

## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 05 November 2019**

Agenda item:

Wards:

**Subject: SWL CCGs merger proposals**

Lead officer: James Blythe, Managing Director, Merton CCG

Lead member: Councillor Peter McCabe Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: James Blythe, Managing Director, Merton CCG

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### **Recommendations:**

A. Note the update

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

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

## **2 BACKGROUND**

2.1. The six CCGs in South West London have agreed to merge from 1<sup>st</sup> April 2020. The merger has been proposed so that the CCGs can:

- Continue to develop already extensive joint working arrangements
- Maintain or improve support to local primary care
- Reduce bureaucracy, delivering the nationally required 20% reduction in CCG running costs via consolidation of corporate functions which maintains local transformation teams
- Take a proactive approach to change, which maintains local resource and decision-making

## **3 DETAILS**

3.1. The proposals for a merged CCG are now well progressed. A summary of the principal implications for local decision-making is set on the diagram overleaf.

## What will change – and what will stay the same

Currently	In a proposed SWL CCG
• We have a Merton CCG Board	➔ There will be a Governing Body across SWL and a borough committee at local level
• Merton CCG gets a financial allocation	➔ SWL CCG will get a financial allocation and will delegate Merton's budget to the borough committee
• Merton CCG has a clinical chair	➔ Merton borough committee will have a clinical chair who will be a voting member of SWL CCG Governing Body
• The CCG works in partnership with other local bodies via the Health and Wellbeing Board and MHCT	➔ The HWBB and Merton Health & Care Together Board will continue. We will look to make more decisions about local strategy and transformation priorities with other Merton organisations to increase links i.e. between health and social care
• The CCG's work is clinically led by local GPs	➔ We will retain local clinical leadership. Some leads may work together more with colleagues across SWL
• The CCG shares a management team with Wandsworth CCG	➔ Transformation and primary care teams will still be shared with Wandsworth CCG; finance, governance, quality and performance teams will be shared across SWL



- 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. Draft governance documentation (a constitution, standing orders, terms of reference of key groups, etc) has been developed. 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.
- 3.4. Our proposal in Merton is 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.
- 3.5. 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.

- 3.6. 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. A committee in common of the CCGs took place on 26<sup>th</sup> September and approved the submission of a merger application to NHS England. This was subject to CCG membership approval of the proposals which has now been secured across all six CCGs.
- 6.2. If approved by NHS England, the merger will take effect from 1<sup>st</sup> April 2020.
- 6.3. In order to move to a new operating model from this date, staff consultation will begin shortly after NHS England approval i.e. later in November 2019

#### **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 7.1. The NHS allocation that relates to the current Merton CCG area will be fully delegated to Merton borough committee. Current joint working arrangements between the CCG and council will transfer to the new SWL CCG. The draft structure proposals for the new CCG do not substantially alter the

composition of teams that work on an integrated basis with council staff, for example in relation to children's services commissioning.

## **8 LEGAL AND STATUTORY IMPLICATIONS**

- 8.1. The duties of Merton CCG in relation to involvement, consultation and local authority scrutiny will transfer to the South West London CCG. It is noted that the Merton committee sends delegates to a Joint Health Overview and Scrutiny Committee for South West London as well as a JHOSC sub-committee for the Improving Healthcare Together programme. SWL CCG officers will continue to work with both local OSCs and the JHOSC to support scrutiny structures at a number of levels.

## **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

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

## **10 CRIME AND DISORDER IMPLICATIONS**

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

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 11.1. There are no specific implications for the Committee 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