

<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A</b>	<b>ENCLOSURE:</b> <b>G</b>
<b>DATE OF MEETING:</b>	<b>28 November 2024</b>	
<b>REPORT TITLE:</b>	<b>Delegation of Specialised Commissioning from 1 April 2025</b>	
<b>REPORT AUTHOR:</b>	<b>Carmen Chadwick-Cox, Deputy Director of Strategic Commissioning</b>	
<b>EXECUTIVE SPONSOR:</b>	<b>David McClay, Chief Officer for Strategy, Digital &amp; Integration</b>	
<b>PRESENTED BY:</b>	<b>Carmen Chadwick-Cox, Deputy Director of Strategic Commissioning</b>	

<b>PURPOSE</b>	<b>DESCRIPTION</b>	<b>SELECT</b>
<b>Approve</b>	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
<b>Endorse</b>	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
<b>Discuss</b>	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
<b>Note</b>	To note, without the need for discussion	<input type="checkbox"/>
<b>Assurance</b>	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

**LINKS TO STRATEGIC OBJECTIVES**  
(Please select any which are impacted on / relevant to this paper)

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

**PREVIOUS CONSIDERATION / ENGAGEMENT**

ICB Board development session 24 October 2024

**REPORT TO COMMITTEE / BOARD**

The purpose of this paper is to commence the governance sign off of NHSE requirements of ICBs related to the delegation of Specialised Commissioning (Green Services) from 1/4/25. Final sign off following NHSE Board approval, will take place in February 2025.

**Delegation of Specialised Commissioning from 1/4/25**

**1. Introduction**

1.1 There are 175 specialised services. These are set out in the Prescribed Specialised Services Manual<sup>1</sup>. (Note that there are less than 175 service specifications in the manual as

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/10/PRN00115-prescribed-specialised-services-manual-v6.pdf>

some cover multiple service lines). These cover a large range of services including specialised cancer and cardiac services, Neonatal services, and Adult Critical Care.

- 1.2 NHSE set out its intentions to delegate specialised services to Integrated Care Systems in the Roadmap for Integrating Specialised Services within Integrated Care Systems in May 2022.<sup>2</sup>
- 1.3 The initial intention was for all ICBs to take on delegation of fifty-nine services from 1/4/24 and work was undertaken to prepare for that transfer of responsibility.
- 1.4 Subsequently the seven ICBs in the South West collectively agreed to request that the transfer date was deferred to 1/4/25. This was agreed by the NHSE Board in December 23. Three regions did undertake the transfer on 14/24 with the remaining four regions agreed to be a second wave.
- 1.5 The South West Region has continued with the Joint Committee arrangement of ICBs working with the NHSE regional team in relation to specialised commissioning throughout 2024.
- 1.6 The full scope of services to be delegated is attached as Appendix 1.
- 1.7 The details and decisions contained within this report relate to the delegation of commissioning responsibilities from NSHE to the ICB for the services in Appendix 1. This report does not discuss risks and issues related to the hosting of the Collaborative Commissioning Hub by Somerset ICB, or any bid by Somerset ICB to become the Principal Commissioner for Specialised Services.
- 1.8 This is an interim report, asking Board to agree the Principal Commissioner model and note the elements of delegation ahead of formal sign off in February 2025.

## **2. Proposed Commissioning Model**

- 2.1 The proposed commissioning model is a Principal Commissioner Model which has been recommended by the Joint Committee. A fundamental driver for this model being worked up was the DHSC accounting rules that only allow for financial risk sharing if the budget is hosted by a single organisation.
- 2.2 Appendix 2 sets out the detail of the Principal Commissioner Model and how governance will work.
- 2.3 The key features of this model are: -
  - 2.3.1 There is a budget risk share arrangement across the region as a whole.
  - 2.3.2 The risk sits with the Principal Commissioner (they cannot ask for top ups to the budget in year). Conversely there is no flow back of surpluses to ICBs and any surpluses can be directed by the Joint Committee as part of its mandate.
  - 2.3.3 All ICBs maintain the ability to participate in decision making at a strategic level by setting an annual mandate through the Joint Committee.
  - 2.3.4 A Central Commissioning Hub (CCH) of current NHSE staff manage the portfolio on a day-to-day basis accountable to the Principal Commissioner, who is in turn directed by the mandate set by the Joint Committee. This allows flexibility of day-to-day commissioning matters to be managed by the CCH team.

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf>

2.3.5 The arrangement reduces the administrative burden on individual ICBs from delegation.

- 2.4 It should be noted that for acute services, contracts are held with individual providers, whereas for mental health and learning disability services there are lead provider arrangements.
- 2.5 At the time of this paper production the designation of which ICB will act as the Principal Commissioner is unknown will be known when the ICB Board are asked to formally agree to arrangements in February 2025.
- 2.6 It has recently been announced that the NHSE commissioning staff will not formally transfer to the hub on 1/4/25 and that this has been delayed nationally until 1/7/25.
- 2.7 The recommendations and elements of this report discussing the Principal Commissioner Model are in relation to the principle of this way of working, and do not relate to any risk, benefits or other elements of a decision on behalf of Somerset ICB to be the Principal Commissioner.

### **3. Delegation conditions**

- 3.1 NHSE has set out four developmental conditions attached to the arrangements that will remain in force until removed by NHSE. These are enforceable requirements, which if breached would entitle NHSE to intervene directly in relation to delegated responsibilities:
- 3.1.1 Delegated budgets will be ringfenced to be spent on only specialised services. Any proposed variation to this arrangement would need to be approved by the NHSE South West Managing Director and Director of Finance.
- 3.1.2 All delegated services must be managed within the Principal Commissioner Model.
- 3.1.3 ICBs will be required to hold a contingency within the specialised commissioning budget of at least 0.5%.
- 3.1.4 If the ICB at any point is or becomes designated as SOF 4, NHSE will hold veto powers over any decisions it makes in relation to specialised commissioning.
- 3.2 Any proposed variations to the first three conditions would need to be approved by the NHSE South West Managing Director and Director of Finance.

### **4. Safe Delegation Checklist**

- 4.1 A national delegation checklist has been produced and a summary and progress on completion is shown in Appendix 3.
- 4.2 Most actions sit with NHSE in providing documentation and there are some dependencies on the agreement of the Principal Commissioner and details awaited from NHSE nationally

### **5. Additional discussions to continue before formal agreement in February 2025**

- 5.1 The ICB Board development session on 24<sup>th</sup> October identified the following areas of work that the Board would like to see progressed ahead of formal delegation:-
- 5.1.1 Further work on risks of delegation as these become apparent
- 5.1.2 Identification of 'day one' issues
- 5.1.3 Identification of Somerset opportunities for delegation

**6. Next steps**

- 6.1 Completion of clarifications prior to February 2025.
- 6.2 Ongoing completion of Safer Delegation Checklist by NHSE colleagues reporting into the Joint Committee.
- 6.3 NHSE Board approval of delegation arrangements and due diligence completed and assured by the NHSW regional team in December 2024.
- 6.4 Final Board sign off to accept delegation in February 2025.

**7. Recommendations**

7.1 The Board is asked to: -

- 7.1.1 **Agree** to the Principal Commissioner Model for ICB Board sign off
- 7.1.2 **Note** the delegation conditions and recommend that these are accepted.
- 7.1.3 **Note** the developmental and due diligence activities underway within the Safer Delegation Checklist
- 7.1.4 **Note** the additional areas of clarification that will be worked through before final delegation approval in February 2025.
- 7.1.5 **Agree** to delegate the signing of the delegation agreement documentation to the Executive Management Team (after Board final approval to delegation in February 2025)

**IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED**  
(please enter 'N/A' where not applicable)

<b>Reducing Inequalities/Equality &amp; Diversity</b>	Delegation of Specialised Commissioned services will help to improve access to these services for the population of Somerset, which in turn will help to reduce health inequalities.  No EQIA has been completed as this paper relates to a change in commissioning responsibilities.
<b>Quality</b>	Quality assurance is part of the Safer Delegation Checklist completed by NHSE.
<b>Safeguarding</b>	There are no safeguarding impacts associated with the change in Commissioner responsibility.
<b>Financial/Resource/ Value for Money</b>	Specialised Commissioning allocation is to be ringfenced initially however, the financial allocation at ICB level is not finalised and will be subject to change after delegation has occurred.
<b>Sustainability</b>	This paper relates to a change in commissioning responsibility and not a change in service delivery.
<b>Governance/Legal/ Privacy</b>	The NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 sets out NHS England’s responsibility to arrange all reasonable requirements for the provision of specialised services. This was amended by the 2022 Health and Care Act, Section 2, which details NHSE requirement to commission specialised services.  NHS Somerset will become the responsible commissioner for all quality, constitutional and other aspects of the service.  Potential conflicts of interest arise from Somerset ICB hosting of the Collaborative Commissioning Hub (CCH) which will host the staff

	<p>formerly from NHS England who provide administration and other support to the commissioning of specialised services.</p> <p>The Principal Commissioner is yet to be determined, but there may also be potential conflicts associated were Somerset ICB to undertake this role.</p>
<b>Confidentiality</b>	This report is public
<b>Risk Description</b>	There are currently no Corporate risks links to this report on the risk register. There is a risk rated at 9 that is being monitored by Management Board.

**APPENDIX 1**
**Specialised Commissioning - Service Portfolio Analysis (SPA) Detail**

Service Line Code	Service Line Description	Programme of Care (PoC) Category
NCBPS01C	CHEMOTHERAPY	B02 - CHEMOTHERAPY
NCBPS01J	ANAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01K	MALIGNANT MESOTHELIOMA (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01M	HEAD AND NECK CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01N	KIDNEY, BLADDER AND PROSTATE CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Q	RARE BRAIN AND CNS CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01R	RADIOTHERAPY SERVICES (ADULTS)	B01 - RADIOTHERAPY
NCBPS01S	STEREOTACTIC RADIOSURGERY / RADIOTHERAPY	B03 - SPECIALISED CANCER SURGERY
NCBPS01T	TEENAGE AND YOUNG ADULT CANCER	B05 - CHILDREN AND YOUNG ADULT CANCER SERVICES
NCBPS01U	OESOPHAGEAL AND GASTRIC CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01V	BILIARY TRACT CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01W	LIVER CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01X	PENILE CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Y	CANCER OUTPATIENTS (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS01Z	TESTICULAR CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS02Z	HAEMATOPOIETIC STEM CELL TRANSPLANTATION SERVICES (ADULTS AND CHILDREN)	F01 - BLOOD AND MARROW TRANSPLANTATION
NCBPS03C	CASTLEMAN DISEASE	F02 - SPECIALISED BLOOD DISORDERS
NCBPS03X	SPECIALIST SERVICES FOR HAEMOPHILIA AND OTHER RELATED BLEEDING DISORDERS (ADULTS)	F02 - SPECIALISED BLOOD DISORDERS
NCBPS03Y	SPECIALIST SERVICES FOR HAEMOPHILIA AND OTHER RELATED BLEEDING DISORDERS (CHILDREN)	F02 - SPECIALISED BLOOD DISORDERS
NCBPS04A	SEVERE ENDOMETRIOSIS	E09 - SPECIALISED WOMENS SERVICES
NCBPS04C	FETAL MEDICINE SERVICES (ADULTS AND ADOLESCENTS)	E09 - SPECIALISED WOMENS SERVICES
NCBPS04D	COMPLEX URINARY INCONTINENCE AND GENITAL PROLAPSE	E09 - SPECIALISED WOMENS SERVICES
NCBPS04F	GYNAECOLOGICAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS04G	SPECIALIST MATERNITY CARE FOR WOMEN DIAGNOSED WITH ABNORMALLY INVASIVE PLACENTA	E09 - SPECIALISED WOMENS SERVICES
NCBPS04P	TERMINATION SERVICES FOR PATIENTS WITH MEDICAL COMPLEXITY AND OR SIGNIFICANT CO-MORBIDITIES REQUIRING TREATMENT IN A SPECIALIST HOSPITAL	E09 - SPECIALISED WOMENS SERVICES
NCBPS05C	SPECIALIST AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AIDS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS05E	SPECIALIST ENVIRONMENTAL CONTROLS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS05P	PROSTHETICS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS06Z	COMPLEX SPINAL SURGERY SERVICES (ADULTS AND CHILDREN)	D03 - SPINAL SERVICES
NCBPS07Y	PAEDIATRIC NEUROREHABILITATION	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS07Z	SPECIALIST REHABILITATION SERVICES FOR PATIENTS WITH HIGHLY COMPLEX NEEDS (ADULTS AND CHILDREN)	D01 - REHABILITATION AND DISABILITY
NCBPS08J	SELECTIVE DORSAL RHIZOTOMY	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS08O	NEUROLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08P	NEUROPHYSIOLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08R	NEURORADIOLOGY (ADULTS)	D04 - NEUROSCIENCES
NCBPS08S	NEUROSURGERY (ADULTS)	D04 - NEUROSCIENCES

NCBPS08T	MECHANICAL THROMBECTOMY	D04 - NEUROSCIENCES
NCBPS08Y	NEUROPSYCHIATRY SERVICES (ADULTS AND CHILDREN)	D04 - NEUROSCIENCES
NCBPS08Z	COMPLEX NEURO-SPINAL SURGERY SERVICES (ADULTS AND CHILDREN)	D03 - SPINAL SERVICES
NCBPS10Z	CYSTIC FIBROSIS SERVICES (ADULTS AND CHILDREN)	A01 - SPECIALISED RESPIRATORY
NCBPS11B	RENAL DIALYSIS	A06 - RENAL SERVICES
NCBPS11C	ACCESS FOR RENAL DIALYSIS	A06 - RENAL SERVICES
NCBPS11T	RENAL TRANSPLANTATION	A06 - RENAL SERVICES
NCBPS13A	COMPLEX DEVICE THERAPY	A05 - CARDIOTHORACIC SERVICES
NCBPS13B	CARDIAC ELECTROPHYSIOLOGY & ABLATION	A05 - CARDIOTHORACIC SERVICES
NCBPS13C	INHERITED CARDIAC CONDITIONS	A05 - CARDIOTHORACIC SERVICES
NCBPS13E	CARDIAC SURGERY (INPATIENT)	A05 - CARDIOTHORACIC SERVICES
NCBPS13F	PPCI FOR ST- ELEVATION MYOCARDIAL INFARCTION	A05 - CARDIOTHORACIC SERVICES
NCBPS13H	CARDIAC MAGNETIC RESONANCE IMAGING	A05 - CARDIOTHORACIC SERVICES
NCBPS13T	COMPLEX INTERVENTIONAL CARDIOLOGY (ADULTS)	A05 - CARDIOTHORACIC SERVICES
NCBPS13X	ADULT CONGENITAL HEART DISEASE SERVICES (NON-SURGICAL)	E05 - CONGENITAL HEART SERVICES
NCBPS13Y	ADULT CONGENITAL HEART DISEASE SERVICES (SURGICAL)	E05 - CONGENITAL HEART SERVICES
NCBPS13Z	CARDIAC SURGERY (OUTPATIENT)	A05 - CARDIOTHORACIC SERVICES
NCBPS14A	ADULT SPECIALISED SERVICES FOR PEOPLE LIVING WITH HIV	F03 - HIV
NCBPS15Z	CLEFT LIP AND PALATE SERVICES (ADULTS AND CHILDREN)	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS16X	SPECIALIST IMMUNOLOGY SERVICES FOR ADULTS WITH DEFICIENT IMMUNE SYSTEMS	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES
NCBPS16Y	SPECIALIST IMMUNOLOGY SERVICES FOR CHILDREN WITH DEFICIENT IMMUNE SYSTEMS	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES
NCBPS17Z	SPECIALIST ALLERGY SERVICES (ADULTS AND CHILDREN)	F06 - SPECIALISED IMMUNOLOGY AND ALLERGY SERVICES / E03 - PAEDIATRIC MEDICINE
NCBPS18A	SPECIALIST SERVICES FOR ADULTS WITH INFECTIOUS DISEASES	F04 - INFECTIOUS DISEASES
NCBPS18C	SPECIALIST SERVICES FOR CHILDREN WITH INFECTIOUS DISEASES	E03 - PAEDIATRIC MEDICINE
NCBPS18E	SPECIALIST BONE AND JOINT INFECTION (ADULTS)	F04 - INFECTIOUS DISEASES
NCBPS19B	SPECIALIST SERVICES FOR COMPLEX BILIARY DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19C	BILIARY TRACT CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19L	SPECIALIST SERVICES FOR COMPLEX LIVER DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19M	LIVER CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19P	SPECIALIST SERVICES FOR COMPLEX PANCREATIC DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS19Q	PANCREATIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19V	PANCREATIC CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS19Z	SPECIALIST SERVICES FOR COMPLEX LIVER, BILIARY AND PANCREATIC DISEASES IN ADULTS	A02 - HEPATOBILIARY AND PANCREAS
NCBPS22E	ADULT SPECIALIST EATING DISORDER SERVICES	C01 - SPECIALISED MENTAL HEALTH
NCBPS22P	SPECIALIST PERINATAL MENTAL HEALTH SERVICES (ADULTS AND ADOLESCENTS)	C04 - PERINATAL MENTAL HEALTH
NCBPS22S(a)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - EXCLUDING LD / ASD / WEMS / ABI / DEAF	C02 - ADULT SECURE SERVICES
NCBPS22S(c)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - ASD	C02 - ADULT SECURE SERVICES
NCBPS22S(d)	SECURE AND SPECIALISED MENTAL HEALTH SERVICES (ADULT) (MEDIUM AND LOW) - LD	C02 - ADULT SECURE SERVICES
NCBPS23A	CHILDREN'S CANCER	B05 - CHILDREN AND YOUNG ADULT CANCER SERVICES

NCBPS23B	PAEDIATRIC CARDIAC SERVICES	E05 - CONGENITAL HEART SERVICES
NCBPS23D	SPECIALIST EAR, NOSE AND THROAT SERVICES FOR CHILDREN	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS23E	SPECIALIST ENDOCRINOLOGY AND DIABETES SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23F	SPECIALIST GASTROENTEROLOGY, HEPATOLOGY AND NUTRITIONAL SUPPORT SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23H	SPECIALIST HAEMATOLOGY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23K	TIER 4 CAMHS (GENERAL ADOLESCENT INC EATING DISORDERS)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23L	TIER 4 CAMHS (LOW SECURE)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23M	SPECIALIST NEUROSCIENCE SERVICES FOR CHILDREN	E04 - PAEDIATRIC NEUROSCIENCES
NCBPS23N	SPECIALIST OPHTHALMOLOGY SERVICES FOR CHILDREN	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS23O	TIER 4 CAMHS (PICU)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23P	SPECIALIST DENTISTRY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Q	SPECIALIST ORTHOPAEDIC SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23R	SPECIALIST PLASTIC SURGERY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23S	SPECIALIST RENAL SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23T	SPECIALIST RESPIRATORY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23U	TIER 4 CAMHS (LD)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23V	TIER 4 CAMHS (ASD)	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS23W	SPECIALIST RHEUMATOLOGY SERVICES FOR CHILDREN	E03 - PAEDIATRIC MEDICINE
NCBPS23X	SPECIALIST PAEDIATRIC SURGERY SERVICES - GENERAL SURGERY	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Y	SPECIALIST PAIN MANAGEMENT SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS23Z	SPECIALIST PAEDIATRIC UROLOGY SERVICES	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS24C	FCAMHS	C03 - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
NCBPS24Y	SKIN CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS24Z	SPECIALIST DERMATOLOGY SERVICES (ADULTS AND CHILDREN)	A08 - SPECIALISED DERMATOLOGY
NCBPS26Z	ADULT SPECIALIST RHEUMATOLOGY SERVICES	A09 - SPECIALISED RHEUMATOLOGY
NCBPS27E	ADRENAL CANCER (ADULTS)	A03 - SPECIALISED ENDOCRINOLOGY
NCBPS27Z	ADULT SPECIALIST ENDOCRINOLOGY SERVICES	A03 - SPECIALISED ENDOCRINOLOGY
NCBPS29B	COMPLEX THORACIC SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS29E	MANAGEMENT OF CENTRAL AIRWAY OBSTRUCTION (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS29L	LUNG VOLUME REDUCTION (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29M	INTERSTITIAL LUNG DISEASE (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29S	SEVERE ASTHMA (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29V	COMPLEX HOME VENTILATION (ADULTS)	A01 - SPECIALISED RESPIRATORY
NCBPS29Z	ADULT THORACIC SURGERY SERVICES: OUTPATIENTS	B03 - SPECIALISED CANCER SURGERY
NCBPS30Z	ADULT SPECIALIST VASCULAR SERVICES	A04 - VASCULAR DISEASE
NCBPS31Z	ADULT SPECIALIST PAIN MANAGEMENT SERVICES	D07 - SPECIALISED PAIN
NCBPS32A	COCHLEAR IMPLANTATION SERVICES (ADULTS AND CHILDREN)	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS32B	BONE ANCHORED HEARING AIDS SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS32D	MIDDLE EAR IMPLANTABLE HEARING AIDS SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES

NCBPS33A	COMPLEX SURGERY FOR FAECAL INCONTINENCE (ADULTS)	A07 - SPECIALISED COLORECTAL SERVICES
NCBPS33B	COMPLEX INFLAMMATORY BOWEL DISEASE (ADULTS)	A07 - SPECIALISED COLORECTAL SERVICES
NCBPS33C	TRANSANAL ENDOSCOPIC MICROSURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS33D	DISTAL SACRECTOMY FOR ADVANCED AND RECURRENT RECTAL CANCER (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS34A	ORTHOPAEDIC SURGERY (ADULTS)	D10 - SPECIALISED ORTHOPAEDIC SERVICES
NCBPS34R	ORTHOPAEDIC REVISION (ADULTS)	D10 - SPECIALISED ORTHOPAEDIC SERVICES
NCBPS34T	MAJOR TRAUMA SERVICES (ADULTS AND CHILDREN)	D02 - MAJOR TRAUMA
NCBPS35Z	SPECIALIST MORBID OBESITY SERVICES FOR CHILDREN	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPS36Z	SPECIALIST METABOLIC DISORDER SERVICES (ADULTS AND CHILDREN)	E06 - METABOLIC DISORDERS
NCBPS37C	ARTIFICIAL EYE SERVICE	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS37Z	ADULT SPECIALIST OPHTHALMOLOGY SERVICES	D06 - SPECIALISED EAR AND OPHTHALMOLOGY SERVICES
NCBPS38S	SICKLE CELL ANAEMIA (ADULTS AND CHILDREN)	F05 - HAEMOGLOBINOPATHIES
NCBPS38T	THALASSEMIA (ADULTS AND CHILDREN)	F05 - HAEMOGLOBINOPATHIES
NCBPS41P	PENILE IMPLANTS	B03 - SPECIALISED CANCER SURGERY
NCBPS41S	SURGICAL SPERM REMOVAL	B03 - SPECIALISED CANCER SURGERY
NCBPS41U	URETHRAL RECONSTRUCTION	B03 - SPECIALISED CANCER SURGERY
NCBPS51A	INTERVENTIONAL ONCOLOGY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51B	BRACHYTHERAPY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51C	MOLECULAR ONCOLOGY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS51R	RADIOTHERAPY SERVICES (CHILDREN)	B01 - RADIOTHERAPY
NCBPS58A	NEUROSURGERY LVHC NATIONAL: SURGICAL REMOVAL OF CLIVAL CHORDOMA AND CHONDROSARCOMA	D04 - NEUROSCIENCES
NCBPS58B	NEUROSURGERY LVHC NATIONAL: EC-IC BYPASS(COMPLEX/HIGH FLOW)	D04 - NEUROSCIENCES
NCBPS58C	NEUROSURGERY LVHC NATIONAL: TRANSORAL EXCISION OF DENS	D04 - NEUROSCIENCES
NCBPS58D	NEUROSURGERY LVHC REGIONAL: ANTERIOR SKULL BASED TUMOURS	D04 - NEUROSCIENCES
NCBPS58E	NEUROSURGERY LVHC REGIONAL: LATERAL SKULL BASED TUMOURS	D04 - NEUROSCIENCES
NCBPS58F	NEUROSURGERY LVHC REGIONAL: SURGICAL REMOVAL OF BRAINSTEM LESIONS	D04 - NEUROSCIENCES
NCBPS58G	NEUROSURGERY LVHC REGIONAL: DEEP BRAIN STIMULATION	D04 - NEUROSCIENCES
NCBPS58H	NEUROSURGERY LVHC REGIONAL: PINEAL TUMOUR SURGERIES - RESECTION	D04 - NEUROSCIENCES
NCBPS58I	NEUROSURGERY LVHC REGIONAL: REMOVAL OF ARTERIOVENOUS MALFORMATIONS OF THE NERVOUS SYSTEM	D04 - NEUROSCIENCES
NCBPS58J	NEUROSURGERY LVHC REGIONAL: EPILEPSY	D04 - NEUROSCIENCES
NCBPS58K	NEUROSURGERY LVHC REGIONAL: INSULA GLIOMA'S/ COMPLEX LOW GRADE GLIOMA'S	D04 - NEUROSCIENCES
NCBPS58L	NEUROSURGERY LVHC LOCAL: ANTERIOR LUMBAR FUSION	D04 - NEUROSCIENCES
NCBPS58M	NEUROSURGERY LVHC LOCAL: REMOVAL OF INTRAMEDULLARY SPINAL TUMOURS	D04 - NEUROSCIENCES
NCBPS58N	NEUROSURGERY LVHC LOCAL: INTRAVENTRICULAR TUMOURS RESECTION	D04 - NEUROSCIENCES
NCBPS58O	NEUROSURGERY LVHC LOCAL: SURGICAL REPAIR OF ANEURYSMS (SURGICAL CLIPPING)	D04 - NEUROSCIENCES
NCBPS58P	NEUROSURGERY LVHC LOCAL: THORACIC DISCECTOMY	D04 - NEUROSCIENCES
NCBPS58Q	NEUROSURGERY LVHC LOCAL: MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA	D04 - NEUROSCIENCES
NCBPS58R	NEUROSURGERY LVHC LOCAL: AWAKE SURGERY FOR REMOVAL OF BRAIN TUMOURS	D04 - NEUROSCIENCES
NCBPS58S	NEUROSURGERY LVHC LOCAL: REMOVAL OF PITUITARY TUMOURS INCLUDING FOR CUSHING'S AND ACROMEGALY	D04 - NEUROSCIENCES

NCBPS61M	HEAD AND NECK CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61Q	OPHTHALMIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61U	OESOPHAGEAL AND GASTRIC CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS61Z	TESTICULAR CANCER SURGERY (ADULTS)	B03 - SPECIALISED CANCER SURGERY
NCBPS73X	SPECIALIST PAEDIATRIC SURGERY SERVICES - GYNAECOLOGY	E02 - SPECIALISED SURGERY IN CHILDREN
NCBPSACC	ADULT CRITICAL CARE	D05 - ADULT CRITICAL CARE
NCBPSE23	SPECIALIST PALLIATIVE CARE SERVICES FOR CHILDREN AND YOUNG ADULTS	E03 - PAEDIATRIC MEDICINE
NCBPSECP	EXTRACORPOREAL PHOTOPHERESIS SERVICE (ADULTS AND CHILDREN)	B99 - CANCER NPOC / CRG TO BE DECIDED
NCBPSNIC	SPECIALIST NEONATAL CARE SERVICES	E08 - NEONATAL CRITICAL CARE
NCBPSPIC	SPECIALIST PAEDIATRIC INTENSIVE CARE SERVICES	E07 - PAEDIATRIC INTENSIVE CARE

# Commissioning Model

## for Delegated Specialised Services

September 2024

NHSE South West & South West ICBs

# Version Control

Version	Date	Status	Notes
0.1a-c	10/09/2024	Working Draft in development	Consolidated from June & July 2024 JDG and JSSC approved materials describing model development and options appraisal. Sub versions before 1c are incomplete drafts.
0.2	12/09/2024	Final Approval Draft	Version reviewed by NHSE SW RET 16/09/2024.
1.0	18/09/2024	Issued	Minor typographical amends, clarifications, standardisation of terminology & formatting.

# Introduction - Design Goals and Model Summary

This document sets out the Commissioning Model for Delegated Specialised Services in the South-West. It has been designed between NHSE And South-West ICBs to achieve the following **design goals**:

1. Create a stable platform for delegation in 2025/26, with a view that the arrangements can evolve and be further adapted.
2. Support the joint commissioning of delegated specialised services post-delegation.
3. Permit the management of all services in scope through a single budget hosted by a single organisation.
4. Support continued delivery of the commissioning function by the existing ICB-hosted Collaborative Commissioning Hub (CCH).
5. Establish a clear line of accountability and decision-making for CCH Specialised Commissioning Team members.
6. Minimise the additional transactional and governance burden associated with delegation.

In order to achieve these design goals, the model describes a **Principal Commissioner** arrangement under which:

- One ICB becomes the legal commissioner for all specialised services within scope of the arrangement (the Principal ICB)
- All ICBs participate in collective decision-making at a strategic level through a reconstituted Joint Committee
- The Joint Committee sets an annual Commissioning Mandate, which incorporates a budget, financial plan and operational plan
- The Principal ICB must abide by the parameters set in the Commissioning Mandate, but has free day-to-day operational flexibility
- The budget for all services within scope is transferred by individual ICBs to the Principal ICB and remains there while the arrangement is in place
- The Principal ICB relies on the expertise of the CCH Specialised Commissioning Team, who manage the portfolio on its behalf
- The CCH Host ICB is appointed to act as a legal agent on behalf of the Principal ICB, giving the CCH team licence to operate
- All in-year financial transactions are processed by the CCH team but acting in the Principal ICBs name and on its ledger
- The CCH Specialised Commissioning Team manage routine reporting to the Joint Committee on the Principal ICBs behalf
- All ICBs participate in the Joint Committee to take assurance of the Principal ICBs performance of its delegated responsibilities
- All ICB representatives on the Joint Committee are responsible for managing onward visibility reporting through their own organisational structures

# Introduction – Mandatory Elements of the Model

The key feature of the Principal Commissioner model in minimising administrative burden is the ability for the Principal ICB to manage all spend through its own books as a consolidated budget. To enable this, the conditions below must be met. This is because DHSC accounting rules are clear that regardless of the legal form of an arrangement, it must be judged on how it functions in practice against these requirements and treated accordingly. Some aspects of the Model have been designed to accommodate this and to ensure that the arrangement is not subject to challenge:

## **1. The end-provider must owe its legal performance obligations to the Principal ICB as customer**

This is easily accomplished through direct contracting between the Principal ICB and the provider Trusts. The Principal can give individual ICBs visibility on this relationship and the discussions, but it remains a bilateral legal relationship to which the individual ICBs are not party.

## **2. The Principal ICB must have control over the manner in which it performs its obligations to other partners**

Individual ICBs are entitled to set the “specification” which the Principal is required to deliver, and the financial constraints it must operate within. The principal has full control over how it delivers on these obligations. We have conceived this as a split between (A) strategic decisions that set the Commissioning Mandate (specification) made by ICBs through Joint Committee, and (B) all operational decisions on delivery and management of risk and finances which are made by the Principal ICB or its agents.

## **3. Risk and reward must sit with the Principal ICB**

Between financial years ICBs can agree to adjust the budget as part of setting the Commissioning Mandate for the following year. ICBs can also (subject to any conditions in their individual delegation agreements) remove services and the associated allocation from the scope of the Model. Both of these decisions must be made through the Joint Committee and supported by all ICBs.

However, during a financial year the Principal ICB must manage spend within the set allocation that has been transferred to it. It cannot ask individual ICBs to top-up its funding. In-year surpluses cannot flow back from the Principal ICB to individual ICBs. As such, the agreement of a financial strategy on contingency and risk, and how this is managed through systems will form a key part of the planning cycle.

# Introduction – Assumptions and Dependencies

This document makes the following assumptions:

- 1. That the Principal ICB and The CCH Host ICB are different entities.** This is because the CCH host is already in place, but at the point of writing a further process is required to identify the Principal Commissioner. We assume the more complicated scenario and address this through the legal Agency Agreement between the Principal ICB and the Host ICB. In the event that the Principal ICB and the CCH Host ICB are the same organisation, this can be dispensed with and CCH Team members will act as employees of the legal commissioner instead of as agents of the legal commissioner.
- 2. That all delegated specialised acute and mental health services are within scope of the model.** The scope of the model can be increased or decreased. The initial scope will be set out in the ICB Collaboration Agreement that the 7 ICBs will sign. ICBs have expressed a desire to look at disaggregating services that are amenable to local commissioning over time. This can be achieved by agreeing a variation to the Collaboration Agreement to remove services from scope when required, subject to any conditions written into individual ICB delegation agreements with NHSE.
- 3. That the case for model and its legality are already understood and agreed.** The legal basis of the model, including compliance with the DHSC Group Accounting Manual, has already been tested with NHSE National Strategic Finance. The decision to pursue this model instead of other options which would not achieve the same level of benefit was made by the Joint Specialised Services Committee in July 2024 on a recommendation made by the South West Joint Directors' Group. Supporting materials on both matters are not replicated here but are available if required.

The model described here interacts with the following products, both of which are for subsequent development and agreement through Joint Committee. These will support the smooth functioning of the model and it would be advantageous for them to be agreed ahead of delegation, but delegation can proceed with both still in development.

- 1. Specialised Services Clinical Strategy**
- 2. Specialised Services Financial Strategy**

The model is supported by the following detailed protocols which will be completed in advance of delegation

- 1. Specialised Services Risk Framework** (complete in draft, pending ratification)
- 2. Specialised Services Quality Framework** (complete in draft, pending ratification)
- 3. Specialised Services Financial SOP** (Draft in progress, finalisation requires a Principal Commissioner to first be designated)
- 4. Specialised Services Contract & Performance Management SOP** (Draft in progress)

# Overview of Model, Legal Basis & Relationships between Organisations

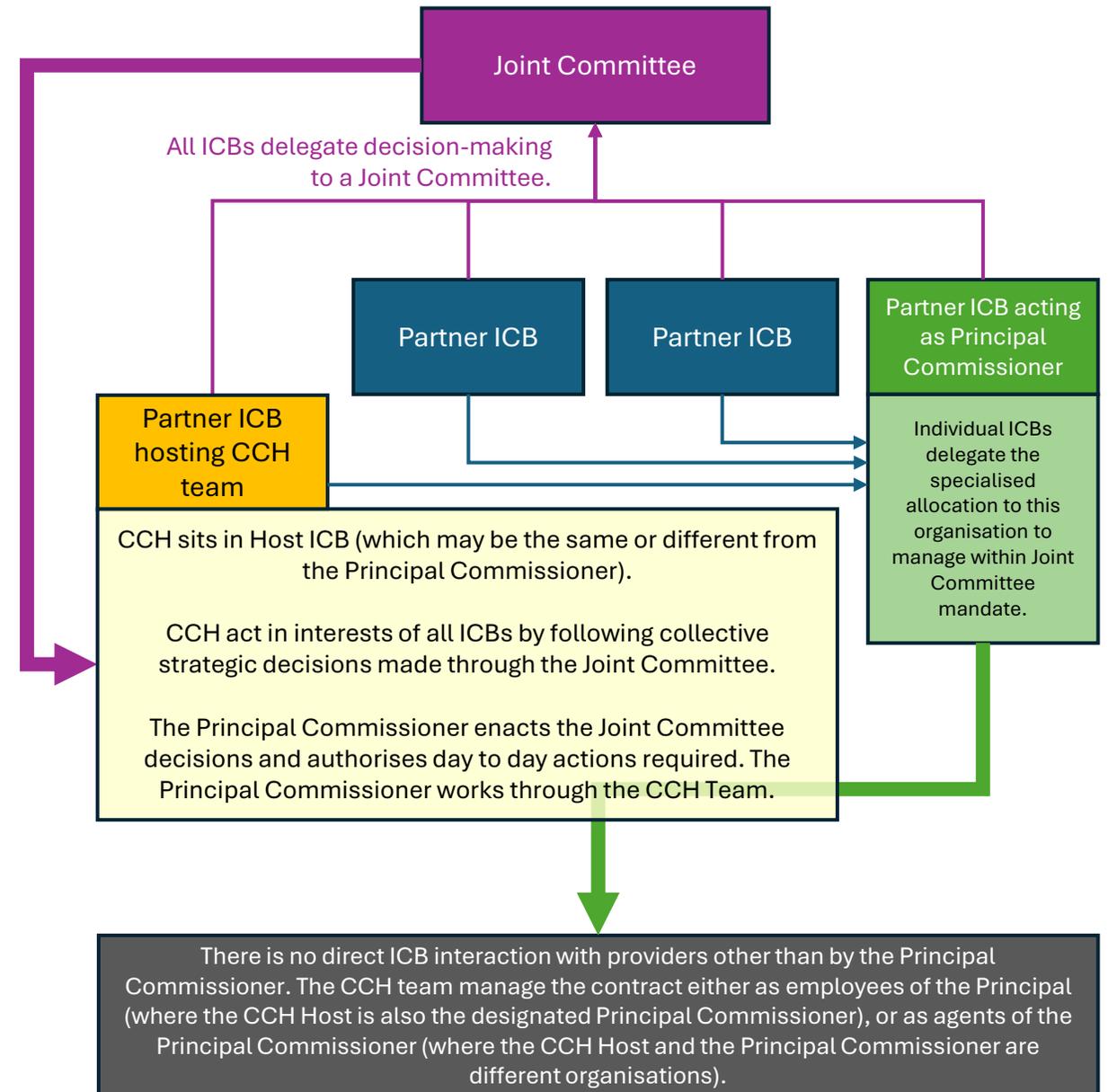
Under the model ICBs act collectively through a Joint Committee to establish an annual Commissioning Mandate which includes the operational plan and financial plan. One single ICB is given responsibility for delivering this.

In order to establish the model, the 7 Partner ICBs would exercise the powers afforded to them under s.65Z5 of the National Health Service Act 2006 to:

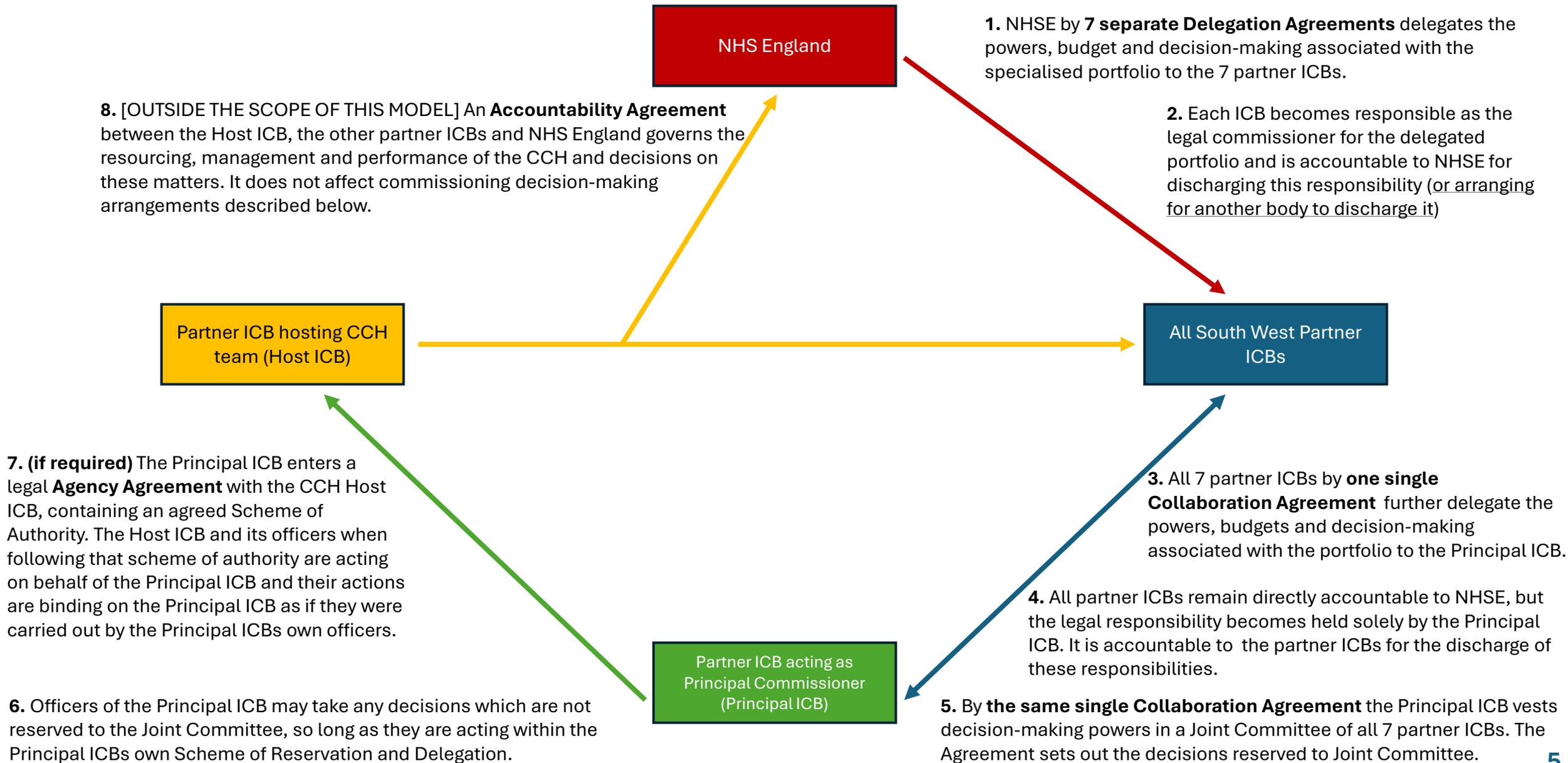
- Delegate their Specialised Commissioning responsibilities to the Principal ICB to create a consolidated Specialised Commissioning function for the South-West population. The Principal ICB becomes the sole legal commissioner with full responsibility and liability for this service portfolio.
- Arrange for the Principal ICB to jointly exercise the consolidated Specialised Commissioning function with the other 6 Partner ICBs by establishing a Joint Working Arrangement with a statutory Joint Committee. The Principal ICB remains solely legally responsible, but strategic decision-making powers are exercised collectively.

The day-to-day management of the service portfolio is undertaken by the Specialised Commissioning Team within the CCH. An Agency Agreement between the Principal ICB and the CCH Host ICB allows the Host ICB and its employees (CCH Team) to make decisions on behalf of the Principal ICB and to represent the Principal ICB within an agreed Scheme of Authority. Further explicit permission to act is not required as long as actions are within the scheme of Authority.

The Specialised Commissioning Team within the CCH continues to operate adapted versions of its pre-delegation internal governance and procedures to coordinate its day-to-day management of the service portfolio. What, if any, additional governance requirements the Host ICB places on CCH members when acting within the Scheme of Authority is an internal matter for it to determine.



# Overview of Model, Legal Basis & Relationships between Organisations (cont...)



# Decision-making & Escalation

Type of decision	Example	Decision in the first instance	Route of escalation
<b>Setting the Commissioning Mandate which the Principal Commissioner will be required to operate within</b>	Agreeing the annual financial plan or annual prioritised investments. Agreeing the financial strategy	<b>Joint Committee</b> of the 7 ICBs	<i>None. Committee decisions are binding on all ICBs.</i>
<b>Management and resourcing of the Specialised Commissioning Team</b>	Recruitment of staff, prioritisation of different delegated commissioning portfolios across whole CCH.	CCH exec team (as <b>Host ICB</b> employees)	[OUT OF SCOPE OF THIS MODEL] As set out in CCH Accountability Agreement (CCH Customer Management Board or similar)
<b>Commissioning decisions <u>within</u> the Scheme of Authority set out in the Agency Agreement.</b>	Agreeing (signing) contracts within authority limit. Paying invoices within contract. Settling contractual disputes within authority limit.	CCH exec team (as <b>Host ICB</b> employees exercising Somerset ICBs assigned agency within Somerset I)	<b>Host ICB Board</b> (as Agent of legal commissioner)  [Or seek confirmation that a decision is covered by the scheme of authority from Principal ICB designated officer if unclear]
<b>Commissioning decisions <u>outside</u> the scheme of authority set out in the Agency Agreement.</b>	Negotiating outside individual provider envelopes where this remains within agreed ICB envelope in aggregate. Management of financial slippage in-year. Settling contractual disputes outside authority limit assigned to agents.	Designated officer(s) of the <b>Principal ICB</b>	<b>Principal ICB Board</b> (as legal commissioner)
<b>Commissioning decisions which would require <u>departure from the established Commissioning Mandate</u></b>	Decisions creating recurrent investment pre-commitment outside routinely commissioned work. Reprioritisation of operational plan objectives or decisions that would breach the financial plan.	<b>Joint Committee</b> of the 7 ICBs	<i>None. Committee decisions are binding on all ICBs.</i>

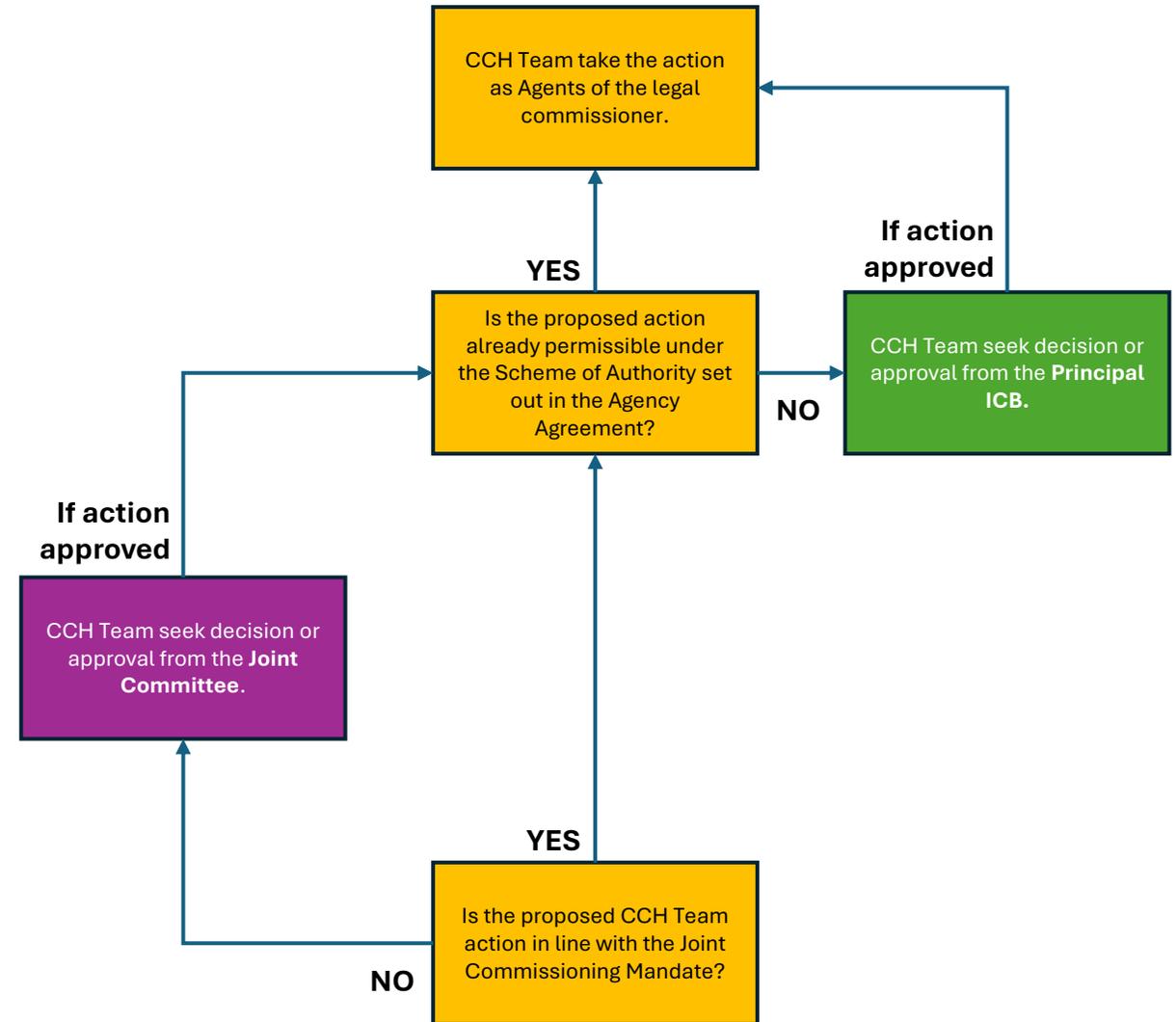
# CCH Team Licence to Act

The model gives the CCH Specialised Commissioning Team clarity on their ability to act or take decisions, and the route by which they escalate to obtain a decision.

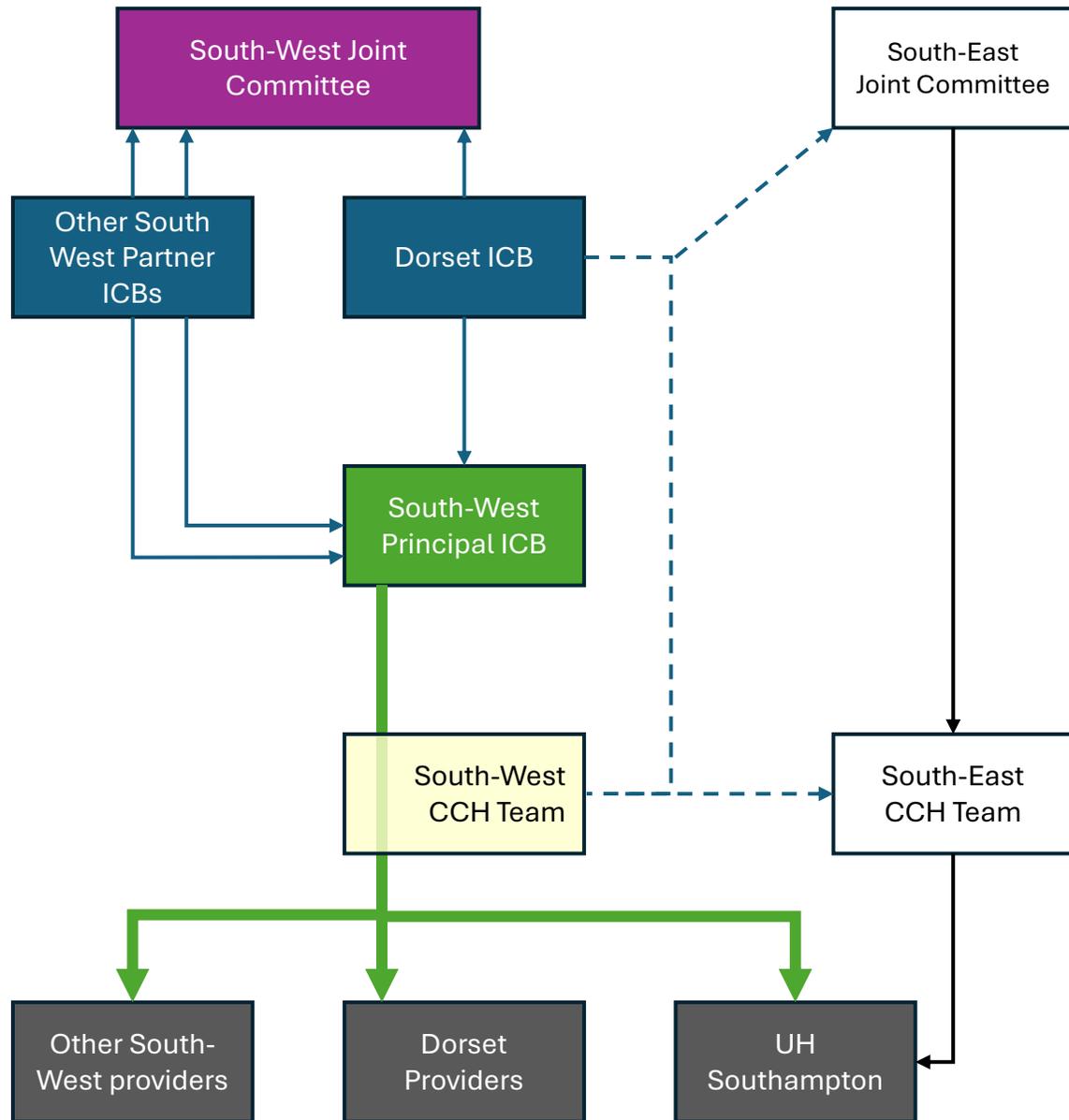
The Agency Agreement between the Principal ICB and the CCH Host ICB will set out a Scheme of Authority which determines what actions the Specialised Commissioning Team working within the CCH may take without seeking explicit approval from the Principal ICB.

This Scheme of Authority will reflect the Principal ICB Board's risk appetite and may require the Principal ICBs own internal Scheme of Reservation and Delegation to be changed. Although the Scheme of Authority is a matter for negotiation between the Principal ICB and the Host ICB, the model relies on an arrangement which gives CCH Team sufficient latitude to manage the majority of day-to-day issues. A restrictive Scheme of Authority undermines the viability of the model and places an increased admin and approvals burden on the Principal ICBs officers.

- For action within scope of the Joint Commissioning Mandate (strategy ops plan, financial plan) **and** within scope of the Scheme of Authority, the CCH Team act with no further approvals required.
- For actions within the Joint Commissioning Mandate but outside the Scheme of Authority, Principal ICB approval is sought.
- For actions outside the Joint Commissioning Mandate, a Joint Committee decision is required to proceed.



# Cross-Border Services (Dorset feed into South East as case study)



1. Dorset participates in the Principal Commissioner arrangement on the same basis as other South-West ICBs. Dorset ICB participates in the South-West Joint Committee which sets the mandate for the Principal Commissioner to work within.
2. All South-West population-level allocation and spend is managed as a consolidated budget by the South-West Principal ICB. This is regardless of whether the activity is delivered in-region or outside region. All risk is contained within this consolidated budget.
3. Where the South-West financial strategy includes passing surpluses to providers to benefit overall system position, Dorset ICB is included in this through its in-system providers on the same basis as other South-West ICBs. There is no requirement for surpluses to be passed to providers outside the Dorset system.
4. Dorset ICB is included in the South-East Joint Committee, but not a South-East risk share. Technically, the South-West Principal ICB may need to be named as a member of the South-East Joint Committee in addition as it is the legal commissioner for all South-West population, including Dorset. The CCH team manages this interface with South-East governance on behalf of Dorset ICB and the South-West Principal ICB.
5. The Principal ICB contracts directly with UH Southampton for Dorset population the same as it does for other in-region providers. This may be as a standalone contract, or as a party to another South-East ICB's contract (South-East post-delegation contracting model TBD)
6. Within the CCH Team an assigned relationship manager has responsibility for managing specialised commissioning for Dorset population both with in-county providers and UH Southampton. The CCH team liaises with Dorset ICB and manage the interface with the South-East CCH team to coordinate activities.

# Assurance & Oversight

The model creates a chain of accountabilities and assurance duties:

1. NHSE remains accountable to the Secretary of State and to Parliament for the discharge of its statutory commissioning responsibilities.
2. All 7 individual ICBs remain accountable to NHSE for discharging these delegated responsibilities (directly or indirectly) on its behalf.
3. The Principal ICB becomes accountable to the other 6 ICBs for the action it takes as legal and responsible commissioner under the Model outlined in this document.

An **assurance framework** is expected to be developed in 2025/26 by NHSE nationally which will set out a route for NHSE to formally receive **assurance** on an annual basis. This is expected to be undertaken 1:1 between NHSE and individual ICBs as part of the overarching ICB assurance process.

During the course of the year, in between these formal assurance checkpoints, NHSE may wish to maintain visibility of the commissioning of delegated specialised services for **oversight** purposes.

To avoid duplication, routine reporting to the Joint Committee is the route to satisfying both the assurance duty owed to ICBs and any oversight which NHSE wishes to exercise.

Who is providing assurance	To whom	On what issue	Where obtained
The CCH Host ICB	The other 6 partner ICBs (including the Principal Commissioner)	That the CCH is functioning effectively and is well managed and appropriately resourced	[OUT OF SCOPE OF THIS MODEL] Via the Customer Management Board established between The Host ICB, the other 6 ICBs and NHS England under a separate Accountability Agreement which is linked to the transfer of NHSE Commissioning Staff.
The Principal ICB	The other 6 partner ICBs	That the Commissioning Mandate is being adhered to by the Principal ICB and its agents.  That it is effectively discharging its delegated commissioning responsibilities	Standing operational reporting provided by the CCH Team on behalf of the Principal Commissioner to the Joint Committee of the 7 ICBs.  Individual ICBs use this reporting to feed whatever internal governance arrangements are in place for providing assurance to their own Boards
All 7 ICBs	NHS England	That the 7 ICBs are effectively discharging their delegated responsibilities (or that the arrangements they have put in place for further delegation are effectively discharging these responsibilities)	[OUT OF SCOPE OF THIS MODEL] Through annual ICB assurance Process direct with NHSE.  NHSE has a “seat at the table” option to attend Joint Committee. This allows it to maintain live routine oversight of delegated specialised commissioning activities, supplementing formal annual assurance process in year.

# Contracting & Contract Management

The contracting arrangements are pre-determined by the model and the Mandatory Elements set out on slide 2, above.

The contractual relationship is between the Principal ICB and the provider. Initially, this will be transacted as a direct standalone contract between each Specialised Provider and the Principal ICB. Options for the Principal ICB to contract as an associate to other ICB contracts may be explored for subsequent years. The CCH Team negotiate and manage the contract on behalf of the Principal ICB.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
<b>Contracting:</b>	Sets the annual Commissioning Mandate which includes the operational plan, financial plan and financial strategy within which the Principal ICB must operate.	Sets individual provider-level envelopes within the overall envelope and financial plan.  Reviews / agrees any necessary deviation from individual provider envelopes, but must ensure each ICB envelope balances in aggregate.	Negotiates contracts within the envelope set by the Principal ICB.  Escalates to Principal ICB with a recommendation for decision where movement outside of the set envelope is required.	No direct role in contracting other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.
<b>Contract Management:</b>	The Joint Committee or its subgroups receive routine reporting on contracting progress and in year contract management, performance and delivery issues.	<i>(Depending on the Scheme of Authority agreed with the CCH Host ICB, the Principal ICB may have to approve in year-contract management actions)</i>	Routine management of contract performance, payments and delivery through internal governance arrangements.  Produces routine reporting for principal ICB and other Partner ICBs.	No direct role in contract management other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.
<b>Procurement:</b>	Takes the decision that a procurement is required and agrees the funding envelope as part of setting the Commissioning Mandate.  Receives gateway reports. Advises on contract award.	Holds legal risk on the procurement and obtains legal advice as needed.  Sets procurement strategy, approach, phasing and pricing.  Formal decision making on contract award.	Undertakes procurement / manages process on behalf of Principal ICB, including sourcing expert advice / input as appropriate.  Produces recommendation contract award report for Principal ICB decision.	No direct role in procurement other than through Joint Committee. May use Joint Committee reporting to keep own Board informed.

# Risk Holding & Risk Management

Risk holding is pre-determined by the mandatory elements of the model set out on slide 2, above, and by the legal arrangements which establish the model. The Principal ICB is the legal entity which holds commissioner risk on all services within scope of the model, and which is responsible for managing and responding to those risks. The CCH Team undertake these functions on behalf of the Principal ICB on a day-to-day basis.

Individual ICBs have responsibility under the NHS Oversight Framework for oversight of providers in their geographic area regardless of whether they are the legal commissioner. Under the model Individual ICBs retain this oversight responsibility and duty to coordinate provider interventions for their hosted providers. In order to do this effectively they will need through Joint Committee to maintain visibility on the commissioner risk which the Principal ICB holds.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
<b>Risk Holding:</b>	Holds no risk	Holds commissioner risk as the legal commissioner of the specialised services for the whole portfolio within scope of the model.	Holds no risk	Holds no commissioner risk insofar as responsibility and liability has been passed to the Principal ICB.  Holds risk in relation to providers within its geography, regardless of commissioner, under <b>NHS Oversight Framework</b>
<b>Risk Management:</b>	Has visibility on risks through standing reporting.	Makes formal decisions on risk closure as legal commissioner.  Manages upward reporting and escalation to own Board / subcommittees as appropriate using CCH Team produced materials.	Maintains the risk register on behalf of the Principal ICB. Proactively manages risk creation, updating and closure.  Identifies and manages delivery of mitigating actions on behalf of Principal Commissioner.  Produces standing reporting to Principal ICB and Joint Committee	Has visibility on risks through Joint Committee reporting.  May use Joint Committee reporting to keep own Board informed.  May liaise with CCH team through relationship managers to ensure visibility in relation to specialised risks within providers in its geography in line with its system responsibilities under <b>NHS Oversight Framework</b> (above)

# Clinical & Quality Accountabilities

Accountabilities are pre-determined by the legal arrangements which establish the model. The responsibilities assigned to the CMO and CNO for core ICB services under the Principal ICBs Scheme of Delegation and Reservation apply equally to the consolidated specialised services portfolio which is within scope of this model. The Principal ICB's CMO and CNO provide definitive clinical decision-making on behalf of the Principal ICB as legal commissioner.

The CCH Team includes a Medical Director and supporting quality team who manage routine quality and clinical/operational issues on behalf of the Principal ICB. This includes:

- clinical-operational decision-making on behalf of the Principal ICB within the agreed Scheme of Authority
- specialist advice, support and subject matter expertise to the CCH Team and to the Principal ICB CMO and CNO in the discharge of their duties
- Authoritative clinical representation of the Principal ICB as legal commissioner in inter-organisational settings
- Undertaking actions and managing processes outlined in the separately agreed Quality Framework for Specialised Services on behalf of the Principal ICB

Individual partner ICBs retain oversight responsibilities for the full operation of any providers hosted in their ICS under the **NHS Oversight Framework**, including services for which they are not the legal commissioner (here the specialised portfolio within scope of the model).

Maintaining relationship and lines of communication with the Principal ICBs CMO and CNO, is critical in order to ensure alignment and allowing the CCH Medical Director to act effectively on behalf of the Principal ICB.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
<b>Clinical Accountability:</b>	Not applicable.	Principal ICB CMO and CNO are the board level officers holding quality and clinical-operational oversight of the services within scope of the model.	CCH Medical Director, supported by CCH quality team undertakes day to day quality and clinical-operational commissioner functions as agents of the Principal ICB.  The CCH Medical Director and supporting team maintain open and ongoing dialogue with Principal ICB and other ICB counterparts.	Individual ICB CNOs /CMOs are responsible for the oversight of providers within their geography, regardless of service commissioner.  This is no different from the pre delegation position and individual ICB CNOs / CMOs will need to liaise with the legal commissioner routinely to effectively discharge this duty.

# Finances

In order to make the model compliant with DHSC accounting rules, the Principal ICB must have full operational control over management of finances within an overarching “specification” set by the other partners. Allocations are transferred to the Principal ICB at the outset of the arrangement; decisions on the financial strategy, financial plan, and investments or divestments are reserved to the Joint Committee; the Principal ICB undertakes all financial management and financial control functions and decision-making within these parameters, and in practice a majority of this work is done by the CCH Team as agents of the Principal Commissioner.

	Joint Committee	Principal ICB	CCH Team / Host ICB	All /Other partner ICBs
<b>Fundholding:</b>	Not applicable.	Holds the consolidated allocation for all services in scope of the model.	Not applicable.	Enacts an allocation transfer to move the commissioning budget associated with the services in scope of the Model to the Principal ICB.  Holds no commissioning budget for the services directly thereafter.
<b>Financial reporting:</b>	Receives and scrutinises routine financial reporting.	Recognises all spend against the consolidated allocation as its own spend, reporting all transactions through its own ledger.  Manages upward reporting and escalation to own Board / subcommittees as appropriate using CCH Team produced materials.	Produces detailed off-ledger ICB-level reporting and financial analysis.  Manages on-ledger reporting through Principal ICBs ledger as authorised agent.	Beyond initial allocation transfer, records no transactions in its own ledger.  Receives detailed off-ledger ICB-level reporting in year.
<b>Financial Management:</b>	Approves all investment decisions and overall financial plan, which includes the strategy for financial risk management. The Principal ICB must operate within these parameters and any proposed departure requires further Joint Committee approval.	Is the legal entity undertaking and approving all financial transactions within the parameters set by the financial plan, including management of reserves, contingency, financial slippage and financial risk  (* A majority of this expected to be undertaken by CCH Team within agreed Scheme of authority)	Approves day-to-day financial transactions on behalf of Principal ICB in line with the agreed Scheme of Authority.  Escalates any issues outside the Scheme of Authority to the Principal Commissioner with a recommendation for decision.	None, other than through Joint Committee.

# Specialised Commissioning

Summary of Safe Delegation Checklist Status for South-West

16 September 2024

## Safe Delegation Checklist +

- A National template (Safe Delegation Checklist) was provided to support a due diligence process ahead of Specialised Commissioning delegation.
- This document has been further developed in the South West to aid robust planning and provide more detail about steps to support safe delegation.
- We have called this expanded document the Safe Delegation Checklist + (Plus) as it contains a greater number of categories and actions. The SDC+ contains 24 sections as shown on the next slide.
- **Note:** There are still a number of areas to work on both in advance of and after delegation. A synopsis follows detailing these items. We will continue to work through these items together through our joint meetings and task and finish groups.

# Delegation Due Diligence via Safe Delegation Checklist

## The SDC+ has 24 tabs as follows:

1.0	BAU, Planning, Duplicates	7.6	CCH Framework: Quality Monitoring & Management
2.0	Delegation Readiness Plan	7.7	CCH Framework: Risk Management
3.1	Handover Report	7.8	CCH Framework: Contracting & Contract Management
3.2	Issues Register	7.9	CCH Framework: Cross-Border Co-ordination
4.0	Pharmacy Work Programme	7.10	CCH Framework: Assurance of Commissioning Function
5.0	Governance Refresh 2025/26	7.11	CCH Framework: Mental Health
6.0	Staffing Model	8.0	Transition Plan
7.1	CCH Framework: Public and Patient Engagement	9.0	Records Management
7.2	CCH Framework: Data management	10.0	Finance
7.3	CCH Framework: Clinical leadership & Accountability	11.0	People
7.4	CCH Framework: Clinical Networks	12.0	IG
7.5	CCH Framework: Surge Events Management	13.0	Complaints

# Safe Delegation Checklist +

A breakdown of the SDC+ items by current status is set out below.

# items	Status
16	Closed as duplicates, or items that are covered through BAU processes
31	Completed
17	Conditionally completed (will be completed by final approval of Commissioning Model and supporting risk and quality frameworks)
37	Provisionally closed (relate largely to information sharing which has taken place, but will require a final review and refresh to sweep up any additional issues arising between now and delegation)
46	Progressing
62	Open (not yet commenced - NOTE 54 of these items relate to go-live mobilisation, including logistics and enactment of agreed financial arrangements. The remainder relate to actions which have dependency on nationally expected products including the draft Delegation Agreement and Collaboration Agreement.

The following 3 slides summarise the key actions that will be completed in 3 categories: (A) as part of due diligence in advance of final ICB Board decisions; (B) as part of go-live mobilisation or immediately in the run up to this; and (C) post-delegation as part of ongoing or wrap-up work.

# A - Due diligence actions to be worked through in Autumn/Winter 24/5



Summarised below, key actions from the SDC+ that need to be completed as part of final pre-delegation diligence. In all cases these are expected to be completed **after** the ICB has taken its November/December 2024 Board decision to approve the commissioning model and **in time to inform** the ICBs February Board decision to approve delegation go-live and sign the associated paperwork in March 2025.

SDC+ tab name	Responsible Party	Action	Completion Date
Delegation Readiness plan	Shared	<ul style="list-style-type: none"> <li>Approach to internal audit of the Spec Comm function confirmed (primarily an issue for Principal ICB once identified)</li> </ul>	February 2025
Issues Register	NHSE	<ul style="list-style-type: none"> <li>Production of contracts tracker and documentation of any procurement pipeline (part of 25/26 planning round)</li> </ul>	December 2025
Governance Refresh 2025/26	NHSE	<ul style="list-style-type: none"> <li>Development of final Delegation Agreement and ICB Collaboration Agreement for ICB Board approval.</li> </ul>	January 2025
Data Management	NHSE	<ul style="list-style-type: none"> <li>Documented data access arrangements post-delegation (national guidance to be produced)</li> </ul>	December 2025
Clinical Networks	Shared	<ul style="list-style-type: none"> <li>Detail of Network management arrangements through Principal Commissioner documented in Collaboration Agreement</li> </ul>	January 2025
Surge Events	Shared	<ul style="list-style-type: none"> <li>Review of SOPs underway to develop a revised approach aligning with regional and ICB processes</li> </ul>	March 2025
Contract Management	NHSE	<ul style="list-style-type: none"> <li>Once National contracting SOP received, this has been tailored to South-West Principal Commissioner model</li> </ul>	December 2025
Cross-Border Co-ordination	NHSE	<ul style="list-style-type: none"> <li>Agreed and documented involvement of SW CCH Team / Principal Commissioner in SE governance at operational (below Joint Committee) level.</li> </ul>	November 2025
Transition plan	ICBs	<ul style="list-style-type: none"> <li>Review ICB Governance Documentation to take account of delegation (changes may be required to enable ICBs to sign the Collaboration Agreement in March 2025)</li> </ul>	February 2025
Records Management	NHSE	<ul style="list-style-type: none"> <li>Develop Records Management Transition Plan</li> </ul>	December 2025
Finance	Shared	<ul style="list-style-type: none"> <li>Finalised financial SOP addressing technical processes (draft in production. Requires identification of the ICB that will act as Principal Commissioner in order to complete full detail)</li> </ul>	January 2025
Information Governance	Shared	<ul style="list-style-type: none"> <li>Complete and sign off DPA and DPIA once received from National Team (expected for review October 2024)</li> </ul>	November 2024

## B - Mobilisation actions for March 2025

Summarised below, key actions from the SDC+ that will be completed in time to support delegation from 1<sup>st</sup> April 2025, but which are not required in advance of ICB go-live Board decisions.

SDC+ tab name	Responsible Party	Action	Completion Date
Surge Events	Shared	<ul style="list-style-type: none"> <li>Review of network escalation SOPs completed to develop a revised approach aligning with regional and ICB processes</li> </ul>	March 2025
Delegation Readiness/Transition plan	Shared	<ul style="list-style-type: none"> <li>Staff Transfer Plan (including HR, Offices, IT, Records, IG)</li> <li>Communications around delegation as appropriate.</li> <li>Finalised approach to management of legal duty to engage and consult post-delegation</li> <li>Business Continuity Plan</li> </ul>	March 2025
Records Management	NHSE	<ul style="list-style-type: none"> <li>Follow Records Management Transition Plan</li> </ul>	March 2025
Finance	Shared (NHSE transitioning team and Principal ICB financial officers)	<ul style="list-style-type: none"> <li>NHSE staff transitioning to CCH to follow the agreed financial year end management protocols</li> <li>Pre-emptive coms to providers confirming final post-delegation financial management arrangements for 2025/26</li> </ul>	March 2025

## C - Post delegation SDC actions

Summarised below, key actions from the SDC+ that will continue beyond delegation. These are not required in advance of ICB go-live Board decisions.

SDC+ tab name	Responsible Party	Action	Completion Date
Handover Report	CCH Team	Service delivery models will be reviewed in the first year of delegation alongside national plans	Post-delegation
Assurance of Commissioning Function	NHSE	Post delegation work to implement national assurance framework once finalised	Post-delegation
Finance	CCH Team	Completion of 2024/25 financial year end	Post-delegation
	NHSE	Closedown of legacy financial arrangements / access at the end of any agreed dual-running period	Post-delegation

## Next Steps

- Work will continue on areas listed in the slides above as we work through due diligence ahead of delegation.
- Updates will be brought through JDG/JSSC and working groups.
- A closure report on progress against the items identified in Category A will be included in the request to ICBs for final Board approval in February 2025.