

Next steps towards primary care co-commissioning: Annex A

Submission proforma for joint commissioning arrangements

November 2014



Introduction

The following form should be used by CCGs and area teams to complete their joint commissioning proposal.

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

- describe the objectives and intended benefits of the joint commissioning arrangements, particularly the benefit to patients; and
- complete and sign a declaration.

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

- complete a short checklist to assist in the preparation of the submission. The checklist should be used in conjunction with the approvals section in the *Next steps towards primary care co-commissioning* document and supporting annexes; and
- complete and sign a declaration.

CCG and area teams may want to pay particular attention to the model wording for constitutional changes (Annex C) of the *Next steps towards primary care co-commissioning* document and joint commissioning model terms of reference (incorporating the scheme of delegation) (Annex D) when developing their joint commissioning governance arrangements.

CCGs and area teams may wish to consider implementing a pooled fund arrangement under section 13V of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) for joint commissioning arrangements. If so, this will require close working between CCG and area team finance colleagues to ensure that the arrangement establishes clear financial controls, risk management systems and has clear accountability arrangements.

Please note: this annex is provided in draft form and will be finalised following publication of forthcoming NHS England statutory guidance on managing conflicts of interest in December 2014.

CCGs and area teams should submit the following to

england.co-commissioning@nhs.net by **5pm on Friday 30 January 2015**.

1. this form, with parts I and II completed
2. governance documentation (joint committee terms of reference incorporating scheme of delegation)
3. Copy of the CCG(s) IG Toolkit
4. CCG(s) Constitution or proposed constitutional amendment submitted

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

PART I: TO BE COMPLETED BY THE CCG

Objectives and benefits: briefly describe the objectives and intended benefits of the joint commissioning arrangements, particularly the benefit to patients
<maximum 400 words>

Vision and Objectives

Our vision is to develop an innovative approach to deliver sustainable primary care that is wider than a health-care based solution working in an integrated way. Joint commissioning will be the platform we build upon to deliver new models of care.

We want our residents to live as healthily as possible at home, supported by high quality primary, community health and social care services, assisted by advances in technology. As **local** leaders we will drive the change required to unite ambition and effort across the health and social care economy to:-

- Respond more effectively and holistically to people's needs;
- Improve the health and wellbeing of our residents;
- Promote a vibrant and responsive primary care sector;
- Enable transformation and integration of health and care delivery

Intended Delivery and Patient Benefits

A strong primary care sector serving marginal and disadvantaged communities is fundamental to reducing the health gap and improving health outcomes. We can positively effect this by:-

- Developing enhanced services and incentives to identify and address health inequalities for the locality;
- Utilising 'end/review of contract', merger and new model opportunities to strengthen focus on inequality and accessibility;

Joint commissioning will enable a local approach to the planning of integrated services across health and social care resulting in a more cohesive outcome to deliver the CCGs ambitions and plans.

We will adopt a more localised approach to meet demand and need by developing:-

- capacity, capability and peer support;
- sustainability in the workforce by giving autonomy and decision making;
- end-to-end pathways of care, developing the continuum and reducing 'hand offs' ;
- greater levels of engagement and experience for our communities and patients;
- stronger involvement of our voluntary and community sector (VCS) partners;
- a more streamlined approach commissioning primary care.

We will promote a collaborative approach to improving quality and safety of primary care services, through a shared programme approach to:-

- quality improvement
- support and performance review
- sharing best practice
- reducing unwarranted variation

- systematic measurement and response to local voice

As a result, we envisage patients will benefit from improved:-

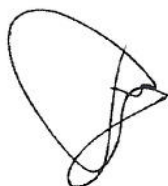
- access to the appropriate health professional;
- coverage of services;
- clinical outcomes;
- positive experience of care;
- involvement in the decision making and shaping of services.

We believe that joint commissioning will enable us to establish a landscape where all sectors are able to work together, removing unhelpful boundaries and using their combined resources, to achieve maximum benefit for our service users, carers and families.

Declaration: to be completed by the CCG on or before 30 January 2015

I hereby confirm that NHS Hartlepool and Stockton-on-Tees CCG membership and governing body have seen and agreed to all proposed arrangements in support of taking on joint commissioning arrangements for primary medical services in partnership with NHS England for 2015/16.

Signed on behalf of NHS Hartlepool and Stockton-on-Tees CCG governing body



Signature:

Name: Dr B Posmyk

Position: Chair

Date: 28 January 2015

Signed by Hartlepool and Stockton-on-Tees CCG Accountable Officer



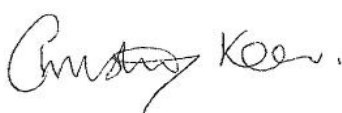
Signature:

Name: Mrs A Wilson

Position: Chief Officer

Date: 28 January 2015

PART II: TO BE COMPLETED BY AREA TEAM

Joint commissioning checklist	
CCG has complied with statutory duties regarding the involvement of members and other key local stakeholders in the development of joint commissioning arrangements	Yes
CCG has involved its members in the development of joint commissioning arrangements and the governing body has ratified the proposed governance changes	Yes
CCG governance structure, including terms of reference incorporating the scheme of delegation is attached	Yes
CCG has reviewed its conflicts of interest policy in line with the forthcoming statutory guidance	Yes
Constitution has been amended and is attached	Yes
Area team governance structure has been amended in line with the NHS England scheme of delegation	TBC*
Will a pooled fund be put in place under this arrangement?	No
Declaration: to be completed by the area team on or before 30 January 2015	
I hereby confirm, on behalf of NHS England, that NHS Hartlepool and Stockton-on-Tees CCG meets the required assurance threshold to proceed with joint commissioning arrangements.	
Signed on behalf of the NHS England Cumbria & North East Sub Region	
	
Name: Christine Keen	
Position: Director of Commissioning	
Date: 29 th January 2015	

- Subject to further guidance within NHS England

PART III: FOR NHS ENGLAND OFFICE USE ONLY

NHS England Commissioning Committee

This serves as confirmation that, following a meeting of the NHS England regional moderation panel on **[insert date]**, NHS Hartlepool and Stockton-on-Tees CCG has been approved to proceed with joint commissioning arrangements for 2015/16.

Name:

Position:

Date: