

**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](mailto: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>

### **What we will achieve through Co-Commissioning:**

The joint commissioning arrangement provides Slough CCG with the opportunity to work with the Area Team to implement the additional tools and levers needed to deliver the planned scale of transformation in Primary Care and in care out-of-hospital, a vision co-developed with our patients and public. (See attached public and patient participation vision on primary care). This application describes our plans to further develop and improve accessible, quality-driven primary care services. We have delivered early parts of this through our Prime Minister's Challenge Fund project which has been nationally recognised as a successful pilot and the use of the levers below will further strengthen and accelerate the delivery of the identified outcome and deliver a real difference to our patients.

The Joint approach will enable Slough CCG to work with the Area Team to capitalise on the levers and tools available through co-commissioning to deliver our strategy (attached) and 5 year plan and will ensure the delivery of the outcomes below:

### **NHS Slough CCG will:**

- Significantly reduce under 75 CVD mortality rates, by 2% over 5 yrs
- Increase people's confidence in managing their LTC to 80% (baseline 75%)
- Increase the numbers of older people living independently at home
- Improve patient experience of access in Primary Care and Community services

### **How we will do this:**

Locally defined incentives e.g. local QOFs and the ability to jointly commission locally focussed enhanced services will enable Slough CCG to commission integrated pathways across the health economy focussing on the needs of the population especially in those with high levels of health need e.g. children and people living with LTCs like asthma and diabetes, mental health.

Through the ability to establish new primary care models, Slough CCG working with the Area Team will ensure that changes to primary care provision are aligned to integrated working models and focussed on the needs of the local population. A review of current primary care provision including the Walk-In Centre contract renewal process will be undertaken with a view to testing models of care as set out in the 5 Year Forward View plan e.g. Multi Specialty Practice groups. The approved wave 1 PMCF funding will continue to be invested to improve provision of sustainable and scalable primary care medical services.

Through the joint commissioning arrangements Slough CCG will be enabled to facilitate patients to further contribute to improved service design and delivery through - inter alia - raising complaints locally, resulting in locally informed solutions within the context of the local health landscape.

Slough CCG has demonstrated its commitment to involve patients in the commissioning of every service, and is best placed to lead the responds to concerns

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regarding the quality of primary care services delivered to patients with the Area Team. We pledge to work with practices to ensure that primary care provision is of the highest quality, meets the needs of the population, minimises unwarranted variation and delivers improved outcomes for the population.

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

I hereby confirm that NHS **Slough** 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 Slough CCG governing body**



Name: Dr Jim O'Donnell

Position: Clinical Chair

Date: 4<sup>th</sup> February 2015

#### **Signed by Slough CCG Accountable Officer**

Name: Matthew Tait

Position: Interim Accountable Officer

Date: 4<sup>th</sup> February 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	
CCG has involved its members in the development of joint commissioning arrangements and the governing body has ratified the proposed governance changes	
CCG governance structure, including terms of reference incorporating the scheme of delegation is attached	
CCG has reviewed its conflicts of interest policy in line with the forthcoming statutory guidance	

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Constitution has been amended and is attached	
Area team governance structure has been amended in line with the NHS England scheme of delegation	
Will a pooled fund be put in place under this arrangement?	
<b>Declaration: to be completed by the area team on or before 30 January 2015</b>	
I hereby confirm, on behalf of NHS England, that NHS <b>Slough</b> CCG meets the required assurance threshold to proceed with joint commissioning arrangements. <b>Signed on behalf of the NHS England Thames Valley Area Team</b> Name: Position: Date:	

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## 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 **Bracknell and Ascot** CCG has been approved to proceed with joint commissioning arrangements for 2015/16.

Name:

Position:

Date:

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