

Annex A: Draft memorandum of understanding staffing inserts

We are encouraging CCGs and local NHS England teams to agree pragmatic and flexible workforce models to ensure that:

- CCGs have access to a fair share of local NHS England team's resources to deliver their primary care commissioning responsibilities; and
- Local NHS England teams retain a fair share of existing resources to deliver all their on-going primary care commissioning responsibilities.

The Delegation Agreement sets out three potential staffing models for delegated commissioning:

Model 1 – Assignment: where NHS England staff remain in their current roles and locations and provide services to the CCG under a service level agreement;

Model 2 – Secondment: where NHS England staff are seconded to the CCG; or

Model 3 – Employment: where the CCG may create new posts within the CCG to undertake the Delegated Functions provided that the CCG may only do so if it first offers to existing staff of NHS England an opportunity to apply for such post.

CCGs could implement one of the above staffing models or a combination of all three. In addition, CCGs could consider working with other CCGs to pool resources.

We know a number of CCGs are working with local NHS England teams to develop local Memoranda of Understanding to support the operational delivery of delegated arrangements. As “assignment” is the most common staffing model, we have developed the following advice on developing the workforce sections of Memoranda.

Workforce sections for insertion into Memoranda of Understanding

We recommend that the following five sections are inserted into local Memoranda of Understanding where an “assignment” staffing model is being implemented:

1. Breakdown of the workforce and nature of functions/roles to be covered

[Tables should be inserted which provide a breakdown of the workforce by:

- *band;*
- *whole time equivalent; and*
- *function.*

Tables should:

- *identify the CCGs for whom staff are expected to provide a service; and*

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- *clarify that the resource breakdown is indicative over the year and dependent upon the issues that arise in individual CCGs and upon the team flexing capacity accordingly to meet demand.*

We would recommend that you cross reference any terms of reference for the primary care commissioning committees in this section].

2. Governance and management arrangements

[This section should describe:

- *the functional areas that NHS England staff work in; and*
- *how the functions will be discharged under co-commissioning.*

It is expected that this section will be supported by schedules, describing in detail the level of service that will be provided and how NHS England staff will be organised to deliver these services.

Reporting arrangements and the structure of the relevant meeting groups/committees/boards should be referenced in this section, identifying where and in what ways NHS England staff are expected to support these arrangements].

Suggested additional statement for inclusion in this section:

“The provisions contained within the Memorandum of Understanding are not intended to be legally binding. Service and staffing levels may vary as a result of unforeseen circumstances or other service requirements.”

3. Service Offer, Core Services and Key Interactions

[This section should:

- *list the detailed services that that the primary care commissioning team will be expected to deliver and may include, for example: information governance, complaints, Emergency Preparedness, Resilience and Response (EPRR), performance reporting etc.*
- *identify key stakeholders with whom NHS England is likely to need to interact to deliver the functions identified].*

4. Service Sustainability

[This section should make reference to the provisions around the terms of the Memorandum of Understanding and potential termination. This should be in line with the delegation agreement, referring to the fact that either party may revoke

the Delegation. It could also reference the requirements placed on CCGs to enable continued provision of the service, for example:

- *“CCGs agree to a standardised approach across all [x] CCGs and deviation from this is likely to result in variation in the level of service delivery”*
- *“CCGs agree not to fragment the existing staffing resource as this will limit the team’s ability to deliver against the core functions”.]*

5. Variations to the Memorandum of Understanding

Suggested text for inclusion:

“Either party is able to request a variation to the Memorandum of Understanding at any point in time. Any requests to vary the process should be raised with [insert title of lead role at CCG and NHS England team] and will be considered by [include title of appropriate group/titles of lead roles]. If both parties agree to the changes, this will be confirmed through an amendment to the existing Memorandum of Understanding.”