

*Working together for healthier futures*

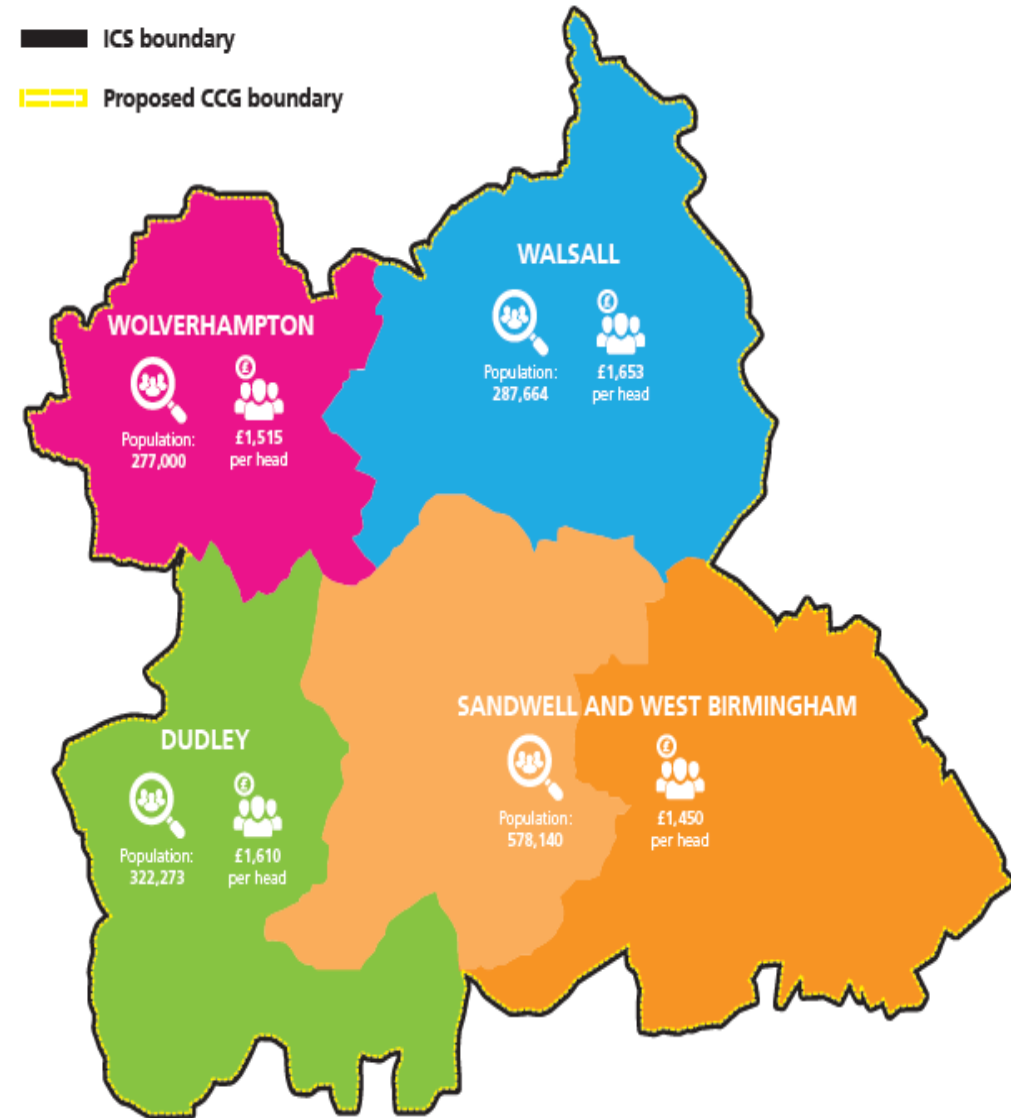


# Structure of Commissioning in the Black Country at Birmingham

NHS Dudley Clinical Commissioning Group  
NHS Sandwell and West Birmingham Clinical Commissioning Group  
NHS Walsall Clinical Commissioning Group  
NHS Wolverhampton Clinical Commissioning Group

# About this conversation

- This conversation is jointly led by the four NHS Clinical Commissioning Groups (CCGs).
- Collectively we are considering the future of commissioning arrangements across the Black Country and West Birmingham.
- We are inviting views from key stakeholders.





# NHS Context

- Clear expectation that there will typically be a single commissioner for each STP/ICS. Further emphasised in “Phase 3” letter.
- Each STP to become an Integrated Care System (ICS) by April 2021.
- Within each ICS, integrated care to be further developed building on the Vanguard experience – the Dudley Integrated Health and Care NHS Trust.
- Different role for CCGs. More collaborative. Working with providers to make best use of resources and improve population health. Support to partner with others including local government. Support for GPs and community services.

# Right task at the right population level

## ICS whole system working

Outcomes framework and population health management capability for all population levels – feeds ICS, ICPs, PCNs

Single commissioner with bilateral contracts with providers, ensuring consistency of standards, core pathways, outcomes across all areas

Overarching strategy and strategic priorities.

Clinical Services Strategy and care model core requirements, SOPs where required

Consistent clinical standards, guidelines and thresholds (e.g. diabetes pathway), health and care together

## ICP place working

Local Delivery structures to implement CIP / QIPP / transformation in line with ICS priorities

Operational liaison, local system coordination, aggregation and support for PCNs

Partnership of providers, health and care, district / local level partnership working incorporating wider determinants of health to improve health outcomes

## PCN neighbourhood working

Integrated care provision in local teams, populations based on GP lists  
Local relationships across NHS, range of providers, voluntary sector, building community assets

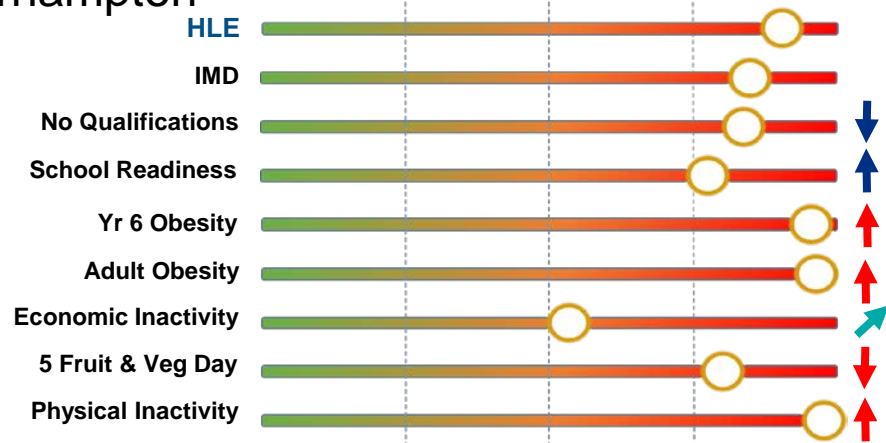
Proactive case management  
Predictive / anticipatory care  
Local implementation to meet specific population needs



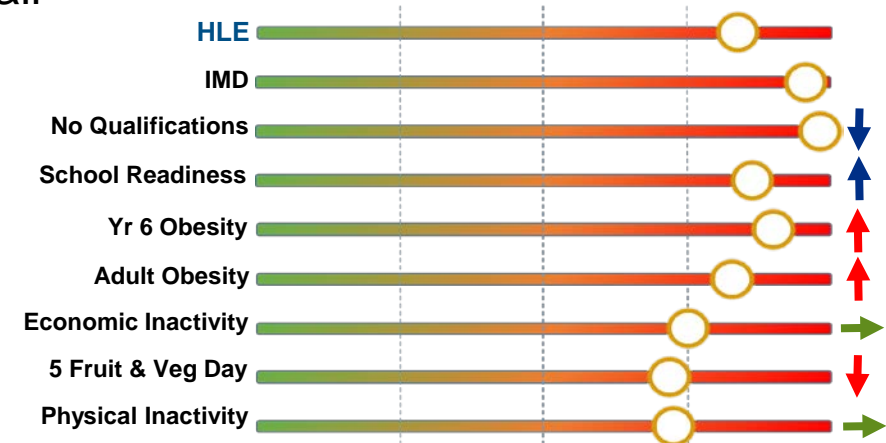
# Population Health Management

## Our shared long-term agenda

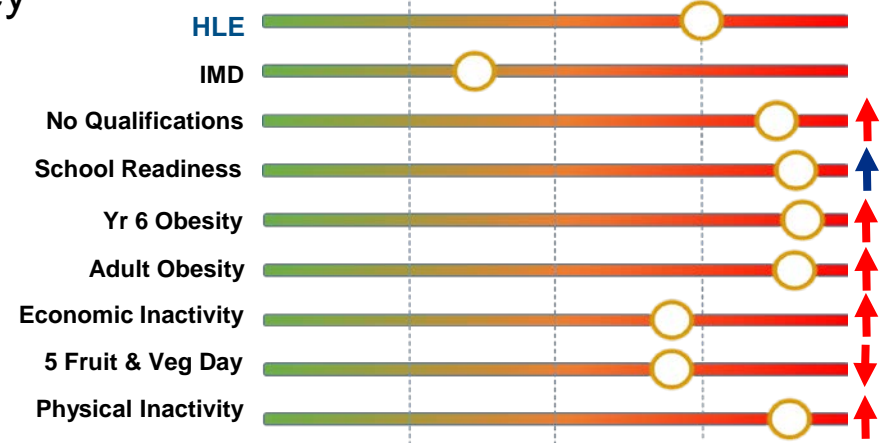
### Wolverhampton



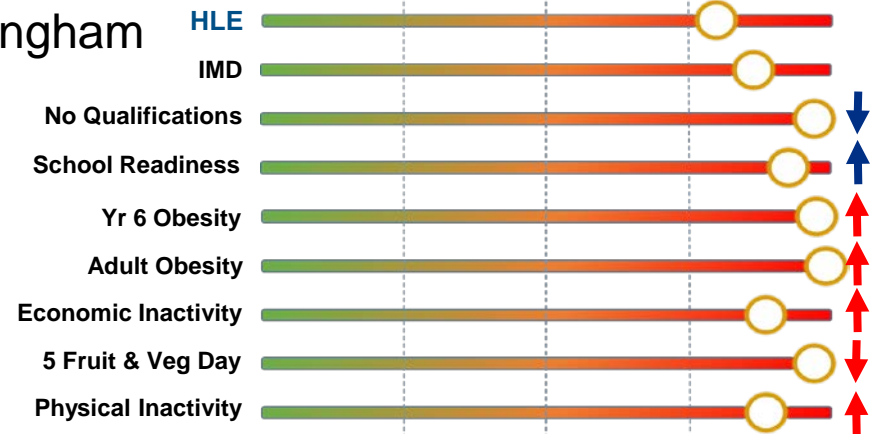
### Walsall



### Dudley



### Sandwell & West Birmingham



All predictors have been arranged to the same polarity so red is worst and green best. The bars depict centiles 1 to 100. Predictors are arranged in order of influence in the model. Arrows show trend.

# The advantages of scale

- Greater commissioning leverage in holding acute services to account and creating more integrated provision
- Opportunity to address unwarranted variation across secondary, community and primary care services
- Opportunity to address common health inequalities – those that already exist and those that have been exposed by COVID19
- Greater ability to manage financial and other risks which might leave a single organisation exposed
- Reduction in duplication and management costs



# Progress so far

- Appointment of a single Accountable Officer serving four separate statutory bodies
- Establishment of a single senior management team led by the Accountable Officer
- Creation of governance arrangements to facilitate co-ordinated decision-making
- Shared learning disseminated across all CCGs
- Single co-ordinated response to COVID19, using the advantages of scale, effective decision-making and rapid execution
- Single approach to Restoration, Recovery and Reset.



# Dudley's strengths

- Strong local relationship with primary care which has enabled a number of innovative developments.
- Maturing Primary Care Networks as a basis for sustaining and developing primary care.
- Effective relationships with partners as a means of integrating services and addressing the wider determinants of health and health inequalities.
- Partnership model embedded through the Dudley Integrated Health and Care NHS Trust.





# Key tasks for Dudley

- Supporting the continued development of Dudley Integrated Health and Care NHS Trust
- Supporting the continued development of our Primary Care Networks
- Continue to develop strong local relationships with partners
- Creating a strong “sense of place”
- Sharing learning with and learning from our Black Country and West Birmingham colleagues
- Make use of the advantages of scale to deliver change for our population.



# Addressing your concerns 1

## **The organisation will be centralised and remote**

- Dudley will have its own team led by Neill Bucktin as the Managing Director. This team will be responsible for supporting the development of our Primary Care Networks, managing the ICP contract with Dudley Integrated Health and Care NHS Trust and working with the Council. The team will be based here in Dudley and report to Dudley's own Commissioning Committee.



## Addressing your concerns 2

**We have 6 functioning Primary Care Networks in Dudley, we don't want them to disappear**

- Primary Care Networks will continue to exist as part of the national GMS contract. They are not affected by this proposal.
- They will provide a fundamental building block of our arrangements – developing primary care, providing representation on our Dudley Commissioning Committee, working with Dudley Integrated Health and Care NHS Trust to integrate services and provide a sustainable future for primary care.



# Addressing your concerns 3

## **Clinically led influence, control and decision-making will be lost**

- Dudley GPs will be represented on the Governing Body
- Dudley will have its own local Commissioning Committee, supported by the Managing Director and the Dudley team. Like the existing Governing Body, this will have a clinical majority and each PCN will elect a representative to serve on it.
- The Committee will have responsibility for managing the key areas of PCN development, ICP accountability, local partnership working and allocation of local resources



# Addressing your concerns 4

**Our CCG has performed well historically, we don't want to lose that**

- All 4 CCGs are rated as “good”. There is no reason why this level of performance cannot continue. Our place based arrangements are designed to support this.



## Addressing your concerns 5

**We've developed the Dudley Integrated Health and Care NHS Trust, this might be lost**

- The STP is already committed to each place having its own integrated care model. Dudley's is at an advanced stage. The contract will be extended from 1 October 2021 and fully mobilised by 1 April 2021 for a period of up to 15 years. This represents a real commitment on the part of the CCG, now and for the future.

# Addressing your concerns 6

## Dudley's money will be spent elsewhere

- It's worth establishing some principles
  - the current level of resource in each place will be retained
  - future decisions about resource allocation will be based on need
  - Dudley will have a say through our governing body representatives
  - the resource allocation process will be open and transparent
  - Dudley Commissioning Committee will manage its own budgets and plans
- In the past, all 4 CCGs have benefitted from mutual financial support in various ways. These benefits will continue in a single organisation



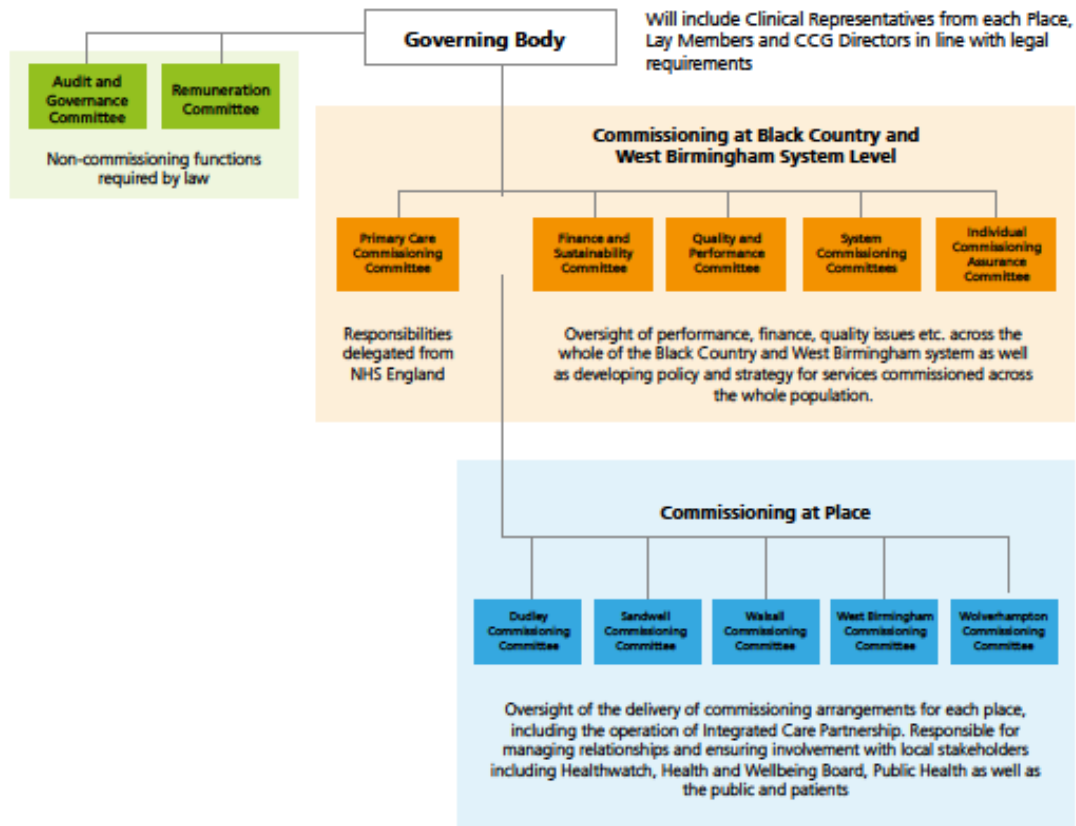
# A strong Dudley voice – governance, management and accountability

- Single Governing Body – Dudley representation within a clinical majority
- Dudley Commissioning Committee – dealing with local issues – ICP accountability, PCN development, population health management.
- Representative – elected by you from the GP membership
- Local management – local Managing Director, local management team, based in Dudley, focussed on our system.





# System coordination and power with local influence and relationships



If there is support to merge we would:

- create a model for patient and public engagement, working with local people and partners to ensure it is fit for purpose
- The governance structure would be streamlined and transparent on where decisions were made and how local places could influence decisions
- Have clinical leadership and involvement at every level

# Dudley Commissioning Committee - responsibilities

- Development of Dudley commissioning strategy
- Management of Dudley actions to address health inequalities, including population health management
- Management of Dudley Integrated Health and Care NHS Trust's contract
- Management of Dudley's budgets
- Approval of service developments
- Management of "QIPP" efficiency schemes

- Management of primary care development strategy.
- Management of the relationship with the Council, the Police, Dudley CVS and voluntary sector organisations
- Approving the CCG's input to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy through the Health and Wellbeing Board
- Approving joint commissioning strategies including Better Care Fund and "Section 75" arrangements
- Management of local communications and engagement with patients, public and other stakeholders

# An update on stakeholder engagement

- **Phase 1** - conducted in October 2019, was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS.
- **Phase 2** - conducted during February and March 2020. Feedback on the initial listening exercise and explored what our members, staff and wider stakeholders thought of the governance model for the Black Country and West Birmingham CCGs.

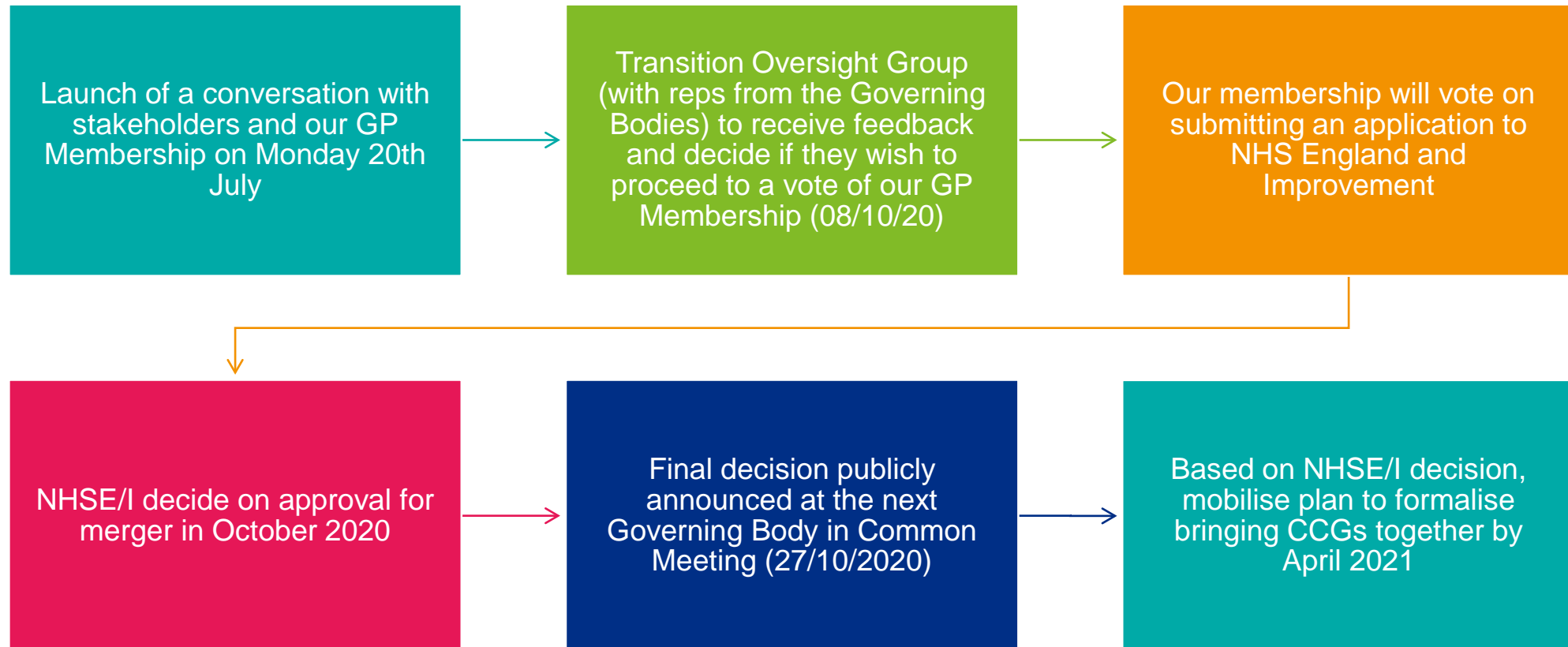
**Next steps** - We are now seeking views on a proposal to change the future of commissioning for the Black Country and West Birmingham and to merge our four CCGs. Stakeholders can share their views by reading our conversation document and completing an online survey from **Monday 20 July 2020 to Monday 7 September 2020**.

**The conversation document and survey have been shared with GP members and they are also available on our CCG websites.**

Virtual events will also be held to discuss our proposals, ask questions and invite comments as well as suggestions.



# Next steps towards creating a single organisation



# To summarise.....

Operating at scale with local control and influence brings benefits

Clinical leadership is paramount – GP majorities at governing body and local levels – elected by you

Local management, decision-making and accountability – your elected GPs on a Dudley Commissioning Committee controlling local resources

Focus on PCNs, ICP, effective partnerships – to deliver benefits to patients

No reduction in resources



# Any questions?



*Working together for healthier futures*



# Future of Commissioning in the Black Country at Birmingham

**For further discussions please contact:**

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NHS Dudley Clinical Commissioning Group  
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