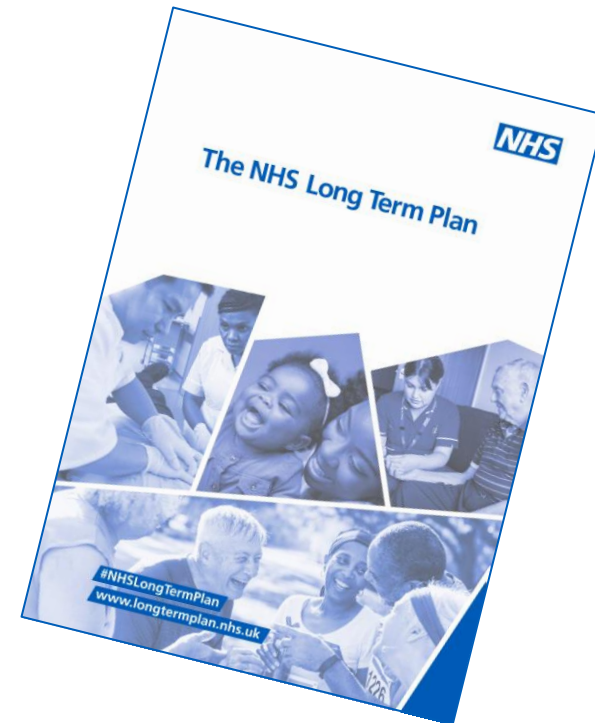
# Current position

- We currently have 4 CCGs in the Black Country and West Birmingham serving 1.2 million people
  - NHS Dudley Clinical Commissioning Group (320,000 population)
  - NHS Sandwell and West Birmingham Clinical Commissioning Group (xxx population)
  - NHS Walsall Clinical Commissioning Group (xxx population)
  - NHS Wolverhampton Clinical Commissioning Group (xxx population)
- A collective budget of over £2 billion
- The 4 CCGs manage contracts with our main hospital, community, mental Health and Primary Care providers
- There are 5 Local Authorities
  - Dudley Metropolitan Borough Council
  - Walsall Metropolitan Borough Council
  - Sandwell Borough Council
  - Wolverhampton City Council
  - Birmingham City Council
- We have 1 Sustainability and Transformation Partnership with 18 partner organisations



# Background and context

- NHS **Long Term Plan** published January 2019
- Real focus on **collaboration**, moving away from market, competition and transacting
- ‘...CCGs will become more **strategic, leaner organisations...**’
- ‘... There will be **one CCG** per STP/ICS area by March 2021 ...’
- **Integrated Care Systems** are the policy focus



# Changes to commissioning

- Greater focus on **strategic commissioning**, less on detail of pathway design
- **Population health management** principles
- Bigger geographical footprint and larger population
- Promote **partnership working** with local Government, NHS providers and other partners
- Support **Primary Care Networks** to develop
- Refocus some of the **clinical leadership and input**
- Develop **place based models of care** to focus on improving health outcomes for people in each of the 5 places



# Place Based Care

Our health and care needs are changing, with more people living longer often with multiple long term conditions. Partnerships are being formed in each of the 5 places, between the NHS, local government and the third sector to integrate care and better meet health and care needs now and in the future.



## Wolverhampton and Walsall

### Wolverhampton

Integrated Care Alliance Wolverhampton

#### What is the vision?

The development of a health care alliance across Wolverhampton with a focus on a place based model

#### Who is involved?

City of Wolverhampton Council, Black Country Partnership Foundation Trust, Wolverhampton CCG, The Royal Wolverhampton NHS Trust and local GP practices. Also, Healthwatch and Local Medical Committee representatives

#### How will it work?

The system-wide alliance will be clinically led and will focus on shifting resources out of hospital to support more patients at home and in their communities and health promotion and disease prevention

#### Population size

Approx. 256,000 people



### Walsall

Walsall Together

#### What is the vision?

To develop an integrated health and care alliance for the delivery for place-based services

#### Who is involved?

Walsall GP practices, Walsall Borough Council, Walsall Healthcare NHS Trust, One Walsall, Healthwatch, Dudley & Walsall Mental Health NHS Trust and Walsall CCG

#### How will it work?

An alliance model with shared governance and integrated management will provide place-based services. Currently, a host provider model is the preferred option for the alliance which will be phased in over three years.

#### Population size

Approx. 272,000 people



## Dudley

Dudley Multispecialty Community Provider (MCP)

### What is the vision?

To integrate primary and community care within a single organisation and to improve access, continuity and coordination of care

### Who is involved?

Dudley CCG and Dudley Metropolitan Borough Council are leading the procurement of Dudley MCP in dialogue with partnership of four local NHS trust and local GPs

### How will it work?

The model is based on an ethics of “community where possible, hospital where necessary” by creating a network of GP-led health and care teams. network will focus on co-ordination of care across the system

### Population size

Approx. 316,000 people



## Sandwell

What is the vision?

Healthcare without boundaries

### How will it work?

By giving patients and the wider population the opportunity to benefit from healthier lifestyle and designing services to meet the needs of the local population.

### Who is involved?

Sandwell council, Sandwell GP practices, Sandwell and west Birmingham Hospital, Black Country foundation NHS partnership Trust, Healthwatch, SCVO

### Population size

Approx. 575,000 people (all together)

## West Birmingham

What is the vision?

Providing greater integration between all providers including primary, community, mental health and independent providers to shift care closer to home, improve patients experience to provide seamless and timely services and take lessons learned from the vanguard

### How will it work?

Focus on keeping local people well and tackling underlying causes of ill health, inequality and vulnerability.

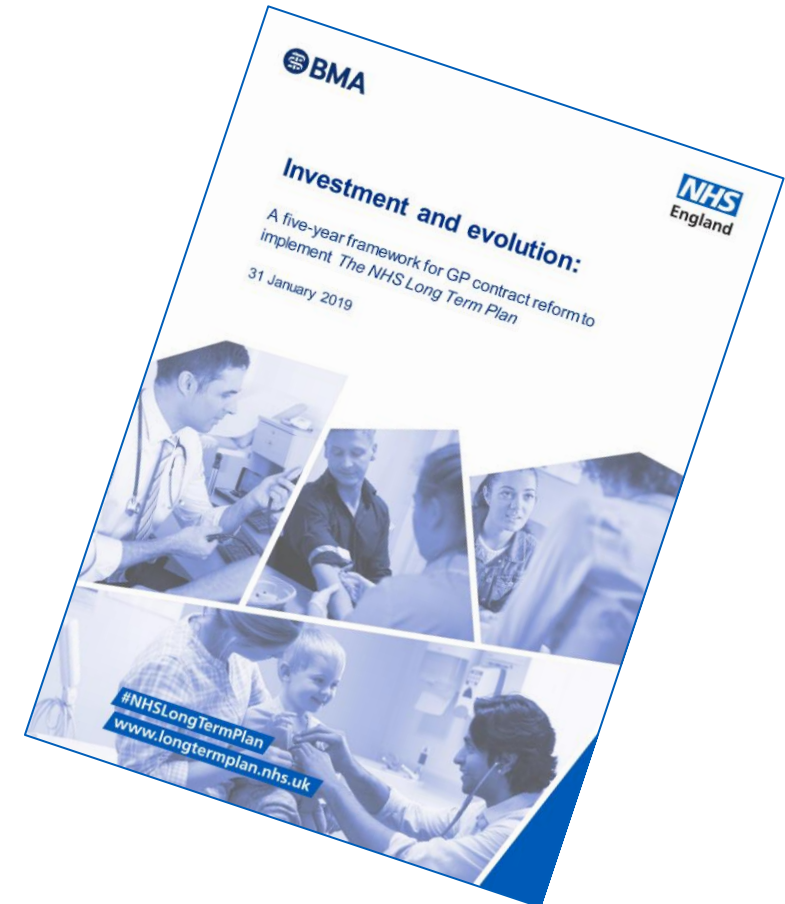
### Who is involved?

Birmingham and Solihull mental health partnership trust, BVSC, Healthwatch, West Birmingham GP practices, Birmingham Council



# Primary Care Networks

- Also published in January, **£4.5 billion extra** (nationally) for primary care over 5 years to fund 20,000 additional staff.
- Two main aims –
  - **bringing GP Practices together** in networks so they can support each other and increase resilience
  - **Create an infrastructure** for the alignment of community health resources
- In the Black Country and West Birmingham **we have 34 Neighbourhood Teams** serving communities ranging from **xxx** pop to **xxx** pop





# Key Question for CCGs...

- The 4 CCGs will have a single Accountable Officer and a single Management Team
- The question that we are now exploring is, **'if we move to a single CCG what would good look like?'**
- The Governing Bodies of the 4 CCGs want to hear your views to inform a formal consultation process
- The feedback you give us during this listening period will go to CCG Governing Bodies in November



# What do we think the main benefits might be of moving to a single CCG?

## Patients:

- Single commissioning policies so reduced **'postcode lottery'**
- **Less fragmentation** of NHS organisations
- Reduced variation in quality of care
- Ability to drive **improved care** from providers

## Staff:

- Larger organisation **more resilience** and **reducing duplication**
- Builds on work already in place, **removes uncertainty** for staff

## CCG Organisations:

- Increased **financial resilience** through risk sharing
- 20% **reduction in management costs** spend, reduced duplication

## Partners:

- **Strategic focus for commissioning**, easier to engage at Black Country and West Birmingham Level
- Maintain the opportunity to engage at **Neighbourhood** (PCN) & **Place** (ICS)
- Supporting the move to an **Integrated Care System**



# What do we think the main issues might be of moving to a single CCG?

- How would we ensure any change doesn't negatively impact on 'business as usual' performance?
- How would we retain local knowledge and insight to best serve local population need?
- How would we work with partners in each of the 5 places?
- How would we support our GP Membership in each place?
- How would we support staff through any changes?
- How would we ensure public accountability, openness and influence of decisions taken?



# Options and Processes

- There is **predefined national policy**
- Decision to merge CCGs is for **NHS England**
- Preferred option of the four CCGs is to proceed with a formal consultation to seek views on the proposal to **merge in April 2021**
- Your views now will **inform** that **consultation**
- **This is your opportunity to tell us:**
  - What do you **value** from the current CCGs?
  - What would **good** look like to you in terms of future CCG arrangements?
  - How would you **feel** if the CCGs merged?
  - What would be your **concerns**?
  - How might these concerns be **resolved**?
  - What **questions** would you want **answered** before you could **decide** if it was something you supported, Or not?
- **Help us to respond to your questions/ concerns/ issues**



**Questions**

