



Working Together Across Cheshire



Have Your Say – Public and Stakeholder Engagement Report

The future of NHS Eastern Cheshire, South
Cheshire, Vale Royal and West Cheshire
Clinical Commissioning Groups

Working Together:
NHS Eastern Cheshire CCG
NHS South Cheshire CCG
NHS Vale Royal CCG
NHS West Cheshire CCG

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Introduction

Cheshire's four NHS Clinical Commissioning Groups (CCGs) – Eastern Cheshire, South Cheshire, Vale Royal and West Cheshire – undertook a focused public engagement exercise from May 28th 2019 to June 23rd 2019 to seek people's views about proposals to develop a single Cheshire CCG.

Although there was no legal requirement to undertake a formal public consultation on the proposals, the approach was consistent with the CCGs' shared commitment to transparency, accountability and effective public engagement and involvement.

This report provides an overview of the activities carried out by each of the four CCGs to support and promote the public engagement period as well as highlighting the feedback received and next steps.

Working Together Across Cheshire – Background

In May 2018 the Governing Bodies of Cheshire's four NHS Clinical Commissioning Groups – Eastern Cheshire, South Cheshire, Vale Royal and West Cheshire – agreed to progress a number of recommendations relating to the proposed creation of a single Cheshire CCG.

Working Together Across Cheshire, the title given to the related programme of work, is seen as the best way to support the delivery of more consistent, joined-up care across the county and to give Cheshire a more powerful voice in championing the needs of local people at regional and national level.

To support this, a single Accountable Officer – Clare Watson – was appointed by all four Cheshire CCGs, formally taking on her new role on January 1st 2019.

Proposals the Governing Bodies agreed to progress were:

- That a single Cheshire CCG is created from 1 April 2020 - subject to a vote of GP members
- That the move to a single Cheshire CCG happens alongside the development of two Integrated Care Partnerships
- That, during 2019-20, the CCGs identify new opportunities to plan and buy services together
- That the CCGs introduce shared decision-making processes before 2020

A fifth proposal, relating to the appointment of a single executive team across Cheshire – irrespective of any move towards a single Cheshire CCG – was actioned in April 2019, with the new executive team in place from June 2019.

Patient and public involvement prior to May 28th 2019

It is the CCGs' responsibility to plan, buy and monitor health and care services for people across Cheshire. It is therefore vital that we understand the needs of our communities and that everyone – including the most vulnerable in our society – has a voice. We recognise the importance of listening to people's views and experiences to ensure people are able to access appropriate care and support.

Although there was no legal requirement to formally consult with the public on the proposed creation of a single Cheshire CCG due to no significant change to care delivery, each of the four Cheshire CCGs prioritised patient and public involvement following the decisions of our respective Governing Bodies in May 2018.

This commitment will continue throughout the proposed timeline to April 2020 and beyond.

Prior to the launch of the focused public engagement period on May 28th 2019, the proposal to develop a single Cheshire CCG was discussed at a wide range of public forums, meetings in public and with key third sector groups across the county, including:

Public forums and events	West Cheshire Patient Participation Group Chairs Forum
	West Cheshire Patient Support Group Forum
	Cheshire West and Chester Council Adult Social Care and Health Stakeholder Network
	Blacon Health and Wellbeing Partnership
	One Voice for Blacon
	Chester Pride
	Cheshire West Older People's Network
	Cheshire West and Chester Council New Members Induction
	Eastern Cheshire Healthvoice
	Cheshire Chat
	Cheshire Pensioners
South Cheshire and Vale Royal Patient Participation Group Exchange	

Meetings in public	Annual General Meetings of all four Cheshire CCGs
	Health and Wellbeing Boards in both Cheshire East and Cheshire West
	Governing Body Meetings of all four Cheshire CCGs
	Local authority Overview and Scrutiny Committees in both Cheshire East and Cheshire West
	Care Community Meetings

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Third sector organisations	Healthwatch Cheshire
	Cheshire West Voluntary Action
	Eastern Cheshire Community and Voluntary Service
	Age UK Cheshire
	Brightlife
	Third sector representatives on West Cheshire Patient Support Group Forum

Public and Stakeholder Engagement Period: May 28th 2019 – June 23rd 2019

Following proactive work to engage members of the public and stakeholders in our proposals throughout the previous 12 months, a dedicated Public and Stakeholder Engagement Period was launched on May 28th 2019 to enable people's and partners views to be formally captured.

This engagement period was underpinned by an online survey on the websites of all four Cheshire CCGs.

To support people to provide considered responses to the survey questions, an engagement ["Have Your Say" document](#) was developed alongside a number of [Frequently Asked Questions](#). A [presentation](#) was also created to support consistent face-to-face engagement.

At 9am on May 28th 2019 each of the four Cheshire CCGs published identical information about the public engagement period and a link to a joint e-survey via their respective websites. Hard copies of the engagement document were available on request.

The e-survey remained live throughout the engagement period until midnight on June 23rd 2019.

Publicity and promotion

The engagement period and related documents were promoted via the websites of all four Cheshire CCGs to help ensure that as many people as possible were aware of the proposals and the opportunity to share their views.

Further promotion via the CCGs' social media channels included both organic and boosted posts – reaching 11,868 people via Facebook alone, a promotion which led to 586 survey link clicks, 34 shares and 33 comments.

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A press release to raise wider awareness of the survey was issued to influential media outlets across Cheshire. Widespread coverage was secured throughout the public engagement period, reaching thousands of readers, including:

- Cheshire Live (website of the Chester Chronicle and Macclesfield Express)
- Chester Standard
- Northwich Guardian
- Knutsford Guardian
- Winsford Guardian
- Middlewich Guardian
- Nantwich News
- Alderleyedge.com website

Independent patient champions Healthwatch Cheshire were invited to help raise awareness of the engagement opportunity alongside third sector infrastructure organisations Cheshire West Voluntary Action and Cheshire East Community and Voluntary Service.

Key stakeholders, CCG staff and patient groups were also issued with an email reminder on Monday, June 17th – six days before the survey closed.

Separate communications to inform healthcare providers, local authorities, MPs, CCG staff and GP members about the engagement exercise were aligned across Cheshire.

To further support awareness of the survey, the four Cheshire CCGs engaged with a number of patient groups and forums during the engagement period, including:

Face-to-face meetings	Cheshire East Health and Adult Social Care and Communities Overview and Scrutiny Committee
	Cheshire West Health and Wellbeing Board
	West Cheshire Patient Support Group Forum
	West Cheshire Patient Participation Group Chairs Steering Group
	Blacon Health Partnership
	Health Fair – Crosville Club, Crewe
	Carers event - Crewe
	Redshift Radio community hub workshop and marketplace event
	Patient Participation Group Awareness Week engagements
	Waterways Chaplaincy
	Healthbox

Virtual contact (via email)	GP practice Patient Participation Groups
	West Cheshire Patient Panel
	South Cheshire and Vale Royal Volunteers in Participation (VIPs)
	Care Community clusters
	Reader panels
	Eastern Cheshire Healthvoice

Survey results analysis

During the 26-day public engagement period 376 survey responses were received, including one hard-copy response which was manually inputted into the online survey platform. One written response was also received separately, from Cheshire West Voluntary Action. Responses received after the June 23rd deadline do not form part of the analysis within this report, but will be considered as part of our ongoing commitment to wider engagement.

The vast majority of survey respondents live in Cheshire (87.23%), nearly half work in Cheshire (46.28%) and almost a third work for the Cheshire NHS (32.45%). 28.99% of survey respondents work with the voluntary and community sector and 5.32% for a local authority.

Of the 328 responses received from people who identified that they live in Cheshire, 174 identified as living in Cheshire West and 154 in Cheshire East. Around two thirds of respondents are women (65.28%) and nearly 30% of all respondents said they live with at least one long-term health condition. Nearly half of all respondents identified themselves as carers (44.48%).

A majority of respondents supported a move towards place-based commissioning in local authority boundaries (80.59%) and 71.8% agreed with the development of Integrated Care Partnerships in Cheshire East and Cheshire West at the same time as the proposed creation of a single Cheshire CCG (45.74% “totally agree” and 26.06% “somewhat agree”).

Headline results relating to the recommendations progressed by Cheshire Clinical Commissioning Groups’ Governing Bodies were:

- **76.5% support the creation of a single Cheshire CCG in April 2020**
- **70.5% agree that the move towards a single Cheshire CCG should happen alongside the development of two ICPs**
- **85.3% agree that the CCGs should identify new opportunities to plan and buy services together during 2019/20**
- **80.3% agree that the CCGs should introduce shared decision-making processes**

The table below shows a further breakdown of the headline results per local authority area and per CCG area:

Working Together Across Cheshire Feedback Results – Breakdown by Area	% Support by Geography						
	Overall*	Local Authority / Place		Clinical Commissioning Group area (using respondent postcodes)			
		Cheshire East	Cheshire West	Eastern Cheshire	South Cheshire	Vale Royal	West Cheshire
Proposals							
That a single Cheshire CCG is created from 1 April 2020	77%	82%	81%	70%	93%	97%	65%
That the move to a single Cheshire CCG happens alongside the development of two ICPs	71%	75%	76%	67%	84%	89%	63%
That, during 2019-20, the CCGs identify new opportunities to plan and buy services together	85%	92%	87%	88%	97%	100%	75%
That the CCGs introduce shared decision-making processes before 2020	80%	87%	82%	82%	92%	94%	70%

*Figures calculated using all the survey responses, including responses from outside Cheshire and from respondents who chose not to provide their postcode.

Respondents who identified themselves as NHS staff were found to be marginally more supportive of the proposals than other respondents:

Proposal	Non NHS staff	NHS Staff
That a single Cheshire CCG is created from 1 April 2020	74%	78%
That the move to a single Cheshire CCG happens alongside the development of two ICPs	67%	71%
That, during 2019-20, the CCGs identify new opportunities to plan and buy services together	80%	90%
That the CCGs introduce shared decision-making processes before 2020	76%	85%

Insightful and constructive comments were also received from respondents, which can be categorised into the following themes:

- Joined-up working
- Equal access to services
- Proposed timescales for implementation
- Decision-making
- Engagement with service providers
- Finance

Examples of notable comments from a qualitative analysis of the responses include:

Joined-up working

- Respondent #117804597 – *“The creation of a single CCG that provides a coordinating / strategic function is supported. The belief is that the creation of closer working between the Local Authorities and the appropriate area CCG is where the biggest benefit will come.”*
- Respondent #118248705 – *“I wholeheartedly support place-based care, commissioning and the ethos behind ICPs. Moving care closer to home and joining up health and social care is a desirable outcome, especially when involving community services.”*

- Respondent #118421467 - *“I am very supportive of these plans which I believe will deliver better services locally for my constituents. Currently I have four CCGs working across my constituency and I believe that these proposals make sense and should be carried forward.”*
- Respondent #118522962 – *“This will save a huge amount of duplication and encourage services to be the same across Cheshire. I support the move towards one organisation as it benefits the patients considerably.”*
- Respondent #119869505 – *“It is frustrating to see similar roles in other regions working more smoothly because they have already created joint working between health and social care. The quicker the better for my work and the benefit of the residents of all areas involved.”*
- Respondent #120144279 – *“The Cheshire CCGs should have merged years ago and so this cannot come fast enough. It will mean that work to improve the lives of people living in Cheshire can move faster and that the work of the CCGs is more effective. I fully support this plan. Well done health leaders for making this happen.”*
- Respondent #120176990 – *“Any move towards centrality will make a great difference in terms of joined up working and efficiency.”*

Equal access to services

- Respondent #117813796 – *“Great for clinical efficiency etc, however I have a real concern about access - How will people without their own car / transport access services across a large rural area?”*
- Respondent #117837354 – *“Concern that patients in rural areas will not get the same access to services to those in more 'city location' where sometimes the need is considered as greater.”*
- Respondent #117892351 – *“What will you put in place to ensure that the geographical boundaries of the integrated care partnerships does not become a boundary for service provision, and to ensure that services are equally accessible between the two ICPs for people living in both?”*
- Respondent #119061651 – *“This will streamline all services promptly, as having broken services has been going on for too long.”*

- Respondent #119578567 – *“My concern is that the mid Cheshire patch is served by one community trust and could be fragmented. Services are already provided by a number of trusts across Cheshire.”*
- Respondent #119714643 – *“I would support anything that reduces ‘boundaries’ which prevent services that are offered in one place being denied to people who live in another place.”*
- Respondent #119750091 – *“Integration means local accessible reachable integrated services, so get it done locally first.”*
- Respondent #120262883 – *“I have concerns about how the Care Communities will work and be managed, and whether care and support will be available equitably across each community.”*

Proposed timescales for implementation

- Respondent #117963860 – *“This merger needs to show real benefits for the patients/public of Cheshire. It should be done quickly for the benefit of all, including staff, and must shake the system up and offer real change. This is a great opportunity for driving change and one I don't think we will ever have again. Aligning the Local Authorities must align health and social care and this is something that we desperately need to do.”*
- Respondent #118457572 – *“This must move at the same pace as ICP development in both Cheshire East and West - not faster.”*
- Respondent #119697857 – *“Too much simultaneous change may impact and distract from services. Can the ICP development be done sequentially rather than at the same time as bringing four CCGs together.”*

Decision-making

- Respondent #119641722 – *“Decision-making should remain as local as possible and so should funding. Northwich has different needs than Chester or Ellesmere Port for example.”*
- Respondent #118502961 – *“It is vital to ensure an avenue for more local issues and representation when developing an overarching organisation for the whole of Cheshire.”*

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- Respondent #119259388 – *“I would like to know that healthcare decisions will be made according to health need and not post codes.”*

Engagement with service providers

- Respondent #118102589 – *“CCGs need to engage more with the secondary care teams and services based within the hospitals to ensure any proposed changes to the CCG structure will work with any changes already in progress in hospitals.”*
- Respondent #118786096 – *“I hope that working together across the community heavily involves the third sector. We have the knowledge, skills and engagement with local people to enable us to provide effective services, commissioned by the CCG.”*
- Respondent #119388088 – *“Would be much easier for third sector with a county remit and everything should be done in one go.”*

Finance

- Respondent #117798749 – *“I’m concerned that money will be moved to plug debts in other parts of the county removing services from areas that have worked hard to manage their resources.”*
- Respondent #118737340 – *“But will funding be combined. Or will we still have the distinction between social care and health care.”*
- Respondent #119392733 – *“It’s more of how the money will be distributed and how it will be equally shared and discussed.”*

You can view the results in their entirety, including all respondent comments relating to survey questions 1-5, via the following link: [Public Engagement - Survey Results](#)

Next steps

Survey feedback will be considered alongside the views of partners and stakeholders to help inform the process and subsequent vote of member GP practices. Member GP practices of all four Cheshire CCGs are scheduled to vote on a proposal to create a single Cheshire CCG by the 20th September 2019.

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Should member practices from all four CCGs vote in favour of a move towards a single Cheshire CCG, feedback from the engagement period will be evidenced in any subsequent merger application to NHS England.

Survey respondents who shared their email addresses to be kept up to date about the outcome of the public engagement exercise will receive this report direct.

Working Together Across Cheshire – on a larger geographical footprint – will **not** affect the CCGs' ability to engage with local communities. The statutory duty to involve patients and the public in commissioning health and care remains and will continue to be prioritised, irrespective of any decision regarding a proposed move towards a single Cheshire Clinical Commissioning Group.

Stay involved

In addition to the efforts the Cheshire CCGs make to ensure that patient and public involvement in our work is as wide and varied as possible, we would also welcome ongoing engagement with survey respondents who are interested in remaining involved in our work. Stakeholder groups identified within this report will continue to be engaged with via face-to-face meetings and written briefings.

The Cheshire CCGs have also expanded their patient and public involvement work by introducing Cheshire Chat engagement sessions across the county which give people the opportunity to talk with us about our work and plans.

Get in touch with us to share your questions or views at any time via the following email address: workingtogetheracrosscheshire@nhs.net

You can also keep up to date with our news via each CCGs websites and social media accounts:

- www.easterncheshireccg.nhs.uk
- www.southcheshireccg.nhs.uk
- www.valeroyalccg.nhs.uk
- www.westcheshireccg.nhs.uk



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