



Report to:	Humber & North Yorkshire Integrated Care Board
Date of Meeting:	8 March 2023
Subject:	Primary Care Governance
Director Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
Author:	Julie Warren Director of Primary Care and Commissioning

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:
The purpose of this report is to provide an update to the Humber and North Yorkshire Integrated Care Board (HNY ICB) on three areas:

- The delegation of pharmacy, optometry and dental (POD) functions to the ICB from NHSE from 1st April 2023
- The transfer of NHS England staff working in POD from 1st July 2023 and
- The transfer of NHS England staff working in general medical services and primary care transformation from 1st July 2023.

RECOMMENDATIONS:

Members are asked to:

- Receive assurance that the ICB has and continues to work to oversee the safe transfer of POD functions from NHS England into the ICB on 1st April 2023 to ensure a seamless transfer
- Note the Safe Delegation Checklist submission and
- To note the Memorandum of Understanding April-June 2023 and a further one from July 2023 to March 2024 to be signed by the Chief Operating Officer.

ICB STRATEGIC OBJECTIVE	
Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>



IMPLICATIONS	
Finance	A due diligence group has been established with HNY Finance representation.
Quality	The ICB response will strengthen Primary Care services and will help to support tackle challenges driving pressures across the system.
HR	HR implications include the NHS England team transferring to the HNY ICB. This is currently under review and the Board will be updated on progress.
Legal / Regulatory	The ICB must ensure that it meets its statutory duties and actions within the paper will help to support meeting those duties.
Data Protection / IG	Data protection/IG principles implications are monitored through the due diligence group. Detail of how data protection / IG implications will be managed are detailed within the MOU.
Health inequality / equality	Health inequality / equality implications are monitored through the due diligence processes.
Conflict of Interest	No conflicts of interest have been identified prior to this meeting.
Sustainability	The ICB response will strengthen Primary Care services and will help to tackle challenges driving pressures across the system.

ASSESSED RISK:

The ICB has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk. Due diligence work is being undertaken to reduce risk where possible in the transfer of services.

MONITORING AND ASSURANCE:

The ICB Board will be kept up to date on developments which may impact upon the delivery of any agreed plans.

ENGAGEMENT:

N/A

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, please detail the specific grounds for exemption

Humber & North Yorkshire Primary Care Governance

1.0 Background and introduction

The purpose of this report is to provide an update to the Humber and North Yorkshire Integrated Care Board (HNY ICB) on three areas:

- The delegation of pharmacy, optometry & dental (POD) functions to the ICB from NHSE from 1st April 2023
- The transfer of NHSE staff working in POD from 1st July 2023 and;
- The transfer of NHSE staff working in general medical services and primary care transformation from 1st July 2023.

Work has progressed on the due diligence and process for delegation since the previous Board paper was presented in November 2022.

This report summarises:

- The additional risks identified as part of the ongoing work to complete the Safe Delegation Checklist** and associated mitigating actions.
- The Operating Model and Governance arrangements for safely discharging the functions, including collaborative working arrangements with NHSE in the form of a Memorandum of Understanding (MOU).
- The next steps and advice to the Board on the actions and assurances required prior to assuming responsibility of the delegated functions and signing the National Delegation Agreement.

** (Governance document supporting the safe transfer of the functions)

The three Integrated Care Boards (ICBs) across Yorkshire & Humber have worked collaboratively on the content of this update report and the key messages given the risks and associated actions are mirrored across all three ICB areas. Delegation will present opportunities for the ICB to: -

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhanced productivity and value for money.
- Help the NHS support broader social and economic development.

2.0 Current position and developments

- POD functions will transfer to each ICB from 1st April 2023
- NHSE staff completing POD functions (subject to consultation) will TUPE transfer to ICBs from 1st July 2023
- NHSE staff completing primary medical functions (General Practice) and Primary Care transformation will, subject to consultation, transfer 1st July 2023 (ICBs have been responsible for the statutory functions since July 2022. CCGs previously had this delegated, and these arrangements have worked well with place and NHSE.
- NHS England clinical advisors directly supporting POD will similarly transfer with contracts being put in place
- Two MOUs will be in place for 2023/24
 - MOU 1: 1st April 23 – 30th June 23 – prior to staff transfer
 - MOU 2: 1st July 23 – 31st March 24 – following staff transfer.
- Humber and North Yorkshire ICB confirmed to be the host employer for the Y&H dental team to maintain expertise and knowledge from 1st July 2023.

- Further work is taking place on the complaints function, with the function and associated staff expected to transfer to the ICB.

3.0 Risk and Issues

In November 2022 the Board were updated on several key risks as part of the transfer of delegation, progress has been made on most areas however there are still some outstanding that require mitigations as part of the completion of the Safe Delegation Checklist.

3.1 The Safe Delegation Checklist (SDC)

The SDC comprises sections on,

- Transformation and Quality,
- Governance & Leadership,
- Financial Assets including due diligence,
- Workforce Capacity and Capability, Contracts
- Information Governance & Technology.

Risks have continued to be escalated through Highlight reports, Regional Task & Finish Groups and Regional Delegation Delivery Board as well as internally via the HNY POD Due Diligence group. A workshop was held on 10th February 2023 with ICBs and NHSE to better understand the current position, agree the risks outstanding and mitigations some of which required escalation to the NHS England National Team.

Regional and national task and finish groups with ICB representatives have been established to work through the remaining areas these link to: -

Governance and Leadership – data protection and record ownership areas awaiting national guidance

Assets, IT & Records – A National IT Options road map has been issued to enable ICBs to make an informed decision on future model

Complaints - A fortnightly NEY task & finish group meets with HNY rep working through the detail

Workforce staffing and capacity

- Primary Care, dental, Ophthalmic, Pharmacy teams – Staff consultation to commence May 2023. Staff sessions have been held to introduce people and start to develop a shared operating model.
- Dental – Capacity and capability concerns across all ICBs due to number of vacancies/workload. HNY hosting the Dental team to mitigate some risk.
- Clinical Advice and support – interim arrangements agreed
- Staff budgets – NHS E shared staff structures/budgets. Ongoing due diligence work to be undertaken between ICB and NHS E to work to a mutually agreed position.

Finance – Regional finance subgroup meet regularly with representatives from each ICB and NHSE to work through SDC and no significant concerns are being raised.

4.0 Support from NHS England enabling functions (April 2023 to end March 2024)

Delegated responsibility for commissioning primary care functions for all four areas (general medical, pharmacy, optometry and dental) will be reliant on NHS England to provide support for enabling functions whilst alternative arrangements are agreed. Table 2 summarises the interim arrangements. Each Enabling Function will have a detailed handover document provided to each ICB to support effective working.

Table 2: Enabling functions

Function	Support	Next steps
Finance	Provision of finance support to ICBs	Working on one ICB to host the team timescale to be agreed
Clinical leadership/advice	Provision of clinical leadership/advice to support ICBs	Clinical leadership and advice in relation to contractual management Longer term consultation and engagement to inform commissioning decisions and service provision (agreed on a case-by-case basis)
Dental Public Health	Access to dental public health consultant advice to support ICBs	Work with Public Health England to understand the role
Nursing and Quality	Provision of nursing and quality support to ICBs	Transition around advice, support to complaints and quality oversight
Business Intelligence (BI)	Provision of high-level data pack for the Dental Direct Commissioning Committee	Need to understand the information required to support which committees and link to wider ICB BI teams
Procurement support	Ongoing support through NECs for the 23/24 POD pre agreed procurement pipeline	ICB to determine approach from 24/25

5.0 HNY Operating model

Delegation of the statutory functions is via the Deputy Chief Executive/Chief Operating Officer (DCEx/COO) and the Director of Primary Care & Commissioning.

The six places have been leading the primary medical services work with teams working with NHSE staff, GPs/Primary Care Networks (PCNs) feeding into either the Humber or North Yorkshire & York Primary Care Collaboratives each with an identified Place Director lead. These both feed into the HNY Primary Care Collaborative that is Chaired by Dr Simon Stockill and has clinical representatives of all four primary care areas (general medical, pharmacy, optometry & dental). The Primary Care Collaborative is leading the development of the strategic ambition for primary



care including Primary Medical Services (GPs) and POD areas in line with the Fuller recommendations, responding to areas of inequality and will respond to the anticipated primary care planning guidance. The delivery and oversight and support is via each of our 6 Places working closely with PCNs and Local Primary Care partners. Delivery of the primary care plans is through the System and Oversight Assurance Group.

NHSE staff will transfer to the employment of the ICB (subject to consultation) on 1st July 2023 and will continue (as they are now) to work in a completely integrated way with the 6 Place Primary Care Teams to maximise opportunities and understand local needs.

At the Board in November, it was agreed to establish a Yorkshire & Humber Pharmaceutical Services Regulations Committee and this will commence from April 2023 with representatives from each ICB.

A fortnightly ICB POD Due Diligence Group meets with representatives from Chief Operating Officer, finance, corporate and nursing to ensure the continued safe transfer of the POD functions and staffing.

The operating model reflects scale where consistency of decision-making including application of regulations and process is required to keep the organisation safe.

The ICB has updated its Scheme of Reservation and Delegation and Operational Scheme of Delegation in preparation for the transfer of delegation of POD.

6.0 Memorandum of Understanding

A Memorandum of Understanding (MoU) has been developed in collaboration with ICBs and NHSE. Its purpose is to set out arrangements and principles enabling ICBs to discharge their responsibility for commissioning POD functions once they are delegated from NHS England to ICBs. It is an interim document covering 1st April 2023 to 30th June 2023 (Appendix 1) to cover the period when the functions have transferred but not the staffing from NHSE. A second draft MOU has been developed to commence 1st July 2023 for those residual elements that will remain with NHSE when both the statutory functions and the staffing/resources have been delegated to ICBs. ICBs will continue to work with NHSE on finalising this.

The MoU is intended to:

- Act as a mutually agreed and endorsed document between NHS England and HNY ICB
- Strengthen joint working arrangements between NHSE and HNY ICB
- Provide a framework against which to support ICB and system development and maturity
- Provide clarity on how delegated functions will operate with NHS England regional and national teams, detailing roles and responsibilities and provision of support
- Be used alongside the Safe Delegation Checklist and Delegation Agreement

7.0 Next Steps

The fortnightly ICB POD Due Diligence Group will continue to meet to work through: -

- Safe Delegation Checklist to ensure fully completed ahead of the transfer of delegation
- Continue to work with NHS E Regional colleagues to finalise the MOU
- Ensure that the Terms of Reference for the Yorkshire & Humber Pharmaceutical Services Regulations Committee (PSRC) are completed and signed off by the ICB
- SORD is updated to reflect governance for POD functions 1st April 2023
- OSD will be updated to reflect the transfer of POD function 1st April 2023
- Finalise the Delegation Agreement to be signed by the ICB ahead of 1st April 2023

8.0 Recommendations

The Governing Body is being asked to:

- Receive assurance that the ICB has and continues to work to oversee the safe transfer of POD functions from NHS England into the ICB on 1st April 2023 to ensure a seamless transfer
- Note the Safe Delegation Checklist submission and
- To Note the Memorandum of Understanding April-June 2023 and a further one from July 2023 to March 2024 signed by the Chief Operating Officer.



Humber and North Yorkshire
Health and Care Partnership



**Humber and
North Yorkshire**
Integrated Care Board (ICB)

Appendices

MOU April '23 to June '23



DRAFT FOR DISCUSSION

Memorandum of Understanding

Between

NHS England - North East Yorkshire Region

&

Humber & North Yorkshire ICB

Confirms arrangements for commissioning Primary Care POD functions following delegation of responsibility from NHS England to ICBs on 1st April 2023:

POD functions include specifically:

Pharmaceutical Services and Local Pharmaceutical Services, Primary Ophthalmic Services and Primary Dental Services and Prescribed Dental Services

1 April 2023 – 30 June 2023

30 January 2023 v3.0

Author: Annabel Johnson, Head of Primary Care Transformation, NEY region

Version Control

Version 1.0	23 December 2022	Draft for discussion
Version 2.0	3 January 2023	
	1 February 2023	Draft for sharing with ICBs
	10 February 2023	Final draft shared
	16 February 2023	Final version taken through POD task and finish group



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- Annex 1:** Delegation Agreement
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1.0 Background and policy context

The NHS Health & Care Act 2022 states that responsibility for commissioning primary care functions should be delegated from NHSE to ICBs by 1 April 2023. This means that liability sits with the receiving organisation from the point of delegation.

This new arrangement enables ICBs to have a broader range of responsibility for direct commissioning as a key enabler for integrated care and improving population health.

It supports the NHS Long Term Plan and is intended to empower ICBs, as the decision makers, to design services and pathways of care that better meet local priorities and enhance joined up health and care.

For patients it recognises a need to reduce health inequalities, enables better health and better care across a population, and efficient use of NHS resources both for local systems and the wider NHS.

Responsibility for commissioning pharmaceutical services (including dispensing doctors and dispensing appliance contractors), general ophthalmic services and dental (primary, secondary and community), POD functions, will be formally delegated from NHSE to ICBs on 1 April 2023.

Responsibility for primary medical services (previously delegated to Clinical Commissioning Groups (CCGs) was assumed by ICBs on establishment on 1 July 2022.

2.0 Purpose

This Memorandum of Understanding (MoU), has been developed in collaboration with ICBs. Its purpose is to set out arrangements and principles enabling ICBs to discharge their responsibility for commissioning POD functions once they are delegated from NHS England to ICBs.

The MoU is intended to:

- Act as a mutually agreed and endorsed document between NHS England and HNY ICB
- Strengthen joint working arrangements between NHSE and HNY ICB
- Provide a framework against which to support ICB and system development and maturity
- Provide clarity on how delegated functions will operate with NHS England regional and national teams, detailing roles and responsibilities and provision of support
- Be used alongside the Safe Delegation Checklist and Delegation Agreement

The MoU is not intended to:

- Provide a legally binding agreement between NHS England and any ICB mentioned
- Alter accountabilities of individual NHS organisations
- Alter statutory roles, responsibilities, and accountabilities in relation to provider regulatory action under legislation
- Replace or supersede requirements set out in interdependent policy and guidance



Subject to mutual agreement of the MoU between all parties, it is also important to note that specific requirements relating to responsibility for commissioning Primary Care Functions are defined in the underpinning Delegation Agreement included at Appendix 2. The Delegation Agreement records the particulars of the agreement made between NHS England and ICBs. It is the overarching legal basis for delegation and sets out the terms of delegation explicitly.

In addition to the delegation of POD functions NHS England North East and Yorkshire will also support ICBs by transferring staff who lead and deliver transformation of general practice on the ICB footprint. This is already a transformation function of the ICB as part of responsibility for primary medical services.

Dental

Schedule 2B: Dental Care Services

Part 1A: General Obligations – Primary Dental Services

Part 1B: Specific Obligations – Primary Dental Services

Part 2A: General Obligations – Prescribed Dental Services

Part 2B: Specific Obligations – Prescribed Dental Services

Primary Ophthalmic Services

Schedule 2C: Primary Ophthalmic Services

Part 1: General Obligations

Part 2: Specific Obligations

Pharmaceutical Services

Schedule 2D: Pharmaceutical Services

Schedule 3: Reserved Functions

Functions and related activities which shall continue to be exercised by NHS England

3.0 Interdependencies & duty to comply with guidance

The MoU is intended to align with associated policy and ICBs are expected to exercise Delegated Functions in accordance with the specified guidance set out in the Delegation Agreement.

4.0 Review

The MoU supports a developing relationship and way of working between NHSE and ICBs. Initially it covers the period from 1 April 2023 to 30 June 2023.

The detail within the MoU will be considered in the context of ICBs development and maturity and as their future ambition for commissioning of delegated functions becomes clearer.

It will be kept under regular review, with a focus on accuracy and fitness for purpose. This MOU will be replaced by a further MOU from 1 July 2023. As a minimum, the MoU will be reviewed after 12 months with a focus on accuracy and fitness for purpose.

Changes to the MoU outside of the proposed review period can occur as necessary and as agreed by NHSE and HNY ICB.

Changes may be informed through learning and experience, additional guidance, and system maturity.

The MoU is intended to be a live document and will be subject to further changes as agreed by relevant parties.

5.0 Operating model

The overarching operating model supporting the commissioning of primary care functions from 1 April 2023 is described in table 1 and is illustrated in diagram 1. The functions and role of primary care teams transferring is detailed in tables 2 and 3.

The operating model will be supported by an aligned and already established way of working. It will also be supported by a defined set of operating principles which support the overall development and maturity of ICBs.

Table 1: Operating model | responsibilities for POD delegated functions from 1 April 2023 – 30 June 2023

	Responsibility
NHSE National	<ul style="list-style-type: none"> • Identification of national priorities • Setting outcomes • Developing national contracts or contractual frameworks • Maintaining national policies and guidance that support ICBs to be effective in their delegated functions • Delivering support services
NHSE Regional	<ul style="list-style-type: none"> • Retains accountability for the function • Oversight and assurance of delegated functions • Relationship support and links with national team • Support from 'enabling functions': <ul style="list-style-type: none"> ○ Finance ○ Medical & clinical advice ○ Nursing & quality ○ Dental Public Health advice
ICBs	<ul style="list-style-type: none"> • Operational and legal owner of the function, being both responsible and liable for its delivery. • Responsible and liable for all decision making associated with commissioning of primary care services (POD functions) • Responsible and liable for ensuring the necessary governance arrangements are in place • Accountable for commissioning and delivery of high quality care for POD functions



Diagram 1: Roles, responsibilities & transfer of staff from NHS England and into ICBs for POD functions.

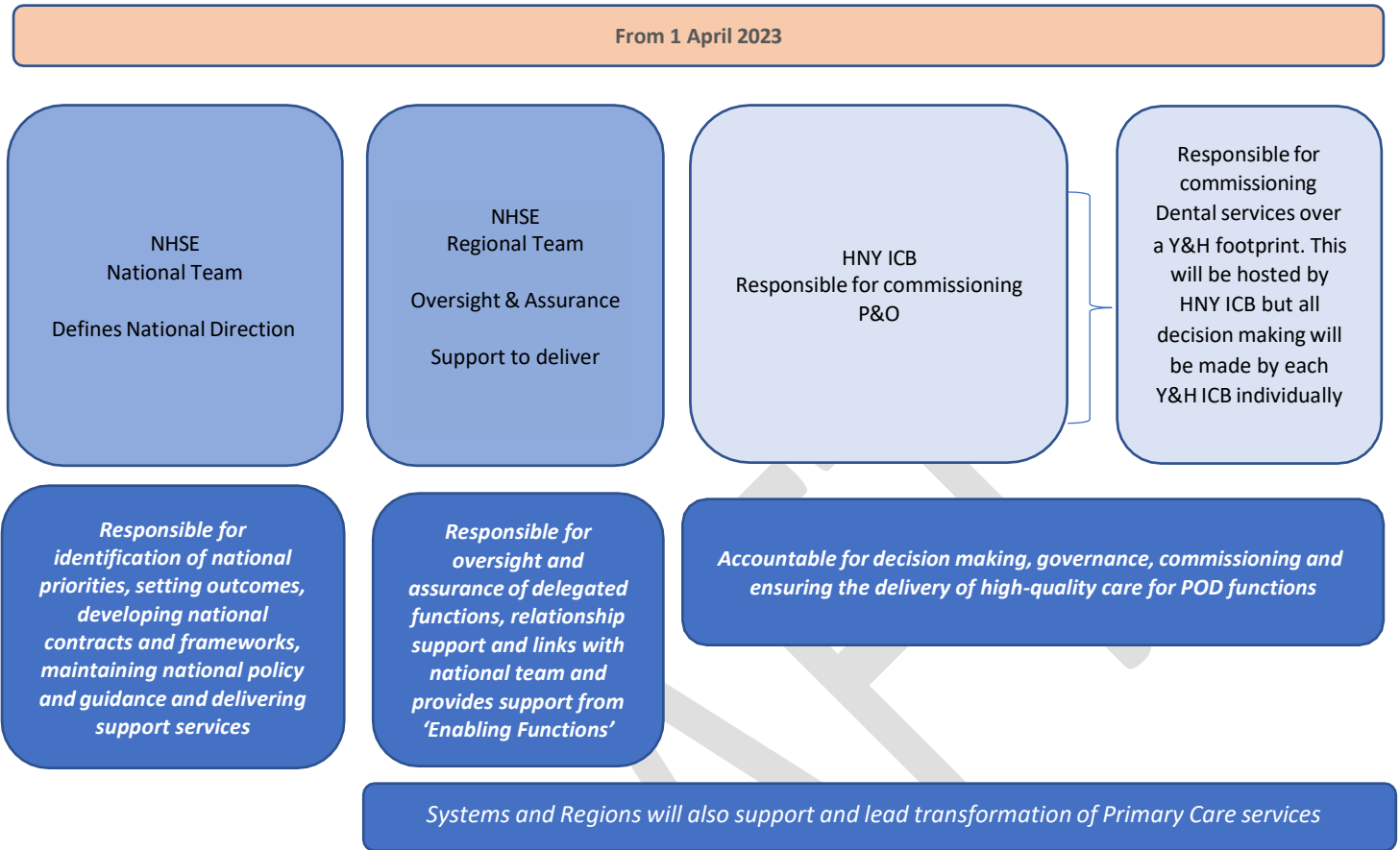


Table 2 – Function of Primary Care Teams Transferring to HNY ICB

Pharmacy	Optometry	Dentistry	General Practice
Ensure consistent implementation and delivery of national NHS pharmaceutical (essential and advanced) services are across England.	NHS England commissions the high street sight test and our priority is to ensure that patients receive a high quality and clinically robust service every time they visit their optometrist.	To reduce oral health inequalities and improve oral health in children under the age of 5;	GP commissioning was delegated on the 1 st July 2022 and NHSE teams have worked with ICBs since then to support the commissioning and contract management of these services
Commission high quality, accessible and timely local (enhanced) pharmaceutical services for local residents.	NHS England work with optometry practices to ensure that the care patients receive meets needs and identifies if patients need glasses but also spots any early signs of eye disease.	Flexible commissioning	Primary Care Transformation teams deliver initiatives linked to the Long Term Plan aimed at improving outcomes, access, reducing inequalities and supporting the sustainability of primary care
Manage the local pharmaceutical list.	NHS England work to identify if there are any patient groups who are missing out on sight tests and to ensure that everyone gets access to a sight test if they need one.	To oversee national dental access and address area of weakest dental provision	
Support contractors to provide the best possible service to patients.		To ensure a consistent and fair approach to contract performance management is applied nationally to dental contracts	
Consult and work collaboratively with the Local Pharmacy Committees (LPCs), which represent local pharmacy providers.		Ensure environment to support initiatives that will increase the recruitment and retention of a mixed skilled workforce	
Work with others locally to ensure integration of pharmaceutical services with other NHS services.		Dental contract reform	
The local teams are responsible for determining applications for pharmacy contracts, contract monitoring and ensuring appropriate availability and access to pharmaceutical services.			



Table 3 – The role of Primary Care Teams Transferring to HNY ICB

Contracting and Commissioning	Transformation	Quality
To Support the ICB on developing and implementing the Primary Services Strategy to plan for and commission services that meet the relevant health needs of the population.	Engage with key strategic regional and national policy makers to inform development of strategy and policies leading to delivery of primary care transformation programmes in line with the Long Term Plan and other national initiatives.	Working alongside the ICS to provide advice, insight and support to improving the quality, experience and outcomes for patients.
Supporting the ICB on delegated contracting and commissioning of primary care services working with relevant partners to ensure effective contract reviews, procurements, mergers, incorporations, mid year and end of year processes (dental) and identifying and managing poor performance across all contract groups.	Develop and communicate the vision for the role of primary care transformation, and the development of strategy and operational policies to support this vision to support primary care transformation, organisational change and uptake of initiatives that support excellence and better care.	To work collaboratively across NHS England matrix, including integrating the National Director's portfolio.
Implementation of contract reforms across all contractor groups and new national initiatives to maximize opportunities to develop integrated approaches to improve access to primary care .	Work alongside system partners (NHSE/ICB/HEE/Leadership Academy and other stakeholders) to ensure the implementation of the People Plan. Including workforce recruitment and retention programmes, training and development.	To utilise local knowledge alongside national comparator data to identify opportunities to improve quality and outcomes across the portfolio of primary care commissioned services.
Ensuring specific regulatory processes are effectively implemented e.g. Pharmaceutical Services Regulatory Committee (PSRC).	Support effective and appropriate use of national funding e.g. SDF funding and new national initiatives, e.g. WAF, Pharmacy Integration Fund.	Work with the ICS to identify opportunities to transform services to improve quality and outcomes.
Ensuring value for money through the commissioning and procurement process.	Oversight and support the estates strategy of the ICB and work alongside NHS England and ICB on developing robust prioritisation and ensuring premises/IT pipelines are delivered.	To ensure that there are robust assurance processes are in place in regard to commissioning functions, including Community Pharmacy Assurance Framework (CPAF) Quality in Optometry (QIO).
Supporting engagement with regulatory committees, e.g. Local Pharmaceutical, Optometry and Dental Committees).	Ensure the development of PCNs are locally driven and clinically owned, with effective multi-year development plans in place which draw effectively on the NHS England offer of support.	Work with other stakeholders both internal and external to the organisation (E.g. Medical, Nursing teams, ICB place based teams, CQC and Healthwatch) to triangulate information and identify emerging risks.
Supporting responses to MP, Parliamentary Hub and Media enquiries.	Working with providers and clinical experts, patients and the population design and implement new products, advice and guidance to support primary care transformation.	

5.1 Ways of working

North East and Yorkshire primary care commissioning staff have been aligned to systems for over four years and have worked on locality footprints since the inception of NHS England. As a result, there are strong and collaborative working relationships in place within ICBs. These already established relationships are expected to support a collaborative way of working from 1 April 2023. The Yorkshire and Humber Dental commissioning team will operate on a Yorkshire and Humber footprint hosted by Humber & North Yorkshire.

5.2 Operating principles

Operating principles supporting the new operating model, ways of working and which reflect the overall relationship NHSE regional team have with ICBs are as follows:

- i. **Build on what works** - We will begin with the current way of working, recognising effective 4+1 and bilateral arrangements, learning lessons and acknowledging the positive experiences to date. Our shared approach is proactive and forward looking.
- ii. **Role and governance clarity** - We want our organisations, teams and individuals to be successful, this means people understand their roles and how they fit in (which may not be defined by their employing organisation), knowing they add value and feel valued for what they do.



- iii. **Subsidiarity and economies of scale** - we will look to work as locally as possible, in line with the principle of subsidiarity (i.e. where this makes best management, economic and operational sense) and recognise when we need to work at scale (including identifying opportunities, where beneficial, to work at greater than system level or at a NEY level e.g. as a single regional voice).
- i) **By, with and through ICBs** – In general, actions and decisions should be made by, with and through an ICB and not by the regional NHSE team directly with local organisations (relationships with local organisations for transactional working, for example gathering standard information, should be agreed between the region and systems).
 - ii) **Organisations** – At times interactions/interventions with provider organisations may be a matter for the NHSE regional team. Step in rights should be explicitly agreed between region and systems (informed by the MoU/SOF/national guidance). Issues should be managed initially within the ICB with escalation to the regional team by agreement. NHSE regulatory intervention should be a last resort (and aligned with the MoU/SOF/national guidance).
 - iii) **Places** - Interactions with Places will normally be the sole preserve of the ICB.
- iv **Transparency, collaboration, learning and development** - We will work in partnership, sharing intelligence through open dialogue and a transparent way of working when discussing organisations and issues within systems (aligned with the SOF). The regional team and ICB will agree regular, dedicated formal oversight conversations with systems. NHSE's regional team will also work with systems to support solutions as well as helping to identify and analyse problems. We will embrace a learning approach, sharing between systems and continuing to develop thinking across the North East and Yorkshire as part of our 4+1 approach.

6.0 Staffing & workforce

The NHS Executive agreed that NHS England Primary Care staff whose substantive role involves the commissioning of POD functions and/or supports ICBs on general practice, should be transferred into ICBs. **The staff will continue to be employed by NHS England from 1st April until 30th June and will continue to carry out their commissioning/contracting roles to full effect.**

This means that the fully established recurrent budget and staff supporting each POD function as well as those supporting ICBs on GP commissioning will transfer no later than 1 July 2023 to the ICB that they are already aligned to.

7.0 Allocation of contracts from NHS England to ICBs

There will be no need to novate POD contracts. The delegation agreement contains express wording that the ICBs are required to manage the delegated contracts as if they were named as the commissioner instead of NHS England. There is no need to additionally use a novation agreement to formally transfer the contracts into ICB names. Details of Contractual Notices will include:



7.1 Dental (primary, secondary and community)

Contractor name
Contract type
Contract date
Contract number

7.2 General Ophthalmic Services

Contractor name
Contract type
Contract date
Contract number

7.3 Pharmaceutical Services (including dispensing doctors and dispensing appliance contractors)

Contractor name
Address of the pharmacy
Pharmacy code number

8.0 Data, Information Governance & IT

(Add in a statement which confirms arrangements for transferring data, physical storage of files, future access arrangements (including where historic data is held and how this can be accessed) DPIA will inform the wording in this section. Needs to reflect April-June and then July - March)

9.0 Governance

Integrated Care Boards are statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICB.

Each ICB must set out its governance and leadership arrangements in a constitution formally approved by NHS England. The ICB and NHS England remain accountable for meeting their own statutory duties and the ICB and NHS England must ensure that any governance arrangements that are put in place do not compromise their respective abilities to fulfil those duties.

10.0 Assurance & Delivery

NHS England will retain overall accountability for the discharge of its responsibilities under the Health and Care Act 2022 and therefore requires the necessary assurances that its functions are being discharged safely and effectively and in line with the legal requirements. The [Primary Care Commissioning Assurance Framework](#), provides an interim approach by which NHS England will gain those assurances in 2022/23. A revised Assurance Framework will be published in 2023 with a toolkit to support ICBs to develop ways of working to enable them to demonstrate compliance with the regulatory requirements that underpin the delegated functions.



11.0 Support from NHS England enabling functions

Delegated responsibility for commissioning primary care functions will be reliant on a requirement for NHS England to provide support. This will be done through its ‘enabling functions’. Table 4 summarises this. Each Enabling Function will have a detailed handover document provided to each ICB to support effective working.

Table 4: Enabling functions

Function	Support
Finance	Provision of finance support to ICBs
Clinical leadership/advice	Provision of clinical leadership/advice to support ICBs
Dental Public Health	Access to dental public health consultant advice to support ICBs
Nursing and Quality	Provision of nursing and quality support to ICBs
Business Intelligence	Provision of high-level data pack for the Dental Direct Commissioning Committee

11.1 Finance

The arrangements that cover the service provided by NHS England to the ICBs is covered in the specific MOU at Annex 2.

11.2 Clinical Leadership/Advice

The current service

The regional professional standards team currently provide POD related activity and engagement which falls into the following categories:

- Clinical leadership and advice in relation to contractual management
- Longer term consultation and engagement to inform commissioning decisions and service provision (agreed on a case by case basis)

Role of Optometry and Pharmacy Clinical Advisors

The clinical advisors support the ICB on the contract and commissioning work of pharmacy and optometry. The Clinical Advisors provide support in respect of contract assurance, performance cases, ad hoc queries, and provide clinical input and advice on commissioning reviews, development proposals and procurements.

Role of Dental Clinical Advisors:

- The Dental Practice Advisors (part of the NHS England Regional Medical Directorate) visit new dental premises for newly commissioned services to ensure they meet the relevant standards and complete a *Practice Assurance Checklist*.
- The visit consists of auditing the premises, treatments offered, and services provided, checking paperwork and activity reporting mechanisms. Any concerns or issues are



reported to the Dental Commissioning Team. Dental Practice Advisors can instigate action plans for providers if required to ensure concerns/issues raised are completed. Any outstanding concerns would be raised at the Dental Commissioning Oversight Group (DCOG).

- Whistleblowing concerns and contractual issues are investigated in partnership with the Medical Directorate, as appropriate.
- Guidance and advice in relation to MP letters, FOIs and scrutiny reports
- Local Dental Network (LDN) Chairs act as Professional Clinical Leaders providing access to wider Dental Professional engagement as well as providing clinical input into wider clinical partner forums in order to support development of dental commissioning strategy and intentions. They also lead and support the work of MCNs with the MCN chairs and engage at a national and local level where local pathway reviews are needed and or national transformation and policy requires implementation. In HNY, this function will be delegated with the team.

The service to ICBs post delegation

As a retained function and in line with the existing operational model; support will be provided as required in a flexible way based on capacity and balanced with competing priorities.

This agreement is in place for the transition period only and until delegation and deliverables relating specifically to access to regional clinical advice are reviewed and agreed more widely.

Accessing support

Any queries should be directed to:

Rachel Kinghorn, Head of Professional Standards, Rachel.kinghorn@nhs.net

11.3 Dental Public Health

The current service

The Dental Public Health team lead work and provide advice to promote:

- Oral health prevention
- The provision of evidence-based oral dental care
- Effective dental clinical governance and health protection
- Effective dental commissioning and workforce development

Key areas of support include:

- Assessment and surveillance of the population's oral health and well-being which may include acting as the local Dental Epidemiology Co-ordinator (for national dental surveys)
- Analysis of clinical and dental service information to support planning, procurement, commissioning, and service evaluation



- Advising on the commissioning of appropriate and effective dental services to meet local needs
- Horizon scanning to forecast the impact of population change and development of service delivery, health inequalities and outcomes at patient group and wider population level
- Guidance and advice in relation to MP letters, FOIs and scrutiny reports

The service to ICBs post delegation

The offer to ICBs post delegation would reflect the current offer.

Accessing support

Any queries should be directed to:

Dr Kevin Smith, Consultant in Public Health Medicine Kevin.smith1@nhs.net

11.4 Nursing & quality

The current service

The Nursing and Quality locality teams support the delivery of primary care commissioning responsibilities for POD in relation to:

- Serious Incidents
- Complaints
- Quality Risk Response and Escalation

Key areas of support include:

- Oversight of serious incidents
- Guidance and advice in relation to the development of responses to Primary Care complaints and MP letters
- Guidance and support on the deployment of the National Quality Board Quality Risk Response and Escalation Guidance
- Guidance on quality escalation for POD within the context of nursing knowledge and expertise
- Identification of emerging themes or risks for inclusion in commissioners Quality Review process and/or onward escalation
- Work collaboratively with the ICB to identify matters for inclusion in system governance reports and consideration for onward escalation
- Work collaboratively with the ICB to ensure ICB statutory duties are delivered

The service to ICBs post delegation

- Guidance and support to enable the effective transition of the management of serious incidents and primary care complaints.
- Guidance and support on the deployment of the National Quality Board Quality Risk Response and Escalation Guidance
- Work collaboratively with the ICB to ensure ICB statutory duties are delivered



Accessing support

Any queries should be directed to:

- Julie Clennell Director of Nursing julieclennell@nhs.net
- Gill Hunt Director of Nursing gill.hunt7@nhs.net

11.5 Analytical Services

The current service

The existing service involves collating a high-level data pack for the Dental Direct Commissioning Committee. Currently all products are available and accessible at ICB level.

The service to ICBs post delegation

The regional analytical team will continue to provide the high-level data pack until such a time that the ICB wish to access the data pack directly. This is expected to be up until July 2023, following this point the analytical work should transfer to ICBs. The regional analytical team will continue to act as a point of contact for advice and guidance about data shared with the DCC until the delegation of the function.

Accessing support

The team will provide a handover document as part of the delegation of the reporting processes.

11.6 Procurement Support from NECs during 23/24

The current service

NHS England has a regional budget for any procurements required across Primary Medical Services, all POD functions, Public Health and Health and Justice. There is a contract with Arden and Gem who subcontract to NECs to complete this function and this is renewed on an annual basis. As part of the "Creating a New NHS England" programme the future of the CSUs is being reviewed. To ensure there is stability across some of the critical functions they provide to the system, a national agreement had been put in place to maintain the current funding with CSUs until April 2024. This means it will be difficult to change any funding flow at this time. On this basis, it is proposed that the budget remains with NHS England for 2023/24 who will continue to contract with NECs via Arden Gem. The ICBs can, during 2023/24, agree a way forward for this budget collectively from April 24.

The service to ICBs post delegation

During 23/24 the following will apply:

- NHS England will continue to hold the budget for 23/24 for any Primary Medical / POD procurements that are needed as a single budget for all Primary Medical Services, POD, Health and Justice and Public Health procurements. The budget will continue be managed by the NHS England North East and Yorkshire Director of Specialised Commissioning and Health and Justice.
- A workplan for all areas has already been agreed for 23/24 within this budget and this will be



monitored monthly with the relevant heads of service.

- Before any procurements commence, the relevant ICB/s will confirm Director level support to proceed.
- If any additional procurements are needed that take the projected spend over the allocated budget, this will be discussed with the relevant ICBs prior to commencement.

Accessing support

Any queries should be directed to:

Matthew Groom, Director of Specialised Commissioning and Health and Justice,
matthew.groom@nhs.net

12.0 Approval

The following parties accept agree to and accept this Memorandum of Understanding:

Organisation	Name & role of approving individual	Electronic signature	Date
NHS England – NEY Region	Robert Cornall Regional Director of Commissioning		
Humber & North Yorkshire ICB	Amanda Bloor Deputy Chief Executive & Chief Operating Officer		

- Annex 1:** Delegation Agreement
- Annex 2:** Finance MOU
- Annex 2:** Assurance Framework