

<b>Report of:</b>	<b>Head of Economic Prosperity</b>
<b>Contact Officer:</b>	<b>David Prosser-Davies</b>
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<b>Portfolio Leader:</b>	<b>Health and Wellbeing</b>
<b>Key Decision:</b>	<b>No</b>
<b>Report Track:</b>	<b>Cabinet: 11/07/19</b>

**CABINET**  
**11 JULY 2019**  
**PROPOSED CREATION OF SINGLE STRATEGIC COMMISSIONING UNIT**

**1 Purpose of Report**

- 1.1 To inform Cabinet of the proposed merger of the six existing Clinical Commissioning Groups (CCGs) in Staffordshire and to seek member input to a consultation response.

**2 Recommendation(s)**

- 2.1 To note the proposed merger of six Staffordshire CCGs into a single Strategic Commissioning Organisation from April 2020 as detailed in the report and in the CCG consultation document at Appendix 1.
- 2.2 To answer the questions posed in the CCG consultation document reproduced as Appendix 2
- 2.3 To amend as required and endorse the draft response at Appendix 3 and delegate authority to prepare a final response for sign off to the Head of Economic Prosperity, in consultation with the Portfolio Leader for Health and Wellbeing.

**3 Key Issues and Reasons for Recommendations**

Key Issues

- 3.1 Cannock Chase CCG is one of six CCGs in Staffordshire which together employ approximately 250 full time equivalent employees. The CCGs have a legal duty to plan and commission healthcare, including mental health services, urgent and emergency care, planned hospital services and community care. They also have delegated responsibility for GP practices. The membership of the CCG is

made up of the GP practices, since as GPs they are best placed to understand what services their patients need. CCGs are led by a governing body made up of GPs, other clinicians, including a nurse, and lay members.

- 3.2 Recent presentations delivered by the CCG and circulated by e-mail to members, explain current proposals to either retain six separate CCGs (Option 1) or merge all six into one single Strategic Commissioning Organisation for the County (Option 2). The CCG consultation document at Appendix 1 details at pages 2-5 these proposals and requests responses to key questions which are reproduced for ease of reference at Appendix 2.
- 3.3 The merger proposal would, it is suggested, allow a single commissioning organisation to focus on strategy and statutory compliance, whilst allowing the three existing Divisional Committees greater freedom to design and develop local clinical pathways to reflect local needs and issues. It would also create potential for efficiencies, in use of buildings, ICT, processes, removing duplication and also in commissioning services on a far larger scale. The footprint of the proposed single CCG would allow greater integration with Staffordshire County Council and more integrated commissioning.
- 3.4 The merger proposal is in line with the NHS long-term plan, published in January 2019, which revealed that integrated care systems (ICSs) would be rolled out across England by 2021. ICSs bring together NHS providers, commissioners and local authorities to work in partnership in improving health and care in their area. The long-term plan states there would be typically 'a single CCG for each ICS area', with CCGs set to become 'leaner, more strategic organisations'. It is considered that England's 191 commissioning groups could be cut by more than 75% in this process.
- 3.5 This larger scale is intended to help with strategic planning, integrating services and consolidating CCGs' leadership capability. However, there is a risk that commissioning across a larger population will make it more difficult for CCGs to design local health services that are responsive to patients' needs, one of the original objectives of CCGs. The CCG argues that retaining the three Divisional Committees will retain local accountability and in fact allow greater freedom and flexibility to meet local needs.
- 3.6 The consultation invites responses to the given options 1 and 2 and also asks if there are any other options the CCG should consider. A decision on whether or not to form a single CCG will be made by all CCG's GP members in September 2019. If they agree to do this, the Governing Bodies will make an application to NHS England, which sets criteria for determining whether such mergers can go ahead.
- 3.7 It is suggested that any response from the Council should also be forwarded to the local CCG and it's constituent member GPs so they are aware of the Council's position when making their decision.

#### Reasons for Recommendations

- 3.6 To ensure the Council has engaged in this consultation and submits an informed response to these proposals.

## 4 Relationship to Corporate Priorities

4.1 This report supports the Council's Corporate Priorities as follows:

Community Wellbeing – the Council has an interest in ensuring it is aware of, and engaged with, the work of CCGs, in order to maximise opportunities for influencing local health outcomes through effective partnership working.

## 5 Report Detail

### Background

- 5.1 CCGs were established under the Health and Social Care Act 2012. The Act led to the change from strategic health authorities and Primary Care Trusts (PCTs) to the establishment of NHS England and CCGs. CCGs replaced PCTs in April 2013 and are accountable to the Secretary of State for Health and Social Care through NHS England.
- 5.2 CCGs are clinically-led bodies with a legal duty to plan and commission most hospital and community NHS services in the areas for which they are responsible. CCGs are led by a governing body made up of GPs, other clinicians, including a nurse, and lay members. A local GP chairs each governing body. Dr. Gary Free is the current Chair of Cannock Chase CCG.
- 5.3 Across England there are increasing numbers of CCG mergers. The original number of 211 CCGs now stands at 191. A significant number of CCGs (including the six in Staffordshire) already share a single accountable officer and have shared leadership management teams. The Boards of all Staffordshire CCGs meet "in common" to assist in strategic decision making.
- 5.4 Since the 2012 Act came into force, there have been a number of changes to the way that commissioning is delivered in practice. There is a trend towards commissioning over larger areas, with local NHS organisations increasingly working together and many examples of CCGs and local authorities working closely to support the integration of services across health and social care.
- 5.5 As part of this shift, and an increasingly place-based approach to commissioning, new models for commissioning and delivery of health care are emerging. Local areas are being encouraged to develop integrated arrangements that suit their local circumstances, rather than these being directed centrally. It is likely that as these models develop, more CCGs will merge.
- 5.6 The Department of Health & Social Care and NHS England have not reviewed the introduction of CCGs since their introduction in 2012, although most stakeholders provide a positive view of their engagement with CCGs. Research by the King's Fund and Nuffield Trust found that effective involvement by clinicians is an essential component of high quality commissioning and that

CCGs have secured better engagement from clinicians than previous forms of commissioning. The same research also found that CCGs face barriers to developing effective commissioning such as reduced funding and taking on additional work.

- 5.7 The funding that NHS England allocates for CCG's running costs has reduced in recent years. In November 2018, NHS England confirmed that CCG's allocation would reduce by a further 20% in 2020-21. The current budget allocation for Cannock Chase CCG is £193m and the CCG commissions healthcare for 133,000 people; this compares with a budget allocation of £1.8bn for the six CCGs together, commissioning healthcare for 1.1 million people. Whilst one of the arguments out forward for the merger is ability to commission at scale, it is known that the CCGs already collaborate in commissioning activity.
- 5.8 The CCG argues a major benefit to any merger would be in reducing duplication in decision making and streamlining financial arrangements. Each CCG has it's own set of accounts, and it's own Board and local committees. This presents issues in making decisions which are often subject to many lengthy and bureaucratic processes. For example if a service is being reviewed in the North of the County, and the South of the County may benefit from this, the South then has to wait until the review is completed prior to moving forward and go through the same process again. This can create delays and inefficiencies, which would be removed if all aras were commissioning services under one organisation.
- 5.9 In an extract from the annual report 2017-18 the CCGs' single accountable accountable officer, Marcus Warnes, states (when discussing the staff change management programme) "...I want to stress that this is not a merger of CCGs...Maintaining local commissioning decisions for local people is a key driver behind these proposals..." The clear suggestion within the annual report is that CCGs are already working well together to deliver improvements in patient outcomes and that three shared priorities have been agreed across the CCGs.
- 5.10 Anecdotally, local engagement with the Cannock Chase CCG has been poor, with lack of visibility cited as an issue and no drive from the CCG or GP practices to push forward social prescribing in relation to leisure activities. With a move to a single commissioning organisation, it is unclear whether this would improve. Cannock Chase has poor health outcomes, particularly in relation to levels of obesity, when compared with most Staffordshire Districts. There is much potential for the CCGs to work more closely with Districts and Boroughs to tackle what are known as the wider determinants of health and, again, a move to a single commissioning organisation presents uncertainty as to whether this potential could be realised.
- 5.11 In terms of local performance, the table below summarises the current NHS England performance ratings for CCGs in Staffordshire. Revised ratings are to be published imminently. It should be noted that two out of the 51 indicators used to assess performance (financial sustainability and quality of leadership) together account for 50% of the overall rating and it is known that Cannock Chase CCG, and others in South Staffordshire, are financially challenged.

CCG	NHS Performance rating 2017-18
Cannock Chase	Inadequate
East Staffordshire	Good
North Staffordshire	Good
South East Staffs & Seisdon	Inadequate
Stafford and Surrounds	Inadequate
Stoke on Trent	Good

As can be seen, Cannock Chase CCG, along with other Southern Staffordshire CCGs, is rated inadequate. It is known that Cannock Chase CCG Cannock Chase CCG's cancer performance is one of the worst across all CCGs from Staffordshire and Stoke on Trent and the Category 1 ambulance response target (7 minutes) was not met in 2018. These failings are amongst a wide range of indicators used to assess performance and are of course heavily dependant on the performance of the chosen provider and how this is managed.

5.12 In summary, the key features of the proposed merger (see Appendix 1) are:

- Replacement of six CCGs, each with their own legal obligations, constitution, Boards, accounts etc. with one single commissioning organisation, to remove duplication and to make decision making simpler and quicker;
- Delegated responsibility for decision making at local level given to Divisional Committees (these Committees already exist);
- Higher quality , and better developed , strategy, with a single set of shared priorities (though it is known a set of shared priorities has already been agreed);
- Greater efficiencies, which can reduce costs and improve the overall financial position;
- Helping deliver care closer to home by strengthening community services;

## **6 Implications**

### **6.1 Financial**

None

### **6.2 Legal**

None

### **6.3 Human Resources**

None.

### **6.4 Section 17 (Crime Prevention)**

None.

### **6.5 Human Rights Act**

None.

**6.6 Data Protection**

None.

**6.7 Risk Management**

None.

**6.8 Equality & Diversity**

None.

**6.9 Best Value**

None.

**7 Appendices to the Report**

Appendix 1: CCG consultation document

Appendix 2: Extract showing consultation questions

Appendix 3: Proposed draft response

**Previous Consideration**

None

**Background Papers**

None



NHS Cannock Chase Clinical Commissioning Group  
NHS East Staffordshire Clinical Commissioning Group  
NHS North Staffordshire Clinical Commissioning Group  
NHS Stafford and Surrounds Clinical Commissioning Group  
NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
NHS Stoke-on-Trent Clinical Commissioning Group

# Your views on our journey...

...towards becoming a single Strategic Commissioning Organisation



## Who we are

Clinical Commissioning Groups (CCGs) are groups of GPs who come together to form a membership. Along with Lay Members they are clinically led decision making bodies who are responsible for designing and buying local health and care services. Six CCGs do this for the 1.1 million people who live across Staffordshire and Stoke-on-Trent.

## The need to come together

**We need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent.**

**This means we need to be much better at how we plan, buy and deliver health and care for you.**

There are many benefits of coming together as shown in the diagram opposite. The NHS Long Term Plan which was published earlier this year is all about working together effectively, with no barriers. Coming together is one way we can start to do this in Staffordshire and Stoke-on-Trent, to deliver our health and care services more efficiently.

Our **six Governing Bodies** have asked for assurance on **how we protect**:

- **Clinical leadership** – one vision of integrated care that is led by doctors and nurses, and breaks down barriers in the interests of patients
- **Local control** – looking at how we make decisions for each area, so that everyone living here will benefit

- **Local needs** – staying focused on what's important locally, from patient experience to service development shaped by strong, local patient voices
- **Money** – removing duplication and working efficiently by consolidating the buildings used to deliver services, focussing on what really matters to local patients, and becoming more intelligent buyers of local health services
- **Integrated care** – supporting local health, social care and voluntary organisations to work together to remove barriers in delivering quality care. As six CCGs or as a single CCG, they would work towards delivering the Together We're Better partnership's vision:

**“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work”.**



**To commissioners**

- Focus on outcomes by strengthening our Divisions and giving delegated responsibility for local decision making to Divisional Committees
- Quicker and simpler decision making
- Better relationships with providers
- Higher quality strategy
- More efficiencies which can reduce costs and our deficit.



**To providers**

- More control over services and money
- Quicker and simpler decision making
- More control of design of services and also about working more closely together as a system.

**To the system as a whole**

- A focus on preventing ill-health, social prescribing\*, self-care
- The chance to re-design services
- The chance to focus resources on primary care
- A single set of shared priorities
- Better relationships.

**To GPs**

- The chance to design and deliver local services
- More control over how money is spent locally

**To patients**

- Better services and better outcomes
- More joined-up services
- Services tailored to local needs
- More information and support to help self-care

\*Sometimes referred to as community referral, social prescribing is where GPs, nurses and other primary care professionals can refer people to a range of local, non-clinical services.

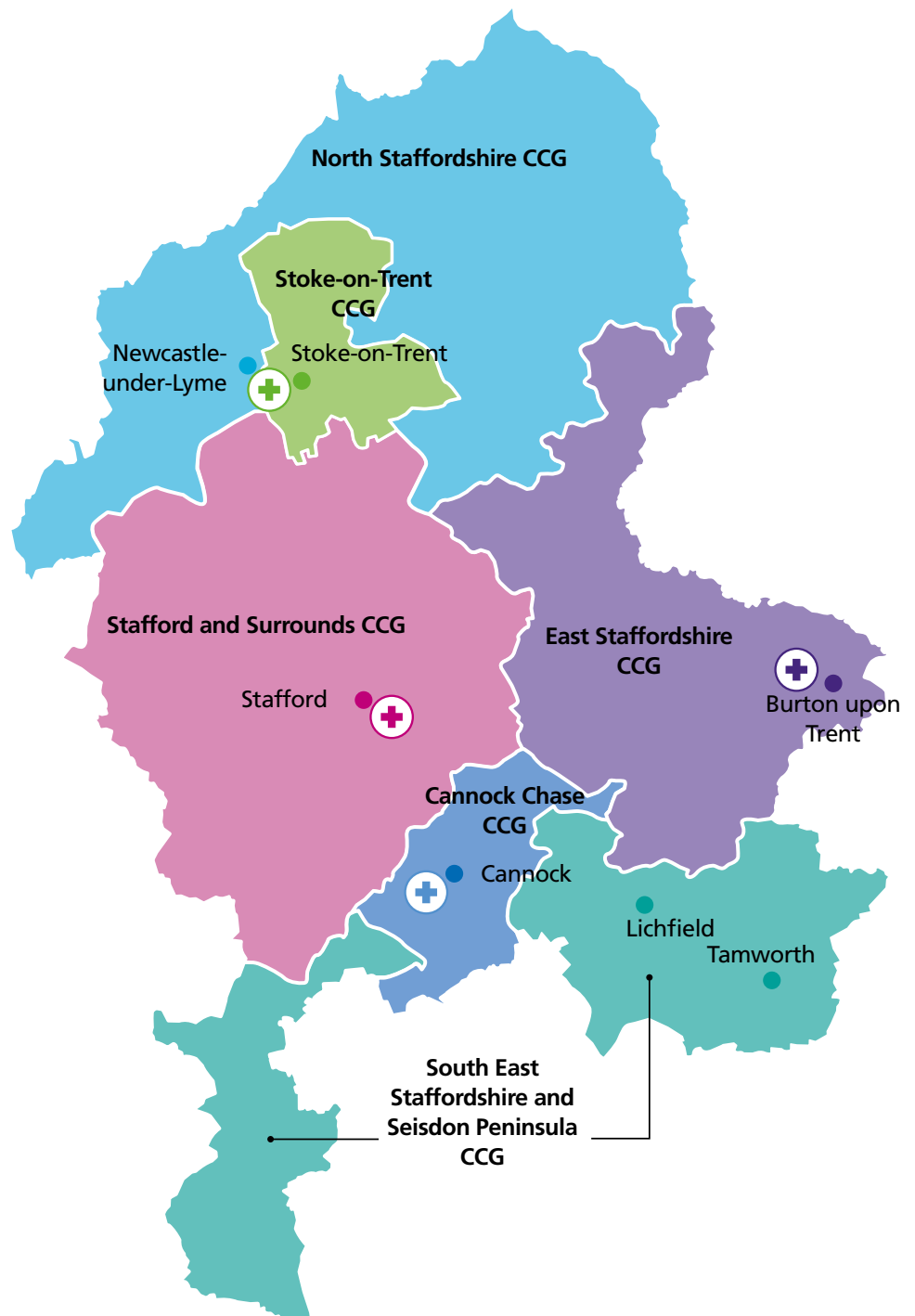
# What we are proposing

Health services in Staffordshire and Stoke-on-Trent are currently split into six geographical areas, and led by six separate local Clinical Commissioning Groups (CCGs).

The six CCGs have been working more closely together over recent years, and now have a single leadership team and staffing structure. This means where possible, we do things once and not six times. But we continue to be mindful of the different needs of the smaller local areas. We also hold our Governing Body meetings 'in common' so that any strategic decisions that affect the whole population can be made quickly and consistently.

In December 2018, we applied to NHS England, telling them we would like to explore the development of a single organisation. Together we would be responsible for the decision making and buying of all health and care services from hospitals and primary care, mental health and physical health for 1.1 million people in Staffordshire and Stoke-on-Trent.

We would like to speak to local people to get their views on our plans to develop a single CCG for Staffordshire and Stoke-on-Trent from April 2020.





**Option  
1**

**Keep the current arrangements of six separate CCGs under a single leadership team**

The six CCGs stay as separate organisations, each responsible for their own statutory functions (legal obligations). The single leadership team will oversee the delivery of these, supported by meetings held jointly or 'in common'.

The CCGs will align their priorities and objectives, but each CCG keeps its own Constitution, and is responsible for its own local area. The constitutions will each need to be amended to reflect arrangements where Governing Body and members will meet jointly or 'in common' for any joint decision-making.




**Option  
2**

**Develop a new, single CCG**

To form a single Strategic Commissioning Organisation (sSCO) (CCG) for the county.

The single leadership team will oversee the delivery of the CCG's statutory functions (legal obligations), supported by governance (committee) meetings. A single Governing Body working to one set of statutory duties.

This model would free-up money and capacity to create efficiencies, for example across buildings, processes and IT.



**Are there any other options we should consider?**

# How we will maintain local decision making for local people

A single CCG would be a stable arrangement. A single CCG would follow the arrangements of the Health Scrutiny and Health and Wellbeing Boards at Staffordshire County Council and Stoke-on-Trent City Council. It would allow for more effective partnership working.

Our GP members will continue to work in local networks to inform our decisions and services, based on local needs. **We have already done work to involve the six CCGs' Governing Bodies, and the 155 member GP practices.**

## What happens next

Throughout the month of May, we will be formally consulting with our hospitals, voluntary / community sector representatives, local authorities (councils), Health Overview and Scrutiny Committees, Health and Wellbeing Boards, NHS England / NHS Improvement, local Patient Participation Groups, the general public and CCG staff.

Feedback gathered from the consultation will be collated and reported back to the CCGs, by NHS Midlands and Lancashire Commissioning Support Unit, between 9 and 17 June. A decision will then be made by the CCGs' Governing Bodies on 27 June 2019.

As we progress with our involvement, we expect to identify issues, concerns or developments that are important to our GP practices, stakeholders and local people. We will keep working on these throughout.

If you would like to know more about our proposals, please visit your local CCG's website or call **01782 298 002**.

The consultation begins on **Thursday 9 May 2019** and runs until **midnight on Sunday 9 June 2019**.

There are many ways to share your views with us:

- Complete the feedback form on your local CCG's website or complete the paper survey at the end of this booklet.
- Email us at [mlcsu.involvement@nhs.net](mailto:mlcsu.involvement@nhs.net)
- Call us on **01782 298 002**
- Attend one of our public meetings:
  - **22 May**, North Staffordshire Medical Institute, Hartshill, Stoke-on-Trent, ST4 7NY
  - **23 May**, The George Hotel, Lichfield, WS13 6PR
  - **28 May**, St. Edwards Academy, Leek, ST13 8DN
  - **29 May**, Entrust, Stafford, ST16 3TH
  - **4 June**, Aquarius Ballroom, Hednesford, Cannock, WS12 1BT
  - **5 June**, Pirelli Stadium, Burton, DE13 0BH
- **Arrival from 6.30pm**; event **opens 7pm** and closes 8pm. To book a place visit your local CCG's website, email [mlcsu.involvement@nhs.net](mailto:mlcsu.involvement@nhs.net) or call us on **01782 298 002** to book a place
- Write to us at PO Box 12345, Stoke-on-Trent, ST1 1TS

We will also be sharing information about the consultation through our Twitter [@StaffsCCGs](https://twitter.com/StaffsCCGs) and Facebook [f @StaffsCCGs](https://www.facebook.com/StaffsCCGs).

## Visit your local CCG's website

[northstaffsccg.nhs.uk](http://northstaffsccg.nhs.uk)

[staffordsurroundsccg.nhs.uk](http://staffordsurroundsccg.nhs.uk)

[stokeccg.nhs.uk](http://stokeccg.nhs.uk)

[cannockchaseccg.nhs.uk](http://cannockchaseccg.nhs.uk)

[eaststaffsccg.nhs.uk](http://eaststaffsccg.nhs.uk)

[sesandspccg.nhs.uk](http://sesandspccg.nhs.uk)

## Introduction and Data Protection statement

**For your feedback to be included you must tick to confirm you have read and agree with the following Data Protection statement, and consent to your responses being used as part of this consultation.**

Your views and opinions on the consultation on proposals to create a Strategic Commissioning Organisation across Staffordshire have been requested by the following NHS organisations:

- NHS North Staffordshire Clinical Commissioning Group
- NHS Stoke-on-Trent Clinical Commissioning Group
- NHS East Staffordshire Clinical Commissioning Group
- NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
- NHS Stafford and Surrounds Clinical Commissioning Group
- NHS Cannock Chase Clinical Commissioning Group.

These organisations commission and provide health care services across Staffordshire.

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) have been commissioned by the six Staffordshire CCGs listed above, to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses a survey tool called Snap which is owned by Snap Surveys Ltd, an organisation specialising in the delivery and management of surveys. Any information you provide will be added to Snap for analysis and handled in accordance with UK Data Protection Legislation.

The survey asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity etc.). This information is used to ensure the responses are representative of the demographics of the whole local population. The postcode data will also be used to undertake geodemographic segmentation using the Wellbeing ACORN tool. The data will be available in its entirety to MLCSU, and the CCGs will be in receipt of some of the responses which will then be inputted into Snap. You do not have to provide this information to take part in the survey.

Any reports published using the data collected will not contain any personal identifiable information and only show feedback in anonymous format. These anonymised results may be shared publicly, for example on NHS public-facing websites or printed and distributed.

Your involvement is voluntary, and you are free to exit the survey at any time. You can also refuse to answer questions in the survey, should you wish. All information collected via the survey will be held for a period of five years from the date of survey closure, in line with the Records Management Code of Practice for Health and Social Care 2016, which all NHS organisations work under.

Any queries about your involvement with this survey can be emailed to: [mlcsu.involvement@nhs.net](mailto:mlcsu.involvement@nhs.net)

Please tick here to confirm you have read and accept the terms outlined within the Data Protection statement as above.

**For your feedback to be included you must tick to confirm you have read and agree with the above Data Protection statement, and consent to your responses being used as part of this consultation.**

# Your views on our proposals

1. As explained earlier, we are considering two proposals. To what extent do you support each of these proposals?

Please give a score between 1 and 5, where 1 is very unsupportive and 5 is very supportive.

	1 is very unsupportive	2	3	4	5 is very supportive
<b>Option 1:</b> Keep the current arrangements of six separate CCGs under a single leadership team					
<b>Option 2:</b> Develop a new, single CCG					

## Please tell us your views on option 1

2. What do you agree with?

3. Do you have any concerns or are there any groups or individuals you think may be negatively impacted by this option?

4. How could these negative impacts be overcome?

## Please tell us your views on option 2

5. What do you agree with?

6. Do you have any concerns or are there any groups or individuals you think may be negatively impacted by this option?

7. How could these negative impacts be overcome?

8. Do you have any other suggested options that we should consider?



# About you

Please provide us with your postcode: this does not mean we will be able to identify you individually. It will help us to make sure that we have gathered enough views from people in each area and we will review this during the consultation period.

Enter your postcode here

## 9. Are you responding as:

	A member of the public
	On behalf of an NHS organisation
	On behalf of another public sector organisation
	On behalf of another organisation
	On behalf of a patient representative organisation
	On behalf of a voluntary organisation

## 10. What is your ethnic group? (Choose one option that best describes your ethnic group or background)

	White: English/Welsh/Scottish/Northern Irish/British
	White: Irish
	White: Gypsy or Irish Traveller
	White: Any other White background <i>(please specify below)</i>
	Mixed/Multiple ethnic groups: White and Black Caribbean
	Mixed/Multiple ethnic groups: White and Black African
	Mixed/Multiple ethnic groups: White and Asian
	Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background <i>(please specify below)</i>
	Asian/Asian British: Indian
	Asian/Asian British: Pakistani
	Asian/Asian British: Bangladeshi
	Asian/Asian British: Chinese
	Asian/Asian British: Any other Asian background <i>(please specify below)</i>
	Black/African/Caribbean/Black British: African

	Black/African/Caribbean/Black British: Caribbean
	Black/African/Caribbean/Black British: Any other Black/African/Caribbean background ( <i>please specify below</i> )
	Other ethnic group: Arab
	Other ethnic group: Any other ethnic group ( <i>please specify below</i> )

### 11. What is your age category?

16 - 19	55 - 59
20 - 24	60 - 64
25 - 29	65 - 69
30 - 34	70 - 74
35 - 39	75 - 79
40 - 44	80 and over
45 - 49	Prefer not to say
50 - 54	

### 12. What is your religion?

No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Any other religion ( <i>please specify below</i> )

**13. What is your sex?**

Male	Other ( <i>please specify below</i> )
Female	Prefer not to say
Intersex	

**14. What is your gender identity?**

Gender Reassignment: Have you gone through any part of a process or do you intend (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)?

Yes	Prefer not to say
No	

**15. How do you identify yourself?** (e.g. non-binary, gender fluid etc.?)

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**16. What is your sexual orientation?**

Heterosexual (people of the opposite sex)	Bisexual (people of either sex)
Lesbian (both female)	Other ( <i>please specify below</i> )
Gay (both men)	Prefer not to say

**17. What is your relationship status?**

Married	Separated
Civil Partnership	Widowed
Single	Other ( <i>please specify below</i> )
Divorced	Prefer not to say
Lives with Partner	

The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.

**18. Are you pregnant at this time?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

**19. Have you recently given birth? (within the last 26 week period)**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

**20. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

<input type="checkbox"/>	Yes, limited a lot	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, limited a little	<input type="checkbox"/>	

**21. Do you consider yourself to have a disability?**

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities).

<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Long-term illness
<input type="checkbox"/>	Sensory disability e.g. deaf, hard of hearing, blind, visually impaired	<input type="checkbox"/>	Other ( <i>please specify overleaf</i> )
<input type="checkbox"/>	Mental health need	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Learning disability or difficulty	<input type="checkbox"/>	

**Please describe your physical disability below:**

**Please describe your sensory disability below:**

**Please describe your long-term illness below:**

**Other, please describe below:**

22. Do you care for someone? (Tick as many as appropriate)

<input type="checkbox"/>	Yes - Care for young person(s) aged under 24 years	<input type="checkbox"/>	Yes - Care for adult(s) aged 25-49 years
<input type="checkbox"/>	Yes - Care for older person(s) aged over 50 years	<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	

23. Have you ever served in the armed services?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

**Please tear out these survey pages and return to us at:**

**Freepost Plus RTAA-XTHA-LGGC  
 Communications  
 Heron House  
 120 Grove Road  
 Stoke-on-Trent  
 ST4 4LX**



## Your views on our proposals

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Option 1: Keep the current arrangements of six separate CCGs under a single leadership team					
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7. How could these negative impacts be overcome?

8. Do you have any other suggested options that we should consider?

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**Proposed Draft Response letter to CCG consultation**

Suggested this is also forwarded to the Cannock Chase CCG and all member GPs

Dear Sir / Madam,

**Proposed Merger of six CCGs in Staffordshire into a Single Commissioning Organisation**

Firstly I would like to thank your colleagues Sally Young and Anna Collins for having taken the time to present to our elected members the CCGs proposals and for having answered our further questions. Having considered the proposals, Cannock Chase Council wishes to formally submit its response to the consultation.

Please find enclosed a completed consultation response form. In addition, please see below some additional comments from the Council, which it is hoped will be considered when a decision is made.

Additional comments:

- Cannock Chase Council recognises the difficulties currently being faced nationally in health and care service provision and the transformation of services. The authority is also mindful of the NHS Long Term Plan, and the view of there being typically 'a single CCG for each ICS area', with CCGs set to become 'leaner, more strategic organisations'. We recognise there is a direction of travel nationally which is likely to see significant reductions in the numbers of CCGs, through similar mergers.
- The Council also recognises the hard work and dedication of current CCG employees and GPs. The Council is, however, concerned that, having recently undergone an intensive employee change management programme, the CCG now proposes to undergo further structural change. The Council would suggest that the new shared leadership and management arrangements be given an opportunity to review more fully how the existing arrangements are delivering and to examine ways in which savings and efficiencies can be realised through greater collaboration, without the need for a formal merger.
- The Council is determined, through acting on wider determinants of health, to play a full part in tackling health inequalities in the District and sees greater collaboration and closer working with the CCG as integral to this ambition. The Council is concerned that creation of a Single Commissioning Organisation (SCO) is likely to reduce, rather than enhance, the potential for such a working relationship to develop;
- The Council recognises that the existing Divisional Committees have a significant role to play going forward in developing local clinical pathways and tackling local issues, but sees no reason why this cannot happen within the existing arrangements; the Council would encourage the CCGs to explore ways of devolving more autonomy to the Divisional Committees which will hopefully reduce some of the complexity and bureaucracy involved;

- The Council would also support greater collaboration on commissioning of services. The Council understands that collaboration already features in this process and sees no reason why this cannot be extended to look at efficiencies in the use of buildings, streamlined procedures etc. with a view to enhanced model of collaborative working, again, without the need to formally merge.
- Locality commissioning is at the heart of the CCG model and the Council has concerns that local GP influence on commissioning decisions could be reduced if the proposed merger goes ahead. In the Cannock Chase CCG annual report of 2017-18, Marcus Warnes states (when discussing the employee change management programme) "...I want to stress that this is not a merger of CCGs...Maintaining local commissioning decisions for local people is a key driver behind these proposals..." . The Council fully endorses this view.
- The Council would wish to see an opportunity for elected member (and possibly officer) representation on the Divisional Committees, so that opportunities for joint working can be more fully explored and to ensure that the Council is able to play the fullest possible role in local commissioning decisions;
- There is concern amongst members that the creation of a SCO will significantly reduce the influence of local GPs and could result in resources being diverted away from Cannock Chase District. The Council would be interested to hear how local funding and services will be safeguarded and how local GPs will retain opportunities to influence strategy.

The Council hopes its views will be considered in due course and would wish to be kept informed of progress in due course.

Yours etc.

Christine Martin

Portfolio Leader for Health and Wellbeing