

Committee: Health and Wellbeing Board

Date: 8th October 2019

Wards: All

Subject: SWL CCGs merger proposals

Lead officer: James Blythe, Managing Director, Merton CCG

Contact officer: James Blythe, Managing Director, Merton CCG

Recommendations:

A. Note the update

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To update the Board on the progress of the CCGs' merger proposals.

2 BACKGROUND

- 2.1. HWB received a paper earlier this year concerning the case for change for merger of the 6 South West London CCGs on 1st April 2020. The paper set out the numerous drivers including the substantial joint working that already takes place, the changing NHS policy landscape and the requirement for all CCGs to achieve a 20% management cost reduction.

3 DETAILS

- 3.1. The proposals for a merged CCG are now well progressed.
- 3.2. A draft single CCG structure has been shared with staff for comment. In line with the case for change, the structure makes efficiencies via the consolidation of corporate functions. This enables local, borough based teams focussed on service transformation and integration to retain similar resource levels to those seen currently. Comments on this draft structure will inform the formal consultation with staff necessary in the case that a merger proceeds.
- 3.3. A committee in common of the CCGs took place on 26th September and approved the submission of a merger application to NHS England. It has been agreed that this submission is subject to the support of the six CCGs' memberships. The Merton CCG membership will vote on the proposed merger on 16th and 17th October.
- 3.4. Draft governance documentation (a constitution, standing orders, terms of reference of key groups, etc) is under development. In this documentation, it is proposed that the full commissioning budget for each borough is delegated from the SWL CCG to a borough-based committee. In each of the six CCGs, local leadership teams have been developing proposals to manage this budget.
- 3.5. Our proposal in Merton remains that to the greatest extent practicable, the borough-based committee will make its substantial decisions about services in the borough via the Merton Health and Care Together Board, which will

for the purposes of CCG governance become a 'Committee in Common' between the CCG and the other MHCT partners.

- 3.6. There will also be a regular committee in common meeting between the Merton and Wandsworth borough committees, to discharge more routine duties (for example relating to the upward reporting from the borough committees to the SWL CCG) and commissioning spend where Merton and Wandsworth CCGs currently hold shared arrangements.
- 3.7. Finally there will be a partnership board established with St George's University Hospital NHS Foundation Trust. This will not be a formal committee but will provide shared executive leadership of the transformation of the acute pathway. St George's will continue to be a part of MHCT.

4 ALTERNATIVE OPTIONS

- 4.1. There is no formal alternative proposed at this stage. If the merger of the CCGs does not progress, Merton CCG will still be required to find 20% management cost reductions in 2020/21 whilst retaining all of the corporate functions required of a statutory body.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. Extensive engagement has been undertaken with partners to support the merger application. Wherever possible, the CCG has sought to take account of the views of partner bodies in the development of its proposed future arrangements.

6 TIMETABLE

- 6.1. If approved by the membership in October, and subsequently by NHS England, the merger will take effect from 1st April 2020.
- 6.2. In order to move to a new operating model from this date, staff consultation would begin shortly after NHS England approval i.e. November 2019.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. There are no specific implications for the Board to consider.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. The Terms of Reference and membership of the Merton Health and Wellbeing Board will require updating to reflect the change in statutory body and the roles and job titles of CCG representatives. This is not addressed in detail in this paper.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. There are no specific implications for the Board to consider.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. There are no specific implications for the Board to consider.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. There are no specific implications for the Board to consider.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

None

13 BACKGROUND PAPERS - None