

DUDLEY CLINICAL COMMISSIONING GROUP

Proposed changes to the group’s Constitution December 2014 – IMPACT ASSESSMENT

INTRODUCTION

This paper provides an impact assessment of the changes required to the group’s Constitution (mainly to reflect new primary care co-commissioning arrangements due to be implemented from 1 April 2015). The NHS (Clinical Commissioning Groups) Regulations 2012 sets out the factors which NHS England must consider when reviewing an application for changes to a CCG’s Constitution. A review of the impact of proposed changes has taken place drawing upon independent, external expert advice.

IMPACT ASSESSMENT AGAINST REVIEW CRITERIA

Criteria	Impact of changes
The constitution meets the requirements of legislation and is otherwise appropriate.	The constitution continues to meet legislative requirements and remains otherwise appropriate after the proposed changes to the Constitution are made. Changes are required to reflect co-commissioning arrangements soon to be put in place
Each of the members is a provider of primary medical services.	This is the case
The area is appropriate (ie that there are no overlapping CCGs and no gaps),	This remains the case
The proposed Accountable Officer is appropriate	No changes have been made
T the CCG has made appropriate arrangements to ensure it is able to discharge its functions	Proposed changes have a positive impact upon our ability to discharge our functions, particularly in relation to commissioning of primary medical services
Arrangements are in place to ensure that its governing body is correctly constituted and otherwise appropriate	The proposed addition of a further Clinical Executive (for Systems Redesign) is intended to strengthen the governing body membership
The likely impact of the requested variation on the persons for whom the CCG has responsibility – so the registered and resident population of the CCG	The changes sought regarding primary medical service commissioning going forward are reflected in the Constitution, and these will benefit our registered and resident population.
The likely impact on financial allocations of the CCG and any other CCG affected for the financial year in which the variation would take effect	No variation in CCG membership that would require ant financial variation to be enacted
The likely impact on NHS England’s functions	The proposed changes reflect the delegation of primary care medical services for Dudley, from NHS England to the CCG.
<p>The extent to which the CCG has sought the views of the following, what those views are, and how the CCG has taken them into account:</p> <ul style="list-style-type: none"> • any unitary local authority whose area covers the whole or any part of the CCG’s area; • any other CCG which would be affected; and • any other person or body which in the CCG’s view might be affected by the variation requested • patients and the public; what those views are; and how the CCG has taken them into account 	The group has sought the views of appropriate stakeholders in relation to changes to primary care medical service commissioning and agreement at our Primary Care Commissioning Task & Finish Group of proposed changes to the Constitution. The Governing Body will adopt the changes to the Constitution at its 8 January 2015 meeting.

CONCLUSION

The proposed changes are required to ensure that our governance arrangements are fit for purpose and properly described within our Constitution. This impact assessment confirms that the proposed changes satisfy the requirements of NHS England to support constitutional changes.



IG Toolkit Assessment Summary Report
 NHS Dudley CCG
 (Clinical Commissioning Group)
 Prepared on 18/12/2014

Information Governance Management

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not Relevant	Exempt	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 11 (2013-2014)	Published	0	0	3	2	0	0	5	80%	Satisfactory	Satisfactory	n/a
	Target	0	0	3	2	0	0	5	80%	Satisfactory	Satisfactory	n/a

Confidentiality and Data Protection Assurance

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not Relevant	Exempt	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 11 (2013-2014)	Published	0	0	7	0	1	0	8	66%	Satisfactory	Satisfactory	n/a
	Target	0	0	7	0	1	0	8	66%	Satisfactory	Satisfactory	n/a

Information Security Assurance

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not Relevant	Exempt	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 11 (2013-2014)	Published	0	0	13	0	0	0	13	66%	Satisfactory	Satisfactory	n/a
	Target	0	0	13	0	0	0	13	66%	Satisfactory	Satisfactory	n/a

Clinical Information Assurance

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not Relevant	Exempt	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 11 (2013-2014)	Published	0	0	1	0	0	1	2	66%	Satisfactory	Satisfactory	n/a
	Target	0	0	2	0	0	0	2	66%	Satisfactory	Satisfactory	n/a

Overall

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Not Relevant	Exempt	Total Req'ts	Overall Score	Self-assessed Grade	Reviewed Grade	Reason for Change of Grade
Version 11 (2013-2014)	Published	0	0	24	2	1	1	28	69%	Satisfactory	Satisfactory	n/a
	Target	0	0	25	2	1	0	28	69%	Satisfactory	Satisfactory	n/a

Grade Key

Not Satisfactory	Not evidenced Attainment Level 2 or above on all requirements (Version 8 or after)
Satisfactory with Improvement Plan	Not evidenced Attainment Level 2 or above on all requirements but improvement actions provided (Version 8 or after)
Satisfactory	Evidenced Attainment Level 2 or above on all requirements (Version 8 or after)

Version 11 (2013-2014) History

Status	Date
Reviewed (Satisfactory)	31/03/2014 10:22
Published	29/03/2014 12:46
Confirmed	29/03/2014 12:45
Started	28/03/2014 12:54
Confirmed	28/03/2014 12:54
Published	27/03/2014 15:17
Confirmed	27/03/2014 15:16
Started	04/07/2013 15:17

Next steps towards primary care co-commissioning: Annex B

Submission proforma for delegated commissioning arrangements

November 2014



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 forthcoming new 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.

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.

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)
3. CCG governance structure, including any terms of reference and scheme of delegation
4. Copy of the CCG(s) IG Toolkit
5. CCG 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

A	Conflicts of interest
	<p>CCGs have a statutory requirement to:</p> <ul style="list-style-type: none"><input type="checkbox"/> 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.<input type="checkbox"/> Publish, or make arrangements to ensure that members of the public have access to these registers on request.<input type="checkbox"/> 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.<input type="checkbox"/> 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 is being developed in partnership with NHS Clinical Commissioners and with formal engagement of Monitor, HealthWatch and the National Audit Office, and will be published in December 2014.</p> <p>The guidance will include a strengthened approach to:</p> <ul style="list-style-type: none"><input type="checkbox"/> the make-up of the decision-making committee;<input type="checkbox"/> national training for CCG lay members;<input type="checkbox"/> external involvement of local stakeholders;<input type="checkbox"/> register of interest; and<input type="checkbox"/> register of decisions. <p>Further detail is 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 forthcoming NHS England statutory guidance on managing conflicts of interest to ensure that it meets the requirements.</p>

Submission proforma for delegated commissioning arrangements

	<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>
B	<p>CCG supporting statement to describe the intended benefits to patients through delegated co-commissioning arrangements <i><maximum 400 words></i></p>
	<p>We are ideally placed to take full advantage of the opportunities such a partnership would offer for our patients – including better quality of care, improved outcomes, reduced inequalities, more integrated services and greater patient and public involvement.</p> <p>Our Primary Care development strategy was approved at the Sept 2013 Dudley Health and Wellbeing Board (H&WBB); and subsequently, following further consultation resulted in approval at the January 2014 H&WBB for Dudley CCG to approach NHS England to jointly commission GP Services as the best means to delivering the benefits set out in the strategy. This was subsequently incorporated into both the CCG five-year strategy (approved at the March 2014 H&WBB) and the local Area Team strategy.</p> <p>Our proposal for full delegated authority is predicated on three areas</p> <ul style="list-style-type: none"> • To effectively review and pilot new ways of commissioning outside of the core requirements of GMS – setting one set of outcome measures that will apply to all those services commissioned and working as part of an integrated population based health and wellbeing service with primary care at the heart of the model. • To commission for shared outcomes across the whole system of integrated care to ensure that all the organisations working in Dudley are working to the same outcome objectives for our population. • To lead and manage the process for review and revising all GP contracted activity outside of GMS (so including QOF, enhanced services and PMS resource allocations), and retain any surplus within Dudley to reinvest within Dudley to improve the quality of primary care services and support the delivery of our service integration model. <p>We have well developed plans to redefine and improve the quality standards for primary care, including a 3rd option for re investing PMS premium into a local quality improvement scheme, and we have the engagement infrastructure with our GP membership to support performance improvement in a way that NHS England just does not have the capacity for.</p> <p>We have well established patient and public involvement in the commissioning of our services with 42 out of 47 practices with active PPGs and already engage with patients elected from our constituent PPGs in reviewing commissioning priorities. We have developed robust governance arrangements that have been independently assessed by the Good Governance Institute: these include a revised and conflict of interest policy, standards of business conduct policy and amended constitution that have been agreed by the Governing Body on the 8th January 2015.</p>

Submission proforma for delegated commissioning arrangements

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.

Dudley CCG's Co-commissioning financial submission

	Notified delegated Budget (1)	Movement out of GP Services (2)	Movement Into GP Services (3)	Total
	£'000	£'000	£'000	£'000
	+	-	+	+/-
GP Services				
General Practice - GMS	10,483			10,483
General Practice - PMS	13,780			13,780
Other list based services (APMS)	285			285
Premises cost reimbursements	3,121			3,121
Other premises costs	-			-
Enhanced services	2,358		2,246	4,604
QOF	4,145			4,145
Other GP services	1,014			1,014
Primary care NHS property services - GP	2,384			2,384
Sub Total GP services	37,571	-	2,246	39,817
	N/A	+	-	+/-
Acute services				-
Mental health services				-
Community health services				-
Primary care services			- 2,246	- 2,246
Continuing care services				-
Other care services				-
Sub total CCG programme costs		-	- 2,246	- 2,246
Total	37,571	-	-	37,571

Please provide a description in the change in spend detailed above:

The financial information has been provided by NHS England's central team and is being reviewed to ensure no cost pressures are being passed onto the CCG if we are successful in our bid for full delegation of Primary Care Commissioning budgets from 1st April 2015. Therefore the submission is made on a number of conditions and will be open to change to reflect ongoing discussions with NHS England to agree the final delegated budgets.

Submission proforma for delegated commissioning arrangements

Please provide a description in the change in spend detailed above: (Continued)

Dudley CCG's share of the planning framework assumptions is still to be agreed and therefore it is assumed that a share of the Contingency reserve, 15/16 Growth funding and other reserves relevant to primary care such as premises and investments will be in addition to the budget figures being reported in the appendix above.

Additionally the Capital funding for primary care is still yet to be finalised and is assumed to be in addition to the figures contained in the table presented.

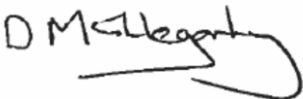


The impact to the CCG on the recent PMS reviews relates to a potential release of funding of approximately £1.8m after a 7 year transitional period, this equates to £257,000 per year.

The transitional funding arrangements agreed by NHS England during the PMS reviews however undermines the CCG's premises strategy and will require additional premises investment funding to be set aside in the 2015/16 financial plan and on-going. This will be subject to agreement of the overall CCG financial plan.

With regard to administrative support the structures agreed by board effective from 1st October 2014 were based upon the CCG's current functions. The addition of Primary Care Commissioning to the CCG's portfolio will require additional investment in support functions to deliver the services required to support this additional activity. The structure will now be reviewed to identify any additional capacity that may be required to deliver the services required to support our new duties under Primary Care Commissioning. It is expected that this will cost up to £400,000.

We are in negotiations with NHS England to obtain additional Running Cost allowance resource but this may not be forthcoming. Additional investment may therefore become a cost pressure to the CCG.

Submission proforma for delegated commissioning arrangements

D	CCG declaration
	<p>I hereby confirm that NHS Dudley 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 Dudley CCG governing body</p> <p>Name: Dr David Hegarty</p> <p>Position: Chair</p> <p>Date: 9 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 Dudley CCG Audit Committee Chair</p> <p>Name: Mrs Julie Jasper</p> <p>Position: Chair of the Audit Committee</p> <p>Date: 9 January 2015</p>  <p>Signed by Dudley CCG Accountable Officer</p> <p>Name: Mr Paul Maubach</p> <p>Position: Chief Accountable Officer</p> <p>Date: 9 January 2015</p> 

PART II: TO BE COMPLETED BY AREA TEAM

Assurance domains <i>To be pre-populated by Area Team from 2014/15 Q2 data</i>	Current Level
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 forthcoming 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	

Submission proforma for delegated commissioning arrangements

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:

Next steps towards primary care co-commissioning: Annex B

Submission proforma for delegated commissioning Arrangements.

DUDLEY CCG



DUDLEY CCG

PART II: TO BE COMPLETED BY AREA TEAM

Assurance domains <i>To be pre-populated by Area Team from 2014/15 Q2 data</i>	Current Level
Domain 1: Are patients receiving clinically commissioned, high quality services?	Assured
Domain 2: Are patients and the public actively engaged and involved?	Assured
Domain 3: Are CCG plans delivering better outcomes for patients?	Assured with support
Domain 4: Does the CCG have robust governance arrangements?	Assured
Domain 5: Are CCGs working in partnership with others?	Assured
Domain 6: Does the CCG have strong and robust leadership?	Assured
Additional assurance	
Area team confirms the CCG is capable of taking on delegated functions.	✓
Area team confirms the CCG meets the required conflicts of interest management thresholds in line with the new NHS England statutory guidance.	✓
Area team confirms the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements.	✓
Any additional comments	
<p>Dudley CCG have actively planned for the delegation of GP primary care over a number months with a well organised approach managed through a task group which has involved the Area team at all stages .</p> <p>The CCG has involved its membership and wider stakeholders in the decision to put forward their proposal and are clear on the benefits it will bring to providing integrated local care for patient’s across Dudley.</p> <p>The CCG has carefully reviewed the governance arrangements seeking external advice to support their proposal.</p> <p>All CCGs have identified financial caveats to support their bids. Whilst the Area Team recognise that some of these reflect uncertainty at a point in time the Area Team is working to the following joint principles.</p>	

Submission proforma for delegated commissioning arrangements

The allocation will be based on the finalised national figures.

The Area Team has been working with CFOs to understand the intrinsic notes within the allocation.

The Area Team cannot commit to any further funding over and above the total allocation for services to be transferred; it will continue to work closely with CCGs during the financial planning rounds.

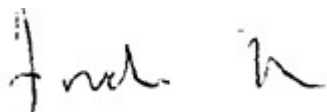
Access to any contingency will be mutually agreed through a designated process.

The Area Team strongly supports the CCG submission for undertaking full delegation from April 2015.

Area team declaration

I hereby confirm, on behalf of NHS England, that NHS Birmingham, Solihull & Black Country 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 Birmingham ,Solihull & Black Country Area Team



Name: Andrew Reed

Position: **Director of Commissioning Operations (West Midlands)**

Date: 7th January 2015

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: