

Devolution Assessment Criteria Framework (DRAFT)

‘Devolution’ spectrum – defining the models

Models on spectrum	Definition of model
‘Seat at the table’ for commissioning decisions	<ul style="list-style-type: none"> • No legal change, or material organisational impact across the parties involved • Decisions about a function are taken by the function holder but with input from another body • Accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends)
Co-commissioning or joint-decision making	<ul style="list-style-type: none"> • Two or more bodies with separate functions that come together to make decisions together on each other’s functions • Accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends)
Delegated commissioning arrangements	<ul style="list-style-type: none"> • Exercise of the function is delegated to another body (or bodies) • Decision-making and budget rest with the delegate(s) • Ultimate accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends)
Fully devolved commissioning (i.e. transfer of functions)	<ul style="list-style-type: none"> • Function is taken away and given to another legal body on a permanent basis (meaning responsibility, liability, decision-making, budgets and everything else to do with that function) i.e. under a s.105A transfer order • Accountability and responsibility for those functions transfers to the new ‘owner’ (including budgetary responsibility and funding for overspends) who will be accountable to the relevant national body for the function in question

Purpose of the assessment criteria framework

- All areas seeking ‘devolution’ of NHS England functions will be assessed on a case by case basis; however, this assessment framework will support and guide the formal assessment process against the NHS England Board-agreed decision criteria ahead of any final decisions to implement or ‘go live’ with proposed new arrangements.
- The assessment framework is not designed to come up with an aggregate ‘score’ for each proposal – instead the aim is to evaluate the robustness of each aspect of the proposal and identify appropriate mitigations where required. To this end, the assessment criteria take the form of a number of statements which organisations should use to assess themselves.

- The assessment criteria framework is sensitive to the 4 overarching models on the spectrum of ‘devolution’, from a ‘seat at the table’ for commissioning decisions at one end of the spectrum, all the way through to formal devolution by transferring functions under the Cities and Local Government Devolution Act 2016.
- There are, of course, a number of variants within each of the four overarching models, and so depending on what specific arrangements are being sought and how novel those arrangements are, the thresholds described below will differ accordingly.
- This assessment framework will be supported by a more detailed ‘policy’ framework which sets out options and considerations at commissioning function and key policy issue level.

Criteria	1: 'Seat at the table' for commissioning decisions	2: Co-commissioning / joint decision making	3: Delegation	4: Devolution
<p>Clarity of Vision about the benefits devolution will bring to the health and social care of local people, and the plan for delivery of these and wider benefits including a clear articulation of what specific additional functions and responsibilities are being requested</p>	<ul style="list-style-type: none"> • There is a vision which clearly articulates the benefit of the proposal to the local population • There is evidence of a clear and credible plan, with measureable outcomes • There is good understanding of the current challenge 	<ul style="list-style-type: none"> • There is a vision which clearly articulates the benefit of the proposal to the local population • The vision explicitly makes the case how co-commissioning / joint decision making will be used to deliver the benefits • There is good understanding of the current challenge and evidence of a clear and credible plan, with measureable outcomes 	<ul style="list-style-type: none"> • There is a vision which clearly articulates the benefit of the proposal to the local population • The vision explicitly makes the case how delegation of functions will deliver the benefits • There is good understanding of the current challenge and evidence of a clear and credible plan, owned across the system, with measureable outcomes, meeting business rules, [and distress funding for provider support, if this is being delegated]. 	<ul style="list-style-type: none"> • There is a sufficiently ambitious vision which clearly articulates the benefit of the proposal to the local population • The vision explicitly makes the case why devolution is necessary to deliver the benefits. • There is good understanding of the current challenge and a clear and credible plan, owned across the system, with measureable outcomes, meeting business rules, [and distress funding for provider support, if this is being delegated]. • The 5 year clinical and financial sustainability plan is fully worked up and ready for public consultation if

				required. It clearly sets out the commissioner and provider levels of change (service reconfiguration and provider efficiencies) and clearly sets out how New Models of Care underpin transformation.
A 'health geography' that supports devolved decision-making, being largely a self-sufficient community with a matching corporate infrastructure rather than relying on other areas of the country for delivery of devolved functions	<ul style="list-style-type: none"> This criterion may not be applicable to Model 1 arrangements. Where there are plans to commission services on a 'health geography' footprint, there needs to be significant co-terminosity between relevant commissioning bodies and broader functions. 	<ul style="list-style-type: none"> Significant co-terminosity between relevant commissioning bodies and broader functions. This needs to be specific to individual services. Or N/A if non-exclusive. 	<ul style="list-style-type: none"> Co-terminosity between relevant commissioning bodies and broader functions. This needs to be specific to individual services. 	<ul style="list-style-type: none"> Co-terminosity between relevant bodies and broader functions. This needs to be specific to individual services. Vast majority of all provision within the locality.
Impact on other populations , including appropriate safeguards for users of local services from outside the relevant geography	<ul style="list-style-type: none"> This criterion may not be applicable to Model 1 arrangements. Where there are plans to commission services on a 'health geography' footprint, there needs to be evidence that impacts on other populations has been considered and appropriate safeguards put in place. 	<ul style="list-style-type: none"> This criterion may not be applicable to Model 2 arrangements. Where there are plans to commission services on a 'health geography' footprint, there needs to be evidence that impacts on other populations has been considered and appropriate safeguards put in place. 	<ul style="list-style-type: none"> This criterion may not be applicable to Model 3 arrangements. Where there are plans to commission services on a 'health geography' footprint, there needs to be evidence that impacts on other populations has been considered and appropriate safeguards put in place. 	<ul style="list-style-type: none"> A clear plan and commitment to engage with relevant commissioners and providers of services outside of the locality.
Quality and continuity	<ul style="list-style-type: none"> Vision demonstrates how 	<ul style="list-style-type: none"> Vision demonstrates how 	<ul style="list-style-type: none"> Vision demonstrates how 	<ul style="list-style-type: none"> Vision demonstrates how

<p>of care, particularly linked to the safe transfer of responsibilities and emergency planning, preparedness and resilience arrangements</p>	<p>the proposals will improve quality and alignment of care.</p>	<p>joint decision making will improve quality and alignment of care.</p>	<p>delegation will improve quality and alignment of care.</p> <ul style="list-style-type: none"> • Explicit discussion of any quality and continuity risks presented and any mitigating actions. • Currently delivering NHS Constitution in aggregate, and where not, credible recovery plan in place to deliver it by a certain date. 	<p>devolution will improve quality and alignment of care.</p> <ul style="list-style-type: none"> • Explicit discussion of any quality and continuity risks presented and any mitigating actions. • Robust plan in place for emergency planning, preparedness and resilience if to be devolved. • Currently delivering NHS Constitution in aggregate, and where not, credible recovery plan in place to delivery it by a certain date.
<p>Financial and legal risk management including mitigation actions by, and residual risk to, NHS England</p>	<ul style="list-style-type: none"> • Clear articulation of any financial and/or legal risk posed, and mitigating actions. • Identification of residual risks to NHS England specifically 	<ul style="list-style-type: none"> • Clear articulation of any financial and/or legal risk posed, and mitigating actions. • Identification of residual risks to NHS England specifically 	<ul style="list-style-type: none"> • Clear articulation of any financial and/or legal risk posed, and mitigating actions. • Identification of residual risks to NHS England specifically. • Clarity and appropriate balance of risk taking/sharing. • Clarity on how risk will be managed if decision-making and accountability are to rest with different bodies • Distress funding for provider support (if this is being delegated) 	<ul style="list-style-type: none"> • Level of maturity to contribute to an SR bid i.e. credibly articulate the case for investment in future and commitment to payback for any transformation fund. • Clear articulation of any financial and/or legal risk posed. • Robust mitigating actions identified and owned across partner organisations. • Identification of residual risks to NHS England specifically. • Readiness to take full ownership of risk, and assurance that able to do so

<p>Support of local health organisations and local government (including political leadership) so that there is a solid basis of co-operation on which to build shared decision-making and robust, devolved arrangements</p>	<ul style="list-style-type: none"> • Board level sign up from all relevant parties. • Local government leadership support. • NHS organisations (commissioners and providers) need to be fully-signed up to proposals. 	<ul style="list-style-type: none"> • Board level sign up from all relevant parties. • Local government leadership support. • NHS organisations (commissioners and providers) need to be fully-signed up to proposals. 	<ul style="list-style-type: none"> • Board level sign up from all relevant parties. • Local government leadership support. • NHS organisations (commissioners and providers) need to be fully-signed up to proposals. • Able to demonstrate that system sustainability is put before organisational independence. 	<p>safely.</p> <ul style="list-style-type: none"> • Full Board level sign up across the health (commissioners and providers) and local government system (including Local Government leadership support). • Able to demonstrate that system sustainability is put before organisational independence.
<p>Demonstrable leadership capability and track record of collaboration between NHS bodies and local government, implementing transformation and securing consistent delivery, making full use of pre-existing powers</p>	<ul style="list-style-type: none"> • Strong track record of leadership and partnership working between the relevant organisations. • Pooling at least the minimum required budget for the BCF. 	<ul style="list-style-type: none"> • Strong track record of leadership and partnership working between the relevant organisations. • Track record of using committees in common between all CCGs to undertake joint decision-making. • Evidence of joint decision making across CCGs and Local Government. • Pooling more than the minimum required budget for the BCF. 	<ul style="list-style-type: none"> • Strong track record of leadership and partnership working between the relevant organisations. • Clarity and empowerment of designated local leadership for delegated functions. • Track record of using committees in common between all CCGs to undertake joint decision-making. • Evidence of joint decision making across CCGs and Local Government. • Full use of existing powers of collaboration and joint working. • Pooling significantly more than the minimum 	<ul style="list-style-type: none"> • Exemplary track record of partnership working and collaboration between relevant organisations. • Clarity and empowerment of designated local leadership for devolved functions. • Strong track record of NHS and LG leadership, and high performing NHS and LG organisations. • Full use of existing powers of collaboration and joint working. • Already taking delegation powers to full effect. • Pooling total out-of-hospital and adult social care budgets.

			required budget for the BCF.	
Demonstrable track record of collaboration and engagement with patients and local communities, including evidence of sufficient consultation on, and broad support for, the devolution proposals	<ul style="list-style-type: none"> • A strong track record in patient and community engagement • Demonstrable public support for the proposals set out 	<ul style="list-style-type: none"> • A strong track record in patient and community engagement • Demonstrable public support for the proposals set out 	<ul style="list-style-type: none"> • A strong track record in patient and community engagement • Demonstrable public support for the proposals set out 	<ul style="list-style-type: none"> • A strong track record in patient and community engagement • Evidence of extensive engagement on the proposal set out, and strong public support
Clear mitigation plan and exit route in the case of failure	<ul style="list-style-type: none"> • Clear and robust mitigation plan and exit route. 	<ul style="list-style-type: none"> • Clear and robust mitigation plan and exit route. 	<ul style="list-style-type: none"> • Clear and robust mitigation plan and exit route which describes how quality, safety and finances will be protected in the case of failure. • Clearly articulated national / regional step-in and intervention rights. • Clear handling for staff and any employment liabilities that might arise 	<ul style="list-style-type: none"> • Clear and robust mitigation plan and exit route which describes how quality, safety and finances will be protected in the case of failure. • Clearly articulated national / regional step-in and intervention rights. • Clear handling for staff and any employment liabilities that might arise
Accountability and governance arrangements	<ul style="list-style-type: none"> • Clear and appropriate accountability and governance arrangements across all parties 	<ul style="list-style-type: none"> • Clear and appropriate accountability and governance arrangements across all parties 	<ul style="list-style-type: none"> • Clear and appropriate accountability and governance arrangements across all parties • An employment MOU in place as necessary • Clarity on how governance and accountability arrangements will work if decision-making and accountability are to rest with different bodies 	<ul style="list-style-type: none"> • Clear and appropriate accountability and governance arrangement across all parties • An employment MOU in place as necessary

<p>Organisation Impact Assessment across 'sender and receiver', as well as appropriate employment model and arrangements in place for functions, posts and people</p>	<ul style="list-style-type: none"> • Appropriate organisation impact assessment in place with any risks identified and mitigated, including for those geographies that may be on the borders where the impact could be significant • Clear employment arrangements in place for functions, posts and people in scope • Appropriate equality impact analysis undertaken 	<ul style="list-style-type: none"> • Appropriate organisation impact assessment in place with any risks identified and mitigated, including for those geographies that may be on the borders where the impact could be significant • Clear employment arrangements in place for functions, posts and people in scope • Appropriate equality impact analysis undertaken 	<ul style="list-style-type: none"> • Appropriate organisation impact assessment in place with any risks identified and mitigated, including for those geographies that may be on the borders where the impact could be significant • Clear employment arrangements in place for functions, posts and people in scope • Appropriate equality impact analysis undertaken 	<ul style="list-style-type: none"> • Appropriate organisation impact assessment in place with any risks identified and mitigated, including for those geographies that may be on the borders where the impact could be significant • Clear employment arrangements in place for functions, posts and people in scope • Appropriate equality impact analysis undertaken
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