

Proposed Merger of CCGs in County Durham and the Tees Valley

Dr Neil O'Brien, Chief Clinical Officer



About us

Clinical commissioning group (CCG) populations



NHS Darlington CCG
Patient Population 100,000

NHS Durham Dales, Easington and Sedgfield CCG
Patient Population 272,000

NHS Hartlepool and Stockton-on-Tees CCG
Patient Population 300,000

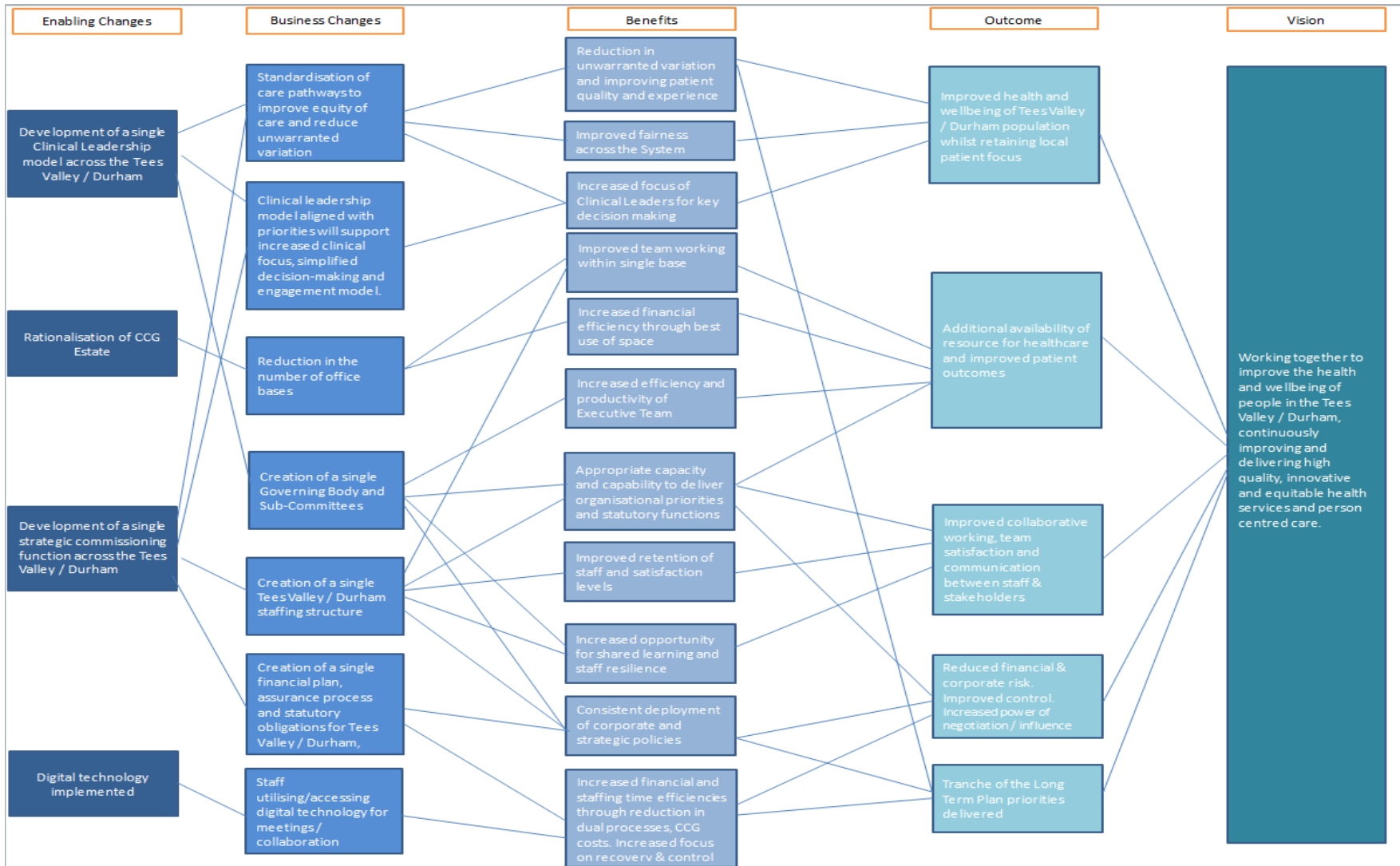
NHS North Durham CCG
Patient Population 253,000

NHS South Tees CCG
Patient Population 293,000

Case for change – maximizing our combined potential

- Natural next steps to our collaboration
- Supports nascent ICP and ICS
- Delivery of streamlined clinical pathways and improve health outcomes
- Right direction of travel (LTP) – single strategic commissioning voice
- Gain further financial and administrative efficiencies
- Opportunity for sharing best practice and learning – accelerate improvement
- Longer term financial and workforce (clinical input) sustainability

Benefits - interdependency map



Feedback from engagement

Healthwatch engaged for independent feedback

Letters to partners and stakeholders

Presentations to HWBBs and OSC



Full feedback report to Governing Bodies to support decision making

FAQs to be developed for ongoing communication and engagement

Positive from all partners, stakeholders, staff and public, recognise required efficiencies, want to see resource directed towards patient care



Continued and strengthened engagement, providing feedback on how efficiencies used to support patient care, strong benefits realisation process

Support 2 CCG option as balances ability to achieve efficiencies with keeping a local focus



Continued local focus critical; documentation developed that describes local approach; Constitution and make up of Governing Bodies to reflect local communities

Members expect opportunities for financial sustainability and security



Clear approach to financial delivery within each CCG

Benefits of risk share strengthened

Clarity on how local focus retained



Reinforcing local working and local management resource; strengthening clinical leadership through decision making process; developing local engagement approaches

Challenges and Response

Management and decision making may feel more remote from the membership and local partners



Continued engagement with members and partners will be key to ensuring this is mitigated as well as strong engagement with PCNs and LAs progressing integration

Clinical Leadership may become less aware of very local issues if drawn from a wider membership



Representation from the GPs serving the populations across the whole geography will be critical to retaining that local focus

Ensure needs of diverse populations are addressed



Mitigated by good engagement, equity impact assessment, population health management approaches, sound financial planning

Staff uncertainty and disruption



Continued engagement, limited further structure changes required

Financial challenges in Tees Valley



Better able to manage risks across the wider population, good engagement with ICP partners

Insufficient management capacity to effect the changes



Agreed project team and plan with additional capacity resourced from effective RCA reductions

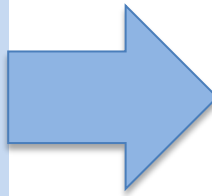
Maintaining a local focus

- Continued and developing integration work with local authority partners
- Continued voice of members throughout our decision making processes and greater devolvement of decisions to local primary and community teams
- Greater support for clinical leadership development and particularly PCNs
- Local, visible and accessible team including:
 - Chief Officer
 - CFO
 - Locality Commissioning Development and Delivery Director (s)
 - Locality Commissioning Development and Delivery Director for primary care
 - Medical Director(s)
 - Director of Nursing and Quality
 - Additional Directors for Children and Young Peoples services and for Mental Health and Learning Disability (working at scale)

Clinical Leadership

Clinical leadership review findings:

- All GBs have significant representation from membership
- Mixed engagement through CCOM
- Difficulty recruiting clinicians to GBs or taking on leadership roles impacting on governance and succession planning
- Portfolio Clinicians often poorly supported; work not always focused on priorities; varying levels of impact despite significant resource



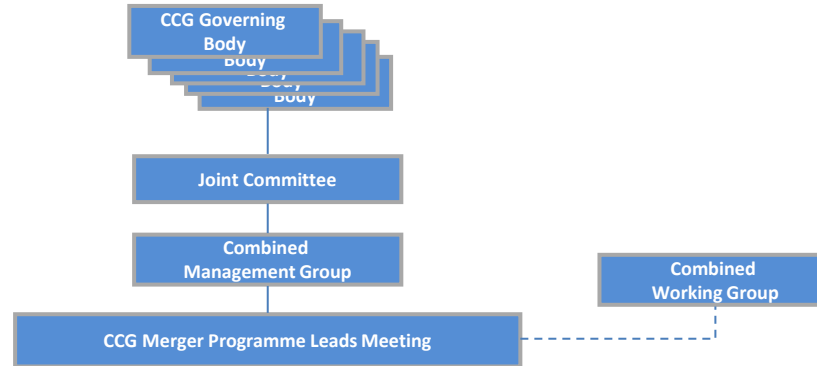
Response:

- Strengthened senior clinical leadership
- Portfolio roles rationalised, focused on statutory functions and priority areas
- Clear focus in quality, safety and service redesign
- Developing relationship with PCN Clinical Directors to align work and ensure clinical input into key developments and decisions
- New constitutions to be developed through Member engagement

Progress

- Significant efficiencies already achieved (£1.5m with further £0.5m expected)
- Governing Body meetings 'in common' and joint committee for shared decisions (49+ meetings stopped)
- Shared lay membership in place
- Senior management team working to support both potential CCGs
- Strong project team to deliver
- Application documentation ready

CCG Merger Programme Governance (RACI)



CCG Merger Programme Governance RACI

	Neil O'Brien Programme Sponsor / Clinical Lead	Nic Bailey / Stewart Findlay Tees Valley Project Sponsor / Durham Project Sponsor	Al Wilson Programme Director	Karen Hawkins / Joseph Chandy Tees Valley Primary Care Lead / Durham Primary Care Lead	Jacqui Keane Programme Manager / Governance Lead	Richard Henderson/Graeme Niven/Mark Pickering Financial Accounting / Control	Rachel Rooney Comms & Engagement Lead	Vicki Spoor / Julie Bailey HR & Workforce Lead / Organisational Development Lead	Julia Elliott Benefits Realisation Lead	Mark Pickering Estates / Procurement Lead	Mike Brierley Digital / ICT Lead	Craig Blair & Michael Houghton / Sarah Burns Tees Valley Commissioning Lead / Durham Commissioning Lead	Jean Goughly / Gill Findlay Tees Valley Clinical Quality Lead / Durham Clinical Quality Lead	Julia Elliott / Marie Dalkin PMO CCG Merger Programme
STANDING MEMBERS														
CCG Merger Programme														
Items/Activities in the meeting														
Agenda setting	I	I	R	I	C	I	I	I	I	I	I	C	I	C
Actions log: Update and manage	A	I	C	I	I	I	I	I	I	I	I	I	I	R
Decisions/Recommendations	A	R	R	I	I	I	I	I	I	I	I	I	I	I
Development of strategies / plans	A	A	R	R	R	R	R	R	R	R	R	R	R	I
Programme Progress	I	I	A	C	R (monitoring)	C	C	C	C	C	C	C	C	R (monitoring)
Programme Risk & Issue Escalations	A	R	R	C	C	C	C	C	C	C	C	C	C	R

Key Operational Support
 Kate Sutherland - Corporate Governance
 Jill Mathewson - Corporate Governance
 Nicola Murray - IT Digital
 Daniel Blagdon - Comms & Engagement
 Marie Dalkin - PMO

