

# Moving Forward Together

## A proposal to merge the five Clinical Commissioning Groups in Norfolk and Waveney by April 2020

The five NHS Clinical Commissioning Groups in Norfolk and Waveney have begun an engagement process with a view to formally merge by April 2020.

We believe merging makes good sense. We think one strong health commissioning organisation across Norfolk and Waveney will help to address pressing issues and offer greater clarity to patients and professionals. The NHS Long Term Plan also states that there should “typically” be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS).

This means there are important questions about how this happens and how we can safeguard the strengths of CCGs, such as local focus and clinical leadership.

As the Chairs of the five organisations, we want your views and feedback.

We understand that you want to know practically how this proposal would work, how it meets the needs of future challenges within health and social care, and how it would affect you as someone living and working in Norfolk and Waveney. This document outlines the proposal, and provides you with the opportunity to give feedback on your thoughts. We encourage you to make your voice heard – the views of local people and partners will be taken into account when the five CCG Governing Bodies meet in September 2019.

**Signed,**

**The Chairs**

## About this document

We are asking for your views on changing the way NHS commissioning is arranged in Norfolk and Waveney.

NHS commissioning is the process of planning, agreeing, buying and monitoring health services.

Currently, Norfolk and Waveney is covered by five commissioning organisations:

- NHS Great Yarmouth and Waveney Clinical Commissioning Group
- NHS Norwich Clinical Commissioning Group
- NHS North Norfolk Clinical Commissioning Group
- NHS South Norfolk Clinical Commissioning Group
- NHS West Norfolk Clinical Commissioning Group

NHS Clinical Commissioning Groups (CCGs) took over responsibility for planning, paying for and monitoring 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.

## How long do I have to give feedback?

You can respond to this proposal over the period 6th August to 6th September 2019.

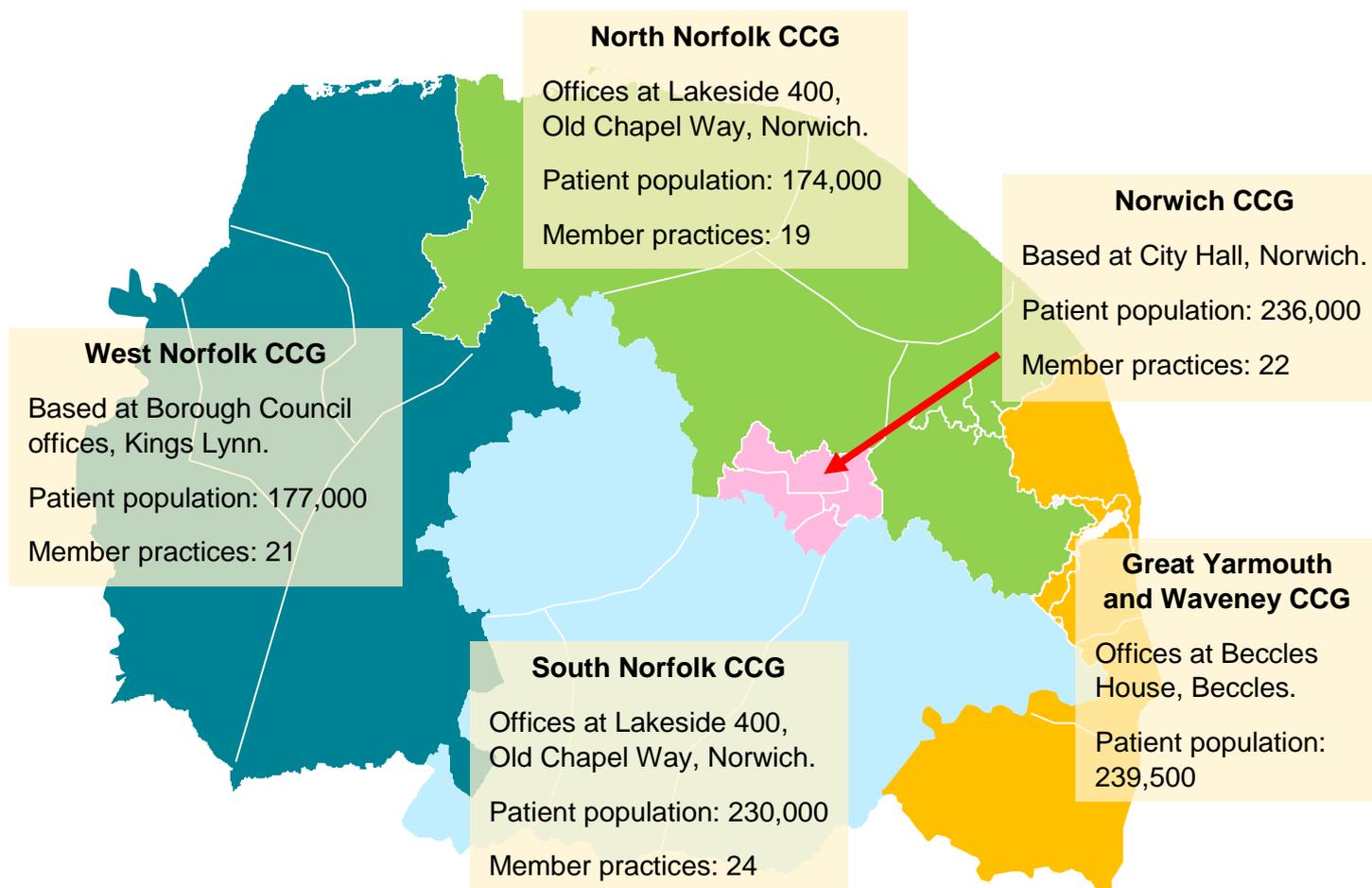
## What is not included in this proposal?

This proposal is specifically about the future of NHS commissioning arrangements in Norfolk and Waveney.

It is not focus on any other NHS organisation, or NHS funded health services, and does not affect hospital or primary care (GP) services.

## What are the current arrangements?

There are currently five separate Clinical Commissioning Groups in Norfolk and Waveney. Each one is a separate legal entity with its own Governing Body structures. The information below is as reported in each CCG's Annual Report 2018-19.



Each CCG has its own membership of local GP practices, Council of Members, and Governing Body with elected members from GP practices, lay members and senior management. Each has its own Governing Body Chair and committee structure including for Primary Care Commissioning, Quality and Remuneration.

In 2018 the CCGs created a shared Joint Strategic Commissioning Committee (JSCC), to co-ordinate the work of the five CCGs.

In April 2019, the CCGs began creating one joint team of staff and management to carry out the work of all five CCGs. Ultimately this will offer clear executive leadership, capacity and economies of scale. Melanie Craig was appointed joint Chief Officer, and an Executive Management Team and senior team is currently being finalised. During late August a process will begin to develop one full staff team structure.

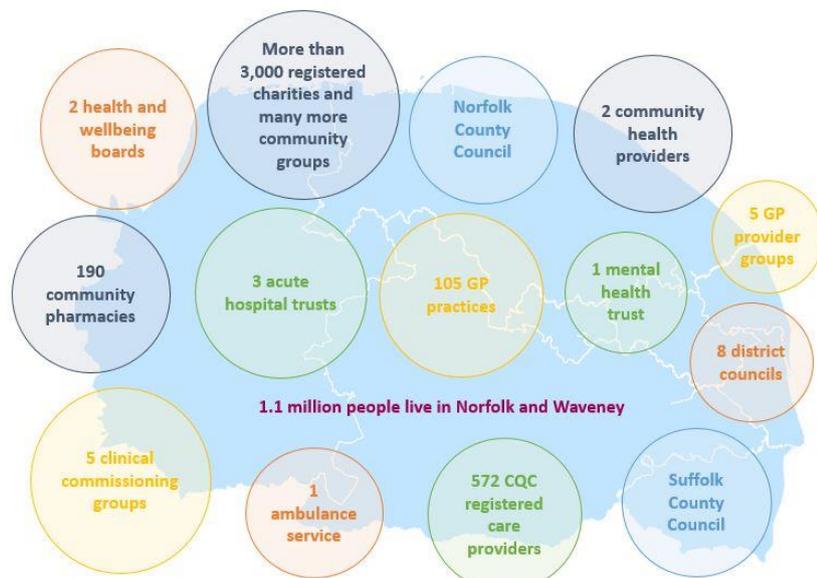
A transition group, made up of key members of staff from across the five CCGs, has been arranged to work on the development of the single management structure, to ensure that business as usual activity at the CCGs can continue.

The CCGs' Chief Officer is also Executive Lead for the Norfolk and Waveney Sustainability and Transformation Partnership. This is a partnership of local health and care organisations working together to build healthier communities in Norfolk and Waveney. The partnership includes local GP practices, hospitals, community care, social services and mental health teams that together provide services to more than a million people.

## About Norfolk and Waveney

Norfolk and Waveney is a large rural area, with large urban settlements and many smaller market towns and villages.

Our population in Norfolk and Waveney is generally older and it is projected to increase at a greater rate than the rest of England, which creates a challenge for the health and care system. Almost all of the population increase over the last five years has been in the over 65 age groups and we anticipate the largest increase between 2014 and 2025 to be in those aged 65 and over.



These changes will increase the need for health and social care support as multi-morbidity, frailty and risk of emergency admissions increase with age, which will impact on primary and community care provision. This means that due to age alone between 2014 and 2025, we will see about 9,000 additional people with diabetes, more than 12,000 additional people with CHD, more than 5000 additional people who have suffered a stroke and almost 7000 additional people with dementia (ref: local modelling, Public Health Information Team).

## The changes we propose

The five CCGs propose to merge into one CCG for all of Norfolk and Waveney, with one Governing Body. A joint staff team is already being created to work across the existing five CCGs.

During early discussions among Governing Body members from all five CCGs, there were two areas which they wanted to be addressed:

- Ensuring our work is locally focussed as well as focused on the whole on Norfolk and Waveney
- Ensuring our work continues to be clinically-led. This means local doctors and nurses being involved in our work, our decision making and providing advice.

We believe these concerns can be addressed by:

### Clinical leadership

- Ensuring there are clinicians drawn from our local areas elected to the new Governing Body and providing advice and leadership in the CCG's work
- Each existing CCG has a 'Local Delivery Group' where health, council, voluntary sector and other partners meet to plan services in that local area. This is where strong, locally-focused decisions can continue to be made.
- There are new "Primary Care Networks" (PCNs) being developed across Norfolk and Waveney to bring GP services, community, mental health and social care teams closer together. Each PCN will be able to ensure local services are tailored to local need.

### Local accountability

- Ensuring an appropriate geographic spread of lay members from each area of Norfolk and Waveney
- Retaining local 'Councils of Members' - meetings of member GP Practices to discuss CCG business - if the practices wish to
- Our new management structure includes three Executive Director posts responsible for strengthening locality working (West Norfolk, Central Norfolk and Great Yarmouth and Waveney)

### Local visibility

- Our working bases would still be in King's Lynn, Norwich and Beccles.
- We would hold Governing Body meetings in public in different parts of Norfolk and Waveney so members of the public can attend as and where they wish.

## Why do we want to make changes?

The NHS Long Term Plan was issued in January 2019 and sets out a vision for the NHS over the next 10 years and beyond. It states that by April 2021 every area will have an Integrated Care System (ICS) which includes a single CCG.

“Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. 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.”

NHS Long Term plan, section 1.51.

### Benefits for patients:

We have listened hard to clinicians and patients over the years and we believe the biggest issues are wider ‘system’ issues that can only be addressed by having one strong, unified commissioning voice. For example we want - and must get - better mental health services with reduced waits and fewer out of area placements, quicker help for children and young people, especially in terms of mental health referrals and we must find ways to address rising demand in planned and unplanned acute care; We think having one CCG, one Board and one commissioning voice will help achieve this.

### Benefits for staff:

- Greater resilience as part of a larger organisation
- Working together as one organisation will generate economies of scale and reduce duplication
- Create opportunities for involvement in new areas of work to support career progression
- Create opportunities to work in a new way, making the best use of new technology and improve staff work-life balance
- Provide more consistent leadership and direction for staff working across the Norfolk and Waveney Health and Care Partnership

### Benefits for partners:

- Breaking down the barriers to shared working and paving the way for the Integrated Care System (ICS)
- Providing a single point of contact for partners and a single vision for commissioning services
- Support for existing partnerships and working relationships at place and neighbourhood levels

## Financial benefits:

NHS England and NHS Improvement requires the cost of running CCGs to be reduced so that more money can be ploughed into patient care,

This is how our 'running costs' will reduce in Norfolk and Waveney.



We are saving money by creating one single team of staff. However we think we can save more public money by having one CCG and one Governing Body, instead of five of each.

The total cost of running five Governing Bodies is £1.4 million per year. There are also hidden costs, for example staff time in servicing the five Governing Bodies. At this stage we have not carried out sufficient engagement to determine the number of lay and clinical members we would need on a new single Governing Body, but we would certainly expect to make a financial saving. Whilst we cannot say precisely how much money could be saved, at this moment, we would wish to speak with our practices and partners to inform the details of any future model.

We must also bear in mind the vital importance of continuing to have local expertise and clinical expertise. Many of our Governing Body members are doctors or nurses and it is vital to retain strong 'clinical engagement'. Our lay members also bring a wealth of experience which we need - and are required to have - to run public services properly.

## Why not keep five CCGs?

The landscape is changing and we do not think this is an option.

We have achieved much as five, smaller CCGs since 2013 however decision-making across the 'wider system' is slower and more expensive with five Governing Bodies. Keeping five CCGs would not help us meet new demands and priorities, such as the need to improve performance, quality and our financial challenge across the whole of Norfolk and Waveney. We think our partners that provide services across larger areas, such as some NHS Trusts, would find it better to work with one bigger CCG.

## NHS England and NHS Improvement criteria

There are national criteria which must be addressed, for merging CCGs. These are summarised below. The CCGs in Norfolk and Waveney believe that these criteria are currently addressed, or will be addressed following engagement with member practices and partners.

- **Alignment with (or within) the local STP/ICS** - please see page 6
- **Co-terminosity with local authorities:** Great Yarmouth and Waveney CCG, and its predecessor Primary Care Trust, has served its populations in Norfolk and the Waveney area of Suffolk. This is not least because of the strategic importance of the James Paget University Hospital to this distinct area.
- **Strategic, integrated commissioning capacity and capability:** - please see page 6
- **Clinical leadership:** Safeguarding and strengthening our clinical leadership, as well as our local focus, would be paramount. This is described on page 5
- **Financial management** - a new CCG is required to have robust financial governance including independent audit. An experienced finance team is already in place and details of future arrangements would be developed before any application.
- **Joint working:** A merger should build on collaborative working between the existing CCGs and represent a logical next step from current arrangements. This is described on page 3
- **Ability to engage with local communities:** Safeguarding local focus and engagement is paramount. This is touched upon on page 5. As part of the process to apply to merge, the CCGs would be required to set out its engagement strategy. Each CCG has Local Delivery Groups which bring together a wide range of partners and these would be safeguarded and built upon.
- **Cost savings** - please see page 7
- **CCG Governing Body approval:** the merger application must show evidence of approval by each existing CCG Governing Body. The 5 CCGs have so far agreed to explore a possible merger and a final decision would be expected in September.
- **GP members and local Healthwatch consultation** - this is underway or in development

## What have we learned so far?

We know from speaking to local stakeholders such as our community and stakeholder engagement panels, our Patient Participation Groups (PPGs) based around GP surgeries, our Member Practices and staff that there are issues of great importance to them:

It is important to keep local differences and 'grass roots' relationships within the larger area

The issues of both rural and more urban areas need to be equally reflected

It is important not to lose the voice of patients and public in local areas

It is important not to lose existing examples of good practice

Larger organisations can feel more remote and less accountable locally

## How can I have my say?

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

To give us your views please complete our online survey at:

<https://www.smartsurvey.co.uk/s/NorfolkandWaveneyCCGProposal/>

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

[snccg.communications@nhs.net](mailto:snccg.communications@nhs.net)

Or write to:

Freepost RTJE-GXBZ-CSJR  
NHS Norwich CCG  
Room 202  
City Hall  
St Peters Street  
Norwich  
NR2 1NH

## What happens next?

The deadline to give feedback on this proposal is 6<sup>th</sup> September 2019. We will then write a report, including all of the feedback that we have received.

This feedback will then be considered by the CCGs and NHS England and Improvement in order to help NHS England and Improvement make a final decision regarding the future of the Norfolk and Waveney CCGs later this year.

The final decision will be made public as soon as possible.