

# Coventry Health and Social Care Scrutiny Board

22 July 2020

## The future of health commissioning in Coventry and Warwickshire

### 1 Purpose

- 1.1 To brief the Coventry Health and Social Care Scrutiny Board on the future of health commissioning in Coventry and Warwickshire, the proposed changes to the structure of the Clinical Commissioning function and the future process.
- 1.2 To seek the support of the Coventry Health and Social Care Scrutiny Board for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire.

### 2 Recommendations

- 2.1 For the Coventry Health and Social Care Scrutiny Board to
  - Support the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire

### 3 Information/Background

- 3.1 The NHS Long Term Plan (LTP) was released in early January 2019. This outlined a new service model for the NHS. Every Sustainability and Transformation Partnership (STP) area in the country is to be, or be part of, an Integrated Care System (ICS) by 2021.
- 3.2 The three Clinical Commissioning Groups in Coventry and Warwickshire have been considering how we can best support the move to an ICS and how we might need to change to accomplish this.
- 3.3 Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, outlining the options available. These options were identified as do nothing, to retain three CCGs as individual statutory organisations but with a single management structure, or to fully merge, with the three CCGs becoming one statutory organisation.
- 3.4 Any options which involve the strategic direction of the CCG is a matter reserved to all member organisations (“the members”) of the CCG. Members were asked to vote on their preferred option.
- 3.5 The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of

full merger to their members. This option was considered the best way to develop and invest in our system going forward, have a strong and consistent GP voice at all levels in that system and improve health outcomes for our population.

- 3.6 Each CCG ran an voting process for their members where members were able to vote on the three options outlined in the case for change
- 3.7 The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger.
- 3.8 In Coventry and Rugby 88 out of a possible 126 votes were cast. Of these
  - 23 were for Option 1 – Do Nothing
  - 12 were for Option 2 – Joint Working
  - 53 were for Option 3 – Merger.

#### **4 Next steps for process**

- 4.1 The three CCGs are now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply to NHS England to become a merged organisation, we need to submit a number of documents, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger is 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020.
- 4.2 There has been a change in the timeline for submitting the application, brought about by the need to respond to COVID-19. The application process was paused from mid-March to mid-May so that CCGs could divert our resources into our immediate COVID-19 response. Although the CCGs continue to respond to COVID, they have been able to now restart the work on the merger programme alongside the ongoing COVID-19 response, and our work to restore services.
- 4.3 In addition to the process of application for merger, the CCGs are starting the process for recruitment for a single Accountable Officer across the three CCGs. This is running concurrently with the formal application to merge, and will not be dependent on the outcome of the application progress. The Accountable Officer will be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers.
- 4.4 We hope to be able to announce the successful candidate in September
- 4.5 The Scrutiny Board will be kept up to date with the progress of this recruitment.

#### **5 Ongoing engagement and the benefits of merger**

- 5.1 If this application is successful, the three CCGs would aim to become a merged organisation by April 2021.
- 5.2 The CCGs are clear regarding the advantages that they believe that a merger will bring for the system and the population of Coventry and Warwickshire.

**Opportunity to develop Place to meet the needs of our population and address health and care inequalities**

- A single CCG across Coventry and Warwickshire will be able to make system-wide decisions in a joined up way, allowing our "Places" (Warwickshire North, Rugby, Coventry and South Warwickshire) to take a local approach on service provision, alongside our partners, to suit their individual populations and address local inequalities without being driven by the needs of other areas.

**Faster more efficient decision making to enhance the experience of care**

- A single CCG will provide stronger, more consistent and quicker decision making, reduce duplication and delays in implementing services. Patients get the best care and clinicians benefit from a more streamlined, joined up healthcare system, working closely with our partners across health and social care to co-ordinate services.

**Significant administrative savings to reduce per capita cost of health care and improve productivity**

- Becoming one CCG, with one Governing Body, reduces administrative costs without a negative impact on our ability to support primary care and deliver services to our patients. It would also help us reduce our financial deficit in the longer-term.

**Easier to recruit and retain staff and increase the wellbeing and engagement of the workforce**

- A single, forward thinking, stable organisation is more attractive to potential leaders and employees, making it easier to recruit, afford and retain staff with the right skills and experience and deliver effective staff wellbeing programmes across the area.

**Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population**

- As a single CCG we will be better able to respond to new funding opportunities, bringing money into our system. It will increase our influence, negotiation and commissioning power. This means we can support our Places and PCNs and deliver the objectives of the Long Term Plan, prioritising prevention and improving health and wellbeing

5.3 These benefits align with the principles outlined in the Health and Wellbeing Concordat of prioritising prevention, strengthening communities, co-ordinating services and sharing responsibility. They also reflect the feedback we have had from stakeholders, patients and the public as to their aims for health commissioning.

5.4 Successful progression of the merger programme is one of the CCG key priorities over the next few months. The response to COVID has demonstrated the importance of being able to work in with our health and social care partners four local "Places" of Coventry, Rugby, South Warwickshire and Warwickshire North to address issues at a local level, whilst also delivering Coventry and Warwickshire wide programmes and making decisions in a joined-up way. We believe that creating a single merged commissioning organisation to support four strong Places is the best way to do this, so it is imperative that we keep on making progress towards this goal.

- 5.5 Ongoing engagement with our stakeholders and our population forms an essential part of this process, and it is important to the CCGs that the views of our stakeholders are able to help to shape the potential form of the new strategic organisation and ensure we identify and maintain a strong focus on the benefits which the new organisation will deliver for our local populations.
- 5.6 Further details as to the opportunities for engagement, particularly on the development of our Clinical Commissioning Strategy, which outlines how we will commission services as a single organisation, will be shared with stakeholders in due course.

### Additional Documentation

- Timeline of stakeholder engagement

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