

Next steps towards primary care
co-commissioning: Annex B

Submission proforma for delegated
commissioning
arrangements

December 2014 (Final)



Introduction

The following proforma should be completed by CCGs and area teams where a CCG wishes to implement a delegated commissioning arrangement.

Part one is for completion by the CCG. It requires CCGs to:

- review and revise its conflicts of interest management policy in light of new NHS England statutory guidance;
- describe the intended benefits of co-commissioning arrangements;
- detail the finance arrangements of the delegated budget; and
- complete and sign a declaration.

Part two is for completion by the area team. It requires the area team to:

- confirm that the CCG meets the required assurance thresholds;
- confirm that the CCG meets the required conflicts of interest management thresholds;
- confirm that the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements; and
- complete and sign a declaration.

CCGs and area teams are encouraged to take note of the supporting annexes in the *Next steps towards primary care co-commissioning* document, specifically the model wording for constitutional changes (Annex C) and model terms of reference (incorporating the scheme of delegation) for delegated commissioning (Annex F) when completing this proforma.

CCGs and area teams should submit the following to

england.co-commissioning@nhs.net by **noon on Friday 9 January 2015**

1. This form, with parts I and II completed
2. Conflicts of interest policy (draft or ratified version) **Appendix A**
3. CCG governance structure, including any terms of reference and scheme of delegation **Appendix B**
4. Copy of the CCG(s) IG Toolkit **Appendix C**
5. CCG constitution or proposed constitutional amendment submitted **Appendix D**

Please note that any necessary constitutional amendments should also be sent to the **relevant regional office**.

PART I: TO BE COMPLETED BY THE CCG

A	Conflicts of interest
	<p>CCGs have a statutory requirement to:</p> <ul style="list-style-type: none"> • Maintain one or more registers of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees. • Publish, or make arrangements to ensure that members of the public have access to these registers on request. • Make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group, and record them in the registers as soon as they become aware of it, and within 28 days. • Make arrangements, set out in their constitution, for managing conflicts of interest, and potential conflicts of interest in such a way as to ensure that they do not and do not appear to, affect the integrity of the group's decision-making processes. <p>Conflicts of interest, actual and perceived, need to be carefully managed within co-commissioning. New statutory guidance for conflicts of interest management in primary care co-commissioning has been developed in partnership with NHS Clinical Commissioners and with formal engagement of Monitor, HealthWatch and the National Audit Office and was published in December 2014.</p> <p>The guidance includes a strengthened approach to:</p> <ul style="list-style-type: none"> • the make-up of the decision-making committee; • national training for CCG lay members; • external involvement of local stakeholders; • register of interest; and • register of decisions. <p>Further detail is also set out in of the conflicts of interest section in the <i>Next steps towards primary care co-commissioning</i> document.</p> <p>The CCG declaration (below) confirms that the CCG has reviewed and revised its conflicts of interest management processes and procedures in light of the new NHS England statutory guidance on managing conflicts of interest</p>

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	<p>to ensure that it meets the requirements.</p> <p>CCGs must attach a copy of its revised conflicts of interest policy. ✓</p> <p>Draft versions will be accepted, although confirmation that the CCG governing body has ratified the updated policy is required by 30 January 2015.</p> <p>A copy of the CCG’s revised draft conflicts of interest policy is attached at Appendix A.</p> <p>The CCG’s Governing Body will ratify this policy at its next formal meeting on 26th January.</p>
B	<p>CCG supporting statement to describe the intended benefits to patients through delegated co-commissioning arrangements</p> <p><i><maximum 400 words></i></p>
	<p>East Lancashire CCG covers a large geographical area with a registered population of about 372,000 patients. The CCG has a strong structure with 5 localities that mirror borough council boundaries and further divide into 9 neighbourhoods. East Lancashire has an extremely diverse demographic from affluent rural areas to very deprived, ethnically diverse urban areas.</p> <p>The key priority for the East Lancashire population is that in five years’ time we will have:</p> <p style="text-align: center;">“Developed our locality community structure to make sure care is delivered closer to home and within a patient’s community, unless there is an absolute medical need for them to be in hospital/residential care”</p> <p>This ambitious aim requires real transformational change in the way that care is delivered outside of hospital.</p> <p>The delegated commissioning of primary care will facilitate the development of seamless, integrated out of hospital care based around the diverse needs of the East Lancashire population by enabling the CCG to:</p> <ul style="list-style-type: none"> - To make redesign decisions across a portfolio of providers and so across pathways of care tailored to meet local needs - Break down the barriers that currently exist in how care is both commissioned and provided; supporting a more collaborative approach to

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	<p>designing local solutions for workforce, premises and information management and technology across primary, community and secondary care</p> <ul style="list-style-type: none">- Design local incentive schemes that not only support continuous improvement in the quality of primary care services, but in addition provide consistency between the outcome measures used in primary care and wider out of hospital services - Shift resources from Acute into primary and community care services - Drive the development of new models of care as described in the Five Year Forward View - Improve access to primary and wider out-of-hospital services, with more services available closer to the patient's home. - Utilise the opportunity for more patient centred commissioning - Meaningfully engage with the local population about the totality of expectations for general practice, the out of hospital offer and wider system integration - Provide better patient experience through more joined up services <p>In summary we believe that co-commissioning will enable the delivery of the large scale transformational change that is required to deliver seamless, integrated out of hospital care closer to home. It will enable commissioners, providers and patients to work together to facilitate new ways of working locally and co-ordinate care to improve equity of access, health outcomes and reduce inequalities.</p>
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C	Finance template for delegated budgets: to be completed by CCGs on or before noon on 9 January 2015
	<p>Notes for completing the finance template:</p> <ol style="list-style-type: none"> 1. Double click into the table to complete the excel template. 2. Please enter the notified numbers for your CCG. 3. Please enter how you intend to spend the delegated budget in 2015/16. If your proposal is approved you will need to submit the detail of your planned spend as set out in the planning guidance. 4. Please include any additional investment the CCG is planning to make in primary care services from other areas of spend.

GP Services

General Practice - GMS
 General Practice - PMS
 Other list based services (APMS)
 Premises cost reimbursements
 Other premises costs

Notified delegated Budget (1)	Movement out of GP Services (2)	Movement Into GP Services (3)	Total
£'000	£'000	£'000	£'000
+	-	+	+/-
21283			21283
6430			6430
5012			5012
1386			1386
787			787

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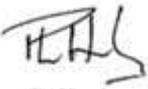
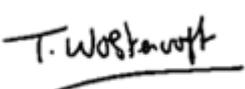
Enhanced services	2459			2459
QOF	4650			4650
Other GP services	1671			1671
Primary care NHS property services - GP	4531			4531
2015/16 growth				0
Sub Total GP services	48209	0	0	48209

	N/A	+	-	+/-
Acute services				0
Mental health services				0
Community health services				0
Primary care services				0
Continuing care services				0
Other care services				0
Sub total CCG programme costs		0	0	0

Total	48209	0	0	48209
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Please provide a description in the change in spend detailed above

The CCG does not plan significant changes to the spend indicated by the NHS England notified budget outlined above. The CCG is reviewing the notified budget and awaits clarification from NHS England on some points, this may entail adjustments to the amounts notified and also changes to possible spend. In addition it is likely that the CCG will reflect current Primary Care spend on LIS and local developments as part of the wider delegated Primary Care budget position.

D	CCG declaration
	<p>I hereby confirm that NHS East Lancashire CCG membership and governing body have seen and agreed to all proposed arrangements in support of taking on delegated commissioning arrangements for primary medical services on behalf of NHS England for 2015/16.</p> <p>Signed on behalf of NHS East Lancashire CCG governing body</p>  <p>Name: Dr Phil Huxley Position: Chair Date: 7 January 2015</p> <p>I hereby confirm that the CCG has in place robust conflicts of interest processes which and have been reviewed in light of the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest, prior to submission.</p> <p>Signed by NHS East Lancashire CCG Audit Committee Chair</p>  <p>Name: Mr Tom Wolstencroft Position: Lay member for Governance and Audit Chair Date: 7 January 2015</p> <p>Signed by NHS East Lancashire CCG Accountable Officer</p>  <p>Name: Dr Michael Ions Position: Chief Clinical Officer (Accountable Officer) Date: 7 January 2015</p>

PART II: TO BE COMPLETED BY AREA TEAM

Assurance domains	Current Level
<i>To be pre-populated by Area Team from 2014/15 Q2 data</i>	
Domain 1: Are patients receiving clinically commissioned, high quality services?	
Domain 2: Are patients and the public actively engaged and involved?	
Domain 3: Are CCG plans delivering better outcomes for patients?	
Domain 4: Does the CCG have robust governance arrangements?	
Domain 5: Are CCGs working in partnership with others?	
Domain 6: Does the CCG have strong and robust leadership?	
Additional assurance	
Area team confirms the CCG is capable of taking on delegated functions.	<i>[please tick]</i>
Area team confirms the CCG meets the required conflicts of interest management thresholds in line with the new NHS England statutory guidance.	<i>[please tick]</i>
Area team confirms the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements.	<i>[please tick]</i>
Any additional comments	

Area team declaration

I hereby confirm, on behalf of NHS England, that NHS **[insert name]** CCG meets the required conflicts of interest management, finance and assurance thresholds to proceed with delegated commissioning arrangements.

Signed on behalf of the NHS England [insert name] Area Team

Name:

Position:

Date:

PART III: FOR NHS ENGLAND OFFICE USE ONLY

NHS England Commissioning Committee

This serves as confirmation that, following a meeting of the NHS England Commissioning Committee on **[insert date]**, NHS **[insert name]** CCG has been approved to proceed with delegated commissioning arrangements for 2015/16, having met the required conflicts of interest management, finance and assurance thresholds.

Name:

Position:

Date:

Confirmation of financial arrangements

Signed on behalf of the NHS England

Name:

Position:

Date:

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Summary of the Approvals process and timeline

9 January 2015 (12 noon)	<ul style="list-style-type: none">• Submission of proposal for delegated arrangements (annex B)• Submission of constitutional amendments (annex C)
February 2015	<ul style="list-style-type: none">• Regional moderation panel review proposals and make recommendations for approval• NHS England Commissioning Committee approved proposals
March 2015	<ul style="list-style-type: none">• Subject to approval, NHS England's finance directorate arrange the transfer of delegated budgets• CCGs informed of the outcome of their constitutional amendments request
From 1 April 2015 onwards	<ul style="list-style-type: none">• Arrangements implemented in full locally