

# **2017 Consultation on the future of Birmingham and Solihull NHS Clinical Commissioning Groups**

## **Final report**

Prepared by CSK Strategies Ltd  
August 2017

## Contents

<b>Executive Summary</b> .....	<b>4</b>
<b>1. Introduction</b> .....	<b>7</b>
The three options .....	7
The consultation process .....	7
<b>3. Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.</b> .....	<b>13</b>
<b>4. Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.</b> .....	<b>17</b>
<b>5. Option three (and the preferred option) - a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team</b> <b>22</b>	
<b>6. General concerns and suggestions.</b> .....	<b>28</b>
<b>APPENDIX I: Responses from organisations.</b> .....	<b>32</b>
<b>APPENDIX II: Profile of online survey respondents</b> .....	<b>36</b>
<b>APPENDIX III Online Survey Questionnaire</b> .....	<b>39</b>

## ***Acknowledgements***

This report has been written by CSK Strategies Ltd, appointed to provide independent and impartial reporting on the consultation on options for changing the way NHS commissioning is arranged in Birmingham and Solihull. CSK Strategies would first like to thank all those past and present service users, service providers, health professionals, volunteers and other citizens of Birmingham and Solihull who took their time to study the three options, to ask questions of clarification and to put forward their views on the options. It is your views and thoughts that provide content to this report.

Secondly, CSK Strategies would like to thank NHS staff in the three CCGs covered and staff for their work in organising and facilitating the consultation meetings and the online survey, for the care taken with the notes they took at the many meetings, and for their patience and goodwill in answering CSK's questions of clarification.

Needless to say, any errors within this report are the sole responsibility of CSK Strategies Ltd.

## Executive Summary

The consultation asked for views on options for changing the way NHS commissioning is arranged in Birmingham and Solihull. It covered the following three Clinical Commissioning Groups (CCGs):

- ✓ NHS Birmingham CrossCity Clinical Commissioning Group
- ✓ NHS Birmingham South Central Clinical Commissioning Group
- ✓ NHS Solihull Clinical Commissioning Group.

Following a significant period of pre-consultation engagement with partners (see Section 2), three options were put forward:

- ✓ Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.
- ✓ Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.
- ✓ Option three and the preferred option of the three CCGs - a full functional organisational merger, that is, one single Birmingham and Solihull commissioning approach and management team.

The consultation was launched on 10 July 2017 and concluded on 18 August 2017. A consultation document was prepared with details on the rationale for each of the options and consultees were invited to four public meetings and to submit responses via an online questionnaire or through written submissions. As well as asking for views on each option, consultees were invited to provide the reasons for their views, their concerns and any suggestions.

The three CCGs used their existing channels and opportunities to raise awareness of the consultation. It is estimated that this supporting activity reached in the region of over 44,400 (excluding people reached via the radio, a number that cannot really be accurately estimated).

This is the final report on the consultation feedback to 18<sup>th</sup> August, the end of the consultation period. It is a summary of views put forward by all those who responded in different ways to the consultation. It has been prepared by an independent rapporteur to ensure transparency.

During the consultation there were, 12 written submissions from organisations (summarised in Appendix I), a further three from individuals including a local MP, 400 responses to the online survey and 45 people attending the public meetings as well as large numbers at meetings of organisations that the CCGs work with.

### ***Views on the three options***

**Option three** was clearly the most supported option. It was supported by significant majorities through the online questionnaire (two thirds of those that answered the questions, a positive balance of 40% of those supporting minus those opposing) and amongst organisations that made formal submissions (7 of the 11 with a further 2 suggesting they would support it if important details were clarified). More organisations responding via the online survey supported this option than opposed it.

However, the consultation responses indicated that there were many reservations and issues where more detailed work was felt to be needed. For example, over a quarter of online respondees supported the option but with reservations. Formal submissions from some organisations also raised issues that required clarification. These reservations were also reflected in the public and other meetings.

There were marked differences between Birmingham and Solihull consultees. Over three quarters of the members of the public in Birmingham responding to the online survey supported option three with just over half strongly supporting it. As only 15% did not support it, there was a net balance of 64% in support of this option. On the other hand, 50% of those responding who were members of the public from Solihull opposed this option. However, as a significant proportion (43%) supported the option, the net balance fell to 7% more opposing than supporting. In addition, some of the submissions from Solihull-based organisations supported option three with reservation.

There was also great support, just short of three-quarters, for option three amongst health professionals completing the online survey. The net balance was +49%.

**Option two** was opposed by more people than supported but was a more popular option than **option one**. Option two was opposed by 165 respondees (almost half, 47%, with just short of a fifth strongly opposing) compared to just below two fifths who supported it (almost a fifth strongly supporting). This gives a negative balance of 9% of those who supported it minus those opposed. This was a much closer result than for option one which was opposed by 216 of the 362 respondees to its online survey question (almost 60% and just short of a quarter strongly opposing it) compared to just over a quarter who supported it - a negative balance of a third of those who supported it minus those opposed.

Again, there were differences between members of the public from Birmingham and Solihull. More members from the public in Solihull responding to the survey supported option two than opposed it although the reverse was true for option one. Reasons for this support were usually linked to a desire to retain an independent Solihull CCG although there was also some support from members of the public in Birmingham who were worried that funds would be diverted from services in Birmingham to close the deficit in Solihull.

Little support was forthcoming for either option one or two from organisations that made formal submissions.

### ***Reservations and suggestions***

Reservations, concerns and suggestions mentioned suggest a series of issues that will need to be worked on whatever option the three CCGs and the STP decide on. The major issues raised were:

**West Birmingham;** Concerns about where west Birmingham's population and health economy fit into the proposals featured in very many of the responses to the consultation, as they did in pre-consultation, sometimes very strongly. This issue was raised by a number of partner and stakeholder organisations, at almost every consultation meeting and by a large number of respondees to the online survey. There was also a fear, including amongst health professionals, that west Birmingham's voice would be lost. Sandwell and West Birmingham CCG submitted a detailed response stating that it was keen to work closely with the other CCGs in

Birmingham but that because of two large and important initiatives, it wishes to retain its current configuration and, for now, structure relationships through formal partnerships.

**Place, local differences and Solihull:** There are differences between places and 'communities of interest' (e.g. ethnic or faith communities) which might be lost in a large CCG, increasing the risk of a 'one size fits all' approach being adopted by default because of financial pressures. Ways have to be found to ensure that the different voices of these different communities of place and interest are heard and acted upon. The issue of 'place' was expressed strongest in relation to Solihull as reflected in the greater support given to option two, and opposition to option three, by members of the public from Solihull and in submissions from Solihull-based organisations. Part of the concern is that there may not be a physical presence of a merged CCG in Solihull.

**Engaging local communities and equality issues:** There is a need to continue and deepen meaningful ways of engaging local communities and of tackling health inequalities by levelling up, not down.

**Financial issues:** These, and in particular issues around dealing with Solihull CCG's deficit, were another major set of concerns. Many consultees thought that there was insufficient information provided through the consultation on the savings that would be made through each of the options and that therefore concerns that Solihull's deficit would not be closed even with the full merger (option three). Perhaps in contradiction, worries were expressed from the Birmingham side that resources would flow from poorer Birmingham to richer Solihull to close its deficit (a concern also expressed in a written submission by a local MP) while, from Solihull, there were concerns that resources would be drawn to Birmingham from Solihull because it is larger. However, there was consensus that a larger CCG could reap significant economies of scale and cost reductions through its increased purchasing clout.

**Outcomes for patients:** Most respondents did welcome increased collaboration between the CCGs, even when they opposed option three, as they saw this as delivering better outcomes for patients which should be the main driving force for any changes.

**Accountability and transparency:** Some consultees suggested that there was a need for greater transparency in the rationale for CCG commissioning decisions. In addition, a reason stressed as important by some for supporting option three was that having a single governing body and management team allowed for greater transparency and accountability. Multiple governing bodies might make decisions less transparent and also make lines of responsibilities less clear.

**The consultation process:** There were a number of complaints that the consultation process had been rushed, that it was hindered by holding it during the summer holidays, that more public meetings should have been held and at a range of different times, and that more detail should have been provided in the consultation material. At the same time, many thanked NHS staff for their time in explaining the options and listening to what consultees had to say. Looking ahead, Healthwatch Solihull stressed that it would be important to provide feedback on the consultation to the public.

## 1. Introduction

### The three options

The consultation asked for views on options for changing the way NHS commissioning is arranged in Birmingham and Solihull. It covered the following three Clinical Commissioning Groups (CCGs):

- ✓ NHS Birmingham CrossCity Clinical Commissioning Group
- ✓ NHS Birmingham South Central Clinical Commissioning Group
- ✓ NHS Solihull Clinical Commissioning Group.

These three CCGs are each separate legal entities but are all partners in the Birmingham and Solihull Sustainability and Transformation Partnership (STP). Together they have set a clear direction for planning and partnership working, for the next five years but recognise that to maximise the benefits of planning and partnership working, there is a need for a single commissioning vision and voice which is 'strong, consistent and credible'.

West Birmingham was not directly involved in this consultation as it is served by NHS Sandwell and west Birmingham CCG which is a partner in the Black Country Sustainability and Transformation Partnership. However, residents, health professionals, organisations and others in west Birmingham were able to put their views forwarded and these are covered in this report.

Following a significant period of pre-consultation engagement with partners, summarised in Section 2 of this report, the three CCGs have put forward three options<sup>1</sup>:

- ✓ Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.
- ✓ Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.
- ✓ Option three and the preferred option of the three CCGs - a full functional organisational merger, that is, one single Birmingham and Solihull commissioning approach and management team.

### The consultation process

The consultation was launched on 10<sup>th</sup> July 2017 and ran to 18<sup>th</sup> August 2017. This followed an extensive pre-engagement consultation period to help formulate the options and to identify the information that needed to be included in any consultation material.

---

<sup>1</sup> A fourth alternative of a return to the previous situation (up to September 2016) of the three CCGs being completely separate bodies making their commissioning decisions independently. However, the CCGs have been working more collaboratively since then and moving back to the previous situation would lead to an abandonment of improvements made with no clear gain and no solution to the issues that needed to be addressed.



A consultation document was prepared, in collaboration with a panel of patients from each of the CCGs, to provide details on the rationale for each of the options, their pros and cons and why the third option is preferred. Ways of submitting views on the options were provided in the document including emailing, letters and an online survey.

Four public meetings were also held on:

- 19<sup>th</sup> July from 6 to 8pm at St Barnabas Church, Erdington, north Birmingham;
- 25<sup>th</sup> July from 6 to 8pm at The Renewal Centre, Lode Lane, central/south Solihull;
- 2<sup>nd</sup> August from 6 to 8pm at The Saffron Centre, Moseley Road, central/south Birmingham;
- 8<sup>th</sup> August from 6 to 8pm at the Woodlands Campus of Solihull College, Smith's Wood, north Solihull.

Existing meetings with patients and stakeholders that the three CCGs were holding throughout the consultation period were also used to discuss the proposals.

The three CCGs used their existing channels and opportunities to communicate about, and raise awareness of the consultation. This included a range of activities such as distributing hard copies of documentation to all GP practices and libraries across Birmingham and Solihull, presentations at patient group network meetings, a talk show on a local radio station and promotion on social media. It is estimated that this supporting activity reached in the region of over 44,400 (excluding people reached via the radio, a number that cannot really be accurately estimated). In addition, some partner agencies, such as West Midlands Police, circulated the information to their contacts.

This is the final report on the consultation feedback to 18<sup>th</sup> August, the end of the consultation period. It is a summary of views put forward by all those who responded in different ways to the consultation. It has been prepared by an independent rapporteur to ensure transparency. **Clearly it is not, therefore a response by the STP or any of the CCGs to consultation comments made.**

During the consultation there were 12 written submissions from organisations (summarised in Appendix I), a further three from individuals including a local MP and 400 responses to the online survey. (Note that many of the online respondents only answered some of the questions.) Notes were taken from the four public meetings (attended by 45 people approximately) on the proposals and from meetings held with many other groups such as GP Patient Participation Groups from the three CCG areas.

The meetings tended to be arenas for asking questions of clarification and for raising general concerns or making suggestions for improvements rather than providing a clear view on each option. This was the intention as part of the communication and consultation strategy because explaining the proposals and their rationale together with a providing a space for an interactive discussion on concerns and suggestions are an essential part of any meaningful policy consultation process.

Of the 400 people who had responded to the survey:

- ✓ A little under one third said they were a member of the public from Birmingham. Just under a quarter said they were Solihull residents and 3% from outside these two areas. This is proportionally an under-representation



of Birmingham residents compared with the populations served by the CCGs. However, some of the 74 (19%) who described themselves as health professionals could have been residents in either area. 15% did not answer this question.

- ✓ Almost half (49%) were women a significantly higher proportion than the 31% who indicated they were men. Three (less than 1%) identified themselves as intersex or trans. 3% preferred not to say and 17% did not answer.
- ✓ There was probably a larger representation (63%) of those of a variety of White ethnicities than in the catchment area of the three CCGs. The next largest group were Asian or Asian British (10%) although within this there was an underrepresentation of those of Pakistani and Bangladeshi heritage. At 3%, there appears to have been a significant under-representation of Black and Black British respondents. Again, a large proportion (16%) did not answer this question with a further 6% preferred not to say. This under-representation occurred despite attempts to promote the consultation in areas with high concentrations of minority ethnic communities.
- ✓ This pattern was also reflected in the responses to the religion question. Christians made up 41% of all respondents (17% did not answer this question) Over 20% said they were atheist, agnostic or had no religion.
- ✓ One third were in the 35 to 54 age bracket while one fifth were aged between 55 and 64 and a further fifth over 65. 2.5% said they were aged under 25.
- ✓ 16 respondents (4%) described themselves as gay, lesbian or bisexual. Almost one fifth did not answer this question.

Further details of the demographic breakdown of online survey respondents are available in Appendix II.

This is the report on the views and ideas raised during the consultation. It has been prepared by an independent, external organisation, CSK Strategies Ltd, based on written reports from consultation meetings, written responses submitted and the online survey results. The next chapter summarises the outcome of the pre-engagement process. The following three chapters look at views on each of the three options put forward. Note that the online questionnaire asked for views on each of the three options, not a choice on which of the three options was preferred. This gives a more accurate picture of what consultees thought of each individual option. An analysis is also provided of the views of different groups of respondees, e.g. Solihull and Birmingham residents.

There were also many concerns and suggestions that applied to all three options and these are summarised in the final chapter. This does mean that there is some repetition of points made in earlier sections but this is necessary to provide a more rounded summary of consultees' comments on each of the major issues raised by whatever form the reorganisation of the three CCGs takes.

The first appendix summarises the formal submissions made by organisations. The second appendix provides a demographic breakdown of respondees to the online survey. The third appendix provides the questions from the online survey.

## 2. The pre-consultation engagement

Given the importance of the structure of health and wellbeing commissioning for the local health economy, and for health and wellbeing outcomes of the population in the area covered by the three CCGs, a significant pre-consultation engagement exercise was undertaken. This helped frame the options and the issues that needed to be addressed in the consultation material and during the consultation process. It also allowed some discussion to take place with some stakeholders during the 'purdah' period around the general election which delayed the start of the full consultation. This section provides an overview of who was involved and the issues that emerged.

The pre-consultation engagement involved:

- The Chair of the Birmingham Health and Wellbeing Board
- The Chair of the Solihull Health and Wellbeing Board
- The Chief Executive of the Birmingham Women's and Children's NHS Foundation Trust
- The Chief Executive of Birmingham Community Healthcare NHS Foundation Trust
- The Chief Executive of the Birmingham and Solihull Mental Health NHS Foundation Trust
- The acting Chief Executive of The Royal Orthopaedic Hospital
- Senior officers and Chairs of the three CCGs
- Senior officers from Sandwell and West Birmingham CCG
- The Health Overview and Scrutiny Committees (HOSCs) for Birmingham and Solihull, including the Chairs of both HOSCs
- NHS Improvement
- The Executive Secretary of the Birmingham Local Medical Committee
- A pre-consultation event, to which key stakeholders and elected representatives were invited, was held in Birmingham on 27<sup>th</sup> June 2017. It was attended by 13 people with representatives of Birmingham and Solihull Local Pharmaceutical Committee (LPC), Birmingham Local Authority and patients.
- A pre-consultation event, to which key stakeholders and elected representatives were invited, was held in Solihull on 28<sup>th</sup> June 2017. It was attended by 12 people with representation from Solihull Local Pharmaceutical Committee (LPC), Solihull Local Authority, Solihull Healthwatch, Solihull Sustain, patient representatives and elected representatives.

**Key issues** and concerns that emerged, in addition to a number of comments on the consultation process itself which were taken on board, were:

- How does west Birmingham fit in? This was an issue raised in broad terms – inconsistencies and inefficiencies resulting from a significant portion of Birmingham's population not being served by the new organisation – and around specific, overlapping procurements. It was felt that the consultation would need to consider these issues.
- Don't forget diverse needs in the area to be covered. There are many different communities of place and of interest (including ethnicity, culture and religion) and they may have diverse health and wellbeing needs. These are important considerations in tackling health inequalities and ensuring engagement and accountability of whatever organisation comes out of the

consultation. There is clearly a risk that economies of scale benefits come at the cost of losing a focus on this diversity of place and interest. However, many thought that with careful consideration, this risk could be avoided and it was possible that health inequalities and diverse needs could be addressed better.

- Finance flows to Solihull in the preferred option. How does this improve sustainability of the health system in Birmingham? However, it was pointed out that the financial challenges facing social care in Birmingham are greater than for Solihull.
- Some were concerned to ensure that the new set up did not have a negative impact on local partnerships, service delivery and local identity.
- The social care and prevention agendas are important. How will integration with others active in these areas, particularly the local authorities, be progressed and improved? It should be remembered that local authorities have complex structures which operate at various geographical levels (e.g. wards, districts and city/borough as a whole) and that consideration is needed of how the new organisation will interact with all of these. This point is also relevant to the issues of diversity and health inequalities cited above.
- The vision, purpose and functioning of the new organisation needs to be articulated clearly. Form follows function, that is, the form the new organisation needs to be appropriate for what it aims to do.
- The new commissioning arrangements would need to maintain good relationships with all potential providers across all health and wellbeing pathways.
- The aim of reducing complexity was welcomed. At the same time the new organisation might open up opportunities for supporting new models of care such as the greater use of information technology.
- There are other boundary issues besides west Birmingham, for example Worcestershire.
- In general, the third option of complete merger was supported by those engaged in the pre-consultation although some wondered what would happen if the consultation did not reveal a preference for the complete merger. Some were keen that the merged structure should be live by 1<sup>st</sup> April 2018.

**Key criteria** for assessing the options for creating a single commissioning voice that emerged from the consultation and that were taken on board by the three CCGs in preparing this consultation were:

- Overall improved health and better outcomes for patients;
- A more sustainable local NHS;
- Better integration with the local authorities, especially for social care and preventing poor health outcomes;
- Consistency of commissioning, planning and personalisation of care for patients across Birmingham and Solihull;

- Ensuring that all patients can access the same high quality service, regardless of where they live in the area;
- A strong and strategic NHS commissioning voice to match that of the provider organisations and local authorities;
- A larger and stronger pool of clinical expertise;
- Maximising the potential benefits of the existing partnerships the three CCGs currently have; and
- Ensuring that diverse local health needs continue to be met.

In addition, the governing bodies of the three CCGs considered the following criteria in formulating the three options and deciding on their preferred one:

- Progress already made towards a single commissioning organisation, for example, the three CCGs are in the process of appointing a single Chief Executive Officer to lead their combined activity;
- Realisation of possible efficiencies;
- Potential to address financial challenge; and
- Level of disruption and speed of change.

### 3. Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.






#### Overview

This was the least popular of the three options, although it was supported by some in Solihull as it retains an independent Solihull CCG. These consultees tended to support both option one and two. It was also supported by some members of the public in Birmingham who were worried that funds would be diverted from Birmingham to close the deficit in Solihull. Some of those with these concerns preferred option two to one as they supported a merger of the Birmingham CCGs.

Little support was forthcoming from organisations that made formal submissions, with the exception of Monkspath PPG (Patients Participation Group). Organisations that supported this option via the online survey were matched by those that did not.

The option tended not to be addressed directly at the public and other meetings but was subsumed around discussions of whether to keep a measure of autonomy and clear identity for Solihull.

It was opposed by 216 of the 362 respondees to this online survey question (almost 60% and just short of a quarter strongly opposing it) compared to just over a quarter who supported it. This gives a negative balance of a third of those who supported it minus those opposed. (See table below.)

<b>Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.</b>		<b>Response Percent</b>	<b>Response Total</b>
I would strongly support it		10%	37
I would support it, but with reservations		16%	59
I would neither support nor oppose it		14%	50
I would not support it		35%	128
I would strongly oppose it		24%	88
<b>Balance of agreeing minus those disagreeing</b>		<b>-33%</b>	<b>-120</b>

Answered 362 Skipped 38

**Reasons for supporting and reservations:**

Reasons given for supporting this option by organisations were beliefs that it would better avoid the risk of a 'one size fits all' approach dominating and that it would stop resources flowing to Solihull from Birmingham. For example, one respondent wrote that they supported this option with reservations:

*'To ensure the finances are massively spent on Birmingham as there are more people and space.'*

Monkspath PPG is in favour of this option because it wants Solihull CCG remaining as a separate body. It argues that the case for full integration '*has not been made*'. However it is in favour of co-commissioning so that as '*many efficiencies that can be made without sacrificing Solihull's separate governance arrangements*' which would weaken accountability to Solihull people.

**Reasons for not supporting:**

The main reasons given through the online survey for not supporting was that it would not produce the needed efficiency savings nor lead to more effective services for people living in the CCGs' catchment area. Some pointed out that this option would not resolve Solihull's budget situation. For example:

*'This wouldn't appear to be an efficient or effective use of resources.'*

*'Bitty'; 'dysfunctional'.*

*'...far too many layers of governance and would block decision making.'*

For some consultees, this option would not meet the needs of specific groups of people such as young people:

*'... the partnership involving both CCG's [the two Birmingham ones] is paramount to the success of the NHS Young People's GP Charter as young people cross the geographical boundaries of both CCG's. In reality this has not happened to the detriment of young people who make up the largest percentage of youth in any city in Europe.'*

A further reason raised by a number of the online respondents was that it would not be clear how this would work to the general public and stakeholders and would cause confusion, leading to a lack of transparency.

The issue of where west Birmingham fits in was also raised in response to the question on this option:

*'What is the consideration for west Birmingham...? Surely this issue needs to be resolved before any further steps can take place?'*

**Differences between Birmingham and Solihull residents and health professionals.**

A question in the online survey allows a degree of ability to understand differences of opinion on each option between members of the public in Birmingham, in Solihull, some organisations and health professionals. This ability is limited by two factors: close to a quarter of the 400 respondents did not answer this question (and some did but did not answer the question on option one); and the question asked whether one

**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

was a member of the public from Birmingham or Solihull (or outside) rather than a resident of these local authority areas. Hence it is not easy to see if, for example, a health professional was a resident of either place. Nevertheless, a reasonable picture of difference can be seen from the two tables below, the first numbers of respondents and the second percentages.

More members of the public in both Birmingham and Solihull opposed than supported option one, though opposition was stronger in Birmingham. There was also greater opposition than support amongst health professionals. Organisations responding to the online survey (mainly third sector organisations and medical organisations) were evenly divided though most supporting were Solihull based.

<b>Option one - form a federation/continue with current arrangements; three separate CCGs, but establish... Numbers by 'Are you?'</b>									
<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisation	Health professional	Stakeholder	Statutory service provider	Other	Row Totals
I would strongly support it	7	15	1	1	5	0	0	4	33
I would support it, but with reservations	12	16	1	4	15	0	0	0	48
I would neither support nor oppose it	13	18	3	3	2	1	0	1	41
I would not support it	46	22	5	4	30	4	2	5	118
I would strongly oppose it	29	20	3	1	16	2	0	3	74
Column Total	107	91	13	13	68	7	2	13	314
Balance of supporting minus opposing	-56	-11	-6	0	-26	-6	-2	-4	-111



**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

**Option one - form a federation/continue with current arrangements; three separate CCGs, but establish... Percentages by 'Are you?'**

<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisation	Health professional	Stakeholder	Statutory service provider	Other	Row Total s
I would strongly support it	7%	16%	8%	8%	7%	0%	0%	31%	11%
I would support it, but with reservations	11%	18%	8%	31%	22%	0%	0%	0%	15%
I would neither support nor oppose it	12%	20%	23%	23%	3%	14%	0%	8%	13%
I would not support it	43%	24%	38%	31%	44%	57%	100%	39%	38%
I would strongly oppose it	27%	22%	23%	8%	24%	29%	0%	23%	23%
Column Total	35%	29%	4.0%	4%	22%	2.3%	0.7%	4%	100%
Balance of supporting minus opposing	-51%	-12%	-46%	0%	-39%	-86%	100%	-31%	-35%

## 4. Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees






### Overview

This option was more popular than option one, particularly amongst those for who retaining an independent Solihull CCG was important and, conversely, members of the public in Birmingham who were worried that funds would be diverted from services in Birmingham. However, it attracted less support than opposition through the online survey and written submissions.

Little support was forthcoming from organisations that made formal submissions, with the exception of Monkspath PPG and Birmingham Community Health Care NHS Foundation Trust (which also supported option three). Organisations that supported this option via the online survey were matched by those that did not.

The option tended not to be addressed directly at the public and other meetings but was subsumed around discussions of whether to keep a measure of autonomy and clear identity for Solihull and finances moving from Birmingham to Solihull.

It was opposed by 165 respondees (almost half, 47%, with just short of a fifth strongly opposing) compared to just below two fifths who supported it (almost a fifth strongly supporting). This gives a negative balance of 9% of those who supported it minus those opposed, a much closer result than for option one. (See table below.)

Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.		Response Percent	Response Total
I would strongly support it		19%	67
I would support it, but with reservations		19%	66
I would neither support nor oppose it		15%	54
I would not support it		28%	100
I would strongly oppose it		19%	65
<b>Balance of agreeing minus those disagreeing</b>		-9%	-32
Answered 352 Skipped 48			

**Reasons for supporting and reservations:**

As for option one, reasons given for supporting this option by organisations were beliefs that it would better avoid the risk of a 'one size fits all' approach dominating and that it would stop resources flowing to Solihull from Birmingham. People holding the latter view are probably the reason why this option attracted more support than option one: it allows for economies of scale within Birmingham through the merger of the two Birmingham CCGs. Indeed, this is the presumed reason for the Birmingham Community Health Care NHS Foundation Trust supporting both options two and three.

Monkspath PPG, in its online response, is neutral on this option presumably because it does not want to express an opinion on what happens in Birmingham although in its written submission it argues for any option that keeps Solihull CCG as a separate body. It argues that the case for full integration '*has not been made*'. However it is in favour of co-commissioning so that as '*many efficiencies that can be made without sacrificing Solihull's separate governance arrangements*' which would weaken accountability to Solihull people.

Other illustrative comments from the online survey in support of this option include:

*'I can see some merit for this in ensuring that Solihull isn't consumed into Birmingham, however it is not the best use of public funds.'*

*'Solihull has the benefits of being one geographical footprint - and has the ability to really transform how health and social care are delivered. There are significant differences between Solihull and Birmingham... Solihull will always lose in any system when joined with Birmingham - whether that is money, services or key people. The challenges and solutions are different - and momentum will be lost.... Solihull has excellent GPs - and this core foundation needs to be built on. The larger priorities of Birmingham will overwhelm and consume any joint management team and will ultimately leave the residents of Solihull far worse off.'*

Reservations about where west Birmingham fits were another reason why some supported this option 'with reservations'. For example:

*'The proposal is however misleading which is why I am supporting rather than strongly supporting - there would not be a single CCG for Birmingham as separate commissioning arrangements would remain in place for west Birmingham. The solution favoured by Birmingham local medical committee is a single CCG covering the whole of Birmingham including all those Birmingham GP practices currently part of Sandwell and West Birmingham CCG.'*

Occasionally a supporter of this option would state that they would accept option three if Solihull CCG's finances could not be put on an even keel under this option.

*'Only support [option 3] as a sensible step forward if financial assurances regarding Solihull are not forthcoming.'*

The importance of removing Solihull CCG's deficit also featured in some organisations' submissions, particularly that from Solihull Metropolitan Borough Council.

***Reasons for not supporting:***

Again, as for option one, the main reasons given through the online survey for not supporting was that it would not produce the needed efficiency savings nor lead to more effective services for people living in the CCGs' catchment area. For example:

*'Doesn't solve the financial issues in Solihull nor the health inequalities across North Solihull.'*

*'Again as mentioned previously young people ... regularly cross the geographical boundaries that separate Birmingham & Solihull in this arrangement.'*

*'Again over resourcing and postcode inconsistencies.'*

*'Would save the Birmingham pound from propping up Solihull, however it's not in the interests of patients and improving health outcomes.'*

*'Would want the west of Birmingham included.'*

***Differences between Birmingham and Solihull residents and health professionals.***

A question in the online survey allows a degree of ability to understand differences of opinion on each option between members of the public in Birmingham, in Solihull, some organisations and health professionals. This ability is limited by two factors: close to a quarter of the 400 respondents did not answer this question (and some did but did not answer the question on option two); and the question asked whether one was a *member of the public* from Birmingham or Solihull (or outside) rather than a *resident* of these local authority areas. Hence it is not easy to see if, for example, a health professional was a resident of either place. Nevertheless, a reasonable picture of difference can be seen from the two tables below, the first numbers of respondents and the second percentages.

More members of the public in Birmingham opposed than supported option two, although opposition was a little less muted than to option one (-30% balance for option two versus -51% for option one). However, there was more support amongst members of the public in Solihull with a third strongly supporting it.

There was also greater opposition than support amongst health professionals, though to a lesser extent than for option one. Over half oppose option two compared with a little over two fifths supporting it.

Organisations responding to the online survey (mainly third sector organisations and medical organisations) were again evenly divided though most supporting were Solihull-based.

**Option two - a single CCG for Birmingham and a single CCG for Solihull;  
establishing joint working a... Numbers by 'Are you?'**

<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisa tion	Health profes sional	Stakehol der	Statutory service provider	Other	Row Totals
I would strongly support it	12	31	0	1	12	1	0	2	59
I would support it, but with reservations	19	15	3	3	17	1	1	2	61
I would neither support nor oppose it	13	17	3	3	4	2	1	2	45
I would not support it	45	15	5	4	19	1	0	6	95
I would strongly oppose it	18	14	2	0	17	2	0	2	55
Column Total	107	92	13	11	69	7	2	14	315
Balance of supporting minus opposing	-32	+17	-4	0	-7	-1	+1	-4	-30

**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

**Option two - a single CCG for Birmingham and a single CCG for Solihull;  
establishing joint working a... Percentages by 'Are you?'**

<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisa tion	Health professio nal	Stakehol der	Statutory service provider	Other	Row Totals
I would strongly support it	11%	34%	0%	9%	17%	14%	0%	14%	19%
I would support it, but with reservations	18%	16%	25%	27%	25%	14%	50%	14%	19%
I would neither support nor oppose it	11%	18%	16.7%	27%	6%	29%	50%	14%	14%
I would not support it	42%	16%	38%	36%	28%	14%	0%	43%	30%
I would strongly oppose it	17%	15%	15%	0%	25%	29%	0%	14%	18%
Column Total	34%	29%	4%	4%	22%	2%	1%	5%	100%
Balance of supporting minus opposing	-30%	+19%	-18%	0%	-11%	-15%	+50%	-29%	-10%






## 5. Option three (and the preferred option) - a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team

### Overview

This option was supported by significant majorities through the online questionnaire (a positive balance of 40%) and amongst organisations that made formal submissions (eight of the twelve including two Solihull-based organisations, with a further two suggesting they would support it if important details were clarified). More organisations responding via the online survey supported this option than opposed it.

However, the consultation responses indicated that there were many reservations and issues where more detailed work was felt to be needed. For example, over a quarter of online respondees supported the option but with reservations. Formal submissions from some organisations also raised issues that required clarification. These reservations were also reflected in the public and other meetings.

Option three was supported by 242 of the 362 that answered this question through the online questionnaire (two thirds) but opposed by 96 (just over a quarter). (See table below.)

<b>Option three – a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team. This is our preferred option.</b>		<b>Response Percent</b>	<b>Response Total</b>
I would strongly support it		40%	143
I would support it, but with reservations		27%	99
I would neither support nor oppose it		7%	24
I would not support it		10%	36
I would strongly oppose it		17%	60
<b>Balance of agreeing minus those disagreeing</b>		<b>+40%</b>	<b>146</b>
Answered 362 Skipped 38			



**Reasons for supporting and reservations:**

The reasons for supporting option three were very similar to those raised during the pre-consultation engagement and in the consultation booklet: efficiencies, opportunities to improve health outcomes and reduce health inequalities through greater consistency, quality improvements and sharing of experience, skills and good practice; and greater transparency. These points were made very strongly in supporting organisational submissions and in online open comments. A taste of these are below:

*'Benefits to the public and local providers - and will reduce confusion of 'who does what'.*

*'Best use of public funds, but please don't forget Solihull and ensure it has its own health services.'*

*'It is the most likely to provide clear, transparent governance at all levels in terms of decision making, finances, operational delivery, and best for patients and families.'*

*'Economies of scale- less management costs and managers and pushes more money into protecting frontline services. Best option of renegotiating a sensible solution for west Birmingham coming back into Birmingham sustainability and consistency of approach makes more sense across a larger geography covering both Birmingham and Solihull.'*

A further reason given through organisational submissions and in open comments on the online survey was that a merged CCG would allow services and approaches around specific health and wellbeing issues or groups of people could be developed more consistently. This included young people and the way they may be negatively affected by cross-border issues and palliative and end-of-life care. For example, Birmingham St Mary's Hospice advocates joint working across the STP boundaries to *'ensure there is a consistent palliative care offer'*.

One respondent pointed out that some NHS organisations such as the Mental Health Trust and the Heartlands Trust already cover Birmingham and Solihull.

*'...the amalgamation of CCG's for Birmingham and Solihull is the right thing to do for the public and partners. The benefits are overwhelming and will improve services and treatment for our communities. I strongly support option 3 to will look forward to working in partnership with a combined CCG and removal of potential postcode lottery. One team working together to make our city and town safer, healthier and happier.'*

Many reservations were raised including where west Birmingham fits in and the need to ensure a focus on localities/voices not being lost. These are discussed in greater detail in the following section (Section 6). A flavour of some of these reservations is provided in the following quotes from the online survey:

*'I would worry about west Birmingham losing out and the dilution of service user power across the whole of Birmingham compared with each CCG. However overall I feel this would be less confusing than current arrangements and could help a great deal. Would like to see plans to ensure voices in each locality feel heard by representatives of each area and able to put forward feedback to the single CCG.'*

*'Will impact heavily on staff - yet another series of changes for them - some of which could be negative.'*

*'Savings and integration would be better achieved by health and social care aligning (moving to a joint commissioning unit) i.e. move back to a streamlined Care Trust.'*

*'...concern... around connectivity, accessibility and visibility of a CCG of this size with the local communities and places it would cover. I would want to see some mitigation for the issues which would emerge and which would ensure that stakeholders of all sizes and geography could be actively engaged in the priorities, aims and activity of the CCG.'*

Some respondents said that there were cultural differences between the three CCGs which would have to be tackled and that it was important that a transparent, supportive and communicative culture was adopted.

*'...the lack of local accountability and scrutiny of the CCGs in general which this process wouldn't address, unless it was used as an opportunity to do so.'*

*'...the political/structural challenges would be immense.'*

It is possible that support for option three would have been higher still if there had been time to clarify or develop some of the details of the proposal. This is a point perhaps made clearest in Solihull MB Council's formal submission. This states:

*'SMBC needs further information on how the current Solihull CCG financial deficit will be addressed before it can offer full support for the proposals.'*

It also welcomes the *'ambition for 'better integration with the local authorities, especially for social care and preventing poor health outcomes'* in the consultation document but bemoans that little further information is provided on how this ambition will be delivered. In addition, it says that no detail is provided on how different needs of different places will be taken on board.

Healthwatch Birmingham makes similar points but from a Birmingham perspective, commenting that if option three is eventually chosen, then:

*'considerable attention should be paid to local grassroots engagement and relationships.'*

### **Reasons for not supporting:**

The reasons given for not supporting this option are the same as the reasons given for supporting options one or two, mainly the risk of losing Solihull's identity, focus and autonomy and a poorer Birmingham subsidising the NHS finances of a richer Solihull. For example:

*'Solihull would be far better aligning with Warwickshire - there are far more similarities in terms of the GP workforce, provision of acute and community care and the actual residents themselves.'*

*'Why should money flow out from Birmingham to support Solihull CCG finances? This does not seem right and in my opinion does not reduce the health inequality gap between Birmingham and Solihull.'*

*'I strongly believe that this is not the right solution as health should mirror the local government model.'*

However, not all Solihull-based organisations oppose this option: the Solihull Ratepayers' Association fully supports option three.

***Differences between Birmingham and Solihull residents and health professionals.***

A question in the online survey allows a degree of ability to understand differences of opinion on each option between members of the public in Birmingham, in Solihull, some organisations and health professionals. This ability is limited by two factors: close to a quarter of the 400 respondents did not answer this question (and some did but did not answer the question on option three); and the question asked whether one was a *member of the public* from Birmingham or Solihull (or outside) rather than a *resident* of these local authority areas. Hence it is not easy to see if, for example, a health professional was a resident of either place. Nevertheless, a reasonable picture of difference can be seen from the two tables below, the first numbers of respondents and the second percentages.

Over three quarters of the members of the public in Birmingham responding to the online survey supported option three with just over half strongly supporting it. As only 15% did not support it, there was a net balance of 64% in support of this option. On the other hand, 50% of those responding who were members of the public from Solihull opposed this option. However as a significant proportion (43%) supported the option, the net balance fell to 7% more opposing than supporting.

There was also great support, just short of three-quarters, for option three amongst health professionals completing the online survey. The net balance was +49%.

More organisations responding to the online survey (mainly third sector organisations and medical organisations) supported option three, with 6 of the 14 strongly supporting it. To a large extent, this reflected the opinions of organisations that dealt with specific health and wellbeing issues such as St Basil's Supported Accommodation (young people) and medical organisations such as GP practices. There was also support with reservations from specialist organisations such as Macmillan Nurses and Age UK Solihull.

<b>Option three – a full functional organisational merger – one single Birmingham and Solihull commissioning... Numbers by ‘Are you?’</b>									
<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisation	Health professional	Stakeholder	Statutory service provider	Other	Row Totals
I would strongly support it	57	20	7	6	28	4	1	8	131
I would support it, but with reservations	31	19	2	3	27	1	1	5	89
I would neither support nor oppose it	8	6	2	0	0	1	0	0	17
I would not support it	5	15	1	5	6	0	0	3	35
I would strongly oppose it	11	31	1	0	13	1	0	0	57
Column Total	112	91	13	14	73	7	2	16	329
Balance of supporting minus opposing	+72	-7	+7	+4	+36	+4	+2	+10	+128

**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

<b>Option three – a full functional organisational merger – one single Birmingham and Solihull commissioning.... Percentages by ‘Are you?’</b>									
<b>Are You?</b>	Public: Birmingham	Public: Solihull	Public: outside	Organisation	Health professional	Stakeholder	Statutory service provider	Other	Row Totals
I would strongly support it	51%	22%	54%	43%	38%	57%	50%	50%	40%
I would support it, but with reservations	28%	21%	15%	21%	36%	14%	50%	31%	27%
I would neither support nor oppose it	7%	7%	15%	0%	0%	14%	0%	0%	5%
I would not support it	5%	16%	8%	36%	8%	0%	0%	19%	11%
I would strongly oppose it	10%	34%	8%	0%	18%	14%	0%	0%	17%
Column Total	34%	28%	4%	4%	22%	2%	0.6%	5%	100%
Balance of supporting minus opposing	+64%	-7%	+53%	+28%	+49%	+57%	+100%	+62%	+39%

## 6. General concerns and suggestions

Through the more detailed, open comments, that consultees made at meetings, through written submissions and through answering the online survey questions, the consultation has provided far more information than whether stakeholders and partners support or oppose each of the three options. Reservations, concerns and suggestions mentioned suggest a series of issues that will need to be worked on whatever option the three CCGs and the STP decide on. The major issues raised are summarised here.

### **West Birmingham**

Concerns about where west Birmingham's population and health economy fits in to the proposals featured in very many of the responses to the consultation, as they did in pre-consultation, sometimes very strongly<sup>2</sup>. This issue was raised by a number of partner and stakeholder organisations, at almost every consultation meeting and by a large number of respondees to the online survey. The general view was that efficiencies, economies of scale, greater consistency and improved effectiveness in delivering better health outcomes and reducing health inequalities could not be realised to their full potential without the inclusion on west Birmingham. If two of the Birmingham CCGs were to merge, whether or not with Solihull CCG as well, then somehow west Birmingham had to be included in the new arrangements.

There was also a fear, including amongst health professionals, that west Birmingham's voice – patients and health service providers – would be lost. As one health professional wrote in response to the online survey:

*'West Birmingham currently under Sandwell CCG needs to be included in Birmingham not out... All West Birmingham practices need to be in BSol CCG.'*

In its submission, Healthwatch Birmingham urges the CCGs *'to not treat West Birmingham as an afterthought but include it as an integral part of any commissioning decisions and engagement activities.'*

In recognition of these points, Sandwell and West Birmingham CCG submitted a detailed response to the consultation, pointing out that there is a strong track record of collaboration between Birmingham CCGs which it *'has been pleased to be actively involved in.'* It *'remains committed to ensuring that this continues'* and *'would support the creation of a formal partnership to this effect to ensure that there is a single commissioning process for Birmingham as a whole.'* But it would want to be able to continue to take forward two key initiatives: *'the mobilisation of the Connected Care Vanguard ... the successful commissioning of the Midland Met Hospital'*.

NHS Sandwell and West Birmingham CCG argues that both of these initiatives require the identification at an operational level of a community in West Birmingham and that they will improve services for local people. Furthermore, commitment to an identification of a west Birmingham community would be a precondition for the CCG participating in joint commissioning across Birmingham as a whole. It suggests that a starting point might be the City Council's identification of West Birmingham as the basis for commissioning some aspects of adult social care.

---

<sup>2</sup> One written submission challenged the legality of the consultation as it was felt that people living in west Birmingham had been excluded. However, people from west Birmingham were able to contribute their views and did.

The CCG finishes by highlighting that there are likely to be further commissioning changes in the future as Accountable Care Systems develop so for the moment the CCG wishes to retain its current configuration and, for now, structure relationships through formal partnerships.

### ***Place, local differences and Solihull***

The issue of west Birmingham links with another major issue raised during the consultation: there are differences between places and between 'communities of interest' (e.g. ethnic or faith communities) which might be lost in a large CCG, increasing the risk of a 'one size fits all' approach being adopted by default because of financial pressures. Ways have to be found to ensure that the different voices of these different communities of place and interest are heard and acted upon.

Many complained that there was little or no detail on how diversity of place and ensuring voices are not lost would be taken on board in a merged CCG. Pleas were made for such detail to be developed as a matter of urgency if option three is progressed.

The issue of 'place' was expressed strongest in relation to Solihull as reflected in the greater support given to option two, and opposition to option three by members of the public from Solihull and in submissions from Solihull-based organisations. It is also a concern raised by Solihull-based people and organisations even where they supported option three or are close to supporting it. Part of the concern is that there may not be a physical presence of a merged CCG in Solihull. For example, Solihull MB Council states its concern that there may be no local office in Solihull under option three and that this is linked to its main concern that there will be no focus on Solihull or other localities despite the consultation document stressing that 'place matters'.

There did appear to be little mention by those worried about Solihull's voice being lost of what the different localities within Solihull are and how these need to be addressed in any structure. A notable exception to this was Healthwatch Solihull which referred to the health inequalities in the north of Solihull in its submission.

### **Engaging local communities and equality issues**

The issue of diversity of place is also closely linked to the need to continue and deepen meaningful ways of engaging local communities and of tackling health inequalities. As one consultee wrote:

*'Would have liked to have seen the Equality Analysis that accompanies this decision making. What engagement will you be undertaking with those groups identified in the equality analysis that are most likely to be affected?'*

Healthwatch Birmingham perhaps states these concerns most explicitly in its submission. While recognising that *'joint commissioning will maximise the benefits of planning and partnership working across the STP level'* it adds that for the changes to be effective and tackle health inequalities, patients, the public and service users must be involved in commissioning. If option three is eventually chosen, then Healthwatch says *'considerable attention should be paid to local grassroots engagement and relationships'*. It says that the Quality Standard developed by Healthwatch Birmingham and NHS England West Birmingham will help in this.



Healthwatch Solihull commented that *'tackling inequalities should result in a levelling up and not a levelling down of services'*.

### **Financial issues**

Financial issues and in particular issues around dealing with Solihull CCG's deficit were another major set of concerns. First, many consultees thought that there was insufficient information provided through the consultation on the savings that would be made through each of the options. This led to concerns that Solihull's deficit would not be closed even with the full merger (option three). Solihull MB Council, for example, stated in its submission that while *'the lack of adequate progress on delivery of the Solihull CCG savings cannot reasonably continue, SMBC needs further information on how the current Solihull CCG financial deficit will be addressed before it can offer full support for the proposals.'*

Further worries were expressed from the Birmingham side that resources would flow from poorer Birmingham to richer Solihull to close its deficit. A similar concern was also expressed in a written submission by a local Birmingham MP. While from Solihull, perhaps in contradiction, there were concerns that resources would be drawn to Birmingham from Solihull because it is larger.

However, there was consensus that a larger CCG could reap significant economies of scale and cost reductions through its increased purchasing clout. Some did express fears that, based on their view of past practice, these savings would not actually be capitalised upon.

### **Outcomes for patients**

Most respondents did welcome increased collaboration between the CCGs, even when they opposed option three, as they saw this as delivering better outcomes for patients which should be the main driving force for any changes. This view is summed up in the following quotes:

*'This is a good move to help streamline services and get better patient care efficiently.'*

*'One area and one management team will always work better than a fragmented area.'*

### **Accountability and transparency**

Some consultees suggested that there was a need for greater transparency in the rationale for CCG commissioning decisions. In addition, a reason stressed as important by some for supporting option was that having a single governing body and management team allowed for greater transparency and accountability. Multiple governing bodies might make decisions less transparent and also make lines of responsibilities less clear.

### **Other points**

- Though it was not made explicit often in the full consultation but raised during the pre-engagement consultation, an issue underlying some of the concerns raised was the need for a clearer vision of what a merged CCG would do, that

is a clearer vision of its purpose. From that would flow the details of any new structures as form follows function.

- Relationship with other organisations besides those under the NHS umbrella would also have a bearing on any new structure that emerges from this consultation.
- Issues around borders other than those between Birmingham and Solihull and between the Birmingham CCGs and Sandwell and West Birmingham CCG would need to be taken into account.
- There was some frustration at continual reorganisation and at the likely need for further reorganisation in the not too distant future. This was summed up by the consultee who wrote:

*'Why are you consulting on merging now when there is intention to form Accountable Care Organisations? Have you nothing better to do than throw public money around? This constant see-sawing is wasting money that could be better spent on healthcare.'*

- Another comment which related to the perennial problem of hearing from young people during health and wellbeing consultations:

*'Would be useful to hear the opinions of young people who live in Birmingham & Solihull.'*

### ***The consultation process***

There were a number of complaints that the consultation process had been rushed, that it was hindered by holding it during the summer holidays, that more public meetings should have been held and at a range of different times, and that more detail should have been provided in the consultation material. At the same time, there was more understanding when it was explained that the unexpected general election combined with existing NHS timetables had meant that the consultation period has had to be curtailed and many thanked NHS staff for their time in explaining the options and listening to what consultees had to say. Looking ahead, Healthwatch Solihull stressed that it would be important to provide feedback on the consultation to the public.

## APPENDIX I: Responses from organisations

This appendix summarises the views expressed formally by organisations via specific submissions. These will have been considered by an appropriate body of the organisation. It does not cover responses from organisations submitted via the online survey which are covered in relevant paragraphs the previous sections of this report. This is because it is not clear whether these online responses have been considered formally by the responding organisation. The organisations responding online were mainly third sector organisations and medical organisations. Two also submitted a formal response which is summarised below. Also relevant in terms of organisational responses are the meetings held with various bodies which are referred to in relevant paragraphs in the main text of this report.

Organisation	Summary of submission
Birmingham and Solihull Mental Health Foundation Trust	Supports option three to see a single commissioning approach across Birmingham and Solihull. Urgently widen discussion to include west Birmingham. Merged CCG must retain a locality focus, especially to ensure that the voices of west Birmingham and Solihull are not lost.
Sandwell and West Birmingham CCG	The CCG clearly has an interest in the outcome of this consultation. There is a strong track record of collaboration between Birmingham CCGs which this CCG ' <i>has been pleased to be actively involved in.</i> ' This CCG ' <i>remains committed to ensuring that this continues</i> ' and ' <i>would support the creation of a formal partnership to this effect to ensure that there is a single commissioning process for Birmingham as a whole.</i> ' But would want to be able to continue to take forward two key initiatives: ' <i>the mobilisation of the Connected Care Vanguard ... the successful commissioning of the Midland Met Hospital</i> '.  Both require the identification at an operational level of a community in west Birmingham and will improve services for local people. Commitment to an identification of a west Birmingham community would be a precondition for the CCG participating in joint commissioning across Birmingham as a whole. A starting point might be the City Council's identification of west Birmingham as the basis for commissioning some aspects of adult social care.  There are likely to be further commissioning changes in the future as Accountable Care Systems develop so for the moment the CCG wishes to retain its current configuration and, for now, structure relationships through formal partnerships.
Monkspath Patients Participation Group	In favour of Solihull CCG remaining as a separate body; the case for full integration ' <i>has not been made</i> '. However in favour of co-commissioning as ' <i>many efficiencies that can be made without sacrificing Solihull's separate governance arrangements</i> ' which would weaken accountability to Solihull people. Believe that one of the main drivers is the need to close the Solihull CCG deficit.

**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

Organisation	Summary of submission
	<p>The consultation should be run again as too short and run during <i>'the height of the summer holidays'</i>. Insufficient detail provided in the consultation material. For example: no likely savings to be delivered by each option given nor a risk analysis of each option provided. Also the consultation <i>'has not been adequately promoted'</i>.</p>
Birmingham St Mary's Hospice	<p>Fully supports the three CCGs merging (option three) as it creates a stronger opportunity to deliver the <i>Five Year Forward View</i>, will <i>'ultimately deliver more consistent quality care'</i> and provide an <i>'opportunity for a unified palliative care offer for those that need it'</i>. Would like to see a greater emphasis on palliative and end of life care in future CCG commissioning. Advocates joint working across the STP boundaries to <i>'ensure there is a consistent palliative care offer'</i>. Hopes that this consultation leads to a unified CCG <i>'that can truly represent the diverse needs of our communities.'</i></p>
Solihull Ratepayers Association	<p>Fully supports option three as the most practical, beneficial, effective and efficient option. Will allow savings on purchasing through benefits of scale which can feed through into better patient care. Want to see plans produced to make these savings and also those on disposing of surplus space. Opposed to translating NHS documents into other languages.</p>
John Taylor Hospice	<p>Supports CCGs' preferred option (three) as it will allow <i>'strengthen the commissioning voice across our health economy'</i> and a more strategic approach to planning health services. One management team needs to be underpinned by one governing body. Also supports greater coordination with west Birmingham.</p>
Solihull Safeguarding Adults Board and Safeguarding Children Board	<p>Did not feel it appropriate to comment on the three options but would want to see in whatever emerges from the consultation <i>'a Solihull Place' model which provides... a clear focus on Solihull, identifiable Solihull leadership...and a physical presence in Solihull.'</i> Also want to see sufficient capacity to work with the Safeguarding bodies and must understand that there may be different approaches across Birmingham and Solihull. Strong links with Public Health must be maintained and there may be an opportunity to address issues of <i>'lack of coterminosity between GP practice populations and the LA ordinary residence populations'</i>.</p>
Healthwatch Birmingham	<p>Agrees changes are necessary especially <i>'as one of the objectives for the STP is to move activity from secondary care into primary and community care'</i> and that <i>'joint commissioning will maximise the benefits of planning and partnership working across the STP level'</i>. However, for the changes to be effective and tackle health inequalities, patients, the public and service users must be involved in commissioning.</p>

Organisation	Summary of submission
	<p>Concerned about the timing of the consultation although pleased that many ways to contribute were offered (though more meetings at different times should have been offered to engage 'seldom heard' groups). More information on the options should have been provided, including on finance, and an equality assessment should have been completed and circulated.</p> <p>Points to challenges of service provision in Birmingham (e.g. <i>'Birmingham has one of the lowest ratios of GPs and practice nurses per 100,000 population.'</i>) Worried therefore that resources will drain from Birmingham into Solihull to close Solihull's deficit.</p> <p>Urges the CCGs <i>'to not treat west Birmingham as an afterthought but include it as an integral part of any commissioning decisions and engagement activities.'</i></p> <p>If option three is eventually chosen, then Healthwatch says <i>'considerable attention should be paid to local grassroots engagement and relationships.'</i> The Quality Standard that has been developed will help in this.</p>
Healthwatch Solihull	<p>Healthwatch Solihull <i>'support[s] the preferred Option 3 with some caveats.'</i> These caveats are: <i>'absolutely essential that a merged CCG ... builds into its governance very robust locality working arrangements ... , led by clinicians'; 'tackling inequalities should result in a levelling up and not a levelling down of services'</i> including the health inequalities in the north of Solihull; and <i>'we think it of paramount importance that any new organisation sets out from the outset what difference its new form will make for patients, and that it judges its own performance against this measure.'</i></p> <p>A critique is also made of the consultation process suggesting that: more detail should have been provided in the written consultation material including on how health inequalities would be tackled, how a locality focus would be developed and how financial difficulties would be avoided; more needed to have been done in promoting the consultation; and the way information was presented on websites of partners could have been improved. It also stressed the importance of feedback on the consultation: <i>'think it is key that the CCG and NHS England look at how they effectively give feedback to members of the public.'</i></p>
Birmingham Community Health Care NHS Foundation Trust	<p>Supportive of either option two or option three. Strengthening future commissioning arrangements will be <i>'a positive step forward to ensure a consistency of approach'</i>. As the Trust also operates in west Birmingham it wants to be <i>'assured that all of the options include consideration of the consistency of approach across this footprint'</i>.</p>

Organisation	Summary of submission
<p>Solihull Health and Wellbeing board (Solihull Metropolitan Borough Council)</p>	<p>Has a strong view that the primary driver for change should be the continued improvement of services for the people of Solihull but that <i>'the lack of adequate progress on delivery of the Solihull CCG savings cannot reasonably continue'</i>. However, <i>'SMBC needs further information on how the current Solihull CCG financial deficit will be addressed before it can offer full support for the proposals.'</i> There is not adequate information in the consultation document on how savings will be tackled.</p> <p>Nor is there adequate information on the impact of the merger on the CCGs arrangements with other partners and commissioners in SMBC's view. It also welcomes the <i>'ambition for 'better integration with the local authorities, especially for social care and preventing poor health outcomes'</i> in the consultation document but bemoans that little further information is provided on how this ambition will be delivered.</p> <p>Concerned that there may be no local office in Solihull under option three. Linked to the main concern that there will be no focus on Solihull or other localities despite the consultation document stressing that <i>'place matters'</i>. No detail is provided on how different needs of different places will be taken on board. There is therefore a significant risk that a <i>'one size fits all'</i> approach will emerge by default. This is linked to the alignment of the merged CCG with Health and Wellbeing Boards.</p> <p>In summary, SMBC states that there is still insufficient detailed information available for it to support option three but welcomes the CCGs' approach to address the Council's questions.</p>
<p>University Hospitals NHS Foundation Trust and Heart of England NHS Foundation Trust</p>	<p>Fully supports option three as this provides the best opportunities for tackling health inequalities, improving outcomes for local people and addressing the different needs of a diverse population. Contrasts with the current arrangements which often enhance fragmentation of the system. Notes that the Trusts' Chief Executive is the STP lead and states that <i>'this CCG merger is essential for us as a health system to fully develop and realise the potential for our patients that working in such an aligned system can bring.'</i></p>



## APPENDIX II: Profile of online survey respondents

Note 1: Percentages may not add to 100% due to rounding.

Note 2: Percentages are of all respondents to the survey, not of those answering a particular question. They are thus an 'at least' self-reported figure.

Relation with services	%	No of Responses
A member of the public from Birmingham	29%	117
A member of the public from Solihull	24%	96
A member of the public from outside of the Birmingham and Solihull area	3%	13
An organisation	4%	16
A health professional	19%	74
A stakeholder (e.g. MP, Councillor, etc.)	2%	7
A statutory service provider	1%	2
Other	4%	17
Not answered	15%	58
<b>Grand Total</b>	<b>100%</b>	<b>400</b>

Age	%	No of Responses
16 to 17 years	0.3%	1
18 to 24	2%	9
25 to 34	7%	28
35 to 44	12%	46
45 to 54	22%	86
55 to 64	20%	81
65 to 74	14%	54
75+	6%	24
Prefer not to say	3%	12
Not answered	15%	59
<b>Grand Total</b>	<b>100%</b>	<b>400</b>

Gender	%	No of Responses
Female	49%	196
Male	31%	124
Intersex	0.3%	1
Do you identify as trans?	0.5%	2
Prefer not to say	3%	11
Not answered	17%	66
<b>Grand Total</b>	<b>100%</b>	<b>400</b>



**Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups**

<b>Ethnicity</b>	<b>%</b>	<b>No of Responses</b>
White English / Welsh / Scottish / Northern Irish / British	57%	227
White: Irish	2%	9
White: Gypsy or Irish Traveller	0.3%	1
White: Other	3%	13
<b>Sub-total: White</b>	<b>63%</b>	<b>250</b>
Mixed: White and Black Caribbean	1%	3
Mixed: White and Black African	0%	0
Mixed: White and Asian	0.5%	2
Mixed: Other	0.5%	2
<b>Sub-total: Mixed</b>	<b>2</b>	<b>7</b>
Asian or Asian British: Indian	6%	23
Asian or Asian British: Pakistani	3%	11
Asian or Asian British: Bangladeshi	0.3%	1
Asian or Asian British: Chinese	0.3%	1
Asian: Other	1%	5
<b>Sub-total: Asian or Asian British</b>	<b>10%</b>	<b>41</b>
Black or Black British: Caribbean	2%	10
Black or Black British: African	0.3%	1
Black: Other	0.3%	1
<b>Sub-total: Black or Black British</b>	<b>3%</b>	<b>12</b>
Other: Arabic	0%	0
Other: Other Ethnic Background	0%	0
<b>Sub-total: Other</b>	<b>0%</b>	<b>0</b>
Prefer not to say	6%	25
Not answered	16%	65
<b>Grand Total</b>	<b>100%</b>	<b>400</b>

<b>Religion</b>	<b>%</b>	<b>No of Responses</b>
Baha'i	0%	0
Buddhist	0.5%	2
Christian	41%	162
Hindu	4%	15
Jewish	0.5%	2
Muslim	3%	13
Pagan	1%	4
Sikh	1%	3
Atheist	5%	19
Agnostic	3%	10
Any other religious belief	1%	4
None	15%	59
Prefer not to say	10%	39
Not answered	17%	68
<b>Grand Total</b>	<b>100%</b>	<b>400</b>

Report on 2017 Consultation on the future of Birmingham and Solihull NHS  
Clinical Commissioning Groups

---

<b>Sexual Orientation</b>	<b>%</b>	<b>No of Responses</b>
Heterosexual	64%	256
Gay	1%	5
Lesbian	2%	6
Bisexual	1%	5
None of these	1%	4
Prefer not to say	12%	49
Not answered	19%	75
<b>Grand Total</b>	<b>100%</b>	<b>400</b>

## APPENDIX III Online Survey Questionnaire

1. Option one - form a federation/continue with current arrangements; three separate CCGs, but establish a shared management team, governance and decision making.

Please tell us how much you would, or would not, support option one.

- I would strongly support it
- I would support it, but with reservations
- I would neither support nor oppose it
- I would not support it
- I would strongly oppose it

Comments:

2. Option two - a single CCG for Birmingham and a single CCG for Solihull; establishing joint working arrangements with Solihull CCG, a single management team, with joint processes and committees.

Please tell us how much you would, or would not, support option two.

- I would strongly support it
- I would support it, but with reservations
- I would neither support nor oppose it
- I would not support it
- I would strongly oppose it

Comments:

3. Option three – a full functional organisational merger – one single Birmingham and Solihull commissioning approach and management team. **This is our preferred option.**

Please tell us how much you would, or would not, support option three.

- I would strongly support it
- I would support it, but with reservations

- I would neither support nor oppose it
- I would not support it
- I would strongly oppose it

Comments:

4. Please use this space to share with us any other views that you have about this consultation.

5. Are you:

- A member of the public from Birmingham
- A member of the public from Solihull
- A member of the public from outside of the Birmingham and Solihull area
- An organisation
- A health professional
- A stakeholder (e.g. MP, Councillor, etc.)
- A statutory service provider
- Other

If you are an organisation:

Your name:

Name of organisation:

Main address:

**If you selected other:**

Please specify:

**Your postcode:** (To ensure we have feedback from across Birmingham and Solihull)

6. If you would like to be kept up to date, please provide your preferred contact method(s) here:

7. Age:

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74

- 75+
- Prefer not to say

8. Sex:

- Male
- Female
- Intersex
- Do you identify as trans? (Any part of a process, including thoughts or actions, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity)
- Prefer not to say

9. How would you describe your ethnic background?

- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Chinese
- Asian: Other
- Black or Black British: Caribbean
- Black or Black British: African
- Black: Other
- Mixed: White and Black Caribbean
- Mixed: White and Black African
- Mixed: White and Asian
- Mixed: Other
- Other: Arabic
- Other: Other ethnic background
- White: English/Welsh/Scottish/Northern Irish/British
- White: Irish
- White: Gypsy or Irish Traveller
- White: Other
- Prefer not to say

10. How would you describe your religion or beliefs?

- Baha'i
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Pagan
- Sikh
- Atheist
- Agnostic

- Any other religious belief
- None
- Prefer not to say

11. Please indicate which term would best describe your sexual orientation:

- Heterosexual
- Gay
- Lesbian
- Bisexual
- None of these
- Prefer not to say