COMMISSIONING APPROVALS POLICY
# POLICY DOCUMENT – VERSION CONTROL CERTIFICATE

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Prior to Approval, this Policy Document was circulated to the following for consultation:

Senior Management Team
Clinical Commissioning & Finance Committee
Governance, Planning & Risk
Programme Office
Performance & Quality
Finance
Contracting
Adults & Children Safeguarding
Information Governance
Patient Experience
Communications and Engagement
Equality & Diversity

Following Approval this Policy Document will be circulated to:

Clinical Commissioning & Finance Committee
All staff

VERSION CONTROL

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<tr>
<td>V1.0</td>
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1.0 Policy Statement

NHS Trafford CCG is committed to a delivering the CCG’s commissioning strategy for 2014/15-2018/19. This framework facilitates the strategy to be implemented effectively across the borough.

2.0 Introduction

2.1 The national healthcare economy is experiencing a number of challenges:
- A perpetually increasing demand on health services, fuelled by a growing, less healthy, aging population with numerous co-morbidities;
- Increasing expectations around quality of clinical outcomes, and experience of using the service; and,
- Budgetary constraints in the public sector

2.2 To manage these challenges, CCGs will need to adopt new approaches that encourage the seamless integration of services, managing demand by providing appropriate services in the community rather than incentivising secondary care activity.

2.3 CCGs will need to use evidence to underpin decision making, and take into account the wider impact of health care delivery; balancing the operational needs of the present with the strategic needs of the future.

2.4 The delivery of the CCG’s Strategic Plan will need to demonstrate how it has reached its commissioning decisions in implementation, what the evidence is and what the overall return on investment has been.

3.0 Purpose

3.1 The purpose of this policy is to ensure the CCG demonstrates sound evidence based commissioning and a return on its investment using a framework for commissioning scheme approval.

3.2 Statutory responsibilities

In order to commission healthcare effectively for the above, the CCG has a number of core Clinical Commissioning Group functions as set out in legislation which are separated into two categories:

- Statutory Duties – That the CCG must comply with and are legally responsible for delivering, and
- Statutory Powers – That the CCG has the freedom to do should they wish, to assist in meeting statutory duties.

This policy and adherence to it will provide evidence of the CCG’s delivery of its core functions.
3.3 Strategic Plan Delivery

The CCGs ‘Our Vision for Your Health’ 5 Year Strategic Plan 2014/15-2018/19 defines the commissioning schemes that Trafford CCG intends to deliver over the next 5 years.

The vision for NHS Trafford CCG is;

‘to ensure that the health services we manage for the people of Trafford are provided at the right place and at the right time, and that services are safe, of a high quality and are value for money.

The group will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties’

The CCG is required to demonstrate adherence to 7 outcome ambitions in fulfilling the Everyone Counts Planning for Patients: 2014/15-2018/19. Therefore the CCG in its ‘Our Vision for Your Health’ 5 Year Strategic Plan 2014/15-2018/19, has mapped its commission schemes across these 7 outcome ambitions:

- Securing additional years of life for the people of England with treatable mental and physical health conditions;
- Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions;
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital;
- Increasing the proportion of older people living independently at home following discharge from hospital;
- Increasing the number of people having a positive experience of hospital care;
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community; and,
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

Specific overall outcome ambition target measures for each of the above are a key aspect of the CCGs ‘Our Vision for Your Health’ 5 Year Strategic Plan 2014/15-2018/19.

In order to assure the CCG’s Governing Body that the Strategic Plan is being delivered as intended, a set of criteria is required to be robustly considered in the design, implementation and delivery of commissioning schemes.
4.0 Commissioning Scheme Approvals

The CCG in delivery of its Commissioning Schemes of its Strategic Plan, in carrying out its statutory duties and powers to commission certain healthcare services for Trafford, in demonstrating evidence based decision making, for each commission scheme must robustly implement the following:

(1) Commissioning Scheme Outcome Measures
(2) Clinical effectiveness
(3) Financial requirements
(4) Contracting requirements
(5) Governance and Risk requirements
(6) Public Health benefits
(7) Quality requirements
(8) Adults and Children Safeguarding requirements
(9) Information Governance requirements
(10) Patient Experience requirements
(11) Communications, Public and Patient Engagement requirements
(12) Equality & Diversity requirements
(13) Medicines Management requirements

Robust evidence of these requirements are required to be fulfilled and documented in a Project Initiation Document/Business Case, with the process managed through the Programme Office. The Project Management and Controls Protocol detail the project management of the life of a commission scheme.

In line with the responsibilities delegated from the Governing Body, the Clinical Commissioning & Finance Committee will be responsible for ensuring that all Project Initiation Documents/Business Cases are only approved when evidence is produced that robustly meets the criteria above. Commissioning Schemes can only be approved in line with the financial scheme of reservation and delegation depending upon each commissioning scheme’s proposed expenditure.

Joint-commissioning of Primary Care medical services with NHS England, has created the Primary Care Co-Commissioning Committee from 1st April 2015. This Committee like the Clinical Commissioning & Finance Committee is responsible for ensuring that all Project Initiation Documents/Business Cases are only approved when evidence is produced that robustly meets the criteria above, for Primary Care commissioning only.

5.0 Commissioning Scheme Criteria

High-level requirements of each Commissioning Scheme criteria are shown below. This policy is not a substitute for specialist input into Commissioning Scheme design, delivery and implementation. This policy provides high level criteria that are required to be adhered to in approving commissioning schemes for implementation. Further information on all the below criteria is
available on the CCG’s intranet and specialist advice from the leads below in the following areas should always be sought:

1. **Commissioning Schemes Outcome Measures**

   Lead - Planning & Performance Manager (Governance, Planning & Risk department), in conjunction with the Quality and Performance Directorate and the Programme Office

   Requirements - Target measures (both qualitative and quantitative) are required to be detailed for all new Commissioning Schemes in relation to for example:
   - Cost Savings
   - Reduced activity in the secondary care sector
   - Reduced secondary care length of stays
   - Specific service related targets e.g. screening, prevalence rates
   - Increased Patient Experience

   These outcome measures are to demonstrate the return on investment for the financial requirements of each commissioning scheme.

   The selected outcomes will be monitored over the lifetime of the delivery of the commissioning scheme as part of the CCG’s formal internal Performance Management Framework at the Quality & Performance Committee. This provides assurance to the Governing Body and NHS England in achievement of the Strategic Plan and the investment expenditure for each commissioning scheme approved at the Clinical Commissioning & Finance Committee based on evidence of all commissioning criteria outlined in this policy.

2. **Clinical effectiveness**

   Lead – Identified Clinical Lead for each Commissioning Scheme as decided by the Programme Office

   Requirements – The Clinical Lead for each commissioning scheme to approve the clinical effectiveness that implementation of the scheme will bring in improving outcomes for patients.

3. **Financial Requirements**

   Lead - Management Accountant

   Requirements - Completion of the Commissioning Scheme Finance template for each commissioning scheme in demonstrating planned expenditure.

4. **Contracting Requirements**

   Lead - Head of Business Analysis
Requirements - Any impacts on activity levels at acute, mental health or community providers to be included on the Finance template. Notification if any material changes to existing services by provider or new providers.

5. Governance and Risk Requirements

Lead - Head of Governance, Planning & Risk

Requirements - Robust governance of the commissioning schemes planned in demonstrating how delivery of outcome measures can be monitored at providers. Trafford CCG as lead or associate commissioner provided with evidence of ongoing governance assurance reporting processes of quality of care delivery for patients in reporting mechanisms of risks, never events and serious untoward incidents.

Completion of a risk register as formal assessment in identification, analysis and mitigation risk plans to manage risks towards the achievement of the outcome measures and all other commissioning scheme governance criteria, containing the following:

Description - An identity by which the risk is known throughout the life of the risk of the Commissioning Scheme.

Owner - Who is the owner of the risk?

Causes - What has to happen for the risk to occur?

Consequences - Should the risk materialise, what will occur as a result?

Controls - What controls are currently in place to mitigate the causes identified?

Risk Rating - What is the assessment of likelihood and impact with controls operating now as intended?

Actions - What actions are in place to drive the risk down to a more acceptable level within risk appetite?

Action Owners - Who are the personnel who are to complete the actions assigned to the risk?

Action Due Dates - When are the due dates by which the actions will be completed by?

Target Rating - What is the risk assessment rating once the action identified have been achieved?

6. Public Health benefits

Lead - Consultant in Public Health
Requirements – Commissioning decisions to be based on the commissioning cycle. This starts with addressing the health needs of the population as described in the JSNA.

Each commissioning scheme should demonstrate strategic alignment with the joint Trafford Health and Wellbeing Strategy objectives. Each commissioning scheme should demonstrate a sound evidence base of delivering reductions in health inequalities and return on investment in relation to health outcome indicators (Public Health Outcomes Framework and NHS Outcomes Framework).

7. **Quality Requirements**

Lead - Quality Lead (Quality & Performance Directorate)

Requirements - Baseline information on the current quality of care should be considered in the development of the commissioning scheme and the Performance and Quality Team contacted for any information that they hold that will inform this.

Current best practice guidance (NICE/National Guidance) should be considered and this consideration should be reflected in the commissioning scheme [https://www.nice.org.uk/](https://www.nice.org.uk/).

How quality of care will be measured, monitored and improved through the implementation of the commissioning scheme should be considered, including what contractual levers (contractual information requirements/key performance indicators/ quality standards/ CQUINs) will be used. The metrics identified should be clearly outlined within the commissioning scheme alongside what the intended outcomes for the patient are through the implementation of the commissioning scheme and how these will be deemed to have been met. The Performance and Quality Team can be contacted to support with this.

8. **Adults and Children Safeguarding Requirements**

Adults Safeguarding Lead - Designated Nurse Safeguarding and Vulnerable Adults (Adult Safeguarding, Vulnerable Adults, Mental Capacity, Counter-Terrorism)

Adults Safeguarding Requirements - Section 14W NHS Act, 2006 requires the CCG to obtain advice appropriate for enabling it effectively to discharge its functions. The advice must be taken from persons who, when taken together, have a broad range of professional expertise in – (a) the prevention, diagnosis or treatment of illness; and (b) the protection or improvement of public health. Each CCG must have regard to any guidance published by NHS England relating to the duty under section 14W.
The NHS accountability framework for safeguarding requires the commissioning of safe services, including effective systems for responding to the abuse and neglect of vulnerable adults and effective interagency working with local authorities, the police and third sector organisations.

The HM Government Contest Strategy and Prevent Strategy require public services to have an understanding of their role in counter-terrorism and the prevention of the radicalisation of vulnerable people, and for health service organisations to expand support to Channel groups and ensure they have access to appropriate advice, support and guidance through healthcare interventions.

In that regard commissioned services should be able to demonstrate:

- Comprehensive understanding and application of the Mental Capacity 2005 and the associated statutory Code of Practice (where applicable)
- Comprehensive understanding and application of the Deprivation of Liberty Safeguards 2009 and associated statutory Code of Practice (where applicable)
- Comprehensive understanding and application of Prevent as applied to NHS services
- A culture where safeguarding is everybody’s business where poor practice is identified, challenged and addressed
- Engagement in, and support of, local accountability and assurance structures
- Effective arrangements to safeguard adults and systems to assure commissioners that these are working.

These arrangements should include as a minimum:

a) safe recruitment  
b) effective training of staff  
c) effective supervision arrangements  
d) effective recording and reporting arrangements consistent with local agreements  
d) supporting policies and guidance

Children’s Safeguarding Lead - Designated Nurse Safeguarding Children/Children in Care

Requirements - Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any service that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 places a duty on NHS organisations, including the NHS Commissioning Board (NHS CB) and Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts.

In that regard commissioned services should be able to demonstrate:
• A culture where safeguarding is everybody’s business where poor practice is identified and addressed
• Engagement in and support of local accountability and assurance structures
• Effective arrangements to safeguard vulnerable children and systems to assure commissioners that these are working.

These arrangements should include as a minimum:

a) safe recruitment
b) effective training of staff
c) effective supervision arrangements

9. Information Governance Requirements

Lead - Information Governance Manager, Information Governance Officer
(Commissioning Support Unit)

Requirements - All new, or changes to processes, systems and / or assets (including software and hardware) containing personal confidential data must comply with confidentiality, privacy, data quality, information security and data protection requirements. A privacy impact assessment (PIA) must be completed in the event of the above.

In the event of contracts being awarded to non-NHS providers of services, the appropriate information governance clauses are required to be used in service contracts that differ from standard NHS contracts.

10. Patient Experience Requirements

Lead - Head of Customer Care and Experience

Requirements - All proposed service design, re-design and new commissioning proposals such as via a Project Initiation document or business case should include in respect of Patient Experience (including complaints):
• Inclusion at the outset of the piece of work of the Customer Care and Experience team (relevant team member to be determined on a case by case basis)
• Review of the guidance document available on the intranet ‘PID business case guidance and feedback template Patient Experience and Complaints’
• Review (if felt helpful) of previously completed feedback notes from the customer care and experience team on other PIDS/business cases in respect of Patient Experience and complaints
The aim of this review by leads is to determine:

- The link to relevant NHS strategic ambitions aligned to CCG business planning and NHS outcomes framework in respect of patient experience. Any alignments stated must be evidence based in relation to the data source used to determine the NHS strategic ambition.
- Subsequent actions required to determine the elements of patient experience (including complaints) linked to the piece of work in respect of requirements to:
  - Complaints requirements for any prospective provider(s) and the CCG
  - Any Outcomes, Metrics (including KPI development) to be identified and where necessary compiled at a local level (e.g. if no demonstrable alignment to NHS strategic ambitions can be made, or if felt relevant)
  - The requirement to involve customer care and experience in any procurement process(es)
  - The requirement to involve customer care and experience in development of associated contracts/ SLA(s)/service specification(s)
  - Any relevant Patient Experience Programmes of work including what they might consist of
  - Identification of any associated risks and remedy to mitigate those
  - What to ask, who to ask and why in respect of any identified programmes of patient experience work
  - Ongoing provider review mechanisms

11. Communications, Public and Patient Engagement requirements

Leads - Communications and Engagement Specialist – 3rd Sector and Stakeholder
- Communications and Engagement Specialist – Patient and Public Participation
- Communications and Engagement Specialist – PR and Media

Requirements - The Communications and Engagement team require to be made aware of any upcoming reviews and/or new commissioning schemes, so that where communications or engagement support may be required it can be planned and embedded into the team’s work plans ahead of schedule.

For each new scheme it would be helpful for the Project Lead to meet with a Communications and Engagement lead to go through a Communications and Engagement Planning Form that requires, amongst other things, target audience(s) to be identified, potential engagement activities required and any health inequalities the project will target to improve.
12. **Equality & Diversity requirements**

Lead - Equality, Diversity & Human Rights Consultant (Commissioning Support Unit)

Requirements - All proposed new, de-commissioned, re-commissioned or changed services and policies must comply with the requirements of the Public Sector Equality Duty to:

- Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it; and,
- Show due regard to the different needs of patients who share particular protected characteristics.

Protected characteristics are age, gender, gender reassignment, disability, sexual orientation, ethnicity, religion, marriage/civil partnership and pregnancy/maternity and other groups identified by the CCG e.g. carers, homeless people.

The CCG has an analysis of health inequalities as they exist across Trafford, available to commissioners on the intranet. With reference to Public Health criteria Commissioners should indicate how proposals will positively impact on health inequalities ideally identifying where such inequalities address patients who share particular protected characteristics.

A comprehensive Equality Analysis should be undertaken to identify any possible adverse effects that the proposal might have on patients who share particular protected characteristics and on Human Rights; the analysis should state the actions that should be taken to mitigate these effects.

13. **Medicines Management requirements**

Leads: - Locality Lead Medicines Management Pharmacist
      - Senior Medicines Management Pharmacist

Requirements - Consideration of the following questions answered by individual commissioning scheme, in coordination with Finance:

- Are medicines involved in the treatment of patients?
- Do we know the impact on the budget e.g. practice prescribing budget or High Cost Drugs?
- Will prescribing occur within primary care including community services, secondary care or both?
- Will GPs, Non-Medical Prescribers or both be prescribing?
- Is there an impact on community pharmacy?
- Are any additional resources required?

6.0 Monitoring

The Commissioning Schemes Approvals Policy is monitored annually in line with revised planning requirements from NHS England.

7.0 References to Support Commissioning Scheme Approvals

7.1 The following documentation are in support of this policy:

- Trafford CCGs ‘Our Vision for Your Health’ 5 Year Strategic Plan 2014/15-2018/19.
- NHS Trafford Constitution
- Clinical Commissioning and Finance Committee - Terms of Reference
- Project Management and Controls Protocol
- Scheme of Delegation and Reservation – Operational Arrangements
- Risk Management Strategy
- Risk Management Policy
- Quality Strategy
- Adult Safeguarding Policy
- Safeguarding Children and Young People Policy
- Safeguarding Children Policy and procedures for General Practice
- Information Governance Policy
- Patient Experience Policy
- Communications and Engagement Strategy
- EDHR Strategy
- Medicines Management Strategy