

The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups



Consultation Document

1st - 30th June 2019

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

Contents

Introduction	3
Background	4
Why do we want to make changes?	6
What have we learnt so far?	7
What are the options?	8
Have your say	9
What happens next?	9
Frequently Asked Questions	10

Introduction

This consultation asks for your views on options for changing the way NHS commissioning is arranged in Herefordshire and Worcestershire.

Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals and GP practices. It is an ongoing process.

NHS Clinical Commissioning Groups (CCGs) took over responsibility for commissioning local health services in April 2013. They are organisations combining the expertise of local family doctors (GPs) and NHS managers; putting local doctors and nurses at the very heart of deciding what health services to provide, where and how.

CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population and measured by how much they improve outcomes.

The four CCG organisations in Herefordshire and Worcestershire are:

- NHS Herefordshire CCG
- NHS Redditch and Bromsgrove CCG
- NHS South Worcestershire CCG
- NHS Wyre Forest CCG

Each one is a legal body, with its own separate Governing Body (Board), although there are currently combined governance and decision-making arrangements in place across the four CCGs, and a single Accountable Officer whose responsibility it is for the management of all issues within each of the four organisations.

Herefordshire and Worcestershire have a total population of almost 800,000 people. Both have areas of affluence and areas of significant deprivation.

How long will the consultation run for?

The consultation will run from 1st June to 30th June 2019.

What is not included in this consultation?

This consultation is specifically about the future of NHS commissioning arrangements in Herefordshire and Worcestershire. It is not a consultation regarding any other NHS organisation (or NHS-funded health) services and does not affect hospital or primary care (GP) services.

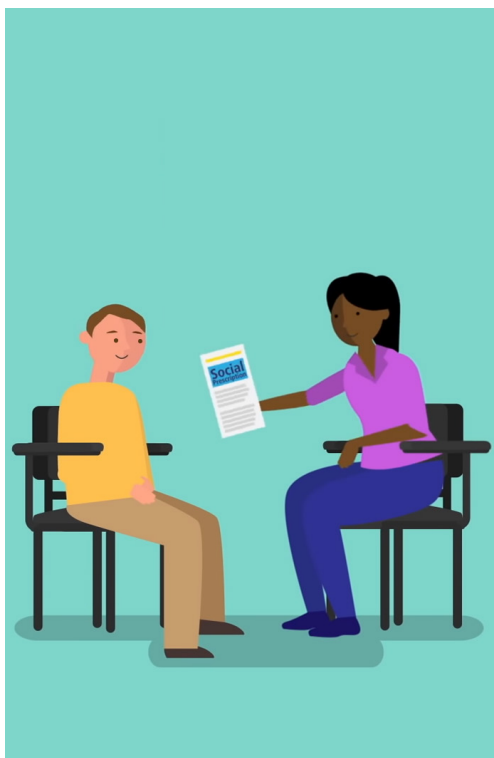
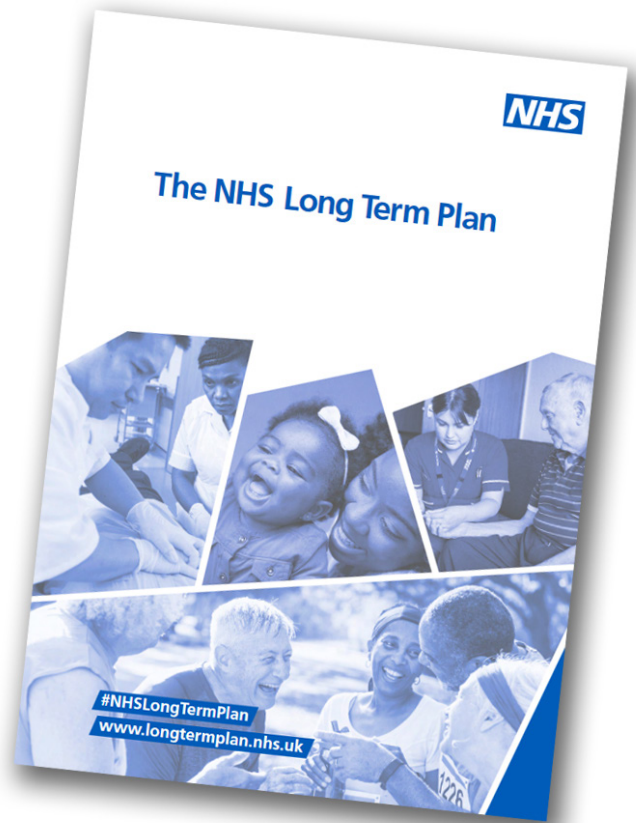
Background

The NHS Long Term Plan

In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years. In return, the NHS was asked to come together to develop a long-term plan for the future of the service, detailing its ambitions for improvement over the next decade, as well as the plans to meet them over the five years of the funding settlement.

This plan – the NHS Long Term Plan - has now been published, and Sustainability and Transformation Partnerships (STPs) now need to develop and implement their own strategies for the next five years.

Locally across Herefordshire and Worcestershire this strategy will set out how partners intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of local communities – building on the work that has already taken place.



Integrated Care Systems

As part of the plan, Integrated Care Systems are planned to grow out of the existing STPs. An Integrated Care System is a way of working collaboratively between a range of health and social care organisations to help improve people's health.

The Herefordshire and Worcestershire Integrated Care System will allow various organisations to work together in a shared way; sharing budgets, staff and resources where appropriate to best meet people's needs. In reality, this will mean GPs, district nurses, physiotherapists, social workers, the voluntary and community sector and other professions coming together to jointly take responsibility for ensuring that care is tailored for the needs of local communities across the two Counties.

By working collaboratively with a range of organisations, the Herefordshire and Worcestershire Integrated Care System will help people to stay healthy and tackle the causes of illness, as well as wider factors that affect health such as education and housing. Commissioners and providers of acute hospital and community services, primary care, mental health and social care will increasingly work in partnership to plan, finance and run services in the interest of local patients.

Integrated Care Systems are not a new concept. Integration of care is something that we in Herefordshire and Worcestershire have been providing for some years and means that we are really well prepared to take forward these ambitions. The local integrated care infrastructure is becoming quite well established and the joint commissioning arrangements are already in place across the Herefordshire and Worcestershire CCGs.

So, an Integrated Care System builds on the solid progress that has already been established.

Changes to Commissioning

The NHS Long Term Plan presents the opportunity for all NHS organisations to radically change the way in which they work both internally and in partnership with one another to help support the development of Integrated Care Systems.



For CCGs, there is an expectation that by April 2021 every Integrated Care System will have more streamlined commissioning arrangements to enable a single set of commissioning decisions at the Integrated Care System level. For Herefordshire and Worcestershire this will involve moving from four CCGs to a leaner, more strategic single CCG for Herefordshire and Worcestershire.

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

In Herefordshire and Worcestershire this will also include a shift of valuable clinical leadership resources, realigning them into roles where they will be better able to influence service delivery through developing Primary Care Networks and the new investment being aligned to these groups.

Why do we want to make changes?

Although the NHS Long Term Plan makes it very clear that a single CCG should be created across Herefordshire and Worcestershire, it is important to highlight that there are many advantages associated with merging the Herefordshire and Worcestershire CCGs. They are as follows:

Benefits for Patients



- A single commissioning organisation would mean single commissioning policies across the STP, putting an end to 'postcode lotteries' for services and treatments across Herefordshire and Worcestershire
- Less fragmentation of NHS commissioning organisations, allowing us to work together as 'one NHS' and reduce confusion over multiple commissioning organisations
- Would support the move toward becoming an Integrated Care System, which in the long term will help us to focus on supporting people to stay healthy and tackle the causes of illness as well as the wider factors that affect health such as education and housing
- Although moving towards a larger geographical footprint, decisions made about individual patient care would still be taken at a local level by the clinicians who are responsible for looking after them

Benefits for Staff



- Becoming a larger organisation would provide us with much greater resilience
- Working together as one organisation rather than four organisations would generate economies of scale and reduce duplication, creating opportunities for involvement in new areas of work to support career progression and freeing up capacity
- Would allow us to work in a new way, making best use of new technology to work smarter and in turn improve staff work-life balance
- Creating a single Executive Leadership Team across Herefordshire and Worcestershire would provide more consistent leadership and direction for staff working across the STP footprint

Benefits for Partners



- Provides a single, strong and consistent vision and voice to partners
- Would support the move towards an Integrated Care System and working in partnership with providers
- Staff would have greater capacity to support partners as duplication of roles would be removed across the system
- Although moving towards a larger geographical footprint, there are well developed partnerships which share boundaries with the Herefordshire and Worcestershire Local Authorities which we value greatly and which we would be able to provide more focus on
- More integrated working with partners across Herefordshire and Worcestershire would allow various organisations to work together in a shared way; sharing budgets, staff and resources where appropriate to best meet people's needs. This would also mean designing more innovative contracts which will provide more power and flexibility to providers while reducing the bureaucracy and inefficiency associated with multiple separate contracts

Financial factors, and the potential for cost-savings through economies of scale have also been identified as a benefit from a potential merger.

All CCGs are required to reduce their running costs by 20% by 31 March 2020, which means finding a saving of nearly £2 million across Herefordshire and Worcestershire. By creating one single CCG, instead of the current four, we estimate that we could save the required £2 million.

What have we learnt so far?

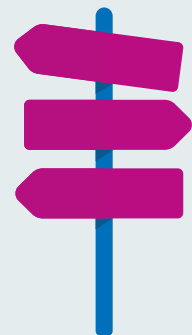
Throughout our recent pre-consultation engagement with staff and key partners across Herefordshire and Worcestershire, we have consistently learnt that the following objectives are important to them:

Herefordshire and Worcestershire are made up of many different natural communities; a key consideration will be about how any new organisation can ensure it retains local focus and can respond to the different challenges across the two counties and that the respective local identities are not lost as part of a larger geographical footprint.



Consistency of commissioning, planning and access to services and treatments across Herefordshire and Worcestershire.

Ensuring that governance arrangements provide appropriate layers of accountability and decision-making, as well as making provision to enable membership involvement at smaller, more local footprints.



Maximising the potential benefits of the existing relationships that the four CCGs currently have with various partners and key stakeholders.

Support for increased focus and resources for the development of the Integrated Care System, including the development of Primary Care Networks.



For staff, clarity of how a merger would affect their individual roles including whether they would be expected to travel more as part of a larger CCG.

What are the options?

We have identified two options for the future.

These options have been refined from an original list of possibilities which also included the option to not merge at all and instead simply continue with alignment of roles and functions where it would be possible to do so. However, in light of the NHS Long Term Plan making it very clear that a single CCG should be created across Herefordshire and Worcestershire by April 2021, we have removed this as we do not believe that it is a realistic option.

The two options are:

Option One: Creation of a single CCG for Herefordshire and Worcestershire by April 2020

This is our preferred option.

This option would give us a single CCG, with one Management Team, one Governing Body and one set of statutory duties for the whole of Herefordshire and Worcestershire by 1 April 2020.

An internal appraisal process of this option highlighted the following advantages and disadvantages:

Advantages	Disadvantages
<ul style="list-style-type: none">Early merger will enable a two-step change, with 2020/21 then being focused on developing the new organisation into operating more effectively as a strategic system managerMinimises the period of change and disruptionEarly clarity for stakeholders and staffOptimises resources and reduces duplicationThis option will contribute most to delivery of required running cost savingsAligns with the expectations set out in NHS Long Term Plan	<ul style="list-style-type: none">Complex assurance process which is likely to distract staff from 'business as usual'Tight time-scales to meet NHS England deadlines

Option Two: Creation of a single CCG for Herefordshire and Worcestershire by April 2021

This option would give us a single CCG, with one Management Team, one Governing Body and one set of statutory duties for the whole of Herefordshire and Worcestershire by 1 April 2021.

An internal appraisal process of this option highlighted the following advantages and disadvantages:

Advantages	Disadvantages
<ul style="list-style-type: none">Enough time to plan and design the future structure and align this closely with the function of a new strategic system managerOpportunity to learn from other CCGs who have completed the process in 2019/20Aligns with the expectations set out in NHS Long Term PlanClear direction of travel for stakeholders	<ul style="list-style-type: none">Risk of signalling a major change but taking two years to complete – likely to impact on staff productivity and retentionComplex governance processes will still need to be introduced in the interim period while working towards full merger arrangementsRequired financial savings may not be delivered through this approach

Have your say

What are we consulting on?

We are running a consultation to ask for views on:

- Changes to the NHS commissioning organisations in Herefordshire and Worcestershire; and
- Specifically, two options, including a preferred option.

How can I have my say?

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

To give us your views please complete our online survey at: bit.ly/HWmerge

Alternatively, to request a hard copy of the survey please write to:

Freepost Plus RTCU-KZKZ-EJZZ
NHS South Worcestershire CCG
The Coach House
John Comyn Drive
WORCESTER
WR3 7NS

Consultation drop-in events

We are also holding free 2 hour drop-in public events in Herefordshire and Worcestershire so that local people can come along at any time to discuss the proposals, ask questions and give comments, ideas and suggestions. We will also be holding specific events for CCG staff and for GPs.

Area	Location	Date & Time
Hereford	Committee Room 2, Hereford Town Hall	15:00 - 17:00 - 05/06/19
Worcester	Meeting Room 2, The Hive, Worcester	17:00 - 19:00 - 12/06/19
Redditch	Committee Room 2, Redditch Town Hall	11:00 - 13:00 - 13/06/19
Wyre Forest	Stourport & Bewdley Rooms, WF District Council	14:00 - 16:00 - 14/06/19
North Herefordshire	Conference Room, Leominster Library	11:00 - 13:00 - 20/06/19
South Herefordshire	Dennis Potter Room, Ross-on-Wye Library	13:00 - 15:00 - 21/06/19

There is no need to book to attend any of the drop-in sessions. Simply if you have any questions or concerns you want to raise with us just come along during the advertised times and we will be there for you to talk to.

What happens next?

When the consultation closes on 30 June 2019 the consultation report, including all of the feedback that we have received, will be finalised. This will then be considered by the CCGs and NHS England, in order to help NHS England make a final decision regarding the future of the Herefordshire and Worcestershire CCGs later this year.

The final decision will then be publicly announced at the next Governing Body Meeting of each CCG.

Frequently Asked Questions

Why are you consulting about this and why can't you just do it?

While not formally required to consult, we believe that following this process provides us with the best opportunity to hear from our people, communities and stakeholders and for them to meaningfully be able to help shape our proposal.

Has this happened anywhere else?

Yes. Across the country there are currently 70 CCGs considering proposals to merge into a total of 16 CCGs by April 2020. Locally this includes three CCGs across Coventry and Warwickshire as well as two CCGs across Shropshire and Telford and Wrekin. A few years ago, the three CCGs in Birmingham and Solihull also agreed to merge following a public consultation process.

Why is option one your preference?

Option one (to merge by April 2020) is the best way to deliver future commissioning across the combined Herefordshire and Worcestershire STP area. It may be disruptive in the short term, but it would allow us to fairly quickly move towards less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working to a system wide plan; having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further; delivering fair and equitable outcomes for patients.

We understand that there may be some concerns that local 'grass roots' engagement and relationships would be sacrificed. We would need to ensure that a consistent approach, based on best practice, was quickly implemented to ensure that this doesn't happen.

There are also some excellent joint working initiatives already taking place across the all four current CCGs, which reflect the needs of local populations.

What about seldom heard groups?

The CCGs have a legal duty, under the Equality Act 2010, to remove or minimise any disadvantages suffered by people due to their protected characteristics e.g. people from Black, Asian and minority ethnic backgrounds (BAME), disabled people and people from the lesbian, gay, bisexual and trans (LGBT) community. We work hard to fulfil our duty and this will continue to happen.

What is an 'Integrated Care System'?

Integrated care systems (ICSs) bring together local NHS organisations, often in partnership with social care services and the voluntary sector. They build on the learning from and early results of NHS England's new care model 'vanguards', which are showing benefits such as slowing emergency hospitalisations growth by up to two thirds compared with other less integrated parts of the country.

How would a single CCG fit within an Integrated Care System?

A single commissioning organisation would provide a consistent view across both Herefordshire and Worcestershire, regarding the principles and development of new models of care. The CCGs would become a more strategic and stronger commissioner, speaking with one voice, in line with the development of integrated care systems.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Accountable Officer, one Chair, a Governing Body and a single Management Team. All statutory obligations, committees and functions would be retained.

Have you made your decision already?

No, not at all. Whilst we have a preferred option, we have been engaging with a wide range of people to get their views on this and the other options. We need this feedback to ensure that we're making the right choices and using their feedback to inform our thinking; it's important that people tell us what they think about our plans.

If the preferred option goes ahead, what will happen to staff?

If the preferred option is to merge the four CCGs by April 2020 this would mean reducing four Governing Bodies and the Executive Management Teams into one; there will naturally be some senior staff affected by this. However, it's too early to comment on this, as the decision hasn't been made on the future of the CCGs.

What we can say is that we would make every effort to avoid any redundancies as part of the process, and instead manage this through natural turnover and in some cases looking at opportunities for staff to change roles.

If the preferred option goes ahead, where will the new CCG be based?

It's too early to comment on this, as the decision hasn't been made on the future of the CCGs. However, there are currently three main office bases being used by the four CCGs (one in Bromsgrove, one in Hereford and one in Worcester) and we do not imagine that would change over the next few years at least.

If you would like a copy of this document in a different format or have any questions about the consultation please contact the Herefordshire and Worcestershire CCG Engagement Team at hw.engage@nhs.net

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group