

## **Consultation on the future of Birmingham and Solihull NHS Clinical Commissioning Groups**

### **Interim Summary Report – 21 July 2017**

#### **The consultation to date**

- This consultation asks for views on options for changing the way NHS commissioning is arranged in Birmingham and Solihull. It covers the following three Clinical Commissioning Groups (CCGs):
  - ✓ NHS Birmingham CrossCity Clinical Commissioning Group
  - ✓ NHS Birmingham South Central Clinical Commissioning Group
  - ✓ NHS Solihull Clinical Commissioning Group.
- These three CCGs are each separate legal entities, but are all partners in the Birmingham and Solihull Sustainability and Transformation Partnership (STP). The STP sets a clear direction for planning and partnership working for the next five years. The CCGs recognise that to maximise the benefits of planning and partnership working, there is a need for a single commissioning vision and voice which is strong, consistent and credible.
- West Birmingham is not directly involved in this consultation, as it is served by NHS Sandwell and West Birmingham CCG, which is a partner in the Black Country Sustainability and Transformation Partnership.
- Following a significant period of pre-consultation engagement with partners, summarised below, the three CCGs have put forward three reorganisation options:
  - ✓ Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.
  - ✓ Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.
  - ✓ Option three and the preferred option - a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team.
- The consultation was launched on 10<sup>th</sup> July 2017 and runs to 18<sup>th</sup> August 2017. A consultation document has been prepared to provide details on the rationale for each of the options, their pros and cons and why the third option is preferred. Ways of submitting views on the options were provided in the document including emailing, letters and an online survey. Four public meetings are also planned with the first on 19<sup>th</sup> July. Existing meeting with patients and stakeholders that the three CCGs are holding throughout the consultation period will also be used to

discuss the proposals. This is being supported by communications, marketing and stakeholder engagement activities.

- This is an interim summary report on the consultation feedback to 18<sup>th</sup> July. As the consultation had at that point only been running for 8 days, the summary covers the pre-consultation engagement period, four written submissions and 78 responses to the online survey. A verbal report will be provided on the public meeting held on 19<sup>th</sup> July.
- Of the 78 people who had responded to the survey by 18<sup>th</sup> July:
  - ✓ Approximately one third were Birmingham residents, a quarter Solihull residents and one twentieth from outside these two areas. This is proportionally probably an under-representation of Birmingham residents compared with the populations served by the CCGs. However, some of the 28% who described themselves as health professionals could have been residents in either area.
  - ✓ Twice as many were women than men: 65% of the 69 respondents to the gender question were women. None identified themselves as intersex or trans.
  - ✓ A significant under-representation of Black British respondents: 70% of the 71 who responded to the ethnicity question were White British, while 10% were Asian British (also under-represented, particularly those of Pakistani and Bangladeshi heritage) and 3% (just two respondents) Black British (Caribbean).
  - ✓ Most (59%) were in the 35 to 54 age bracket. There were no respondents aged under 25.
  - ✓ Three (4%) described themselves as gay, lesbian or bisexual.
  - ✓ It is important to note that between 9-12% of respondents chose 'prefer not to say', or skipped the equalities monitoring questions, completely.

### **The pre-consultation engagement**

The pre-consultation engagement **involved**:

- The Chair of the Birmingham Health and Wellbeing Board
- The Chair of the Solihull Health and Wellbeing Board
- The Chief Executive of the Birmingham Women's and Children's NHS Foundation Trust
- The Chief Executive of Birmingham Community Healthcare NHS Foundation Trust
- The Chief Executive of the Birmingham and Solihull Mental Health NHS Foundation Trust
- The acting Chief Executive of The Royal Orthopaedic Hospital
- NHS England
- Senior officers and Chairs of the three CCGs
- Senior officers from Sandwell and West Birmingham CCG

- The Health Overview and Scrutiny Committees (HOSCs) for Birmingham and Solihull, including the Chairs of both HOSCs
- NHS Improvement
- The Executive Secretary of the Birmingham Local Medical Committee
- A pre-consultation event, to which key stakeholders and elected representatives were invited, was held in Birmingham on 27<sup>th</sup> June 2017. It was attended by 13 people with representatives of Birmingham and Solihull Local Pharmaceutical Committee (LPC), Birmingham Local Authority and patients.
- A pre-consultation event, to which key stakeholders and elected representatives were invited, was held in Solihull on 28<sup>th</sup> June 2017. It was attended by 12 people with representation from Solihull Local Pharmaceutical Committee (LPC), Solihull Local Authority, Solihull Healthwatch, Solihull Sustain, patient representatives and elected representatives.

**Key issues** and concerns that emerged, in addition to a number of comments on the consultation process itself which were taken on board, were:

- How does West Birmingham fit in? This was an issue raised in broad terms – inconsistencies and inefficiencies resulting from a significant portion of Birmingham's population not being served by the new organisation – and around specific, overlapping procurements. It was felt that the consultation would need to consider these issues.
- Don't forget diverse needs in the area to be covered. There are many different communities of place and of interest (including ethnicity, culture and religion) and they may have diverse health and wellbeing needs. These are important considerations in tackling health inequalities and ensuring engagement and accountability of whatever organisation comes out of the consultation. There is clearly a risk that economies of scale benefits come at the cost of losing a focus on this diversity of place and interest. However, many thought that with careful consideration, this risk could be avoided and it was possible that health inequalities and diverse needs could be addressed better.
- Finance flows to Solihull in the preferred option. How does this improve sustainability of the health system in Birmingham? However, it was pointed out that the financial challenges facing social care in Birmingham are greater than for Solihull.
- Some were concerned to ensure that the new set up did not have a negative impact on local partnerships, service delivery and local identity.
- The social care and prevention agendas are important. How will integration with others active in these areas, particularly the local authorities, be progressed and improved? It should be remembered that local authorities have complex structures which operate at various geographical levels (e.g. wards, districts and city/borough as a whole) and that consideration is needed of how the new organisation will interact with all of these. This point is also relevant to the issues of diversity and health inequalities cited above.

- The vision, purpose and functioning of the new organisation needs to be articulated clearly. Form follows function, that is, the form the new organisation needs to be appropriate for what it aims to do.
- The new commissioning arrangements would need to maintain good relationships with all potential providers across all health and wellbeing pathways.
- The aim of reducing complexity was welcomed. At the same time the new organisation might open up opportunities for supporting new models of care such as the greater use of information technology.
- There are other boundary issues besides West Birmingham, for example Worcestershire.
- In general, the third option of complete merger was supported by those engaged in the pre-consultation, although some wondered what would happen if the consultation did not reveal a preference for the complete merger. Some were keen that it be live by 1<sup>st</sup> April 2018.

**Key criteria** for assessing the options for creating a single commissioning voice that emerged from the consultation and that were taken on board by the three CCGs in preparing this consultation were:

- Overall improved health and better outcomes for patients;
- A more sustainable local NHS;
- Better integration with the local authorities, especially for social care and preventing poor health outcomes;
- Consistency of commissioning, planning and personalisation of care for patients across Birmingham and Solihull;
- Ensuring that all patients can access the same high quality service, regardless of where they live in the area;
- A strong and strategic NHS commissioning voice to match that of the provider organisations and local authorities;
- A larger and stronger pool of clinical expertise;
- Maximising the potential benefits of the existing partnerships the three CCGs currently have; and
- Ensuring that diverse local health needs continue to be met.






In addition, the governing bodies of the three CCGs considered the following criteria in formulating the three options and deciding on their preferred one:

- Progress already made towards a single commissioning organisation, for example, the three CCGs are in the process of appointing a single Chief Executive Officer to lead their combined activity;
- Realisation of possible efficiencies;
- Potential to address financial challenge; and
- Level of disruption and speed of change.

These criteria and key issues identified in the pre-consultation engagement, will provide structure to the analysis of the full consultation though not to the exclusion of other issues that may be raised.

## Views on option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.

- This option was opposed by almost three quarters of those who have responded to date to the online survey. Less than a fifth supported it. Reasons for these views and reservations expressed are summarised below the table, often through representative quotes.

Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.		Response Percent	Response Total
I would strongly support it		4%	3
I would support it, but with reservations		14%	10
I would neither support nor oppose it		8%	6
I would not support it		52%	38
I would strongly oppose it		22%	16
<b>Balance of agreeing minus those disagreeing</b>		-56%	-41
Answered 73 Skipped 5			

### Reasons for supporting:

- None given.

### Reasons for not supporting:

- 'This wouldn't appear to be an efficient or effective use of resources.'
- 'Bitty'; 'dysfunctional'.
- '...far too many layers of governance and would block decision making.'
- A number said that how this would work would not be clear to the general public and stakeholders and would cause confusion, leading to a lack of transparency.
- '... the partnership involving both CCG's [the two Birmingham ones] is paramount to the success of the NHS Young People's GP Charter as young people cross the geographical boundaries of both CCG's. In reality this has not happened to the

*detriment of young people who make up the largest percentage of youth in any city in Europe.'*






- One respondent pointed out that this option does not resolve Solihull's budget situation.

***Additional information:***

- *'What is the consideration for West Birmingham.... Surely this issue needs to be resolved before any further steps can take place?'*
- *'...multiple working cultures to mesh together.'*

## Views on option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.

- This option was opposed by over half (55%) of those who have responded to date to the online survey, although it was supported by just short of a third, almost twice the level of support received for option one. Reasons for these views and reservations expressed are summarised below the table, often through representative quotes.

Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.		Response Percent	Response Total
I would strongly support it		15.0%	11
I would support it, but with reservations		17%	12
I would neither support nor oppose it		14%	10
I would not support it		39%	28
I would strongly oppose it		15%	11
<b>Balance of agreeing minus those disagreeing</b>		-22%	-16
Answered 72 Skipped 6			

### Reasons for supporting:

- 'I can see some merit for this in ensuring that Solihull isn't consumed into Birmingham, however it is not the best use of public funds.'*
- 'Solihull has the benefits of being one geographical footprint - and has the ability to really transform how health and social care are delivered. There are significant differences between Solihull and Birmingham... Solihull will always lose in any system when joined with Birmingham - whether that is money, services or key people. The challenges and solutions are different - and momentum will be lost.... Solihull has excellent GPs - and this core foundation needs to be built on. The larger priorities of Birmingham will*

*overwhelm and consume any joint management team and will ultimately leave the residents of Solihull far worse off.'*

- *'The proposal is however misleading which is why I am supporting rather than strongly supporting - there would not be a single CCG for Birmingham as separate commissioning arrangements would remain in place for west Birmingham. The solution favoured...is a single CCG covering the whole of Birmingham including all those Birmingham GP practices currently part of Sandwell and West Birmingham CCG.'*

**Reasons for not supporting:**

- *'Doesn't solve the financial issues in Solihull nor the health inequalities across North Solihull.'*
- *'Again as mentioned previously young people...regularly cross the geographical boundaries that separate Birmingham and Solihull in this arrangement.'*
- *'Again over resourcing and postcode inconsistencies.'*
- *'Would save the Birmingham pound from propping up Solihull, however it's not in the interests of patients and improving health outcomes.'*






**Additional information:**

- *'Would want the west of Birmingham included.'*
- *'Only support as a sensible step forward if financial assurances regarding Solihull are not forthcoming.'*



### Option three (and the preferred option) - a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team.

- This option was supported by three quarters of those who have responded to date to the online survey, with 42% strongly supporting it. Reservations expressed are summarised below the table, often through representative quotes.
- This option was also supported in three of the four written submissions received to date. Two of these were very concerned that West Birmingham be addressed, and eventually included, in the eventual merger.

Option three – a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team. This is our preferred option.		Response Percent	Response Total
I would strongly support it		42%	31
I would support it, but with reservations		33%	24
I would neither support nor oppose it		5%	4
I would not support it		11%	8
I would strongly oppose it		8%	6
<b>Balance of agreeing minus those disagreeing</b>		<b>56%</b>	<b>41</b>
Answered 73 Skipped 5			

#### **Reasons for supporting:**

- *'Benefits to the public and local providers - and will reduce confusion of 'who does what'.*
- *'Best use of public funds, but please don't forget Solihull and ensure it has its own health services.'*
- *'It is the most likely to provide clear, transparent governance at all levels in terms of decision making, finances, operational delivery, and best for patients and families.'*

- *'Economies of scale- less management costs and managers and pushes more money into protecting frontline services. Best option of renegotiating a sensible solution for West Birmingham coming back into Birmingham sustainability and consistency of approach makes more sense across a larger geography covering both Birmingham and Solihull.'*
- One respondent pointed out that some NHS organisations such as Birmingham and Solihull Mental Health NHS Trust and the Heart of England NHS Foundation Trust already cover Birmingham and Solihull.

**Reasons for not supporting:**

- *'Solihull would be far better aligning with Warwickshire - there are far more similarities in terms of the GP workforce, provision of acute and community care and the actual residents themselves.'*
- *'Why should money flow out from Birmingham to support Solihull CCG finances? This does not seem right and in my opinion does not reduce the health inequality gap between Birmingham and Solihull.'*
- *'I strongly believe that this is not the right solution as health should mirror the local government model.'*

**Additional information:**

- *'I would worry about West Birmingham losing out and the dilution of service user power across the whole of Birmingham compared with each CCG. However overall I feel this would be less confusing than current arrangements and could help a great deal. Would like to see plans to ensure voices in each locality feel heard by representatives of each area and able to put forward feedback to the single CCG.'*
- *'Will impact heavily on staff - yet another series of changes for them - some of which could be negative.'*
- *'Savings and integration would be better achieved by health and social care aligning (moving to a joint commissioning unit) i.e. move back to a streamlined Care Trust.'*
- *'...concern... around connectivity, accessibility and visibility of a CCG of this size with the local communities and places it would cover. I would want to see some mitigation for the issues which would emerge and which would ensure that stakeholders of all sizes and geography could be actively engaged in the priorities, aims and activity of the CCG.'*
- Some respondents said that there were cultural differences between the three CCGs which would have to be tackled and that it was important that a transparent, supportive and communicative culture was adopted.
- *'...the lack of local accountability and scrutiny of the CCGs in general which this process wouldn't address, unless it was used as an opportunity to do so.'*
- *'...the political/structural challenges would be immense.'*

## Other comments received:

Concerns about West Birmingham's population featured in responses to the consultation; sometimes very strongly in both the online survey and the written submissions, as they did in pre-consultation.

There was a question in one written submission on whether absorbing Solihull's deficit would have a negative impact on Birmingham's services. The same submission saw the benefits of economies of scale and thought that it would provide a good foundation for tackling inequalities particularly as the new organisation could 'cherry pick the best from each CCG'.

*'Would have liked to have seen the Equality Analysis that accompanies this decision making. What engagement will you be undertaking with those groups identified in the equality analysis that are most likely to be affected?'*

There were also many positive comments about the preferred organisational change option. Three examples are given below:

- *'This is a good move to help streamline services and get better patient care efficiently.'*
- *'One area and one management team will always work better than a fragmented area.'*
- *'...the amalgamation of CCG's for Birmingham and Solihull is the right thing to do for the public and partners. The benefits are overwhelming and will improve services and treatment for our communities. I strongly support option 3 to will look forward to working in partnership with a combined CCG and removal of potential postcode lottery. One team working together to make our city and town safer, healthier and happier.'*

**Independently prepared on behalf of Birmingham CrossCity, Birmingham South Central and Solihull CCGs by:**

**Chris Khamis**  
**Director, CSK Strategies Ltd**  
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