

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

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



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.**

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
 - 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

1. Single CCG across the ICS i.e. Cumbria and the North East
2. 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.
3. 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.

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.

Expected benefits

We will be able to:

- 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.

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

- 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.

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:
 - 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)?

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: 0800 3047039

By Post: Healthwatch County Durham, Whitfield House, St Johns Road, Meadowfield Industrial Estate, Durham DH7 8XL

By Phone:

0191 3781037 (Office Landline)

07756 654218 (Text)

By E-mail: healthwatchcountydurham@pcp.uk.net

healthwatch
Darlington

By Post: Healthwatch Darlington, Jubilee House, 1 Chancery Lane, Darlington, DL1 5QP

By Phone: 01325 380145 (Landline)

07525 237723 (Text)

By E-mail: info@healthwatchdarlington.co.uk

healthwatch
Hartlepool

Call: 01429 288 146

<http://www.healthwatchhartlepool.co.uk>

healthwatch
Redcar and Cleveland

Email: general@healthwatchsouthtees.org.uk

General telephone: 01642 955605

Post: Healthwatch Redcar & Cleveland, MVDA, St Mary's Centre, 82-90 Corporation Road, Middlesbrough TS1 2RW

healthwatch
Stockton-on-Tees

Email: healthwatchstockton@pcp.uk.net

General telephone: 01642 688312

Post: Healthwatch Stockton-on-Tees, Catalyst House, 27 Yarm Road, Stockton-on-Tees, TS18 3NJ

healthwatch
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@healthwatchsouthtees.org.uk