FUTURE FORM LISTENING EXERCISE

ENGAGEMENT FEEDBACK

October 2019

Contents Page

APPENDICES

1. Background

In January 2019, The NHS published their 10-year strategy called *The NHS Long Term Plan* www.longtermplan.nhs.uk this detailed a new model of care for the 21st century. The plan outlined how people would get more control over their own health and more personalised care when they need it, defining the priorities of care quality and outcomes improvement for the decade ahead.

The NHS plans to provide more joined up coordinated care and *The NHS Long Term plan* outlines how after 3 years of testing alternative care models through integrated care 'Vanguards' they are taking their learnings to redesign community services everywhere, to achieve person centred care supported by people managing their own health. A key element being community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices, resulting in fully integrated community-based healthcare.

As well as defining a more joined up community service, *The NHS Long Term Plan* defines how local NHS organisations will increasingly focus on population health, on prevention and health inequalities, and importantly moving to integrated care systems everywhere. NHS have stated that Integrated Care Systems (ICS) are central to the delivery of the long-term plan and define the role of an ICS is to bring together local organisations to redesign care and improve population health. The plan placed an emphasis on collaboration stating that Clinical Commissioning Groups (CCGs) will become more strategic, leaner organisations. And that typically there will be one CCG per Sustainability and Transformation Partnership (STP)/ Integrated Care System (ICS) area by March 2021.

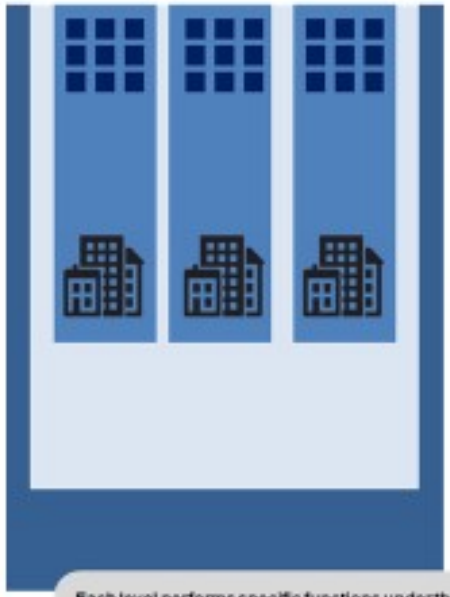
This new NHS strategy is significant to Clinical Commissioning Groups (CCGs). Locally four separate CCGs exist independently and collaborate with system partners across the Black Country and West Birmingham within a Black Country and West Birmingham Sustainability and Transformation Partnership (STP). In addition, for Sandwell and West Birmingham, who additionally partner within the Birmingham Solihull (BSOL) STP.

This new strategic direction from the NHS has necessitated that the leadership within the 4 Black Country and West Birmingham CCGs look at their own strategic direction. Importantly, to consider how they can work together to focus on collaborating to design care, to focus on the outcomes of improvements to population health, on prevention and health inequalities, with the aim being to enable the local population to live healthier for longer.

See table below – NHS England and NHS Improvement overview of the levels up to and including Region, with population sizes within an Integrated Care System (ICS)

Neighbourhood, Place, System, Region, and the purposes of what is carried out at each level.

ICSs carry out tasks at the appropriate geographical scale – NHS E & I



Level	Population size	Purpose
Neighbourhood	~50k	• Integrated multi-disciplinary teams • Strengthened primary care through Primary Care Networks – working across practices and health and social care enabled by Network Contract DES • Proactive role in population health and prevention
Place	~250-500k	• Typically council / borough level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+m	• System strategy & planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources
Region	5-10m	• Agree system objectives • Hold systems to account • Support system development • Intervention and improvement

Each level performs specific functions under the following common headings

1. Leadership, engagement and workforce
2. Population health management
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

Future Organisation of the Black Country and West Birmingham CCGs

In January 2019, a paper titled *'Future Organisation of the Black Country CCGs'* was written by the three Accountable Officers responsible for the 4 Clinical Commissioning Groups in the Black Country and West Birmingham.

The report acknowledged the following in relation to the longer-term position of the Black Country and West Birmingham CCGs

The general consensus of the group is that it will be necessary for our CCGs to formally come together in order to establish a single commissioner leadership, working on behalf of all the CCGs, within the future Black Country ICS.

We recognised that we must not lose the local work and local relationships that we have built up and that having commissioning which is both relevant and close to local provision in each of our areas will continue to be important in the Black Country. This is especially true for our place-based arrangements including our work to date with local authorities through the various Better Care Fund arrangements. However, on a STP/ICS footprint we will be increasingly required to take a strategic approach to the commissioning of acute services and to develop a role in assurance and oversight of the whole system.

As the STP/ICS develops, it will have an increasing need for management resources and many of the programmes of work that are being mandated by NHS England are being measured on an STP and not CCG footprint. We need to work with our teams to ensure that they are aligned to this new way of working and that the STP/ICS resources are as closely aligned to the shared CCG resources as possible. This will avoid duplication and keep administration costs to the minimum required.

Paul Maubach, Dr Helen Hibbs and Andy Williams, the Accountable Officers of the CCGs at the time, each submitted this paper to their respective CCGs Governing Body and requested approval for

- The three phased approach to improving collaboration between our CCGs, including the appointment of a single Accountable Officer and a single CCG team in 2020/21
- The establishment of a Black Country and West Birmingham Transition Board.

The following is the extract from their report setting out a **3-phase approach**:

Phase one:

During 2019/20 the CCGs will continue to prioritise the development of our local placed-based arrangements and our working in partnership in our local systems, local councils and providers. We will also need to collaborate with each other in order to ensure that there is alignment between the way in which our local systems develop where this both appropriate and possible; with a clear understanding of where there are significant differences and – if those differences are likely to present future difficulties – what mitigations might need to be developed to enable closer working in the future.

We will also continue to collaborate through our joint working with our Joint Commissioning Committee and as part of our Black Country and West Birmingham STP.

We will expect the Sandwell and West Birmingham review to reach a conclusion during this time as it clearly has a significant bearing on the future partnership arrangements between the CCGs in the Black Country.

Phase two:

During April 2020/21 we will strengthen our formal collaboration (between the 3 or 4 CCGs depending on the outcome of the Sandwell & West Birmingham position) by appointing a single Accountable Officer and a single CCG team working across the three/four CCGs.

This process will also incorporate the integration of STP resources and capabilities with the single CCG team to ensure full alignment and minimal duplication between the CCGs and the STP.

To be clear: our proposal for 2020/21 is to maintain four CCGs with one Accountable Officer and one CCG team because it is important to maintain our identity with our local places. It is not our proposal to establish a single Black Country CCG.

Phase three:

This will then enable the full working of a Black Country ICS incorporating a single commissioner from April 2021. As part of this, the four CCG Governing Bodies will have to agree the mechanism by which they collaborate to enable the Accountable Officer and CCG team to work as one, with one voice, on joint matters that relate to the Black Country ICS agenda and responsibilities.

This paper was duly considered within the private sessions of each of the four Black Country Governing Bodies, and in principle approved. This led to the formation of the Black Country & West Birmingham Transition Board in the early part of 2019.

Staff Communication

In order to keep staff appraised of what was happening an earlier communication was sent to all staff on Monday, 17 December 2018, which was followed up by staff briefings in each CCG, led by each Accountable Officer. The staff brief stated:

We are agreed that we want to achieve a shared vision of an Integrated Care System (ICS) for the Black Country by April 2021, and as a consequence we are developing a 3 phased approach working towards a single ICS and local place-based provider arrangements; with shadow arrangements in 2020/21; and with 2019/20 as our transition year. This vision of the ICS in 2021 is consistent with the timetable that has been agreed with Birmingham to work through the future of West Birmingham.
We recognise that one of our core strengths is the strength of our places, and the relationships which have been built between individual local authorities and CCGs. We affirm that even in the long-term we see a strong role for placed-based commissioning and joint-working with local authorities. However, we also recognise that in areas such as workforce, developing our digital capabilities, and improving our acute services, there is value in us working together as a system.

Over the next few months we will be establishing a Transition Board to lead this process, supported by a Programme Director and team. In line with this timeline, we will be engaging in a shared dialogue with all our partners, local communities and you, our staff, across our four places.

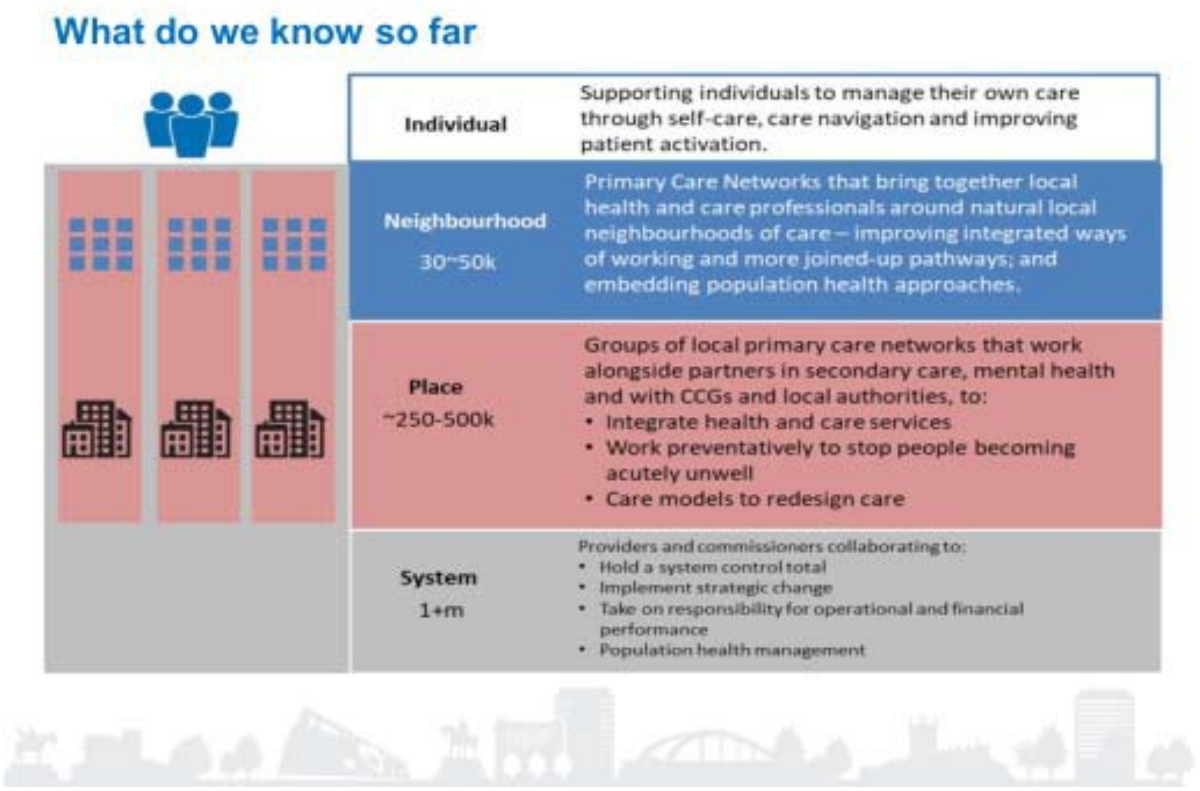
2. Introduction

Regulatory Context

The Long-Term Plan describes the activities that will take place at each of the 'levels'. CCG's collaborating at System level with Providers in an Integrated Care System. With system holding a system control total, implementing strategic change, taking on responsibility for operational and financial performance and population health management.

Understanding *The NHS Long Term Plan* and how the commissioning environment will continue to evolve is shaping the way that CCGs will operate in future.

The NHS Long Term Plan sets out an intention for Integrated Care Systems (ICSs) to cover the whole country by April 2021. It states that: *'Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level… CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.'*



The plan says that by 2020/21, individual CCG running cost allowances will be 20% lower in real terms than in 2017/18 and CCGs may therefore wish to explore the efficiency opportunities of merging with neighbouring CCGs. It is in this context that the Black Country and West Birmingham CCGs have taken steps to explore their future form. There are legal frameworks guiding these steps. Each CCG Constitution sets out the arrangements for seeking the views of GP Members in any decision of this nature including whether a vote is required. Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions. It is also acknowledged that there are many other stakeholders who have an interest in

any CCG constitutional change of this nature and these were mapped out (See Appendix 1 – Stakeholder Map)

The latest NHSE Guidance states that CCGs must demonstrate how a merger would be in the best interests of the population that the new CCG would cover. The guidance details the steps which CCGs would need to take if they were considering a formal merger of CCGs and these include the extent to which the CCGs have sought the views of stakeholders and how they have been taken in to account. The Transition Board determined the starting point in this context would be to design a listening exercise

The Black Country and West Birmingham Transition Board

The Black Country and West Birmingham Transition Board was formed at the beginning of 2019. The membership at the beginning comprising of the 4 Chairs and the 3 Accountable Officers together with a Lay Representative of each CCG.

When the Transition Board first met, it was important to define the Terms of Reference, and to have each CCG Governing Body approve these.

The terms of Reference set out the purpose of the Transition Board as follows:

- *To support the CCG Governing Bodies in developing proposals for the establishment of a single CCG team from April 2020 to be agreed by the Governing Bodies.*

- *To develop and monitor the implementation of a milestone plan that will lead to the establishment of a single CCG team across the CCGs in line with proposals agreed by the Governing Bodies. This plan should be aligned to the timing of the production of the STP long-term plan and will include undertaking an options appraisal on whether a CCG merger would be beneficial.*

- *To reflect on comparative progress by each CCG in the development of their local placed-based arrangements with the intent of identifying any implications that may need to be taken account of in the plan for establishment of the single CCG team.*

- *To ensure that STP/ICS development is taken into account in the work of the transition board.*

- *To establish and enact a communications plan to ensure consistency of approach across all the CCGs in engaging with CCG staff and other stakeholders on the future plans for the CCGs*

The Terms of Reference (TOR) set out how the Transition Board would operate the meeting and chairing arrangements, which reflect that of the Joint Commissioning Committee; the voting rights being one for each member; and how it would make recommendation to the Governing Bodies.

Why a Listening Exercise? - To listen and understand before acting.

This was a focused exercise undertaken with the intention to listen to what people had to say, hence the name given to the engagement work. The listening exercise was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS; it was not designed or intended to be a formal consultation with stakeholders. This engagement was not attempting to address the organisational design or development of the single CCG team. Equally, the listening exercise was not proposing to make changes to existing patient services. What the listening exercise has enabled is for all members of staff, public stakeholder groups and the entire GP Membership to engage with the CCG Governing Bodies.

It is a valuable piece of work and this report demonstrates the commitment of the Transition Board to be transparent and to share the insight gained from the Listening Exercise.

3. Engagement Approach and Methodology

It is important to ensure the correct people are involved at the right stage of any proposed changes. Stakeholder participants to the listening exercise were identified. (See Appendix 1 - Stakeholder Map). In addition, the reasons why these groups were selected, and the aims of the engagement were captured. (See Appendix 2 – Stakeholder Groups – Aims and Reasons)

The guiding principle of our messaging is to be straightforward with our dialogue, designed so that we are not overly simplistic, patronising or defensive, promoting respect and recognising the experience and importance of involvement of our audiences.

The knowledge and insight gained from the listening exercise is to be used to shape key messages in any future engagement that follows.

The key communication and engagement priorities we established were:

- To communicate the case for any change across the Black Country and West Birmingham
- To seek views of stakeholders on any proposal before decisions are made to ensure all factors have been considered
- To understand what the barriers / unforeseen consequences may be that would need to be considered
- Engaging local stakeholders to build a vision for the future, ensuring that they are involved in decision making; and
- Adherence to legal duties and to follow the Gunning Principles:
    a. To seek views when proposals are still at a formative stage
    b. To give sufficient reasons for proposals to permit 'intelligent consideration'
    c. To allow adequate time for consideration and response
    d. Views expressed must be conscientiously taken into account

The 4 CCG's approach was the same. To facilitate the listening exercise a presentation was designed. The same content was shared with all groups, with each CCG contributing additional local information that explained the local and national context in which change is being considered. (See Appendix 3 – Listening Exercise Presentation)

The presentation covered an outline of the options that have been considered by The Transition Board, (See Appendix 4 – Options Future Form) what the case for change might include for a move towards a single CCG what some of the challenges might be in forming a single CCG.

To support the discussions held and enable us to report on the views of stakeholders, we asked people to consider the following with regard to future CCG arrangements:

- What do you value from the current CCGs?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions would you want answered before you could make a decision?

Four Staff events were held, supported by Human Resource colleagues, staff were offered the opportunity to attend any of the locations regardless of their normal place of work. 355 staff

participated in one of the listening exercises. Staff were encouraged to share their views and concerns and as with all groups, provide any supplementary feedback within the sessions.

Five external stakeholder events were held in each 'Place' led by members of the Communications and Engagement Teams, with a total number of 74 attendees from across a range of representative groups.

The groups invited to attend the external stakeholder events were as follows:

- Patient representatives
- Representative from governors at local acute, community, mental health trusts
- Health and Well Being Board colleagues
- Health and Adult Social Care colleagues
- Overview and Scrutiny Committee colleagues
- Healthwatch colleagues
- Voluntary and Community Sector colleagues
- Local ward Councillors
- Statutory Sector Partners e.g. local councils, other CCGs
- GP colleagues from other CCGs
- Other key influential partners in place

Seven Members events were held for GP members led by Primary Care colleagues across the whole footprint of the Black Country and West Birmingham CCGs, with 155 individuals contributing their insight and concerns.

Each individual piece of feedback has been collated using a feedback form. (See Appendix 5 – Feedback Template Forms). The responses are grouped by stakeholder and by CCG location. (See Appendix 6 – Individual Feedback by CCG / Stakeholder Group.

4. Engagement Feedback

Table depicting the number of attendees at each event

	Dudley	Walsall	Wolverhampton	Sandwell & West Birmingham	Total number of attendees by Stakeholder Group
Staff	50	45	80	180	355
GP Members	70	46	30	9	155
Stakeholders	8	5	10	51	74
Total number of Attendees at each CCG event	128	96	120	240	584 Attendees in Total

Common Themes across the CCG's

The shared common themes across the groups are that relationships have taken time to nurture and need to be retained and that a local voice and presence is very important.

GP members are enthusiastic about keeping the financial envelope with their CCG and retaining a voice and influence. They would like to protect the progress they have made with their Primary Care Networks (PCN's) and want to keep their local Primary Care commissioning arrangements that they have helped develop for their local population.

GP members in Dudley feel especially supported by their CCG and SWB members are passionate about holding onto West Birmingham.

As well as local relationships, CCG staff value their culture, identity and organisational heritage. There are concerns regarding job security, office location and staff benefits. Dudley staff thought loss of morale and the stability of the MCP were risks.

Local relationships and local voice were a concern for stakeholders and patients. They did not want to lose what they did well as a local healthcare economy and wanted to be engaged with at every step of the way.

CCG Staff	
Similar Themes	
• We have good team relationships within the CCG's, and we do not want to lose them • Keep the identity and culture of the CCG's • Keep the relationships with local providers, parents, carers, voluntary sector • Hold onto the organisational intelligence & memory • CCG's reputation (which has taken years to build) may be lost • Confusion on what is meant by a single management team • Worry about redundancy, changes of role, pay banding and the 20% cut • Location of offices (everyone wants to stay where they are) • Keeping staff benefits (training, development, flexible working and progression opportunities) • Every CCG is proud of their achievements and see other CCG's as performing less well	
Differing themes	
Dudley	• Morale and the existing relationship and roles with the MCP

GP members
Similar Themes
• Want to keep the staff that have a relationship with (We know who to contact) • Keep the CCG as it is, we like things the way they are • Merging will dilute our success • We do not want to lose the 7 years of relationships we have built with partners as a CCG

• Keeping the funding within the CCG – there is a fear across the board that other CCG's do not manage their finances as good as "we" do • Fears of losing influence, voice and control • These changes are a threat to the emerging PCN's • A feeling by all CCG's that "we" are unique • Want to keep their local LES/DES/ Primary care commissioning arrangements

Differing themes	
Dudley	• Do not want to lose good support for GP members from the CCG
SWB	• Merger/reorganisation is a big distraction and unproductive • A strong feeling that we want to keep West Birmingham

Of the GP Membership events held, Walsall utilised Locality Events, holding one in each – North, South, East and West. This resulted in a high level of attendance with 39 different GP Practices of their 52 Practices represented, and 46 people in total. This represents 75% of their GP Voting Membership

Dudley achieved a 63% member representation with GPs from 27 different practices of their total 43 Member Practices

Wolverhampton had 30 people attend, representing 13 different Practices, from their total of 40 Member Practices, this equates to 32%

Sandwell and West Birmingham (SWB) reported a very high level of engagement despite the low number of attendees with 10% of their Practices present at the Members event. 9 GPs present from 8 different Practices, from a total Membership of 81. It should be noted that different circumstances surround the SWB cohort of GPs, and interestingly all 5 West Birmingham PCN's attended.

Stakeholders and Patients
Similar Themes
• We value our relationships and trust locally that has taken time and effort to build - and want to keep these • Keep communicating with us • Keep the CCG finances for our CCG • Listen to the voice of the patient/public • Keep good relations with Local Authority and the VCS • Do not want to prop up other CCGs who haven't managed so well in terms of finance and performance • Concerned we will lose influence • Bigger is not seen as better • Resources need to be protected.
Differing themes
None

Of those Public stakeholders invited, 10 attended in Wolverhampton, 8 in Dudley, 5 in Walsall and 51 in Sandwell and West Birmingham. From the comments made within the Public groups, there was confusion that any change in future form would mean a change in service provision, and that this could directly affect patients.

Following the events held with external stakeholders, two written pieces of communications were received within the CCGs. In each case, the individual concerns and questions raised were discussed at Executive level and individually responded to by the CCG involved.

Paul Maubach met with the senior representatives of the organisations who had raised concerns to Sandwell and West Birmingham CCG, to listen to their concerns and provide a response to the issues raised. Clarity was given around the purpose and context of the engagement events held and confirmation provided that these were part of a listening exercise and not a formal consultation.

Wolverhampton CCG received a letter from a member of the public involved with public participation groups, concerned that a proposed merger of CCGs was taking shape without the involvement of the public. It was confirmed that city council representatives, local patient participation groups and disease specific groups had been invited to the listening exercise. With members from some of these groups attending and contributing to the external stakeholder event. Clarity was provided on why the events had been held; confirming that the engagement exercise was designed to listen to local voices around the future form of the CCGs and was not an element of formal consultation about a merger.

5. Findings and Sample Comments

Measurement of communications and engagement outcomes took place throughout the process to ensure that we remained aligned to the delivery to our goals. Evaluation allows us to: improve the effectiveness of our activities, adapt our approach as situations change, and allocate our resources appropriately. This evaluation can then be summarised in to findings.

Effectiveness of the communications and engagement activities were measured by:

- The number of stakeholders who engage in the events/ submit views
- The overall number and range of responses;
- The number of survey response aligned to the demographic profile of the Black Country and West Birmingham

Across all CCGs in all groups, there was a strong and recurring emphasis on local identity, including relationships, reputation, organisational culture and intelligence, knowing who to go to and a focus on the local population. There has been a real sense of pride in what has been achieved locally which people are keen not to lose sight of. *'recognise CCGs plus points and bring others up to the same level rather than bring everyone down one level, e.g. performance currently each CCG specialising in one area'*. Strongly expressed was a feeling that 'their own' CCGs could end up taking on baggage from other CCGs who were perceived as failing financially or lacking in performance or standards. *'why should we prop up CCGs who haven't managed so well?'*

Again, all groups thought there was uncertainty around a single CCG. The terms single management team and single management structure have been used interchangeably, *'what do we mean by single management team'* and people are asking for clarity on what a new vision could look and feel like and what it would mean for all concerned. Asking how would it work and what is the vision? The options that were presented as part of the paper were seen as mostly already discounted with only a couple of viable ones. *'what are the risks and benefits of the options – we need more information'*

A solution for this could be the desire for strong, clear and visible leadership. Many citied this as being key to success with concerns that a smaller leadership team could be diluted and almost invisible. *'Importance of leadership visibility and access – will leaders in a single management team know all of their team members – staff are more than just a number'.*

It was acknowledged that change could offer opportunities for better collaboration, staff engagement and provide training, development and possibly promotion.

Timing was also an issue. How quickly would changes be taking place and how would this affect staff that were already earmarked for other organisations such as the MCP? *'are the timeframes realistic and will timescales be communicated at each stage'* and *'how will the MCP affect the change process'*

Some staff also felt that the listening exercise was just lip service. What decisions were they being asked to make, what could they influence, and would it make a difference anyway because ultimately the vote would be with members if it went to a formal consultation? *'concern I don't really have any influence over decisions'*

Stakeholder groups focussed on ensuring that they are given a voice *'be clear on structures and where patients have influenced local service design'* and listened to and it was clear that they valued their relationships locally. They felt they were held in high esteem and had spent time building networks and relationships. It was felt that if the CCG became too big it could lose sight of what mattered locally and there could be a disconnect. *'too big loses focus'*

Members recognised that they not only worked differently within all CCGs but localities in some areas also had different ways of working. There were concerns over diluting their voice and the influence they had but also recognition that as a wider voice they could have more influence over secondary care. There was concern that GP could become even more disenfranchised and disenchanted and this would lead to an increase in GPs retiring early when we already have a diminishing workforce. Members also appreciated good clinical leadership.

Questions were raised around the voting process, power and influence being taken from local stakeholders and the importance of the local relationship.

6. Conclusion

Engagement and feedback within the Listening Exercise was well received and appreciated and from this viewpoint, it can be judged as a successful program of engagement. Meetings were held in good

and therefore, any formal engagement process will be well served from the information this exercise provides.

It is worth noting that although the same message has been delivered to all stakeholders, that there is a requirement to tailor future content for the relevant audience, providing the right overview with level of context and detail of information to reflect the needs of the stakeholder groups. Different groups have mixed the messaging within the listening exercise with other issues they are currently focused on. Answering the all-important 'why' is different for each stakeholder group.

There is no single overwhelming preference for any one single option, from the discussions held within many groups, a definite interest was expressed in exploring those options that achieved a single commissioning voice, through exploration of a streamlined governance structure and a single operational management team, but did not create a single CCG. The strong concerns expressed over locality, led contributors to seek a solution where local identity and 'Place' would be retained, but with the benefits of close collaboration.

Whilst it is evident that with all 4 CCGs performing well it is also clear from comments made within the meetings that there is an acknowledgement and acceptance that the CCGs would be better served in the future through closer collaboration and a clear interest exists in what this might look like and how it can be achieved.

7. Next Steps

Since the agreement to proceed with the plans outlined in the *'Future Organisation of the Black Country CCGs'* paper and the formation of the Transition Board, the four CCGs have been working more closely together, supporting the work of the Transition Board, enabling the progression of the aims set out in the *'Future Organisation of the Black Country CCGs'* paper.

Following the appointment of a Single Accountable Officer, Paul Maubach, work is now being undertaken to develop the plans to create a single CCG team. This work will be developed and undertaken by the Human Resources Team supporting the Accountable Officer. It is accepted that this can only happen after the appointment of a Deputy Accountable Officer and a single HR Director for the whole of the Black Country and West Birmingham is in place. It is recognised by The Transition Board how important effective communication is, and staff and relevant stakeholders will be kept informed during this period of change.

Work to support the development of the 3-phase plan set out by the Accountable Officers in their paper *(Future Organisation of the Black Country CCGs)* is on-going.

The 4 Governance teams are working together exploring options around the future governance arrangements. The work supported by Lay Members will ensure the CCGs align committee structures to effectively deliver on their statutory duties whilst supporting the operational requirements of the organisations to work closely as a single CCG team.

The Directors of Commissioning in the 4 CCGs are carrying out a detailed evaluation of the local models of care. The intent being to identify those areas of commissioning that potentially would be suited to commission singularly and strategically across the whole Black Country and West Birmingham footprint. This evaluation work will include looking at how commissioning can effectively deliver the health and care needs of the local population through the placed-based commissioning arrangements.

This work supports the overarching goals of focusing on the outcomes of improvements to population health, on prevention and health inequalities.

Senior leaders of Communications & Public Insight designed a detailed communications and engagement plan, to support and inform the Transition Board with the best approach to communicate with stakeholders. All Governing Bodies agreed the approach proposed in the plan, to undertake informal engagement in the form of a 'Listening Exercise'.

The CCGs take their statutory responsibility to involve seriously. Ensuring that we feedback on the outcome of the Listening Exercise is an essential part of the process and our statutory duty. The table below, highlighted by type of partner sets out how we intend to assure ourselves and our stakeholders that we have listened and heard what they choose to share with us and how we will us the insight gathered to prepare for the next steps.

It was agreed at Transition Board that a single feedback report be created and that this shared with all stakeholders, regardless of which group they represented, so each of the participants and invitees are seeing the whole picture and the same information.

Table of how we will share the Listening Exercise Feedback Report across 4 CCGs

Type of Partner	Dudley	Sandwell & WB	Walsall	Wolverhampton
Staff	Direct Email/Members News	Staff News / Intranet	Staff Newsletter / Intranet	Staff News
GP Members	Members News	Members News	GP Newsletter	GP Bulletin
Wider Stakeholders	Stakeholder Bulletin/ Direct Email/Website	Stakeholder Bulletin/ Direct Email/Website	Direct email / Website / Patient Participation Liaison Group	Direct Email/Website

The Transition Board recognise the need for on-going dialogue and engagement with the stakeholders of the CCGs. A report will be provided to Governing Bodies from the Transition Board for them to determine the next steps. The commitment to engage is shared across all 4 CCGs and future plans will be designed to involve audiences. This will take many forms and might include:

- Face-to-face discussions
- Newsletters
- Bulletins
- Articles in Members News or equivalent publications
- Briefings
- Meetings
- Surveys/questionnaires
- Intranet/Website
- A forum for Q&A's linked to members areas on CCG websites
- Member Ballot Event (s)

Glossary of Terms

Better Care Fund (BCF) - The Better Care Fund is a pooled budget announced by the Government back in 2013. The initiation of the Better Care Fund is to shift resources into social care and community services from the NHS budget in England, to keep people out of hospital.

Clinical Commissioning Group (CCG) – Clinical Commissioning Groups are NHS organisations set up by the Health and social Care Act 2012 to organise the delivery of NHS services in England.

Commissioning – Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

Integrated Care System (ICS) – Integrated Care Systems bring together providers and commissioners to help break down the barriers between primary care, secondary care and social care

Mutually Agreed Resignation Scheme (MARS) - Mutually Agreed Resignation Scheme is a form of voluntary severance and has been developed with the aim of increasing the flexibility to organisations as they need to address periods of change and service redesign, considering the financial circumstances in which they operate.

Multispecialty Community Provider (MCP) – A Multispecialty Community Provider is a new approach to out of hospital health and care services. It is a way of the health and care system works together to meet the future needs of the local population and deliver the effective, seamless care.

Primary Care – Primary Care is usually the first-place people go to when they have a health problem and includes a wide range of professionals such as, GPs, Pharmacists.

Primary Care Networks (PCNs) – Primary Care Networks were introduced as part of *The NHS Long Term Plan*. GPs can join up to form local networks, each with between 30'000 and 50'000 patients. The stated aim is to create fully integrated community-based health services for their local population.

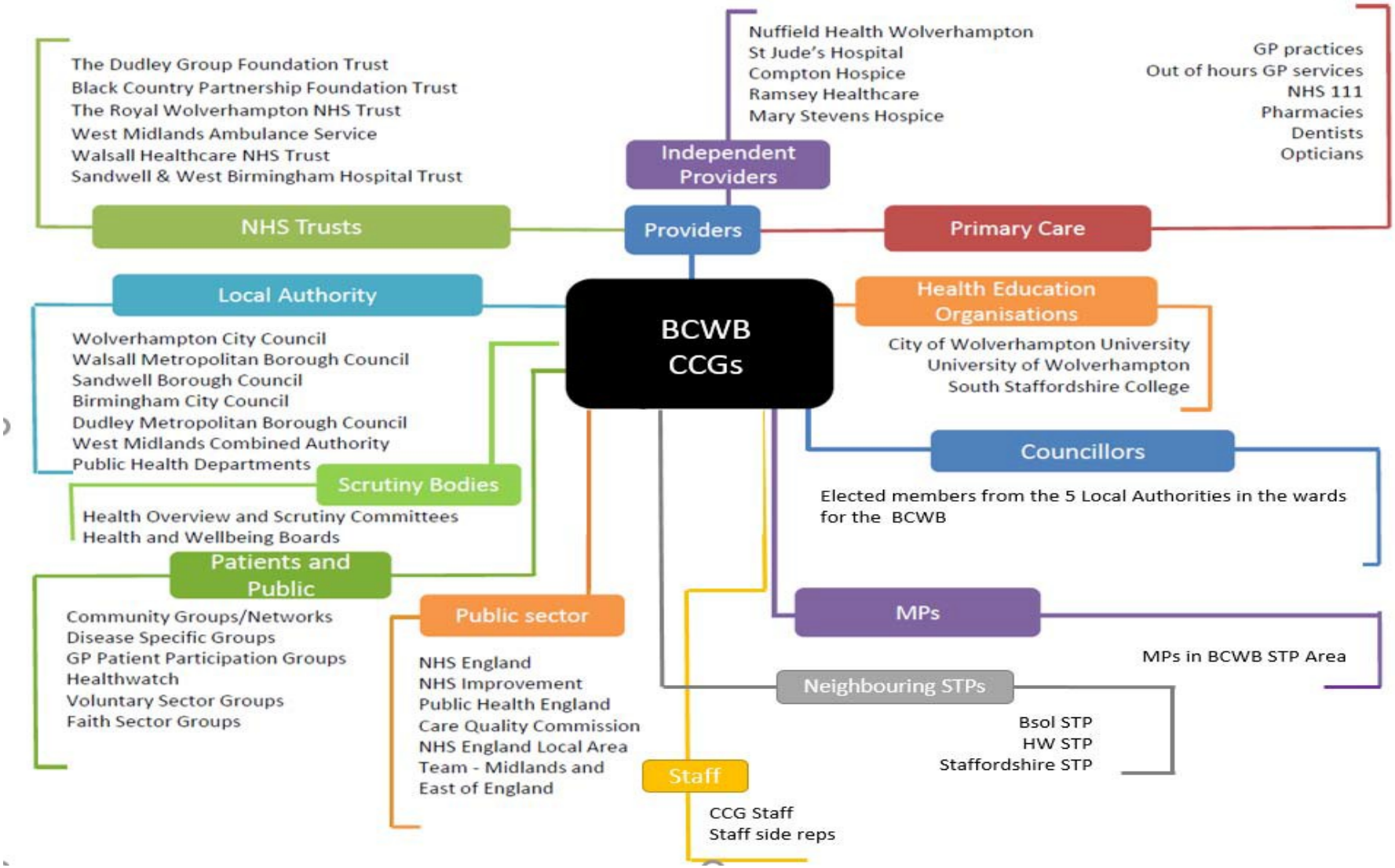
Secondary Care – Secondary Care simply means being care of by someone who has expertise in whatever the problem might be. It is where most people go when they have a health problem that cannot be dealt with in primary care because it needs more specialist knowledge, skills or equipment than a GP has. It is often provided in a hospital setting.

Sustainability and Transformation Partnership (STP) - Sustainability and Transformation Partnerships are areas covering England, where local NHS organisations, local councils drew up shared proposals to improve health and care in the area they serve.

The NHS Long Term Plan (LTP) - *The NHS Long Term Plan*, also known as the NHS 10 Year Plan, is a document published by NHS England early this year, which sets out its priorities for healthcare over the next 10 years and shows how NHS funding will be used.

Vanguards – In 2015, NHS England set up a 'Vanguard Programme' to lead the development of new ways of working, known as models of care. It was a way of transforming and integrating health and social care.

Appendix 1- Stakeholder Map



Appendix 2 – Stakeholder Groups - Aims and Reasons

Category	Why	Aim	Groups
Patients, carers and public	Apart from legal and statutory duties to engage with the public and patients, it is clear that better and more realistic options are developed when they are influenced by this important group	Involve local people in the programme, making sure all options are tested and feedback is shown to have influenced their development and choice of potential solution	• Patients • Public • Carers • Healthwatch • Patient Groups • PPGs
GP membership	They must be involved in developing the options for change co-creating new ones. They are also hugely influential with patients and the public. CCGs are also membership organisations	To gain their support for and understanding of the potential changes taking place. Ensure member practices also support changes from a commissioning perspective.	• CCG member practices • Local Medical Council (LMC)
Opinion formers	Politicians, both national and local, have a duty to protect the interests of their constituents and so need to be kept informed and updated regularly. The media also need to be kept informed of progress.	To keep opinion formers aware of the proposed changes, attempt to mitigate any politically sensitive issues, and to provide them with a narrative they can support, e.g. in conversations with constituents	• MPs • Councillors (leaders, chairs) • Council Chief Execs • Health and Wellbeing Boards • Public Health leads • Health Scrutiny • Print and online media
Staff and unions	Changes to the way health and care services are delivered could affect roles and ways of working. Lay members should be involved in potential changes	Informing and updating staff on developments and giving them the opportunity to be involved from the start of the programme	• CCG workforce (wider workforce, managers, executives, lay members) • Trade Unions
Wider health and care economy	Health systems are linked, and changes in one part of the health system could have a dramatic impact on others	Updating senior stakeholders at organisations in the local and surrounding area that might be affected by potential new organisational structure	• BCWB STP • Neighbouring STPs • NHSE / NHSI • Providers • Vol sector Councils • MLCSU • AGCSU

Appendix 3 – Listening Exercise – PowerPoint Presentation

The future for CCGs in the Black Country and West Birmingham

Listening Exercise

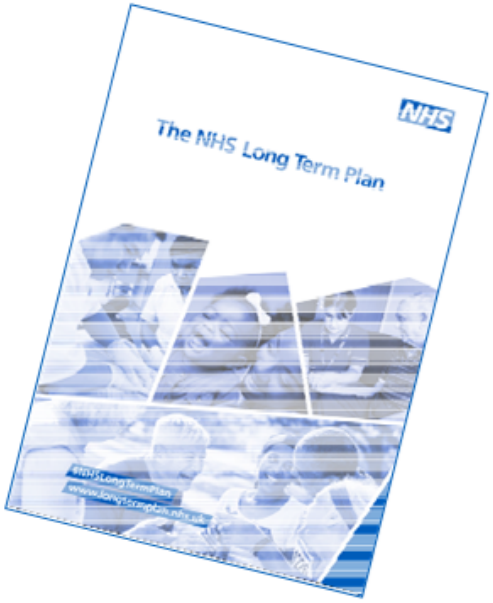
Insert presenter name and title

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 (574,690 population)
  - NHS Walsall Clinical Commissioning Group (274,000 population)
  - NHS Wolverhampton Clinical Commissioning Group (285,000 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

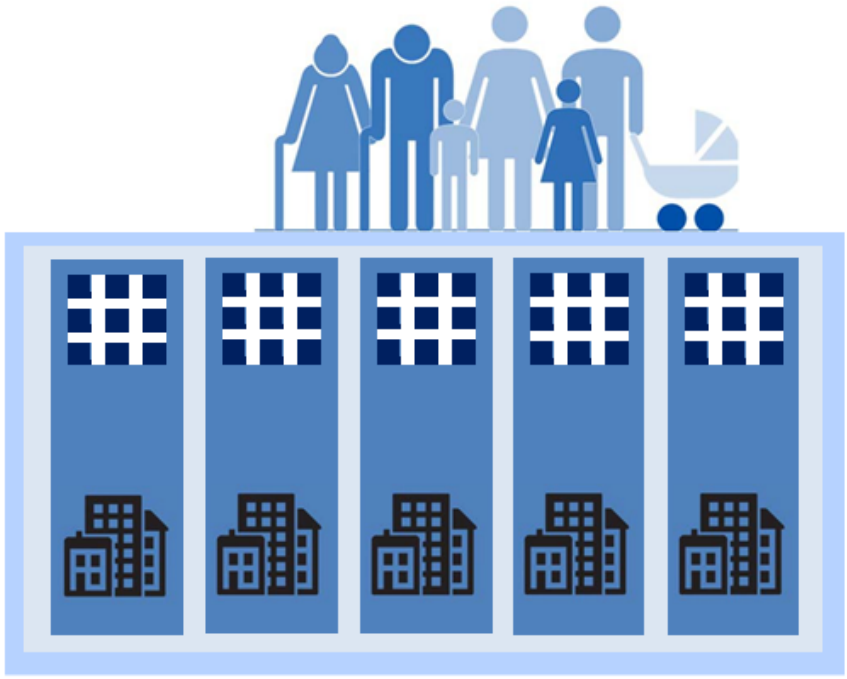
- NHS **Long Term Plan** published January 2019
- Real focus on **collaboration**, moving away from market, competition and transacting
- *'…CCGs will become more **strategic, leaner organisations**…'*
- *'… **Typically** there will be **one CCG** per STP/ICS area by March 2021…'*
- **Integrated Care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



Changes to commissioning

- Greater **commissioning influence** created through a larger scale organisation
- **Population health management** principles
- Continue to promote **partnership working** with local Government, NHS providers and other partners
- Support **Primary Care Networks** to develop
- Refocus **clinical leadership and input**
- Develop **place based models of care** to focus on improving health outcomes for people in each of the 5 places

Future model for the system



People	People empowered to look after their own health and each other.
Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our five places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working. Working as a system to tackle the health, quality and experience gaps.
Region	NHS England & NHS Improvement working together to directly commission some services at a national and regional level, including most specialised services. (Midlands)

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.

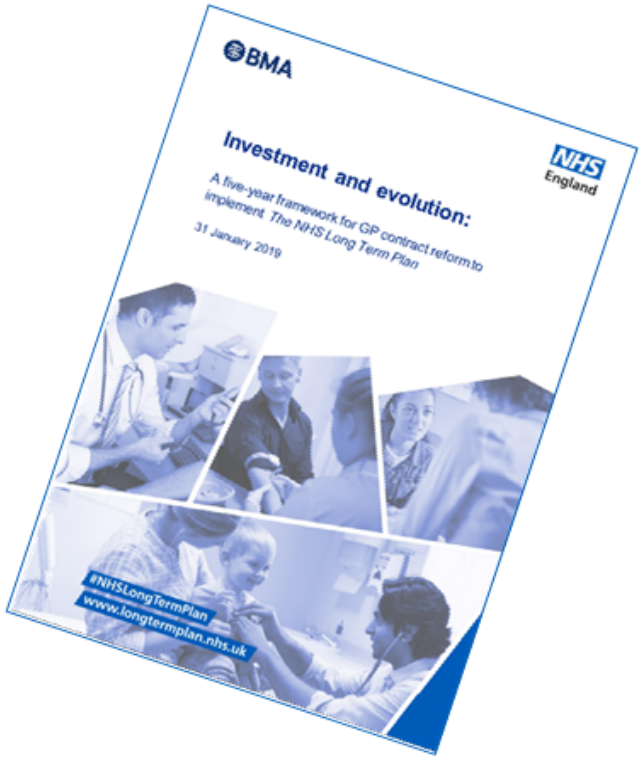
Place Based Care

This slide outlined the local place based care unique to each CCG to describe how local accountability will work in each place

Each CCG to add own slide

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 Primary Care Neighbourhood Teams**
- In **xxxx** we have **xx** of these PCNs which serve a population of around **xx,000** each.



The position (Oct 2019)

- The 4 CCGs have already determined that they will have a single Accountable Officer and a single Management Team
- The option we have considered are:
  - Option 1 - No change to current status – Individual SMT and Governing Bodies with separate management and governance structures maintained, JCC formed with no delegated authority and no joint commissioning decisions
  - Option 2 - Joint Committee with Delegated responsibilities and decisions taken at a Black Country/West Birmingham level with individual management teams remaining in place i.e. each Governing Body delegate's decision making to the Joint Committee
  - Option 3 - Form a shared Executive Management Team but Not a Joint Committee i.e. each CCG maintains separate governance structures
  - Option 4 - Joint Committee with delegated responsibilities from all CCGs with a shared Executive Management Team, individual governance and sub-committees
  - Option 5 - Form a Federation – continue with separate CCG's but establish shared management team, governance and decision making.
  - Option 6 - Full Merger of all CCGs and Creation of Single Black Country CCG able to maintain 'Place/Localities'
  - Option 7- Merger of Dudley CCG & Walsall CCG - variation of Option 6- merge the two CCG's who currently share AO and CFO

We now need to determine if we stay as 4 CCGs with more collaboration, merge the 4 CCGs or look at any other arrangement

Key Question for CCGs…

- The questions that we are now exploring, with regard to future CCG arrangements are,
  - What do you value from the current CCGs?
  - What would good look like to you in terms of future CCG arrangements?
  - Do you have any concerns in terms of future CCG arrangements?
  - How might these concerns be resolved?
  - What questions would you want answered before you could make a decision?
- The feedback you give us during this listening period will be considered by the CCG Governing Bodies and the Transition Board which brings representatives from each CCG together
- The Governing Bodies of the 4 CCGs want to hear your views to inform their decision on whether to move to a formal consultation process

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**
- 20% **reduction in management costs** spend

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**

Member Practices:

- **Consistency** of offer for patients in terms of **Access** to Primary Care
- **Consistency** of **policy position** for patients
- Consistency of **training, development and support** for practices

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?
- How would we ensure that people still know who to contact (relationships)?
- How would it impact on local outcomes and priorities for each community?

Options and Processes

- There is **predefined national policy**
- Your views now will **inform** whether a **consultation happens**
- **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?
  - Do you have any concerns in terms of future CCG arrangements?
  - How might these concerns be resolved?
  - What questions would you want answered before you could make a decision?
- Decision to merge CCGs is for **NHS England**
- **Help us to respond to your questions/ concerns/ issues**

Questions

Appendix 4 - Summary of Options – Future Form

The Transition Board has so far considered several options these are as follows:

- Option 1

No change to current status – Individual SMT and Governing Bodies with separate management and governance structures maintained, JCC formed with no delegated authority and no joint commissioning decisions

- Option 2

Joint Committee with Delegated responsibilities and decisions taken at a Black Country and West Birmingham level with individual management teams remaining in place i.e. each Governing Body delegate's decision making to the Joint Committee

- Option 3

Form a shared Executive Management Team but Not a Joint Committee i.e. each CCG maintains separate governance structures

- Option 4

Joint Committee with delegated responsibilities from all CCGs with a shared Executive Management Team, individual governance and sub- committees

- Option 5

Form a Federation – continue with separate CCG's but establish shared management team, governance and decision-making

- Option 6

Full Merger of all CCGs and Creation of Single Black Country and West Birmingham CCG able to maintain 'Place/Localities'

- Option 7

Merger of Dudley CCG & Walsall CCG - variation of Option 6- merge the two CCG's who currently share AO and CFO

Appendix 5 - Feedback Responses Template

Future of CCGs Listening Events - Feedback Capture Form

Please record feedback, comments and questions raised at each session and return the completed forms to deborah.rossi@nhs.net and laura.broster@nhs.net where possible within 2 days of the event, and no later than 9am on the 25th October 2019 for inclusion in the final report for Board/Governing Bodies.

Meeting (Name of Group)		**Date of Meeting**		**Location:**	
Number of People Attending		**Target Audience**		**Form completed by:**	
Question		**Feedback given**			
• What do you value from the current CCGs?					
• What would good look like to you in terms of future CCG arrangements?					
• Do you have any concerns in terms of future CCG arrangements?					
• How might these concerns be resolved?					
• What questions would you want answered before you could make a decision?					
Please record any key questions asked and summary responses given					

Appendix 6 - Individual Feedback by CCG / Stakeholder Group

	Dudley	Walsall	Wolverhampton	Sandwell & West Birmingham	Total number of responses
Staff	50	45	80	180	355
GP Members	70	46	30	9	155
Stakeholders	8	5	10	51	74
Total number of responses	128	96	120	240	584

Common Themes – Dudley

Relationships/Communication	Supported & Valued	Place Based	Governance/ Finance	Influence	Job Security
	STAFF				
Team relationships Relationships with local providers, parents, carers, voluntary sector Relationships with patient groups	Atmosphere & culture Good working conditions Need accessible and visible senior leadership support Could lose morale if another restructure Staff need to feel supported	Relationships Huge organisational intelligence & memory	Providers acting in an autocratic manner How much will the change cost? What are the risks of being a single CCG? What do we mean by a single management team?	Regular staff engagement Concerned I don't really have any influence over decisions	Worry about redundancy Could be more job opportunities Need consistency in HR processes Formal consultation if goes ahead needs to be meaningful and demonstrate it has already taken on board comments and be open to influence Needs to fair and transparent Flexibility around working arrangements if bases are moved

					Consistency in pay banding Training & development Being slotted into jobs that don't match our skills
	GP MEMBERS				
Like that staff have stayed the same We know who to contact We like our CCG 7 years of relationship we have built We like the familiarity and reliability Good communication We like the weekly newsletter appreciate keeping us informed Value their knowledge and experience Don't want to lose staff in Dudley Maintain a local team – it's important Digital issues, It's ok GP's will work to the letter of their contract not the spirit. That will bring the system to standstill	Respect members meetings they arrange Supportive Trust and respect Dudley CCG Forward thinking Good support for GPs Good clinical leadership Don't dilute our success Stay the same Leave things as they are Keep listening If GP's feel disenfranchised by a distant CCG I guess another 10% will retire early. This happened with the transition from PCT to CCG in 2013	Reputation exceeds beyond Dudley boundary Work well together with practices Forward thinking for Dudley people There are some positives to a bigger footprint but we like things the way they are We like having one CCG and Trust Local knowledge and responsiveness and awareness of local needs Loss of Dudley identity Flexibility would be lost MCP needs to form first Differences in culture Impact on local patients	Keeping Dudley funding in Dudley Share some functions like HR and management etc. Losing control of finances Will there be less people but the same amount of work Joining neighbouring failing CCGs Loss of saving and budget Finances and efficiencies Funding What's in it for GPs as members? We need to keep a CCG in each area Merged CCG not for me. When can we vote	Would we have more power Need fair and effective representation Better influence over secondary care Reduction in local influence CCG in each area. Vote is a must We need a referendum!	Would see an increase in GPs leaving if no local arrangements We need security over finances

STAKEHOLDERS					
We value our relationship and want our voice to be heard Keep communicating with us Efficient communication between providers	Don't lose sight of what the patient wants and use patient experience		Keep the Dudley pound in Dudley Need transparent and accountable governance What is the role of the CCG if there is a local remit If centralised this could have negative impact on services/providers	We want our voice listened to	
Common Themes – Walsall					
Relationships/Communication	**Supported & Valued**	**Place Based**	**Governance/ Finance**	**Influence**	**Job Security**
STAFF					
Strong internal relationships String external relationships Knowing your teams and who to go to Keep communicating with us – even if nothing to say Importance of sitting with and being with team members Opportunity to diversify workforce Strong leadership exhibiting strong values	Visibility and accessibility senior leaders Open and transparent process for change Workforce happy and resilient and resourced Development opportunities Shared values and behaviours Support goodwill and working together	Location of office Local knowledge Organisational intelligence Local reputation – we've worked hard for it Free/plentiful parking Practice based commissioning works well	Local processes that work well Concentrate on quality outcomes Outstanding CCG/IAF Decrease repetition CSU agreements vary across the 4 CCGs Consistency in applying banding and A4C as varies greatly across the 4 CCGs	Access to leaders for decision making – single team will make this harder Will our relationship with NHSE be better as one organisation – or have we lost 3 voices? Balance of power with acute and others to be maintained Don't mask failure of other CCGs	Role changes need to be appropriate and staff need to be supported Going into a role that you have no skills for and be used as a basis for no redundancy Fear of losing job Will MARS be available Will terms and conditions of employment be harmonised

Behaviours/values displayed during periods of change	Career development Promotion opportunities Achieving work/life balance	Local pharmacy works well Consider impact on patients How do we maintain our sense of pride	Need to define management structure and roles and responsibilities Financial situation of other CCGs	We are not the decision makers What are risks/benefits – we need more information What are the real options	What do we mean by 20% reduction Other CCGs pay differently for same role How will you manage the job process Keep my job at my grade Being forced into roles I don't want
	GP MEMBERS				
Need full engagement of public health How do we develop relationships with a distant CCG Value local relationships How will this benefit patients Patient care must be a priority	PCN system is good – GPs feel more informed	Place based care Need strong resources locally Like the local aspect of everything – skills, control and knowledge Local primary care office is important Different populations have different needs and demands	Just a cost saving exercise Need clarity over Walsall Together – how will it work and it seems to be going ahead without GP involvement This will cost money to set up How do we protect budgets Need more information on what the structure could look like What is the governance around voting	Don't dilute our voice What are other GP member saying across the CCGs We feel we have a strong presence at the moment Local GP voice in the Black Country structure Need a proper consultation and the same across the 5 areas Need autonomy at a local level	

STAKEHOLDERS					
Use the right language when communicating with people Don't lose sight of individual care	Appreciate the value of the voluntary sector	Population centred – focus on Walsall Appreciate local staff Volunteers don't get paid travel expenses so beware if you move meetings to other locations	Potential impact of general election CCG could grow too big and lose sight of local people Is it cost saving or working smarter	Make sure everyone is involved in decision making Listen to the voice of the patient/public Clearly articulate how one organisation will link into each of the 5 places	
Common Themes – Wolverhampton					
Relationships/Communication	**Supported & Valued**	**Place Based**	**Governance/ Finance**	**Influence**	**Job Security**
STAFF					
Fantastic working relationships and trust between staff. Want staff to be listened to.	Staff are valued and supported – do not want to lose this.	Value our community and partnerships locally. Potential to learn some good practice from other CCG's. Need to keep local knowledge and organisational memory.	Keep to retain knowledge Outstanding rating as a CCG.	Direct access to approachable leadership is valued.	Concerns about job security and pay banding. Like the car parking and location in Wolverhampton.
GP MEMBERS					
We have good local relationships with the Trust and partners.		Want to keep local relationships	Need to keep our strong financial position and clinical leadership.		

Need good communication to the members.			Want to keep our Outstanding rating.		
STAKEHOLDERS					
Good partnership working Good relations with Local Authority Key player in management of behaviour and relationships Accessible and visible leadership Good clinical leadership Don't dilute local relationships	Volunteers are valued Innovation Opportunities with collaboration Sharing best practice	Local focus which is good for the patient Expertise and local knowledge Organisational intelligence Might be difficult to get a grasp across larger footprint	Propping up other CCGs who haven't managed so well	Influence is very important Wider patient engagement Concerned we will lose influence	

Common Themes – Sandwell & West Birmingham

Relationships/Communication	Supported & Valued	Place Based	Governance/ Finance	Influence	Job Security
STAFF					
Visible and approachable leadership. Transparent and open communications. Involving and listening to staff.	Staff team feel valued and recognised. Staff feel invested in e.g. training opportunities. A culture of positivity and "family".	Relationships with GP members, partners and patients. Threat of losing local variation; one size does not fit all. Loss of local culture is a risk. Will BSOL swallow up West Bham?	Will the EXEC team reflect all four CCG's?	Will staff be listened to and retain the Staff Council? Opportunities to discuss change.	Concerns over job security and retaining pay bands. Location of the workplace was also a concern. Favouritism to known staff. Fairness to all staff. What is the process for moving staff around? E.g. slot and match?

GP MEMBERS					
We would like the same staff who we have a relationship with.		We want to keep West Birmingham. We want to keep a local team; staff who we know and have a relationship with. What does place based mean? (what stays in place?) We need to retain local knowledge. We want to keep our Primary Care Commissioning Framework.	If it's not broke, don't fix it. Bringing CCG's together will cut down on management costs. A merger is a big distraction and unproductive. Some functions can be delivered at scale e.g. HR, strategic commissioning, finance, contracting. We don't want to take on the debts of other CCG's.		
STAKEHOLDERS					
Patient communication and engagement is very important- A clear strategy is needed. Important to keep communicating during change and keeping stakeholders in the loop.		View from Birmingham representatives that West Birmingham should be part of Birmingham. Want to keep local focus and trusted relationships which may be lost in a bigger structure. Bigger is not seen as better.	Collaboration between Public Health, Social Care etc. needs to be strengthened. Resources need to be protected. How do we maintain governance through the changes?		

End of Report