28/06/2019

Appendix 1



County Durham and the Tees Valley Clinical Commissioning Groups

Proposals for new clinical commissioning groups for Tees Valley and Durham CCGs



What are the current arrangements?

There are five CCGs covering Teesside, Darlington and Durham:

• NHS Darlington CCG

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- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG

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Between them, they plan, buy and monitor NHS services for a population of over 1.2m million people.



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What do CCGs do?

- CCGs plan, buy and monitor (commissioning) most hospital and healthcare services in the local area.
- The types of services commissioned by CCGs include:
 - planned hospital care
 - rehabilitative care
 - urgent and emergency care (including out-of-hours and NHS 111)
 - most community health services
 - mental health services
 - learning disability and/or autism services

CCGs are regulated by NHS England and are accountable to the Secretary of State for Health and Social Care.

 Our proposals will not affect any of these services or your ability to use them.

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Why do we want to make these changes?

- Shared Accountable Officer and management team since Oct 2018, working at scale whilst retaining strong focus on local communities but,
- · Long Term Plan requires:
 - Fewer CCGs

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- Creation of 'strategic' commissioning organisations
- Reduction in running costs by 20%
- Need to focus on transforming services across providers to provide better outcomes for patients and to reduce inequality
- Merger could help us provide these and additional benefits

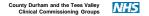
Our Proposals

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- 1. Single CCG across the ICS i.e. Cumbria and the North East
- Single CCG across the 5-CCG collaborative: merger of Darlington CCG, Durham Dales, Easington & Sedgefield CCG; Hartlepool & Stockton-on-Tees CCG; North Durham CCG and South Tees CCG.
- Single CCG across each Integrated Care Partnership: i.e. the southern ICP (South Tees CCG, Hartlepool and Stockton on Tees CCG and Darlington CCG) and the central ICP (Durham Dales, Easington and Sedgefield CCG, North Durham CCG, South Tyneside CCG and Sunderland CCG)
- 4. Two CCGs with a shared management structure i.e. a single Tees Valley CCG and a single Durham CCG whilst retaining a shared management structure

What our proposals are NOT about

- This proposal is not about any other NHS organisations – like hospitals and mental health, community or family doctor (GP) services - or any health or care services provided by the NHS or local councils.
- It does not affect any services we buy from voluntary and community sector (VCS) or any other organisations.



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Principles

- No detrimental impact on patient services.
- Balance of benefits between commissioning at scale with understanding local needs.
- Focus on local work with practice networks, local authorities and others is retained and remains a priority.
- Strong clinical leadership both within the CCGs and the local system is supported.
- Greater level of management efficiency so that funding can be directed to patient care.
- Not be distracted from delivery of our key priorities including transformation of clinical pathways and the development of local primary care networks.
- Any changes are fit for purpose in the longer term, supporting our endeavours to work effectively with partners whilst ensuring the CCGs have a strengthened voice in system decision making.

County Durham and the Tees Valley Clinical Commissioning Groups

Expected benefits

We will be able to:

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- Progress our work to create a stronger, clearer and more consistent commissioning voice for our area, building on the strong foundations of locality-based GP-led commissioning and be more able to deliver the resilient and sustainable NHS services that local people need.
- Have the ability to transform patient pathways across locally linked providers, which will help us to address health inequalities.
- Eliminate the significant administrative burden that comes from running five statutory organisations. Operating more streamlined corporate functions would enable us to focus more of our people and resources on delivering improved services and better patient experience.

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Why we think option 4 would work best

- We can retain a local focus whilst making greater savings
- It will support pathway transformation and greater equality in clinical outcomes across our populations
- · It will strengthen our work with the Local Authorities
- It will help us use our clinical leadership effectively across a broader population base
- · It will support financial sustainability
- It is likely to be supported by partners, stakeholders and NHS England

What this will mean for patients and the public

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- Our proposals do not affect any of the services we buy or your ability to use them
- Two single CCGs would ensure consistency and help make our resources go further, delivering fairer outcomes for patients no matter where they live. It would not affect frontline patient services.
- As many of our existing teams already work across Durham and Tees Valley there are good relationships and engagement networks in all areas that put local people's views and experiences at the heart of our decision-making. We will continue to build on these relationships and strengthen joint working with partners.
- So that people's voices are heard no matter where they live in Durham and Tees Valley, we will continue to meet our statutory duties to provide information about, and opportunities to influence, our plans, priorities and any future plans to change services.

County Durham and the Tees Valley Clinical Commissioning Groups

What happens next?

- We are working with the local Healthwatch organisations to engage with patients and the public to get their views on our plans
- We are talking to our partners, like providers and the Councils and to stakeholders, like MPs and other CCGs to get their views
- These will inform the decisions our Governing Bodies will make in their meetings at the end of August
- If we decide to submit an application to NHS England in August as required, they will tell us whether we can establish the new CCGs from April 2020
- We will continue to engage partners, stakeholders and the public during this time

Please have your say

• What other:

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- Benefits or challenges do you think there will be if we go ahead with the proposed mergers?
- What other factors should we consider before we make any decisions about progressing the proposals?
- What are your views on the emerging preferred option?
- Do you have any views on the new name(s) of the organisation(s)?

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How to engage further			
 Your local Healthwatch is working with us to 			
gather public views.			
 They can be contacted at: 			
healthwatch County Durham	Freephone contact number: 0600 3047039 By Post: Heathwatch County Durham, Whitfield House, St Johns Road, <u>Meadowfield</u> Industrial Estate, Durham DHY 8XL By Phone: 0191 3781037 (Office Landline) 07756 654218 (Text) By E-mait/setallwatchCountydurham@pcp.uk.net		
healthwatch Darlington	Sy Post: Healtwarkh Darlington, Jublice House, 1 Chancery Lane, Darlington, DL1 5QP Spy Post: Healtwarkh Darlington, Jublice House, 1 Chancery Lane, Darlington, DY Phone: 01325 380145 (Landline) 07525 237723 (Text) By E-mail: Indighealthwarkhdarlington.co.uk		
healthwatch Hartlepool	Call: 01429 288 146 http://www.healthwatchhartlepool.co.uk		
healthwatch Redcar and Cleveland	Email: <u>general@healthwatchsouthlees.org.uk</u> General telephone: 01642 955605 Post Healthwatch Redcar & Cleveland, MVDA, St Mary's Centre , 82-90 Corporation Road, Middlesbrught TS1 2RW		
healthwatch Stockton-on-Tees	Email: healthwatchstockton@pcp.uk.net General telephone: 01642 68312 Post Healthwatch Stockton-on-Tees, Catalyst House,27 Yarm Road, Stockton-on-Tees,TS18 3NJ		
healthwetch Middlesbrough	Call: 01642 955 605 between the hours of 09:00 – 17:00 Monday to Friday. Post: Healthwatch Middlesbrough, Middlesbrough Voluntary Development Agency, St. Mary's Centre, 82-90 Corporation Road, Middlesbrough, TS1 2RW Email: general/Meantitwatchrouthees on gut	County Durham and the Tees Valley Clinical Commissioning Groups	NHS