Local Government Association

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

December 2019

CCG mergers

How clinical commissioning groups and local government can work together

Introduction

Many clinical commissioning groups (CCGs) are considering merging. This is because:

- the NHS Long Term Plan recommended that integrated care systems (ICSs) will cover the whole country by April 2021, and that there would be 'typically' one CCG for each ICS. This means that some CCGs are thinking about merging to match their local system footprint.

- CCGs have been working collaboratively with each other and many are sharing accountable officers. Merging makes these arrangements more formal.

- CCGs are also finding ways to reduce their running costs – this may involve reducing duplication by consolidating with other CCGs through a merger.

What this looks like in each local area may vary, with some areas having more than one CCG per ICS, while others will include more than one local authority.

Why is engagement with local government important?

NHS England and NHS Improvement's guidance for CCGs planning to merge outlines that newly formed CCGs will be "coterminous" (cover the same geographical area) with one or more upper-tier county council or unitary local authority, although it acknowledges there will be some places where this isn't the case. Merging CCGs must therefore demonstrate how their merger would be in the best interests of the population, including an awareness of how it will affect any joint commissioning arrangements between the CCG and local government. This is particularly important if the boundary of the proposed new CCG does not match local authority boundaries.

Engagement between CCGs and local government is not just important, it is also a legal requirement. All CCGs that are applying to merge must show that "they have effectively consulted with the relevant local authority(ies) regarding the proposed merger" and have a record of the feedback they receive. CCGs should also show how they have or will put in place suitable arrangements with local authorities to support integration at 'place' level (population of between 250,000 and 500,000).

Our discussion guide

We know local government is an important stakeholder for CCGs to engage with as they work together in partnership to improve the health of their local populations. This guide from NHS Clinical Commissioners and the Local Government Association is a prompt for CCGs thinking about their local merger process, and for local government colleagues where their CCGs may be thinking about a merger.

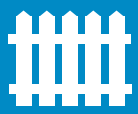
While working through the guide it is important for CCGs and local government to:

- **Tell the story:** CCGs can support local conversations by providing a written or verbal briefing for elected portfolio holders about the wider changes to the NHS and the proposed benefits of the CCG merger. This will provide a useful background to local discussions.

- **Keep talking:** Dialogue between partners is essential throughout the merger process. Providing updates on where the CCGs are with the merger process and key timelines for local government colleagues to be aware of will ensure partners feel engaged. Similarly, local government colleagues should feel comfortable to seek clarity if needed.

- **Think beyond the process:** It is important to work as partners early on to identify the impact of the CCG merger on any joint commissioning arrangements you already have as well as the opportunities when coming together. This is about not just focusing on the process of the merger but about what the new CCG can do with local government to better improve the health and wellbeing of the local population.

Questions for the CCGs to consider

1. 
Will your newly merged CCG cross any local government boundaries? If so, what impact will this have on partnership working with the councils involved?

2. 
What are you currently jointly commissioning with local government? What services commissioned by local government do your commissioned services need to be closely aligned with?

3. 
How will you retain your integrated commissioning work with each of the councils? How do you envisage integrated commissioning developing in the future?

4. 
How will you work with all the health and wellbeing boards (HWBs) that cover the population of your newly merged CCG? Have you discussed this with the HWBs concerned? Have the affected HWBs discussed the CCG merger and how they will work together?

5. 
Have you thought about the role of health overview and scrutiny committee/s (HOSCs) and your new CCG, and how they will interact? Have you discussed this with the HOSCs concerned? Have the affected HOSCs discussed the merger and how they will work together?

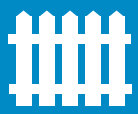
6. 
If you're thinking about establishing 'places' or 'localities' (a sense of localness) within your merged CCG, do these areas correspond with local government footprints (eg district councils or boroughs)?

7. 
To what extent do agreed 'localities' or 'places' break down into smaller neighbourhood areas and are they consistent with the footprint of primary care networks?

8. 
Have you discussed with each of the councils concerned the best way of maintaining/establishing a lead officer and member contact?

9. 
Have you discussed the costs and benefits of merging your CCG with your local government colleagues? If so, have you identified how to minimise the costs and maximise the benefits?

Questions for local authorities to ask their CCGs

1. 
What is the new footprint of the merged CCG? What impact will this have on our partnership working with one or more of the previous CCGs?

2. 
What are we currently commissioning together? What do we need to be closely aligning as you merge?

3. 
How will you retain our integrated commissioning of these particular services?

4. 
How will you continue to work with your health and wellbeing board? Has this been discussed?

5. 
How will you continue to be held to account by our health overview and scrutiny committee? How are you planning to interact?

6. 
What are your constituent 'places' or 'localities' and do they use existing local government geographies? If not, then what is the rationale for choosing them?

7. 
How do we work with these neighbourhood areas, and are we aligned? How do these neighbourhood areas fit with newly established primary care networks?

8. 
How should we stay in touch with you as you go through this change? Is there a way we can maintain our key relationships?

9. 
What are the costs and benefits of your merger? How are they going to affect our residents?

NHS Clinical Commissioners is the independent membership organisation for clinical commissioners.

Our job is to help clinical commissioners get the best healthcare and health outcomes for their communities and patients. We give them a strong influencing voice from the front line to the wider NHS, national bodies, government, parliament and the media. Our networks provide members with the opportunity to share experience and expertise, and provide information, support, tools and resources to help clinical commissioners do their job better.

Contact us

www.nhscc.org office@nhscc.org 020 7799 8621 @NHSCCPress

Local Government Association is the national voice of local government, working with councils to support, promote and improve local government.

We are a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. We provide a range of practical support, on a free of charge and/or subsidised basis, to enable local authorities to exploit the opportunities that this approach to improvement provides.

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www.local.gov.uk info@local.gov.uk 020 7664 3000 @LGAcomms