

# **Report of the chief officer of the NHS Bradford district and Craven clinical commissioning groups to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 13 June 2019**

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**Subject: A proposal to create one clinical commissioning group (CCG) to serve Bradford district and Craven**

## **Summary statement:**

The three clinical commissioning groups in Bradford district and Craven are engaging with their GP practice membership on a proposal to create one CCG to serve the area from 1 April 2020. This will result in the dissolution of the three existing CCGs. We are also engaging with the public and other key stakeholders on this proposal, including members of the Health and Social Care Overview and Scrutiny Committee. The proposal does not affect frontline patient services.

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**Portfolio:**

**Healthy People and Places**

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## 1. Summary

- As part of a requirement by NHS England to reduce clinical commissioning group (CCG) running costs by 20% from 1 April 2020, the three Bradford district and Craven CCGs are consulting with their membership (GP practices in the area) on a proposal to create one new CCG.
- On 27 June 2019, the Councils of Representatives/Members (CoR/Ms) will meet to consider this proposal. There is one council for each CCG.
- Prior to then, we are engaging with the public and other key stakeholders, including members of the Health and Social Care Overview and Scrutiny Committee, to ascertain their views on the proposals.
- If approved by our membership, the new CCG would be created on 1 April 2020 following the dissolution of the existing CCGs.
- The proposal does not affect any frontline patient services.

## 2. Background

- Established in April 2013, NHS clinical commissioning groups are responsible for planning, buying and monitoring – known as “commissioning” - local health services. They work with health and care partners to improve population health by tackling health inequalities, and improving life expectancy and quality of life.
- CCGs are membership organisations, with local family doctors (GPs) as their members. The members meet together in the CoR/Ms to decide the priorities and direction of the CCGs.
- There are three CCGs in Bradford district and Craven:
  - **NHS Airedale, Wharfedale and Craven CCG** – population 156,000 and 16 member practices
  - **NHS Bradford City CCG** – population 118,000 and 25 member practices
  - **NHS Bradford Districts CCG** – population 328,000 and 35 member practices
- All three CCGs appoint members to a governing body and other committees, as well as their own GP clinical leads. The three governing bodies and all of their committees operate as committees-in-common (that is, they meet together to take joint decisions).
- Since 2016, all three CCGs have shared the same staff and management arrangements and work as one in terms of governance and decision-making.
- However, each CCG is a statutory organisation in its own right, meaning that CCG staff do a lot of things three times. For example we produce three sets of statutory accounts and annual reports, respond to three sets of mostly identical freedom of information requests, and provide three sets of data reporting in response to NHS England and other requests.
- In 2018, NHS England and NHS Improvement directed CCGs to follow their lead by reducing running (administration) costs by 20% by 31 March 2020. In Bradford district

and Craven, this equates to a £2.5m reduction in our running cost allocation from 1 April 2020. Nationally, these savings are to be re-invested in funding patient care.

### 3. **Report issues**

#### 3.1 **Reasons for change**

- Setting aside the directed running costs savings, the environment in which CCGs (and their strategic partners) are working is rapidly changing. New strategic partnerships between local statutory and other organisations create a need for change in the way that services are commissioned – for example, through shared decision-making in partnerships, and the emergence of provider collaboratives and community partnerships to drive service improvements. CCGs must consider their emerging roles within the environment and adapt appropriately.
- Having one CCG will create capacity to invest time, effort and energy into the new system partnership arrangements.
- The [NHS Long Term Plan](#) suggests that, typically, there will be one CCG per integrated care system (that is, the West Yorkshire and Harrogate Health and Care Partnership).
- Becoming one CCG in Bradford district and Craven will improve efficiency and effectiveness, at the same time reducing bureaucracy and helping to achieve around 40% of the required savings (approximately £1m). This comes mainly from reducing the number of statutory office holders, along with a reduction in the costs associated with running three CCGs.
- Remaining as three CCGs will threaten the clinical leadership model and management support arrangements. It is unlikely that two of our local CCGs would be viable without the shared arrangements already in place.
- With one CCG we would appoint members to one single governing body (rather than a combination of the membership of three governing bodies) and share clinical leadership across Bradford district and Craven.
- We are looking to achieve the rest of the savings through:
  - reviewing all staff vacancies and appointing only to critical posts;
  - reducing departmental budgets; and
  - where appropriate, sharing staff with our partners.
- Should the CoR/MS not agree to the creation of one CCG, savings would be found in other ways, for example, through a redundancy programme and further sharing of clinical leads and other staff.

#### 3.3 **A new CCG**

- A new CCG would be designed to work within the new local operating environment of partnerships, collaboration and new ways of working, as set out in the Strategic Partnering Agreement.
- Functions of the CCG would remain broadly the same, but the emphasis and operating model would change to accommodate the partnership context.

- Essentially, a new CCG would be founded on the same core principles as the current ones - that is, clinically led, professionally managed and accountable to the people we serve.
- It would have the same core vision to ensure people are *Happy, Healthy at Home* (the stated vision of the Bradford district and Craven health, care and support system).
- A new CCG would have the clear purpose of planning health services to meet the needs of the population within the financial allocations we receive.
- It would not simply be a merger of three existing CCGs as the work to be done is changing; it provides an opportunity to revise and refresh ways of working to better suit the partnership environment.
- We would continue working with groups of GP practices at local level in community partnerships across Bradford district and Craven that focus on people's health and wellbeing in local communities. Our financial resources are directly linked to these communities and we are developing reporting arrangements at this level.
- If approved by the CoR/Ms, work will commence on designing the future structure and ways of working for a new CCG through a clear development and implementation plan. These processes will be overseen by the CCGs' governing bodies.

### 3.3 **Impact of a new CCG on patients and carers of a single CCG**

- Creating a single CCG would not impact on any NHS or associated frontline services received by patients and carers, whether in hospitals, in the community or at GP practices.
- A single CCG would ensure consistency and help make our resources go further, delivering fair outcomes for patients no matter where they live.
- An integral part of NHS England's assurance process for the creation of new CCGs concerns the ability to engage with local communities. Assurance is required that any move to a larger geographical footprint will not be at the expense of the proposed new CCG's ability to engage with - and consider the needs of - local communities.
- As many of our existing teams already work across Bradford district and Craven, there are good relationships and engagement networks in all areas that put people's views and experiences at the heart of our decision-making. We would continue to build on these relationships and strengthen joint working with partners.
- So that people's voices are heard no matter where they live, 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.

### 3.4 **Engagement and equality impact assessment**

- We are engaging with our member practices (through the CoR/Ms) on this proposal.
- We are also engaging with the public, our partners and other stakeholders (see engagement document, attached).

- An equality impact assessment on the proposals is being drafted.
- To date 60 responses have been received from individuals and organisations, with the closing date for comments being Sunday 10 June. A verbal update can be provided at the meeting on the main themes from comments received.
- We will present feedback from the engagement to the CoR/Ms to inform their response to the proposals.

### 3.5 **Timescales**

- The CoR/Ms will meet separately to consider whether they wish to support the proposal on 27 June 2019.
- On 9 July, the governing bodies of the three CCGs will note the CoR/Ms' decisions. The governing body would oversee subsequent processes.
- Subject to agreement by the CoR/Ms, an application to create a new CCG will be made to NHS England by 30 August 2019.
- Subsequently, the CCGs would work with an NHS England panel to look at key lines of enquiry.
- Subject to approval, a new CCG would be created on 1 April 2020 following the dissolution of the three existing organisations.

## 4. **Options**

The following options will be considered by the CoR/Ms:

- to create one new single CCG with effect from 1 April 2020 to replace the three existing organisations;
- to remain as three statutory organisations and create savings in other ways.

## 5. **Contribution to corporate priorities**

This proposal is in line with the overall system approach of *Happy, Healthy, at Home* and reflective of partnership working.

## 6. **Recommendations**

Recommended:

- that the committee notes the position of the Bradford district and Craven CCGs with regards to the required reduction in running costs;
- that members note the engagement taking place with GP practices, the public and other stakeholders;
- that the committee contributes its views to the engagement process on the creation of one CCG to serve Bradford district and Craven.

## 7. **Background documents**

- None.

**8. Not for publication documents**

- None.

**9. Appendices**

- Appendix 1 - Engagement document: a proposal to create a new CCG for Bradford district and Craven