

NHS Clinical Commissioners

The independent collective voice of clinical commissioners

September 2020

## **CCG** mergers

How clinical commissioning groups and local government can work together



Updated for 2020/21 merger process

#### 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 there will be consideration of whether proposed new CCGs will be "coterminous" with one or more upper-tier county council or unitary local authority (ie cover the same geographical area), although it is acknowledged that this doesn't *have* to be the case. CCGs which are proposing to merge must 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**





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

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?



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



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



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

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



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?



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



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



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

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